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A study of mothers' attitudes towards social adjustment of epileptic girls.

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Boston University
BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF MOTHERS' ATTITUDES TOWARDS
SOCIAL ADJUSTMENT OF EPILEPTIC GIRLS

A thesis

Submitted by
Gerald Morrill Robbins
(B.S., University of Southern California, 1949)
In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
1954
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CHAPTER I
INTRODUCTION

This thesis is a study of eight mothers of patients from the seizure project of the Massachusetts Memorial Hospitals as contrasted with eight mothers of patients from the cardiac and allergy clinics of the same hospital. It is an attempt to study the conscious attitudes both groups held in relation to the patient's social adjustment. The questions the study attempts to answer are as follows:

1. How do the mothers of epileptic patients feel their daughters are adjusting socially?

2. How do the mothers of epileptic patients feel the physical disease has affected their daughters' social adjustment in school; work; relationship with friends; interests, hobbies, and recreational life; marriage; and family.

3. How realistic is the mothers' appraisal of the disease as a potential influence on the daughters' social pattern?

4. How can the social worker help with the parents of epileptic patients?

Scope of the Study

The eight seizure patients have been active in the seizure project for periods of six to twenty-eight months, the average about eighteen months.

The eight cardiac and allergy patients have been active in their respective clinics for varying periods of time, ranging from several months to several years.
The criteria used in the selection of cases from the seizure project served as a basis for the selection of cases for the contrasting group:

1. Female patients
2. Ages of ten through thirty
3. White
4. Native born
5. Attainment of menarche

Also, for interviewing purposes, cases were selected on the basis of the availability and accessibility of the mothers of the patients.

Sources of Data

Interviews with the mothers was the primary source of data. In some cases, supplementary information was gained from existing social service or medical records, though by and large, this source was limited. In three cases of the seizure group, social service was currently active in working with the mothers, and conferences were held with the social workers assigned to these cases. There were no social service records of the cardiac and allergy cases.

Methods of Procedure

A schedule was developed and used as a guide for data sufficient to answer the questions posed by this study. A copy of this is included in the appendix. Identifying data and medical information were collected in order to facilitate the comparison of these groups. Evaluation summaries of the mothers' attitudes towards their daughters' social adjustment were drawn up in each case in order to indicate the significance of the material.
The writer felt that if the attitudes held by the mothers of the chronic cardiac and allergy cases toward their daughters' social adjustment could be learned, such knowledge would help determine if epilepsy engenders any specific problems in the area of social adjustment. Furthermore, it was felt that such information would serve to indicate how realistic was the mothers' appraisal of epilepsy as a potential influence on the social pattern of the epileptic. It is for these reasons that the contrasting group of five allergy and three cardiac cases were selected.

Limitations of the Study

This study has limited application because of the small number of cases studied. All cases involved only white, native-born females, from ten to thirty years of age who had begun the menstrual cycle. These cases cannot be considered to be representative of the total epileptic, cardiac or allergy population throughout the country. Because of such limitations, the findings are applicable only to the cases studied.

Value of the Study

Despite above mentioned limitations, it is hoped that the study will be of special value in indicating characteristic attitudes that mothers commonly hold toward their epileptic daughters' social adjustment. The study should also indicate how the social worker can be utilized in helping such mothers.
CHAPTER II

HISTORY AND PROGRESS OF THE SEIZURE PROJECT

The Psychosomatic Clinic was organized in 1946 under the dual auspices of the Massachusetts Memorial Hospitals and the Boston University School of Medicine. It is a part of the Department of Psychiatry and Neurology and also functions as part of the Outpatient Department of the Hospitals. As such, it serves the purpose of treating adults with problems of a psychogenic nature and is non-specific to psychosomatic entities. It also serves as a training center for social work students, psychology students, fourth year medical students and resident psychiatrists.

There are three distinct components of the Psychosomatic Clinic, namely Adult, Children and Seizure Clinics.

The Seizure Clinic was added to the Psychosomatic Clinic in September, 1947. The primary aims of the Seizure Clinic were defined as: (1) providing care for epileptics; (2) gathering case material for the training of medical personnel in the diagnosis and treatment of patients with seizures; (3) affording research on epilepsy.¹

The Seizure Research Project was established in September, 1951, with Dr. Charles Kaufman appointed as its head. Currently in progress, it is operated by Boston University School of Medicine and supported by funds granted by the United States Public Health Service. It stemmed from observations made from the Seizure Clinic as well as from current literature.

It's purpose was to study the role of the psychological factors related to the menstrual cycle and the sexual life of women in the production of epileptic seizures.

Three groups of women between the menarche and the menopause have been investigated intensively: the epileptic study group, the epileptic control group, and the non-epileptic control group. All epileptic cases studied in this thesis have been selected from the first group.

1. Criteria for Inclusion in the Project:

(a) Epileptic Study Group—confirmed clinical evidence of epilepsy; abnormal electro-encephalograph, ability to communicate in English; physical accessibility; and absence of psychosis, feeble-mindedness, mental deterioration, alcoholism or psychopathy.

(b) Epileptic Control Group—same as Study Group.

(c) Non-Epileptic Control Group—all absence of signs of clinical epilepsy; ability to communicate in English; physical accessibility; and absence of psychosis, feeble-mindedness, mental deterioration, alcoholism or psychopathy.

2. Results to Date: Much of the following material is derived from an unpublished progress report of the seizure project, submitted in March, 1954 to the United States Public Health Service by Dr. Bernard Bandler and Dr. Charles Kaufman. These results are not conclusive as clinical investigations will continue to August 31, 1954.

(a) Epileptic Study Group—thirty females, five of them adolescents, have been studied for periods of six to twenty-eight months, the average about eighteen months. Fourteen of these, including four adolescents, are still under clinical investigation. The following categories
under study will be considered:

(1) Psychiatric- all patients have been seen for hourly interviews at least once a week, many twice a week. Twenty-six of the thirty patients to date have produced significant material clearly indicating a dynamic relationship between their sexual lives and their seizures.

(2) Gynecologic and Endocrinologic- Each menstrual cycle of every patient has been defined, at first both by daily vaginal smears and basal temperatures but more recently only by daily basal temperatures, since this technique was found to be as accurate as the other. All these patients have normal ovulatory cycles.

The degree of hydration has been found to be in no way excessive at any phase of the menstrual cycle. Therefore, any seizures that have occurred cannot be attributed to water retention, contrary to the oft-heard speculation that pre-menstrual and menstrual seizures may be caused by hydration.

