There NEADS to Be Another Way: Treating Non-Epileptic Attack Disorder Using Hypnotherapy

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Abstract
Many different words are used for Non-Epileptic Attacks (NEAs). The more commonly used terms include non-epileptic seizures, non-epileptic events, dissociative seizures, pseudo seizures, pseudo epileptic seizures, psychogenic seizures, functional seizures, and conversion seizures. For the purpose of this paper, I will refer to the condition as Non-Epileptic Attack Disorder (NEAD).

This paper explores using hypnotherapy to treat a female patient with NEAD in her early 20s who had recently become pregnant. Her GP withdrew the medication for her NEAD condition, while at the same time her very loving and supportive parents sought an alternative treatment option.

Emma, as she is referred to in this paper, experienced between six to eight seizures a week on average. She also suffered from high levels of anxiety and stress, coupled with low self-esteem and confidence due to many years of bullying at school.

Emma had six sessions of hypnotherapy and during that time her seizures reduced in number and intensity to the point where she had had no seizures in nearly five weeks. Additionally, Emma and her parents saw a significant reduction in her anxiety and stress levels. She also saw major improvement in her sleep, confidence and self-esteem.

Emma's parents were keen to use hypnotherapy with her through childbirth as well. However, Emma had to have an emergency caesarean section before this could eventuate and she gave birth in early 2018.

This paper explores the patient's background medical history, the hypnotherapy approach, and how she responded to the treatment she received.

Introduction

NEAD can often be misdiagnosed as epilepsy. NEAD is a condition that is not caused by abnormal electrical activity in the brain (like epileptic seizures). It is instead caused by the brain unconsciously shutting down in response to psychological trauma including anxiety and stress. People who suffer from NEAD often lose consciousness as a result of the seizure and a loss of bladder control (Non-Epileptic Attacks, 2018).

Having so many different names for the same condition can be confusing. However, all names describe the same thing—attacks, which mimic epileptic seizures, but are not caused by abnormal electrical activity in the brain (epileptic activity).

It is estimated that between 10,000 and 15,000 people experience NEAD in the UK (Non Epileptic Attack Disorder, 2018). The number of people who experience NEAD in Australia is unknown.

1. *Current Methods of Treatment for NEAD*

Anti-epileptic medication will not work unless the patient also has epilepsy (Non-Epileptic Attacks, 2018). Most often patients will be referred for psychotherapy, usually Cognitive Behavioural Therapy (CBT) (Non-Epileptic Attacks, 2018). If anxiety or depression are present then the patient will be offered medication to help with those conditions. On some occasions, once the patient has a definite diagnosis and also gains an understanding about what is going on, the non-epileptic attacks can occur less often and may stop altogether.

2. *Background*

Emma's parents discovered at her birth that she had a cut on her face, which almost penetrated through the thickness of her lip and part of her right cheek. After investigating the issue, they found out this would most likely to have occurred just prior to Emma being born when her mother was subjected to an amniocentesis procedure to check the maturity of her lungs.

When Emma was born, her Apgar score (Kids Health, 2018) appeared normal. An Apgar score is a test given to newborns soon after birth. This test checks a baby's heart rate, muscle tone, and other signs to see if extra medical care or emergency care is needed. Five minutes after her birth Emma's Apgar score fell from 7 out of 10 to 4 out of 10. Emma was born by caesarean section.

At four months old, her parents noticed that Emma was only using one side of her body to reach for things and her GP referred Emma to a paediatrician. The paediatrician saw Emma when she was six months old. Emma underwent a Magnetic Resonance Imaging (MRI) scan to determine if she had any brain damage. The paediatrician advised Emma's parents that she had had a stroke—most likely on the morning she was born. The damage had caused left side hemiplegia, a paralysis of one side of the body, as the right brain had been affected. It is unclear if the amniocentesis procedure was a contributing factor. At six months, Emma was also diagnosed with cerebral palsy.

At one year of age, Emma had an Encephalogram (EEG) where it was determined that she would have severe epilepsy some time later in life and was immediately placed on anticonvulsant drugs. At that stage Emma was prescribed a low dosage of Epilim (News Medical Life Sciences, 2018), an epileptic preventative treatment. By the time she was four years of age it was noticed that the drug also assisted in calming her down and reduced the mood swings that she had been experiencing.

