Original Article

Social Anxiety and Self-Esteem in Patients with Epilepsy

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ABSTRACT

Background: Epilepsy is the second most common and frequently encountered neurological condition that imposes a heavy burden on individuals, families, and also on healthcare systems. Epilepsy is a chronic disorder characterized by a spontaneous tendency to recurrent seizures which affects the patient's cognitive, behavioral, psychological, and social functioning. Epileptic patients face various problems that result in lower self-esteem and fear about epileptic attacks in public places. *Objective:* The objective of the present study was to measure social anxiety and self-esteem among patients with epilepsy and normal group. *Sample:* The sample consisted of 100 patients with epilepsy and normal group (50 epilepsy and 50 normal group) selected from OPD of Central India Institute of Mental Health and Neuro Sciences (CIIMHANS) and near the village (Dewada & Kopidih) of CIIMHANS, Dewada, Rajnandgoan (Chhattisgarh) by using a purposive sampling method. *Design:* It was a cross-sectional comparative study. *Tools:* Socio-demographic and clinical details of all the patients with epilepsy and the normal group were assessed by using the Liebowitz Social Anxiety Scale (LSAS) and Rosenberg Self-Esteem Scale (Rosenberg, 1965). *Results:* Social anxiety and self-esteem scores were significant differences among patients with epilepsy and normal group. Higher social anxiety and lower self esteem in patients with epilepsy compared to normal groups. *Conclusion:* It can be concluded that social anxiety and self esteem scores were significantly different among patients with epilepsy and normal group.

Keywords: Epilepsy, social anxiety and self esteem.

INTRODUCTION

Epilepsy is a chronic disorder characterized by recurrent seizures which impairs patient's quality of life, social, vocational, and family relationships through cognitive, behavioral, psychological, and social functioning. The prevalence of active epilepsy varies between 4 and 10 per 1000. Although the prevalence of lifelong epilepsy is 5.8 per 1000 in developed countries, it is 10.3 per 1000 in urban populations of developing countries (Ngugi et al 2011). As per a recent study, 70 million people have epilepsy worldwide and nearly 90% of them are found in developing regions (Ngugi et al., 2010). Frequent seizures may have direct damaging effects on the brain and may disrupt academic, occupational, and recreational activities. Patients with frequent seizures are also more likely to be stigmatized (Nuhu et al., 2010).

Persons with epilepsy live a normal life, but who has the long-term prognosis of epilepsy they face many difficulties in their lifestyle. Patients with epilepsy face fear, anger, stigma, hopelessness and worthlessness (Chen et al., 2010). Stigma is the major factors of discrimination in their society, and patients with epilepsy have been the target of prejudicial behavior in many spheres of life (Pahl & De Boer, 2005 and De Boer et al., 2008). These factors decline their self-esteem, psychosocial function, self-efficacy, and quality of life and may increase the suicide rate (Chen & Tsai, 2003 and Pramuka et al., 2007). Self-esteem has been shown as the most important part of the ego and a major factor affecting psychosocial well-being. Positive self-esteem is a human need, essential to healthy adaptation, capable and significantly associated with personal satisfaction and ideal functionality (Coopersmith, 1965).

The impulsiveness of the patients with seizures has embarrassment as well as disruption of the normal activity of daily living with consequent emotional distress. Depression and anxiety are the most common psychological disorders in epilepsy (Jackson & Turkington, 2005). Higher prevalence of emotional symptoms found in persons with epilepsy and sixty-seven percent of the epilepsy patients are living with high level of psychological distress (Khalid & Aslam, 2011). Patients tend to be more anxious about their epileptic attacks and 25% patients with epilepsy have anxiety in a large community (Jacoby et al., 1996). Most of the time person with epilepsy feel that fearful of their epileptic attacks and develop a 'true phobic anxiety state' relating to their seizures, so that they were 'panic-stricken at the thought of going out in a public place lest they should have an attack' (Betts 1981).

OBJECTIVES

- To assess and compare the socio-demographic profile among patients with epilepsy and normal group.
- To assess and compare the social anxiety among patients with epilepsy and normal group.
- To assess and compare the Self-esteem among patients with epilepsy and normal group.

METHOD

Sample:

The sample consisted of 100 respondents (50 patient with epilepsy and 50 normal group) for this study according to inclusion and exclusion criteria of the study; 50 patients with epilepsy were selected from the outpatient department (OPD) of Central India Institute of Mental Health and Neuro Sciences (CIIMHANS) Dewada, Rajnandgoan, Chhattisgarh and 50 normal group selected from the community of nearby areas (Dewada and Kopidih) of CIIMHANS, Dewada, Rajnandgoan, Chhattisgarh.

