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Riding the Waves of AURA: Illness Narratives of Filipino Adolescents with Seizure Disorders

Heidi Ayako Meryljean C. Agbulos[1], Regie P. De Jesus[1], Niña Michaela I. Aragon[1], Charlotte N. Bonzo[1], Diana Marie E. Sandagon[1]

Dr. Yanga's Colleges, Inc., Bocaue, Bulacan, Philippines[1]

Corresponding Author:
Name: Heidi Ayako Meryljean C. Agbulos
Address: Dr. Yanga's Colleges, Inc., Bocaue, Bulacan, Philippines
E-mail: heidiayako22@gmail.com

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Abstract

Introduction: Seizure disorders are among the most common neurological conditions affecting adolescents and may disrupt developmental, emotional, and social functioning. Despite increasing global evidence, studies exploring the lived experiences of Filipino adolescents with seizure disorders remain limited. Objective: This study aimed to explore the lived experiences of Filipino adolescents with seizure disorders, focusing on their challenges, coping mechanisms, and perceived quality of life. Methods: A qualitative phenomenological design was utilized. Eight adolescents aged 12 to 18 years diagnosed with seizure disorders were selected through criterion sampling. Data were gathered using semi-structured interviews and analyzed using Colaizzi's method. Results: Four major themes were identified and collectively represented by the acronym AURA: Adversity and Anxiety, Uncertainty and Fear, Rising Above Adversity, and Acceptance and Personal Growth Through Experiences. Participants described stigma, emotional distress, and reduced autonomy resulting from the unpredictable nature of seizures. Despite these challenges, they demonstrated resilience through a range of coping strategies, family and spiritual support, structured routines, and gradual acceptance supported by meaningful social relationships. Conclusion: Filipino adolescents with seizure disorders experience complex emotional, social, and developmental challenges while demonstrating resilience through adaptive coping, social support, and acceptance. These findings underscore the importance of holistic, adolescent-centered care that integrates psychosocial support with clinical management to promote their well-being and quality of life.

Keywords:
Adolescents, Coping Behavior, Epilepsy, Quality of Life, Seizures

INTRODUCTION

Seizure disorders are among the most common neurological conditions that affect adolescents. A seizure is defined as uncontrolled and abnormal electrical activity in the brain that may result in changes in consciousness, behavior, memory, or emotions (Huff & Murr, 2023). Epilepsy is a neurological disorder characterized by an enduring predisposition to recurrent unprovoked seizures. However, not all seizure events indicate epilepsy, as seizures may also occur because of acute neurological, metabolic, infectious, or other medical conditions (Huff & Murr, 2023). According to Sievert (2023), seizures are broadly classified by the International League Against Epilepsy into focal and generalized types. Focal seizures begin in one area of the brain and can occur with or without awareness. In contrast, generalized seizures involve both hemispheres of the brain and include absence, myoclonic, tonic, clonic, tonic-clonic, and atonic seizures.

Globally, epilepsy accounts for a significant proportion of the world's disease burden, affecting around 50 million people, and the estimated prevalence of epilepsy in the Philippines is 0.9% (Moalong, Espiritu, et al., 2021; World Health Organization [WHO], 2024).

Although seizure disorders affect individuals across all age groups, their impact may be particularly significant during adolescence, a developmental period characterized by growth, self-discovery, and increasing independence. According to Erik Erikson's theory, the fifth stage of psychosocial development is identity vs. role confusion, typically occurring from ages 12 to 18. During this stage, adolescents seek to develop a coherent sense of self and personal identity through the exploration of personal values, beliefs, and goals (McLeod, 2024). However, for adolescents with seizure disorders, these developmental milestones can be disrupted. Adolescents with epilepsy often face stigma, discrimination, and social isolation that hinder them from participating fully in their community (Hansen et al., 2024).

