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Family Life Experiences and Feelings of Rejection Among Adolescents Suffering from Epileptic Seizures

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ABSTRACT

Epilepsy is a major public health problem in Cameroon just like in many other African countries and beyond. This illness is being regarded as a taboo thus making it a cause for frustration, instability and stigmatization of persons with epilepsy. We are interested in the contribution of family life in arousing uncomfortable emotions in persons with epilepsy. The problem that is of concern to us is that of finding out the type of treatment these adolescents receive from their family members. Our objective consists of describing the family life experience of adolescents suffering from epilepsy and also to explore the meaning of rejection feelings as described by these adolescents. In order to attain our objective, we conducted a clinical study on four adolescents suffering from epileptic seizures at the Widikum Catholic Hospital. We used a semi-structured interview guide. These interviews were analyzed using thematic content analysis. Our findings were then interpreted mainly based on the interpersonal relational approach which shows that family life experiences were a contributory factor in the arousal of rejection feelings in our participant. The perception of epilepsy, type of care, mystical beliefs by family members are the factors that contribute to arousing rejection feelings in adolescents suffering from epileptic seizures. Moreover, to further question the impact of family life experiences adolescents suffering from epileptic seizures, we envisage carrying out a clinical study on psychotherapeutic care of adolescents with epilepsy.

Keywords

Epileptic seizure, Family life experiences, Rejection feeling, Adolescents.

Epilepsy commonly known as fainting fits or *"awo'on shùuh"* in Moghamo and Widikum in Cameroon Nord-West region has been a burden to man for over 4000 years now. Neurologists from the African continent have often presented epilepsy during conferences as the second or third reason for consultation after headaches and peripheral neuropathies. Within the Widikum area, the medical cost of treating someone suffering from epilepsy per month is just about 10% of what a city dweller in Yaounde will spend; yet providing these drugs to patients remains a difficulty. This thus poses a challenge to us, that of understanding why families cease to perform their role of protecting and nurturing children by abandoning them to be on their own when in difficulties. In order to be able to provide an efficient health care to adolescents suffering from epilepsy, it is necessary to understand their personal experiences within their family units. Our society is becoming more and more egocentric hence in order to secure the less dependency of family members on others, we need to provide them the necessary support (health care, education and affection) capable of rendering them autonomous at the appropriate stage.

Some families of children who suffer from epilepsy no longer assume the primary responsibility for the development and well-being of their off-springs, especially as concerns nurturing and protection. Apart from the medical treatment which takes care of epilepsy symptoms, Devinsky [1] has insisted that *"Psychologists can help people understand and cope with epilepsy as a neurological disorder and as a social stigma."*

Compared to other developing countries, Cameroon's figures for epilepsy are very alarming. For example, from 1988 – 2003, WHO in a 2004 report presented the prevalence of epilepsy in Cameroon as 58 per 1000 people thus being the highest on the African continent. Moreover, the Ministry of Public Health affirms that cases of epilepsy exist in all regions of Cameroon [2]. Facts

from this ministry show that no national study has been conducted so far to ascertain the prevalence of epilepsy in Cameroon. However, some independent reports show that many households in some parts of the country have great number of epileptics. Such is the case with Mbam and Kim Division which has one of the highest epilepsy rates in the world, estimated at 58/1000. Meanwhile Begumbe points out that in Cameroon, the prevalence of epilepsy ranges from 11.6 to 134 persons per 1000 compared to the European society where the prevalence rate stands at 8.23 per 1000 people. As concerns the treatment of epilepsy, WHO [3] reported that 80% of epileptics living in low income and average income countries lack the required treatment for seizures. The Batibo Health District though with no statistical survey so far but has a frightening prevalence as almost every family within this area has a member who suffers from epileptic seizures. Bahbiti et al. [4] have pointed out that 70% of people around the high prevalent epilepsy area would not allow their children to play with people who may suffer from convulsions. 50.6% of respondents believed that epileptics could not exercise any craft.

Epilepsy is a brain disorder characterised by recurrent seizures but as pointed out by Jacoby et al. this illness has been interpreted differently across cultures leaving its sufferers laden with a social and psychological burden. Many studies so far have been aimed at understanding the sufferings of PWE but the shame and stigma associated to this illness still remain a main cause of discomfort and anxiety, Otte et al. The distress inflicted on PWE because of the seizures they experience varies with age. This therefore means that the age at which epileptic seizures occur, matters a lot in determining the degree of burden created. So each age group suffers in its own way but with adolescents, their suffering is more specific because adolescence is a stage characterized by a lot of anatomical, physiological and psychological changes in the human being. Generally, the negative stigma associated to epilepsy leads to an attitude of over protection, ostracism and aggressiveness towards the PWE. This stigma often breeds insufficient and false or erroneous knowledge about the origin of the illness (supernatural beliefs, myths) which are all at the basis of therapeutic inefficacy, fear and rejection. Fear prejudice, disgrace and discrimination raised by epileptic patients are at the origin of their own rejection by the public and these forces the patient to "hide under shadows."