Inclusion Criteria for Patients:

Patients diagnosed with epilepsy as per International League against epilepsy (ILAE,1989), Both sexes (male & female), Age more than 18 years and those who gave written informed consent for the participation in the study.

Inclusion Criteria for Normal Group:

Person's age more than 18 years, both sexes (male & female) and persons who gave written informed consent.

Exclusion Criteria for Patients and Normal Group:

History of any chronic physical illnesses, mental illness, organic brain syndromes, and substance abuse/ dependence, Comorbid significant psychiatric illness and Mental retardation.

Design:

The present study was a cross-sectional comparative study and a purposive sampling technique was used for selecting samples among the patients with epilepsy and normal group.

Tools:

Socio-Demographic Data Sheet: - The socio-demographic data sheet was semi-structured and developed for the present study and consisted of variables like age, gender, marital status, family types and family income were included.

Liebowitz Social Anxiety Scale (LSAS): It was developed by Michael R. Liebowitz (1987). It is a clinician-rating scale created to assess social phobia. The LSAS assesses the range of social interaction and performance situations that patient with social phobia fear and avoidance. The scale includes 24 items divided into two subscales, 13 concerning performance anxiety or fear, and 11 pertaining to social situations. The scale has 24 items. Each item of the scale has 4 point options (0-none, 1- mild, 2-moderate and 3- severe).

Rosenberg Self-Esteem Scale: It was developed by Morris Rosenberg (1965). The Rosenberg's scale was used to assess the self-esteem of students which consists of 10 questions. This scale measures global self-worth by measuring both positive and negative feelings about the

self. The scale has 10 items. Each item of the scale has 4 point options (0, strongly disagree to 3, strongly agree). The scale ranges from 0-30. Test-retest reliability over a period of 2 weeks reveals an alpha coefficient ranging from .85 and .88, indicating excellent stability.

RESULTS

Table-1 reveals that mean, standard deviation (SD) and t-value of age among patients with epilepsy and normal group. There was no significant difference found in age

Table - 1

Comparison of age among patients with epilepsy and normal group

Variables	Group (Mean±SD), (N-100)		t-value	p-value
	Epilepsy Group	Normal Group		
Age	**31.22 ± 4 .57**	30.96 ±4 .90	0. 2 7 4	0.785

N=Number, SD=Standard deviation

Table 2

Comparison socio-demographic details among patients with epilepsy and normal group.

Variables		Group (N=10 0) (%)		df	χ^2
		Epilepsy Group	Normal Group		
Gender	Male	35 (70 .0%)	32(64 .0%)	1	0.407 NS
	Female	15 (30 .0%)	18(36 .0%)		
Marital Status	Married	32 (64 .0%)	34(68 .0%)	1	0.178NS
	Unmarried	18 (36 .0%)	16(32 .0%)		
Family types	Joint	16(32 .0%)	15(30 .0%)	1	0.047 NS
	Nuclear	34(68 .0%)	35(70 .0%)		
Family income	Less than 10000	7(14 .0%)	5(10 .0%)	2	0.904 NS
	10000 to 15000	20(40 .0%)	16(32 .0%)		
	Above 15000	23(4 6.0%)	29(58 .0%)		

N=Number, NS=Not significant

(t= 0.274, p≥ 0.05) between the both groups. The results in the table show that mean age and standard deviation (SD) of patients with epilepsy were 31.22 ± 4.57. The mean age and SD of normal group were 30.96 ±4.90.

Table 2 reveals that there was no significant difference in gender marital status, family type and family income among patients with epilepsy and normal group. Thirty-five (70%) patients with epilepsy and 32 (64%) normal group were male, 15 (30%) patients with epilepsy and 18 (36%) normal group were female; the value of χ2=0.407and p≤ 0.05. Thirty two (64%) patients with epilepsy and 34 (68%) normal group were married, 18 (36%) patients with epilepsy and 16 (32%) normal group were unmarried; the value of χ2=0.178 and p≤ 0.05. Sixteen (32%) patients with epilepsy and 15 (30%) normal group were belonging in joint family while 34(68.0%) patients with epilepsy and 35 (70.0%) normal group were belonging in a nuclear family; the value of χ2=0.047 and p≤ 0.05. In the family income, 7(14.0%) patients with epilepsy and 5 (10.0%) normal group were belonging to less than 10000, 20 (40.0%) patients with epilepsy and 16 (32.0%) normal group were belonging to 10000- 15000, 23 (46.0%) patients with epilepsy and 29 (58.0%) normal group were belonging to above 15000; the value of χ2=0.904 and p≤0.05.

Table 3

Comparison of the social anxiety among patients with epilepsy and normal group.

