



Emotion and dissociative seizures: A phenomenological analysis of patients' perspectives



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ABSTRACT

Quantitative research has indicated that patients with dissociative seizures (DS) show altered responses to emotional stimuli, in addition to considerable emotional distress and dysregulation. The present study sought to further explore emotional processes in this population, to extend previous findings, and to provide a phenomenological insight into patients' perspectives on these issues. Semistructured interviews were carried out with 15 patients with DS, and the principles of interpretative phenomenological analysis (IPA) were adopted in data analysis. Key themes elicited included: i) general emotional functioning; ii) adverse (stressful/traumatic) life experiences; iii) the role of emotions in DS; iv) relating to others; and v) resilience, protective factors, and coping mechanisms. The clinical and theoretical implications of the findings are discussed.

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1. Introduction

Dissociative (nonepileptic, psychogenic) seizures (DS) are paroxysmal phenomena classified as a dissociative disorder in ICD-10 [1] and a conversion (somatic symptom) disorder in DSM-5 [2]. Dissociative seizures are superficially similar to epileptic seizures (ES) in many respects but tend not to exactly mimic the stereotypies of ES, often being of longer duration, with waxing-and-waning symptom severity and unusual configurations of symptoms [3,4]. Diagnostic investigations yielding an absence of epileptiform electrophysiological activity contiguous with seizure occurrence (i.e., video-encephalography: video-EEG) or a lack of significant neurological abnormalities characteristic of epilepsy are indicative of a DS diagnosis. Moreover, a diagnosis of DS requires the exclusion of any other potential underlying psychiatric or physical illness, such as psychosis, substance withdrawal, or transient ischemic attacks.

Much of the previous psychological literature on DS has depended on quantitative data obtained through self-report measures (i.e., interviews, questionnaires) and clinical case note reviews. This literature

has provided important insights into possible etiological factors in the disorder. Possible contributory factors include adverse life experiences (i.e., trauma, stress, relationship disturbances), dysfunctional personality profiles and coping techniques, subtle neurocognitive abnormalities, comorbid psychopathology, and frequent somatoform and psychological dissociative experiences [5–15]. However, an important limitation in the extensive use of quantitative methods is the lack of insight gained into the phenomenological experience of the patients and their important perspectives on the research questions under investigation.

Qualitative techniques can be used to provide a richer understanding of the unique meanings that individuals ascribe to their experiences [16]. Increasing numbers of investigators have adopted qualitative techniques in studies of DS in the last decade. For example, several investigators have used semistructured interviews or linguistic analysis to examine patients' reactions to receiving the diagnosis [17–20]. These studies highlighted several themes in patients' responses to the diagnosis, particularly feelings of confusion about the nature of the disorder, relief, and feeling like a 'normal' person again (i.e., due to not having a chronic neurological condition). Issues relating to provision and patients' experiences of treatment have also been examined qualitatively [20–24].

Other authors have adopted qualitative techniques when investigating the experiences and understanding of patients with DS about their disorder. Carton et al. [17], for example, reported themes relating to patients' conceptualizations of their seizures. Some patients experienced their seizures as a release of accumulated emotion, stress, or as in some way related to previous traumatic experiences. In addition,

Abbreviations: DS, dissociative seizures; ICD-10, International Classification of Diseases (10th ed); DSM-5, Diagnostic and Statistical Manual of Mental Disorders (5th ed); ES, epileptic seizures; IPA, Interpretative Phenomenological Analysis.

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many patients reported considerable negative consequences of DS on other areas of life, such as employment, self-esteem, social isolation, and anxiety. Furthermore, Dickinson et al. [25] used thematic content analysis to explore patients' perspectives on their disorder and noted that some patients linked their disorder to both early (e.g., head injury, physical assault, exposure to epilepsy) and recent (e.g., divorce, bereavement, legal proceedings) adverse life events. Others [26] noted that patients with DS tended to discuss the disorder dualistically as either organic or psychological, rather than acknowledging the possibility that psychological factors can interact with physical processes. Clearly, qualitative techniques have much to offer in enhancing our understanding of the experiences of individuals with DS and may also serve to generate hypotheses for further quantitative testing.