The Epilepsy Foundation [5] in their report, pointed out that within the family circle epilepsy is an illness of great concern to those suffering from seizures and their family owing to its impact on their daily lives. The hidden and unpredictable nature of epileptic seizures makes it harder for the family as they are sometimes scared and helpless. This thus raises several questions in the minds of family members causing some members to look and feel different. The concerns expressed by family members are questions like *"what will my family and friends say?"* Siblings feel upset especially when their parents' time and attention are more taken up with their brother or sister who has seizures.

Further studies by Thompson indicate that epilepsy may cause high levels of psychosocial difficulties for all family members, including stigmatization, stress, psychiatric morbidity, marital problems, poor self-esteem and restriction of social activities. This is because the diagnosis of epilepsy brings with it a lot of consequences for the family. To the parents, the awareness that one of their children will always be different from the others makes them feel the "loss of a perfect child." Parents often manifest this loss through deep feelings of anger, guilt and sadness. As parents search for the cause of epilepsy, there may be the attachment of blame in the family leading to a *"family spiral of blame and guilt."* From this brief description it is evident that the family may have a number of issues with which to contend on the diagnosis of childhood epilepsy. With the family entangled in this spiral of blame and guilt, it can thus influence the type of treatment meted out on a child with epilepsy.

A number of authors have suggested that the family environment may be important in the course of the disorder and influence both the severity and impact of the condition. Such a family environment where parental attitudes show absence of nurture can negatively impinge on the life of a child suffering from epilepsy feelings of rejection as his/her expectations become less attended to. Wood et al. [5] go on to suggest that the condition of epilepsy causes distress for the individual, which leads them to react with anger and hostility. This in turn may cause the family to react critically, again causing more distress for the individual, and completing the vicious circle.

Family rejection is the refusal to give sufficient parental affection or care to a child or young one. It also describes the act of rejecting, denying or abandoning someone or something. According to Weir, rejection and the fear of being rejected are among the most potent and distressful daily experience in the life of a human being. The feeling of rejection is the conscious understanding of being refused sufficient parental affection and care. This emotion is often experienced when or after being disappointed about not achieving something desired or expected.

Rejection can result in to a very damaging pattern of behaviour which causes real hurt to relationships and enjoyment life in general. Hartwell-Walker attributes the rejection of a child and adolescents to several factors based on a series of events such as family secrets and lies about the child's paternity. As for Amodeo he presents rejection feelings as one of man's deepest fears. This originates from the anxiety of being cut off, demeaned, or isolated and so we fear being alone.

Concerning feelings of rejection by PWE, historical literature on epilepsy reveals that, epilepsy has always raised fear, suspicion and incomprehension as those who suffered from it were often rejected by society. These persons were treated as pagans and punished unjustly. Though Hippocrates had long refuted the sacredness of this illness Hirak et al. acknowledge that it still took the world about 18 centuries to admit that epilepsy is a neurological disorder. Although today epilepsy is better known, it however still remains a subject of fear as many communities in developing countries still stick to their cultural beliefs about epilepsy.

As to the specific problems posed by epilepsy to adolescents within his family, Spangenberg et al have noted that epilepsy has so many negative consequences which affect a child's life. Some of these negative consequences are related to the stigma associated with epilepsy. Research on lay attitudes towards people with epilepsy has revealed that they are perceived as sexually deviant, antisocial, aggressive, potentially violent, mentally ill and unattractive.

Recently, Mitchell in another study revealed that within the developed countries, children and adolescents suffering from epilepsy are not completely accepted within their families. Adolescents may face a lot of teasing, exclusion or bullying. In some cultures epilepsy is considered as a shameful illness. Some of these children are not sent to school and if the seizures start during school age these children are withdrawn from school. Some schools even discourage children with epileptic seizures from studying. At the end, many of these children and adolescents complete only six or fewer years of school thus reducing their likelihood of getting jobs financial autonomy in later life Spangenberg et al.

