



## S.E.E. Program Parents' Manual

# How to Raise a Kid with Epilepsy Part 2: Coping with Stigma

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Epilepsy has been known to man for thousands of years. Over that time, epilepsy and seizures have been subjected to many interpretations and beliefs. Some cultures have prized epilepsy. Persons with seizures were felt to have extraordinary powers to understand the world, see into the future, or heal the sick. In those cultures, people with epilepsy were given special roles as leaders, priests, and healers.

“Western” cultures have not been so kind. Epilepsy was interpreted in the context of early religious understandings of the world that cast everything in terms of good or evil. For centuries, bad events were thought due to demons or the devil. Seizures ranked high among these evil acts. Over generations, the notion that a person with seizures was possessed by something evil took deep root in our culture.

Even though modern medicine (a very recent development in human history) learned that epilepsy was a common variation in biology, the roots laid down by centuries of misunderstanding have yet to be pulled from our social consciousness. While medicine and now epilepsy advocacy (just appearing in human history) are beginning to make slow progress, the dark and widespread feeling that epilepsy is a bad thing persists in our society today. Epilepsy is undoubtedly the last medical disorder to be so greatly punished by the assertion that seizures are a sign of emotional disturbance and intellectual retardation.

## Culture hides stigma within you

Even though our conscious minds reject these old stigmas, the roots of our culture run deep within us. From dark and unseen depths, feelings that epilepsy is bad continue to influence our thoughts and behavior – and also that of our friends, neighbors, playmates, teachers, and everyone else. Certain stigmas about epilepsy occur over and over in our culture. Ideas that people with epilepsy are not as bright as others, that they cannot get along by themselves, that they are more emotionally fragile than others, and that seizures are a horrible embarrassment are all planted deep in our minds by our culture.

I am no exception. When I started my first job at UCLA, people would ask me what I was doing. My answer, “I study neurological disorders.” I couldn’t bring myself to say, “I study epilepsy.” I felt embarrassed by epilepsy and also very ashamed at my own behavior. Even though I had never known anyone with epilepsy, our cultural stigma was strong enough to change the behavior of a psychologist who should have known better. A good education, knowledge about epilepsy, and at least some degree of intelligence were no match for our culture’s demons. To this day I cannot tell you where or when or how I learned these stigmas. It took conscious effort to face and defeat the stigma I felt. The good news is once you find the stigmas culture has rooted in you; they are surprisingly easy to pull up.

If you were to challenge me to tell you when or where or how I learned these stigmas, I couldn't tell you. I'll bet you couldn't tell me when you learned either. Some of you might even claim to be free of such thoughts, but they are in you. Doubt me? How many of you, upon finding out your child has epilepsy, thought of the outstanding grades she would achieve in school and the economic success she would enjoy as an adult. Or did you worry if she could keep up with school and if she would be able to live on her own as an adult?

One of the biggest threats to our children with epilepsy is that they will learn the same cultural stigmas we adults have. How can you stop a process that already happened to you when you have no idea when, where, or how it happened? Can you imagine what will happen to your son's or daughter's self-esteem when they learn those same lessons that people with epilepsy are dumb, unable to fend for themselves, and are emotionally unstable? If they are filled with these stigmas, what ambition will they have left for careers? How can they succeed even if they have the talent?

## **The Real Cause of Stigma in Epilepsy**

For at least 50 years conventional wisdom said all the ills of epilepsy were due to social stigma. For decades epilepsy groups have railed against social stigma and the insensitivity and outright malevolence of society in ruining the lives of people with epilepsy. Despite blame assigned and the campaigns conducted, progress against this "evil" is limited at best. People with epilepsy still suffer impaired social and economic success. Watching this for two-and-a-half decades, I wonder if we have the cause of the problem right.

Social stigma is an interesting animal when applied to epilepsy. Undoubtedly you and your child have encountered an unkind word or misconception on occasion. Possibly the school denied you services. But if you were forced to write down each encounter after it happened, how full would your diary be after a month? How serious would each offense be? There is some serious discrimination out there, such as job discrimination. However, I suspect that if you went back and read over your diary, you would discover that acts of discrimination only occurred once and a while. I also think you would discover that most of what others did or said was rather minor (even if they upset you) and were almost always without conscious intent to hurt or insult you or your child.

There is no question our culture stigmatizes epilepsy. But the average man on the street is too busy with his own life to confront your child with stigma at every turn. If people in society are too busy with their own problems to teach such powerful cultural lessons to your child, where do those lessons come from?

