A Comment on an Alleged Association Between Hypnosis and Death: Two Remarkable Cases

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Abstract
Dr. Ewin recently reported his research on two “remarkable” cases where hypnosis performed by a lay hypnotist was allegedly associated with the death of the subject. Commentary is provided about both cases. In the first case, it seems clear that the death was co-incident to the hypnosis. In the second case, Dr. Ewin speculates that hypnosis may have been related to the subject’s death following her experience in a stage hypnosis show. Instead, we propose that the alerting suggestion used to terminate the hypnosis (that “the subjects would feel 10,000 volts of electricity through the seat of their chairs”), not hypnosis per se, was inappropriate and may have specifically adversely affected this particular subject due to her phobia regarding electricity. Legal ramifications of these cases regarding the issue of informed consent are raised. It is concluded that these cases do not imply a duty to warn subjects/patients that one possible negative consequence of undergoing hypnosis is death.

Keywords: Hypnosis, death, prolactin, alerting suggestion and informed consent.

The morbid thought of a relationship between hypnosis and death first appears in a horror story by Edgar Allan Poe. In Poe’s story “The Facts of the Case of M. Valdemar,” which was originally published in December 1845, (but our
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reference comes from an 1884 republication of this story), M. Valdemar, who is terminally ill with tuberculosis, consents to be placed in a mesmeristic trance as the hour of his death approaches. During the trance, Valdemar first reports that he is about to die, and then reports that he is dead. The mesmerist refuses to release him from the trance although Valdemar begs to succumb to death. After seven months, the mesmerist ends the trance and Valdemar’s body melts into a “nearly liquid mass of loathsome—of detestable putrescence” (Poe, 1884, last paragraph).

In Poe’s short story, hypnosis was not the cause of Valdemar’s death, but it condemned him to limbo in a purgatory sadistically maintained by the mesmerist. Although the story was a work of fiction, many readers at the time assumed it was a report of an actual scientific experiment. The more frightening prospect, that hypnosis in fact might cause death is the subject of this article.

When one of us (EJF) first reviewed a draft of Dr. Ewin’s extraordinary paper (Ewin, 2008), it was originally titled “Hypnosis and Death: The first and last cases.” Dr. Ewin was then asked: “How many cases were there in between?” Dr. Ewin responded that these were the only two cases of which he was aware. Consequently, a recommendation was made to change the title to reflect that there have been only two cases where hypnosis was allegedly associated with a death. That exchange brings us to this comment on these two truly “remarkable” cases. It should first be mentioned, however, that O’Keefe (2001, p. 23) has also reported a third case: “Twenty years before in the north of England, Sonia Cunningham, a young woman, died in similar circumstances [to the Sharon Tabarn case]. Her death occurred less than 24 hours after being involved in stage hypnosis.” We have not been able to find additional details concerning this occurrence.

Case 1: The Case of Ella Salamon

The Case of Ella Salamon, which was reprinted verbatim from the 1894 issue of the *Journal of the American Medical Association* (JAMA: von Vragassy, 1894), reads like the plot of a Gothic novel. Ms. Salamon was hypnotized by a lay hypnotist desiring to get clairvoyant information about his brother who was suffering in a distant city from some type of malady (“raising blood”) (Ewin, 2008, p. 70). His brother’s doctors could not agree on the cause of this symptom (i.e., whether the blood came from the brother’s stomach or lungs).

The hypnosis took place in Tuzer, Upper Hungary in September 1894, at Ms. Salamon’s home. Dr. William von Vragassy, who was visiting Ms. Salamon’s uncle, was present during both the hypnotic “experiment” (Ewin, 2008, p. 70) in which she died, and the subsequent autopsy in Budapest, Hungary.

Dr. von Vragassy’s eyewitness account (von Vragassy, 1894) stated that Ms. Salamon “seemed to be fatigued” as “she passed into hypnosis” (Ewin, 2008, p. 70). At this transitional point, the lay hypnotist then explained the purpose of his “experiment” (Ewin, 2008, p. 70), which we assume to be the clairvoyant experience to obtain information about the medical condition of his brother. It seems to us, however, that the lay hypnotist most likely either previously obtained the consent of Ms. Salamon and her family (Ewin, 2008, p. 70), or made his intentions clear to them as he proceeded with the hypnosis in their presence. The obtaining of consent makes it probable that the “demand characteristics” (Orne, 1962) of what was expected of Ms. Salamon when hypnotized were probably already known to her before the commencement of this hypnotic session. Nevertheless, if the demand characteristics were not clear at that time, then they certainly were clear right after she was hypnotized, but before this “experiment” was initiated.
Ms. Salamon apparently provided a “wonderful description of the patient’s lungs, with the topography, pathology, diagnosis and prognosis” (Ewin, 2008, p. 70). Dr. von Vragassy noted that Ms. Salamon “used technical language with the greatest exactness, though she never had medical training” (Ewin, 2008, p. 70). But this is not necessarily amazing nor evidence of clairvoyance if the lay hypnotist had already imparted this information to Ms. Salamon unbeknownst to Dr. von Vragassy or others who were present. Thus, a question is raised about whether Ms. Salamon might have been previously exposed to a medical description of the lay hypnotist’s brother’s condition. If she had, Dr. von Vragassy may not have been aware of this fact. Indeed, it is also unclear whether Ms. Salamon gave an accurate description of the lay hypnotist’s brother’s medical condition since no apparent attempt was made to corroborate what she reported with the brother’s attending doctors. Finally, there is no evidence that the lay hypnotist had a brother at all, no less one who was ill.

Not only did Ms. Salamon appear to become clairvoyant under hypnosis, but, based on Dr. von Vragassy’s description, she also exhibited mental teleportation. Her hypnosis was conducted in Tuzer. But the lay hypnotist then instructed Ms. Salamon that “we are now in Werschetz (a city in Hungary 235 miles southeast of Budapest) and then asked “do you see my brother?” (Ewin, 2008, p. 70). At first, Ms. Salamon responded “I do not see him” (Ewin, 2008, p. 70). The lay hypnotist “then explained to her the location of the house in which his brother lived” (Ewin, 2008, p. 70), and said: “My brother is in the third room” (Ewin, 2008, p. 70). “Yes, yes said the subject in tones of conviction, we are there” (Ewin, 2008, p. 70). Given the willingness of the lay hypnotist to provide these express details, Ms. Salamon’s seemingly paranormal behavior very well have been caused by demand characteristics based on the direct suggestions given to her. After all, Ms. Salamon initially says she does not see the brother, but then later reports that she does see him when it is suggested to her to do so. The lay hypnotist then inquired about the health of his brother and Ms. Salamon replied: “He is very ill” (Ewin, 2008, p. 70). At this point she explained “the details of the patient’s malady,” after which “the subject’s face was very pale and she seemed exhausted” (Ewin, 2008, p. 70). Given her medical history, it is curious why neither the lay hypnotist nor Dr. von Vragassy did not stop the “experiment” from continuing, or at least express caution about proceeding.

The hypnotist then “asked her one final question: ‘What do you think of my brother’s disease?’ ” (Ewin, 2008, p. 70), Ms. Salamon answered with difficulty: “Be prepared for the worst” (Ewin, 2008, p. 70). “At that instant she fell from her chair” and, despite attempts to revive her, “she died almost in a few seconds in spite of it all” (Ewin, 2008, p. 70).

The autopsy, witnessed by Dr. von Vragassy, indicated that Ms. Salamon’s brain “exhibited a high degree of anemia and consecutive malnutrition, with indications of edema; otherwise there was no abnormality” (Ewin, 2008, p. 70). The medical examiner concluded that the cause of death was “acute anemia of the brain, incident to the hypnotic state, with syncope and heart failure” (Ewin, 2008, p. 70). This appears to end the account of Dr. von Vragassy because the next paragraph starts with commentary from Professor R. von Krafft-Ebbing. In fact, we do not know, but can reasonably speculate, that Professor von Krafft-Ebbing was probably invited to comment on Dr. von Vragassy’s case report for joint publication in JAMA.