Historically and contemporarily, abnormal emotional processes have been posited to play a crucial role in triggering or underlying DS [27–30]. Recent experimental research has yielded findings supportive of the hypothesis that patients with DS exhibit altered emotional functioning [31–34], including differences in attentional, behavioral, and subjective responses to affective stimuli. Moreover, patients with DS report altered emotional states prior to and/or during the seizures, such as autonomic arousal and/or panic symptoms [28,35,36], in addition to dissociative symptoms [35,36]. However, patients' perspectives on their emotional processing styles and responsivity have not yet been examined specifically with qualitative methods, neither have patients' reports of emotional experiences during their seizures. Qualitative investigation of emotional processes in this patient group is, therefore, an important supplement to quantitative studies in this area, as a means of providing a more detailed account of patients' experiences.

This study sought to explore the following research questions, using qualitative methods:

1. How do patients with DS perceive their general emotional functioning?
2. To what extent can patients with DS reflect on and understand the possible role of emotions in the onset of the disorder and/or ongoing seizure generation?
3. How do patients with DS perceive their ability to recognize and understand the emotions of others?

2. Materials and methods

Semistructured interviews were conducted with a small sample of patients recently diagnosed with DS, prior to undergoing psychological therapy for the disorder. The research followed as closely as possible the recommendations made by proponents of IPA [37].

2.1. Participants

Recruitment for the study took place between January 2011 and August 2012. Ethical approval was granted by the Joint South London and Maudsley and Institute of Psychiatry NHS Research Ethics Committee (reference 08/H0807/82). Eligibility criteria for inclusion in the study were: i) having received a diagnosis of DS based on video-EEG monitoring and/or consensus clinical opinion (the shared opinion of at least two consultant neuropsychiatrists, neurologists, or epileptologists), ii) being 18–65 years of age, iii) having an estimated intelligence quotient (IQ) of 70 or greater, iv) being fluent in English, and v) not having documented epilepsy, significant medical illness, current major depression, anxiety, substance dependence, or psychosis. All patients were recruited from tertiary referral neuropsychiatry services at the South London and Maudsley NHS Foundation Trust. Prior to participation, participants provided written informed consent.

2.2. Procedure

The interviews lasted approximately 30 to 90 min. Fourteen interviews took place in a psychology laboratory, and one in the patient's home. The same interviewer (SP) carried out all interviews; at the time, a female postgraduate student with no personal experience of dissociative/conversion disorders but with a good knowledge of relevant empirical and theoretical literature. The interviews were recorded digitally, with patients' permission.

The same interview schedule was used flexibly for all patients (Appendix 1). The questions focused on the following topics: general emotional functioning, responses to emotionally upsetting events/situations, understanding of others' emotions, involvement of emotions at the time of initial seizure onset, involvement of emotions in ongoing seizure occurrence, peri-ictal emotions, and more general ideas about the links between DS and emotions.

2.3. Data analysis

Interviews were transcribed verbatim, and the transcriptions were anonymized. In IPA, the analyst engages actively with the transcript and aims to interpret the meanings implicit in the data. The following steps were taken in analyzing the data: i) identification of themes in the first transcript, ii) theme connection within the first transcript, iii) adding additional transcripts to the analysis, and iv) developing the final classification scheme. More detail is provided in Supplementary File 1.

During data analysis, notes were made when there was a possible influence of the analyst's background or characteristics on interpretation of the data; efforts were made to minimize the influence of such characteristics on the interpretations made. A second member of the research team (LG) examined a subsample of transcripts independently, blind to the themes that had been identified by the interviewer (SP). The themes identified by the second rater were very similar to those identified by the first; however, some small modifications were subsequently made to the hierarchy of themes where minor disparities had emerged. Furthermore, a preliminary summary of the main findings was sent to two patients who had participated in the study. One of the patients responded, confirming that the summary was understandable and acceptable and reflected her viewpoints on the topics discussed.

3. Results

3.1. Participant characteristics

Fifteen participants took part in the study. The demographic characteristics and duration of DS disorder for each participant are presented in Table 1.

3.2. Overview of themes

Several superordinate themes emerged during the analysis, partially reflecting the topics covered in the interview schedule. These were themes relating to: i) general emotional functioning; ii) adverse (stressful/traumatic) life experiences; iii) the role of emotions in DS; iv) relating to others; and v) resilience, protective factors, and coping mechanisms. The themes and subthemes are presented with representative quotations in Tables 2 to 6.

3.3. General emotional functioning

One cluster of themes was related to patients' perceptions of their general emotional functioning (Table 2). For some, the phenomena described seemed to represent long-term tendencies rooted in development. Other patients indicated that the experiences were more specific to a given time in their lives.

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