## **Stigma is taught by the family**

Before we are parents, before we even contemplate marriage, culture had placed its values in us. Almost all of them are beneath conscious perception. We come to parenthood with a fairly full slate of cultural values powerful enough to make us do some things we would never choose if we knew they were happening. Being bright and having an advanced degree doesn't render us immune. Being compassionate and loving does not stop culture's effects. Only knowledge and self-awareness can trump culture's grip on our daily lives.

The family teaches culture to our children. School and friends make add some to the lessons, but pale in comparison to the family. Society as a whole carries only a little weight. If society had the real power, there would not be crime families or cults. Whatever constitutes a "family" for a child, whether traditional or bizarre in composition, determines most of what that child will become.

The child lives within the family every day. The family provides the child with a model for how to interact with the greater world. Initially the child starts out with no skills or knowledge at all. The family teaches the child how to speak and how to behave with others. These “how-to’s” are steeped in cultural values: Depending upon the family’s culture, the child learns it will be praised for getting excellent grades and punished for showing off.

Through every interaction, through every bit of knowledge taught, the family includes cultural values. The process is not obvious because much of teaching is not done in words. Most is done through the example of the parents’ own behavior and as a consequence of the parent’s childrearing decisions. Some of these are easier to trace out than others. For example, the son who becomes a Marine because from age 3 on his father praised his father’s service in the corps and told and retold his own stories of daring and achievement in the Marines. The same father might have taken his son to the woods at every chance, teaching him about the plants and keeping wild pets. That boy would have become a biologist. In both cases the parent decided certain activities were important to raising the child – though that decision may not have been made consciously. In the Marine example, the father may have unselfconsciously carried out the cultural training from his own father.

As you have surely figured out already, it is up to the parents to teach the stigmas of epilepsy. As in the examples above, these lessons are not taught in so many words. They are taught by childrearing decisions and actions that parents consistently take. Often parents are not even aware their actions are teaching. Remember the story of Johnny from last month’s article? Mom and Dad did not realize when they said “No” to Johnny’s request to play baseball with the other kids, they were teaching Johnny to fear seizures and to fear being by himself. The *disorder of anticipation* was shaping the parents’ decisions and behavior outside their awareness. They did not have the training to see the consequences for Johnny. Using the same pattern repetition over the years as the future Marine and biologist, Johnny learned lifelong fear and a disabling discomfort at being alone.

## **Taking back control**

Discovering the stigmas culture has hidden inside you is not a pleasant experience. It is agonizing for loving parents to find the places in their mind and heart where they see their child as “damaged” and her future “limited” because of epilepsy. It takes courage to seek out these perceptions. It takes even more to admit them to yourself. It is even harder to admit them to your spouse. But if your spouse has the same courage you do, you will find valuable company. After all, your spouse is a product of the same culture. You will find strength in your marriage not there before.

The trick to beating stigma is amazingly simple. Stigmas can remain powerful only as long as you let them hide from you. You can’t tear out what you can’t allow yourself see. But when you allow yourself to see them clearly, they lose all of their power. It happens almost instantly. The feeling of liberation is amazing. Even better, that feeling of liberation follows each stigma you successfully expose. As you smash the ability of stigma to control your life and your child’s destiny, you will develop an increased sense of personal strength, satisfaction, and self-respect. The control you take back of your life, your family, and your child’s destiny will lift your spirits.

To do this, we must become aware of the cultural lessons we learned in childhood and adult life. There are four key stigmas about epilepsy that are active in our culture. All are almost certain to be buried somewhere in your mind. Since stigmas are blunt stereotypes, I am not going to use politically correct words. Saying them the way they *feel* may make it easier for you to search them out. The stigmas are: 1) Children with epilepsy are retarded. 2) Children with epilepsy are emotionally disturbed. 3) Children with epilepsy can’t make it on their own. 4) Seizures are too embarrassing to be seen by others.

The idea that children with epilepsy are not as bright as other children (the “mental retardation” stigma), that they are more emotionally fragile than other children (the “emotionally disturbed” stigma), that they are not able to live independently and must always depend upon others (the “can’t make it on their own” stigma), and that the child’s seizures should be hidden from relatives, friends, neighbors, and the public (the “too embarrassing” stigma) are all abhorrent to loving parents. Yet parents commonly lower academic expectations for their child, avoid demanding situations that might prove personal inadequacies, shelter the child from stress and confrontation, and keep the child at home when seizures seem likely. These are all examples of society’s stigma speaking through your mind.