Seventeen of the thirty patients believed that there was a definite connection between their seizures and their menstrual periods. Yet, of the almost 2000 seizures that have occurred during the study to date, less than 20 per cent fell during the menstrual phase and a slightly smaller amount during the pre- and post-menstrual phases combined. The psychiatric studies suggest that when seizures do occur in connection with periods it is because of the psychological significance of menstruation.

(3) Electro-encephalographic- Records have been made on each patient throughout the study at frequent intervals, so that the various phases of the menstrual cycle have been covered. Each patient has been demonstrated to have an abnormal pattern.
(4) Psychological- All patients have had Rorschach and Thematic Apperception Tests, Sentence Completion Tests, and the Draw-A-Person Test. All the patients have been found to be severely disturbed emotionally, although it should be noted they were not selected on this basis. The tests also indicate that sexual conflicts are central to the personality. There also seems to be evidence that the patients who are less mature have the greater number of seizures.

(b) Epileptic Control Group- Eight females, including two adolescents, have been studied for periods of three to twelve months in the same way as the study group except that they have received no psychiatric interviews, other than an initial evaluation. In all other aspects, the results have been comparable to the study group. The study of the comparisons of the psychological test data and of the results of treatment with the study group will be important parts of next year's work.

(c) Non-Epileptic Control Group- Seven females have been studied for three to six months in the same way as the study group except that they have received no psychiatric interviews and, of course, no anti-epileptic medication. The results of these tests have not yet been evaluated or compared to the study group.

Significant Accomplishments:

1. Considerable evidence that sexuality plays a significant psychodynamic role in the production of seizures has been accumulated.

2. It has been demonstrated, contrary to popular belief, that there is no striking correlation between menstruation and seizures except when menstruation has acquired special psychological significance.

3. It has been shown that premenstrual water retention is not a
significant factor in the occurrence of seizures at that time.

4. Psychological tests reveal emotional disturbances in all the epileptic patients with sexual conflicts of greatest importance. The less mature patients seem to have the greater number of seizures.

5. It has been illustrated how psychotherapy, by resolving the sexual conflicts, may lead to a cessation of seizures.

**Plans for Next Year**

When clinical investigations end August 31, 1954, it is planned in the following year to complete the analysis and interpretation of all the data collected from the three groups of women studied. Interpretation of the psychiatric material will be the major task as well as to correlate it with all the other data.

It is hoped that psychological explanation can be made for every seizure that occurred during the study. If this is possible, generalizations may be made, not only about the cause of seizures in a given patient, but in the group as a whole, which would be of considerable therapeutic and theoretical significance. This may well lead to new areas for investigation in epileptics of any age and either sex.
CHAPTER III

HISTORY AND DISCUSSION OF EPILEPSY
AND RELATED LITERATURE

Epilepsy is an ancient disease, surrounded by a good deal of superstition, myth and ignorance. A person so afflicted was thought to be possessed by demons, and it was not uncommon for the local witch doctor to saw an opening in the skull to permit the escape of the reprehensible spirit.  

Many outstanding persons have been its victims: Julius Caesar, Mohammed, Lord Byron, Flambert, Swinburne and De Maupassant. It has always excited the prejudice of the public and been concomitant with shame and degradation. It is still associated in the minds of many persons with insanity and feeble-mindedness.

A seizure is a temporary loss or impairment of consciousness; it usually occurs without any apparent cause, and it is usually accompanied by muscular movements which range anywhere from a slight twitching of the eyelids to a violent shaking of the body.

There are four manifestations of epilepsy:  

2 William G. Lennox, Science and Seizures, p. 5.  
3 Herbert Yahraes, Epilepsy- The Ghost is Out of the Closet, p. 7.  
4 Owsei Temkin, The Falling Sickness, p. 7.  
5 Yahraes, op. cit., p. 3.  
1. Grand Mal

This "great illness" affects 65 to 70 per cent of the cases, characterized by the patient losing consciousness, rigidity of muscles, and spasmodic jerking of the limbs. This attack may last from one to several minutes and is usually succeeded by a heavy sleep.

2. Petit Mal

This "small illness" affects 20 to 30 per cent of all epileptics. Symptoms are slight, loss of consciousness may last for from five to fifteen seconds, and the person may continue what he was doing.

3. Jacksonian

Named after the neurologist who first described it, this type is a modified grand mal. The 10 per cent thus affected remain conscious, but there is a twitching or numbness of one leg or arm or side of the face, which may gradually spread until consciousness is lost.

4. Psychomotor or Epileptic Equivalents

Affecting about 7 per cent, there is no loss of consciousness or any seizure, but there are short periods of amnesia during which the patient may mumble incoherently and drop articles on the floor, or wander aimlessly about the street.

A good many patients, perhaps half, get some kind of warning before a seizure starts. This "aura," as it is called, usually consists of a physical manifestation such as the smelling of a peculiar odor, having a peculiar taste, a "sinking" feeling in the stomach. The patient may profit by this warning to escape a dangerous or embarrassing situation.7

It is important to point out the use of the electro-encephalograph, a device for recording the electric currents given off by the brain. The resultant brain wave pattern can often detect patients subject to seizures when there is no outward manifestation of an attack. Areas of the brain in which function is impaired may be located by this examination. It is of inestimable value in cases where diagnosis is in doubt and in cases which do not respond to conventional methods of treatment.⁸

The fundamental cause of epilepsy is the inherent tendency or the predisposition to seizures, a tendency which was present when the patient was conceived and presumably will remain with him throughout life.

Some damage to the brain acquired after conception can bring on seizures in a person predisposed to them, a circumstance that increases disability and complicates treatment. The extent of other physical, mental or personality disorders correlates sharply with the severity and frequency of seizures.⁹

It is this latter causal factor that often does not receive proper attention.

The psychological factors that contribute to the development of convulsive phenomena have been sorely neglected in medical research. Only recently have we come to realize how strong they are and how frequent.¹⁰

Deutsch¹¹ feels "that an epileptic is characterized by preformed

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¹⁰ Karl Menninger, The Human Mind, p. 263.
organic channels of discharge which are used when normal outlets of emotional tension are inhibited or blunted."

