A SYSTEMIC BELIEF APPROACH TO EPILEPTIC SEIZURES: A CASE OF BEING SPELLBOUND

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ABSTRACT: A systemic treatment approach, namely systemic belief therapy, has been found to be useful when dealing with families constraining beliefs when experiencing physical health problems. Two interventions which facilitate the altering of constraining beliefs are the externalization of physical symptoms and therapeutic letters. Epileptic seizures are examined in the context of the interaction between families and health care professionals. A case example is presented which highlights the use of this systemic approach to assist a young couple in challenging their beliefs about their ability to control and monitor epileptic seizures.

INTRODUCTION

Epilepsy is a major neurological disorder of unknown etiology, second only to stroke in frequency (Adams & Victor, 1981). Epilepsy has been misunderstood and feared primarily because of the often frightening manifestation of seizure activity. The incidence of epilepsy is that of 30-50 new cases/100,000 per year (Schoenberg, 1985). The morbidity and mortality rates are difficult to establish as seizure activity can result in various accidental deaths. As well, individuals with epilepsy have a higher rate of suicide and attempted suicide (Schoenberg, 1985).

There is a great social stigma attached to epilepsy and individuals may suffer more from the psychosocial implications than the
physiological implications (Dodrill, Beier, Kasparick, Tacke, Tacke, & Siang-Yang Tan, 1984). Although some individuals may have their seizure activity eliminated by medication, the possibility of having a seizure is ever present and may be hazardous in certain environments. The unpredictability of seizure onset makes epilepsy particularly problematic for individuals and their families.

Society's attitudes of ignorance and fear toward epilepsy may influence the individual's beliefs about self and may account for the poor self-esteem evident in many individuals experiencing epilepsy (Mittan, Locke, & Gatica, 1983). In addition, the beliefs about the etiology and the treatment of the epilepsy influence how the individual and the family manage the problem and the expectations they have for treatment (Harkaway & Madsen, 1989; Masland, 1985). Most of the research examining epilepsy within the context of the family has focused on children with seizures. Ziegler (1982) discussed an interactional model of family functioning to explain family responses to a seizure disorder in a child. Family functioning was most influenced by the degree to which the patient and the family experienced disruption in their feelings of competence and control in relation to the seizure activity. Seizures tended to create an actual rupture in the control of the individual. This rupture in control affected numerous interactional patterns which disrupted the autonomy of the marital dyad and the family system as a whole.

Although there is some evidence of the impact of neurologically impaired individuals on the family (Kerns & Curley, 1985), the adult experience of the reciprocal impact of epilepsy on the family and the influence of the family on epilepsy has not been well documented.

The application of a systems approach in clinical practice can yield important information about families' experiences of seizure disorders. An increased understanding of family dynamics related to seizure disorder could also lead to the development of innovative systemic interventions to facilitate change. This article presents the senior author's systemic approach, namely Systemic Belief Therapy (Wright, Watson, & Bell, 1990) as a potentially useful one with families experiencing seizure disorders. In addition to the use of intervention questions which explore and draw forth both constraining and facilitative beliefs, our clinical team also utilized the psychotherapy technique of externalization of the problem (i.e., epileptic seizures) (Tomm, 1989; White, 1984; White & Epston, 1989) and therapeutic letters (Epston, 1986; White & Epston, 1989; Wood & Uhl, 1988; Wright, Watson, & Bell, 1990) to introduce more facilitative beliefs.