Functional Neurological Disorder (FND): Can hypnosis help?

By Jerry Knight

When my first client with this condition and her parents asked me if I could help, I had to admit that I had never heard of it. In fact, few of the medical practitioners I was working with at the time had heard of it either. It was 2017 and I needed to do some background research where I very quickly became perplexed at the number of names it had!

I must first say that I'm not a medical practitioner and I don't have a medical background. I don't diagnose my clients because I'm not qualified, so when they present, they have already been diagnosed with their condition, or I work with what they tell me. In this case I'd read extensively on the condition prior to her first appointment.

Back then it was called Non-Epileptic Attack Disorder (NEAD), a common term used in the UK and Australia. In the USA it was referred to as Psychogenic Non-Epileptic Seizures (PNES). I published an article in 2017 (ASCH Journal Vol 39. No.2 Spring 2017) as a hypnotherapy guide to working with NEAD and another in 2019 (NCH Vol.19 ed.4) as a successful hypnotherapy case study which was published in the UK, Australia and USA using the term NEAD.

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Many other terms are used to describe the condition Non-Epileptic Attacks (NEAs), non-epileptic events, dissociative seizures, stress seizures, functional seizures, conversion seizures, dissociative attacks and dissociative non-epileptic seizures. Other names used for the condition are pseudo seizures, hystero-epilepsy, hysterical seizures and pseudo-epileptic seizures.

These are terms clients often talk about when they feel they are not being taken seriously. This is especially true when they have had one of their many dealings within the non-sympathetic side of the medical world. There remains a persistent ambivalence among health professionals when reporting those with a Functional Neurological disorder (FND) diagnosis and many are told they are faking their symptoms. There now seems to be a

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consensus that the new name emerging is that of Functional Neurological Disorder (FND). I will refer to it as FND in this piece.

What is FND?

FND describes a problem with how the brain receives and sends information to the rest of the body. It's often helpful to think of your brain as a computer. In someone who has FND, there's no damage to the hardware, or structure of the brain. It's the software, or programme running on the computer, that isn't working properly. The problems in FND are going on in a level of the brain that you cannot control. It includes symptoms like arm and leg weakness and seizures.

FND Hope International states FND is considered a rare disease however, the exact prevalence is unknown, and the mechanisms which cause FND continues to be poorly understood despite its prevalence within neurological clinics. Some researchers claim that functional symptoms are often seen in neurological services making it a common disorder. One report indicates approximately one third of outpatient neurology clinic attendances are patients reporting functional symptoms.

The Royal College of Physicians Journal states FND disproportionately affects women (around 3:1) although, as age of onset increases, the proportion of men affected increases. Incident cases demonstrate that FND can occur across all ages, from young children (although it is rare before 10 years old) up to patients in their 80s. From my own client base there are two clear groups affected: teenage girls from 13-19 and women in their late 20s to mid-30s. I have worked with just two teenage boys.

In therapy, we talk a lot about the fight or flight mode, but we rarely mention freeze mode. From my observations of FND it appears that the mind and body freezes; it simply stops functioning in the normal way. There are those who have the condition who have not had some kind of trauma, yet still have FND. From my own experience all my FND clients have had traumas. These have ranged from sexual abuse in early childhood manifesting in seizures when she reached puberty and fully understood what had happened to her. The client who had a gastrointestinal bug and much of her vocal, eating and walking functions ceased to function properly, and being afraid to eat again in case the gastro bug returned. This also resulted in anorexia requiring further medical intervention. To the teenage girl who had been repeatedly stalked when out training as an athlete triggering twitches and seizures.

Most suffered a range of physically minor to major whole-body seizures (which mimic epileptic seizures) and might also include twitching of the hands and or feet. Other symptoms include head dropping suddenly, eyes rolling into the back of their sockets and then collapsing to the ground. There are many other symptoms, I'm just outlining some of them here.

I've worked with dozens of FND clients since 2017, most of which have seen medium or high-level improvements in their condition. A reduction in the intensity in their seizures and overall symptoms, hence increasing the quality of their lives and being able to get back on track again.