Even though several studies have been conducted to explore seizure disorders among adolescents globally, limited local studies have examined the experiences of Filipino adolescents with seizure disorders. Most related local research has focused on epilepsy-care challenges, Google search behaviors regarding epilepsy, and the experiences of caregivers of individuals with epilepsy (Moalong, Espiritu, et al., 2021; Moalong, Jamora, et al., 2021; Torres et al., 2019). While these studies provide important insights into epilepsy-related behaviors and caregiving experiences, they do not directly capture the perspectives of adolescents living with seizure disorders. Moalong, Espiritu, et al. (2021) also reported that epilepsy research in the Philippines remains limited. The authors identified no published local study that specifically examined the lived experiences of Filipino adolescents with seizure disorders.

This study aims to bridge this gap by exploring the lived experiences of adolescents with seizure disorders, focusing on how they deal with daily challenges, healthcare access, societal stigma, and the impact of the condition on their well-being, including social, mental, and personal aspects.

METHODS

1. Design

This study employed a qualitative phenomenological design to explore the lived experiences of Filipino adolescents with seizure disorders. Phenomenology was selected because it facilitates an in-depth examination of how individuals interpret and assign meaning to their lived experiences (Lim, 2025). The design enabled the researchers to examine participants' emotional, social, and developmental challenges, the effects of seizure disorders on their daily lives, and the coping strategies they used to manage their condition.

2. Participants and Sampling Technique

Criterion sampling was used as the study's sampling technique. Criterion sampling involves selecting participants who meet predetermined eligibility criteria that are directly relevant to the phenomenon under investigation. According to Nyimbili and Nyimbili (2024), this approach differs from other sampling techniques because participant selection depends on the research question and target population. The participants were selected based on the following criteria: (1) adolescents aged 12 to 18 years, (2) diagnosed with a seizure disorder, and (3) currently residing in the Philippines. Participants were recruited through online postings in Facebook groups related to seizure disorders. The recruitment post described the purpose of the study, eligibility criteria, and the voluntary nature of participation. Interested individuals expressed their interest by commenting on the recruitment post or contacting the researchers through private message. The researchers then conducted an eligibility screening through private communication and provided additional information regarding the study objectives and interview procedures.

During screening, participants initially self-reported their age. For those younger than 18 years, age was subsequently confirmed by a parent or legal guardian during the consent process. A clinical diagnosis of a seizure disorder was initially established through participant or parent report and was verified during the online interview by requesting available supporting documents, such as a neurologist's prescription or medical certificate.

For participants younger than 18 years, written informed assent was obtained from the adolescent, together with written informed consent from a parent or legal guardian through separate electronic forms.

The identity and legal authority of the parent or legal guardian were verified through the completed electronic consent form and the introductory discussion before the interview. In several cases, the parent or legal guardian initially volunteered the adolescent for participation and joined the introductory portion of the online interview, which provided an additional opportunity to verify the parent–child or legal guardian relationship before the interview proceeded. Participants aged 18 years provided their own written informed consent. Interviews were scheduled only after eligibility had been confirmed and the appropriate consent procedures had been completed. Participants were informed that participation was voluntary and that they could withdraw from the study at any time without consequences.

A total of eight adolescents from different areas of the Philippines, including urban and semi-urban communities, participated in the study, enabling the researchers to capture varied contextual experiences of living with seizure disorders.

The sample size was considered sufficient for phenomenological inquiry because it allowed an in-depth exploration of participants' lived experiences. Data saturation was achieved after the seventh interview, with one additional interview conducted to confirm that no new themes emerged.

3. Semi-Structured Interview Guide

Semi-structured interviews were used to gather participants' responses. According to George (2022), a semi-structured interview is a method of data collection that involves asking questions based on a set of predetermined themes while allowing the exploration of additional topics as they arise during the conversation. The guide consisted of open-ended questions designed to explore the lived experiences of adolescents with seizure disorders, including their challenges, coping mechanisms, social interactions, and perceptions of quality of life.

The interview guide was initially prepared in English and underwent content validation by a psychometrician and a neurologist to ensure its clarity, relevance, and alignment with the study objectives. The Filipino-language version was subsequently reviewed by a Filipino language professional to ensure linguistic accuracy and preserve the intended meaning of the questions. Revisions were made based on expert feedback to improve the interview guide.

4. Data Collection Process

Data were collected through online semi-structured interviews conducted from February 2025 to May 2025. Participants who met the eligibility criteria and completed the required consent procedures were contacted to schedule interviews based on their availability and preferred date and time. Each interview lasted approximately 30 to 60 minutes.