Professor von Krafft-Ebbing stated “There is no doubt that Ella Salamon died in hypnosis, but that she died by hypnosis is questionable…the manner of death cannot be determined with medical certainty” (Ewin, 2008, p. 70). We agree.

Professor von Krafft-Ebbing further states that Ms. Salamon was about 23 years old, “very nervous” and that she had “often been hypnotized” (Ewin, 2008, p. 70). So it seems reasonable to assume that she may already have been suffering from some type of
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undisclosed psychiatric disorder and, possibly, a co-existing medical condition. We do not know if her previous experiences with hypnosis were all with the same lay hypnotist, we do not know the nature of her relationship with him over time, and we do not know if she had been treated with some type of therapy that might account for her having “often been hypnotized” (Ewin, p. 70).

Although the hypnotic encounter with Ms. Salamon, for the purpose of demonstrating apparent clairvoyance and mental teleportation, was called an “experiment,” we reject that assertion. Experiments are conducted to test scientific hypotheses and are rarely done with parents, relatives, and family friends in observance. Rather, this event appears to have been primarily a “demonstration” for the purpose of entertainment, and perhaps for the purpose of satisfying the lay hypnotist’s desire to explore the nature of his brother’s illness. Again, we do not even know whether the lay hypnotist really had a sick brother or whether his existence and illness were contrived for the purpose of entertainment.

Whatever the purpose of the hypnotic encounter, the lay hypnotist’s conduct might have been illegal, even despite the fact that he may have obtained (mis)informed consent (Frischholz, 2001) from the patient and her family. Dr. von Krafft-Ebbing stated that there was a legal “enactment” in Austria, on October 26, 1845, that permitted “only authorized physicians the use of magnetism (hypnotism), and makes its use by others punishable” (Ewin, 2008, p. 71). In 1894, Hungary was part of the Austro-Hungarian Empire. Dr. von Krafft-Ebbing did not mention that the enactment prohibiting the use of hypnosis by unauthorized physicians had ever been abrogated. Therefore, it is reasonable to speculate that the hypnotic clairvoyance/mental teleportation demonstration conducted with Ms. Salamon by the lay hypnotist may have been illegal. We do not know if any legal action was ever taken against the lay hypnotist by Ms. Salamon’s family.

It is also of historical interest that Dr. von Krafft-Ebbing used the word “magnetism” (Ewin, 2008, p. 71) with the label “hypnotism” in parentheses in his description of the Austrian enactment. Braid is usually credited with having coined the label “hypnotism” in the 1840’s (Gauld, 1992; but also see Gravitz, 1993; Gravitz & Gerton, 1984). Nevertheless, it seems obvious that the term “magnetism” was still in vogue for von Krafft-Ebbing to have used it in 1894.

Professor von Krafft-Ebbing’s final conclusion was that “this case teaches us that the laity should not practice hypnotism; that one should not play with hypnosis” (Ewin, 2008, p. 71). This is particularly good advice.

In his paper, Dr. Ewin (2008, p. 71) made some comments regarding the nature of clairvoyance, citing Alexander Dumas’ novel The Corsican Brothers (1845) and citing the clairvoyance of Victor Race as reported by the Marquis de Puysegur (1784). It is not clear in the case of Victor Race whether he also exhibited clairvoyance when not hypnotized or only when he was hypnotized (de Puysegur called it “animal magnetism” at the time). Interestingly, in The Corsican Brothers, there is no mention of hypnosis in the story. One brother is shot and killed in a duel in Paris. At the same time in Corsica, his brother “is struck down with wounds in the same anatomical parts of the body” (Ewin, 2008, p. 71). Thus, each example cited by Dr. Ewin provides a different explanation for the apparent clairvoyance — as an effect of hypnosis, or as a psychically caused effect. If clairvoyance occurs outside hypnosis (as in The Corsican Brothers), then this is evidence that it is not unique to hypnosis (which seems to be de Puysegur’s contention). Despite the passage of two centuries, the debate today still continues about whether hypnosis is a unique state of consciousness with specific defining characteristics distinguishing it from other “states” of consciousness (Christensen, 2005; Gruzelier, 1996; Hilgard, 1965; Hilgard, 1977; Hull, 1933; Kihlstrom, 1985; Kihlstrom, 1998;
Spiegel, 1963; Spiegel & Spiegel, 1978, Spiegel & Spiegel, 2004), or whether it is not (Barber, 1969; Edmonston, 1981; Kirsch, 1985; Kirsch & Lynn, 1995; Kirsch, Mazzoni, & Montgomery, 2006; Lynn, Kirsch, & Hallquist, 2007). However, the passage of two centuries has at least resolved one scientific matter -- neither clairvoyance nor mental teleportation are characteristics of hypnosis.

Turning to the ultimate question – whether Ms. Salamon’s death was caused by hypnosis, or whether it was simply coincidental, we must reach several conclusions. First, there are insufficient facts to provide a completely definitive medical answer.

Second, despite the absence of important facts, we may observe that there appeared to be no direct or indirect suggestions to Ms. Salamon that could have induced her to die. That issue is raised in the Case of Sharon Tabarn to which we will turn in a moment.

Third, Orne’s (1962) demand characteristics explanation for some alleged hypnotic phenomena usually involves cueing the subject before the hypnosis. But in this case, there was specific additional cueing after the trance was induced, thereby intensifying the likelihood that she would respond to suggestions to see the hypnotist’s brother. Remember that the hypnotist gave Ms. Salamon a direct suggestion as to the room in which the brother was located. Responsiveness to leading questions has been well documented with and without hypnosis (Gudjonsson, 2003; Loftus, 1996; Scorboria, Mazzoni, & Kirsch, 2005).

Fourth, Ms. Salamon’s prior familiarity with the hypnosis experience undercuts the argument that this particular trance was fatally shocking to her. Of course, it might be argued that Ms. Salamon was highly distressed to be faced with the visualization of the lay hypnotist’s brother’s grave illness. However, there is no reason why this imagined “remote viewing” should have had so drastic an impact on her. It is true Dr. Von Vragassy reports that her face became very pale and that she “seemed exhausted.” A licensed professional would have stopped the exploration of the brother’s illness at this point, but does the lay hypnotist’s failure to do so make him criminally or civilly liable for causing Ms. Salamon’s death?

With regard to criminal responsibility, we do not believe that any jury would conclude that, beyond a reasonable doubt, Ms. Salamon would still be alive had the trance been ended. In addition, there is absolutely no evidence of a criminal intent to cause her death.

With regard to civil liability, a jury might well believe that the lay hypnotist was negligent in violating the duty he owed to Ms. Salamon to exercise reasonable care in handling the hypnosis encounter. However, the jury would still have to conclude that the failure to stop the trance was the cause in fact of her death. Expert medical opinion on this point would not have supported this conclusion, as evidenced by the remarks of Dr. Von Kraft-Ebbing. The absence of any other deaths under similar circumstances would further support the lay hypnotist’s defense. And, even if a jury were to conclude that the lay hypnotist’s conduct in fact caused Ms. Salamon’s death, the jury would still have had to find proximate cause – that it was foreseeable that the failure to end the trance was likely to cause death. In the Case of Ms. Salamon, coincidence should not be confused with causation.

Case 2: The Case of Sharon Tabarn

Dr. Ewin (Ewin, 2008) has assembled an amazing amount of data about the case of Sharon Tabarn, a 24-year-old female who died on September 23, 1993 in the United Kingdom within seven hours after being a subject in a stage hypnosis show the previous night. Dr. Ewin obtained a copy of Tabarn’s autopsy report, papers forwarded by David Pedersen, M.D., correspondence and a journal article by Michael Heap, Ph.D. (Heap, 1995), and an internet thesis about this case (O’Keefe, 2001; this reference spells Sharon as Sharron).
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Dr. Ewin also consulted with another forensic expert, Alvaro Hunt, M.D., of the Orleans Parish Coroner’s office, and with a neurologist friend. If we sometimes seem critical regarding data which are not present in Dr. Ewin’s account, we acknowledge it is not due to any fault on his part. Clearly, his research goes far beyond that of any previous report or analysis of this case.