## The “retardation” stigma

One of the biggest cultural stigmas is that people with epilepsy are intellectually impaired. About three-fourths of children with epilepsy have no identifiable cause. You learned in last month’s article that there is little evidence that seizures cause a loss of intelligence.

If the child does have a cause for his or her epilepsy, then intelligence might be affected by the brain disturbance. The location, size, and time when the cause began will all play a role in the child’s mental abilities. Even if the child has a cause, it is not safe to assume he or she is not as smart as others. Such children need to have a neuropsychological examination (a series of behavioral tests that look at brain function) to find out about the child’s intellectual strengths and weaknesses. Even if problems are found, that still does not mean the child can’t use her mind well. Both Leonardo de Vinci and Thomas Edison had epilepsy *and* dyslexia.

I am sure you have already figured out that trouble from this stigma comes when parents treat the child as if the child is intellectually impaired. Trying to get the child excused from more demanding academic subjects or classes will teach both the child and her teachers that the child is mentally limited. Giving lavish praise for “C” level work tells the child this is as good as he can expect to do and he should not aspire to be one of the smart students. Jumping in and solving problems for the child rather than being (sometimes very) patient and letting the child struggle through the solution tells her that her mind is not fast enough and it is incapable of solving challenging problems.

The message buried in all of these parenting behaviors is they say to the child “You can’t...” Based upon the power of repetition, in a short time that “You can’t” will become a part of that child’s self-image. The child not only can’t, but also won’t. She will simply give up trying. Why suffer failure with each try? From that point on the child is limited by her self-image, not her abilities. Intellectual growth will end. The child will be capable only to the point the parent allowed. *The disability in epilepsy is a learned disability.*

What to do? Assume your child is at least as bright as others until proven otherwise. Watch for evidence that he may be even smarter – it’s a real possibility. Stimulate your child intellectually, whether your child is bright, average, or below. There is good evidence to suggest that mental stimulation will add brainpower. Always set “*stretch goals*” – ones above the child’s current performance, but within reach with real effort. You may need the help of teachers, neuropsychologists, or other experts to help you set good goals.

When goals are achieved, set new ones – you must keep the process going. Be sure to build in some down time; everyone needs rest. Setting goals a bit too high is better than too low. You can always adjust downward. Praise accomplishments reasonably. More important, help the child put failure in perspective. Ask what she discovered when something didn’t work – then praise the learning. Let your child know that we all fail our way to success. The only way not to succeed is to stop trying. Don’t let the stigmas teach your child not to try.

## The “emotionally fragile” stigma

There is a common belief children with epilepsy cannot handle strong emotions and they are more emotional than other children. The classic example of this stigma is “*stress causes seizures*.” Parents constantly try to control stress in the child’s life and avoid it whenever possible. The intensity of parents’ need to shelter their child comes from the *disorder of anticipation* described last month. I call this effort to avoid stress the “*eggshell syndrome*”. Parents and the rest of the family feel they have to “walk on eggshells” around the child with epilepsy. Punishment or family conflicts that might cause stress must be avoided. The parents won’t allow the child to play with another child who frequently fights during play. This deprives the child of opportunities to learn how to get along with difficult people. The parents don’t allow the child to take on difficult projects at school. This deprives the child of the opportunity to develop new skills and knowledge.

The problem with the eggshell syndrome is stress is a normal part of everyday life and conflict is a normal part of family life. If your child does not learn to master stress in these situations when she is young, she will be overwhelmed by stress when she becomes an adult. Parents’ efforts to shelter her teach her without words that she can’t handle stress. Sheltering blocks her from learning coping skills. Deprived of skills, the self-image she was taught of incompetence becomes true. *The disability in epilepsy is a learned disability.*

The fact is, a child with epilepsy needs have better than average skills in dealing with stress – having seizures and of dealing with stigmas adds to the challenges of life. Make sure he is up to the increased workload. Don’t impede the stress that naturally comes into your child’s life, including stress from seizures. Instead focus on teaching adaptive ways to manage stress. There are several.

If a particular situation (making friends) or subject (long division) is stressful for your child, teach her the *skills* required to make her more successful with those tasks. Make sure your child is physically active and exercises regularly. *Exercise* reduces anxiety and depression and has the benefit of increasing seizure threshold. Exercise through a team sport adds training in social skills, sportsmanship, and physical skills. *Hobbies and interests* the child enjoys and which take effort to master will build your child’s self-esteem and recognition she has unique abilities.