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How can hypnosis help?

There is limited research on Hypnosis and FND however, there are promising findings that require further research. In the research paper Hypnosis and suggestion as interventions for functional neurological disorder: A systematic review identified studies across 1584 (FND) participants.

The findings include:

- >85% of patients demonstrated clinically significant improvements
- >75% had a resolution or near resolution of symptoms in the short-term

Hypnotherapy teaches the art of:

- relaxing deeply and completely
- improving emotional and physical self-regulation
- controlling the intensity of pain
- disassociating emotions from trauma, without relieving the trauma, and building a sense of control over symptoms, increasing confidence, self-esteem and quality of life.

A good place to start is by asking the client what has happened to them in the past, or when the FND first happened what was going on in their lives. Then we identify triggers potentially using the APET Model from the Human Givens Institute . However, frequently with FND symptoms come on for no apparent reason so patience is essential.

The focus is on identifying and dealing with their traumas and moving them forward. I use the rewind technique extensively for specific events or for traumatic periods. One of the main benefits of using the rewind technique is

that clients deal with their traumas from a safe place without reliving them. What I have observed is that by getting clients to talk about their traumas in any detail can trigger a seizure. From the outset I reinforce the treatment approach will not need them to relive those traumas and this can be a big help as many have had multiple talk therapies which has only reinforced those traumas.

Working with the inner child can help to heal from hardship, and past trauma in early years.

Parts therapy can also be effective as it assumes that each of us has many different parts to our minds. One FND client I worked with had a part of her mind called Bob who was driving the condition. With Parts therapy we gave Bob permission to feel safe, to let go which proved an effective approach.

I'm also a big fan of using amnesia (Yapko 2019, p.315) and using broad language to suggest the client forget or let go of certain emotions or memories.

Occasionally FND seizures do occur under hypnosis. These can be treated as an abreaction and can reduce the intensity and duration of the seizure. In hypnosis, one client had a full body seizure where her entire body and muscles seized up. Her seizures usually lasted up to 15 minutes, but treating as an abreaction reduced the intensity and time down to around four minutes.

Since COVID I have worked online which has enabled me to work with FND clients across the world, with the exception of USA and Canada due to insurance restrictions. Working online does come with a few additional considerations when clients are not close by or in an office environment. I always have a family member close by or have an additional phone number I can call should a client need any assistance during their appointment.

In conclusion, treating FND clients using hypnosis can be complex, challenging, successful and rewarding. Most clients have seen a significant reduction in their symptoms and a greater improvement to their quality of life. Their symptoms can vary significantly and all the clients I've worked with have had degrees of trauma in their lives. Working with the traumas can result in a reduction in symptoms and ongoing treatment can see them almost eliminated.

References

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***Jerry** has had an extensive career in the UK military (Royal Navy) and Australian Defence Force (ADF) and saw active service in the Falklands conflict, Kosovo, Macedonia, Sierra Leone and Iraq.*

Arriving in Australia in 2009 and as part of his ADF role he served in Southern Lebanon, Israel and the Sinai desert in Egypt.

Jerry trained as a hypnotherapist in 2013 at the Australian College Hypnotherapy (ACH) in Sydney. Jerry lives in Newcastle NSW where he has built a busy hypnotherapy practice where he works with a wide range of issues, with a focus on PTSD and Non Epileptic Attack Disorder (NEAD).

In 2019 Jerry was a speaker at the World Hypnotherapy Conference in Brisbane talking about his work treating veterans using hypnotherapy.

In 2017, 2019 and 2024, Jerry published articles treating NEAD in Australia, UK and also in the USA. In the USA its known as Psychogenic Non Epileptic Seizures (PNES) where Jerry is considered a PNES specialist.

In 2022, Jerry also published an article in the UK and Australia successfully treating IGA Bullous, a rare skin condition.

Since the pandemic, Jerry has taken his busy practice exclusively online where he is working with clients across Australia, Japan, Middle East, Canada and the UK.

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