

ALL THE WORLD'S A STAGE

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Introduction

Wagstaff (2000) has raised an interesting issue beyond the confines of stage hypnosis. However, there may be a significant number of professionals who would answer Wagstaff's title: 'Can hypnosis cause madness?' in the affirmative. Clearly, qualifications may be necessary. Some may answer Wagstaff's question affirmatively if the target person is: (1) highly responsive to hypnosis; (2) predisposed to become 'mad' (psychologically disturbed); or (3) if both of these are true.

Behavioural and cognitive therapists speak of treatment packages or multiple methods of treatment. Therefore, (4) some procedure may be added to hypnosis, such as cognitive restructuring that would lead to a positive answer; (5) as Wagstaff discusses in his article, some people hold the view that if a person who is hypnotized is not adequately dehypnotized, then this may result in madness. However, these people are assuming that the condition of hypnosis already constitutes a 'state' of madness.

Some people may say that using hypnosis is not necessary to cause a person to become emotionally disturbed and, in my opinion, you do not need to be a Charles Boyer type in the film *Gaslight* to engage in psychological abuse, pushing a person 'over the edge' into madness.

Regardless of other methods causing 'madness', the essential issue is whether hypnosis can cause madness. I assume that Wagstaff is talking about using hypnosis (without intent) to cause madness. I would subscribe to the view that if intent is involved, hypnosis is just one of many methods of producing madness.

Therefore, the question is: Can madness result solely through 'subjecting' a person to a hypnotic induction with no intent to cause madness? It should be clear that I believe that Wagstaff is talking about a fruit cake rather than a madeira cake (that is, a hypnotic induction plus other ingredients).

Gates versus McKenna

Wagstaff, who was involved in the above case, used material from the trial to discuss the question raised in his title. Wagstaff noted that the plaintiff complained that he was influenced, without his assent, to volunteer in front of an audience. It was then noted that McKenna (the stage hypnotist) placed the plaintiff in a 'trance' and, by making various suggestions, had the plaintiff 'perform humiliating and embarrassing activities'. It was maintained by the plaintiff that had he been fully aware, or not been in 'a deep trance', he would have been able to resist the suggestions made.

It was maintained by the prosecution that the plaintiff was not adequately dehypnotized. The prosecution argued that, as a result of this omission, particularly because the plaintiff had had no previous history of mental illness, the plaintiff was induced into a state of schizophrenia. The result of the trial was that the judge found for the

defence. On the basis of the arguments put forward in the trial, Wagstaff decided that the above case provided a platform for a discussion of the issues involved.

Wagstaff noted that the prosecution argued that the hypnotic state was similar to a psychotic-like state and, if not properly dehypnotized, the person in trance may remain in this state.

Wagstaff went on to discuss the phenomena that the prosecution alleged were similar in hypnosis and schizophrenia. These included positive and negative hallucinations, the veridicality of the hypnotized person's perception as compared with the real world, delusions with reference to control, or to automaticity and compulsivity during hypnosis, and, finally, delusions of identity and the dissociation of emotion from its appropriate context.

Wagstaff argued that, as compared with the hallucinations experienced in psychotic states, hypnotic hallucinations, if suggested, would be of a temporary nature and of a different quality from those experienced in a psychotic state. It was also argued that hallucinations, typically of a non-pathological variety, may be induced without hypnosis, especially in those who are able to experience vivid imagery.

With reference to the second phenomenon, Wagstaff indicated that there was no hard evidence that 'losing touch with reality' was a 'particular defining feature of hypnosis'. Wagstaff made the point with reference to changes in perception during hypnosis, that these changes, including analgesia, amnesia, and so on, were typically suggested by the hypnotist and were of a brief duration, and in no way representative of mental illness.

With reference to the third phenomenon, in particular the delusion of being controlled or influenced against one's will, Wagstaff argued that, although hypnotized subjects can be made, through suggestions, to experience specific behaviours as involuntary, this is not the same as losing complete control of their behaviour. It was especially stressed by Wagstaff that people who have been hypnotized do not lose control of their behaviour.

Finally, with reference to the fourth phenomenon, Wagstaff notes that he knows of no evidence that would support the contention of the prosecution 'that inappropriate emotion and delusions of identity are typical features of hypnosis'. Furthermore, Wagstaff indicates that subjective experiences of routine hypnosis do not differ from those experienced under 'relaxation' or 'imagery' conditions, in the absence of a hypnotic procedure.

Wagstaff questioned whether frontal lobe inhibition was a general characteristic of hypnosis, noting that hypnosis may have either a facilitating or an inhibitory effect, depending on what suggestions are made. In providing experimental evidence inconsistent with inhibition during hypnosis, Wagstaff stressed that there was significant evidence that hypnosis was more facilitating, in the sense that specific suggestions during hypnosis may lead to increased planning or executive decision making. The evidence presented by Wagstaff does not support the hypothesis that suggestions made to a hypnotized person change that person into a mindless automaton, and certainly do not put them into a schizophrenic state. Wagstaff's main conclusion here is that 'Brain activity varies with the type of suggestion given'.

Wagstaff indicated that the prosecution suggested that the result of hypnosis is abnormal activity of the cingulate, from which one could infer the presence of emotional pathology. However, Wagstaff provided a successful rebuke to this suggestion.

It was noted that a number of case studies presented by the prosecution were reputed to show various negative effects of hypnosis. Again, however, this argument

was successfully countered by Wagstaff, who showed that in all these case studies there was evidence of previous symptomatology. Wagstaff concluded that 'reports of serious problems following hypnosis of any kind are extremely rare'. Although Wagstaff admitted that there is evidence of adverse reactions following hypnosis in clinical practice, there is likewise evidence of adverse reactions during psychological therapy in which hypnosis is not involved. As in many of these discussions, I would reiterate that it is convenient to blame hypnosis (the 'usual suspect'), even though there are many more suspects 'out there' awaiting investigation.

Wagstaff reminds the reader that stage hypnosis does involve performance anxiety, which may include social pressure to perform (that is, entertain) and feelings of 'loss of control', but again these pressures and feelings are also characteristic of other non-hypnotic conditions. But, what happens? – one is again encouraged to bring in the usual suspect.

With reference to hypnotic susceptibility and vulnerability to developing or being predisposed to develop schizophrenia, it was noted that no empirical evidence exists to support such a contention. Wagstaff considers finally the problem of inadequate or even absent dehypnotization. Wagstaff concluded, with reference to both inadequate and absent dehypnotization, that there is no evidence that either 'is likely to trigger a psychotic reaction'.

Conclusions

In summary, I agree with Wagstaff's conclusions, but sincerely hope that the reader, unlike some members of the police force, would strongly consider causes other than the usual suspect. After all, the professional person has, at least in theory, been trained to consider alternative hypotheses in his or her explanations of behaviour. However, having noted the above, it is the general public who needs to be aware that just because a certain type of behaviour 'B' follows an incident 'A', it doesn't necessarily mean that A caused B, and therefore alternative explanations must be entertained. For example, an incident or incidents preceding A may be important candidates causing B. Clearly, in many cases, behaviour B may be attributable to multiple antecedents.

Reference

Wagstaff GF (2000) Can hypnosis cause madness? *Contemporary Hypnosis* 17(3): 97–111.

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