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# MANAGEMENT OF NON-EPILEPTIC SEIZURES THROUGH HYPNOSIS: A CASE STUDY

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## Abstract

Conversion disorder is associated with diverse somatic complaints including visual deficiency, psychogenic non-epileptic seizures, lethargy, paralyses etc. Studies have revealed that in addition to pharmacological treatment, psychological intervention including hypnosis has a significant impact in the management of conversion disorder. The current case study was focused to see any effect of unique hypnotic technique, Circle Therapy for the management of conversion disorder. The patient A.J. was referred for the evaluation and psychological management of non-epileptic seizures. After a complete physical and psychological observation and interview, stressors were identified and the patient underwent brief hypnotic session and it was suggested to diminish the stressors. The first therapy session showed remarkable impact and a second session was given as booster the next day. There were no signs of conversion disorder after the second session and even after eleven months.

## Key words:

Conversion disorder, hypnosis, Circle Therapy, psychological intervention, non-epileptic seizures, suggestibility.

## Introduction

Conversion disorder is characterized by diverse somatic complaints in which patients may show decline in motor, voluntary, or sensory capacities that are contradictory with the neurological disorders<sup>[1]</sup>. The key component of this issue is incongruence between exhibited symptomology and medical presentations of illnesses. The most frequently observed conversion signs are visual deficiency, psychogenic non-epileptic seizures, numbness, paralyses, mutism and abnormal posture<sup>[2]</sup>.

Different kinds of therapies which are used to manage the patients with conversion disorder: such as behavior therapy, religious therapy, psychodynamic therapy, pharmacotherapy, cognitive behavior therapy and hypnosis<sup>[2, 3]</sup>. Hypnosis has been encouraged for the management of conversion disorder from the period of Charcot and Freud. Neuroimaging evidence strengthens the view that conversion signs and hypnosis share mutual neurological path-ways, and the high suggestibility of clients enhance the utility of hypnosis in treatment. Hypnosis was used in the treatment of 44 outpatients with conversion disorder and results revealed significant improvement within three months<sup>[4]</sup>.

Hypnosis is induced through different approaches and in our case, Kappasonian model of hypnosis was followed. According to the Kappasonian model of hypnosis, the client is provided relevant overload of information that disorganizes critical thinking. This leads to fight/flight reaction for few moments and client becomes hyper-suggestible. The hyper-suggestible state is the subconscious mind state and during this state, the clients is suggested to lower the presenting complaints<sup>[5]</sup>, (Figure 1).

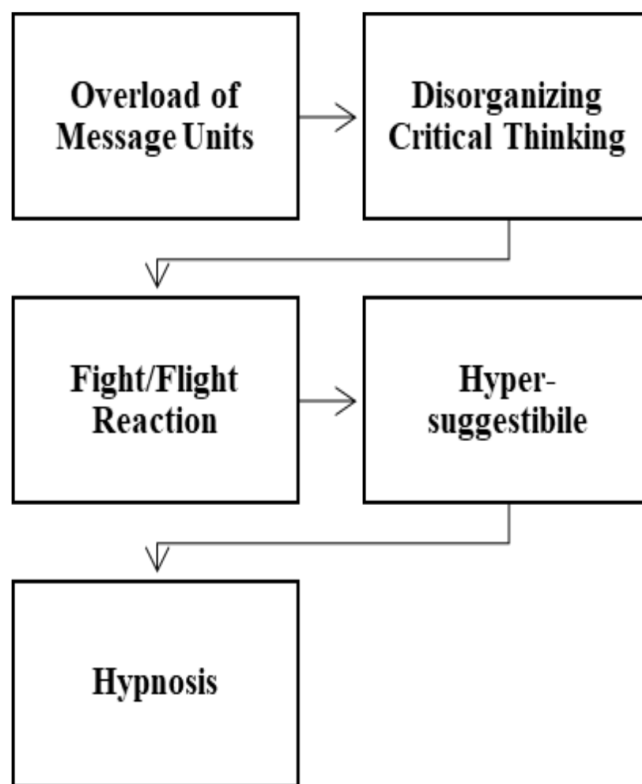


Fig.1. Kappasonan Model of hypnosis

### Case Report

A 27 years old lady, was referred by the neurosurgeon for assessment and management of non-epileptic seizures. Symptoms included moderate to severe seizures, visual blindness, stuttering and mutism for two months. She was taking analgesic, tranquilizers and minerals for two months but no permanent effect.