This confirmed Fenichel's observation that the epileptic syndrome seems to be dependent on or aroused by mental factors. He indicates that "epileptic personalities generally show very intense destructive and sadistic drives which have been repressed for a long time and which find an explosive discharge in the seizure."\(^{12}\)

Dr. Kaufman states that:

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Often emotional problems loom large in the total clinical picture. Frequently, these are obviously the results of the change in his relations resulting from his disease. In other cases it seems as though the epileptic attack is originally an expression of these emotional problems. In any event, the seizure can be seen as a pattern of reaction to emotional stress. It is, therefore, frequently necessary to give psychotherapy to the epileptic patient.\(^{13}\)
```

"Our study would appear to indicate the emotional factor as being a particularly strong one, and its removal by treatment an inescapable requirement in proper handling of epileptic conditions."\(^{14}\)

Lennox\(^{15}\) proposes a triple-pronged treatment plan:

1. Psychological-social, which embraces the proper mental hygiene for the patient.

2. Physical, which includes diet, operations and a sound general health program.

3. Pharmacological, which uses the medicines such as bromides,

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phenobarbital, paradione, dilantin, mesantoin and tridione.

**Employment of Epileptics**

It is estimated that at least 500,000 persons in the United States are affected by epilepsy, which parallels those having active tuberculosis. About 10 per cent of these are too mentally retarded to be employed. Another 10 per cent have personality difficulties or physical disabilities which render them improper subjects for training or regular employment. About 10 per cent are institutionalized thus removing them from the employment market. The remaining two-thirds, approximately 350,000 epileptics, are potentially productive workers if given a chance and properly placed. Yet, there is widespread objection on the part of employers to "play safe" and not hire epileptics.

Let us examine these objections specifically:

First, and probably most influential, are current misconceptions about epilepsy. Many persons suppose that epileptics are mentally subnormal and have unpleasant personalities, and therefore are not desirable employees. Actually, there is no evidence to indicate that seizures arbitrarily cause the epileptic to have an unpleasant personality or to be mentally retarded. Epileptics, like all other groups, include the brilliant and the dull. The distribution of mental development of epileptics compares favorably with the general population. It is felt that perhaps a slightly higher number of epileptics do have unpleasant personalities than non-epileptic individuals. However, this increase is thought to be negli-

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16 Yahraes, op. cit., p. 4.

gible when one considers the obstacles many epileptics have encountered in attempting to gain education, social acceptance and employment.\(^\text{18}\)

Employers have an unrealistic fear of a convulsive seizure and wish to protect their employees from witnessing such unpleasantness. The gruesome details of war make a seizure seem irrelevant. Actually, this attitude can be changed only by greater public education about the truth of seizures.\(^\text{19}\)

Employers often state that epileptics are poor risks from the standpoint of possible industrial accidents, and that their casualty insurance companies won't permit them to hire epileptics. The Association of Casualty and Surety Executives states that none of its members interfere with the employment practices of their policy holders.\(^\text{20}\) They further refute that the epileptic is a poor industrial risk.

A very real reason why an employer may refuse to hire epileptics is the law which makes the employer liable for injuries which employees may sustain while at work. Lennox and Cobb\(^\text{21}\) offer two remedies for this problem: that the handicapped employee be permitted to waive his rights for compensation if the injury was sustained as a result of his disability; that industry or government rightly absorb whatever losses may adhere to the use of the handicapped person.


\(^{\text{20}}\) Hibbard, op. cit., pp. 6-7.

It is granted that there are some unsuitable occupations for epileptics:22 those occupations that may endanger the lives of others, such as operation of vehicles, surgeon, or swimming instructor; such work that may injure the person himself or the machine if temporary loss of consciousness occurred, such as house-painting, welding or machine-tool operation; occupations that are exposed to popular reactions and prejudices, such as teaching, ministry or stage performers. In this last group, many epileptics have done well because of seizure control or positive and informed public sentiment. However, it is a vulnerable position and one that should be thought through carefully.

The art of job placement must fit the plan to the individual. Primary consideration should be given to his natural talents and preferences, intelligence, personality, education and training, economic circumstances, aptitudes, and the local or general vocational opportunities. The number, types and frequency of seizures and the probability of successful medical treatment must also be evaluated.

Most employers will not knowingly engage an epileptic. Consequently, prospective applicants either lie or conceal their sickness to gain employment. Unfortunately, a seizure on the job is often sufficient cause for discharge. The emotional pressure that is thus placed on the epileptic as well as the real possibility that he will find himself making the rounds of positions until available jobs or his courage are exhausted, make this vocational plan undesirable. The employer who knows the person's history and has a physician's report is able to cooperate more intelligently in job

In no case, should the epileptic be recommended for employment unless there is reasonable expectation of successful placement. Occasionally, "epilepsy" is placed on a job, gauged by the emotion and sympathy of the employer, rather than the qualifications the epileptic person has for such employment.\textsuperscript{23}

After his experience with industrial placement of epileptics, Hibbard\textsuperscript{24} stated: "Epileptics, carefully selected and properly placed, are valuable and desirable employees, and constitute excellent risks (probably preferred ones) from the standpoint of possible industrial accident."

\textbf{The Epileptic Child}

At least 70 per cent of patients display their first symptoms before they are twenty.\textsuperscript{25} Though such symptoms may disappear, parents, whose child has repeated convulsions, should seek the best available medical advice.

For most children with epilepsy, the crippling effect is social and not physical. Normal activity with other normal and active children is the best possible program, if the epileptic child is to develop into a constructive, well-educated member of society. Educating the School Department, teachers and perhaps class-mates in proper treatment during a convulsion may make it possible for a student to remain in school. A letter from the doctor explaining the situation is often helpful.


\textsuperscript{24} Hibbard, op. cit., p. 9.

\textsuperscript{25} Yahraes, op. cit., p. 12.
When the frequency or severity of seizures causes the child to be excluded from regular class enrollment, home-teaching or special classes or schools should be utilized. Compensatory group activity should be provided through neighborhood clubs, church groups, therapeutic groups or understanding friends, with the focus on attaining the greatest possible degree of normalcy for the child.26

At the college level, the finest contribution has been made by the University of Michigan, which has proven that epilepsy is by no means inconsistent with satisfactory college or university performance, (provided there is medical control and cooperation by the student patients.)27

Parents of children with epilepsy may develop two attitudes which intensify the child's difficulties. First, the urge to send the child away so as to remove the stigma of epilepsy from the family is common. Realistically, facilities for such children are very limited, not to mention that emotionally this may be the most damaging plan for the child. Secondly, parents may try to do too much for children with seizures, sometimes turning them into semi-invalids. There is often present here an element of guilt, that somehow the parents are responsible for their child's illness. Such overprotection of the epileptic child may sharply impede the development of maturity and a normal independent adulthood for the child, and suggests the need for case work or psychiatric assistance.28