Children have roles to play in the family and in social groups. They need to meet social *expectations* for discipline and performance. Parents are often reluctant to hold the child with epilepsy up to the same standards they have for other children. There are a lot of unconscious forces causing parents to lower their expectations for the child. There are the stigmas that he is not as capable and that the stress would cause seizures. Parents also feel guilt that his epilepsy forces him to work harder than others to meet common expectations (we talk about guilt next month.) Stigma is also betrayed by parents’ lowered expectations for the child’s performance. If the parent gives in and the child is excused from standards of conduct (discipline) and responsibilities (chores and performance), the child will be left unable to assume a credible or valued role in business or family life as an adult. *The disability in epilepsy is a learned disability.*

## The “can’t be on their own” stigma

The biggest barrier to successful independence is parents’ *disorder of anticipation*. The fear we discussed in the last article plays a big role in this stigma. Parents are terrified something bad will happen if their child is not monitored 24 hours a day. Johnny is forced to stay at home so the parents don’t have to worry. The cost is heavy in lost opportunity to learn social skills and in Johnny’s confidence he can be safely out in the world on his own.

There is a conviction that people with epilepsy need to have someone around them at all times to be safe. What a powerful way to teach fear to the child. Resisting the urge to do something as simple and “innocent” as calling out “Are you alright?” when the child has been quiet in the house for a while is important step in *not* teaching fear.

I am stunned by the number of parents I have met who insist on sleeping with their child, some even through the teenage years. How normal would you be if you had to sleep in the same bed with your mother through much of your childhood? By the time the child becomes a young adult, chances are overwhelming he will never leave home. The unspoken lesson that it is too dangerous to be alone, repeated night after night (and probably day after day), leaves him utterly unable to live independently. The fear learned is too great. *The disability in epilepsy is a learned disability.*

***Parents’ worries need to be their own.*** They cannot afford to run their child’s life to control their own fears. The way to accomplish this was discussed in last month’s article on “Coping with Fear.” To insure that we as parents can enjoy our well deserved retirement *alone* and without our children still living with us, we need to take an active role in promoting independence and the child’s comfort with being alone.

To accomplish this, we have to let go. All of our children are at risk and we need to realize that we have no magical power to prevent bad things from happening. Second, we need to understand that we are suffering from the ***disorder of anticipation***, and most of what we worry about has about the same chance of happening as our receiving the Nobel Peace Prize. Third, we need to actively encourage our child to spend time alone and time away from home. We can make this time easier on us by teaching her friends how to handle her seizures should they occur. That way we know she is in good hands – and she will also know she is safe. Overnights, field trips, camp, and extended visits to Grandma should all be a regular part of our child’s life. Increasing the time away from home as the child gets older and her social skills improve will provide the gradual learning ramp that will insure a successful separation off to college or her own apartment when it is time.

## **The “hide the seizures” stigma**

Things can be going along well and then it happens – that seizure in public. I have heard many persons with epilepsy complain about public seizures, but I think it is actually more difficult for family members. After all, they are conscious throughout the whole event. They don’t miss a single detail of other people’s reactions or comments. Often the fear of going through it again discourages and even prevents families from going out in order to avoid embarrassment. This is an example of how social ***stigma*** mixes with the ***disorder of anticipation*** to create a bad decision and a bad outcome. The parents and even other family members *anticipate embarrassment*. That anticipation is a powerful block to social activity.

Some families have written off social events or movies, some don’t go to church, and many are afraid of any long trip. That approach disables the whole family. Everyone suffers. It not only deprives the child of recreational and social activities, but also deprives the brothers, sisters, and parents. All of the children lose developmental opportunities for recreational and social skills.

Without words being spoken, the decision to stay at home teaches siblings to be embarrassed of their brother or sister with epilepsy and it teaches them to be embarrassed of seizures. Without words being spoken, the child with epilepsy understands he is the reason why the family can’t go out to have fun. The decision teaches him he is not fit to be in public and that he is an embarrassment to his family. Over time, resentment builds between brothers and sisters and the child with epilepsy because he is “responsible” for their not being able to go out and have fun. *The disability in epilepsy is a learned disability.*

All of this teaching takes place in behavior, not words. Stigma is taught through parents' decision to not go out. It deepens the sense of stigma felt by the whole family (we can't go out because there is something embarrassing about us). It doesn't just disable the child with epilepsy – the rest of the children are denied social skills as well. The whole thing can take place without leaving a clue – except for the final result.

