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Beyond medical diagnosis: Factors contributing to life satisfaction of women with epilepsy in Israel

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ABSTRACT

This study was an exploratory study aimed to examine the contribution of both objective variables (such as education, occupational status, and leisure activity) and subjective variables (such as perceived disability, body image, and feminine self-image) to the life satisfaction of women with epilepsy in Israel. The study also sought to compare the findings with earlier studies of women with epilepsy or other disabilities in order to identify similar patterns in their life satisfaction. The study included 70 women, who had applied in the past to the Israel Epilepsy Association to obtain information and leisure activities. They were asked about their degree of life satisfaction in the context of their personal data including occupational status, leisure activity, perceived disability, body image, and feminine self-image. Findings indicated that higher education and perception of body image and femininity were positively correlated with higher life satisfaction. The regression model showed that perceived severity of disability and body image had the highest contribution to satisfaction with life, a fact that attests to the paramount importance of women's perception of their health disability in dealing with the disorder. These findings are discussed in relation to earlier comparative studies of those with/without epilepsy. The implications for practice suggest aspects that ought to be included in therapeutic interventions such as including contents related to feminine self-image and body image in the rehabilitation process as well as recommendations for future studies.

1. Introduction

Epilepsy is considered as the most common serious neurological disorder in the world. There are more than 1 million women with epilepsy in the US, with another 90,000 women diagnosed every year. In Israel, about half of all patients with epilepsy, between 1% and 1.5% of the population, are women [1]. Women with epilepsy experience negative emotional states including fear of seizures [2] and mood disturbances such as anxiety and depression compared with both men with epilepsy and the general population [3–5]. Furthermore, they are less employed, less likely to establish intimate relationships, and likely to report more marital difficulties compared with men with epilepsy whose medical condition is similar [5–8]. Moreover, epilepsy has unique impacts on women because of the interaction between the disorder, the drug therapy, and the menstrual cycle and hormonal activity, which may raise the chances of seizures [9].

1.1. Women with epilepsy's life satisfaction

Even though there has not been sufficient study of the quality of life of women with chronic diseases such as epilepsy [7,9,10], a review of the existing literature finds that epilepsy has an impact on the quality of life and life satisfaction of women who suffer from it. Life satisfaction is defined as assessment of life experience from a positive perspective including living conditions, achievements so far, and interest [7]. The life satisfaction of women with epilepsy is affected by many factors including their health status, society's attitude towards them [11], and the chronic illness's impact on their perception, self-esteem, and mental health [12]. Various studies indicate that women with epilepsy have various psychosocial problems and are in a less favorable condition in the areas of occupational status, physical health, education, interpersonal relations, and mental health [5,13–16].

Comparative studies of women and men with epilepsy versus a healthy control group found that the general quality of life of the women with epilepsy was lower and reflected in their physiological, psychological, and social status. Furthermore, patients with epilepsy exhibited higher levels of anxiety and depression, and their self-image was considerably lower [4,12,17]. Likewise, they had a relatively low marriage rate and a high unemployment rate [5,15,18,19].

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Even though there is a consensus that epilepsy is associated with a lower quality of life, certain approaches put the emphasis on the impact of the severity of the disorder and the patient's medical status on quality of life, whereas others emphasize the psychosocial aspects as predictive factors that contribute to a higher quality of life [8,20]. Most of the studies of life satisfaction of patients with epilepsy in general and women in particular have focused on the medical aspects of the disorder such as seizure control and drug side effects. They also focused on the contribution of objective quality-of-life variables such as occupational status and education. However, despite their potential significance for women's well-being, less emphasis has been paid to subjective variables, including the way women perceive their disease and the disability they experience as a result and the impact of their self-esteem and body image on their quality of life. Table 1 summarized core comparative studies, examining objective or subjective aspects of life satisfaction and well-being of women with/without epilepsy. The table shows the importance of both objective and subjective variables in the lives of women with epilepsy and the significant differences between women with epilepsy and women without epilepsy.

