

THE PSYCHOTHERAPEUTIC ASPECT OF PSYCHIC TRAUMA IN EPILEPSY

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Introduction

The child builds his inner world by integrating his experiences and surroundings. Depending on the age of onset of the first seizure, epilepsy more or less disrupts this process [1].

If most people with epilepsy feel completely normal outside of seizures and the number of seizures can be reduced, then some patients (about a third of the total number) are severely affected by their disease. They can be affected by the repetition (high frequency) of epileptic seizures, but also by the physical, psychological and social consequences that they involve [2].

Epilepsy alters parents and social interactions. The function of doctors is not only to cure the disease, but also to take into account all the surrounding factors (social, family, school) to facilitate the harmonious development of the sense of identity [1].



Keywords

epileptic seizures,
psychic trauma,
psychotherapy.



Purpose

Synthesis of the literature dedicated to psychotraumatic factors in epileptogenesis, as well as the efficiency of non-medicinal methods.

Material and methods

To achieve the proposed objective, it was performed the analysis of the literature review between 1995-2020, using bibliographic sources, including the Medical Scientific Library of the USMF "Nicolae Testemitanu", data from the electronic libraries PubMed, MedScape and Hinari. The clinical case of the patient with established diagnosis of epilepsy has been described in detail.

Results

We often underestimate the impact of trauma of announcing a disability on the parental process, and therefore on the child's psychological structuring. In fact, it has been established that the disclosure of disability interrupts the fragile process of the parenthood. It is a brutal separation: the child becomes another, a stranger. This is a real psychological trauma. Parents, caught between guilt and an attempt to remedy, must build a story in front of this emptiness: for them it is about the meaning of this event, in an attempt to overcome the trauma [3-5]. The reception that professionals offer to parents at this time, their capacity for empathy and emotional sharing are essential factors in this to overcome trauma.

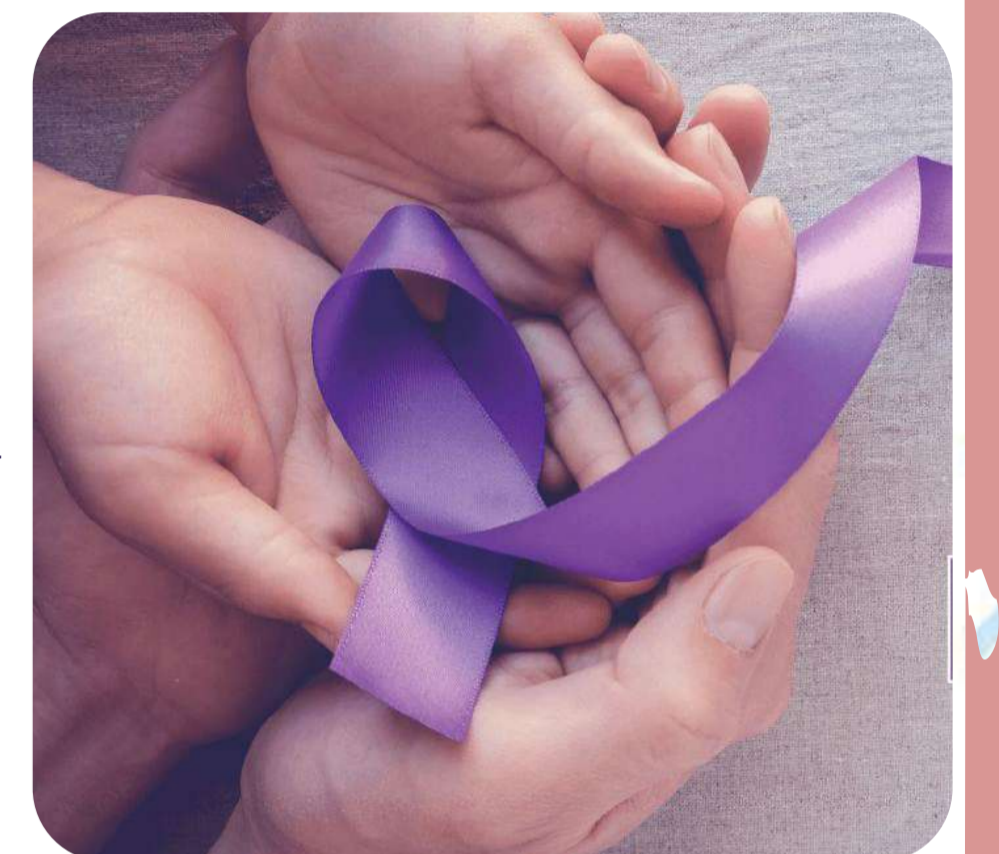
Clinical case study

We met with S ... at the National Center for Epileptology, when he was 14 years old. He was sent to the consultation after being hospitalized six times for epileptic seizures. Treatment with anticonvulsant drugs so far has been ineffective. S... continued to have seizures with a frequency of about twice a week. According to his parents, S ...'s epilepsy could result from neurosurgical intervention . It is difficult to establish a relationship with S.... He ignores the people around him.

The attitude of his parents is special: they express their concern for epilepsy, but, on the other hand, completely deny the pathological behavior of S ... The anamnesis shows that S ... is a child whose birth was eagerly awaited. The mother's pregnancy went well. Parents report a decrease in his development after the onset of the first seizure, which occurred at the age of 11 months. S ... had meetings once a week, over the year. These sessions took place in the presence of his mother. For a few weeks, S... 's behavior did not change. The interviews focused on the seizures he had or didn't have. The surgery was rejected and only drug solutions were recommended, as they were ineffective.

Given S ... 's the little progress, I insisted that the father attend the consultations. I found out during a consultation with the father that S... 's sister died at the age of four. The father claimed that they were "shocked" by the death of their first child. For his father, "the soul of his first child lived in the S... ", and epilepsy took for him the meaning of repeating the death experiences that S ... was trying to master, some kind of death conspiracy. His wife, S... 's mother, shared these representations. Later, meetings allowed us to discuss the differentiation between S ... and his deceased sister and about the need to "pass the past into the past." Subsequently, S ... 's behavior changed a lot. His parents began to perceive him as a living child, although epileptic seizures continued regularly.

In this observation, a trauma, that of the experience of S... 's first crisis, awakens another, that of the daughter's death. The effect of the crisis on the parents, through this traumatic repetition, had disastrous consequences on the mental structure of the child. Awareness of the trauma and its repetition had the effect of "thawing" the representations and allowed S ... to exist as a person.



Conclusions

The physician, cannot escape his emotional involvement in this human relationship. This requires a lot of discussion, advice, intelligible medical explanations and health education.

Supporting a patient with epilepsy requires consideration of all the data presented in order to be able to respond effectively to his request.

For the doctor the request for collaboration with other medical specialists, social workers or psychologists; he is the interface between the patient and a specialized team. This reference function is at the heart of the medical act.

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