On the evening of September 22, 1993, Tabarn, her estranged husband and two friends attended a stage hypnosis show at a pub in Leyland, Lancashire, UK. Her husband reported that she had consumed half a bottle of wine before going to the pub at 8 pm. He stated that he did not know how much she drank while there, and no additional information is provided about her alcohol consumption from the two friends who were also present.

Both Sharon and her husband volunteered for the hypnosis stage show conducted by Andrew Vincent, but only she was accepted as a good subject. Sharon and the other accepted volunteers performed the “usual antics of a stage hypnosis show” (Ewin, 2008, p. 71) before all were administered an alerting suggestion.

Three different accounts regarding the exact wording of the alerting suggestion have been identified. For example, Ewin (2008) reported the wording “was that when the hypnotist said ‘Goodnight’ the subjects would feel 10,000 volts of electricity through the seat of their chairs” (Ewin, 2008, p. 71). It is not clear what source this quote came from in the Ewin (2008) account but it is the exact same wording as that reported by O’Keefe (2001, p. 9).

In contrast, Heap (1995) reported that the hypnotist “said to the participants that on a given signal they would feel a shock of 10,000 volts go through their seats which would really hurt, and then they would wake up” (Heap, 1995, p. 2). Another source stated that at the conclusion of the show Vincent gave the following alerting suggestion: “I’m going to count from one to three and clap my hands. And as I clap my hands you will feel 10,000 volts of electricity shoot through your chair, and it will hurt!” (Wheeler, 2009).

All accounts about the exact wording of the alerting cue agree about the 10,000 volts. However, only two out of the four accounts agree that Vincent said it would “hurt.” Finally, only the Heap (1995) account indicates that the 10,000 volts would: a) “really hurt;” and b) “and then they would wake up.” Therefore, only in Heap’s (1995) account was there an explicit suggestion that the 10,000 volts “would really hurt” (with an implication that it would only hurt, but not be lethal) and a specific suggestion that that was when they would “wake up.” The Ewin (2008), O’Keefe (2001) and Wheeler (2009) accounts of the alerting cue do not contain a specific suggestion that that was when the subjects would “wake up.”

Accounts of what happened to Sharon and the other volunteer subjects following the alerting suggestion also differ. For example, Ewin (2008) and O’Keefe (2001) reported that a witness said that Tabarn “flew off her chair” (Ewin, 2008, p. 71; O’Keefe, p. 9). Wheeler (2009) claimed that the alerting suggestion “was the cause of the release of the hormone Prolactin, which in turn prevented her from awakening later that night when she vomited in her sleep.” Wheeler’s (2009) account is silent about what Sharon’s behavioral reaction to the alerting cue was and whether it was overtly different from the other stage show volunteers. But Heap (1995) reported that immediately after the hypnotist “gave the signal, the volunteers jumped up out of their seats and reorientated to their surroundings, after which there was much hilarity and excitement” (Heap, 1995, p. 2). In Ewin’s (2008), O’Keefe’s (2001) and Wheeler’s (2009) accounts, it appears as if Sharon had a visible and unique, overt negative experience different from that of the other subjects (who are not even discussed). But in Heap’s (1995) account, Sharon’s reaction to the alerting suggestion does not seem to differ much behaviorally from that of the other volunteers and that all were alerted and experienced “hilarity and excitement.”

Both Heap (1995) and Ewin’s (2008) accounts agree that Sharon Tabarn showed no additional negative reaction after the show’s conclusion. Ewin (2008) further reported that,
“according to the hypnotist, she “stayed for awhile socializing and drinking, and even chatted with him” (Ewin, 2008, pp. 71-72).

There is no report from Vincent concerning the number of drinks Sharon consumed. Vincent appeared to be skilled enough to discern that Sharon was a good hypnotic subject and that her husband was not (Dabney Ewin, personal email communication to Edward Frischholz dated 01/06/09), so it seems likely that he would have observed whether or not she seemed to be still in trance after the show or appeared intoxicated when she “chatted with him” (Ewin, 2008, pp. 71-72).

According to Dr. Ewin, “Her husband stated that they returned home about 11:30 and she complained of ‘feeling pissed’ (drunk) and said the room was spinning” (Ewin, 2008, p. 71). The next thing we know is that Tabarn’s “husband found her dead at 7:00 am. She was fully clothed” (Ewin, 2008, p. 72). The coroner was told “that it is believed that the husband had slept on the bed during the night and that he had gone to sleep with his arm around the neck of the deceased” (Ewin, 2008, p. 72). The coroner’s report says that he found Tabarn’s body “lying on her side partly on the lower part of a single bed. There was no evidence of any disturbance in the room which clearly belonged to one of the children” (Ewin, 2008, p. 72). Most likely, the police investigated evidence of foul play by Tabarn’s husband and ruled out the possibility that she died as a result of criminal conduct after she returned home; but we do not know for sure from the data we examined.

According to Dr. Ewin, the coroner estimated the time of death at 5:00 am, or “maybe an hour or two earlier” (Ewin, 2008, p. 72). So less than seven hours after her participation in Vincent’s stage hypnosis show, Sharon Tabarn was dead.

Dr. Ewin noted from the coroner’s report that “pertinent findings included 5 recent bruises – elbow, thigh and three on the shins” (Ewin, 2008, p. 72). The coroner did not account for the bruises. Ultimately, the coroner concluded that “the cause of death was determined to be 1) pulmonary oedema and 2) inhalation of gastric contents,” in other words, “death by natural causes” (Ewin, 2008, p. 72).

Two additional facts in the coroner’s report were striking. First, her “blood alcohol level was 78 milligrams per ml and the Prolactyn level was ‘grossly raised’ (exact level not given)” (Ewin, 2008, p. 72). Second, the coroner reported that “the cause of death was fluid in the lungs. This was caused by inhaling gastric contents into the back of the throat...It appeared as if she was intoxicated either due to alcohol or drugs, but there was no evidence of drugs” (Ewin, 2008, p. 72). Because Prolactyn rises after true seizures, the coroner’s report concludes that “I am reasonably certain she had a fit, although there was no history previously...The position would be aggravated by alcohol” (Ewin, 2008, p. 72).

However, Dr. Heap’s (1995) account also reported that “there was no definite evidence of natural disease although histological changes in the heart, albeit of a minor nature, suggested that there may have been an underlying defect which produced acute cardiac failure.” This fact was not reported in either Dr. Ewin’s (2008) or O’Keefe’s (2001) accounts.

Dr. Ewin, in consultation with his local forensic pathologist (Dr. Alvaro Hunt), agreed that this was “indeed an anoxic death” (Ewin, 2008, p. 72). However, Dr. Hunt did not consider “the actinomycoses as pathognomic of aspiration because they grow rapidly after death and are often present with other causes of death. There was no vomitus on the bed or floor, and the stomach contained only ‘some watery fluid with pink particles’” (Ewin, 2008, p. 72). In other words, Dr. Hunt did not seem to think that Sharon inhaled any vomitus, only gastric fluids, and that it was the inhalation of these gastric fluids which was probably the ultimate cause of her death.

Dr. Ewin reported that “Prolactin is elevated after generalized tonic-clonic seizures, and
also after syncope (Chen et al., 2005). Whether or not she aspirated, he [the forensic pathologist] concludes that her terminal event was most likely a seizure with anoxia” (Ewin, 2008, p. 73). The coroner’s conclusion that Sharon’s death was related to her alcohol intoxication and was not related to her participation in the stage hypnosis show so outraged her family that they pushed, unsuccessfully, to reopen the inquest (Dabney Ewin, personal email communication to Edward Frischholz dated 01/06/09). The question of paramount concern to us is whether there was a causal relationship between Sharon Tabarn’s death and her participation in the stage hypnosis show.

