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HYPNOSIS

The FBI's Team Approach

By RICHARD L. AULT, JR.

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If you desire to involve yourself in a controversial subject, the "nature and use" of hypnosis will provide you an inordinate amount of debate, particularly on the use of hypnosis in law enforcement.1 There exists today disagreement between police officers who are doing their own hypnosis on witnesses and victims of crimes and some medical and mental health professionals who believe unrestricted use of hypnosis is dangerous. Additionally, there are individuals in the legal profession who are concerned about the possible misuse of hypnosis by police.2

Review of Controversy

The scientific community (those professionals, such as psychiatrists, psychologists, and physicians, who use hypnosis) takes the position that hypnosis can be dangerous in the hands of individuals who are not trained to judge the mental health of those persons they are hypnotizing. They argue that many witnesses, and more particularly victims of crimes such as rape, are often severely traumatized psychologically as well as physically. For police to hypnotize these individuals and have them relive

the incident could possibly cause further psychological harm. Moreover, these professionals are leery of the potential for "leading" or "cueing" individuals under hypnosis. That is, they fear that police may, wittingly or unwit-, tingly, implant "clues" in the mind of the hypnotized witness or victim.3 In a recent article in The Police Chief magazine, Bill Putnam states, "There is the possibility, however, that witnesses questioned under hypnosis are more suggestible and, therefore, are more likely to give the answers that they think the interrogator wants them to give." 4

John Stratton, a psychologist with the Los Angeles Sheriff's Office, says:

"As the techniques of hypnosis can be quickly taught, so too can the basic techniques of surgical removal of an appendix. . . . However, the diagnosis, the numerous pre- and postoperative procedures, as well as the infinite possibilities of side effects, . . . require years of training and experience. This is also true in hypnosis.

The basic techniques are relatively simple; however, the ethical, professional and client-centered concerns are acquired over time. . . ." ⁵

Harry Arons, a longtime proponent of law enforcement's use of hypnosis, quotes an article appearing in *Popular Mechanics* written by George J. Barmann:

"Dr. Gerber, who is one of the few coroners with both medical and legal degrees, says that police departments will want to use only the best men, properly trained medical people, either on the staff or on call, as hypnotists. To be truly effective they must know a great deal about medicine and human behavior." ⁶

Law enforcement personnel do not disagree with the idea of the ethical use of hypnosis. ⁷ Their disagreement is with the idea that hypnotism is a dangerous tool. Supporters maintain they are not using hypnosis in a therapeutic context, ⁸ but rather, the use of hypnosis by law enforcement is limited to that area known as "hyperamnesia," which is "the retrieval of information or an increase in memory recall greater than that achieved at volitional or non-hypnotic levels." ⁹

Advocates of law enforcement's use of hypnosis say that the fear of police creating or precipitating mental illness or implanting memories are baseless. These proponents state that they have noted no adverse reactions from those who have been hypnotized? by police. Further, the evidence obtained under hypnosis must be corroborated. The fact that an individual is more receptive to suggestion under hypnosis is acknowledged, 10 but poor questioning or shoddy police work is just as likely without the use of hypnosis as with it. Hypnosis itself does not create slipshod investigation.

One fact does emerge from this controversy over who should conduct the hypnotic sessions: All involved agree that there is value in the use of hypnosis to elicit additional information from witnesses or victims who may not otherwise have it readily available to the conscious mind.¹¹

History

The history of hypnosis is adequately discussed in numerous books and articles. ¹² From ancient Egyptians who practiced "faith healing" to Braid, who first named the phenomenon "neurohypnotism" in 1843, and from Braid to the present where the nature of "hypnotism" is still debated, ¹³ the use and abuse of hypnosis throughout history is well-documented.

Disagreements about the nature of hypnosis will continue, but whatever its nature or however it works, it does work with many people.¹⁴

The Team Approach—FBI Policy

The FBI has adopted a "team" approach in its use of hypnosis. Formal FBI policy for the use of hypnosis, based on guidelines set out by the U.S. Department of Justice, has been in existence since 1968 and has remained virtually unchanged since then, although recent revisions in 1979 include the use of Special Agents who act as hypnosis coordinators.

The FBI's policy basically states that the FBI is to use hypnosis only in select cases. This would include bank robbery, where force is used or a large amount of money is involved, kidnaping, extortion, and crimes of violence which occur where the FBI has jurisdiction. Hypnosis is confined to use with key witnesses or victims of crimes only. No one who has the potential of becoming a suspect or subject in a case is to be hypnotized for any reason. For the sake of brevity, the term "witness" will be used in this article as a substitute for "witness/victim."

"... there is value in the use of hypnosis to elicit additional information from witnesses or victims..."

