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The Case of The Quiet Little Storms

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This report discusses a case of epileptic seizures of unknown origin according to the physician's report, treated hypnotically within an Adlerian context. Hypnosis was used in two ways: (1) to elicit early recollections (ERs) for the purpose of diagnosis; and (2) to facilitate the therapeutic resolution of pertinent emotional issues of the client, without attempting symptom removal.

The literature on hypnotic treatment of epilepsy has been sparse (Gravitz, 1979) and shows no notable increase. Hypnotic treatment has, nonetheless, been advocated and described for epilepsies of both somatogenic (Gravitz, 1979) and psychogenic (Caldwell & Stewart, 1981; Gardner, 1973, 1980; Kline, 1956) varieties. Hypnotherapy has been described generally as clinically efficaceous by operating through one or more of these avenues: relaxation, symptom removal, behavior alteration, and working on emotional issues (Wolberg, 1975). Whatever the presenting problem, however, hypnosis is always seen as an extension of the therapeutic relationship, and not merely a technique to be applied mechanically (Mott, 1982).

Various avenues by which hypnotherapy operates are illustrated in the case of epileptic seizures. Somatogenic seizures were reduced in one case by inducing relaxation hypnotically (Gravitz, 1979). One case of psychogenic epilepsy was managed by suggesting behaviors that are incompatible with the onset of seizures (Gardner, 1973). Another case illustrates the use of hypnosis as a vehicle to work on emotional issues (Caldwell & Stewart, 1981). In another case, play therapy was reported as a context within which hypnotherapy was employed (Gardner, 1980). All of these cases are notably limited to use of hypnotherapy with chil-

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dren or youths. The present case is an example of hypnotherapy with an adult experiencing seizures, with the focus placed on the issues of the client's life-style rather than on the symptoms of epilepsy.

Case Report

Paul came into consultation with me initially because I was treating his daughter for behavior problems. I saw Paul, his wife, and his daughter together as a family unit. I was alerted to possible personal problems with him when I repeatedly noticed that he smiled all the time; every time he did this, I sensed an underlying anger. The smile was a mask that troubled me, and I sought a way to articulate my concern to him. I stated to him that I thought that he could benefit from some individual counseling and invited him to see me on an individual basis; he readily agreed to do so.

While still in the initial joint session, I noticed that both spouses had a problem with values. Specifically, neither person valued him- or herself or one another. For example, the wife would go alone to parties, because Paul felt that nobody cared about him—that he was not important enough to other people. The wife, who was only interested in her career, never was on time for anything involving her family; she gave attention neither to Paul nor to their daughter.

From this initial interview, I felt that Paul perceived a lack of interest directed toward him. I decided to call him after this session, to inquire how he felt. He sounded stunned that I had called him, confirming my intuition. I continued to call him throughout the course of treatment, even when he was supposed to call me but did not, for one reason or another. He later told me that these phone calls meant a lot to him.

In the first individual session, Paul stated that he had suffered serious depression several years previously, and that he had been in therapy at that time. He also stated that he had suffered from epileptic seizures from the age of 17 to his present age of 38. These were originally grand mal seizures, but medication reduced their severity. Paul continues to take medication, but the dosage has been reduced. At the present time, his seizures were reduced in severity to these manifestations: inability to respond motorically, without loss of consciousness.

I had no experience with epilepsy. It was wholly by means of an intuition from my clinical impressions of him that I formulated my initial, tentative diagnosis, without benefit of any ERs. Thinking about his smile, I immediately thought about his epilepsy and a metaphor came to mind: I had a feeling that he was like a lid on a volcano that was seething

inside; the smile was the lid that prevented escape of any steam. I said to Paul, "I feel perhaps your epilepsy might be quiet little storms." He looked surprised when I said this, especially when I proceeded to indicate the angry connotations of the word "storms." I did not try to make a big issue of this, and neither of us mentioned epilepsy after this session. My main responsibility, as I saw it, was to provide help for his problems in living. I was treating him within a specific context: his coming for treatment because of his daughter, then his marriage, then himself and his depression. He did not request treatment for his epilepsy.