The interviews were conducted by H.A.M.C.A., R.P.D.J., N.M.I.A., C.N.B., and D.M.E.S., who served as the primary instruments for data collection. Before each interview, the researchers explained the purpose of the study, the voluntary nature of participation, participants' right to withdraw at any time without consequences, and the measures implemented to ensure confidentiality. Interviews were conducted only after eligibility had been confirmed and the appropriate informed consent procedures had been completed. Interviews were conducted via Google Meet, Zoom, or Facebook Messenger video calls, depending on the participants' preference and accessibility. Although the video function was enabled to facilitate rapport and communication, only the audio was recorded, with participants' permission, to ensure accurate data collection while respecting participants' privacy and recording preferences. Semi-structured interviews allowed flexibility for probing and follow-up questions to obtain richer descriptions of participants' lived experiences. Audio recordings were transcribed verbatim and used for subsequent data analysis.

5. Data Analysis

The interview data were analyzed using Colaizzi's seven-step phenomenological method (Colaizzi, 1978). This approach emphasizes understanding the "essence" of an experience by systematically working through participants' narratives. Colaizzi's method involves a seven-step process, ensuring a systematic approach to data analysis while maintaining a strong connection to the raw data provided by participants: (1) familiarization with the data, where the researcher reads through all participant accounts several times to gain an in-depth understanding of the phenomenon being studied; (2) identifying significant statements, which involves extracting key statements relevant to the phenomenon under investigation; (3) formulating meanings, where the researcher interprets the extracted statements to derive meaningful insights aligned with the phenomenon; (4) clustering themes by grouping similar meanings into overarching themes that reflect shared aspects of participants' experiences; (5) developing an exhaustive description, where a comprehensive narrative of the phenomenon is created based on the identified themes; (6) producing the fundamental structure, which condenses the exhaustive description into a concise statement capturing the essence of the phenomenon; and (7) seeking verification, where the researcher presents the fundamental structure back to participants for validation and makes necessary revisions based on their feedback.

Data transcription, coding, and thematic organization were conducted manually by the researchers to maintain close familiarity with the participants' narratives throughout the analysis process.

6. Rigor and Trustworthiness

The criteria of trustworthiness proposed by Lincoln and Guba (1985) were applied, including credibility, transferability, dependability, and

confirmability. Credibility was established through member checking, wherein all the participants reviewed the findings to ensure accuracy. Transferability was enhanced by providing detailed participant profiles and a clear description of the study context, enabling readers to assess the potential transferability of the findings to similar settings. Dependability was ensured through thorough documentation of the research procedures, including data collection and analysis, to support auditability. Confirmability was achieved through the use of audit trails, ensuring that the findings were grounded in participants' data rather than researcher bias.

To minimize researcher bias during Colaizzi's process, the researchers practiced bracketing by consciously setting aside personal assumptions, beliefs, and prior knowledge related to seizure disorders throughout data collection and analysis. Reflective discussions were also conducted among the researchers to ensure that interpretations remained grounded in the participants' narratives and lived experiences.

7. Research Ethics

Ethical approval was obtained from the Ethics Review Board of Dr. Yanga's Colleges, Inc. prior to participant recruitment and data collection (DYCI-REC-2025-CHS05; approval date: February 25, 2025). All participants were informed about the purpose of the study, and participation was voluntary. For participants younger than 18 years, written informed assent was obtained from the adolescents through a signed electronic participant form, in addition to written informed consent from their parent or legal guardian, in accordance with the ethics-approved study protocol. Participants aged 18 years provided their own written informed consent before participation.

Confidentiality and anonymity were strictly maintained. Considering the sensitive nature of discussing personal experiences related to seizure disorders, anticipatory measures were implemented to minimize potential psychological distress during the interviews. Participants were informed that they could pause, decline to answer questions, or withdraw from the study at any time without consequences. Emotional reassurance was provided when participants exhibited signs of discomfort, and the interview process was conducted in a supportive and participant-centered manner to promote emotional safety and well-being. Following each interview, participants were provided with a debriefing statement to allow them to process the interview experience, address any concerns, and reinforce their right to seek support if needed.