1.2. Objective research variables associated with life satisfaction: education, occupational status, and leisure

Most of the earlier studies about the quality of life of women with epilepsy focused primarily on objective variables such as occupational status, family status, education, and leisure. Thus, for example, educated women had higher quality of life and better psychological well-being [4,26], while less educated women reported higher levels of anxiety and depression [4,7].

Marital status was also found to be associated with life satisfaction. Naess, Eriksen, and Tambs [26] reported that patients with epilepsy who were married or cohabitating were more satisfied with life compared with those living alone. It was further found that women with epilepsy who were divorced reported higher levels of anxiety and depression compared with married women with epilepsy [4,7]. A woman's engagement in employment and leisure activities is also associated with reported life satisfaction [2,27,28]. Collings found that women with epilepsy with regular jobs and stable marriages and who engaged in leisure activity reported higher quality of life [15,29]. Therefore, our research hypothesis is that employed women with more education and who are more involved in leisure activity will report higher life satisfaction.

1.3. Subjective research variables related to life satisfaction: perceived disability, body image, and feminine self-image

In addition to the objective variables that include educational level and engagement in employment and leisure activity in the context of life satisfaction of women with epilepsy, the present study broadens the lens and takes a look at the impact of subjective variables on the women's life satisfaction. These include how the women patients perceived the severity of their disability, their body image, and their feminine self-image.

1.3.1. Perceived severity of disability

The way women conceive their disorder and their disability has a significant impact on their lives. A number of studies have shown that the patient's perception of the severity of her seizures has a more

Table 1
Summary of comparative studies examining both objective and subjective aspects in the life satisfaction of women with epilepsy or with other disabilities compared with a control group.

Main variables	Sample	Main findings
Objective variables		
Gender, marital status, and educational levels Anxiety and depressive symptoms (the Beck Depression Inventory and the State and Trait Anxiety Inventory)	79 adult patients with epilepsy (M age = 34.31; SD = 11.82) Control group of 61 adults without epilepsy (M age = 37.23; SD = 11.16)	Females reported significantly more concerns compared with men. Divorced patients had significantly higher scores on anxiety and depressive symptoms when compared with both single and married patients. Education played a significant role in the fear of seizure recurrence. For the control group, both educational level and marital status had no significant effect on either anxiety or depression scores [21].
Gender, age, race/ethnicity, marital status, education, health status, and household income Satisfaction with life in different domains (well-being scales from the HealthStyle survey)	Nationally representative sample of 5400 community-dwelling adults with epilepsy Control group (adjusted for gender, age, race/ethnicity, education and household income)	47% of adults with epilepsy reported fair or poor health compared with about 18% of adults without epilepsy. Adults with epilepsy were less likely to be satisfied with most life domains. Among adults with epilepsy, family life, leisure time, material security, employment, a diagnosis of absence seizures, and seizure frequency were the strongest predictors of well-being [22].
Subjective variables		
Psychosocial functioning (the Washington Psychosocial Seizure Inventory (WPSI)) Quality of life in epilepsy (QOLIE-31)	64 older patients (28 males, 36 females) with a confirmed diagnosis of epilepsy under the care of a medical practitioner Control group of 60 people (25 males, 35 females) who were recruited from the general community (M age = 66.50; SD = 7.65)	The group with epilepsy had poorer results in quality of life and reduced psychosocial functioning when compared with the control group [23].
Health perception (the Quality of Life in Epilepsy Inventory (QOLIE-31))	281 patients with clinically diagnosed epilepsy 281 controls (294 males and 268 females)	Controls had significantly better quality of life compared with patients with epilepsy. Patients with epilepsy significantly did not feel healthy compared with the control group [24].
Sexual esteem (sexual esteem subscale in Snell and Papini's) Body esteem (Body Esteem Scale) Depression, Anxiety and Stress Scale (DASS) Self-esteem (Rosenberg Self-Esteem Scale)	748 participants (367 males, 381 females; M age = 37.73; SD = 10.34) who were identified as having a physical disability Control group of 448 participants (171 males, 277 females; M age = 35.83; SD = 10.49)	Sexual esteem and body esteem were strong predictors of self-esteem in people with physical disability. Sexual esteem and body esteem appeared to be more closely associated with overall psychological well-being in people with physical disability than in the control group [25].