

Relationship between epileptic seizures and spiritual distress

Letter to the Editor

Hüseyin Çaksen

Abstract

Epilepsy is a chronic disease of the brain characterized by an enduring (i.e., persisting) predisposition to generate seizures, unprovoked by any immediate central nervous system insult, and by the neurobiologic, cognitive, psychological, and social consequences of seizure recurrences. Spiritual distress is defined as “a disruption in the life principle that pervades a person’s entire being and that integrates and transcends one’s biological and psychological nature.” It is well known that stress, anxiety, depression, mood disorders, sleep deprivation and fatigue are seizure-triggering factors. Some patients with epilepsy also experienced that their epilepsy had a spiritual cause. Based on our observations and the literature data, we think that spiritual distress/causes are a seizure trigger in patients with epilepsy and responsible from seizure in some people.

epilepsy; seizures; spiritual distress

Epilepsy is a chronic disease of the brain characterized by an enduring (i.e., persisting) predisposition to generate seizures, unprovoked by any immediate central nervous system insult, and by the neurobiologic, cognitive, psychological, and social consequences of seizure recurrences. The etiology of epilepsy varies according to the sociodemographic characteristics of the affected populations and the extent of the diagnostic workup, but a documented cause is still lacking in about 50% of cases from high-income countries [1]. Spiritual distress is defined as “a disruption in the life principle that pervades a person’s entire being and that integrates and transcends one’s biological and psychological nature. The diagnosis of spiritual distress is defined by indicators that are present: Spiritual

pain, spiritual alienation, spiritual anxiety, spiritual guilt, spiritual loss, and spiritual despair. The indicators (pain, alienation, anxiety, guilt, loss, and despair) must or may be present in defining the characteristics of spiritual distress [2]. Herein, we present the relationship between epilepsy and spiritual distress to attract attention to the possible role of spiritual distress in epileptic seizures.

Several studies have identified stress, anxiety, depression, mood disorders, sleep deprivation and fatigue as seizure-triggering factors [3-5]. Spector et al. [4] reported that over 90% of the patients with epilepsy could identify at least one seizure precipitant. The most common psychological precipitants were as follows: being tense, anxious, worried, stressed, nervous (53%), being tired, run-down, unwell (30%), feeling upset, depressed (15%), and winding-down after tension (14%) [4]. Balamurugan et al. [5] noted emotional stress (31.3%), sleep deprivation (19.7%), and fatigue (15.3%) as triggering factors reported

Hüseyin Çaksen: Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Necmettin Erbakan University, Meram Medical Faculty, Meram, Konya, Turkey

Correspondence address: huseyincaksen@hotmail.com

by the patients with epilepsy. In another study, markers of stress such as low collective efficacy, lifetime mood disorder, and lifetime generalized anxiety disorder were found association of an increased risk for seizure recurrence in patients with newly diagnosed epilepsy or a single unprovoked seizure [6]. Acute stress can provoke epileptic seizures and chronic stress increases seizure frequency [3]. We think that spiritual distress is associated with seizure development in some patients with epilepsy because the indicators of spiritual distress comprise pain, alienation, anxiety, guilt, loss, and despair.

Some patients with epilepsy experienced that their epilepsy had a spiritual causes [7-10]. Ismail et al. [7] examined the influences of spiritual and religious beliefs on explanation of the cause of epilepsy, in patients with epilepsy. The authors interviewed with 20 Muslims, six Sikhs, and four Hindus with epilepsy; 16 nominated carers (family members, friends); 10 health professionals. They found that over half of responders attributed their illness to fate and the will of God, or as punishment for sins of a past life [7]. Alkhamees et al. [8] studied the beliefs in patients with epilepsy. They found that most adults with epilepsy in Saudi Arabia believe that epilepsy is a condition with multifactorial causation and for which more than one treatment method should be applied. A test from God was the most commonly ascribed cause (83% as well as 40% who believed that some cases of the illness were a punishment from God). Ninety-six percent of the patients believed that there were also medical causes (such as an illness, brain insult, inflammation, heredity, contagion), and a similar proportion believed that there were also religious causes. Smaller proportions believed epilepsy could be due to cultural (78%) or psychosocial causes (64%). Ninety-three percent of patients believed in medical treatment, 93% in religious treatment, and 64% in traditional treatments, and 7% believed in changing lifestyle (eating balanced food and positive thinking). Ninety-six percent believed that faith and practicing religious rituals helped in coping with epilepsy, and 92% believed that family support helped in coping with epilepsy. In another series including 13 patients (12 Christian and 1 Muslim), the majority of patients believed that their epilepsy had a spiritual cause [9]. Tanywe et al.