Personal identifiers were removed, and pseudonyms were assigned to participants. All data were handled in accordance with the Data Privacy Act of 2012. Electronic research files, including audio recordings, interview transcripts, and consent forms, were securely stored in a password-protected Google Drive with access restricted to the researchers.

RESULTS

Table 1 presents the demographic characteristics of the participants. Eight adolescents participated in the study, with participants consisting of five males and three females. The participants represented a range of ages and seizure classifications, providing varied perspectives on the lived experiences of adolescents with seizure disorders.

Table 1. Demographic Profile of Participants (*N* = 8)

Participant ID	Age	Sex	Reported Diagnosis or Seizure Classification
A01	18	F	Juvenile Myoclonic
A02	18	M	Generalized
A03	17	M	Generalized
A04	18	F	Generalized
A05	12	M	Focal
A06	17	M	Focal
A07	18	F	Generalized
A08	18	M	Generalized

From the analysis of participants' narratives, several recurring patterns and shared experiences emerged, which were organized into four major themes. The four emergent themes identified in this study were collectively represented through the acronym AURA, which stands for Adversity and Anxiety, Uncertainty and Fear, Rising Above Adversity, and Acceptance and Personal Growth Through Experiences. The acronym reflects the progression of adolescents' experiences from the challenges and uncertainties associated with seizure disorders toward coping, adaptation, and personal growth. These themes collectively capture the multifaceted lived experiences of adolescents with seizure disorders and are presented in Table 2.

1. Theme 1: Adversity and Anxiety: The Multifaceted Struggles of Living with a Seizure Disorder

The first theme reflects the emotional, social, and physical challenges experienced by adolescents with seizure disorders. It addresses the difficulties encountered in their daily lives and includes two theme clusters: (1) stigma and social challenges; and (2) emotional and physiological impact.

1.1 Sub-theme 1: Stigma and Social Challenges

Adolescents with seizure disorders frequently experienced stigma and social challenges, including exclusion, bullying, and unequal treatment from classmates and teachers, leading some to become more cautious in social interactions and selective in disclosing their condition. A02 experienced being excluded and shared:

> *"It affected my communication with other people, and I can't avoid facing challenges like*

discrimination… like being in a group or event, and someone says, 'Oh, you're like this or that; you have seizures, you're not allowed here.'"

A04 expressed emotional distress caused by invalidation and comparison:

"Being compared to patients with more serious illnesses is hard. I know they are struggling too, but that doesn't make my own suffering any less or something that should be compared."

Table 2. Summary of Themes and Sub-themes

Themes	Sub-themes
Theme 1: Adversity and Anxiety: The Multifaceted Struggles of Living with a Seizure Disorder	1.1 Stigma and Social Challenges 1.2 Emotional and Physiological Impact
Theme 2: Uncertainty and Fear: The Battle for Control and Independence	2.1 Loss of Autonomy 2.2 Unpredictability of Seizures
Theme 3: Rising Above Adversity: Coping Mechanisms Amidst a Seizure Disorder	3.1 Emotional and Psychological Coping Strategies 3.2 Spiritual and Family Support 3.3 Personal Strength and Self-Motivation 3.4 Medication and Routine Management
Theme 4: Acceptance and Personal Growth Through Experiences	4.1 Self-Acceptance and Emotional Growth 4.2 Social Support and Relationships 4.3 Social Change and Advocacy 4.4 Reframing Life Goals and Finding Purpose

Note. Themes and sub-themes were derived from the qualitative analysis of participant narratives.

1.2 Sub-theme 2: Emotional and Physiological Impact

In addition to social challenges, adolescents described the emotional and physical burden associated with living with seizure disorders. Many reported constant anxiety, particularly related to the possibility of having a seizure in public. As A01 shared:

"There's always that fear... What if I collapse in front of them? What if I have a seizure? What if I miss an important activity? What if they laugh at me? What if they don't actually believe me? That's the fear that enters my mind every single day, and up to this day, I still can't get over it."

Public seizure experiences were described as emotionally traumatic. A01 recalled:

"I had a seizure in front of the whole class. That's when I really felt humiliated."

