Case Report

Cultural Beliefs Delaying Treatment of Temporal Lobe Epilepsy with Psychosis: A Case Report

Cultural Beliefs and Delayed Epilepsy Care

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ABSTRACT

Epilepsy is a chronic neurological disorder frequently associated with psychiatric comorbidity and substantial social stigma, particularly in low- and middle-income countries. Cultural interpretations of seizures as supernatural or spiritual phenomena may influence how patients and families understand the illness and may delay engagement with medical care. This report describes a patient with temporal lobe epilepsy whose treatment was significantly delayed because her family attributed the seizures to spiritual causes. A 30-year-old woman presented to a psychiatric outpatient clinic with behavioral changes including mood instability, suspiciousness, hallucinations, and progressive social withdrawal. Her first seizure occurred thirteen years earlier following eclampsia, and recurrent seizures continued without consistent neurological treatment. For many years the family sought help from a religious healer who performed spiritual rituals, as they believed the episodes were caused by spirit possession. During this period the patient experienced progressive seizures, cognitive decline, and the emergence of psychotic symptoms. Neuroimaging revealed bilateral mesial temporal sclerosis and electroencephalography demonstrated epileptogenic activity in the temporal regions. The patient received antipsychotic medication together with psychotherapy and psychoeducation directed toward both the patient and her family. This case illustrates how cultural beliefs surrounding epilepsy may contribute to prolonged delays in treatment and may allow neurological and psychiatric complications to develop. Clinicians working in culturally diverse settings should approach such beliefs with cultural sensitivity and dialogue rather than judgment, as respectful engagement with families may facilitate earlier acceptance of medical care and improve long term outcomes.

Key Words: Epilepsy; Temporal Lobe Epilepsy; Psychotic Disorders; Cultural Beliefs

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INTRODUCTION

Epilepsy is one of the most common neurological disorders worldwide and affects approximately fifty million people. A large proportion of these individuals live in low- and middle-income countries where access to neurological care remains limited.[1,2] In these settings the epilepsy treatment gap, defined as the proportion of people with epilepsy who require treatment but do not receive appropriate care, remains a major public health concern.[1,2] Untreated epilepsy is associated with increased risk of injury, cognitive impairment, psychiatric disorders, and reduced quality of life.[3]

In addition to structural barriers within healthcare systems, sociocultural factors play a major role in shaping how epilepsy is understood and managed. In many communities, seizures are interpreted through spiritual or supernatural frameworks and may be attributed to spirit possession, curses, or other non-medical causes. Such interpretations often lead families to seek help from religious or traditional healers before consulting medical professionals. While these practices reflect deeply rooted cultural values, reliance on them as the primary form of treatment may delay diagnosis and medical management.[4,5]

Psychiatric complications are common in individuals with epilepsy, particularly in patients with long standing or poorly controlled seizures. Psychosis associated with epilepsy has been reported in several clinical forms and may significantly impair social and occupational functioning.[6] The present case describes a patient with temporal lobe epilepsy whose treatment was delayed for more than a decade due to cultural interpretations of her illness, ultimately resulting in the development of psychotic symptoms. The case

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highlights the importance of culturally sensitive communication in bridging the gap between traditional beliefs and evidence based medical care.

Case Presentation: A 30-year-old woman was referred to the psychiatric outpatient clinic by a neurologist because of progressive behavioral changes and suspected psychotic symptoms. She had experienced recurrent seizures for approximately thirteen years. Her first seizure occurred in 2011 following an episode of eclampsia that required admission to an intensive care unit for twenty-eight days because of decreased consciousness. After discharge her level of consciousness gradually improved, although she remained confused and socially withdrawn.

In the years following this initial event the patient continued to experience recurrent seizures with varying clinical presentations. Some episodes involved sudden loss of consciousness accompanied by limb rigidity, while others were characterized by agitation, abnormal movements, and incoherent speech. Episodes could last from several minutes to approximately thirty minutes and were often triggered by emotional stress. The most recent seizure occurred one week before presentation and involved rigidity of the head and extremities followed by transient loss of consciousness. The patient had no recollection of the episode afterward.

Soon after the onset of seizures the patient's family attributed the condition to spiritual causes. The family believed that the patient had been affected by supernatural forces and repeatedly sought help from a religious healer who performed a spiritual healing ritual (incantation) and provided blessed water for treatment. The healer suggested that the patient had been used as a sacrificial offering in a ritual associated with wealth seeking practices. Because of this belief the family relocated their home several times in an attempt to escape spiritual influence. During this period the patient did not receive consistent neurological care.