Medical workup was unremarkable. History revealed that she had conflict with husband who was working and living in a different city. She did not get along with her mother-in-law and felt that she was paying more attention to her younger daughter-in-law. On the basis of clinical examination and interview, it was thought that the seizures, visual blindness and other symptoms might be due to the psychological stressors.

### Management Plan

In order to manage the non-epileptic seizures and other symptoms of conversion disorder, Circle Therapy (CT) under hypnosis was used. CT has been used to alleviate the psychological symptoms<sup>[6]</sup>. For the induction of hypnosis and CT, following steps were followed;

**Client in agreement**, first of all, the client was in accord to get rid of the seizures. This agreement actually focuses the client on the specific issue to solve. Imagination of stressors' picture, the client was counselled in way to make an *image of the all the stressors* responsible for non-epileptic seizures. The client was also made aware that during the hypnotic session, this image of the stressor will be deleted and the issue associated with this image will also be erased from the mind.

*Suggestibility test*, suggestibility is the way of giving suggestion to the client and assessment of suggestibility of the client for better outcome. There are two major types of suggestibility i.e. emotional suggestibility and physical suggestibility. Emotional suggestibility is when a suggestion is given indirectly with low tone and physical suggestibility is when a suggestion is given directly with a loud tone<sup>[5]</sup>. The client suggestibility was tested through handwriting analysis and finger spreading test. The client was found to have with physical suggestibility.

*Hypnosis induction*, before the induction of hypnosis, clients was relaxed through deep breathing, in a peaceful and dimly lit room on a hypnotic recliner. The client was asked to focus on the central point of a hypnotic picture on computer desktop as an eye fascination technique for induction of hypnosis as shown in figure 2. The client was instructed, “Please don’t blink your eyes and don’t speak, however, if you feel your eyes are tired you can close your eyes”. As she closed the eyes, it indicated that she is achieving the state of subconscious mind (hypnotic state) and the state was further deepened by the hypnotic deepening techniques. i.e. moving the client from upper floor of the house to the ground floor in imagination during hypnosis.

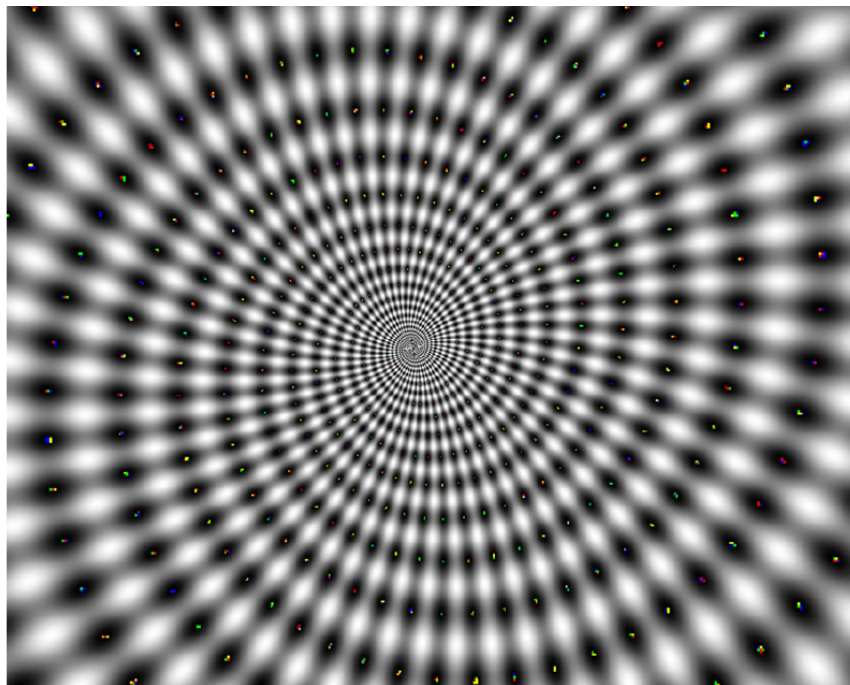


Fig.2. A hypnotic picture for induction of hypnosis.