Adolescents also reported dizziness, severe headaches, and physical exhaustion. These symptoms often made them feel vulnerable. These experiences affected adolescents during seizure episodes and recovery, influencing their physical well-being, emotional state, and sense of vulnerability.

2. Theme 2: Uncertainty and Fear: The Battle for Control and Independence

This theme focuses on the difficulties experienced by adolescents in terms of uncertainty and fear, and how these factors influence the level of autonomy that adolescents with seizure disorders experience. This is divided into two sub-themes: (1) loss of autonomy; and (2) unpredictability of seizures.

2.1 Sub-theme 1: Loss of Autonomy

Adolescents reported changes in their level of independence following diagnosis. Adolescents described decreased self-sufficiency and increased reliance on others for everyday tasks and monitoring, particularly in circumstances when seizures may occur. A02 described this shift in independence:

"Before, I could do the things I enjoyed on my own, like swimming or staying at home alone. Now, I always need someone with me in case I have a seizure."

Although participants recognized their ability to perform activities independently, the need for assistance created a sense of dependence compared to their previous level of independence.

2.2 Sub-theme 2: Unpredictability of Seizures

Adolescents described seizures as unpredictable events that disrupt daily routines and require adjustments in activities and social engagement. A05 shared:

"It often makes me feel anxious because I keep overthinking, knowing that a seizure could happen at any time."

This reflects how uncertainty surrounding seizures influences adolescents' sense of control and approach to daily activities.

3. Theme 3: Rising Above Adversity: Coping Mechanisms Amidst a Seizure Disorder

This theme explores how adolescents handle the challenges posed by their condition. This emergent theme is divided into four sub-themes: (1) emotional and psychological coping strategies; (2) spiritual and family support; (3) personal strength and self-motivation; and (4) medication and routine management.

3.1 Sub-theme 1: Emotional and Psychological Coping Strategies

Living with a seizure disorder brings emotional and psychological challenges, and coping with these

requires different methods. Adolescents reported withdrawing emotionally as a way to protect themselves during difficult moments. A01 expressed:

> *"When I feel really stressed or low, I tend to push my friends away instead of reaching out, and I end up wanting to be alone most of the time."*

Adolescents also described experiencing anxiety and using self-soothing techniques to regain emotional control. A01 shared:

> *"Every morning while I'm lying down, I press against my arms. I don't really know why, but it helps me calm down."*

3.2 Sub-theme 2: Spiritual and Family Support

Relying on prayer, faith, and family was found to be helpful for adolescents in finding emotional solace and strength. Adolescents described prayer as a coping mechanism in times of loneliness and desolation. A05 noted:

> *"When I feel alone, I turn to prayer. I ask God to watch over me."*

Family members were consistently described as sources of encouragement and support during periods of physical fatigue and emotional distress. A07 stated:

> *"I turn to my family because they are the ones who can stay with me when I need support."*

3.3 Sub-theme 3: Personal Strength and Self-Motivation

Maintaining a positive outlook and self-motivation helped adolescents continue managing daily challenges. Adolescents verbalized making conscious efforts to maintain a positive outlook and continue with daily responsibilities despite limitations. A03 shared:

> *"I try to stay positive and no longer see my condition as something purely negative. I believe there may be a reason behind it."*

This illustrates how adolescents reframed their condition and developed resilience through self-motivation and a positive outlook.

3.4 Sub-theme 4: Medication and Routine Management

Managing medications and everyday routines was highlighted as a key coping mechanism. Adolescents reported utilizing reminders, alarms, and task planning to improve medication adherence and maintain organization in their daily lives. Some respondents also mentioned altering routines when access to medicine was limited. A03 shared what they do when they are not able to buy medications:

> *"It comes down to self-discipline. When I can't take my medication due to lack of supply or money, I do my best to avoid triggers."*

This account reflected barriers to medication access and the strategies participants used when prescribed medication was unavailable. A06 also shared:

> *"They bought me an alarm to help manage the time for taking my medication... It helps."*

Task planning also served as a strategy used by adolescents to manage their daily routines, as writing down tasks and creating schedules helped ensure that important activities were not missed. A07 mentioned:

> *"What I do is I schedule my daily tasks so I can make my tasks easier to manage."*

This illustrates how adolescents use practical strategies to organize daily activities and maintain a sense of control over their routines.