Still on these feelings of rejection, the psychoanalytic model of Freud relied on the assumption that major causes of behaviour were rooted in the unconscious mind. So according to this model, behaviour like feeling of rejection can be understood as a psychological problem which is rooted in childhood experiences and are often manifested unconsciously. This model is however limited in understanding rejection feeling in adolescents suffering from epilepsy. This limitation partly stems from the fact that the psychoanalytic model does not consider meditational processes like thought and memory.

As for other studies on rejection, the Inter Personal Attachment and Rejection Theory (IPARTheory) by Rohner [6] in providing knowledge about rejection in humans explains that, as concerns interpersonal rejection worldwide; individuals often belief that the other person does not actually care or love them. Therefore contrary to the standpoint held by this theory, we actually noted during our field work in Widikum, based on the physical appearance and the manner in which PWE act and express themselves, some elements of neglect and lack of emotional security thus necessitating some in-depth investigation.

We note like Birbeck et al that, the manner in which family members respond to PWE may lead to serious repercussions on their self-perception and general well-being. Wecan therefore noted that family life experiences promote feelings of rejection by mobilising uncomfortable emotions and self-esteem degradation in adolescents suffering from epilepsy. For the purpose of our study, we shall examine the family in line with the Latin definition which terms it as a household of people related by blood or marriage and who share the same residence. The family is an institution which forms the basic unit of society and has as function, care, affection, companionship and a source of emotional security.

With the extended family, it members also include grandchildren, uncles, aunts, cousins nephews and others. Mindful of this setting, a family is very important to individuals and society because it responds to some of their fundamental human needs both individually and collectively. Such needs can be love, emotional security, social and intellectual development of children. The other important psychosocial function of the family, particularly in traditional societies is providing social support, psychological comfort and physical care and protection for the young, the sick, the disabled and the aged.

Doda further points out that the kinsfolk takes notice of illness, care and comfort the sick person, and make him feel supported or assisted in his suffering. Apart from providing enduring affection and love, Collier et al. remarked that the family institution enjoys some legal backing and protection from some leading conventions and international treaties on human rights. Within the Cameroonian context, Bame points out that *"the family has been universally acknowledged as a natural unit of society and given primary responsibility for the development and well-being of individuals, especially the nurturing and protection of children"*.

In Cameroon the dominant family pattern is the extended or joint family. Besides the biological offspring, some households also shelter children of relatives (Hake, 1972 cited by Bame 2000) that means children do not belong solely to their biological parents. Kinsmen are expected to be interested and to take responsibility for the care of the children of relatives. They may be subjected to pressure and sanctions, at least the loss of face and the emotional discomfort of not truly belonging to the group, if they depart too widely from the expected roles. In other words, social values anticipate mutual and supportive fellowship involving cooperation in raising children and promoting personal welfare and the security of persons and property.

Method

In order to better understand the source of rejection feeling among adolescents suffering from epilepsy within the Widikum Area, we shall in this study use the phenomenological approach. This model aims to investigate and describe what an individual has experienced consciously in regard to some phenomenon or what they experienced and how they interpret or construct meaning about those experiences.The specific procedures that were employed to identify, select and analyse the information collected This will then enable the reader to critically evaluate the overall validity and reliability of our study.

In this study we want to understand how family life experiences can arouse feelings of rejection in adolescents suffering from epileptic seizures and also what sense they make of their experiences, our study is a case study and so, we shall intensively study this phenomenon within the area chosen. The study was carried out in the North West Region of Cameroon. It was done precisely at the Saint Joseph Catholic Hospital in Widikum. Widikum is one of the Sub Divisions within Momo Division in the Cameroon Nord West Region. Though a Sub Divisional headquarters, Widikum is a junction from where people from different cultures and languages converge for commercial and health purposes. Apart from the

alarming rate of epilepsy in Widikum, the choice for this area of study was based on accessibility and convenience. The participants are four adolescents suffering from epileptic seizures. Their ages range from 17 to 19 years. These participants are a group of two girls and two boys. They are all from quarters around Widikum – Bofe Council area. The participants are all Christians but belong to two prominent denominations within their town. Three of the participants are from polygamous homes while just one comes from a monogamous background. Our participants have been suffering from epileptic seizures for at least 6 years. The relevant data required for our study was collected through semi-structured interviews. These interviews were conducted directly with the participants on separate occasions without the mediation of an interpreter. This was to avoid the modification of a participant's point of view concerning his/her experiences during the course of illness or epileptic seizures.

