Chapter 3

Epilepsy is considered as a chronic disorder and has been described as a tendency to recurrent seizures, usually defined by two or more unprovoked seizures (World Health Organisation, 2001). A seizure is a “clinical manifestation presumed to result from an abnormal and excessive discharge of a set of neurons in the brain” (Hopkins & Shorvon, 1987). So epilepsy is a disorder that comes in various forms and shows up as a fault somewhere in the complex electrical circuits of the brain & the nervous system. This minor fault results in the brain being unable to work properly for a brief period. Various symptoms depend on what part of the brain is affected. The nature of the disturbance can best be pictured as an electric type short-circuit that is brief & temporarily disturbs the normal brain activity. People with epilepsy are just like everybody else, except they sometimes have seizures.

Some studies show that malformation or degeneration of the brain, brain tumors, and metabolic (biochemical) disorders as a result of low blood glucose, low calcium or drugs, particularly alcohol lead to epilepsy. These and such other factors have been associated with epilepsy, as biological causes. Amongst the psychosocial factors are the occupational stress, economic status, type of family, emotional states, mental deficiency of various degrees, epileptic personality traits, (Bagadia, Jeste, Charegaonkar, Pradhan and Shah, 1973; Banerjee, 1985), anxiety, irritability, hostility, other psychiatric disturbances (Agnihotri, Teja, Prabhu and Virmani, 1972; Banerjee, 1985) and age, educational performance, etc. It has also been highlighted in the last chapters through various studies that the impact upon the psychosocial functioning of people with epilepsy are both medical and psychological.

Similar results in the field of anxiety were reported in the last chapter indicating that the fear of seizure overpowers the individual thought and leads to anxiety in the epileptic patients (Collings, 1990). The adverse effects of the medicine also carry the similar impact, leading to sleepiness and interfering with the daily routine. So, it is clear that there is an enormous negative impact of fits and medicines on the social and personal life. Even in treating absence epilepsy it is important to consider psychosocial aspects even if a medically satisfying result with seizure control is obtained (Olsson and
Campenhausen, 1990). Therefore, it was thought worthwhile to study the psychosocial factors associated with seizures.

Further, it is clear that occurrence of seizure even at a low rate is associated with psychosocial handicap. (Konishi et al, 1992). Anderson et al (2000) have demonstrated a significant decrease in social and peer relationships, even in children with self reported good seizure control, when they take medicine in the school. Further epilepsy groups reported lower competence in terms of lower social competence and school achievement (Raty et al, 2003). All this indicates a poor QOL amongst such patients along with psychosocial problems.

During last few years, medical scientists have come to realize the importance of quality of life and its measurement (Horley, 2000). Many major as well as minor diseases are evaluated in terms of the degree to which they affect life quality and life expectancy (Koloski, Tally and Boyee, 2000). Epilepsy also has been associated with poor QOL. Hoare et al. (2000) reported that children with epilepsy had a poorer health related quality of life than children with diabetes. Children with more severe epilepsy are seen by parents to have a worse quality of life than children whose epilepsy is well controlled.

Devinsky and Tarulli (2004) found that children with epilepsy showed greater impairments in the psychological, social and school categories, whereas asthmatics had a more compromised QOL in the physical domain. Fear of seizure and stigma are the other important factors. (Bishop and Slevin, 2004; Chaplin et al, 1992; Collen, Patricia et al, 2003; and Funderburk et al, 2007). Deliberate efforts to change the attitude towards stigma has generally not helped. 64% of the epileptic patients in one study reported that their seizures increased with stress (Haut et al, 2003). Accompanying anxiety (Baki et al, 2004; Oguz, 2002) and depression (Attarian et al, 2003; Ettinger et al, 1998) also are known to causes a reduction in the general subjective well being. Therefore, SWB amongst epileptic can also not be ignored and needs to be studied.

The literature indicates that we all develop some strategies to cope up with the stress of every kind, including the stress caused by disease. For example Heim, Valach and Schaffner (1997) demonstrated in a study conducted on the breast cancer patients and found that that there was a positive relationship between psychosocial adaptation and strategies adopted for coping as the time elapsed. Many forms of coping were adopted. In
several other studies in the last decade, stress reducing techniques have been used in the treatment of epilepsy. Amongst these many types of cognitive and behavioural strategies have been used as the studies in chapter-II indicate (Betts et. al 2009; Dahl et al. 1985; Jung 1962; Tan and Bruni 1986). The findings are encouraging and positive, but the skills required on the part of trainer or counselor need rigorous training for effectiveness. Relaxation is relatively an easier technique which is relevant as it is already established as a stress reducing technique (Puskarich et al. 1992; Rousseau et al. 1985) and is easier to administer. Once learnt, it can be administered through self instruction or by using any C.D and Cassette. The technique is economic in terms of money and time. These are a few studies which indicate that Progressive relaxation led towards a decrease in seizures and increase in overall well being. Patients reported that they were sleeping better, were less aggravated or less tense during the day, had improved feelings of control over their epilepsy and were less afraid of their seizures (Rousseau, Hermann and Whitman, 1985). But these studies do not provide a sufficient base and the patients having intractable seizures have not been studied in the past.

To conclude, a few studies mentioned with encouraging findings in the past from various corners of the world have shown the need to control the fit due to its negative impacts and accompanying psychosocial adjustment. The need of a treatment for the drug resistant patients which is all the more important, the stigma attached and the psychosocial causes underlying the disease have led the researcher to look into the following problem.

Problem

A study of psychosocial factors underlying epilepsy and the effect of modified version of Jacobson's Progressive Muscle Relaxation on the subjective well being and seizures frequency of epileptic patients.

Objectives:

1. To study the psychosocial correlates of epilepsy.
2. To compare the psychosocial ratings of the epileptic patients having problem for 1-3 months and 2-4 years.
3. To investigate if JPMR improves the subjective well being in the epileptic subject.
4. To investigate if JPMR can reduce or check the epileptic fits in the epileptic patients.

Hypotheses

1. The patients suffering from epilepsy would exhibit higher level of psychosocial stress as compared to non-epileptics.

2. The psychosocial stress would reduce with an increased duration of epilepsy.

3. There would be a significant improvement in the SWB of epileptic patients when given relaxation.

4. There would be significant reduction in the seizure frequency before and after relaxation therapy.