When Emma was 10 years old, she saw a neurologist who determined that while she did indeed have cerebral palsy, she did not have epilepsy, and would need to see a psychiatric neurologist as she had NEAD. Emma only began experiencing seizures when she was around 16 years old. Over the next five years she experienced between six to eight seizures a week. She was unaware when a seizure struck and only comprehended it after the attack had occurred when it felt like she had suffered severe cramping throughout her body.

The seizures affected Emma's quality of life to the point that everyday functioning became difficult. Emma needed some level of support in her life and had some learning difficulties.

When she was 20, Emma found a partner and subsequently fell pregnant. Her doctor immediately took her off her medication out of concern it could potentially harm the foetus.

The doctors suggested that Emma's seizures would most likely increase as a consequence of her pregnancy, as well as being taken off the drugs. An alternative treatment option was sought and her parents agreed to Emma seeing a hypnotherapist because a nurse suggested hypnotherapy, mentioning how it had helped other patients with an array of issues.

3. *Method*

Emma's first appointment focused on information gathering and exchange, and lasted approximately 30 minutes. Emma's parents were present in the room to discover if hypnotherapy could potentially help her.

After our initial chat, Emma's parents were keen for Emma to proceed. I then conducted a private 10-minute conversation with Emma so I could gauge if and how she could be treated using hypnosis. During this time, I utilised a gentle waking hypnosis technique (Yapko, 2012, p.41) with her. Emma found it difficult in this initial session to chat or make herself clearly understood, generally giving only short answers or shrugging her shoulders. This was likely to her being alone with someone she did not know. However, I assessed that it was possible to treat her with hypnosis as she has a very creative side to her.

In the first session Emma's parents also mentioned that she had been bullied at school and as a consequence had suffered throughout most of her life from anxiety,

stress, low confidence and low self-esteem. This became the focus of the hypnosis treatment with the aim of reducing Emma's levels of anxiety and stress and at the same time to help her improve her sense of self-worth.

4. *Treatment and Results*

Emma's parents suggested keeping language to short simple sentences. I utilised these in order to induce a trance-like state in a way that would suit her based around discussions with Emma and her parents, as well as the types of things Emma liked such as art and music. She appeared very receptive to hypnosis and went into trance quite easily after a slightly longer induction. I constructed and used simple childlike fairy-tale type metaphor approaches. During each trance session, Emma remained still with the occasional Rapid Eye Movement (REM).

Emma has difficulty with communication and was not very forthcoming with information in a waking state. When answering questions, she tended to shrug her shoulders, occasionally smile and was not very expressive. I gleaned sufficient information from her to discover more about her creativity—she painted and liked to sing. Her parents offered further guidance so I could develop appropriate treatment strategies. I used this information to customise a style of hypnosis and types of suggestions specifically for her in order to narrow the focus of each session and improve her situation, reduce anxiety and increase her confidence as each session progressed. A priority for the first session was in the application of amnesia (Yapko, 2012, p.220) to assist Emma in letting go of past trauma. Amnesia was also utilised in the second and third sessions to further reduce past trauma.

Emma was unaware of what had taken place throughout each trance session. However, some of the positive changes she experienced related directly to the suggestions given while she was in hypnosis. Furthermore, the outcomes sought during hypnosis were observed by her parents after the sessions. This was mostly prevalent in what Emma said during full waking consciousness on a day-to-day basis in between sessions, which were out of character for her. While she was under hypnosis during the second session, Emma had a seizure which was treated as an abreaction (Yapko, 2012, p.362). Emma was aware after the trance session that she had had a seizure due to residual tension in her body. However, after further discussion with Emma's parents, it appeared that utilising Yapko's abreaction approach had reduced the usual length of the seizure from eight to ten minutes to approximately three minutes.

Throughout treatment, conversation with Emma was limited. Most of the feedback and input came from her parents. Occasionally, I received feedback from Emma in the form of an expression on her face such as a smile which suggested she was pleased with herself.

Interaction with Emma did improve as the hypnosis sessions progressed and she felt more comfortable with the therapy and more aware of positive developments, resulting from the treatment. During subsequent visits, Emma's confidence levels

had increased and she said things to her parents that indicated she was feeling bolder than she had previously been. Additionally, Emma noticed a reduction in her anxiety levels. Her parents remarked on that as well.

