ABSTRACT

A Study of Anxiety Sensitivity, Stressful Life Events and Family Environment on Subjective Well-being of Epileptic Patients

Epilepsy is a serious neurological disorder and is a topic of major concern among researchers. It is a clinical state, or syndrome, whereby a person is liable to recurrent epileptic seizures. An epileptic seizure is a transient episode of neurological dysfunction due primarily to the development of abnormal electrical discharges in the brain. The dysfunction may or may not involve overtly altered consciousness or convulsive movements. It may be confined to an alteration of thought processes, memory, perception and emotions. Seizures are of short duration, lasting for seconds or a few minutes only.

Epilepsy is often associated with a variety of psychological and social difficulties. Anxiety sensitivity is one of the major concerns among these patients. Anxiety sensitivity is the fear of anxiety and anxiety-related sensations arising from the belief that anxiety and anxiety-related sensations have harmful somatic, social or psychological consequences (Reiss, 1987, 1991; Reiss & McNally, 1985; Reiss, Peterson, Gursky & McNally, 1980). Fenichel (1945) observed that some people with anxiety disorders develop a ‘fear of anxiety’ and simultaneously ‘a readiness to become frightened easily’. It is a tendency to respond fearfully to the bodily sensations associated with fear and anxiety. It is a fear of sensations associated with being in an “aroused” state, such as being anxious or distressed. Fear of these sensations arises from the belief that these sensations signify that harmful consequences will follow. Such body sensations include a racing heart beat, fast breathing and sweating.
Clinicians have observed that epileptic seizures tend to become more frequent when the patients are confronted with challenges and problems which they do not feel competent to handle. Research findings have shown that an increased number of stressful life events are associated with an increase in epileptic seizures (Hermann et al., 1990). From a psychological point of view the disease often creates an overwhelming stress for both epileptics and families. As epileptics are uncertain about the onset of seizures the family environment becomes critical for them. People with epilepsy heavily rely on family. When a teenager or child of any age develops seizures, the impact on the family can be enormous. Worries and fears may affect everyone, and if left untreated can easily lead to crisis. The family not only affects but also gets affected by the child’s condition and responds to the challenges. Continuous challenges tend to stress the family. Over time patterns of responses emerge and the family develops a style of functioning to respond to this stress. The worries of epilepsy begin early, commonly after the first seizure and often continue to exist beyond the cessation of seizures. The intrusion or invasion of epilepsy can shake up the family system and how families are organized and managed. Hence the importance of the family system, mainly it’s functioning and environment is crucial for the well being of patients.

Subjective well being is a complex construct that concerns optimal psychological functioning and experience. In part, this reflects the increasing awareness that just as positive affect is not the opposite of negative affect (Cacioppo & Bernston, 1999), well being too is not the absence of mental illness. While talking about epilepsy it is clear that seizures can strike at any time in epilepsy. They're unpredictable. It can affect life in many ways such as difficulty in holding on a job, driving, performing daily activities, and many more. The person suffers from a
number of stressors such as stigma attached to epilepsy etc. and also encounters the feelings of insecurity, lack of confidence etc. This results in a decreased sense of well being within the individual. The person starts feeling helpless and sees himself as a liability on others. Therefore it is very important to address the psychosocial reality of epileptics to enhance their subjective well being. It is with this purpose in mind that the present study was undertaken.

The objectives of the study were a) to investigate the extent to which epileptic patients are anxiety sensitive in comparison to the normal adults, b) to compare epileptic patients and normal adults on family environment, c) to see the nature of life experiences of epileptic patients and normal adults and d) to explore the impact of anxiety sensitivity, stressful life events, and family environment on subjective well being of epileptic patients.

The sample consisted of 300 respondents. Of these 150 were diagnosed patients of epilepsy (clinical group) and 150 were normal adults (control group). The respondents were selected through purposive sampling design. The age of the epileptic patients ranged from 18 years to 62 years. Whereas the age range of normal adults was 20 years to 69 years. There were 86 males and 64 females in the clinical group and 57 males and 93 females in the control group. To measure anxiety sensitivity The Anxiety Sensitivity Index by Reiss, Peterson, Gursky and McNallay (1986) was used. Whereas Family Environment Scale by Sanjay Vohra (1998) was used to assess the family environment. Subjective well being was measured by Psychological Well-being Scale of Bhogle and Prakash (1993) and for assessing stressful life events the Schedule of Recent Experiences by Holmes and Rahe (1967) was used.
The results showed significant differences between epileptic patients and normal adults on anxiety sensitivity (t=15.4; P<.01), stressful life events (t= 13.40; P<.01), some dimensions of family environment that is cohesion (t= 7.94; P<.01), expression (t= 8.41; P<.01) and independence (8.21; P<.01) and subjective well being (t= 14.91; P<.01). The major findings indicate that epileptic patients experience more cohesiveness, expressiveness and independence in the family environment as compared to the normal adults. Epileptics further experience greater anxiety sensitivity and stress due to the life events in comparison to normal adults. Their subjective well being was also low as compared to the normal adults. The regression analysis clearly shows that family environment along with anxiety sensitivity contributed significantly in the subjective well being of epileptic patients.