Hypnosis Caused Sharon Tabarn’s Death

Dr. Ewin (2008) believes that there was a causal connection between Tabarn’s participation in the stage hypnosis show and her subsequent death. His reasoning begins by first noting that Tabarn, at age 11, suffered an electric shock after putting her finger into a 250 volt socket. She was “shocked across the room. After that, she would not change a light bulb, or plug into a socket” (Ewin, 2008, p. 72). Dr. Ewin “asked a neurologist friend about Prolactin, and he said that a level over 100 mg per ml is significant evidence of a true seizure, and that we learned it from psychiatrists who do electro-convulsive therapy for severe depression” (Ewin, 2008, p. 73). Dr. Ewin then noted that “there are no controlled studies of prolactin levels after an electric shock without a seizure” (Ewin, 2008, p. 73). O’Keefe reported that the level of prolatyn “was more than 14 times the normal level” (O’Keefe, 2001, p. 4). This information provides a logical basis to speculate about a relationship between raised Prolactin levels and electric shocks.

Dr. Ewin then introduces another fact which he believes to be evidence that there was a connection between Tabarn’s participation in the stage hypnosis show and her death. He pointed out that “Martin Orne has demonstrated in his laboratory that a hypnotically suggested electric shock produces a measurable physiologic response comparable to the response of an actual low voltage shock” (Orne, 1982; Ewin, 2008, p. 73). Vincent gave Tabarn and the other subjects an alerting hypnotic suggestion that they would feel 10,000 volts of electricity. Tabarn’s response to this suggestion was intense – she “flew off her chair” (Ewin, 2008, p. 71). But according to Dr. Heap’s (1995) account, the other volunteers in the stage hypnosis show also flew off their chairs as well.

If the alerting suggestion had the same effect, in an apparently highly hypnotizable subject, as a real electric shock, then this may account for the raised Prolactin level in Tabarn’s blood. We do not know whether the other volunteers also experienced raised Prolactin levels as Tabarn did. Tabarn, as noted earlier, had a history of being violently shocked by electricity which subsequently developed into her being phobic about electricity. Again, we do not know, though we seriously doubt, whether any of the other volunteers also had a phobia for electricity.

Hence, Dr. Ewin has established a plausible hypothetical connection between Tabarn’s participation in the stage hypnosis show and her subsequent death. The alerting suggestion may have produced a later seizure as indicated by Tabarn’s higher than normal blood Prolactin level and the recent bruises on her body.

Dr. Ewin believes “that Sharon’s death was a delayed consequence of the hypnotic experience” (Ewin, 2008, p. 73). He hypothesizes that “considering her phobia and the suggestion of a shock of 10,000 volts, I think it projected her into a deeper trauma type trance that persisted until her death” (Ewin, 2008, p. 73). Dr. Ewin further speculates that he “would expect a phobic to be very anxious after the suggested electric shock, and to seek sedation from what was readily available — she drank too much and came home so ‘pissed’ (drunk) that she didn’t even change into a nightgown or go to her own bedroom, just passed out on
the bottom of her youngest child’s bed. As she metabolized the alcohol and came partially awake, but still not out of trance, all the fears could have been mobilized and re-experienced, and combined with the alcohol, caused her to vomit and have her first ever fit” (Ewin, 2008, p.74). Thus, Dr. Ewin concludes that the alerting suggestion actually had the opposite effect, it “projected her into a deeper trauma type trance that persisted until her death” (Ewin, 2008, p. 74, emphasis in original). This deeper trance triggered Sharon’s phobic reaction, which in turn triggered her first ever fit and the raised level of Prolactin in her system. The fit caused her recent bruises and ultimately caused her to inhale gastric fluids from which she subsequently died.

O’Keefe (2001) reached a similar conclusion. She conducted an investigation of Tabarn’s death which included interviews with Tabarn’s family, and a review of the medical and legal records. In her opinion, “it may be more accurate that this woman could have died as the result of post-hypnotic trauma brought about by suggestion. Therefore it may have been more appropriate to record an open verdict, and even death through misadventure due to the misuse of hypnosis.” More precisely, O’Keefe (1998, p. 134) concluded that “Sharron never woke up from the trance on the stage, but went home, fell asleep, and then woke up reacting to the post-hypnotic suggestion. This, compounded with her phobia of electricity, caused an epileptic-like seizure and in sheer terror she had a heart attack, vomited and choked to death on the contents of her stomach.”

In reaching her conclusion, O’Keefe argued that the dangers of stage hypnosis are well known and have been the source of extensive expert commentary. However, while that is true, death is rarely listed, and then only as an extreme and very remote possibility. Of more significance is Vincent’s failure, contrary to sound professional practice, to ask the volunteers about their medical history and whether they had any phobias. Sharon’s electricity phobia was quite pronounced. According to her parents, she “would not even change a light bulb or a plug” (O’Keefe, 2001, p. 9) after, at age eleven, she was shocked across the room when she touched a wall switch. Her parents also told O’Keefe that about a month before the hypnosis performance, Sharon’s father “nearly died of an electric shock and was signed off work with burns for five weeks” (O’Keefe, 2001, p. 9).

O’Keefe also reported that after the performance, Sharon said she “was not feeling well so the group went back to her house. Complaining of a bad headache and dizziness, she went to lie down and slept on the bottom of her youngest daughter’s bed, not even bothering to take off any of her clothes. Just after she went to bed she was administered Paracetamol, something which Sharron’s mother said was very rare” (O’Keefe, 2001, pp. 9-10). Paracetamol is an over the counter analgesic medication often used for headache pain. It is unclear from the O’Keefe (2001) account whether Sharon self-administered the medication or how much she took. This fact, however, is not reported in either the Ewin (2008) or Heap (1995) papers.

Jerry Wheeler (2009), a British stage hypnotist who became a hypnotherapist, also believes that hypnosis caused Tabarn’s death:

It is my own personal opinion that due to Sharron’s fear or phobia about electricity, the fact that she was a deep-trance subject, and the crazy, mean and nasty suggestion of experiencing a 10,000-volt electric shock which would really hurt, this was the cause of the release of the hormone Prolactin, which in turn prevented her from awakening when she vomited in her sleep. Possibly the concoction of alcohol, endorphins and Prolactin could be classed as a way of death through natural causes, even though, in my opinion, hypnosis was the trigger which caused this tragic accident.
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In summary, the three accounts which propose that hypnosis caused Sharon Tabarn’s death all do so in both similar and different ways. For example, all three accounts opined that Sharon was highly hypnotizable and had a long standing history of an electricity phobia. However, while each of the three accounts speculate that the alerting suggestion had both a unique covert and overt effect on Sharon, they each do so in different ways. For example, Wheeler (2009) hypothesized that given her history of electricity phobia, the exposure to a “mean and nasty suggestion” that she would experience a hurtful (but implicitly not lethal electric shock), “was the cause of the release of the hormone Prolactin, which in turn prevented her from awakening when she vomited in her sleep.” Wheeler (2009) does not postulate that Sharon Tabarn was never alerted from her hypnotic trance or that the alerting suggestion specifically caused her to vomit several hours later. Wheeler (2009) also does not even consider the potential role of alcohol intoxication in Sharon Tabarn’s death. Furthermore, a difficulty with Wheeler’s account is the absence of any medical evidence that Prolactin in fact inhibits awakening.

In contrast, while both the Ewin (2008) and O’Keefe (2001) accounts also proposed that the alerting suggestion produced both a negative overt and covert reaction from Sharon, they each did so in different ways. For example, the Ewin (2008) account clearly acknowledges the potential role of alcohol intoxication in Sharon’s death while the O’Keefe (2001) account significantly downplays its role. Both accounts stress Sharon’s dramatic response (“flew off her chair); but neither of these accounts considers the responses of the other volunteer subjects to the alerting suggestion. Furthermore, while both Ewin (2008) and O’Keefe (2001) claim that Sharon was never alerted from trance, Ewin (2008) acknowledged that Sharon stayed awhile after the show “socializing and drinking” (Ewin, 2008, p. 72).

