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RESEARCH ARTICLE

SELF ASSURANCE AND PERCEIVED URGENCY IN PATIENTS WITH EPILEPSY

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Abstract

Patients with epilepsy commonly have associated psychological, psychiatric and social issues. It is the fourth most common neurological disease. One in 26 people develops epilepsy during the lifetime. It is usually defined as a tendency to recurrent seizures and patients feel stigmatized by the society and they develop social maladjustment as well. The aim of the study was to identify variables related to self esteem and perceive stress in person with epilepsy. The sample comprised of 40 diagnosed patients of epilepsy and 40 non epileptic by using the purposive sampling. The epileptic patients were taken from S.S. Hospital, B.H.U. Varanasi. Sorensen self-esteem test for testing the self assurance and Perceived stress test for testing the urgency were used for data collection. The results indicate that the epileptic patients scored high on self esteem scale and perceived stress as compared to non epileptic and found to be significant on 0.01 levels (t=3.20 and 2.15 respectively). Higher score on self esteem test indicates low self esteem and unhealthy adaptation with life. The results of ANOVA clearly revealed that the main effect of sex and disease status have been found statistically significant (F 1, 76= 11.55 and F 1, 76= 11.89, $p<0.01$) on self esteem but interaction effect of sex and nature of disease is not statistically significant. In order to determine the significance of self esteem and onset of disease in predicting their perceived stress step-wise multiple regression analysis was done. It is clear that self esteem factor emerged as the best predictor of perceived stress in contributing 35.2 percent in the total variance. Examination of β revealed that the said predictor contributed negatively (β =-0.59) to perceived stress. The present study suggest that epilepsy affects personal satisfaction and ideal functioning of life and that individual may experience considerable perceived stress and negativity in life. Perceived stress is one of the most frequently seizure triggers in patient with epilepsy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself.

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Epilepsy is the world's most common neurological disorder affecting 50 million people worldwide with three-quarters of them living in poor countries, and more than 80% living in the tropics. Epilepsy itself is a very common medical condition that may occur among people of all ages, sex and races. Despite seizures may only last for a few seconds or a few minutes, it has much psychosocial repercussions to the patients and their family members (Lau et al 2001 and Hung 1999). Despite the significant clinical and therapeutic progress achieved in the treatment of epilepsy, the label of epilepsy is still considered by many, both with and without the condition, as stigmatizing and carries with it, both statutory and informal restrictions. Factors contributing negatively to psychological wellbeing include a sense of not being in control of one's life, feeling stigmatized (Jacoby 1994, Baker 2000) having problems related to quality of life such as co morbid depression and anxiety and problems connected with work, financial situation and stress inducing events in life. Patients with epilepsy experience more problems in social functioning and psychological well being than peers in general and these are often considered to be even more handicapping than seizures themselves (Baker et al 2005 and Mirnics et al 2001). Research has shown that people who reported higher levels of perceived stigma were more likely to report lower levels of self efficacy in dealing with epilepsy, long term health problems, injuries as a result of seizures, increased side effects from medications, non-adherence to anti-epileptic drug treatment and low satisfaction as patients (Suurmeijer et al 2001 and Kiran 2011).

Self-esteem is often defined as an individual's self-perception of his/her abilities, skills, and overall qualities that guides and/or motivates specific cognitive processes and behaviors. Although it is typically defined as a stable, self-referent appraisal of character, ability, and behavior (McCrae & Costa, 1988), some difference in opinion regarding the stability of its nature exists (Gergen, 1971; McCrae & Costa, 1988). Similarly, self-esteem is often viewed as a global psychosocial construct in empirical research, but some literature focuses on its multidimensional characteristic that incorporates different components of self-evaluation (Katz, Rodin, & Devins, 1995). Some of these specific sub-components include, for example, body/appearance self-esteem, social self-esteem, achieving self-esteem, and identification self-esteem (e.g. Katz et al., 1995; Malcarne, Hansdottir, Greenbergs, Clements, & Weisman, 1999). In cases where an individual is diagnosed with a chronic illness, central components of quality of life are likely to be impacted. In the hopes of better understanding the impact of chronic disease on health and well-being, research has focused both on the impact of disease on the individual as well as how individual characteristics may influence the impact of the disease on the person. With regard to self-esteem, researchers have consistently noted lowered self-esteem (e.g. Weaver & Narsavage, 1992; Weaver, Richmond, & Narsavage, 1997) and 'universal helplessness' among patients diagnosed with chronic illness (Skevington, 1993). For instance, patients who view their chronic pain as uncontrollable take on the role of the victim to the oppressing disease, depleting their personal coping resources (including reduced self-esteem). Extensive research has examined self-esteem within chronic diseases, such as cancer (e.g. Cantor, 1986; Curbow, Somerfield, Legro, & Sonnega, 1990). Most empirical studies suggest that self-esteem and chronic illness either have a direct or indirect effect on one another; nevertheless discrepancies about their exact relationship remain. For example, among adolescents with chronic illness, scores on self-esteem measures were higher, unrelated, or uniquely related to some, but not all, diseases (Adams & Weaver, 1986; Bisschop, Kriegsman, Beekman, & Deeg, 2004; McAnarney, 1985).