Variables	Group (Mean±SD), (N-100)		t	p-value
	Epilepsy Group	Normal Group		
Fear/Anxiety	34.18 ± 3.14	20.98 ± 1 .64	26.275	0.000
Avoidance	26.48 ± 4 .56	17.72 ±2 .65	11.729	0.000
Total Social Anxiety	60.66 ± 5 .89	38.70 ±3 .57	22.539	0.000

N=Number, SD=Standard deviation

Table-3 shows that the mean and SD of social anxiety in patients with epilepsy was 60.66 ± 5.89 and the control group was 38.70 ±3.57. There was a significant difference found in social anxiety in the both groups (t=22.539, p≤ 0.01). Social anxiety has two domains (Fear/Anxiety and Avoidance) described in the table. Significant group differences were found in terms of fear (t=26.272, p≤ 0.01), and avoidance (t=11.729, p≤ 0.01) of social anxiety among both the groups. The mean score and SD in fear of both group respectively were as 34.18 ± 3.14, 20.98 ± 1.64 and in avoidance 26.48 ± 4.56, 17.72 ±2.65.

Table 4

Comparison of the self esteem among patients with epilepsy and normal group.

Variables	Group (Mean±SD),(N-100)		t	p-value
	Epilepsy Group	Normal Group		
Self Esteem	**11.88 ± 2.87**	21.56 ±3.73	14.515	0.000

N=Number, SD=Standard deviation

Table 4 shows that the mean and SD comparison of the self-esteem of patients with epilepsy was 11.88 ± 2.87 and normal group was 21.56 ±3.73. In this study, using independent t-test which indicated that there were significant differences in self-esteem (t=14.515, p≤ 0.01) between the both groups.

DISCUSSION

The present study has no significant difference in socio-demographic parameters of age, gender, marital status, family types and family income among patients with epilepsy and normal groups.

The finding of this study shows that Social anxiety was higher in patients with epilepsy in comparison to control groups and there was significant difference found in both groups. There was also a significant difference in fear/anxiety and avoidance subscales of social anxiety between the both groups. Some earlier studies also support this. Kutlu et al., (2013) found that a significant difference in fear/anxiety and avoidance Subscales of social anxiety between the patient of epilepsy and the control groups. Newsom-Davis et al., (1998) stated that patients with generalized epileptic seizures have a subsequent and anticipatory fear. Betts, (1981) found that patients who had become fearful of their epileptic attacks of going out in a public place and some patients would develop a 'true phobic anxiety state' relating to their seizures. Winter, (1996) stated that Epilepsy may lead to even greater vulnerability. Persons with epilepsy has fear going outside their homes alone and they also fear what people might think of them if they were to have a seizure in public place. Betts, (1992) found that patients with epilepsy have a unique combination of social and interpersonal stressors (e.g. stigma, social isolation, restriction of activities and loss of control).

The finding of this study shows that self-esteem was lower in patients with epilepsy in comparison to control groups and there was a significant difference found in both groups. Some earlier studies also support this. Kutlu et al., (2013) found that a significant difference in the self-esteem between the patients with epilepsy and controls group and indicating the decreased level of self-esteem in the patients of epilepsy. Sawangchareon et al., (2013) found that the self-esteem score of the epilepsy group was lower than the control group. The self-esteem of epilepsy group and control group before the intervention were significantly different. Hills & Baker, (1992) found that patient with epilepsy were not able to adjust themselves or manage their lives, then gradually his self-esteem would be decreased. Gauffin et al., (2010) conducted the study on self-esteem in epilepsy and they found that those who have higher seizure frequency than they have lower self-esteem.

IMPLICATIONS

Self-esteem can play very important factors for adequate lifestyle in patients with epilepsy as well as normal persons. Mental health teams should regularly hold the support group for epilepsy to increase their self-esteem and enable them to adjust themselves to epilepsy. Mental health professionals should give intervention and planning to deliver adequate therapeutic services in the clinical context for epileptic patients.

LIMITATION

This study was being a time-bound study and the sample size was small. A purposive sampling technique was used in this study. Data was collected from only CIIMHANS, Rajnandgaon (Chhattisgarh) and near the village.

CONCLUSION

The present study showed that social anxiety and self-esteem scores were significant differences among patients with epilepsy and normal group. Higher social anxiety and lower self- esteem in patients with epilepsy compared to normal group. Social anxiety and self-esteem are important comorbid conditions in patients with epilepsy and someone who is at high risk of facing psychological problems, social problems, anxiety, depression, suicide, and also sudden death. Therefore, it is very important to identify and treat the psychological symptoms and psychiatric comorbid conditions in patients with epilepsy because of reducing their significant problems and symptoms.

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