[10] reviewed the experiences of people living with epilepsy in developing countries including Africa, Asia, Eastern Europe and Latin America. The synthesized findings were as follows: 1: People living with epilepsy believed that the disease was caused by factors such as fever, demonic power, beatings, witchcraft, curses and God. Fear, stress, depression, anger, excitement and grief were some of the emotions believed to cause seizures. 2: People living with epilepsy used biomedical and traditional methods to treat epilepsy and also developed strategies for coping with the disease beyond seeking treatment. In addition to treatment, they also developed coping strategies such as: concealing the disease, accepting it as God's test, engaging in religious activities (prayers, incantations, reciting the Koran and pilgrimages), having a rest, watching their diet, avoiding noise, equating themselves with others, pretending the disease is not serious, overlooking its limitation on their activities, making it known to the public, learning more about the disease, comparing it with other serious diseases and seeking support (emotional and financial) from peers, family and community members [10].

In our clinic, we have also observed that many parents attributed their children's epilepsy and seizures to fate and the will of Allah because they believe the following religious/spiritual teachings: There are some reasons and wisdoms that human beings cannot understand in the disasters and calamities that come to an innocent person. Only provisions of Shariat-i Fitriyye (laws that Allah has put into creation, to which all beings are bound), which contain the rules of Allah's will, are not subject to the body of the mind, so that it do not applied to something that has no mind. The wisdom of that sharia looks in the heart, feeling and ability. The actions resulting from these are punished by applying the provisions of that sharia. For example, if a child kills a bird or a fly s/he takes in her/his hand, s/he would be opposing the feeling of compassion, which is one of the Shariat-i Fitriyye. Due to this opposition, if s/he falls and her/his head is broken, s/he would deserved it. For, this calamity is a punishment for that opposition [11]. Regarding the therapy, in addition to medical treatment, some parents have used various alternative treatments and developed various coping

strategies such as herbal products, dietary supplements, and engaging in religious activities.

In conclusion, we think that spiritual distress/causes are a seizure trigger in patients with epilepsy and responsible from seizure in some people; however, prospective and randomized controlled studies including large patient series should be performed about this subject.

REFERENCES

1. Beghi E. The epidemiology of epilepsy. *Neuroepidemiology*. 2020; 54(2): 185-191.
2. Spiritual distress: From Wikipedia, the free encyclopedia [homepage on the Internet]. [updated 2020 Jun 22; cited 2021 Jun 12]. Available from: https://en.wikipedia.org/wiki/Spiritual_distress/
3. van Campen JS, Jansen FE, de Graan PN, Braun KP, Joels M. Early life stress in epilepsy: a seizure precipitant and risk factor for epileptogenesis. *Epilepsy Behav*. 2014; 38: 160-171.
4. Spector S, Cull C, Goldstein LH. Seizure precipitants and perceived self-control of seizures in adults with poorly-controlled epilepsy. *Epilepsy Res*. 2000; 38(2-3): 207-216.
5. Balamurugan E, Aggarwal M, Lamba A, Dang N, Tripathi M. Perceived trigger factors of seizures in persons with epilepsy. *Seizure*. 2013; 22(9): 743-747.
6. Baldin E, Hauser WA, Pack A, Hesdorffer DC. Stress is associated with an increased risk of recurrent seizures in adults. *Epilepsia*. 2017; 58(6): 1037-1046.
7. Ismail H, Wright J, Rhodes P, Small N. Religious beliefs about causes and treatment of epilepsy. *Br J Gen Pract*. 2005; 55(510): 26-31.
8. Alkamees HA, Selai CE, Shorvon SD. The beliefs among patients with epilepsy in Saudi Arabia about the causes and treatment of epilepsy and other aspects. *Epilepsy Behav*. 2015; 53: 135-139.
9. Deegbe DA, Aziato L, Attiogbe A. Beliefs of people living with epilepsy in the Accra Metropolis, Ghana. *Seizure*. 2019; 73: 21-25.
10. Tanywe A, Matchawe C, Fernandez R. The experiences of people living with epilepsy in developing countries: a systematic review of qualitative evidence. *JBHI Database System Rev Implement Rep*. 2016; 14(5):136-192.
11. Nursi BS. Katre. In: *The Risale-i Nur Collection*. Mathnawial-Nuriya (in Turkish) [homepage on the Internet]. Istanbul: Söz [updated 2012 Mar; cited 2021 Nov 2]. Available from: <http://www.erisale.com/#content.tr.5.100/>