In order to collect our necessary data, an interview guide was constructed to this effect. That guide consisted of the following themes for discussion with each containing many items. During our discussions with participants, a semi-interview guide was used to collect information. A descriptive analysis of participants' speeches was made in which vital themes were retrieved. These themes were retrieved based on the interview guide used on the field to collect data. Two sessions of interviews were conducted. During the initial sessions we were more concerned with gaining the participants' concern and confidence so that they could be able to express their feelings freely. This explains why we dwelled mostly on questions about their illness and the treatment they were receiving, such as *"the beginning of seizures and treatment taken so far."* During the second session we then went deeper to find out about their lifestyle, experiences within the family that provoke their suffering.

These interviews with participants were conducted at the St Joseph Catholic Hospital of Widikum. They were carried out at different moments during the period running from April to July 2017. Our recorder was used to enable us transcribe all what the participants had to express. That was because jotting or taking down notes would not have been that effective to recall all the points gathered. The interviews lasted between 45 minutes and 1 hour 30 minutes depending on the participant's willingness to express self.

Data analysis technique

The content analysis technique was used. Based on the interview guide, the meaningful units were categorised in to themes. Apart from the constructs of interest based on our interview guide, we also retrieved others which emerged from the data collected thus rendering the analysis more dynamic. In these analyses, we shall apply the sentiment analysis. In this technique, we shall capture the opinions and attitudes of participants as concerns their family life experiences. That means we shall look at who said what, why and to what extent and effect, all that in a qualitative manner.

Ethical concerns

In carrying out this study, we took a lot of precaution to keep to the expected tenets of ethical behaviour widely accepted within the scientific community.

These recommended ethics are;

- The voluntary participation of members. After informing the patients of our intentions to carry out some discussions with them based on their illness epilepsy, those who showed no interest were left alone.
- Informed consent. Owing to the participants' inability to read and write, their consent to participate in the interviews was given orally. Still, those who failed to show up at the agreed time and day were not charged for the disappointment.
- Anonymity of participant. Though we got the real names of our participants on the field, we made sure pseudonyms were attributed to them during our analysis.
- Confidentiality. A research work of this nature must undertake to maintain the dignity of its participants. Our participants also received the assurance that the information collected from them shall be shared with anyone else but shall only be used discretely for the purpose for which it was collected.

Findings

Presentation of participants

Moti

Moti is an 18-year-old boy from a monogamous family in one of the quarters in Widikum. He has been suffering from epilepsy for about nine years. This boy lost his father since the age of seven and has been under the care of his mother since then. He is the fifth child in a family of six children and he is a Christian of the Roman Catholic Church. Physically he looks neat but puts on clothes which are bigger than his size. Moki is very slow in speech and pauses after every sentence he makes. Sometimes he will stop and think for long till we repeat the question for him to answer, (that gives us the impression that his thoughts wonder for a while). Moti cannot read or write now since he dropped out from primary school in class 4.

Logi

This girl of 18 years and from a polygamous family has been suffering from epileptic seizures for about eight years. She is the 6th of seven children from the father's first wife. From her appearance, she looks clean but has scars from burns and other injuries on her right hand, forehead and chest. These injuries she sustained during the different seizures she suffered from. She expresses her feelings easily though she lacks the appropriate vocabulary to actually describe her experiences. This girl dropped out from school in class 4. Logi is a committed Christian of the Roman Catholic Church.

Nico

Nico is a male participant aged 19 from a polygamous home. He has been suffering from epilepsy for about a decade now. Nico is the fifth child in a family of five children. His father had two wives and Nico's mother was the first wife. This guy is a Christian and he worships with the Presbyterian Church in Cameroon. He lives with his elder brother in a far-off village in Widikum called Diche

II. Concerning formal education, he stopped schooling in Class 5. In appearance, he has some injury scars on his face.

Anevia

This participant is a female aged 17 is the 6th child from a womb of 7 children. Her father was a polygamist with Anevia's mother being the first. Both parents are of late and she is supposed to be under the custody of her elder brother and other siblings. As concerns her academic potentials, she has been to secondary school up to form four. Anevia's home is after Tikom, about 2km from the Widikum motor park. Though with many experiences to recount about herself, she seems to be out of breath when talking. She is a member of the Presbyterian Church in Cameroon.

