A Dissociative Episode Following Stage Hypnosis in a Combat-Injured Soldier: Implications, Treatment and Reflections

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Abstract
Significant data to suggest the need for more appropriate precautions for volunteers participating in stage hypnosis is presented. This paper is a case report of a soldier previously injured in battle who, due to participating in stage hypnosis one year after his injury, experienced a dissociative episode wherein post-traumatic stress symptoms were prominent. During this episode, which lasted over three hours, the service member assaulted an acquaintance, subsequently believed he was a prisoner of war, experienced amnesia for some of the events, and was eventually psychiatrically hospitalized. The diagnosis of acute psychotic reaction was rendered. Fortunately for this service member, upon his return to his treating hospital center, his primary medical team made an appropriate referral. Psychotherapeutic treatment allowed this individual to integrate his traumatic experiences, gain control and understanding of his behavior, and extinguish his pain and suffering, returning to his successful career.

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Typically, the therapeutic goal of clinical hypnosis is to relieve physical or emotional symptoms of conflicts. In contrast, the most common goal of stage hypnosis is the entertainment of others, often without regard for outcomes. While most state authorities have few if any regulations specifically targeting the use of stage hypnosis, there have been reports of both physical and psychological injury resulting from this practice. After several similar high-profile cases in the United Kingdom, the House of Commons appointed a panel of psychiatrists to review several instances and requested input from more than 350 local authorities in their review of the Hypnosis Act of 1952 (Home Office, 1995). This review unfortunately concluded that the risk to participants of stage hypnosis did not constitute a serious enough threat to warrant further regulation.

However, not all experts have been convinced of the safety of stage hypnosis for all populations. Of note, several cases have been reported in which participants expressed feelings of discomfort, disorientation, impairment in memory, and abnormal behavior following stage hypnotism (Echterling & Emmerling, 1987; Kleinhauz, Dreyfuss, Beran, Goldberg, & Azikri, 1979). A high profile case of a woman who fell into a life-threatening dissociative state, seemingly triggered by stage hypnosis, was reported by Kleinhauz and Beran (1981). Another case reported by Kleinhauz and Beran (1984) described that at least one patient uncharacteristically became violent and committed an armed robbery after being hypnotized during a stage performance. Other dangers with stage hypnosis have been reported (Echterling & Emmerling, 1987; Kleinhauz, Dreyfuss, Beran, Goldberg, & Azikri, 1979).

The following is a case report in which a medical patient volunteered for stage hypnosis and after the show became violent, assaulted an associate, and subsequently experienced a dissociative episode in which he believed he had been taken prisoner by foreign enemy combatants.

Case Report

The patient was a 35-year-old male who was injured by an improvised explosive devise (IED) during combat. At the time of his injury he suffered transient right-sided paralysis and later developed chronic neuropathic pain in his right arm and leg. He underwent extensive physical rehabilitation as an outpatient at a US military medical center.

Approximately one year after his injury the psychiatry staff was asked to consult on his case due to an episode that occurred the preceding weekend while the patient was on a recreational trip with other patients and guides from the medical center. His referring physicians had an awareness of his apparent dissociative behavior and they perceived his reported behavior as being incongruent with their experience of him. The recreational trips were a part of injured service members’ rehabilitation. One evening during the trip the group attended a performance involving a professional stage hypnotist where the patient volunteered, and was persuaded to come on stage, and was subsequently hypnotized by a stage performer. The hypnotist had him perform numerous embarrassing acts. Although he reported to having had reservations, he was nevertheless compliant with the hypnotist’s suggestions. After the performance, the stage hypnotist told the patient that he was a “great hypnotic subject and the star of the show.” He further offered to pay for him to return anytime if he agreed to participate again in the show. However, upon leaving the auditorium, the patient and his colleagues reported he “ripped up” the hypnotist’s business card.

Subsequent to his leaving the hotel where the performance was held the patient reported not feeling well and other people in his group commented that he looked ill. He had little memory of the events after leaving the show but remembered losing track of time and feeling disoriented. Additionally, he felt overwhelmed by the lights and sounds of the surrounding outside environment. At that time, when one of the female guides in his group accidentally bumped into him, he unexpectedly grabbed her and applied a military choke in
an effort to cut off blood flow to her brain. He was then restrained and arrested for battery. He reported that his memory of the subsequent events was, similarly, severely impaired. However, he was told that for a period longer than 3 hours of time he spoke of being captured by foreign combatants and being held as a prisoner of war.