The O’Keefe (2001) account, in contrast, gives the impression that Sharon did not stay long after the show was over but soon went home because she was “dizzy,” “had a headache,” and “didn’t feel well” (O’Keefe, 2001, p. 9). It is unclear whether both the Ewin (2008) and O’Keefe (2001) accounts believe that Sharon ever truly fell asleep or simply remained in a trance-like state. If either account were to concede that Sharon ever fell asleep, then they should also specify whether it is possible to be drunk, asleep and also be in a hypnotic trance all at the same time. If not, then Sharon must have had different kinds of cognitive shifts (i.e, from drunk/hypnotic trance to drunk/sleep then to drunk/wakefulness or finally just to being awake). Remember, O’Keefe (2001) trivializes any potential contributory role of alcohol intoxication in Sharon Tabarn’s death. Ewin (2008), on the other hand, stated that “as she metabolized the alcohol and came partially awake, but still not out of trance, all the fears could have been mobilized and re-experienced, and combined with the alcohol caused her to vomit and have her first ever fit” (Ewin, 2008, p. 74). So it seems that Ewin’s hypothesis is that she metabolized a significant amount of alcohol out of her system (but not all), became partially awake (i.e., not asleep), “but still not out of trance.” (Ewin, 2008, p. 74).

O’Keefe (2001), in contrast, proposes that Sharon was never drunk, “went home in a somnambulistic trance, fell asleep, and then could have woke up” (O’Keefe, 2001, p.12) reacting negatively to the alerting suggestion which was given earlier during the stage hypnosis show. “This could have compounded with her phobia of electricity to cause the epileptic-like seizure, and in sheer terror she had a heart attack, vomited and choked to death on the contents of her stomach” (O’Keefe, 2001, p. 12).

Hypnosis Did Not Cause Sharon Tabarn’s Death

Support for the coroner’s conclusion that Tabarn died from natural causes comes from the hypnosis expert the coroner consulted – Dr. Michael Heap. Dr. Heap reasoned that
“if stage hypnosis were in some way responsible for this person’s death then I consider that it must be the case that immediately following the hypnosis the person had been changed in some medically significant way such as to bring about the fatal event five hours later. (Some people have talked about death having occurred through post-hypnotic suggestion but I find this very hard to take with any seriousness)” (Heap, 1995, p. 2).

First, Dr. Heap noted that most effects of hypnosis are primarily subjective in nature and objective physiological changes are less dramatic. “In other words, the effect seems to be ‘as if’ these physical changes are happening rather than their actually taking place” (Heap, 1995, p.3).

Second, Dr. Heap considered the nature of the specific physiological response to hypnotic suggestion. He noted that “where such physiological changes occur, they are not the immediate effects of the imagined stimulus on the body, but the body’s homeostatic, defensive, adaptive, (and even, in some instances, maladaptive) reactions which would occur if the stimulus were present in reality” (Heap, 1995, p. 3).

Third, Dr. Heap considered what would be the subjective interpretation of a hypnotic suggestion that the subject would experience a 10,000 volts shock. He reasoned that “most people will interpret a shock of 10,000 volts as an agonizing and lethal experience. Accordingly, an accurate enactment of receiving such a shock would be their shouting, screaming, shaking, becoming rigid, throwing themselves about, falling immobile on the floor, and so on. But – and this is very significant – the participants in a stage hypnosis show react completely differently. They jump up off their seats and then there is laughter and excitement” (Heap, 1995, p. 4). Nevertheless, Dr. Heap also noted “some suggestions such as receiving an electric shock may cause sudden fear, and thereby may be construed as real stressors. Perhaps this aspect of stage hypnosis may have serious harmful effects in certain vulnerable individuals” (Heap, 1995, p. 5).

Fourth, Dr. Heap questioned “what kind of physiological reactions would occur in a body which was reacting to the effects of an electric shock stimulus when in reality no such stimulus had occurred, and secondly could such effects account for this manner of this fatality” (Heap, 1995, p. 5). His answer to these questions is no.

Finally, Dr. Heap considered the possible effects of too rapid a termination of trance. Dr. Heap noted that there are no known reliable indicators of when a person enters or exits a trance. “So how can one explain death by medical causes by saying that the individual was ‘brought out of trance too quickly’ or was ‘still in trance’?” (Heap, 1995, p.6).

In summary, based on the evidence Dr. Heap examined and evaluated in the Sharon Tabarn case, he came to the conclusion that Sharon had not been changed in any medically significant way as a result of participating in the hypnotic stage show the night before her death. Dr. Ewin quotes Heap’s (1995) conclusion that “there was no immediate reason, therefore, why this person should have lost consciousness and inhaled gastric contents; my reply to the pathologist’s question on this was that previously experiencing hypnosis would not have such consequences” (Ewin, 2008, p. 72). As Dr. Ewin wryly noted: “Certainly, ‘Death due to suggestion’ is not a diagnosis any coroner is likely to put on a death certificate” (Ewin, 2008, p. 73).

While Dr. Heap hypothesized that the electric shock suggestion alerted Sharon, in contrast, both Dr. Ewin (Ewin, 2008) and O’Keefe (2001) hypothesized that it projected her into a deeper trance from which she never fully alerted. Also, while Dr. Ewin acknowledged the potential contributory cause of alcohol intoxication, O’Keefe trivializes it. Both Ewin (2008) and O’Keefe (2001) further concluded that as Sharon awakened the night following her participation in the hypnosis show, she re-experienced the 10,000 volt alerting suggestion.
Comment on Hypnosis and Death

This, in turn, caused her to have a fit which caused her to inhale gastric fluids resulting in an anoxic death with possible cardiac failure as well.

Our Analysis of the Tabarn Case:

We offer another plausible hypothesis based on a different interpretation of the facts. We believe more emphasis should be placed on the blood alcohol concentration (BAC) found in Sharon Tabarn’s body during the autopsy report. “The human body metabolizes alcohol at a rate of .015 of blood alcohol concentration (BAC) every hour regardless of height, weight, sex or race. (It is the blood alcohol levels that may be affected by these characteristics, not the metabolism of alcohol, as people sometimes believe)” (www.alcoholalert.com/blood-alcohol-levels.html). Thus, when either the British coroner or Dr. Ewin state that Sharon’s “blood level was 78 milligrams per 100 ml,” her BAC was .078.

Dr. Ewin’s account states that “to still have a level of 78 mg at death, she would either have to have drunk 3-4 ounces of whiskey in the past hour, or have had a level as high as 150 mg five hours earlier on her return home, which would have metabolized down to the measured 78 mg” (Ewin, 2008, p. 73). As Dr. Ewin points out: “80 mg is considered as DUI evidence of being too drunk to drive” (Ewin, 2008, p.73) in either the United Kingdom or the United States (http://en.wikipedia.org/wiki/Blood_alcohol_content).

We believe that being drunk is a different type of altered state of consciousness than any other type of trance state (hypnotic or non-hypnotic). We further speculate that intoxicated people cannot be hypnotized or enter a hypnotic trance state. But we acknowledge there is no scientifically tested data to substantiate this supposition, although clinical observations tend to support our belief. With regard to Sharon’s death, had the police investigated how much she had drunk before she participated in the stage hypnosis show, we could make a better determination if she in fact had been in trance at all. If Sharon were already intoxicated, she might have been just going along with the show instead of entering any kind of “hypnotic” trance state. People can respond to the “demand characteristics” of a hypnotic stage show for a variety of reasons other then the fact that they have been hypnotized. Although Sharon drank a half bottle of wine or more before her participation in the stage show, there seems to be no evidence that she was heavily intoxicated before volunteering. Indeed, had she been so, she probably would not have been selected.

We find Dr. Heap’s observation that all “the volunteers” in the hypnosis stage show (including Sharon) “jumped off their seats and became alert again” (Heap, 1995, p. 1) to be compelling evidence that Sharon was alerted and did not remain in any hypnotic trance state. Heap (1995) also observed that the fact that all the volunteers (including Sharon) appeared to be “reorientated to their surroundings, after which there was much hilarity and excitement” (Heap, 1995, p. 2) was further evidence that Sharon was no longer in any kind of hypnotic trance state.