The FBI uses only highly qualified hypnotists to do the actual induction. The use of hypnosis must be discussed with the U.S. attorney and his permission obtained. The U.S. attorney must then obtain written permission from the Assistant Attorney General of the Criminal Division, U.S. Department of Justice. The current policy also states that no Agent may participate in a hypnotic interview without written permission from the Attorney General. Further, the hypnotic interview must be recorded in its entirety, either by audio or video tape, with video the preferred method.

The guidelines specify the use of a psychiatrist, psychologist, physician, or dentist who is qualified as a hypnotist. The use of a qualified health professional provides additional protection for the witness, the cost of which is minimal. Agents have used the services of professionals who have given generously of their time, or who have charged only a modest fee for the sessions, because of their desire to help in what is for some a new area of hypnosis. Furthermore, the FBI has found that this added protection has not restricted Agents in their use of hypnosis.

Training of Coordinators

As with many new programs, the FBI had some early problems in its use of hypnosis. The results obtained were not consistent from field office to field office. Some Agents contacted doctors who did not want anyone present, except the witness and the doctor, during the hypnosis interview. Other doctors did not want video tapes made of the session. These and other problems were not in keeping with the legal needs of either the FBI or the prosecuting attorneys. With this in mind, the Training Division of the FBI instituted a program for 60 of its Agents from field offices throughout the United States. Its purpose was not to train Agents as hypnotists, but to teach them the theory, techniques, and hazards of the use of hypnosis. These Agents are the FBI's "hypnosis coordinators" and are trained to bridge that gap which exists between the professional, who does not always understand our legal needs. and the FBI, which does not always understand medical needs. The coordinator is responsible for setting up every hypnosis session. This assures more centralized control of the use of hypnosis in each FBI field office.

Members of the social science community assisted in this training by participating in this seminar which was designed to provide instruction to the 60 Agents.

On completion of the first 4-day seminar, the Agents were charged with the responsibility of returning to their offices and seeking a qualified professional to assist in future hypnosis sessions. Arrangements with professional would include such items as the doctor's willingness to allow at least the Agent coordinator to be present at the hypnosis session, possible locations for interviews, an understanding that the entire interview must be recorded and recorded in a specific way (which will be discussed), arrangements for payment, and amount charged for the service.

Specific Techniques

The area of greatest concern was the potential for "leading" witnesses. While "cueing" does exist with or without hypnosis, the suggestibility of a witness in a state of hypnosis may be even greater than when not hypnotized. To offset this tendency, and to provide a record should the witness' information be used in court, recording the hypnosis session should be conducted in three parts.

In the first segment, the psychiatrist, psychologist, or physician explains to the witness what hypnosis is, what some misconceptions are, and what should happen during the course of the session. The professional will also determine that the witness has no particular problems which preclude hypnosis. The coordinating Agent is present and may also ask questions to assure that the witness knows why he/she is participating in the hypnosis session.

In the second phase, either the professional or the coordinator asks the witness to relax and attempt to remember as much as possible concerning the incident. This is done with no prompting. Neither the Agent nor the professional should ask questions until the witness has had a chance to "run down." Then, any questions asked would be based only on what the witness has remembered during this phase.

The last phase is the actual induction. After appropriate hypnotic induction, and then regression, the witness is again asked to tell what he can remember. Once more, questions should be based only on that information produced during the hypnotic session. It is better for the hypnotist, as well as the coordinator, to know as little as possible about the case, so that cueing is minimal. With the above method, there appears less chance for the questioner to "slip," even if he does have knowledge of the case outside the witness' memory of the event.

The time involved for all three phases is usually about 1-3 hours, depending on the details recalled by the witness and the length of the professional's explanation.

Check List

To prepare the coordinator for the task of setting up a session, ach Agent was provided with an informal check list which he could use in his operations. The check list is set out as follows:

Preliminary

1) Only witnesses and victims should be hypnotized and only after other methods of investigation have been exhausted. (It should be noted here that the FBI does not intend hyp-

"... no Agent may participate in a hypnotic interview without written permission from the Attorney General."

nosis to replace normal investigative procedures. It is not meant as a "hurry up" substitute for proper investigation.)

- 2) Refer to and follow existing FBI policy.
- 3) Video tape requirements will be planned in advance of the first interview and should include:
 - —Location (a quiet spot free from excess noise and large enough that those present will not crowd the individual being hypnotized; a comfortable chair; adequate heating or cooling; proper lighting).
 - —Equipment (video equipment; proper number of microphones; a time-date generator, if available).
 - -Properly cleared personnel to operate equipment.
 - —A proper briefing for camera crew (if any).
- 4) Choice of professional—only a psychiatrist, psychologist, physician, or dentist. (It should be noted that the use of the terms "psychologist" and "psychiatrist" is regulated by most States and the District of Columbia. The FBI currently uses only those properly trained individuals who are licensed or certified as psychologists, psychia-

trists, or physicians. Further, while our policy does include the use of dentists who are qualified as hypnotists, no dentists have been used as of this date. The qualifications of a hypnotist are somewhat vague. There is no standard for a "qualified" hypnotist per se. However, several societies, such as the American Society of Clinical Hypnosis and the Society of Clinical and Experimental Hypnosis, do set standards for the use of hypnosis and the training of hypnotists. It is to these standards the FBI refers when we speak of "qualified.")