Isolation hurts each parent as an individual. It fosters depression. Man is a social animal. When we start living solitary lives, we lose the energy and companionship we get from others. We lose the sense that we are important to others. When that happens, we lose the sense that others value us. Our self-esteem is a casualty. This whole process drains us of the emotional energy we need to cope. As our emotional reserves go, problems seem to become more difficult and insurmountable. The resulting stress raises our level of irritability. That irritability gets played out with our spouse and kids, the only people nearby. Now our only remaining source of emotional support is angry with us. We are alone, discouraged, and overwhelmed.

I am sorry if it seems I am painting an overly black picture, but this is not an exaggeration. I want you to see how a seemingly little decision created by stigma, and repeated over time, can lead to your own misery. To unconsciously (or consciously) avoid social embarrassment because of our fear of stigma and epilepsy's disorder of anticipation, we end up paying far more dearly with the quality of our own lives and the well being of our spouse and entire family.

The solution. Go out! Be sure your kids, your spouse, and you participate and enjoy in social activities. The more the better. You will get your emotional batteries recharged. Your kids will develop the social skills needed for living successfully. You will have fun. You will discover the disorder of anticipation is almost entirely in your imagination. More important, you will discover others are happy to understand and help. But if you stay at home and not talk to anyone, you can go to your grave convinced everyone thinks epilepsy is as miserable as you think it is.

## **Coping with seizures in public**

When seizures occur, *you* can take control of them socially. The situation is a golden opportunity to teach others first aid for seizures. This has a number of benefits. First, you can get others involved (“Could I put your sweater under her head?”). Second, you can dispel fears (“It’s just a seizure. It will end by itself in a little bit. You don’t need to call for medical help. It is the kind of thing you can take care of yourself. Here, let me explain how and show you.”) Third, when you involve others in learning first aid, ***you remove their reason for fear – and your reason for embarrassment.*** This little trick moves you from a “victim” to an “expert.” Bystanders will begin to look up to you as an authority.

As you coach bystanders through the process of providing first aid, you are empowering them, creating a sense of acceptance of seizures, and possibly training someone who will help your child in the future. (Gee, first aid for seizures and reducing stigma, too!) People get a lot of satisfaction out of helping others. When you use a seizure event to teach others first aid, you are opening the possibility that others will get to play the role of “hero” for someone else who needs help with a seizure. If the seizure happens among a group of people who are already familiar, you can ask if there is anyone who hasn’t learned the procedure yet. If they all have, you can ask if anyone would like to practice first aid while you watch. Believe it or not, people will thank you for the opportunity – especially if you are generous with your praise of their work and openly thankful for the help they gave to you and your child.

## **Teaching stigma to the public**

By now we are already well aware our culture has placed unwanted stigmas about epilepsy in ourselves and in others. Most people would be very upset at the cultural prejudice they have regarding epilepsy and a host

of other human conditions and activities. Few would choose to have or express these feelings. As we have seen in ourselves, these hidden prejudices leak out without our conscious cooperation.

Even the most loving and compassionate among us will have thoughts, feelings, and behaviors that accidentally leak into expression that stigmatizes a friend or even our child. The classic example of this is someone unwittingly calling a person with epilepsy an “epileptic.” In reality, this seeming act of prejudice is rarely intentional. Compassion and understanding are due both others and ourselves when unintended slights leak into our daily relationships.

For you and me, average people, with our attention taken up in finishing that project for work, trying to get along with our spouse, and keeping the kids from killing each other, even more cultural prejudice will escape past our awareness. If pointed out to us, we will feel bad about it and try to do better. But something like it will undoubtedly happen again.

## **Does political correctness really help?**

Depending upon how our gaff is pointed out to us, we may feel under attack for not being sufficiently “sensitive” or “politically correct.” We are likely to feel resentful for having our failing waved in our face, especially when the gaff was unintentional and we were not aware of offending. I have seen patients and families pounce upon an unsuspecting perpetrator with all of the venom of a riled cobra. “Never use “epileptic”!! Always use “person with epilepsy”!! Epilepsy is something the person has, it is not who they are!!” Who in their right mind would accuse another person of seeing someone as just a bunch of seizures? The confrontation, not the unintended slight, puts the relationship at risk.