O’Keefe’s contention that “after the stage hypnosis show Sharon said that she was not feeling well so the group went back to her home” (O’Keefe, 2001, p. 9) is inconsistent with the evidence provided by Dr. Ewin (2008) and Dr. Heap (1995) that Sharon did not immediately leave after the show.

Tabarn’s alcohol consumption after the stage show is also highly relevant. According to Ewin (2008), Sharon stayed and was “socializing and drinking” when the performance ended (Ewin, 2008, p. 72). If she was not intoxicated prior to her participation in the show, her husband’s testimony that she said she was “pissed” when they got home, combined with her BAC at death, are strong indicators that she was very intoxicated by the time they left the pub. We believe that the testimony that she was socializing and drinking after the stage show also indicates that she had been alerted and was engaging in strategic waking behaviors.
We think that Dr. Ewin’s and the coroner’s speculation that Tabarn died because of a seizure (fit) is correct. How else does one explain her recent bruising and elevated blood Prolactin levels? Is it possible that the alerting suggestion had a unique traumatic effect on Tabarn because of her electricity phobia? Perhaps. But would this alone have caused her to die? As Dr. Ewin said, “granted, she didn’t drop dead as she ‘flew off the chair’” (Ewin, 2008, p. 73). Both our hypothesis and Dr. Ewin’s revolve around the contributing (perhaps causal?) factor of her being extremely intoxicated. But we do have sufficient facts to forward a different interpretation than Dr. Ewin, the British coroner and Dr. Heap.

There is sufficient evidence that Sharon Tabarn was highly hypnotizable. O’Keefe (2001) “points out that she had both babies without chemical anesthesia” (as reported in Ewin, 2008, p.73; O’Keefe, 2001, p. 8). In addition, Vincent picked her as a volunteer and rejected her husband. Stage hypnotists typically first assess all volunteers by noting their responses to preliminary suggestions before screening out which volunteers will then be part of the upcoming show. Tabarn was selected as a “good subject” (Ewin, 2008, p. 71). Finally, the evidence indicates that she did actually engage in the “antics” (Ewin, 2008, p. 71) of the hypnosis stage show and her response to the alerting suggestion was dramatic – she “flew off her chair” (Ewin, 2008, p.71). But, according to Dr. Heap (1995), it was no more dramatic than that of the other stage show volunteers.

We also believe that it is important to distinguish between being hypnotized and what is then done while a person is hypnotized (Brown, Schefflin, & Hammond, 1998; Frischholz, 2007a; 2007b; Schefflin & Shapiro (1989). The failure to recognize this distinction has led some to characterize hypnosis as a unique type of therapy (“hypnotherapy”) (Frischholz, 1997; 2000; 2007a; 2007b; Frischholz & Spiegel, 1983; Frischholz, Spiegel, & Spiegel, 1981), or as a specific memory retrieval technique (Council on Scientific Affairs, American Medical Association, 1985; Geiselman, R.E., Fisher, Mackinnon, & Holland, 1985; Geiselman & Machlovitz, 1987; Loftus, 1996; Lynn, 2001; Lynn & Kirsch, 1996; Lynn, Milano, & Weekes, 1991; Scoboria, Mazzoni, & Kirsch, 2005). Hypnosis can be utilized in therapy to augment many different therapy techniques, such as psychodynamic methods, behavioral methods and cognitive-behavioral methods. But the fact that hypnosis can be used with each of these techniques does not mean they are all similar methods of “hypnotherapy.”

Likewise, hypnosis can be used with different memory retrieval techniques, such as direct suggested recall, age-regression, the television technique or the cognitive interview, but such use does not mean that hypnosis itself is a technique to recall the past. Some of these memory retrieval techniques, both with or without hypnosis, may lead to increased error rates in recollection or to a lowering of the subject’s response criterion between what is remembered with confidence and what is just a guess (Erdelyi, 1996).

A recent study has clearly demonstrated that subjects who are given misleading suggestions later have higher rates of false memories than subjects who are not given misleading suggestions (Scoboria, Mazzoni & Kirsch, 2005). Many researchers have mistakenly concluded that false memories are the product of the use of hypnosis. However, the erroneous recollections may have been caused by the improper retrieval method used, such as asking leading questions which may contaminate memory regardless of whether a person has or has not been hypnotized.

It is clear that there are suggestions that can be used with hypnosis that are just plainly inappropriate and potentially dangerous. The Sharon Tabarn case is an example. Vincent’s alerting suggestion, that the subject would feel 10,000 volts of electricity, was distinctly foolish and unnecessary. Highly hypnotizable subjects, the people most likely to
be picked as volunteers by stage hypnotists, can evidence some very dramatic responses to
suggestion (Spiegel, 1974), including past lives regression (Gravitz, 2002), hidden observers
(Hilgard, 1977) and different identities (Cox & Barnier, 2009). What would be the expected response
of highly hypnotizable persons to a suggestion that they would feel 10,000 volts of electricity
flow through them when given a cue to do so? The potential for distress is foreseeable, indeed,
even desired by the hypnotist. We have no data about whether the other participants in Vincent’s
show were negatively affected by the thoughtless alerting suggestion. But, because the suggestion
was specifically designed to cause pain, it might very well have done so. The issue in the Tabarn
case is whether it was also foreseeable that the pain it might cause was death.

The point we are making is that the question remains as to whether hypnosis would
be the cause of such negative effects, or whether it is the suggestion given during the
hypnosis that would be the causative agent. Empirical data accumulated for over a century
indicates that some people evidence suggested effects without being exposed to hypnotic
induction (Frischholz, 2002; 2005; 2007a; 2007b; Hilgard, 1965; Hilgard & Tart, 1966; Hull,
1933; Kirsch, Mazzoni, & Montgomery, 2006; Spiegel, 1963; Spiegel & Spiegel, 1978;
Weitzenhoffer, 1953). These people also show high responsivity to the same suggested
effects after being hypnotized (Frischholz, Blumstein, & Spiegel, 1982).

Kirsch, Mazzoni and Montgomery (2006) have recently questioned whether being
hypnotized actually results in a significant increase in suggestibility. Hull (1933) and Weitzenhoffer
(Weitzenhoffer and Sjoberg, 1961) had already empirically demonstrated that exposure to a
hypnotic induction leads to a significant increase in the subject’s level of suggestibility. But a
recent re-analysis of the classic Weitzenhoffer and Sjoberg (1961) experiment (Frischholz,
2007a) indicated that the gain (i.e., effect size) is modest in comparison to the correlation
between waking and hypnotic suggestibility (Frischholz, Blumstein, & Spiegel, 1982).

We know that Sharon was “phobic about electricity” because as a child she “had
put her finger into a 250 volt socket and was shocked across the room” (Ewin, 2008, p. 72).
We also know that “after that she would not change a light bulb or plug into a socket” (Ewin,
2008, p. 72). These phobic responses occurred without any hypnosis. So the question is,
was her dramatic response to the alerting suggestion about 10,000 volts of electricity magnified
by the fact that she had been hypnotized, or would it have occurred if she received the same
type of suggestion without any hypnosis?

The answer to that question depends in part on whether Sharon was actually
alerted by the 10,000 volt suggestion, as proposed by Dr. Heap (1995), or was projected into
a deeper trance state, as proposed by Dr. Ewin (2008) and O’Keefe (1998; 2001). For several
reasons, we believe the evidence indicates that she was alerted. First, a moderately skilled
hypnotist who was capable of detecting which volunteers for the hypnosis stage show were
the most hypnotizable should also have been able to discern whether any of the subjects
given the alerting suggestion still remained in a hypnotic trance state (or went into an even
deeper trance state). We do know that she was “socializing and drinking” and even “chatted”
with Vincent after the show (Ewin, 2008, p. p.72). As noted before, these are indications of
strategic waking behaviors. Would a subject who had gone into an allegedly deeper trance
been able to engage in such interactions, and do so without detection by the hypnotist?

