



# HYPNOTIC TREATMENT OF NONEPILEPTIC SEIZURES

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## **Abstract:**

*A brief, hypnotically oriented, consultation intervention is described in which the hypnotic operator (DHC) consulted conjointly with the primary care psychotherapist in an attempt to integrate brief hypnotherapy into the ongoing cognitive-behavioral psychotherapy of an NES patient.*

## **Introduction**

Nonepileptic seizures (NES) may account for from 10-20% of unremitted patients diagnosed with chronic seizure disorder. (Betts, 1999) Currently, there are no disorder-specific treatments for NES and those that remain refractory to pharmaceutical treatments and cognitive-behavioral therapies are often costly to health care facilities and insurance companies.(Betts, 1999)

The literature regarding psychological approaches to the treatment of NES is limited to 20 reports. (LaFrance W., Barry,J., 2005) Of those, there is one published study of a successful hypnotic treatment of a NES patient. (Bush, Barry, Spiegel, et al 1992). In a review of treatment studies of NES, including hypnosis,

Brooks, Baker, et al (2008), concluded that there was no reliable evidence to support the use of any treatments for NES. This may be true, in part, because NES is not one discrete disorder and can be symptomatic of a range of disorders from neuropathology, family conflict and a history of trauma. (Bowman and Barkand, 1996; Krishnamoorthy, Brown & Trimble, 2001)

In the present paper the authors describe a brief consultation/intervention model in which hypnotherapy is interjected into an ongoing cognitive-behavioral psychotherapy case of a NES patient. In the first two hypnotic consultation sessions, a total of four hypnotic trances were employed in an attempt to quickly involve the subject unconsciously while targeting



the subject's seizures in an attempt to integrate their function into the ongoing and consciously oriented psychotherapy process. The hypnotic process involved quickly training a naive hypnotic subject to develop sequential dissociative states in preparation for deeper trances suitable for therapeutic exploration with the goal of altering seizure activity.

### **Case Report**

The subject (S), a female in her mid thirties, had developed NES seizures one year after the death of her father. For the next seven years she was treated by a neurologist with anticonvulsants and, separately, psychotherapy, without remission. She was referred to the primary psychotherapist (PP) by her boss, a psychiatrist, who had accepted the case from the S's internist following a hospitalization for extensive testing. DHC was invited by PP to join her with the subject for the purposes of introducing hypnotherapy.

By the end of the first hypnotic interview with the S., a medium trance was induced and ideomotor signaling was established and employed to deepen her trance experience. (Clayton, 1992) Prior to the beginning of the second interview, DHC arranged to have a cup of water placed on the floor next to PP's chair. At the end of the first trance of this second interview, DHC gave the following post hypnotic suggestion. "When you awaken you will see a paper cup sitting on the floor next to your counselor's chair. That cup is filled with drinking water. You may ask to have a sip of that water, and, if you do, the

cup will be handed to you immediately. After you take your first sip of water, suddenly, but not immediately, a rush of issues confronting our society will come to your mind whereupon you can begin discussing any one you choose. In the process of discussing a social topic, you may have a second and a third sip of water. Only after finishing your fourth sip, will you develop yet another hypnotic trance. Do you understand? (S. nods). Do you have any objections to carrying out this task? (S. shakes her head). Upon awakening, the subject immediately stated that she remembered what DHC had instructed her to do. DHC responded by confirming the accuracy of the S's recollection and then asked if she was thirsty. The S. responded by asking to have the cup of water passed to her, whereupon, she proceeded to place the cup securely on her lap but did not drink. DHC then asked her if she wanted to see what happened when she took a sip of water. The S. responded by nodding her head "yes" and then took a sip. Almost immediately the S's eyes glassed over, became motionless but didn't speak. After a short pause, DHC asked S. what social issues she was thinking about, to which she responded by shaking her head. DHC responded by saying, "religion, politics, the environment?" S. interrupted and stated, "sexual trafficking of children in foreign countries". A brief conversation ensued regarding which countries and what coordinated efforts would be required by the various nations to stop sexual trafficking. As the subject talked, she casually took two more sips of water and then fell silent. Upon taking



the fourth sip of water she began showing signs of emotional distress and she began to have uncoordinated muscle movements on the right side of her body. When asked what was happening, she stated that she might be having a seizure. DHC suggested that now would be a good time and place to have a seizure so that he and her counselor could witness and better understand the type and nature of her seizures. Instead of developing a seizure, the S. became quiet, stared straight ahead, her eyes fixed on a spot on the opposite wall while her body remained immobile. After several minutes of intensive staring, the S. began to talk about different events in her childhood, including the function of her seizures which she believed kept her from being filled with the fear of abandonment by her mother. Finally, she was asked a series of “yes” and “no” questions to which she responded with the same ideomotor signals that had been established in the initial trance. The focus of these “yes” and “no” questions was for the S. to narrow down a time frame in which she thought she would be seizure free. After considered thought, she decided upon a month long time frame during which she’d cease to have her seizures.

As of the writing of this article the S. has been seizure free for six months. Most recently, she reported an “almost” seizure precipitated by a friend arriving a half hour late for shopping date for a new outfit she was buying in preparation for a job interview in a far away city. She reported that during that episode her mouth was twitching and arm started shaking but she never

lost consciousness as before. After her interview, the S. was offered the job, which she accepted. She moved out of her hometown and away from her mother.

### **References:**

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