Prior to therapy Emma had problems sleeping, experiencing poor quality sleep for short periods, waking up frequently and wandering around the house and disturbing the rest of the family. As her treatment progressed her quality of sleep improved after the sessions to the extent that she went to bed of her own accord between 8.00pm and 9:30pm and went straight to sleep. Emma still continued to experience some broken sleep patterns, however, she found it possible to return to sleep in contrast to her situation prior to hypnotherapy.

As her treatment progressed, it was noted that when Emma attended her Mai-Wel (The Mai-Wel Group, 2018) – a Creative Arts Program, which provides an avenue for self-awareness and creative expression through participation and skills development in singing, dancing, drama, performance, arts and craft – that the art teacher commented repeatedly over a number of weeks that Emma appeared to be more focussed and relaxed when painting. Emma's parents also noted considerable improvement in this behaviour.

Emma's parents also saw enormous improvements in her self-esteem, confidence, and an increase in her ability to cope with the seizures, as well as a significant reduction in her anxiety levels.

Emma's seizures reduced to one a week after the first session, but returned again to four to six times a week, albeit with a reduced level of intensity, after the second session. From the third to sixth session, Emma experienced occasional seizures, followed by a period of five weeks with no seizures at all. After the sixth session, the seizures returned, increasing in number and severity than before. During this time, she would fall and so needed to be more closely supervised.

The hypnotherapy treatment stopped after Session 6 in order to focus on keeping Emma safe and so she could be closely monitored by medical staff. After frequent visits to the hospital over a two-week period, the doctors suggested the huge hormonal changes in Emma's body due to her pregnancy, as well as her withdrawal from the medication she has been on for so long, were the likely causes of the increase in seizures.

Because Emma's parents had reported witnessing a continued improvement in her confidence and a reduction in her anxiety levels during the hypnotherapy sessions, they were keen to use hypnotherapy for Emma through childbirth as well. However, Emma had an emergency caesarean section before this could eventuate and she gave birth early in 2018.

In the three months after the birth of her baby, Emma had three further hypnotherapy sessions, resulting in no seizures during that time and only minor twitching around her eyes.

Conclusion

Treating NEAD using hypnosis was a challenge in that it required a very flexible approach and innovative ways to deliver the right treatment options using simple, yet creative sentences and metaphors, crafted specifically for this client. Secondly, it was important to find different ways to measure the effectiveness of the treatment, especially as Emma was not very communicative. This was made easier in this particular case with such loving and supportive parents who wanted the best for their daughter. Their guidance and my own observations made the task easier.

As mentioned previously, between March and May 2018 Emma had three further hypnotherapy sessions and has had no seizures in that time, except for minor twitching around the eyes, and appears to be an overall more confident and more relaxed young woman.

During and since that time, Emma's parents have reported the following positive changes in Emma: a significant reduction in her overall anxiety levels, an improvement in her ability to cope with everyday stress, better confidence, improved sleep, and an almost elimination of the seizures three months after the birth of the baby, which they have attributed to the hypnotherapy sessions.

I look forward to seeing Emma return in the near future for more hypnosis in order to keep her anxiety and stress levels down, as well as to continue building her confidence and self-esteem now that she has a baby to look after.

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Jerry Knight

Jerry has had an extensive career in the UK military (Royal Navy) and Australian Defence Force (ADF). Jerry has travelled throughout his life and estimates that he has visited over 100 countries and has lived in eight—Germany, USA, Yemen, Norway, England, Wales, Scotland and now Australia.

Jerry saw combat in five conflicts—the Falklands War, Kosovo, Macedonia, Sierra Leone and Iraq.

Jerry was invited to join the Royal Australian Navy (RAN), arriving in Australia in 2009. As part of his role he served in Southern Lebanon, Israel and the Sinai desert in Egypt.

Jerry then fulfilled a long-term ambition and trained as a hypnotherapist in 2013 at the Australian College of Hypnotherapy (ACH) in Sydney. He has a key focus on Post Traumatic Stress Disorder (PTSD), anxiety, depression, stress, phobias, sport and works with a wide range of patients such as military personnel, domestic violence survivors, rape victims, and children, and on presenting problems such as bullying, body image, confidence, and self-esteem issues.

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