- 5) Items to be discussed with professionals:
 - —FBI requirements (for recording sessions; for keeping tapes; and various legal requirements.)
 - -Dangers of cueing.
 - —Desire for coordinator to do the interviewing. (This is not an inflexible rule. At this time, many psychiatrists and psychologists have done enough work with FBI Agents that the professional himself can and does conduct much of the interview.)
 - —Agreement on payment. (Charges may be by the hour, by the session, by number of persons, or a flat rate.)
 - —Long-term arrangements, such as the possibility of obtaining security clearance for the doctor and the doctor's future participation in FBI cases.
 - —Comfort of witness.

The Hypnosis Session:

- 1) The preinduction interview, that portion conducted on tape prior to the hypnosis session, should include:
 - —Discussion of hypnotist's background.
 - Voluntary participation of witness. Signing consent form.
 - -Brief description of procedures.
 - -Removal of misconceptions.
 - —Discussion of basic health of witness (back trouble; contact lenses; color blindness; heart problems, mental disorders, blood pressure, if possible; diabetes). Any health problems must be resolved prior to interview.

- 2) Prior to taped interview, coordinating Agent will confer with others who may be present to advise them of the need for keeping quiet and unobtrusive.
- 3) Prior to hypnotic induction, the witness will be allowed to relax and recount all the details he/she can recall of the incident in question. Do not lead or question. Merely allow the witness to recount details in any order he desires.
- 4) The induction will be done by the professional. The coordinator should note for his records the doctor's opinion of the depth of trance and by what method the doctor estimates that
- 5) The doctor may then transfer rapport to the coordinator for questioning about the incident. The coordinator will again simply let the witness recall the incident without prompting. After the witness has recalled the incident. the coordinator may go back and "zero in" on specific details.
- 6) Rapport will be transferred back to the doctor who will dehypnotize the witness. The doctor is in charge of the session. (If the Agent coordinator finds that the doctor's requirements do not meet the FBI's minimum legal standards, the Agent may find another doctor. In fact, he is required to do so. But once the session is started, the doctor is in charge.)
- 7) The original video tapes obtained from the interview are evidence and are treated accordingly. The chain of custody is maintained, and the tapes are stored in a secure location. Copies of the tapes are provided to the Behavioral Science Unit of the Training Division at the FBI Academy assessment and research.

At this time, the FBI has used hypnosis in excess of 50 cases, and in 60 percent of those cases, the results show that additional information was obtained. Some of this additional information was relevant and provided immediate results, such as a very accurate artist's sketch made from the witness' recall under hypnosis. Some of the information is still open to question, since by its nature corroboration is made difficult.

Often overlooked as a member of the "team," an artist has often proved to be invaluable in a hypnosis session. Several cases in which the FBI was involved were resolved in dramatic fashion only because the artist was able to obtain a satisfactory composite sketch of the suspect. Artists assigned to the FBI Laboratory are available to travel to various field offices to work with the witness, coordinator, and doctor to produce composite drawings of the suspects. These artists are familiar with the use of hypnosis in aiding recall and the FBI's guidelines on hypnosis.

"... the FBI does not intend hypnosis to replace normal investigative procedures."

The Future of Hypnosis

While hypnosis will continue to be a minor tool in the investigator's repertoire, it is nevertheless an effective one. Preliminary study has already shown that hypnosis can save manpower in investigations. The potential exists for the use of hypnosis with Agents themselves to enhance their own recall of various items or events.

One area which may be explored is the use of hypnosis to reduce stress among Agents involved in undercover operations or other critical activities. While this could prove very valuable to Agents, it might also be argued that this particular use of hypnosis is actually "therapeutic" in nature and thus out of the FBI's purview. The "team" concept is designed to offset arguments such as this, because the fact that a psychologist or psychiatrist is working with the Agent would enable him to employ such a technique.

The team approach has proven to be of great value to the FBI. The nature of this approach is such that it has

introduced a "doctor-patient" relationship into the investigation, and its use assures the additional protection of witnesses and victims, as well as the minimization of any dangers, real or not, through the use of hypnosis. Further, while there is no doubt that there may be a few individuals in law enforcement who are unscrupulous in their techniques, this n 😽 also be true in the mental and physical health professions. The team approach may well help offset doubts about the professionalism of either party. The FBI does not tout its approach as the only method. However, law enforcement agencies may want to consider some of the Bureau's guidelines to improve their existing program or establish the place of hypnosis in their departments.

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