Analysis of the different speeches by participants

According to the Social Rejection and Theory of Mind of Psychological disorders, Sebastian [7] made us to understand that adolescents are very sensitivity to social rejection, for his study reveals that rejection is accompanied by reduced responses in brain regions involved in emotion regulation. From our analysis we gathered that, these adolescents suffering from epilepsy see themselves as unwanted children within their families. Like the case of Anevia, she faces neglect and rejection for, neither her brother nor the wife does manifest the least concern about her existence or her wellbeing, *"He (Anevia's elder brother) doesn't know how I survive. He does not care to know that I am a woman. "Medications!!!!! Hummmmmm (she laughs sarcastically) I'm telling you that nothing; that my brother doesn't give me anything. Even in the morning my brother will not care to find out how I slept. He does not ask. Even when I left my sister's place and went back home, he never asked me anything. He does not ask me how I slept, instead I'm the one to go towards him and ask how he slept."*

This feeling of being rejected based on the manner their family treat them, ties with Sebastian's work which clearly state that adolescents are very sensitivity to social rejection.

Furthermore, our results on rejection concord with this Theory of Mind, as reechoed by Blakemore. who states that the social environment is fundamental in shaping the adolescent brain. The role of peers is also vital, especially as evidence by Steinberg & Silverberg who suggested that by mid-adolescence, individuals spend more time with their peers than with their parents. From our participants, we observed that, they felt more comfortable spending their time with peers and non-family members owing to the fact that, family members do not provide the expected treatment. Moti's case is an example for, after failing to get the expected care and concern from his family, he turns to the church and his friends. *"My friends, (he smiles) you see this shirt like this, it is my friend who gave me. When I go back home you can come to our house you'll not see me. When I go to church they can take me to their house and I will stay with them till evening."* Logi, another participant expresses her disappointment at being neglected as a child by her family especially during moments of severe health crises. Her father told her "*I cannot waste my money on you."* Fortunately the Christian missionaries opt to assist Logi and she now has turned her attention towards them as she happily narrates, *"It is these Sisters here (Reverend Sisters of St Joseph Catholic HospitalWidikum) that take care of me. The Sister (Reverend Sister) has assured me that I will always have free treatment in this hospital."* The adolescents' ability to think abstractly about themselves and others are means which provide them with a more sophisticated understanding of complex social phenomena such as reputation, social hierarchy, personality traits, and how others see them than they did at an earlier age. From our results, our participants actually suffer from the looks of others around their family. This explains why despite their claims of being morally upright (Anevia and Moti), their families still fail to see something valuable. Even when in desperate need for food, Anevia will not take without permission. Though her sister has a farm just by the roadside, our participant states firmly that, *"I only pass by if somebody does not ask you to touch something will you touch it? I don't like to touch someone's thing when I've not been permitted. If you tell me to touch it, ok; that's when I will touch it with a clear conscience because I've been allowed to touch it." Moti too exhibits his good moral standing when he draws our attention to this, "I am a good boy. I cannot see somebody's thing and take because I do not steal."* In spite of these good qualities, the families of these participants show no recognition.

One of the experiences in which the social and emotional processes are highly sensitive is social rejection in adolescents. As Williams [8] puts it, social rejection refers to the deliberate ignoring or exclusion of a person by another individual or a group. In adolescence, social rejection is often used as a form of relational aggression or bullying. Other studies have also suggested that adolescents might be more sensitive to social rejection than both adults and younger children in everyday life. The sensitivity of adolescents to social rejection has equally been replicated through laboratory experiments. The 'cyber ball' paradigm is an example of an experiment which has been used extensively to investigate responses to social rejection in a wide range of populations. In one of such experiments to test adolescents' response to social rejection, Sebastian et al. [7] noted that this group of persons responds more strongly and negatively to social rejection than adults. In the case of our participants, their families pose different acts and behaviours that are in line with the processes involved in social rejection.

From their stories, we observed that, cultural beliefs and interpretations about the epilepsy were the key factors instigating rejection behaviours in family members. Based on the Widikum culture, Nico believes that epilepsy is an illness inflicted on someone by evil men or, *"someone can be jealous of you or if you steal from a farm that has medicine, you'll be falling and going, falling and going." Every time he suffers from epileptic seizures "...nobody is there that can help or care for me because when the illness starts I will be crying ehhh, ehhh, ehhhhhh. I'll be turning myself on the bed. My brother and his wife their door is facing my own. How can they care for me when at night I cry when that epilepsy attacks me and no one comes for help?"* Furthermore, Logi relying on her cultural knowledge strongly believes that

her step mother is responsible for her seizures. *"Before I was not falling epilepsy, it is my step mother that used to fall. Every time I was the one helping her. When I started falling, her own epilepsy stopped. She has never helped me when I am suffering."* This is how the suffering of our participants is being manifested through the absence of care, concern, protection and refusal companionship. In short we could deduce that these adolescents because of their suffering from epilepsy, they have become victims of passive parenting.