Stress is a complex phenomenon, and its relationship with health has been studied by a number of disciplines. As a result, there are multiple definitions and methods of measurement creating considerable inconsistency in findings (Cohen et al., 1995). Cohen et al. (1995) attempted to integrate different approaches, defining (pathologic) stress as "a process in which environmental demands tax or exceed the adaptive capacity of an organism, resulting in psychological and biological changes that may place persons at risk of disease". This encompasses the three main theoretical perspectives: (1) the environmental perspective, concerned with external events that can be objectively considered as stressful; (2) the psychological perspective, focused on the individual's subjective appraisals of events and his or her capacity to cope with them; and (3) the biologic perspective, studying the physiologic stress responses, in particular neuroendocrine and immune processes, and their effects on health. Both stress and epilepsy are multifaceted conditions that may interact in complex ways. Epilepsy may cause stress associated with the disabling effects of living with a chronic illness and the experience of recurrent seizures, each representing an acutely stressful event in itself (Ponnusamy et al., 2012). The relationship may also go in the opposite direction. Many studies have demonstrated that patients with epilepsy consider stress to be the most common trigger for their seizures (Fisher et al., 2000; Nakken et al., 2005), and stress-related neuroendocrine and immune system changes have been described that could influence the development and subsequent course of epilepsy (Friedman et al., 2011). For instance, a review of animal work has shown that early life stress can contribute to the development of epilepsy and create an increased vulnerability to seizures through alterations of brain structure, electrophysiology, neurotransmitter, and neuroendocrine functions (Koe et al., 2009).

Most of the findings suggest that negative self-concepts and feelings about oneself co-exist with higher restrictions/interferences and more overall functional difficulties. These physical intrusions are important to consider in chronic illness because their continual presence imposes limitations on other domains of patients' lives (i.e. social interactions, work). Studies about epilepsy are more associated with physiological aspects and drug therapy and far too little attention has been paid to psychological, especially in teens. The situation of people with epilepsy in the developing countries remains even more problematic. India being a culturally diverse country with several religious practices has several misconceptions related to various illnesses, one of them being epilepsy. The misinterpretation of epilepsy often causes people with the condition being socially ostracized. At present time epilepsy is a significant challenge for people and society and it have multiple psychological problems due to their illness. Studies concern with self-esteem and perceived stress of patients of epilepsy are scattered and scanty. So we have conducted this study. Hence, the present study aimed to assess relationship between self-efficacy and perceived stress in adolescents with epilepsy.

The Objectives of the study:-

The main aim of the study is to evaluate the effect of seizure on self-esteem, and stress among people with epilepsy

- To study the self esteem and Perceived stress between epileptic and non-epileptic patients.
- To study the impact of gender and nature of disease on self esteem.
- To determine the relation between demographic and clinical factors, perceived stress and self esteem.
- To find out the impact of perceived stress and onset of disease on self esteem.

Method:-

The sample comprised of 40 Diagnosed patients of epilepsy and 40 non-epileptics by using the purposive Sampling. The Epileptic Patients were taken from S.S hospital B.H.U. Varanasi, Neurology Department and all patients were interviewed for Demographic and Personal history. Demographic variables (Sex, Education, marital status) and clinical variables (duration of disease, onset of disease, seizures severity and frequency of Seizures) were considered for enrollment. Inclusion criteria were age 18 years or older and exclusion criteria were psychiatric co morbidity, any other organic lesion than epilepsy. Those patients who were unable to communicate as well as comprehend the questions were not included in the research study. Perceived stress and self –esteem questionnaire were used for data collection.

Procedure:-

The participants were approached after taking permission from the respective Hospitals and consent from the participants. The participants were given full information about the measures and procedure of completing those questionnaires. There queries were effectively handled. Patients were assured that their confidentiality will be maintained. They were briefed that the information they will provide will be only used for research purpose. The subjects were asked to fill 2 scales such as Perceived Stress scale and self esteem.