4. Theme 4: Acceptance and Personal Growth Through Experiences

This theme highlights the diverse experiences of adolescents with seizure disorder and their perceptions of quality of life. This theme encapsulates how adolescents find meaning and strength in their challenges and is further divided into four sub-themes: (1) self-acceptance and emotional growth, (2) social support and relationships, (3) social change and advocacy, and (4) reframing life goals and finding purpose.

4.1 Sub-theme 1: Self-Acceptance and Emotional Growth

Self-acceptance and emotional growth emerged as important aspects of adolescents' adaptation to living with a seizure disorder. Participants described feelings of sadness, confusion, and difficulty accepting their diagnosis, particularly during the early stages of the condition. Over time, many gradually accepted their condition as they adjusted to changes in their daily lives and personal identity. A08 shared:

> *"I often feel so sad... I started to cry... I know it's probably because of this disorder that I can't still accept."*

Others described how acceptance gradually developed through time and the support of their loved ones. A02 stated:

> *"I accepted my seizure disorder within a year."*

Participants also described the challenges of adjusting to a new lifestyle after their diagnosis. A05 mentioned:

> *"I'm still adjusting and I can't do the things I used to do."*

These experiences illustrate that self-acceptance is a gradual process of emotional adjustment as adolescents learn to adapt to the changes brought about by their seizure disorder.

4.2 Sub-theme 2: Social Support and Relationships

Adolescents indicated that comfort, support, and practical aid from family members helped them deal with psychological distress and physical limitations. Peer support was also cited as an aid in sustaining social inclusion and emotional stability. A01 stated:

> *"Thinking about my family keeps me going."*

This statement reflects the important role of family relationships in motivating adolescents to continue despite the challenges of living with a seizure disorder. A02 remarked:

"My friends made sure I felt included, invited me out, and checked on me. They understood my limits and respected what I could and couldn't do."

Strong, empathic relationships help reduce the emotional and psychological effects of seizure disorders, while social support improves coping and overall well-being.

4.3 Sub-theme 3: Social Change and Advocacy

Living with a seizure often compels adolescents to not only navigate personal challenges but also confront social misconceptions and stigma. Over time, these experiences can inspire a desire to advocate for greater awareness, understanding, and change in society's perception of their condition. A03 asserted:

"I think educating people about our condition would help reduce the way they misunderstand seizures."

The desire for social change often develops from experiences of marginalization, motivating adolescents to promote awareness for themselves and others with similar experiences.

4.4 Sub-theme 4: Reframing Life Goals and Finding Purpose

Adolescents with seizure disorders often experience changes in life goals and sense of purpose as they adapt to their condition. Changes associated with the condition may disrupt earlier aspirations, requiring adolescents to reconsider their goals and reframe what purpose means to them. A08 described the following experience:

"My dream of becoming a soldier may not be possible because of my condition and the risks it brings. Still, the people who support me and keep fighting inspire me to keep going."

These experiences demonstrate how adolescents gradually reframe their aspirations and find new meaning despite the limitations imposed by seizure disorders.

DISCUSSION

The findings of the present study illuminate the lived experiences of Filipino adolescents with seizure disorders, highlighting the emotional, psychological, social, and developmental challenges that shape their daily lives.

Stigma, fear, and misunderstanding significantly contribute to persistent emotional distress, reflecting the challenges described under the theme "Adversity and Anxiety: The Multifaceted Struggles of Living with a Seizure Disorder." Findings suggest that adolescents experienced both enacted and felt stigma, reflected through experiences of discrimination and fear of negative judgment. This is consistent with the systematic review by Kwon et al. (2022), which reported that individuals with epilepsy commonly experience both felt and enacted stigma influenced by social attitudes and contextual factors. A strong desire to be treated equally by peers and teachers was evident. Similar findings were reported by Hansen et al. (2024), who noted that adolescents with seizure disorders strive for social inclusion but frequently encounter stigma.