Paul's epilepsy did have a bearing on the treatment, however. Of the average of four seizures a day that occurred, one seizure always occurred just before Paul drifted off to sleep. Since I was considering using hypnotherapy, I was concerned that the induced relaxation might elicit a seizure. Before proceeding further, I consulted a neuropsychiatrist-hypnotist on possible contraindications against using hypnosis with Paul; he assured me that I could proceed, without concern. I concluded the first session by obtaining family data and ERs.

Family Constellation. Paul is the oldest of seven children, a 38-year-old married male. His siblings are evenly divided between brothers and sisters. One sister is a year younger than he, the next two brothers, two and three years younger. The remaining siblings ranged in age from 32 to 20. The sister closest to him in age is tall and stunning; shy and self-conscious, she is nice in the eyes of other people. Paul stated that he always got along with her; he was in the same class with her in the sixth and seventh grades.

Paul described his next oldest brother as handsome and always outgoing and athletic. This brother started with smoking in the sixth grade and sex in the seventh grade. Paul knew before anyone else what he was up to, and described him as secretive and sneaky. The two brothers played ball together. Paul described the next brother as quiet and strong, but not athletic; not considered very smart or a good student, he was very dependable and tagged along with the others. Suffering from allergies and asthma, that brother involved himself in strength-building activities.

Paul's father is 62 and his mother 59. Paul's father was described as wild and crazy, a musician and drummer. Paul stated that there was no involvement with him, as he did not see his father often. Paul perceived him as being very strong and "carrying." Paul has no idea of what the father expected of him. He has worked most recently as a security guard.

The mother was totally involved and protective of all of her children, being very affectionate. She told all the children about sex. Paul perceived her as always being responsible and aware of her children —her entire life being centered around them. While she was not de-

manding, Paul stated that she expected responsibility from him. She would warn the children that the father would mete out punishment to them if they merited it. The parents were never openly affectionate with one another. The mother was the only parent to be affectionate with the children. She was, in Paul's eyes, the entire influence on them.

Early Recollections. As part of the diagnostic workup, attempts at eliciting ERs were made but were unsuccessful: Only one ER was obtained in this manner. I therefore elected to use hypnosis, which has been documented as being effective for this purpose (Kaplan, 1977; Olson, 1979). Once hypnosis was induced, I told him that I would tap him on the forehead, as a cue for him to go back in time to when he was very little. I then asked: "Where are you?" This was followed, after a response, consecutively by "How old are you? What is the most vivid part? How did you feel? Why?" A given ER thus contained, ideally, place, age, Vivid (V), Feeling (F), and Why. Not all the ERs, in fact, contained this full complement. I repeated this procedure a number of times. After obtaining this set of ERs, I then asked him if he could see any connections or parallels between these ERs and his present behavior or situation. Thus, I sought to use the ERs not only as a source of diagnostic data, but to help set into motion the therapeutic process as well.

Paul presented the following ERs:

1. At age 5, I was at a birthday party. It was my birthday, but it was also around Halloween. There was a big cake, with orange frosting like a pumpkin. There's a lot of children who must be from kindergarten. I knew them all the way from kindergarten through high school. I can see Tom. He wasn't a good friend of mine. An ugly face you couldn't forget, but he was nice. The living room of my grandmother's house. Everyone was having a nice time talking, laughing, dressed. *V*: It wasn't for me. It wasn't for me. (Began sobbing, and continued to sob throughout the remainder of reporting this ER). *F*: SAD. They didn't think about me, only about Halloween and that the other kids would like it. (Continuing remarks): Halloween party. My cake. Unusual. Probably made it. *F*: A nice moment, but it's not a big thrill. Maybe they're not my friends yet.