Measures:-

1. **Hindi Version of Sorensen Self-Esteem test** (Sorensen, 2006)-: It is a 50 items questionnaire that measures the individuals "Self -esteem". The assessment distinguish between good Self-esteem, mild low self esteem, moderately low self-esteem and severely low self esteem. The assessment uses a 4-point Likert scale "completely disagree", "disagree", "agree", "completely agree".
2. ***Perceived stress scale (*Cohen *et al 1983)* :** Hindi version Perceived stress can be viewed as an outcome variable measuring the experienced level of stress as a function of objective stressful events, coping processes and personality factors. Group mean scores were used for comparisons and greater scores indicated higher perceived stress. Briefly, PSS is a global scale and identifies the factors influencing or influenced by stress appraisal. It is a 14 -item scale which measures the degree to which situations in one's life is appraised as stressful during the past month. There are seven negative and seven positive questions for which the subjects were required to choose from a scale of 5 alternatives 'never' 'almost never' 'sometimes' 'fairly often' 'very often' relating to their feeling of being stressed on a 0-4 scale. The 7 positive items were reverse scored and added up to the 7 negative items to get the total score. Co-efficient alpha reliability for PSS was 0.84 among adult population with a test-retest correlation of 0.85.

Results:-

Table-1:- Mean, SD and t value of epileptic or non-epileptic patients on self -esteem test and perceived stress scale

	current position	N	Mean	Std. Deviation	Std. Error Mean	t value
Self esteem	Epileptic	40	91.95	18.517	2.928	3.207**
	non-epileptic	40	78.18	19.876	3.143	
perceived stress	Epileptic	40	28.60	5.961	.942	2.153**
	non-epileptic	40	25.78	5.776	.913	

**P> 0.01

Table-1 shows that Epileptic Patients Scored high (Mean=91.95, SD=18.15) in comparison to Non-epileptic (Mean=78.18, SD=91.87) on self esteem test. Hence in that case there is significant difference between epileptic & Non-epileptic on self esteem test (t=3.20 P<.01).Table also shows that epileptic patients scored high (mean=28.60, SD=5.961) in comparison to Non-epileptic (Mean=25.78, SD=5.776) on perceived stress scale. Hence in that case there is significant difference between epileptic & non-epileptic on PSS, (t=2.15, p<.o1). In order to examine the impact of sex on self esteem, the 2 × 2 factorial ANOVA were calculated, which was displayed in Table 2

Table 2:- 2(Sex) X2(Nature) Factorial ANOVA regarding self esteem

S.N.	Source of Variance	Sum of squares	df	Mean sum of squares	F value
1	Main effect of sex	3685.613	1	3685.613	11.55**
2	Main effect of nature	3795.012	1	3795.012	11.89**
3	Interaction Effect (Sex*Nature)	851.513	1	851.513	2.66 NS
4	Error	24242.550	76	318.981	

*P>0.01

The results for main effects are shown in table=2, which reveals that gender differences were found to be significant on total self esteem (F=11.55, p<0.01). Female epileptic patients scored higher (M=102.00, SD=20.02) as compared with males epileptic (M=81.90, SD=9.50) and marginal differences were found in normal male and female participants. There is no significant interaction effect on self esteem which indicates that normal male and female also represent same criteria on self esteem. In order to examine the association among demographic factors, clinical factors and different measures, the Pearson correlation was calculated which is displayed in Table 3

Table-3:- Correlation coefficient among different measures, demographic nature and clinical nature of sample.

Different measures		**SST**	**perceived stress**	**sex**	**marital status**	**onset of disease**	**duration**	**SZ FRQ**
S S T	Pearson Correlation		.593**	.336**	-.235*	.354**	.220	.270*
	Sig. (2-tailed)		.000	.002	.036	.001	.050	.016
	N		80	80	80	80	80	80
Perceive stress	Pearson Correlation	.		.304**	-.231*	.278*	.218	.241*
	Sig. (2-tailed)			.006	.039	.013	.052	.031
	N			80	80	80	80	80
sex	Pearson Correlation				-.075	.068	-.052	-.017
	Sig. (2-tailed)				.507	.547	.646	.884
	N				80	80	80	80
marital status	Pearson Correlation					.215	.169	.182
	Sig. (2-tailed)					.055	.133	.107
	N					80	80	80
onset of disease	Pearson Correlation	.	.	.			.828**	.844**
	Sig. (2-tailed)		.				.000	.000
	N						80	80
duration	Pearson Correlation							.831**
	Sig. (2-tailed)							.000
	N							80