As a result, their social relationships were affected, with some choosing to isolate themselves due to fear of being misunderstood. This finding aligns with Ragni et al. (2020), who suggested that peer relationships and autonomy are the areas most affected by seizure disorders in adolescents. Similarly, Mohan and Bharathi (2023) stated that adolescents with seizure disorders feel they have limited control or mastery compared to their peers without the condition. These challenges were particularly evident in school settings, where the unpredictability of seizures heightened anxiety about experiencing an episode in public and contributed to difficulties in social interactions. In support of this, Ragni et al. (2020) observed that teenagers view school as one of the least reassuring settings for having a seizure because of the potential for unfavorable responses from classmates and teachers.

These experiences extend beyond social stigma and influence adolescents' sense of control and independence, as reflected in the theme "Uncertainty and Fear: The Battle for Control and Independence." Adolescents were found to experience a persistent loss of control and independence, influenced by ongoing fear and uncertainty. Many reported experiencing anxiety due to the unpredictable nature of seizure episodes, a finding supported by Weiss et al. (2022), who identified seizure phobia, a form of anticipatory anxiety in people with epilepsy characterized by fear and avoidance of seizure-related situations. Fear of losing bodily control affected adolescents' sense of autonomy, safety, identity, and psychological well-being. These findings are in line with Hansen et al. (2024), who emphasized that limitations, stigma, and discrimination associated with seizure disorders can limit independence and strain interpersonal connections.

These findings indicate that restrictions imposed by seizure disorders interfere with adolescents' pursuit of age-appropriate autonomy and independence. Condition-related limitations hindered these activities, affecting adolescents' development of autonomy (Ragni et al., 2020).

In response to these challenges, adolescents employed various coping strategies, aligning with the theme "Rising Above Adversity: Coping Mechanisms Amidst a Seizure Disorder." Findings suggest that coping is a continuous process involving cognitive, emotional, and social resources. This is consistent with the literature on chronic illness management, where coping strategies are linked to self-regulation, resilience, and support systems (Moser et al., 2020; Rozensztrauch & Kołtuniuk, 2022). Adolescents expressed emotional distance or detachment from others, indicating emotional disengagement as a way of managing excessive stress and avoiding overwhelming social interaction (Brown et al., 2021).

In addition to avoidance, the use of self-soothing strategies such as tapping their shoulders, massaging their arms, and meditation was reported as a way to reduce anxiety and relieve emotional distress. This aligns with Tanner et al. (2023), who stated that adolescents frequently use self-management techniques, such as meditation, deep breathing, and mindfulness, to control stress and functional seizures. These coping behaviors suggest deliberate efforts by adolescents to regulate emotional responses during periods of heightened anxiety and perceived seizure risk.

Spiritual and family support underscore the role of faith and family in helping adolescents cope emotionally and address the physical toll of the condition. Reliance on prayer and faith was commonly described as a source of emotional solace. This finding is consistent with Deak and Mengga (2023), who suggested that praying as a coping mechanism can be more beneficial in the healing process when it is not merely a natural human reaction to distress but is also accompanied by a consistent connection with God. Strong family support emerged as an important factor in promoting resilience, consistent with Graham-Rowe et al. (2023), who identified family support as a protective resource in dealing with chronic and mental health issues.

Furthermore, maintaining a positive outlook and self-motivation were revealed as essential coping techniques, which align with Moser et al. (2020), who identified resilience as a predictor of life satisfaction in people with chronic diseases. Medication and routine management were also important coping strategies. Although adherence was considered critical for seizure control, financial constraints occasionally led to missed doses, consistent with Awan et al.'s (2022) findings on affordability-related nonadherence. Despite these limitations, adolescents demonstrated a strong commitment to managing their condition through disciplined routines and behavioral modification.

As adolescents continue to navigate these challenges, their experiences gradually shift toward adaptation and meaning-making, reflected in the theme "Acceptance and Personal Growth Through Experiences." Acceptance emerged as an important indicator of effective illness adaptation and has been linked to increased engagement in self-management and health-promoting behaviors (Khazew & Faraj, 2024). Initially, several adolescents struggled with frustration, denial, and confusion before gradually adapting through personal experiences and environmental influences. Mayor et al. (2021) emphasized that social support significantly helps adolescents in terms of emotional adaptation and acceptance. Similarly, Walker and Peterson (2024) noted that consistent emotional validation and practical assistance from a strong support system reduce feelings of isolation and strengthen self-confidence.