The Interpersonal Acceptance-Rejection Theory (IPARTheory) is an evidence-based theory of socialisation and lifespan development which aims to predict and explain major consequences and other correlates of interpersonal acceptance and rejection worldwide [6]. In this theory, the authors seek to understand how children pan-culturally, that is in all socio-cultural systems, racial or ethnic groups, and genders tend to respond in the same way when they perceive themselves to be accepted or rejected by their parents and other attachment figures. Rohner further remarks here that, the term parent refers to whoever the major caregiver of a child is and not necessarily the biological or adoptive parents. In our study, those who are in principle supposed to assume the role of parents to these adolescents suffering from epilepsy fail to do so practically. These parents show no marks of secure parenting like; warmth, affection, care, comfort, concern, nurturance, support, or simply love that a parent can express towards a child. Instead, we noted more of rejection as observed in the significant withdrawal of positive feelings and behaviours and by the presence of a variety of physically, and psychologically hurtful behaviours and affects.

The IPARTheory has for over six decades carried out extensive cross-cultural studies which have decades revealed that interpersonal rejection can be experienced from any combination of four principal expressions: (1) warmth versus coldness, and unaffectionate versus affectionate, (2) hostility and aggressiveness, (3) indifference and neglecting, and (4) undifferentiated rejecting [6]. Undifferentiated rejection refers to an individual's beliefs that the other person (attachment figure) does not really care about or love him. Data collected from our participants show several instances of complaints about their neglect and lack of affection.

These adolescents suffering from epilepsy thus perceive their supposed care givers as cold, unloving and resentful. That is, their significant others show unconcern and an uncaring attitude towards them, or have a restricted interest in their overall well-being. In the family life of our participants, we find no instance where they mention about affection demonstrated physically towards them like hugging and comforting. Verbally, we did not also get instances where family members used soothing words or symbolical use of culturally specific gestures to console these adolescents after an epileptic seizure. Instead we realised that significant other of each participant expressed just a passive worry. Logi's feels furious because her father always says *"...I am nothing. Even in my suffering, oh! I will cry; cry, cry, cry but that Pa will not look at me."* At another time Logi had difficulties and asked for the father's help. *"I called my father to come and help me so that I should not die, instead he stood and told me that "sweet" who even sent you to go for that type of illness."* Another instance of Logi's father's passiveness towards his daughter's illness can be seen when he abandons the children at the traditional doctor's place without care. *"When this illness started, my father took me and my sister to Babanki where cows are kept. He left us there with nothing and came him back to the village. He took no care of us as I am telling you like this."Anevia on her part her part too is not having life easy within her family, "...even in the morning my brother will not care to find out how I slept. He does not ask. Even when I left my sister's place and went back home, he never asked me anything. He does not ask me how I slept, instead I'm the one to go towards him and ask how he slept." With Nico's situation, "It is only when I have night seizures that they (his brother and wife) will ask me if I have taken my medicines." As for Moti, his brother has simply sent him a message "our big brother said that he was praying for me." A response which provokes Moti to wonder aloud, "Can prayers buy me drugs or give us food to eat in this house?"*

Furthermore, the IPARTheory's personality sub-theory postulates that the emotional need for positive response from significant others and attachment figures are a powerful and culturally invariant motivator. When children do not get this need satisfied adequately by their major caregivers or attachment figures, they are predisposed to respond both emotionally and behaviourally in specific ways. The sub-theory further states that, individuals who feel rejected by significant others are likely to be anxious and insecure and tend to become more dependent. The term dependence in this theory refers to the internal, psychologically felt wish or yearning for emotional support, care, comfort, attention, nurturance, and similar behaviours from significant others. With our participants, we found out that they are desperately in need of emotional support, care and comfort. Loginow relies on the church for care and comfort *"It is these Sisters here (Reverend Sisters of St Joseph Catholic HospitalWidikum) that take care of me. The Sister (Senior Reverend Sister) has assured me that I will always have free treatment in this hospital."* This is how Nico, one of the two male participants manifests his lack of care and comfort in this way, *"My brother's wife does not give me food at home. My brother does not even defend me. He does not see that the wife is punishing me. My brother does nothing for me ...that my brother there in the village spends his time with other people. We do not even discuss...see me, I move from house to house begging for food."* That explains why they have all turned away from their non-attentive family members to seek for comfort out of family home (from friends and Christian folks).