2. I'm real little. In my dining room, and my mother is going to the doctor's house a few doors away. Everyone knows where the doctor lives. She's going to see if she can feed something to the baby. Maybe solid food. She's walking to his house and I'm sitting and watching her from the dining room window. *V*: The dining room. There's no one there with me. It seems I don't know if she's going to ask about me or my brothers. I can't see any baby. I just see out through the window. *F*: I feel alone in my home.

3. Age 6. Playing in the yard with oldest brother, in the yard, with a white football. The dirt. Our new house. There's no grass. *F*: I feel little. The house is big.

4. Age 5. At our old house. There's a bike in the garage of our neighbor's house. It's going to be my birthday present, a J. C. Higgins. They're keeping it in there, and their daughter told me. A red bicycle, but it's nothing special as to equipment. But it's nice and new, and it's in her garage. *F*: I was right. I knew it. I was correct. I ruined my surprise. Now I don't have a surprise. It was for my birthday. Now I know. Now there was no more surprise. It wasn't my fault.

5. When I was 6, we moved about three miles away. One winter day my mother took me to school and dropped me off. I had my lunch box. She drove away. The school was closed, and I had to walk home. Only it was to the new home. I found my way to the old house, and then found the way to the new house. I wasn't lost any more. I fell two or three times, and broke my thermos bottle in the lunch box; it was shattered. No one helped me. No one was anywhere; no one on the streets. No other people. When I got home I told my mother there was no school. *V*: There were no other people. *F*: I felt I was proud of myself, but sad I was left alone. I expected someone to help, but no one cared. It was on this day I grew up.

6. Age 9, Christmas. (Proceeded to sob throughout entire report). I was always aware of father bringing presents. There were never tags on the presents, only names on the paper. There were two baseball gloves, for my two oldest brothers. It would have been appropriate for the older brother to receive a glove; he was 7. The younger was 6 and didn't play ball; I did. I got no baseball glove. *V*: I was devastated when I could not find a baseball glove. Thinking they bought two for the younger kids, they certainly would have bought one for me. *F*: Broken hearted. *Why*: It was as though they ignored me.

7. School. Going home alone. (Sobbed throughout). *F*: Isolated. I feel isolated. I'm not part of any groups of people. I'm by myself, and do things alone. I don't have friends or family to help. Sometimes it's very hard. I just do it. As long as you don't upset the flow, no one cares. People don't care. People just assume, take advantage of me. Nobody cares, then or now. No concern. Now I'm afraid to do anything any more. No concern.

After Paul produced these ERs, I asked him for his correlation of them with his present situation, and he responded as follows:

> I don't make waves. I had to be a big strong guy. I'm totally in charge of my feelings. I hold in my feelings. I did it as a child, and I do it now. I hold in. A strong guy is meant to hold it in and be strong and take it. Now as an adult, I feel better than others, taking it. Superior, morally. I do it

right. I'm polite. I do everything to please. That's right, thank you. I don't gossip about people. I'm considerate of people and I accommodate people.

Having ascertained these ERs under hypnosis, along with the family constellation data, Paul and I were able to zero in on key issues subsequently, with him in the waking state. As I saw it, a number of issues presented themselves, notably: his feeling not cared about by family members and by other people; his inner feeling of being a poor soul; his self-imposed solitude and general withdrawal from sociable interaction; his lack of assertiveness in the face of others' aggression; his fictive notions of moral superiority, toughness, and knowing it all; and a stifled, helpless, covert anger over not feeling cared for or noticed or getting any of life's goodies. I had two metaphors of him in mind. One was of the Lone Ranger: the masked, anonymous stranger, doing good but feeling isolated, smiling on the outside but not feeling that anyone cares. The other metaphor was of a seething volcano, with a lid on it: Paul sat on his anger, preventing the "steam" from escaping. I believed that the issue of anger was particularly relevant to his seizures. I felt that further use of hypnosis could accelerate the therapeutic process.