We propose that Sharon came out of hypnosis in an agitated, but alert, state. We
agree with Dr. Ewin that she probably was anxious due to her history of phobia about
electricity, and that she attempted to ease her agitation and anxiety by drinking more alcohol.
In fact, we believe that she became quite intoxicated before she left the pub.

We have no evidence that Sharon drank more when she returned home with her
husband at 11:30 pm (Ewin, 2008, p. 72). O’Keefe (2001) reported that Sharon complained of “a bad headache and dizziness” and went to lie down and slept on the bottom of her youngest daughter’s bed, not even bothering to take off any of her clothes” (O’Keefe, 2001, pp. 9-10). So it seems she went quickly to bed after returning home at 11:30 pm.

Based on Sharon’s temperature and rigor mortis, “the coroner estimated her time of death at 5:00 am” (Ewin, 2008, p. 72). If we assume that the coroner’s estimate of Sharon’s time of death is accurate, then no further metabolization of alcohol occurred. All body processes cease at time of death. So we can estimate that approximately 5.5 hours elapsed between when Sharon returned home at 11:30 pm until the estimated time of her death at 5:00 am.

The above data also allows us a means to estimate her probable blood alcohol concentration (BAC) when she returned home. First, we estimated above that approximately 5.5 hours had elapsed between when she returned home and the time of her death. Second, multiplying 5.5 hours by the known metabolization rate of alcohol (.015 ml per hour) equals .0825. This means that .0825 estimated BAC had been metabolized out of her body from the time she returned home until her estimated time of death. Third, we know that the coroner found .078 BAC after Sharon died. Adding .0825, the estimated BAC which had metabolized during the 5.5 hours, to the .078 found by the coroner after Sharon’s death, equals an estimated BAC of .1605 in her system when she returned home.

We agree with Dr. Ewin, the British coroner and Dr. Hunt that Tabarn died an anoxic death because this level of alcohol in her system caused her to have her first fit (i.e., a seizure with anoxia). But we do not agree that hypnosis played any causal role in her death.

Our conclusion is supported by a court of law. Sharon’s family brought a legal action against Andrew Vincent, but he was exonerated. The court found no evidence that Vincent was negligent, and hypnosis was not found to be the cause of Sharon Tabarn’s death. (Wheeler, 2009).

After the unfortunate Tabarn tragedy, and a few other highly published instances of alleged harm resulting from stage hypnosis performances, the British Home Office in 1995 appointed a panel of experts, who were nominated by the British Psychological Society and Royal College of Psychiatrists, to re-examine the 1952 British Stage Hypnotism Act. The experts were asked to determine if there were unacceptable potential dangers in such forms of entertainment. After eleven-months of study, in 1996 the panel released a ten-page report concluding that stage hypnosis “posed no serious risk to the public and that all indications are that there is not a significant problem directly associated with stage hypnotism.” Interestingly, as the report frankly states, none of the members of the panel was an expert in hypnosis. For some commentators, the absence of hypnosis specialists demonstrates the fairness and neutrality of the report; for other commentators, it undercuts the persuasiveness of the scientific conclusions.

The British Health and Safety Executive also issued a report concluding that “it should be made clear to all authorities that [the] HSE has no evidence to suggest that stage hypnotism poses a general risk to the public if it is carried out according to the Home Office guidelines.” Thus, every official body that has studied this case in detail agrees that hypnosis did not cause Sharon Tabarn’s death.

Hypnosis, Death and Informed Consent

Are there implications from the two Case Studies reported by Ewin (2008) regarding hypnosis and informed consent? In particular, should licensed health care practitioners who adjunctively use hypnosis in their professional practices, or scientific researchers who study the nature of hypnosis using volunteers, be required to inform their patients or subjects that an adverse side-effect of the trance experience might be death?
Comment on Hypnosis and Death

There have been a number of studies and case reports that have investigated the potential negative after-effects of being hypnotized. Some of these studies have focused on college student subjects who have been hypnotized for the purpose of scientific research (Brentar & Lynn, 1988; Coe & Ryken, 1979; Hilgard, 1974). Basically, all such studies have reported a small minority of subjects experience negative after-effects such as headaches, anxiety, torpor, emotional agitation and mental confusion. In fact, the Coe & Ryken (1979) study reported that subjects undergoing routine hypnotizability testing for the purpose of scientific research reported no more anxiety than they did when taking a college course examination. Certainly, no study with subjects undergoing hypnotic procedures has reported death as one of the potential consequences.

Other studies on actual clinical cases where hypnosis was utilized as part of the treatment procedure have not reported death as a potential consequence, although they have identified some potential adverse consequences of being hypnotized, especially in an entertainment setting (Judd, Burrows, & Dennerstein, 1985; Kleinhauz & Eli, 1987).

Because certain identifiable minor potential negative after-effects are foreseeable when the hypnosis ends, standard informed consent forms used in research settings and in therapeutic work with patients should mention them. While use of a standardized informed consent form with patients undergoing hypnosis have been developed for certain potential risks (e.g., Hammond et al., 1994; Schefflin and Shapiro, 1989), no report has ever appeared regarding the systematic use of such forms on a clinical population.

There have also been reports about negative after-effects of undergoing hypnosis in the context of a stage hypnosis show (Heap, 1995; 2000; Kleinhauz, Dreyfuss, Beran, & Goldberg, 1979). While many stage hypnotists do use some type of informed consent forms, we doubt that death is one of the listed adverse side-effects. If potential volunteers were told that death was one possible consequence of their involvement in a stage hypnosis show, most subjects would probably decline to participate.

These preliminary comments bring us to the central question of whether the two case studies reported by Dr. Ewin (2008) imply a duty for licensed health care practitioners using hypnosis as part of their treatment procedure to inform their patients that death is a possible consequence of undergoing such treatment. We think not for several reasons.

First, there seems to be universal agreement that hypnosis was not a causal factor in the death of Ella Salamon (Case 1). Thus, there would be no reason to warn about an event that would not be caused by hypnosis. Also, hypnosis has no scientific or other connection to clairvoyance, as was believed to exist in the late 1800s. No sufficiently trained and licensed therapist would bring clairvoyance into the therapeutic treatment, so the circumstances of Case 1 should never arise.

Second, the death of Sharon Tabarn (Case 2) occurred hours after she volunteered to be hypnotized for the purpose of entertainment by a lay hypnotist. It is reasonable to assume that Vincent did not take a medical history and so he did not discover Sharon’s electricity phobia. No properly trained clinician is likely to give an alerting suggestion that 10,000 volts will pass into the patient. Even if such a suggestion were given, the patient would have to have an electricity phobia undiscovered by the therapist for the argument to be made that hypnosis caused the death. As previously noted, in the Sharon Tabarn case, the court, the independent reports filed by the British government, and almost all of the experts agreed that she did not die as a consequence of her participation in a stage hypnosis show. There is no need to provide a warning for a consequence hypnosis cannot cause.

A therapist who gave the alerting suggestion utilized by Vincent would clearly be
negligent. Such conduct falls below the accepted standard of care. Thus, the therapist could be reported to disciplinary authorities. In a court of law, however, proof of negligence is not sufficient for liability. It must also be proven that the suggestion was in fact the cause of the patient’s death. Although experts could probably be found who would answer in the affirmative (indeed, it is possible to find an “expert” to say almost anything), the patient would have the burden of proof. In other words, a jury would have to believe that it was more likely than not that the alerting suggestion utilized during the trance caused the death. Given the historical record of the absence of such deaths, and given the conclusions in the Sharon Tabarn case, the therapist would be most likely to prevail.

Informed consent is required when a risk from a therapeutic procedure is sufficiently foreseeable, material and likely to occur. In other words, the risk must be recognized as a possible consequence of the treatment, it must be serious enough to warrant mentioning it to the patient, and it must be likely enough to happen so that the patient, by signing the informed consent form, assumes the risk of its occurrence. We are aware of no instances where a licensed health care practitioner trained in the clinical uses of hypnosis has reported that the use of hypnosis has resulted in a death.