Dr. Lennox states:

For the epileptic, productive work is medicine for both seizure and morale. The forces of sense and of justice must be mobilized against unfeeling ignorance. For the public to support in idleness thousands of able-bodied and able-minded persons simply because they are unable to work for a few hours or days out of the year is extravagant folly. 29

Importance of Maternal Attitudes on Adjustment of Child

Among all of the factors that are pertinent to the development of personality and conduct, those associated with the home are of supreme importance. The interrelation between parents and child creates a psychodynamic unit which plays an important part in the child's development.

Gardner 30 feels that one of the factors most conducive to family unity and most productive of the individually satisfying and socially acceptable function of this unit is the presence of strong parental figures with whom the child can identify himself. Such growth can be interfered with by subjection of the child to adverse and unwholesome parental attitudes. 31

Desirable parental attitudes toward the child are shown in love and affection along with freedom of the child to build his own independent structure. Undesirable attitudes of rejection of the child, antagonism versus favoritism for specific children and over-solicitude are sure indications toward the development of maladjustment. 32

29 William G. Lennox, Science and Seizures, p. 121.
30 George Gardner, Mental Hygiene, January, 1942, p. 57.
Sayles\textsuperscript{33} details four main emotional needs of the child, the satisfaction of which normally rests with the parents: 1) The need for security; the child needs to be loved by both parents. 2) The desire for growth and freedom of opportunity to grow. 3) The need of a concrete ideal embodied in the parent; the child identifies with the parents in their own daily living. If they are inadequate, he makes inadequate identifications. 4) Companionship between the children and parents; the child needs someone to whom he can turn for adjustment.

Consequently, the kind of individual whom the adult will love or hate, embrace or avoid, is determined largely by the kind of people he learned to love or hate as a child.\textsuperscript{34}

It is clear that modification of the mother's attitudes toward her epileptic child is often essential in providing treatment for the child in improving her social adjustment. It is for this reason that the mother, whenever possible, receives case work help simultaneous to the child's psychotherapy in cooperation with the seizure project.

The main theme in the understanding of epilepsy has been reviewed in this chapter: That there is a strong emotional component in epilepsy, the degree of which is directly related to the attitudes the mother may hold toward the child, thus affecting the child's social adjustment. This theme will be considered in connection with the case studies which follow.

\textsuperscript{33} Mary Sayles, \textit{The Problem Child at Home}, p. 52.

CHAPTER IV
DESCRIPTION OF PATIENTS AND ANALYSIS OF DATA

The purpose of this thesis is to study the conscious attitudes of mothers of children suffering from epilepsy, allergy and cardiac diseases regarding their daughters' social adjustment. Interviewing was done around the following six areas of adjustment: school; work; relationship with friends; interests, hobbies and recreational life; marriage; and family. These areas were selected because of their obvious significance to the total over-all social adjustment of a young female.

This chapter will be concerned with the description and analysis of these areas in the epilepsy and chronic cases studied.

An effort was made to select females, for both groups, who had reached menarche and who were of comparable age. This material is presented in Table I.

TABLE I
DISTRIBUTION BY AGE OF THE CHRONIC AND EPILEPSY GROUPS

<table>
<thead>
<tr>
<th>Age</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>16-20</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>21-25</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26-30</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
It is noted that the entire group of chronic patients range in age from eleven to twenty, whereas the epileptic patients represent a greater scatter. The youngest chronic member is eleven and the oldest is eighteen. The youngest epileptic member is twelve and the oldest is twenty-seven.

It was felt that the age of onset has a particular effect on the adjustment process. An effort was made to equate this factor in both groups as far as possible.

**TABLE II**

**AGE OF ONSET OF DISEASE**

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<thead>
<tr>
<th>Age</th>
<th>Chronic</th>
<th>Epilepsy</th>
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</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6-10</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>11-15</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

It is observed that five of the epileptic patients were between eleven and fifteen years at the age of onset. The mothers of these five patients and the mother of the child whose onset began at ten years of age all made some connection between the onset of seizures and the beginning of menstruation. This was not true in any of the chronic cases.

The following material deals with the adjustment problems as manifest in the six areas studied.

Specifically, the following five tables refer to the school adjustment of the chronic and epilepsy groups. It was felt that the mothers'
ability to notify the school authorities of the disease was related to their ability to accept the disease.

TABLE III (a)
NOTIFICATION TO SCHOOL AUTHORITIES

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<thead>
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<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Secretiveness</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>2. Uncomfortable</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3. Indifferent</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4. Voluntary open</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

This breakdown relates to the mother's attitude in informing the school of the child's illness. "Secretiveness" applies to those mothers who felt the school should not be told. "Uncomfortable" applies to those mothers who felt anxious when the school involuntarily learned of the illness. "Indifferent" applies to those mothers who had no strong objection to the school knowing of the illness though they did not actively volunteer such information. "Voluntary open" applies to those mothers who felt, in a positive way, that the school should be informed.

It may be noted that the attitudes of the mothers in the two groups studied are widely divergent, in that the mothers of epileptics were almost totally secretive and uncomfortable in this area.

What are the mothers' attitudes about how the impact of the disease manifests itself in the child's academic performance in relation to his
intellectual capacity? Tables III (b) and III (c) present this material.

**TABLE III (b)**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dull</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Average Potential</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3. Bright</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>4. Superior</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

Five of the mothers of epileptics considered their children as possessing bright intellectual capacity. Five of the chronic considered their children as possessing average intellectual capacity.

**TABLE III (c)**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poor</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2. Average</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>3. Good</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Superior</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
Six of the mothers of epileptics regarded their daughters' performance as average as contrasted with four of the mothers of the chronic group who similarly classified their daughters' performance.

An important part of the school adjustment is how the mothers thought their children related to other children.

TABLE III (d)

ADJUSTMENT TO OTHER CHILDREN IN SCHOOL