Hypnotherapy. Paul saw me for a total of 15 sessions, including the first session where the ERs were obtained. In that same session, we discussed his feelings that nobody cared about him. We explored his ER about not receiving a baseball glove. He felt dethroned, that his parents did not even care about what he wanted, and more than this, that they did not even know what he wanted or in what he was interested. He felt that nobody cared enough to give him what he felt he should have.

The hypnotherapeutic process began in the following session. I had him go back to a place where he would feel comfortable, safe, and secure. I suggested an image of a snow-covered mountain (Alman, 1983). Sitting on top, he could view evergreen trees and smell their fresh, clean aroma. I used the imagery of falling snow to induce greater trance depth. This was done to achieve greater relaxation for the client. When he came out of the trance, he saw Glacier National Park; enjoying the experience, he felt wonderful.

In this same session, I used the mountain imagery as a setting for Erickson's hot-air balloon technique (Alman, 1983, p. 128). I used the script of visualizing a lush valley from the mountain top. This large balloon lands in the valley; it is carrying a large basket. As Paul walks toward it, it looms ever larger. The basket is holding a container, into which he is to put all of his negativities and anxieties that he would like to discard from his life. I did not ask him what he unloaded, so I do not know what that was. He took a long time at this procedure, with

tears rolling down his cheeks the whole time. When he was ready, he cut the ballast rope, allowing the balloon to ascend, separating him from these negatives once and for all. Coming out of the trance, he said he felt relieved.

Subsequent to coming out of trance, Paul began spontaneously to talk about his seizures. He noted that they occur regularly before he goes to sleep, as well as two or three additional times each day. After just these two sessions, there was an immediate reduction of seizure frequency. Except for when he would go off to sleep, he has experienced no other seizures whatever. He later told me that he liked to have this one seizure, because he felt that it was like someone was there for him: the seizure was a companion.

In the following session, I discussed with him his hypnotic reactions. He disclosed that he could not find a place to go, a place where he belonged, while in trance. I then told him to pretend to find a place to belong. In a trance, he saw himself on a golf course, with a lake. This was followed by the remark, "Nothing is really special enough for me." We went back to his ER about the bike, which was not "special enough" because it lacked this or that feature. He saw the analogy between the bike and the golf course, that neither was special enough.

I then employed a technique called future-pacing, in which I asked him to visualize himself at some future time. He saw himself at a dinner, at the speaker's table. He knew nobody there, and could not find a place for himself. He did not know where he was in the future, and he could not find a place for himself to belong. At this time, he mentioned how much he liked the balloon technique and how nice it was. Using it a second time now, he mentioned that he put into the container a lot of frustration about not getting things done and finishing them. It was evidently easier for him to deal with that frustration than with the issue of not belonging, since he could have chosen to deal with the latter in the balloon technique. It is noteworthy that in his past (ERs), present, and future (pacing), he could not find a place to belong.

It is significant that, at this point in his life, he had lost his job. His unemployment lasted for six months, and he was depressed. Despite this, he was coping very well, and there was not one single recurrence of a seizure during that time.

He was late for his next session, saying that he forgot. Under hypnosis, we explored his past family, his present, and his future. We discussed how he could make contacts for a job, and why he was getting only a few responses. He has not been able to come up with answers on where to turn or what to do.

In the following session, I future-paced him again, having him step into that reality. I told him, "You can pretend anything and master it;

pretend to find a place you can belong. You can pretend what it's like to be in the future and what is missing." I discussed Yin and Yang, showing him that the future is another side of him, distinct from the past. I told him that he can gain access to this hopeless past, and integrate it with his hopeful side. I thus began a dialog between the two parts, permitting an integration of them, from the past into the future. In the next session, he felt very positive, believing that he was making progress.

In the next session, I used the automatic writing technique. He saw himself having a gold pen. I happened to have a gold pen on my desk; I placed the pen in his hand and had him open his eyes so that he could see it. I asked him to answer in writing these questions: "What would you like to be? And how would you like to feel? And what would you write, if you could write to yourself? What would you say?" He responded:

> Be alive. Be alive. Be stronger when you need to be. Be smarter than you have been. Be alert. Be alive. Be. Don't stop. Don't slow down. Don't give up. You're just fine. You're better. You're smarter than you used to be, getting better all the time. Don't be afraid of anyone or anything.