Over time the patient began to develop significant behavioral and emotional changes. During the year before psychiatric evaluation, she experienced persistent sadness, irritability, and episodes of anger directed toward family members. She became socially withdrawn and spent most of her time alone in her room. She also reported suspiciousness toward others and frequently accused people of intending to harm her. Hallucinations were present, including visual experiences of an unfamiliar male figure and auditory perceptions of a voice commenting on her actions.

The patient also demonstrated cognitive impairment. She reported difficulty remembering recent events and often forgot daily activities. This impairment contributed to poor adherence to medication and increased distrust toward family members who attempted to assist with treatment. During clinical interview she appeared confused at times and required repeated questions to maintain focus. Her mood fluctuated rapidly between sadness and irritability. Clinical events over the course of illness are summarized in Table 1.

Magnetic resonance imaging with contrast revealed bilateral mesial temporal sclerosis. Electroencephalography demonstrated intermittent slow activity in the left temporo occipital region as well as sharp waves in the right temporal and left anterior temporal regions, findings consistent with epileptogenic activity. Psychiatric examination revealed labile affect, paranoid delusions, hallucinations, impaired volition, and significant decline in social and occupational functioning.

The patient was treated with haloperidol 0.5 mg twice daily to address psychotic symptoms. In addition to pharmacological treatment, supportive psychotherapy and psychoeducation were provided to both the patient and her family. Educational sessions focused on improving understanding of epilepsy, addressing beliefs regarding supernatural causation, and encouraging adherence to medical treatment.

DISCUSSION

Psychiatric comorbidities are common in individuals with epilepsy and may significantly influence prognosis and quality of life. Mood disorders and anxiety disorders are among the most frequently reported conditions, although psychotic disorders can also occur. Psychosis associated with epilepsy may appear in several forms, including postictal psychosis, interictal psychosis, or psychotic disorder related to structural brain abnormalities. The risk of psychosis appears to increase in patients with long standing epilepsy and temporal lobe involvement.[2,6]

In the present case the patient developed psychotic symptoms including hallucinations, paranoid delusions, and behavioral disturbances after many years of poorly controlled seizures. Neuroimaging findings of bilateral mesial temporal sclerosis further support the association between temporal lobe pathology and psychiatric manifestations. Early recognition and treatment of epilepsy may reduce the likelihood of such complications.

Cultural beliefs surrounding epilepsy can strongly influence health seeking behavior. In several societies seizures are interpreted as manifestations of supernatural forces or spirit possession. Such interpretations may encourage families to seek help from traditional healers rather than medical professionals. While traditional healing practices can provide emotional and spiritual support within communities, exclusive reliance on these approaches may delay diagnosis and treatment.[4,5] Studies from different regions of Indonesia have documented persistent stigma toward epilepsy. Individuals with epilepsy may face discrimination in education, employment, and marriage. Families sometimes

conceal the diagnosis because of fear of social exclusion. These social pressures may reinforce cultural interpretations of seizures and discourage early medical evaluation.[7,8]

The present case illustrates how such beliefs can lead to prolonged treatment delays. For more than a decade the patient's seizures were primarily managed through spiritual rituals rather than neurological care. During this time seizures continued and psychiatric symptoms gradually emerged. The eventual referral to medical services occurred only after the frequency of seizures increased and behavioral changes became difficult for the family to manage.

Improving epilepsy care in culturally diverse settings requires approaches that acknowledge local beliefs while promoting evidence-based treatment. Culturally sensitive communication is an essential component of this process. Healthcare providers should engage patients and families with empathy, avoid dismissing traditional beliefs, and provide clear explanations regarding the biological mechanisms of epilepsy. Collaboration with community leaders and religious figures may also facilitate acceptance of medical treatment.[4,5]

CONCLUSION

This case demonstrates how cultural interpretations of epilepsy as a supernatural phenomenon may delay medical treatment and contribute to the development of psychiatric complications. In communities where epilepsy is strongly associated with spiritual beliefs, culturally sensitive communication and family education are essential for improving treatment adherence and reducing stigma. Early engagement with both patients and families may help bridge the gap between traditional beliefs and modern medical care, ultimately improving outcomes for individuals living with epilepsy.

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