

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

Have you ever heard of Non-Epileptic Attack Disorder (NEADS)? I certainly hadn't until a couple came into the practice asking me to help their daughter with the condition. So, between appointments, I quickly acquired as much knowledge as I could.

Many different terms are used for Non-Epileptic Attacks (NEAs). The more common ones include psychogenic non-epileptic seizures (PNES), non-epileptic seizures, non-epileptic events, dissociative seizures, pseudo-seizures, pseudo-epileptic seizures, functional seizures, and conversion seizures. I will refer to the condition as NEAD.

This article explores using hypnotherapy to treat a female patient with NEAD in her early 20s who had recently become pregnant. We will call her Emma to protect her confidentiality. Emma's GP withdrew her medication, and her very loving and supportive parents sought an alternative treatment option.

NEAD can often be misdiagnosed as epilepsy. However, 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

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in response to psychological trauma, including anxiety and stress. People who suffer from NEAD often lose consciousness as a result of the seizure and may experience a loss of bladder control. It is estimated that between 10,000 and 15,000 people experience NEAD in the UK. Current methods of treating NEAD are psychotherapy, usually Cognitive Behavioural Therapy (CBT), and medication for anxiety and depression if present.

Emma had a long and complex medical history. She had had a stroke, most likely on the morning she was born, and at 6 months old was diagnosed with cerebral palsy. At 1 year old, it was determined that Emma would have severe epilepsy and she was immediately placed on anticonvulsant drugs. At 10 years old it was determined she did not have epilepsy, but NEAD. Emma only began experiencing seizures when she was 16 years old, experiencing between six and eight episodes a week. She was unaware when a seizure struck and only comprehended it after the attack had occurred, when it felt as if she had suffered severe cramping throughout her body.

Seizures affected Emma's quality of life, and everyday functioning became difficult. Emma needed a level of support in her life and had some learning difficulties. When she was 20, Emma found a partner and subsequently became pregnant. Her doctor immediately took her off her medication out of concern that it could potentially harm the foetus. The doctors suggested that Emma's seizures would probably increase as a consequence of both her pregnancy and being taken off the drugs. An alternative treatment option was sought, and her parents selected hypnotherapy.

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

After our initial chat, Emma's parents were keen for Emma to proceed. I then conducted a private ten-minute conversation with Emma so I could gauge whether and how she could be treated using hypnosis. During this time, I utilised a gentle waking hypnosis technique with her. Emma found it difficult in this initial session to chat or make herself clearly understood, giving only short answers or shrugging her shoulders.

Emma's parents indicated that she had been bullied at school and, as a consequence, had suffered most of her life from anxiety, stress, low confidence and low self-esteem. This became the focus of the hypnosis treatment.

Emma's parents suggested keeping language to short simple sentences. She appeared very receptive to hypnosis and went into trance quite easily, after a slightly longer induction. I constructed simple, childlike, fairy-tale-type metaphors. 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. I later found out that she painted and liked to sing. Her parents offered further guidance so I could develop appropriate strategies. A priority for the first session was the application of gentle amnesia suggestions to assist Emma in letting go of past traumas. Amnesia was also utilised in the second and third sessions.

Emma was unaware of what had taken place throughout each trance session. The outcomes sought during hypnosis were observed by her parents between the sessions. This was mostly in what Emma said on a day-to-day basis, identifying anything out of character for her. While she was under hypnosis during the second session Emma had a seizure,

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which was treated as an abreaction. 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 the abreaction approach had reduced the usual length of the seizure from eight to ten minutes to approximately three minutes.

Most feedback and input came from her parents. Occasionally, I received feedback from Emma, such as a smile, which suggested she was pleased with herself.

Interaction with Emma improved as the hypnosis sessions progressed and as she became more aware of positive changes. During subsequent visits, Emma's confidence levels had increased, and she said things to her parents that indicated that she was feeling bolder than she had previously been. Additionally, Emma was feeling and noticing a reduction in her anxiety levels. Her parents remarked on that as well.

Prior to therapy, Emma always had problems sleeping: she slept for short periods, woke up frequently and wandered around the house. As her treatment progressed, her quality of sleep improved. Although she continued to experience some broken sleep patterns, she found it possible to return to sleep in contrast to her experience prior to hypnotherapy.

As Emma's treatment progressed, the teacher on her creative arts program commented over a number of weeks that Emma appeared to be more focused and relaxed when painting. Emma's parents also noted a considerable improvement in this behaviour. In addition, Emma's parents reported enormous improvements in her self-esteem and 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. During this time, she would fall so needed to be more closely supervised.

Hypnotherapy treatment stopped after session six so that Emma could be closely monitored by medical staff. The doctors suggested the huge hormonal changes in Emma's body, as well as her withdrawal from the medication she had been on for so long, were the likely causes of the increase in seizures.

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 occur and she gave birth in early 2018.

Between March 2018 and May 2019, Emma had eight further hypnotherapy sessions and had no seizures in that period, except for minor twitching around the eyes.

Additionally, Emma's parents have reported continued positive changes in her: a significant reduction in her overall anxiety levels, an improvement in her ability to cope with everyday stress, better confidence, and improved sleep – all of which they have attributed to the hypnotherapy sessions.



Jerry Knight has had an extensive career in the Royal Navy and Australian Defence Force. He has travelled throughout his life and estimates that he has visited over 100 countries and lived in eight. In 2013 he fulfilled a long-term ambition and trained as a hypnotherapist at the Australian College of Hypnotherapy (ACH) in Sydney. He now lives in Newcastle, New South Wales, where he has built a busy hypnotherapy practice.

Jerry has a key focus on PTSD, anxiety, depression, stress, phobias, and sport and works with a wide range of patients such as military, domestic violence, rape, bullying, body image, confidence, self-esteem issues and children, to name but a few.
In 2018, Jerry published an article on treating Non-Epileptic Attack Disorder (NEAD) in the AHA journal and also in the USA PNES, where he is a preferred referrer, consulting on working with patients internationally.

In 2019 Jerry was invited to speak at the World Hypnotherapy Conference in Brisbane talking about his work treating veterans using hypnotherapy. You can find out more about his work by visiting www.jkhypnotherapy.com.au