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Withdrawn</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2. Slightly Shy</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Passive Participation</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. Gets Along Well</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

In the above table, "withdrawn" applies to those mothers who described their children as rarely entering into social activity with other children. "Slightly shy" applies to those mothers who said that their children were occasional participants in social activity with other children, but were always on the periphery of the group. "Passive participation" refers to those mothers who described their children as joiners, followers or one who is drawn into social activity. "Gets along well" applies to mothers who said their children were either active leaders or followers with other children. It is noted that there was no substantial difference between the adjustment of either group.
How the mothers feel the disease process has affected their child's adjustment in school, in relation to play, gymnastics, and other physical activity is shown in Table III (e).

TABLE III (e)

PHYSICAL PROBLEMS IN SCHOOL

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inactive</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2. Some Limitations</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3. Normal Activity</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4. None</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

It is noted in the above table that five of the mothers of each group felt their daughters were either physically inactive or had some physical limitations in relation to the affect of the disease in school.

The mothers' attitudes about their daughters' work capacity in relation to acquiring employment is illustrated in Tables IV (a) and IV (b).
TABLE IV (a)
ATTITUDES ABOUT PATIENT'S CAPACITY

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cannot Work at All</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Work with Strict Supervision</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>3. Work with Normal Supervision</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>4. Work Completely Independently</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

The foregoing table shows that six of the mothers of epileptics felt their daughters should work with strict supervision. Five of the chronic group felt their daughters should work with normal limitations.

TABLE IV (b)
ATTITUDES TOWARD EMPLOYMENT

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would Not Hire for Any Position</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2. Would Hire for &quot;Safe&quot; Position</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3. Would Hire on Their Merit</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

This table allowed the mothers to project their opinions of the attitudes of employers towards chronically ill or epileptic applicants. The attitudes of both groups are widely divergent, in that the total epi-
lepsy group felt their daughters would not be hired or would be hired only for "safe" positions.

How the mothers feel the disease process has affected their daughters' current relationship with friends is presented in Tables V (a) and V (b).

**TABLE V (a)**

**PATIENT'S CURRENT RELATIONSHIP WITH FRIENDS**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extrovertive</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Good</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>3. Few Friends</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Introvertive</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

**TABLE V (b)**

**IMPACT OF DISEASE ON RELATIONSHIP WITH FRIENDS**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Important</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Considerable</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3. Some Elements</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. None</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
Table V (a) indicates comparable attitudes both groups of mothers held towards their daughters' relationship with friends.

In Table V (b) it is observed that five of the mothers of epileptics felt that the disease has a very important or considerable effect on their relationship. Six of the chronic group felt that the disease itself had some or no effect on this relationship.

How the mothers feel the disease process has affected their daughters' current interests, hobbies and recreational life is shown in Tables VI (a) and VI (b).

**TABLE VI (a)**

**PATIENT'S CURRENT INTERESTS, HOBBIES AND RECREATIONAL LIFE**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inactive</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2. Slightly Active</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Normal</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Very Active</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
TABLE VI (b)

IMPACT OF DISEASE ON PATIENT’S
HOBBIES AND RECREATIONAL LIFE

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Important</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Considerable</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>3. Some Elements</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4. None</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

It is noted, in Table VI (a) that the interests, hobbies and recreational lives of both groups parallel each other.

In Table VI (b) six of the mothers of epileptics as against one of the chronic group felt the disease had considerable effect on their daughters’ avocational and recreational life.

The mothers’ attitudes about marriage for their daughters and how the disease itself influences these attitudes is shown in Tables VII (a) and VII (b).
### Table VII (a)

**Attitudes About Marriage**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Should Not Marry</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Should Marry Only If Disease Improves or Mate Is &quot;Understanding&quot;</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>3. Should Marry Depending on the Circumstances</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4. Should Marry When They Are Ready For It</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Table VII (b)

**Impact of Disease on Marriage for Patient**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Important</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2. Considerable</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>3. Some Elements</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. None</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

Table VII (a) demonstrates considerable different feeling both groups held toward marriage for their daughters.

In Table VII (b) we see how seven of the mothers of epileptics
felt the disease has had very important or considerable influence on the marital situation, as opposed to the entire group of chronic cases who felt that the disease has had little or no effect in this area of adjustment.

How the mothers felt the disease process influenced their daughters' current family adjustment is shown in Tables VIII (a) and VIII (b).

**TABLE VIII (a)**

**PATIENT'S CURRENT FAMILY ADJUSTMENT**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little Interaction with Others in Family</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2. Extremely Sensitive to Any Family Criticism</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3. Normal Interaction with Others in Family</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

**TABLE VIII (b)**

**IMPACT OF DISEASE ON PATIENT'S FAMILY ADJUSTMENT**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Chronic</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Important</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Considerable</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3. Some Elements</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4. None</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
In Table VIII (a) it is noted that the total group of mothers of epileptics felt their daughters had little interaction with other family members or were extremely sensitive to family criticism. Only four of the chronic cases were so classified with the balance classified as having normal family interaction.

In Table VIII (b) it is observed how five of the mothers of epileptics felt the disease was very or considerably important in affecting family adjustment. Seven of the mothers of the chronic group felt the disease had little or no effect on their daughters' family adjustment.
CHAPTER V

CASE PRESENTATIONS