As he began to remember the incident he recalled that he believed his jail cell was filling with water and he became terrified that he would drown. Later, after being told what happened, he vividly remembered finding himself in an agitated state on a hospital gurney in 4-point restraints. When he finally awoke in the hospital, he was disoriented but calm and without lingering delusions. However, he did report some hyper-vigilance, which he stated was similar to the feeling he experienced when he flew back to the U.S. after being injured during combat operations in Iraq.

This patient had no prior psychiatric history and was in good physical health prior to being injured in battle. He had served in the military for more than 12 years and had seen extensive combat prior to his injury. Throughout the day of this recreation trip the patient reported feeling well and being in good spirits. Only after he was hypnotized did he report not feeling well. While he admitted to having two drinks earlier in the day prior to the performance, he reported having consumed no alcohol after being hypnotized because he was not feeling well. He denied any illicit substance use. The only medication prescribed at the time was gabapentin 300mg TID for pain.

He had never before experienced a dissociative episode or fugue state. This service member described having a successful career in the military with no disciplinary actions. He was married and the father of two children. He described his marriage as being “way above average.” At the time of interview, he was mildly anxious but without any other psychiatric symptoms and his Mini Mental Status Exam (MMSE) was 29/30 with one point deducted for short-term memory.

**Treatment and Results**

While the victim of his assault did not press charges against him the patient remained concerned that such an episode could reoccur. Upon return to the military medical center he reported to his physical medicine and rehabilitation physicians, in obvious distress, and he was accordingly referred for psychiatric evaluation and treatment. During the evaluation the above detailed history was obtained. He was found to be a highly hypnotizable patient. A rapid hypnotic screening procedure (Wain, 1979) was conducted using the Hypnotic Induction Profile (HIP) (Spiegel & Spiegel, 1978). The patient was a “4” on the (HIP) suggesting that the patient had a “high” dissociative capacity. During the early phase of his treatment, after a therapeutic alliance was developed, the patient revealed having elements of verbal abuse, being ridiculed, and being made fun of by peers.

He expressed anger toward the stage hypnotist for his being demeaned and humiliated. Through treatment he eventually came to recognize that his anger toward the supportive counselor whom he attacked was transference aimed at the hypnotist. The latter reminded him of his demeaning parent, thus, the negative transference to an authority figure. As treatment progressed he became more aware of the transference between his father and the hypnotist humiliating him on stage. After gaining greater insight he was able to work through many of the issues present for him since childhood. As sessions continued his understanding of the transference effect became clearer.

Hypnotic interventions to include age regression as well as affect bridge (Watkins, 1971) techniques helped him master and work through some of his anger toward authority figures. As a band-aid, the “clenched fist technique” further helped gain coping strategies (Stein, 1963). Age progression was also utilized where he rehearsed and mastered future episodes of being confronted by authority figures to help build his confidence. Cognitive
reframing in terms of effective ways of expressing anger was also used. Rapid hypnotic induction and techniques that provided hypnoanalgiesic responses allowed him to relieve the chronic neuropathic pain he experienced in his arm and leg (Wain, 1992).

As he progressed through treatment he became able to control pain, residual anxiety, and flashbacks to his post-stage hypnosis. He was further able to work through the trauma associated with the IED blast utilizing the techniques for physically injured trauma victims as described by Wain (2006, 2007). After several visits the patient reported being able to completely eliminate his pain and anxiety with self-hypnotic techniques and was able to stop taking his analgesic medications. He has had no recurrence of disorientation, depersonalization, delusions, hallucinations, or mood liability. He was able to integrate his traumatic experiences and nightmares and produce a normal stream of consciousness. The patient was followed weekly for six months. Upon completion of his physical rehabilitation, he was cleared to return to full time active duty.

Discussion

As mentioned earlier, there have been several cases of participants acting inappropriately following stage hypnosis. However, this case highlights some extreme reactions as the patient entered a dissociative-like state in which he became violent, assaulted someone he had known and toward whom he had no previous ill-feelings. He further became delusional, had hallucinations and eventually needed to be hospitalized. As with previous cases of deleterious effects following stage hypnosis, this patient felt ill, disoriented, and had impairments in memory after the performance. This has been attributed to poor dehypnotization (Kleinhauz, 1984). Perhaps this patient’s dissociative episode and subsequent sudden violent behavior might have been avoided if there had been clinical sensitivity and awareness which initiated appropriate dehypnotization and reintegration of the service member immediately following the performance. Of greater significance, he should not have been selected in the first place because of his previous trauma associated with his war time experiences.

