Psychological flexibility, perceived stigma and quality of life in people with epilepsy in Poland

Joanna Dudek M.A., Stanisław Malicki M.A., Paweł Ostaszewski Ph. D., Wojciech Białaszek Ph.D., Anna Skarżyńska M. A.
University of Social Sciences and Humanities, Warsaw, Poland

Introduction

Epilepsy, one of the most common neurological illnesses, leads to both physical and psychosocial consequences that affect quality of life in people suffering from the condition, such as stigmatization and self-stigmatization (Jacoby, Snape, Baker, 2005).

Research has already shown that Acceptance and Commitment Therapy (ACT) improves quality of life and reduces epileptic seizures in patients with drug refractory epilepsy by enhancing psychological flexibility (Lundgren, Dahl, Hayes, 2008). Furthermore ACT proves useful for people with high levels of self-stigmatization (Luoma, Kohlenberg, Hayes, Bunting, Rye, 2008).

Objectives

The aim of the study were

(1) to examine links between psychological flexibility (PF), perceived stigma and satisfaction with life (SWL) in people suffering from epilepsy in Poland,

(2) to answer the question whether ACT can be considered as a potentially effective intervention for the enhancement of SWL in Polish patients.

Methods

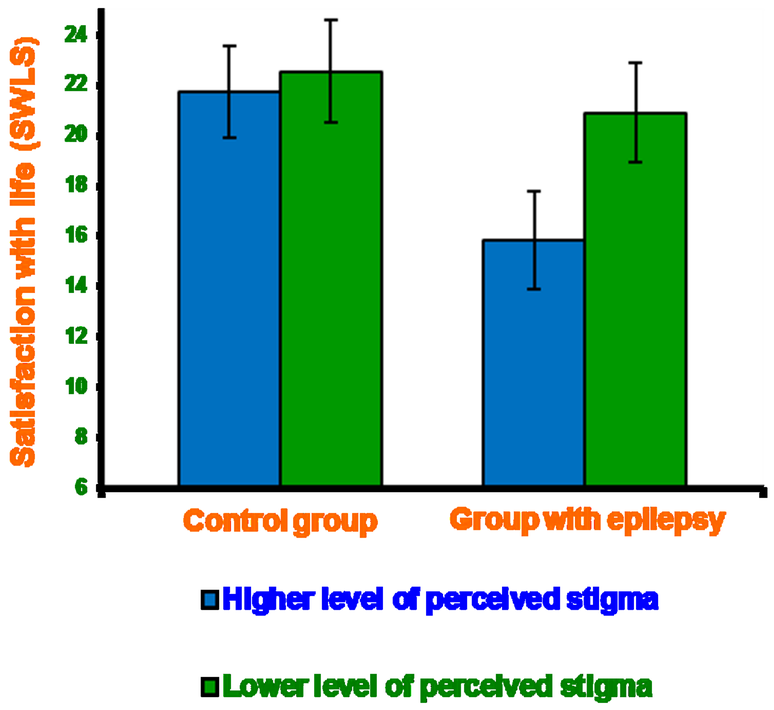
We examined 72 respondents suffering from epilepsy and 72 without any chronic illness (control group). Participants of the internet-based survey filled in the following questionnaires:

- AAQ-II -to measure level of PF
- SWLS-to measure satisfaction with life,
- Perceived Stigma Scale (Jacoby, 1995).

Table 1. Means and standard deviations for variables in experimental and control group. Higher score in AAQ-II and Perceived Stigma Scale indicates respectively: lower psychological flexibility and lower level of perceived stigma.

	Group	n	M	SD
AAQ-II	control	72	19,11	7,04
	with epilepsy	72	24,29	11,49
Perceived stigma scale	control	72	5,08	0,96
	with epilepsy	72	4,53	1,29
SWLS	control	72	22,15	6,03
	with epilepsy	72	18,51	6,64

Figure1. Satisfaction with life in control group and in the group suffering from epilepsy. Each group divided with respect to low or high level of perceived stigma. Error bars represent 95% confidence interval.



Results

The results, analyzed with t-test for independent samples showed that people suffering from epilepsy had **lower SWL** ($t(142)=3,444$; $p<0,01$; $d=0,578$), **lower PF** ($t(142)=3,262$; $p<0,01$; $d=0,547$) and **higher level of perceived stigma** ($t(142)=2,933$; $p<0,01$; $d=0,492$) (Table 1).

Further analysis was done with **three-factor ANOVA** in the 2 (group with epilepsy vs control group)x 2 (lower than median vs higher than median level of perceived stigma) x 2 (lower than median vs higher than median PF).

The statistical analyses showed **main effects of having epilepsy** ($F(1, 136)=14,809$; $p<0,01$; $\eta_p^2=0,098$), **main effect of PF** ($F(1, 136)=12,887$; $p<0,01$; $\eta_p^2=0,087$). Furthermore, we found **interaction effect of perceived stigma and having epilepsy** ($F(1, 136)=4,710$; $p<0,05$; $\eta_p^2=0,033$) (Figure 1).

Post hoc Sidak tests showed that only in the group with epilepsy lower perceived stigma level is connected with higher SWL($p<0,01$; $d=0,970$) and not in the control group ($p>0,05$). In the group with higher level of stigma, control group had higher SWL that group with epilepsy $p<0,01$; $d=1,078$) and not in the group with lower level of stigma ($p>0,05$).

Conclusions

The results of the study show that people suffering from epilepsy have lower SWL, lower PF and higher level of perceived stigma.

Higher PF is connected with higher SWL, no matter if respondents are suffering from epilepsy or not.

The level of PF has no impact on the link between perceived stigma and SWL in epileptic patients.

The results indicate that ACT may be considered as an effective intervention in enhancing SWL in people suffering from epilepsy.

However the study also suggests that in order to change the quality of life of epileptic patients we need to consider contextual and social nature of stigma and the necessity to focus not only on individual psychotherapy, but also on interventions at the environmental level.

References

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SWPS
UNIVERSITY OF SOCIAL SCIENCES AND HUMANITIES

Contact: joannaedudek@gmail.com