He remarked that he saw how he felt about having to know it all.

At this point, I used another technique, in order to solve another problem, having him visualize a television screen. I wanted to explore why he was having difficulty on job interviews. He saw himself interviewing for a job. First taking his own role, he then took the interviewer's role. This exchange went back and forth several times. In the interviewer's role, he did not like his own superior attitude, and felt uncomfortable being on the receiving end of it. He finally realized, in his own role, that he came across as a "know-it-all."

I then employed deframing, stating that one can view "knowing it all" in a variety of ways. I said, "Isn't it interesting to learn more, if you don't know? It's fun to learn what you don't know." At that moment, he said, "The empty feeling in my stomach has vanished." He has noted since then, that when he does not know something, he does not flinch any more. If he does not know the answer to an interviewer's question, he remains calm and confident, and not intimidated. Repeating the screen technique with the same scene, Paul noted that he does not flinch, and that the interviewer stays confident. In the next session, he still did not have a job, but he had a good understanding of how to interview for a job.

Results of Therapy. In later sessions, more positive results of the therapy became evident. Paul stated that a lot of pent-up tension and turmoil in his life had been released through the therapy. Once therapy

was begun, he felt very calm about life in general. Despite unemployment and considerable financial pressure, he did not become panic-stricken; nor was there a recurrence of seizures, and the last one before sleep had disappeared as well. He felt that, without the therapy, he probably would have had five or six seizures a day during this stressful time.

He did not have any seizures during therapy sessions, in particular during trance. This was a concern of mine, since he would regularly have a seizure before going to sleep. I later asked Paul if he was concerned about this, and responded, "Definitely not. I'm very alert during hypnosis, and that seizure would occur when I was falling asleep."

In one hypnotic session, he visualized himself and his wife in a new house, and was startled by the feeling that people around him cared about him. He has reported that he does not feel alone from day to day, as he did in the past. He has had episodes of feeling isolated, but they have been mild and very brief. There is no longer a sense of doom or pessimism. He has managed to get a job. When a deal falls through—and he generally understands the reasons for it—he is no longer devastated by such a setback, but goes on to the next task.

His relationships have improved. He goes with his wife to parties and other social occasions, instead of sitting home. The two have been getting along better. The stress level at home has declined to a tolerable everyday level. Both have been content with their respective work. He felt that he had been a pretty big drag on his wife, with his job loss, depression, and attendant strains. His domestic and personal situations have improved so much that he does not even mention them to others, lest they disbelieve him.

He is aware of how he isolated himself, resulting in his feelings of isolation. He has improved in this area, extending himself in situations where he would have been horrified to do so in the past. He now extends himself, without thought of reciprocation. He extends himself in numerous little ways, and feels safe doing so.

He sees himself as having been constipated emotionally, holding himself back from interacting with people. He now feels "relieved" in many respects, although he is sure that there are other areas in his life that he can work on. He feels comfortable with where he has arrived so far, and envisions further growth. Yet he does not look too far ahead in the future, because he finds the growth that he is presently experiencing exciting. What, in the course of natural development, may have happened for someone else at age 25, he sees as happening for himself at age 40, because of the therapy. He feels comfortable with that, and is not depressed by that prospect. Where he formerly dreaded going to work and walked on eggshells in his marital relationship, he now

finds exciting doing what other people he considers adjusted would find routine.

He wishes that he would have come to me, or someone using a similar approach and techniques, a long time ago. He is not sure how much of his change is due to the hypnotic techniques, and how much is due to the care and concern that I showed at the outset by telephoning him outside the therapy hour.