Needless to say, there have been countless people who participated in stage hypnosis and experienced no ill effects. In fact, interviews with participants have generally shown their experiences to be positive (Echterling & Emmerling, 1987; Crawford, Kittner-Triolo, Clarke, & Olesko, 1992). Yet, while cases of severe psychiatric symptoms, such as dissociative episodes and psychosis, may be quite rare in relation to the total number of people who have participated in stage hypnosis certain populations may be more susceptible than others and thus more vulnerable. In one case study, Kleinhauz, Dreyfuss, Beran, Goldberg & Azikri (1979) described a woman who suffered recurrent dissociative episodes lasting hours to days. These involved unusual and inappropriate behavior. She had perceptual disturbance and regression to her traumatic WWII-era childhood. The author postulated that the hazards of hypnosis reside in the personality of the individual being hypnotized and that war-traumatized participants may be particularly susceptible to negative experiences.

Walling and Levine (1997) propose that the relationship that exists between patient and hypnotist, especially those who use the more authoritarian techniques common in stage hypnosis, may be particularly deleterious to those with a traumatic background. Accordingly, the aftercare for those who participate in stage hypnosis can be crucial, especially with highly hypnotizable subjects.

Many forget that the highly-hypnotizables tend to transiently decrease their critical judgment, assimilate information rapidly, and thus become more prone to respond to suggestions. For many years, it has been observed that individuals with post-traumatic symptomatology are highly hypnotizable (Ross, 1941; Gill & Brennan, 1961). Research studies have also reinforced those clinical observations in that individuals with post-traumatic symptoms tend to be more high hypnotizable and more hypnotizable than other clinical and non-clinical groups (Stutman & Bliss, 1985; Spiegel, Hunt, & Dondershine, 1988; Kluft, 1980;
Spiegel, Detrick, & Frisholtz, 1982). Trauma patients need a sense of safety and ego strength prior to negotiating any past traumas. Premature exposure may cause a disintegration of psychological defenses. Recognizing the potential danger of suggestion to those with a high dissociative capacity who by definition may have temporarily suspended their critical judgment is of significant concern and incumbent on anyone utilizing hypnotic techniques.

This particular service member did not have a therapeutic alliance with the stage hypnotist. Furthermore, the induction technique decreased his critical judgment and exposed him prematurely to a past trauma of humiliation. His defenses may have been compromised by other traumatic events thus the displacement of his anger. He was not ready to negotiate the past and lacked the ego strength necessary to work through the previous conflicts.

As a guideline, prior to hypnotic procedure, every patient-subject should be asked about previous trauma and psychiatric history. Those subjects with positive responses to the previous questions should be discouraged from participating in stage hypnosis. Subsequent to stage hypnosis a clinician should be readily available to respond to questions or concerns after the performance and participants should be screened for any lingering effects of the hypnosis.

For patients with a traumatic background or psychiatric history the potential effects of stage hypnosis appear to be well beyond the scope of what an entertainer would be able to manage; therefore, a trained clinician may need to be consulted to deal with clinical issues that may arise (Kleinhauz & Beran, 1984). Unfortunately, while stage hypnosis may demonstrate to participants the significant impact of hypnotic phenomena, it may actually cause a bias against clinical hypnosis for the patient that could benefit from its use (Echterling & Whalen, 1995).

Stage hypnosis is a common form of entertainment that many participants may tolerate safely. However, the practice offers no regulation and, in certain populations, may not be as benign as commonly thought. Individuals with a traumatic history, exposure to combat and/or related injuries, and psychiatric history should be discouraged from participating.

This case lends credence to the argument that stage hypnosis may be deleterious for certain populations of participants and particularly those with a history of exposure to traumatic events such as military combat. Though contraindications to the use of hypnosis are often taught and the fallout from stage hypnosis is often inferred, there is an absence of legislation or monitoring. This paper may serve as a wake-up call to emphasize the significant impact of the inappropriate employment of hypnosis with this population.

References
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