Just as the IPARTheory's coping sub-theory stipulates, some rejected persons are capable of withstanding the difficulties of their day to day rejection without suffering from the negative mental consequences like most other rejected persons. With our adolescents suffering from epilepsy, the rejection treatment they have experienced has propelled them to adopt strategies for survival.Within the family, Logi is not sure of having vital needs like a good meal. She expresses disappointment at the father's attitude towards her. *"Food he does not give us. Oil, I tell you even*

oil my father does not give." So to ensure her survival, she informs us that, "I used to boil sweet potatoes smash and eat like that without oil inside." As for clothing, she says "clothes are given to me by well-wishers." Apart from expecting assistance and help from others, she also makes an effort to carry out some lucrative activities. *"I can braid women's hair; I can work on the farm."* Having learnt some arts and craft in school, Anevia says she now applies that knowledge to generate some little income like; *"I was making brooms and selling."* Because of his struggle to survive, Nico is known in his village as *"a man who sells cola nuts and water," an activity which he affirms that, it is "what I do to care for myself because nobody cares for me."*

To Bowlby, human beings possess an innate attachment behavioural system which motivates them to develop and maintain intimate relationships. This system offers children a clear survival advantage by maintaining a balance between exploratory behaviour and proximity-seeking (attachment) behaviour. This need is not only limited to childhood but remains important throughout the entire lifespan. This theory as further presented by [9] human beings have a fundamental *"need to belong"* and this is characterised by two main features. Firstly, they need for frequent personal contacts or interactions (ideally, pleasurable contacts). Secondly, humans need to perceive the presence of an interpersonal bond or relationship that is marked by stability and emotional involvement; in other words, those interactions should be embedded in a relational context. Baumeister& Leary [10] have thus presented an extensive body of evidence supporting the view that human beings are innately prepared to develop interpersonal relationships; that is, we are naturally driven to establish and sustain relationships, and cannot function optimally without them.

As concerns feelings rejection among adolescents suffering from epilepsy, Feeney [11] in his article proposed that the attachment theory can provide a useful approach in understanding the nature and consequences of perceived rejection. From his findings, rejection feelings are a consequence of a highly negative emotional experience. Such an experience is inherently relational, that is the appraisal of the behaviours of others and its implication on our relationships are the core of our hurt feelings. To Feeney, much is still to be learned about the causes, emotional features and consequences of hurtful events. This article duels mostly on hurt feelings. Among the hurt events we have active or explicit rejection (abandonment or ostracism) and passive or implicit rejection (manifested through criticisms, betrayal, teasing, feeling unappreciated or not considered). An analysis of the characteristics of these types of events supports the argument that humans crave a sense of belonging (or inclusion), and find rejection highly aversive. Our study findings corroborate this previous study by Feeney [11].

Facts from our research show that, our participants have been through a lot of hurt feelings like abandonment and not being considered this being explicit and implicit rejection respectively. From our interviews, we noted several instances where the participants perceived their significant other as being unconcerned and uncaring about them. With Logi she cries out loud, *"see me, the other children (her step siblings) go to school but in our house we cannot read." She also complains that, when hungry, "...you sit in their kitchen (her step mother's kitchen), they will cook food share and eat, they cannot give you a share. She does not just care that I am sick and my father spends all his money on them. The day that she wants to give me food she will ask me to go and bring my pan and let her put it inside."* Such a teasing act can be implicitly considered to mean that Logi is not considered or held to high esteem like other children thus portraying her stepmother's resentfulness towards her. Anevia recounts her own ordeal, *"I can tell you, my brother at home does not just care about me even my brother wife. To him I am not even somebody. Just last week, they harvested some plantains from behind the house. I begged my brother to give me some and he just shouted at me, "I don't like giving you anything because you're lazy." During Moti's mother's absence from home, "She leaves me and my brother in the house. My brother too will go and will not tell me that he is going. Even when I want to follow him he does not like it."* From that statement, we can thus deduce that the brother of Moti often abandons him because of his health status.

As highlighted by this theory and research, "felt security" is of vital importance to individual well-being, and has its origins in actual interactions with attachment figures. Our participants have shown that no secure bond that can ensure their well-being does exist between them and their supposed attachment figures. These adolescents clearly bring out this element when they repeatedly remark *"nobody cares for me."*

These facts thus emphasise the good reasons to better understand the real-life experiences of adolescents who suffer from rejection. DeWall [9] joins his voice to lament that humans have a fundamental need to belong. Just as we have needs for food and water, we also have need for positive and lasting relationships," and states further that this need is "deeply rooted in our evolutionary history and has all sorts of consequences for modern psychological processes.