The cases to be presented as illustrative were selected on the basis that they most graphically demonstrated the situations and attitudes most commonly expressed, as shown in Tables in Chapter IV.

Two cases will be presented, one from the chronic group and one from the epileptic group, to illustrate attitudes about each of the six areas of social adjustment: school; work; relationship with friends; interests, hobbies, recreational life; marriage and family adjustment. In each area the case presentation of the chronic group will precede the case presentation of the epileptic group.

School Adjustment

Case 1

Mrs. H. is a mother of a twelve year old girl, Ann, who had "bad exzema" as a baby. She developed bronchial asthma at nine months. With hay fever developing simultaneously, Ann displayed symptoms of difficult breathing, stuffy nose, occasional nose bleeding, loss of breath, much choking and wheezing. She was a very sick child with frequent asthmatic attacks until age seven when there was some modification. Mrs. H. estimated that Ann was absent from school one-half of every school year due to her asthma.

Mrs. H. felt very strongly that the school should be informed of Ann's condition. She did not see how the school could help out if they did not know. She felt that Ann had average intellectual ability and was producing well in terms of this capacity. She stated that Ann gets along well with other children in school and has many friends there. She felt that there were some physical problems that the asthma imposed on Ann while at school. She participates in the athletic program but occasionally has to minimize strenuous activity because of the incipience of asthmatic symptoms.

Case 2

Mrs. F. explained that her twenty-seven year old daughter, Jane, had had only about twelve major seizures in her lifetime, beginning when
Jane was fifteen. Frequent petit mal attacks continue to the present time.

She said she never told the school about Jane's epilepsy on the advice of her doctor. "The school might think differently of her if they knew." She felt that Jane was a very bright child who achieved only average performance. She indicated that epilepsy slowed her down and made it more difficult for her to concentrate and apply herself. She emphasized how lonely and friendless Jane was at school and recalled how she would withdraw from most social situations. Mrs. F. felt that Jane was able to enter into the school athletic program but explained that she did so listlessly and without spirit.

**Interpretation:**

There seems to be a rather sharp distinction in attitudes Mrs. H. and Mrs. F. held toward their daughters' school adjustment.

Mrs. H. indicated that she felt Ann had made a good school adjustment and that her asthma had not unduly influenced it. She felt there was no stigma attached to asthma and voluntarily enlisted the aid of the school. She equated Ann's intellectual ability and performance, stated that Ann had good peer relationships and faced realistically the physical limitations imposed by asthma.

Mrs. F., on the other hand, seemed to feel that the epilepsy had played a strong role in affecting her daughter's school adjustment. Her secretiveness about telling the school, and the difference it might make if the school knew, perhaps was a reflection of her own non-acceptance of the illness and may represent a projection of her feelings upon both the school and her doctor. She also seemed to connect epilepsy with mental incapacity and used the illness to explain Jane's social and athletic withdrawal.

**Work Adjustment**

Case 3

Mrs. W. explained that Natalie, age seventeen, has had severe hay fever
since age nine. Symptoms include "stuffy" head, impaired breathing, much sneezing, and many colds. She lost much time in the ninth grade due to the illness, but Mrs. W. felt that her weekly injections have resulted in considerable improvement.

Mrs. W. explained how Natalie wanted to join the Women's Air Force but learned that her hay fever would disqualify her. She had since decided to pursue a college aeronautical engineering course upon graduation from high school this year. She has already received scholarship offers from three universities.

Mrs. W. felt that Natalie could work with normal limitations and that employers would hire her on her merit. She did feel that some job opportunities that placed a premium on perfect health might be closed to her, as above, but that basically her knowledge and skill and not her hay fever would be employed. She added that she did not feel the hay fever would interfere with other vocational opportunities if Natalie should change her academic focus.

Case 4

Mrs. K. stated that Ellen, age nineteen, has had major seizures since age twelve with continuing frequent reoccurrence of petit mal attacks.

She detailed Ellen's erratic and unhappy employment history these past two years. Ellen was discharged from a local hospital as a nurse's aid "when they discovered she had seizures." She was fired from another hospital in a similar position after several months, though Mrs. K. felt epilepsy "was only partly responsible in this case." She worked a few weeks at a local factory, a law enforcement agency, and still another hospital, all of which she "voluntarily" quit. There have been several unemployment periods and currently she is working as a counter girl at a restaurant.

Mrs. K. felt that the best position for Ellen was one where she would receive strict supervision. She commented that seizures are unpredictable, that there are physical dangers involved, and therefore, epilepsy required careful watching.

Mrs. K. said that Ellen was currently saving money so that she can enroll in a School of Nursing. Mrs. K. was very negative about this prospect. She just couldn't see how anyone with seizures could give injections, assist in surgery, etc.

Interpretation:

The salient difference in these two cases was how these two mothers appraised the limiting features of the respective diseases.
Mrs. W. was of the opinion that Natalie could select a vocation and perform well with only minor limitations in a few select jobs. Mrs. K. indicated that she regarded epilepsy as the chief contributing reason for Ellen's employment difficulties, and that there were many jobs not open to epileptics.

Though there may be some objective reality to Mrs. K.'s thinking, it is important to point out her inclination to utilize epilepsy as the sole determinant for Ellen's work maladjustment without regard to other factors.

Relationship with Friends

Case 5

Mary D., age fifteen, has had rheumatic fever since age seven. Her symptoms include chronic fatigue, pains in left knee and joints, dry cough and night sweats.

Mrs. D. described Mary as shy, a quiet girl with few friends. She does not belong to any girls' clubs or local social groups, though occasionally she does visit a local settlement house for a specific event.

Mrs. D. said that Mary has always been this way, recalling that even in her childhood she did not play well with other children.

Mrs. D. said the doctors have told her the disease itself would not, in Mary's case, be the prominent cause of her social withdrawal. She mentioned other reasons that she felt have caused Mary's unhappiness, namely the absence of a father in the home, severe financial hardships, and various other emotional and medical problems with her other three children.

Case 6

Bertha T., age twelve, has had active epilepsy since age ten. The majority of her seizures have occurred in the school situation, suggesting the presence of a school phobia.

Mrs. T. felt that those younger friends Bertha had were undesirable for her. Mrs. T. reported that Bertha had few friends her own age.

She explained that Bertha does not get invited to current parties and
sporting events by her friends because of their fear of her epilepsy. She said that on one occasion Bertha invited a friend to her home for the weekend. Bertha had a major seizure during that time and the girlfriend's mother forbade her to play with Bertha alone in the future.

Mrs. T. explained that Bertha was enrolled in a dancing school but the walk home alone in the dark after the class, plus the possibility of a seizure, convinced her that Bertha should withdraw from this class. Mrs. T. had similar feelings about Bertha's experience in the Girl Scouts.

**Interpretation:**

Both mothers describe the poor social relationships their daughters enjoy with friends. However, there does seem to be one major distinction: Mrs. D. felt that there were other contributing causes to this situation, whereas Mrs. T. clearly illustrated that she felt it was the epilepsy itself which was culpable for Bertha's inadequate relationship with friends.