There is only one appellate case in the United States that deals with informed consent and stage presentations. In Hohe v. San Diego Unified Sch. Dist., Sara Hohe, a 15-year-old high school junior, attended a “Magic of the Mind Show” sponsored by the PTSA as a fund-raiser for the senior class. Similar hypnosis shows had been presented annually at the school for about a decade. Sara had seen the show the year before and told her father about a “stunt where a subject was suspended between two objects while another person stood on the subject’s stomach.” After Sara was selected to participate, her father signed a release form which stated that he gave permission for Sara “to be hypnotized by Dr. Karl Santo during his program at Mission Bay High School. I waive all liability against the PTSA, its members, Mission Bay High School, and the San Diego Unified School District.” The release form also contained this provision: “CAUTION: Children with any mental disorder or of a nervous disposition are not allowed to participate.” Sara and her father also signed a second form consenting to hold Dr. Santo free of any liability resulting from any harm suffered as a result of Hohe’s participation in the hypnosis show. During the show, Sara “slid from her chair and also fell to the floor about six times.” There is no description in the court’s opinion of the nature of the harm she suffered.

Sara’s father sued to recover for the injuries Sara sustained. He claimed that the releases were against public policy, but the California Court of Appeal disagreed. Nevertheless, the court did permit the lawsuit to continue because the releases failed to give specific warning of the complete loss of the right to sue. According to the court: “A valid release must be simple enough for a layman to understand and additionally give notice of its import. A draftsman of such a release faces two difficult choices. His Scylla is the sin of oversimplification and his Charybdis a whirlpool of convoluted language which purports to give notice of everything but as a practical matter buries its message in minutia.” In this case, the releases were not sufficiently specific to put Sara and her father on notice that the hypnotist would not be held liable even if they were found to be negligent. Also, the release did not explain that Sara and her father would be “barred from a recovery based on her bodily injury.” One judge dissented on the grounds that the release form unambiguously stated that Sara and her father released the hypnotist “from any and all liability.” Furthermore, Sara had seen the show the year before and “was aware that participants would fall down, and elected to be among them. She now seeks compensation for injuries allegedly incurred when she fell down. The alleged harm is precisely that for which she released all others from liability.”
Comment on Hypnosis and Death

For the above articulated reasons, we believe that the extreme unlikelihood that hypnosis would cause death suggests to us that it is not necessary for an informed consent form to list death as a possible consequence to a hypnotic encounter. While informed consent is a well recognized and important legal precept, there are reverse dangers in its application. First, too much information may overwhelm the patient’s decision-making capacity, thereby making the informed consent somewhat meaningless.

Second, if it is true that suggestions may create consequences, every mention of a possible negative side-effect could enhance the possibility of those undesirable outcomes actually occurring. Some commentators have argued against the use of informed consent because mention of negative reactions might induce the undesired adverse consequences. Writing in *Science*, Loftus (1979) stated: “Many...studies provide...data indicating that to a variable but often scarifying degree, explicit suggestion of possible adverse effects causes subjects to experience these effects.” Even further, Fries and Loftus (1979) have written that “many experimental studies provide data that explicit suggestion of possible adverse effects may cause individuals to experience these effects. The possible consequences of suggested symptoms range from minor annoyance to, in extreme cases, death.” And later in the same article they wrote: “The sometimes morally obtuse advocates of full information unfailingly argue that “more is better;” they argue for the autonomy of the subject even as their rituals increase that subject’s peril.”

Although a mention of death in an informed consent form might be insufficient to increase the possible occurrence of death, it might nevertheless create distress that could lead to depression, or be a source for unnecessary suffering by the patient. For this reason, only risks that have a real likelihood of occurring should be mentioned in the informed consent form. Death is not one of those risks.

*Hypnosis and Death: Potential Liability*

There are two situations in which hypnosis, or, more precisely, the suggestions made during hypnosis, might be considered to be the cause of death. The first situation involves the subject’s/patient’s suicide following a hypnosis session.

In 2001, Lynn Howarth, a mother of seven children, won a verdict for £6,500 against a stage hypnotist. Howarth told Justice Leveson: “I went to that show as a normal, happy, healthy, energetic woman and came out a zombie” (Chapman, 2001). Within a week she began to experience panic attacks. She told her doctor that she felt that she was still in a trance (Graves, 2001). Over the next two years, Howarth developed a severe depression that twice led her to attempt to kill herself (BBC News, 2001). The age regression suggestion, she argued, awakened “deeply buried” memories of childhood sexual abuse she had suffered thirty-two years earlier when she was eight-years-old. The High Court judge ruled that the hypnotist’s suggestion that the volunteers “should imagine going back to being a child - but not back into their own childhood” was actionable negligence. In fact, however, the suggestion was not that she should go back to her own childhood and remember or revisit her experiences at that age (because British law prohibited such age regressions), but rather that she should “act as an eight- or 10-year-old watching a film” (Graves, 2001). The basis for the judge’s ruling was that the suggestion caused Howarth “to regress to an age when she was sexually abused and, as a result, suffer depressive illness” (BBC, 2001; Addley, 2001). He observed that the case was “simply about whether on this particular evening this particular hypnotist failed to ensure that his instructions were sufficiently clear for his volunteers not to indulge in that known danger of age regression.”

Howarth’s counsel argued that the hypnotist was negligent in failing to check the backgrounds of the volunteers, and negligent for not realizing that his client “was among the
5 percent of the population who are highly susceptible to hypnosis” (Chapman, 2001). These arguments are interesting because (1) a background check would have revealed nothing if her memories were truly repressed, rather than voluntarily retrievably dormant, and (2) her high hypnotizability is exactly the quality that a stage hypnotist desires in selecting subjects. Also of interest is the fact that in order to prove that Howarth was highly suggestible, her counsel “gave the judge a video of Mrs Howarth undergoing a session of hypnosis” the month before the trial (Graves, 2001). If hypnosis itself were dangerous, counsel’s act of having his client hypnotized might itself be negligent. It might be argued that re-hypnotizing her could have triggered the original traumatization.

The hypnotist, in his argument to the court, said: “You don’t know what’s in people’s personal childhoods...Any sort of trauma could be brought to the surface” (Chapman, 2001). His argument is interesting because it suggests that stage hypnosis, at least the use of age regression, may be too dangerous for entertainment purposes. Indeed, as noted, such age regressions were already banned by the 1952 British Stage Hypnotism Act.

It appears that the Howarth case is one of the very few successful suits in England against a stage hypnotist for mental distress damages.

Had Howarth actually committed suicide, the hypnotist might have been found liable for her wrongful death. It is a question of fact for the jury whether the hypnosis session was negligently conducted and whether the hypnosis was the “proximate cause” of the patient’s death. Some courts consider suicide to be an intentional act that then relieves the negligent person of liability. Other courts conclude that if suicide is foreseeable, it is actionable, thereby making the hypnotist responsible in part for the self-inflicted death. Because the topic of hypnosis and suicide moves beyond Dr. Ewin’s reported cases, and is a subject with its own complications, we will defer further discussion. We raise it here only to point out a possible scenario in which a subject’s death after hypnosis might be attributable to the hypnosis, or at least to the failure of the hypnotist adequately to protect the subject. This situation involves improper therapy, not hypnosis. It is the hypnotist, not the hypnosis, that is the causal agent.

A second potential situation in which a hypnotist might be liable for a subject’s death after hypnosis is where the subject was not fully alerted and then engages in conduct, such as driving a car, that results in the subject dying. The analogy here would be to a physician who prescribes a medication but fails to tell the patient that she should not drive because the drug will make her drowsy. In this situation, it is not the drug that causes the death, it is the physician’s failure to warn the patient to desist from driving that is the cause of the fatality. Similarly, hypnosis is not the cause of death. Liability would be based on the hypnotist’s failure to properly alert and warn the subject.

References
Comment on Hypnosis and Death


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