Perspectives

Based on the discussion above, a multitude of interventions are necessary to reduce the epilepsy treatment gap in among the Widikum people. At the National level, increased advocacy for epilepsy is necessary to raise awareness of this condition as a major non-communicable disease. Increasing the supply of health workers capable of diagnosing and treating epilepsy is a critical need. The absence of medical doctors specialised in neurology in our rural communities signifies an obvious shortage which can only be remedied by also posting medical personnel trained in neurology or training the existing personnel on the field to manage cases of epileptic seizures. The Ministry of Public Health should also partnership with neurologists in urban areas to regularly lend a helping hand to health units in the suburbs. Some incentives should be introduced so as to encourage medical personnel take up duty in such rural areas with a high prevalence of epilepsy. Since we observed that most of the people with epilepsy in Widikum are handled by the available primary health care provider, there

is therefore the need for neurologists to organise educational programmes to train nurses, community health workers so that, they can carry out the basic services required to manage epilepsy. This task-shifting can only be accomplished if government health ministers, regional and national neurological associations, and funding agencies work synergistically to disseminate neurological knowledge to junior staff of health workers. Primary healthcare providers should be trained to administer validated screening surveys and perform simple neurological exams in their communities to identify residents with possible epilepsy. Owing to the shortage of neurologists in our country, we do suggest that the few ones available at the level of regional hospitals should organise routine visits in the rural health units. Through such visits, the neurologist should help facilitate any required diagnostic testing (EEG, CT, MRI, lab tests) and recommend appropriate anti-epileptic medication. With such an organisation, the primary health provider will then be responsible for managing the patient's condition. If possible epilepsy treatment should be offered freely like that of some chronic illnesses in Cameroon. Much awareness sensitization campaigns about epilepsy care should be carried out by community health care workers in collaboration with local leaders.

The patients themselves have their own responsibility. Patients should be made to understand that better health should be their priority. We observed that some patients preferred other pleasures like drinking alcohol when they have some money instead of buy medications to treat themselves. Furthermore, to reduce the margin of epilepsy care, culturally appropriate information about seizures and the importance of proper medical treatment should be disseminated.

Conclusion

The main objective of this study was to understand how family life experiences could participate in arousing feeling of rejection in adolescents suffering from epileptic seizures. Epilepsy is a medical disorder which can alter the fragile equilibrium of adolescence. Even when epilepsy is well followed up medically, it can still torment an adolescent thus arousing fear of ridicule and possible humiliation. Mindful of these challenges, caring for adolescents with epilepsy requires special patience and understanding. The poor health faced by adolescents has led to a manifestation of several health seeking behaviors as evident in the statements of participants about possible threats to their wellbeing. Another factor that complicated the family life of our participants is how the diagnosis of epilepsy in a child is perceived by family members. These interpretations have affected the way family members treat these affected children. Our attention was particularly tilted towards Widikum where we sought to understand how the treatment adolescents received from their family members could arouse feeling of rejection in them. When a family fails to adhere to its primary responsibility of assuming the development and well-being of members, especially the nurturing and protection of children, they naturally will consider such treatment as rejecting. From our research, we discovered that our participants greatly suffered rejection from their families not because the families actually lacked the means to nurture them but willfully abandoned them for other children free from epilepsy. Our results obtained were clearly in line with the Social Rejection and Theory of Mind of Psychological disorders which states that adolescents are very sensitivity to social rejection for these adolescents suffering from epilepsy see themselves as unwanted children within their families. In the same light according to the Interpersonal Acceptance-Rejection Theory (IPARTheory) an evidence-based theory of socialisation and lifespan development which aims to predict and explain major consequences and other correlates of interpersonal acceptance and rejection worldwide. In this theory, the authors seek to understand how children pan-culturally, that is in all socio-cultural systems, racial or ethnic groups, and genders tend to respond in the same way when they perceive themselves to be accepted or rejected by their parents and other attachment figures. In our study, those who were supposed to assume the role of care-givers to these adolescents suffering from epilepsy really fail to do so practically.

These family members showed no signs of appropriate parenting like; warmth, affection, care, comfort, concern, nurturance, support, or simply love that a family member can express towards a child. Instead, we noted more instances of rejection as observed in the significant withdrawal of positive feelings and behaviors and by the presence of a variety of physically, and psychologically hurtful behaviors and affects. These adolescents suffering from epilepsy thus perceive their family members as cold, unloving and resentful. That is, their significant others show unconcern and an uncaring attitude towards them, or have a restricted interest in their overall well-being. After all this knowledge and understanding about adolescents suffering from epilepsy, we have made some suggestions which if implemented can improve on the wellbeing of these children thus fostering their development in life like others who are non-epileptic.

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