The irony is instead of dispelling a prejudice, the confrontation teaches the poor offender (and bystanders) that people with epilepsy are hypersensitive about their condition (which means there must be something *really* wrong with having epilepsy) and people with epilepsy demand that the rest of the world give them and their children special treatment in all conversations and personal references. This is what I call “*learned stigma*.” It is new prejudice taught through a confrontation by someone affected by epilepsy, be it a child, family member, or especially these days, an advocate.

As a parent, we don’t want to teach others to stigmatize our child by being confrontational over the word “epileptic” or virtually any other statement about epilepsy. I have heard so many stories from angry parents who still don’t understand how much stigma they taught someone else that day. Neighbors, friends, teachers, and others not affected by epilepsy rarely know *anything* about epilepsy and they have no basis to understand how you feel.

Some day you too will innocently say or do something that offend others sensitive to issues over alcoholism, homosexuality, right to life, or lawyers. Demonstrating tolerance fosters tolerance. Instead of confronting, encourage questions. Provide calm, factual information when cultural stigmas slip past awareness.

## **Paying for correctness with our child’s self-esteem**

Political correctness too often becomes a weapon that cuts both ways. We have just seen it used to cut angrily into an innocent bystander who meant no harm. Now that bystander has a bad impression of people with epilepsy and has “learned stigma.”

Political correctness can harm the people it is designed to “protect” as well. In well-meaning attempts, there have been campaigns to teach people to use the term “person with epilepsy” and to encourage persons with epilepsy to assertively ask others to stop using “epileptic.” One of my concerns about this campaign is that



it teaches people with epilepsy to be offended by the use of the term “epileptic.” I have seen people erupt in anger or even cry when the word “epileptic” was used when talking to them.

I find this phenomenon fascinating. By choosing a single word, I can control someone else’s emotional state. Wow! What power that person has given me to control him. I wonder if I could do it again! Oooh, look how upset she is becoming! This is fun!

On occasion I do this deliberately to prove an important point. If the fanaticism of political correctness succeeds in teaching you and your child that she should be offended (*and* she has the right to be) if someone says “epileptic,” what just happened? Basically, she has turned over control of her emotions and self-esteem to someone else. By uttering a common word, a friend, teacher or a complete stranger can make her angry or sad or make her (and you) feel she is less of a person. The irony - there was no intent to insult, harm, or cause distress – it was just another cultural “leak.”

No amount of public campaigns can force society to select only those words that make your child feel good about himself. True self-esteem does not come from the words or behaviors of others. True self-esteem comes from within. Your child must believe in his own heart and mind that he is a worthwhile person. If you let anyone else teach him that the words another person uses entitle him to anger or indignation, you have put him at risk. He will have unconsciously learned to hand control of his self-esteem to others to step on at will (and almost always unintentionally.) Don’t fall into the trap of political correctness. It will gore your relationships and it can cut at your own well-being.

Public campaigns do have value in slowly ridding our culture of its stigmas. Political correctness is a useful part of this campaign if you are writing a textbook, creating a brochure, or presenting an educational program for public enlightenment. However, when you are talking with friends, neighbors, or strangers, political correctness may be courtesy but should never be required. Remember it is only a matter of time before you say something offensive that you didn’t mean. Let’s replace “correctness” with “understanding and tolerance.” Our friendships and the cause of epilepsy will flourish for it.

Make sure your child understands how important all the above is. Don’t let your child develop confrontational habits that teach stigma to others. Be sure your child shows tolerance and acceptance for others who are the unwitting victims of cultural biases. Friendliness and tolerance will almost always overcome prejudice. If kept up they will almost always succeed in forming a lasting bond.

## **Moving on**

In the articles on fear and stigma we have discovered for most children, the disability of epilepsy is a *learned disability*. That means you don’t have to teach it.

From now on you will have little trouble figuring out the right thing to do to teach competence and avoid teaching disability. The stigmas are pretty obvious, just as the fears were in last month’s article. The hardest thing remains *catching yourself making a parenting decision* that contains an unintended and disabling lesson of stigma for your child. Catching these decisions will take practice. Some will slip past you – decisions that on hindsight you would have made differently. Don’t worry about those; they are going to happen. Just learn from the circumstances the signs that one of those decisions is about to be made again. Your child will give you plenty of chances to get it right.

This series ends next month with the third challenge of epilepsy. We have already mastered fear and stigma. Next month we take on the guilt that has dogged you ever since your child’s first seizure. While

understanding the role of guilt in epilepsy will help your child become all that he or she can be, it will help you even more.