Conversely, non-acceptance correlated with enduring negative emotions, impaired psychological adjustment, heightened susceptibility to depression, decreased self-care motivation, and social retreat (Khazew & Faraj, 2024; Walker & Peterson, 2024). Some adolescents demonstrated a transition from experiences of distress and stigma toward a desire to promote awareness and understanding of seizure disorders. This finding reflects a process of resilience and meaning-making, wherein challenging experiences were gradually reframed into opportunities for personal growth and advocacy. Advocacy and goal reframing may facilitate adaptation by restoring a sense of control and aligning aspirations with personal capabilities, emphasizing the significance of ongoing psychological support during the acceptance process.

Implications for Practice and Future Research

The findings of this study highlight the importance of adopting holistic, adolescent-centered approaches in the management of seizure disorders. In nursing practice, care should extend beyond clinical management to include patient education on seizure triggers, medication adherence, and emotional support to help adolescents cope with fear, stigma, and uncertainty. At the policy level, strengthening school- and community-based awareness programs and improving access to affordable neurological services are essential in creating safer and more supportive environments. For future research, studies involving more diverse populations and care settings are recommended to enhance the applicability of findings. Further exploration of the perspectives of caregivers and healthcare providers, as well as the evaluation of nursing interventions and psychosocial support strategies, may contribute to improving outcomes among adolescents with seizure disorders.

Limitations

This study has several limitations. The small and purposively selected sample limits the range of experiences represented and may restrict the transferability of the findings to other adolescent populations or healthcare contexts. Online recruitment through Facebook groups may have favored adolescents with internet access, social-media engagement, and a willingness to disclose their condition, potentially excluding those with limited connectivity, greater illness severity, or stronger concerns about stigma. Additionally, data were collected through online interviews, which may have limited the depth of interaction compared to face-to-face methods. Despite these limitations, the study provides meaningful and in-depth insights into the lived experiences of adolescents with seizure disorders, which can help inform nursing practice, education, and future research.

CONCLUSION

This study explored the lived experiences of Filipino adolescents with seizure disorders and how these experiences influence their daily functioning, coping, and identity. The findings show that adolescents' experiences are shaped not only by the condition itself but also by the emotional, social, and sociocultural contexts surrounding it. While stigma, fear, and uncertainty continue to affect autonomy and psychological well-being, adolescents demonstrate the capacity to adapt through coping strategies, social support, and gradual acceptance. These findings highlight that adolescents are active agents in managing their condition rather than passive recipients of care. This study adds to the limited local literature by centering on the direct perspectives and lived experiences of Filipino adolescents with seizure disorders, providing insights beyond caregiver-focused and behavior-based research. This study contributes to health science by emphasizing the need for holistic, adolescent-centered approaches that extend beyond clinical management to include psychosocial support, stigma reduction, and the development of supportive environments that promote resilience and overall well-being.

Author Contributions

Conceptualization: Heidi Ayako Meryljean C. Agbulos, Regie P. De Jesus; Methodology: Heidi Ayako Meryljean C. Agbulos, Niña Michaela I. Aragon, Charlotte N. Bonzo, Diana Marie E. Sandagon; Data Collection: All authors; Analysis: All authors; Writing – Original Draft: All authors; Writing – Review & Editing: Heidi Ayako Meryljean C. Agbulos, Regie P. De Jesus.

Data Availability Statement

De-identified data supporting the findings may be available from the corresponding author upon reasonable request, subject to ethics approval, parental consent provisions, adolescent confidentiality, and applicable data-protection requirements.

Conflict of Interest

The authors declare no conflicts of interest.

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Declaration of Use of AI in Scientific Writing

The authors used ChatGPT (OpenAI) solely as an AI-assisted tool for grammar checking, language refinement, and improvement of manuscript readability during the preparation and revision of this manuscript. ChatGPT was not used for data collection, data analysis, interpretation of findings, or generation of study results. The authors reviewed and approved all manuscript content and take full responsibility for its accuracy, integrity, originality, and scientific content.

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