**Interests, Hobbies, Recreational Life**

**Case 7**

Mrs. C. is the mother of eleven year old Joan who has had rheumatic fever since April, 1951. Her case is considered arrested, though she is required to return to the hospital for periodic check-ups.

Mrs. C. described how Joan had no sustaining interests or hobbies. Occasionally something does intrigue her, but it is usually of short-lived duration. Though her illness imposed no physical restrictions, Joan is non-athletic and rarely enters into the local ball games, skating parties, etc. Mrs. C. stated that it was only with much encouragement that she was able to get Joan to attend house parties and church socials. Joan seems to divide most of her time between baby sitting, which she enjoys, and staying home alone and watching television.

Mrs. C. emphasized that she felt the rheumatic fever had nothing to do with Joan's social adjustment. She felt strongly that the absence of the father in the home, her consequent "spoiling" of Joan and other domestic difficulties were the prime reasons for Joan's poor development in this area.

**Case 8**

Mrs. R. stated that Norma, age thirteen, had her first major seizure at the age of six months. These grand mal seizures have occurred peri-
odically with petit mal attacks occurring in a more frequent pattern.

Norma seems to have limited recreational life. Mrs. R. said she does not want Norma to go out unless she was home to receive a phone call, just in case Norma had a seizure. She described how Norma was allowed to go to parties and dances only if she or her brother accompanied her "to protect her from any injury in case of a seizure." Norma is now occasionally allowed to go out alone though Mrs. R. was still quite anxious about this. Norma has a boy friend but is allowed to see him only at school.

Norma spends much time home watching television. She does like to cook and Mrs. R. encourages her to try out new recipes. Other than this, she has no other interests or hobbies and does not belong to any groups or community centers.

Mrs. R. felt that the impact of the disease on Norma's recreational life was considerable. She associated epilepsy with mental instability and therefore, felt that it was her responsibility to know of Norma's whereabouts at all times. She stated that epilepsy had interfered with Norma's life and had played an important part in preventing her from developing adequate interests and normal recreational outlets.

Interpretation:

It is interesting to note how both these mothers felt their daughters had developed inadequate interests, hobbies and recreational life. It is significant that Mrs. C. does not feel this is caused by the rheumatic fever whereas Mrs. R. indicated that it was principally the epilepsy that was the determinant in this area.

The writer recognizes the possibility that Mrs. C.'s attitudes may represent denial and Mrs. R.'s attitudes, those of projection. Nevertheless, both mothers have divergent conscious ideas about the influence of the respective diseases on their daughters' recreational adjustment, though the current status of each girl's behavior is similar.

Marriage

Case 9

Mrs. H. is the mother of Dorothy, age eighteen, who had exzema at three months. The onset of her acute asthma began when Dorothy was one year
old. Dorothy was very frequently hospitalized for varying periods of time. Mrs. H. estimated that Dorothy virtually missed one half of her formal education due to the severity of her attacks. Her last major attack occurred in April, 1953, though she continues to be under clinical care.

Mrs. H. felt that Dorothy should marry when she is ready for it. She elaborated on this by saying that she would first like to see Dorothy complete college and be mature enough to handle a marital situation. Dorothy has already had one recent proposal though mother felt Dorothy was wise in saying no at this time. However, Mrs. H. stated that she was willing to go along with Dorothy's decision on this matter.

She said that she does not believe the disease itself had anything to do with Dorothy's ability to get married. She supported this by saying that most people have some troubles, whether physical or mental, and that the man who marries Dorothy will have to love her limitations as well as her strengths.

**Case 10**

Mrs. V. stated that Evelyn, age nineteen, has had periodic grand mal seizures since age three, concomitant with frequent petit mal attacks.

Mrs. V. felt that Evelyn would get married only if she met an "older and understanding man." "She'll just have to wait until she meets one." Mrs. V. is encouraging Evelyn to take evening cultural courses, like music and art appreciation, believing that this would enhance her chance of marriage.

She felt that epilepsy has had considerable effect on Evelyn's marital prospects. She said that Evelyn loses many dates because of their fear of her seizures. It is for this reason that she hoped that Evelyn's other virtues would offset the negative aspects of her disease. She said that only an older and understanding man would love Evelyn with such limitations.

**Interpretation:**

The salient point in these two cases is the difference in attitude the mothers have in regard to the illness and marriage for their daughters.

Mrs. H. conveys a general impression of acceptance of Dorothy the way she is. She does not consider asthma unduly detrimental to marriage and seems to have a healthy respect for Dorothy's ability to make this decision when she is ready.
Mrs. V., on the other hand, seems to have a protective and apprehensive view of Evelyn's epilepsy. She implied that Evelyn was different because of her illness and therefore needed different handling. One gets the feeling that Mrs. V. is using the epilepsy to justify a condition that is alien to it. Certainly, she indicated that it was her responsibility to protect Evelyn in marriage, and we would wonder what needs of Mrs. V. are thus being satisfied.

**Family Adjustment**

**Case 11**

Peggy is a sixteen year old girl whose hay fever symptoms had their onset at age eight, which have continued with some modification to the present time. Her symptoms include congested nose, itching eyes and a "continuous cold."

Peggy is the oldest of two brothers and three sisters ranging in age from fifteen years to three years. Mrs. H. described Peggy as a cheerful, good natured girl who is an active member of the family unit. She gets irritated with her siblings occasionally, but Mrs. H. did not feel this happened anymore than in the average family. She said that Peggy accepted her share of home responsibility well, helping with the other children and doing customary chores.

She said that the hay fever had nothing to do with Peggy's home life. She said that she had attempted to assist Peggy reach a balance of pleasure and responsibility and that her allergies have not interfered with this pursuit.

**Case 12**

Mrs. M. stated that Barbara, age twenty-three, had her first grand mal at age twelve, which occurred monthly until recently. Petit mal attacks continue to appear fairly regularly at present.

Barbara has two older sisters and one younger brother. Though these siblings are all married now, Mrs. M. remembers Barbara as "dull and inactive" in the family setting and quite sensitive to any family criticism. The interview was punctuated with references to Barbara as "touchy" and "moody" and "impulsive." She said she never expected Barbara to perform an equal share of domestic responsibility with the other children. She said that the other family members learned to live with Barbara's "sensitive nature" and "to protect her from danger."
This was substantiated by Mrs. M.'s relating how one of her sisters always went to the movies with her in case of a seizure, and her admission that she was fearful of the possibility of Barbara's falling into empty elevator wells.

She felt that the epilepsy had had considerable effect on Barbara's family adjustment. She associated the epilepsy with mental impairment, thus concluding that Barbara was different and could not be expected to behave like a "normal child." Mrs. M. commented that without epilepsy Barbara "would be cheerful, gay and active like her sisters."

**Interpretation:**

In these two cases, there is a vivid example of the connection between the mother's attitudes and the realistic family adjustment of the daughter.

Mrs. H. seems to be a relaxed, permissive and stable mother who has been able to provide guidance for Peggy without indulgence. It is not surprising, therefore, to hear of a girl who accepts responsibility and relates well to her family.

