EMOTIONAL FACTORS IN PEDIATRIC PRACTICE

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The psychological management of the patient with epilepsy can be relatively simple or extremely difficult, depending on the success of medication in controlling seizures, the frequency of seizures, and the basic emotional stability of the patient. As in all chronic illnesses, an emotionally stable person can handle the stresses better than a person whose early development did not provide gratification of infantile needs and whose ego development was impaired.

I think that it is essential for the pediatrician and neurologist to maintain a good, close relationship with the patient’s family. They should have the kind of rapport that enables parents to feel free to raise whatever questions they may have about the management of the patient.

Dealing with parental anxieties is essential because undue anxiety on
the part of the parent, feeding into the problem of epilepsy itself, can interfere with the rational handling of the patient and cause more complicated psychological and social problems than are necessary. I hasten to add, however, that it is reasonable and understandable for the patient and family to have anxiety since seizure episodes are often unpredictable and can lead to physical damage and extreme danger to the patient.

For this reason, it is extremely difficult to get the family to give the child freedom and independence and, at the same time, help avoid the possible danger of the patient having a seizure when no one is available to help. In my experience, parents understandably fear a child having a seizure while crossing a street with oncoming cars, while standing on a subway platform, or while swimming. Clearly, severe damage can occur under these circumstances. It is, therefore, very hard for the physician to encourage independence without sharing some of the parents’ anxieties. Obviously, this problem is minimal if pharmacological control of seizures is possible.

In any event, parental overprotectiveness toward the child with epilepsy is normal. However, it is unwise for the physician to play down the parents’ anxieties and overprotectiveness, since that may lead the family to feel the physician lacks understanding of their concern. It would be more advisable for the physician to state that he or she understands how worried the family is and that their worry is to some degree perfectly justified. After having established this point, it is far more effective to encourage the parents to give the child as much freedom as they feel they are capable of giving, in spite of some hazards that will always exist until the seizures are under complete control.

From the patient’s point of view, there is a great deal of anxiety not only because of the possibility of injury, but also because patients feel and are different from other people. In many instances, epileptics are stigmatized as being mentally ill. This is certainly not the case, but in the minds of some people, having epileptic seizures is associated with “going mad.” For this reason, it is important for the family of the epileptic child to educate friends, teachers, and other people with whom the child associates so that the patient is less vulnerable to feeling ostracized or isolated.

It is a fact that many people are frightened by epileptics and that many parents tell their children not to play with the child who has epilepsy. For this reason, more public information concerning epilepsy should definitely be disseminated. Facts about epilepsy should also be taught in the schools so that children who encounter the problem, as patient or observer, are equipped to cope with it.

No matter how much reassurance children with epilepsy are given concerning their illness, they still feel different and may be inclined to blame all of their problems on the illness. In many instances, they use their illness for secondary gain. They may be inclined to avoid taking on some responsibilities and blame it on their illness.

It takes a great deal of sensitivity on the part of the parent and the physician to sense these incidences and help avoid them. The epileptic requires a great deal of individual attention, but it would be detrimental for the patient to feel that he or she gets attention primarily through the illness and not through his or her accomplishments or gratification offered and received in personal relationships.

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In dealing with children with chronic illnesses over the years, I have found that it is often very helpful to have these children meet other children with a similar problem. Groups of children need not be isolated according to their illness, but knowing that someone else has a similar illness and is able to cope with its special problems offers the kind of emotional support that is hard to get any other way.

It is very difficult to make specific recommendations for the psychological management of the patient with epilepsy, since psychological and social conditions vary so much and the degree of success with chemical management of seizures is so different. If a child has established emotional stability during his or her early years of life, he or she will be more capable of coping with the stresses of epilepsy. In addition, the child whose parents seem to be able to cope more effectively with problem situations without feeding in undue anxiety are more able to provide the emotional support necessary for the child to gain a sense of self-esteem in spite of the illness. Finally, greater public understanding of what epilepsy is, what it means to the patient, and how to deal with a seizure would be extremely important additions for management of the epileptic child.