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 3 reveals that sex, onset of disease, duration of disease and frequency of seizures are positively correlated with self esteem and perceived stress but marital status is negatively correlated with these factors. It indicates that people with epilepsy have low self-esteem and impaired social support networks, which facilitated the perceived stress in patients. Epilepsy always induces the fear about marriage so marital status is negatively correlated with self esteem. A female epileptic patients experience an array of emotions, which may include depression or anxiety Problems with low self-esteem. In order to determine the significance of participant's perceived stress in predicting self esteem, step -wise multiple regression analysis was done. This was displayed in Table-4.

Table-5:- Step wise multiple regression analysis using self esteem as a criterion and perceived stress as a predictors

Criterion (QOL)							
Predictors	**R**	**R^2**	**R^2 change**	**B**	**Beta (β)**	**t**	**F**
Nature	.593	.352	.343	2.01	-.593	6.50**	42..28**

**P<0.01

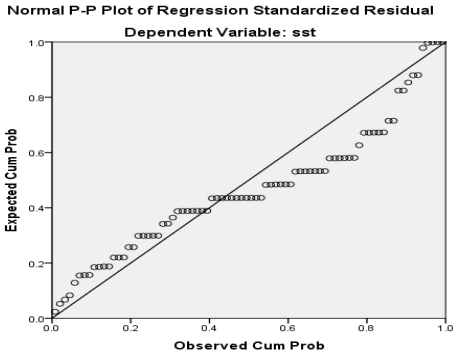

Table-5 and graph shows that Perceived stress emerged as the best predictor of self esteem, Contributing 35% in total variance. β revels that Self esteem and Stress both are negatively associated (β= -.593). This pattern suggests that stress always influence the person's Self esteem. It was concluded that fear about epilepsy is the most effective discourager of self-esteem in people with epilepsy and that their social support networks may be restricted to family, neighbors, and health-care providers, who compensate for a lack in friends.

Discussion:-

Epileptic patients scored high on perceived stress and self esteem scale as compared with normal and which was supported by the study of Nathalia (2011). High score on self esteem indicates low self esteem and low self assurance. Our sample showed that the lack of knowledge about epilepsy may influence the stress about the disease and may not provide success in adapting and accepting the limits imposed by epilepsy. Increased knowledge about epilepsy may promote a valuable way to adaptation, acceptance and increased self-esteem and quality of life. Social isolation and poor social adaptation can result from perceived stigma or over-dependency caused by parental overprotection. The people with epilepsy also often fears embarrassment by a seizure, causing reluctance to engage in social interaction, with concomitantly low self esteem and academic under-achievement. These can result in a shrunken support network, fewer friends, a lower likelihood of marriage and greater likelihood of anti-social behaviour.

Self-esteem seemed to have a positive relationship with frequency, but not perceived pleasantness, of social interactions. Unexpectedly, patients with low self-esteem spent more time with others than patients with high self-esteem. One possible explanation is that an increased need for qualitative support in coping with stressful circumstances (in this case, chronic illness; Goodenow et al., 1990) motivates patients to seek out social interactions. Social relationships may be a crucial element in mitigating the impact of health complications (Goodenow et al., 1990), and perhaps the lack of personal resources available to patients with low self-esteem forces them to depend on social support for coping with their illness. Indeed, loss of self-esteem has been reported to accompany elevated dependency on others (Nicolson & Anderson, 2003). Surprisingly, patients with low self-esteem reported the same perceived pleasantness in social interactions as patients with high self-esteem. It may be that by directing their focus on domains other than themselves and their physical condition, patients are able to enjoy social activities regardless of their level of self-esteem.

Negative stereotypes of people with epilepsy have been so ingrained in the collective belief system that they have become an accepted part of many people's concept of the disorder, including patients' themselves. People with epilepsy may feel and be discriminated, but they do not believe in changing this situation. These aspects have a great impact on the felt stigma and make it difficult to distinguish felt and enacted stigma (Scambler et al 1990, Austin et al 2002).

Conclusions:-

Our study demonstrated that, among patients diagnosed with epilepsy who had lower self-esteem reported more negative emotion, less positive emotion, greater stress severity, and greater symptom severity during their day to day. . Patients with chronic disease, who already face additional medical and psychosocial burden, may benefit from interventions designed to bolster self-esteem in the ongoing context of self-care.

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