SOCIAL ADJUSTMENT OF 116 ADULT EPILEPTICS

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SUMMARY

Social adjustment of 116 adult epileptics who had attended the out-patient department of Agra Mental Hospital during a period of 3 years was studied through a follow-up investigation. Adjustment was recorded ‘good’ in 34.5%, fair in 19.8%, poor in 22.4% and very poor in remaining 23.3% cases.

Socio-psychological problems related to epilepsy have been the subject of study for some time now. Interest by research workers in this field is indicated by a number of studies published in recent years (Alstrom, 1950, Neki 1968, Rangaswamy 1971, Agnihotri et al. 1972, Sikdar and Kar 1972, Bagadia et al. 1973, George et al. 1974). Specific study of social adjustment of these patients, however, has received the attention of only two investigators. Rangaswamy (1971) in his study of 40 epileptics with 30 normal control subjects, using Bell’s adjustment inventory, reported statistically significant differences between the two groups, not only in their overall adjustment but also in the area of health and emotional adjustment in that epileptics had greater problems of adjustment as compared to the normal controls.

George et al. (1974) from their study of 131 epileptics and 81 control subjects have reported that epileptics had significantly greater problems in their overall adjustment as compared to the control subjects. They also found poorer social adjustment associated with lower education and longer duration of illness.

MATERIAL AND METHOD

Present study was conducted on 116 patients who were (i) registered at the out-patient department of Agra Mental Hospital between 1st January 1972 to 31st December 1974, (ii) residing within Agra district and (iii) who were aged 16 and above. The main object of the study was to find out various psycho-social problems related to epilepsy. Information was collected on an interview schedule through personal visits of the patients families by the investigators.

Social adjustment in these patients was assessed on the basis of their social functioning and general level of social competence at the time of interview. A rating of ‘Good’ was made when there was no impairment in the social functioning and the patient was leading a normal or near-normal life and was functioning satisfactorily at home, school or at work.

Adjustment was termed as ‘Fair’ when there was slight impairment in the social functioning and the patient was making social and educational progress in spite of increased frequency of fits and change in his behaviour and inter-personal relationships.

Adjustment was termed as ‘Poor’ when there was moderate impairment in his social functioning and the patient was unable to lead an independent life but where there was still some measure of social adjustment and was felt that some potential for social progress remained.

‘Very poor’ adjustment was rated where the patient was unable to lead any kind of independent existence and there

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was severe impairment in his social functioning.

**OBSERVATION & COMMENTS**

**TABLE 1**

| Social Adjustment | Male (N=70) | Female (N=46) | Total (N=116) |
|-------------------|------------|---------------|---------------|
| Good (No impairment) | 21 (30.0) | 19 (41.3) | 40 (34.5) |
| Fair (Slight impairment) | 15 (21.4) | 8 (17.4) | 23 (19.8) |
| Poor (Moderate impairment) | 18 (25.7) | 8 (17.4) | 26 (22.4) |
| Very Poor (severe impairment) | 16 (22.9) | 11 (23.9) | 27 (23.3) |

Figures in parentheses indicate percentages. $X^2=5.86$, d.f. = 3, N.S.)

Table I shows that 34.5% patients had no impairment in their social functioning and their social adjustment was rated as good. Slight impairment in the social functioning was present in 19.8% cases whose social adjustment was rated as fair. Moderate impairment was in 22.4% cases and their adjustment was rated as poor. Very poor adjustment was assessed in 23.3% patients who had severe impairment in their social functioning.

Sex-wise social adjustment indicates that more females (41.30%) had good social adjustment than male patients (30%). More males had fair and poor adjustment (21.4% and 25.7% respectively) than females (17.4%) each. Very poor social adjustment was assessed roughly equal in the patients of both sexes.

Social adjustment of three different groups of epileptic patients is separately given in Table 2.

**TABLE 2**

| Social adjustment | Simple epileptics (N=69) | Epileptics with history of psychosis (N=20) | Mentally subnormal epileptics (N=27) |
|-------------------|-------------------------|--------------------------------------------|----------------------------------|
| Good | 35 (50.7) | 5 (25.0) | — |
| Fair | 15 (2.7) | 5 (25.0) | 3 (11.1) |
| Poor | 16 (23.2) | 6 (25.0) | 4 (14.8) |
| Very Poor | 3 (4.4) | 4 (20.0) | 20 (74.1) |

Social adjustment of three groups of patients shows that more simple epileptics had better social adjustment (50.7%) as compared to epileptics with history of psychotic illness (25%). Not a single mentally sub-normal epileptic was found to have good social adjustment. Slight impairment in the social functioning or fair social adjustment was more in the group of patients who had history of psychosis followed by simple and mentally subnormal epileptics. Poor adjustment was assessed in 30% patients with history of psychosis followed by simple epileptics (23.20%) and mentally subnormal epileptics (14.8%). Maximum mentally subnormal epileptics (74.17%) had very poor social adjustment followed by psychotic group (20%) and minimum in simple epileptics (4.49%).

These findings indicate that mental subnormality and episodes of psychotic illness in these patients adversely affect their social adjustment. Epilepsy alone does not cause much impairment in their social functioning.

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