Discussion

Several points can be brought out from this case report: (1) the successful application of hypnosis in retrieving ERs where there is difficulty in doing so in the waking state; (2) mobilizing the therapeutic process by asking the client to correlate his ERs with his present experience; (3) the displaying of social interest by the therapist at the outset and throughout the course of therapy on a consistent basis, and the consequent setting of an encouraging tone for the client; (4) the use of an Adlerian approach, in combination with hypnotic techniques; and (5) the incidental disappearance of epileptic seizures.

The hypnotic retrieval of ERs has been demonstrated by Adlerian therapists. Nonetheless, it appears that this technique is not used very often. There is a question of when this should be done. My experience, in this and other cases, would indicate its applicability in situations where clients have difficulty in producing ERs in the waking state. The increase in ER production, from one waking ER, to seven in trance, is significant. Moreover, the degree of elaboration of detail appears to be enhanced while in hypnosis. Finally, as evidenced by the sobbing, the hypnosis helped to lift the lid off the volcano, and thus helped to initiate the therapeutic process.

Further dividends were obtained from the ERs by asking Paul for his own correlation of his ERs with his present situation. His response clearly indicates his awareness of connections and parallels between early and present experiences. While it is not clear if he had this awareness to any extent prior to my asking him, it is my impression that his awareness of these issues became more focused commencing with this session. He later reported that all of his hypnotic sessions involved intense awareness and hard work. In the usual waking state ER procedure, the therapist makes his or her own diagnosis. Here, however, I ask the client to make connections on his own in trance. This not only provides the therapist with additional data on which to base a diagnosis, but, in my opinion, it also acts as a catalyst for change, setting the therapeutic process in motion. Thus, by the time the therapy "proper" has begun, the client is already in a more receptive attitude.

The contribution of my display of social interest, by telephoning him throughout the therapy, was notable. I do not, as a general rule, practice this procedure; in his case I felt it was merited. From Paul's shock at my initial phone call, to his later comment that he had never experienced anyone showing him that much care, it is clear that this helped to motivate him for therapy in general and to encourage him. In his particular case, moreover, his felt lack of social interest from others—as shown in his ERs and in his self-presentation in the first family session—warranted the conclusion that display of caring could provide a therapeutic experience in itself. This also enhanced rapport with him, which could only make easier the use of the hypnotherapeutic techniques.

It is not easy to separate the relative contributions made by an Adlerian approach and by hypnosis. Therapy is never technique alone; and hypnotherapy in particular, as Mott (1982) points out, can never be considered in isolation from the larger therapeutic context or relationship. For example, the display of social interest, as noted, helped to foster the rapport that formed the basis for use of the hypnotic techniques. The hypnotherapy itself was guided throughout by the information from the ERs that were elicited—also under hypnosis—as well as by the interpretations of those ERs. Even though theoretical formulations about hypnotherapy have not been made primarily by Adlerians, it is apparent that there is no contradiction between being an Adlerian therapist and doing hypnotherapy. My conviction that hypnosis facilitates therapy, and hence accelerates change, is warranted: Seeing Paul for a total of fifteen sessions, his symptoms were greatly alleviated after only two sessions; he is now symptom-free, and his outlook is greatly improved. It is certainly indicated that Adlerian therapists might consider more extensive use of hypnotic techniques.

The successful use of this combined therapeutic approach in eliminating seizures is noteworthy. Although the attempt was never explicitly made to remove this symptom, the therapy accomplished this. It is possible that the relaxation was instrumental by itself in reducing the "tension and turmoil" that had prevailed. Not all of it was eliminated, however, as Paul continued to have one nightly seizure before retiring. He himself regarded this nightly occurrence as "company"—significant in one who experienced so much isolation. This last vestige of symptoms departed, after we had worked on this and other issues. My initial impression of his seizures as being "quiet little storms" was borne out through the work done on his anger, isolation, and superiority—and the subsequent disappearance of symptoms. If one were to use a metaphor to characterize Paul's present life-style, it would be "a rainbow and sunshine."

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