**Hypnotic suggestion:** as the client was observed in hypnotic state that is the state of hyper-suggestibility, she was suggested to imagine the image of the stressors. And to indicate with finger when she was able to do so. Then, the client was instructed, “Please start drawing a circle clockwise as the image is getting dimmer”. As she started to draw the circle, she indicated that the image was getting dimmer in the mind. She was also instructed, “Please keep drawing the circle till the image in deleted”. This message was repeated, and she was also instructed, “As your image of stressors is deleted, your issues will be fixed and as you feel the image is deleted, give me a signal with finger and stop drawing the circle”. The circle drawn by the client is shown in the figure 3. In few moments, she gave a signal with finger and stopped drawing the circle and she was suggested to open the eyes at 5 on counting from 1 to 5. The current state was broken by the therapist, the client was asked, “Do you smell popcorn?” This is called break the state that put the client in a different environment unconsciously. The client was given a boosting session a day after.

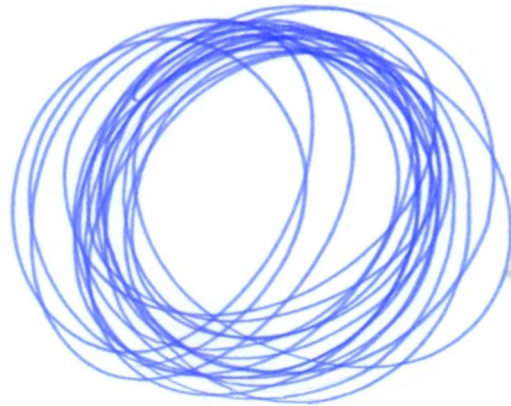


Fig.3. A circle drawn by the client hypnotic session.

## Discussion

This case report showed an effect of a novel hypnotic technique called Circle Therapy (CT) for the management of non-epileptic seizures. CT sessions showed positive effect on non-epileptic seizures, as the client was asked few times about any signs of seizures even after 11 months of the therapeutic sessions. CT provided positive results as this technique was executed during hypnotic state that is hyper-suggestible state and case studies on CT have shown effective results in management of psychogenic symptoms<sup>[7]</sup>. Hypnotic state was induced by following the Kappasonian Model of Hypnosis (KMH) that has a scientific approach. KMH describes that the subconscious mind (hyper-suggestible state) is achieved by overloading the client with information (message units), disorganizing critical thinking process, and the client experiences a brief fight/flight reaction leading to hyper-suggestibility state<sup>[5]</sup>.

The client was assessed for suggestibility and she was physically suggestible. According to KMH, physically suggestible individuals prefer suggestion in loud voice tone. The suggestibility was tested by the handwriting analysis and finger spreading test. Her handwriting showed rounded loops in letter like y, f, g etc. The higher the roundness in the loops, more the physical suggestibility, and more the pointed loops, higher the emotional suggestibility. According to finger spreading technique, in this technique, she was asked to uphold her palm in front of the eyes two time and she was instructed to spread fingers in low and loud voice tone respectively<sup>[5]</sup>. She was found more responsive with loud voice tone, so she was physical suggestible.

During CT in hypnotic state, she was instructed not to speak in the whole session and she was asked to signal the response to suggestion through signaling the finger. Founder of the CT rationalized that during hypnosis state, the client is hyper-suggestible and when it is suggested that symptoms are reduced, the client actually perceives reduction of symptoms. Reduction in symptoms is also associated with drawing the circle. This is because, the subconscious mind works passively and so, if the mind is powerfully suggested and subconscious mind follows a specific pattern of thoughts/perception, it keeps following the same positive thoughts. Interestingly, subconscious works more for positive things rather than negatives. CT is also based on perceptual distraction that might cause reduction of psychological stressors<sup>[8, 9]</sup>.

The client was asked to make an image of the stressors that were responsible for non-epileptic seizures. The rationale of the designing and developing of the stressors' image is that the subconscious mind prefers images to work on rather than words and image was associated with the stressors. So, the client was in accord that if the image is deleted, the stressors responsible for the psychological non-epileptic seizures will be deleted. The client experienced the same in hypnotic session. This positive change was further boosted through post hypnotic course highlighting the importance of career and personal life. Concluding the case report, CT showed a remarkable effect on the non-epileptic seizures, as she did not experience the symptoms till 11 months. However, we cannot predict long term effect of CT. There is need for longitudinal studies on more patients.

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**Author's contribution:**

**Muhammad Rafiq;** concept, case assessment and management, manuscript writing, manuscript review

**Sana Zaheer;** manuscript writing, manuscript review