Mrs. M. appears anxious and frightened of Barbara's epilepsy. She felt that Barbara was somehow different because of this and deserved special consideration. Because of her unrealistic and exaggerated fears, both physical and social, Mrs. M. developed an over-protective attitude towards Barbara, which led to a more difficult family adjustment for her. Consequently, we see a girl who is sensitive to family criticism and one who has made an inadequate family adjustment.
CHAPTER VI
SUMMARY AND CONCLUSIONS

The purpose of this study was to investigate the attitudes of a group of mothers of epileptic girls in regard to the patients' social adjustment. The attitudes of a group of mothers toward the social adjustment of girls who would have to adjust continually to some chronic physical affliction was also examined. It was felt that these cases, selected from the cardiac and allergy clinics, would more clearly amplify and delineate the attitudes of mothers of epileptics.

It was understood that the cases studied, which involved only white, native-born, female patients between the ages of ten and thirty who had reached menarche, could not be considered as representative of the total epileptic, cardiac or allergy throughout the country. Such limitations make the findings applicable only to the cases studied.

The questions this study attempted to answer were:

1. How do the mothers of epileptic patients feel their daughters are adjusting socially?

2. How do the mothers of epileptic patients feel the physical disease has affected their daughters' social adjustment in school; work; relationship with friends; interests, hobbies and recreational life; marriage and family?

3. How realistic is the mothers' appraisal of the disease as a potential influence on the daughters' social pattern?

4. How can the social worker help with the parents of epileptic patients?
In a summary of background material, it can be seen that the mothers of epileptic patients, with consistent regularity, felt their daughters were socially maladjusted. This was in striking contrast to the mothers of the chronic group, who felt that their daughters were fairly well adjusted.

The notable exceptions to this occurred in the area of relationship with friends, in which seven of the epileptic patients were classified as having a few friends or introverted as contrasted with five of the chronic group. Also, in the area of interests, hobbies and recreational life, five of the epileptic group as compared to four of the chronic group were regarded as slightly active.

However, in all other areas, the epileptic group of mothers strongly indicated poorer adjustment for their daughters. This is seen clearly in the area of work adjustment, in which six of these mothers felt their daughters could work only with strict supervision, whereas five of the chronic group felt their daughters could work with normal limitations. So, too, in the area of marital adjustment, in which six of the mothers of epileptics felt their daughters should marry only if the disease improves or the mate is "understanding." This is in contrast to five of the chronic group who felt their daughters should marry when they are "ready" for it.

With notable uniformity, the overwhelming majority of mothers of epileptic girls felt strongly that the epilepsy itself had greatly contributed to the patient's difficulty in the six areas of social adjustment studied. By and large, this was not so in the chronic group in which such mothers indicated that they did not feel there was much correlation between
their daughters' social adjustment and the influence of the physical disease. Even in the two exceptions noted above, the majority of the mothers of the chronic group did not indicate that they considered the impact of the disease fundamental to the difficulty.

The mothers of epileptic girls seemed, in general, to have some very specific attitudes about the social adjustment of their daughters as compared to the chronic group. They tended to think of the disease as being more of a handicap and social affliction than the chronic group. They seemed to overemphasize the limitations of the illness and their attitudes were often rigid, harsh, and unrealistic. They were also inclined to be over-protective in that they tended to protect their daughters more than necessary or wise. This attitude seems to emerge as the mother's defense against her guilt or negative feeling about the child.

It is true that the community attitude towards epileptics as well as the disease itself can present some limitations that serve to impede the social adjustment of epileptic patients. However, the mothers seem to be unable to assess properly the extent of the influence the epilepsy itself imposes. It is felt that the mothers' anxiety about their daughters plays an important part in contributing to this inability.

This point is illustrated in the area of social adjustment in which five of the mothers of epileptics considered their daughters bright and yet six of these mothers reported that their intellectual performance was average. These mothers indicated that they felt that epilepsy retarded their daughters' scholastic achievement. This attitude conflicts with the literature which does not unduly associate epilepsy with mental retardation.
A further illustration is found in the area of family adjustment, in which five of the mothers of the epileptic group regarded the impact of the disease as very important or considerable, in causing their daughters' inadequate family adjustment. There is no scientific evidence to indicate that epilepsy itself is entirely culpable of such family maladjustment.

In a Child Guidance setting, it has been long established that the child can be best helped through modification and change of the mother's attitudes. Despite the real disadvantages and limitations of epilepsy, it was seen that the mothers' attitudes were frequently harsh, exaggerated and unrealistic. It would seem, therefore, as an important part of the total rehabilitation program for the epileptic patient, to provide casework service to the mothers.

As the social worker helps the mother evaluate, realistically, the limitations of epilepsy, and plan accordingly, assists her with understanding the varied community response towards epileptics, and works with the common attitudes of denial, rejection, over-protection and guilt she may have towards her daughter, then improvement in the area of social adjustment for the epileptic girl can be often expedited and recorded.

The approach of modifying the mothers' attitudes can be extended to changing the attitudes of the community towards the epileptic. The social worker can help immeasurably in the re-education of the public. Being informed, he can, by his attitudes and explanation, bring current and accurate information to his varied public contacts. This can help remove considerable community pressure from the epileptic thus facilitating his social adjustment within the community.

Approved:

Richard K. Conant
Dean
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SAMPLE SCHEDULE

I. IDENTIFYING DATA
   a. age
   b. marital status
   c. education
   d. employment

II. MEDICAL FACTORS
   a. diagnosis
   b. age at onset of illness
   c. frequency of illness
   d. physical limitations

III. ATTITUDES ABOUT PAST, PRESENT AND FUTURE SOCIAL ADJUSTMENT AND THE IMPACT OF THE DISEASE ON SUCH ADJUSTMENT
   a. school adjustment
   b. work adjustment
   c. relationship with friends
   d. interests, hobbies and recreational life
   e. marriage
   f. family adjustment

IV. EVALUATION SUMMARY
LETTER FORM

Mrs. J. N.
Address
City

Dear Mrs. N.:

I am a social worker at the Massachusetts Memorial Hospital, Psychosomatic Clinic, Out-Patient Department, and would greatly appreciate your cooperation in a study that the seizure clinic is planning to do regarding our patients.

I would like to meet with you to get your ideas about epilepsy.* It is hoped that this research will aid us in the treatment of many persons having similar illness both at present and in the future. Our selection of your case does not reflect in any way the idea that the course of treatment for your daughter is not progressing satisfactorily. Rather do we feel that mothers of patients as well as the patients themselves can help us help others.

Would you be able to come to the Clinic on Thursday, February 11, 1954 at 10:00 A.M. If this is not a convenient time for you, I would be happy to make more suitable arrangements for you if you will call me at KE-6-9200, Extension 442.

Thank you very much for your cooperation and assistance on this important matter. Please don't hesitate to call me if you desire any further information.

Sincerely yours,

*Note: This was changed to cardiac illness, asthma or hay fever as the case required.