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*Police Use Of Hypnosis*

**LETTER TO THE EDITOR**

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Editor's Note: Dr. Spiegel was kind enough to send us a copy of his letter to Dr. Frankel and it seemed most appropriate to the topic discussed in this issue of the Journal.

Fred H. Frankel, M.B.Ch.B., D.P.M.  
President, International  
Society of Hypnosis  
Beth Israel Hospital  
330 Brookline Avenue  
Boston, Massachusetts 02215

Dear Fred:

**The adopted Code of Ethics and Resolution by the International Society of Hypnosis (ISH) poses some serious questions which I would like to express to you as the current President.**

To begin with, I strongly endorse the overall stand in opposition to the training of lay people in the use of formal hypnosis to influence others. I have personally worked to this end over the past 35 years and feel strongly that except for personal goal-directed self-hypnosis, hypnosis is always a processing instrument to be used in the context of professional work.

The specific issue of disagreement is whether or not police and legal investigators are to be considered professionals, which implies training, supervision and well-defined standards of conduct. Defining legal and police personnel as laymen is an arbitrary perspective. They are laymen from one point of view but **we are laymen** from a forensic point of view. The police investigators using hypnosis consider themselves professionals, and are subject to legal review of their procedures far more stringent than any imposed upon a physician, psychologist or dentist.

**The board implication in the ISH Code that lawyers and police investigators are prone to be less ethical than doctors is an extreme position that is difficult to support.**

We all agree that hypnosis is always adjunctive to some discipline--never primary. The skill of interrogation is within the primary domain of lawyers and police officers. By now there is general agreement that formal trance inductions are not necessary for hypnosis to occur. In fact, under duress, spontaneous hypnotic phenomena are likely to occur in persons who have trance capacity, which is well over half the general population.

Is it not important that the skilled interrogator know how to identify spontaneous trance phenomena and further, with knowledge and training, learn how to avoid unwitting evocation of trance during interrogation? This is critically important. Further, the primary discipline of interrogation can be enhanced and enriched if appropriate and skillful use of formal hypnosis is introduced.

**The arbitrary claim by some professionals in medicine and psychology that hypnosis is within their exclusive domain overlooks the universal occurrence of trance phenomena in all settings and cultures despite academic categories.** Anthropologists, politicians, salesmen and advertisers know this. Just because meteorologists study the weather, they can not claim exclusive rights to the phenomena. Others, like airline pilots and ship captains can use this knowledge and guidance to enrich their own ability to cope with the weather as they make navigational decisions.

If we have any special knowledge about hypnosis, it is our ethical obligation to share this knowledge with others who in their own fields are diligently pursuing their own work. By sharing we can very likely learn from them as well. To presumptuously claim that only we can utilize this knowledge inflates our role, invites ridicule and undermines our own credibility. Such a claim fosters unnecessary guild rivalry. Within the past few decades we have had ample occasion to learn some lessons about guilds flaunting their claims for exclusivity. Some medical psychoanalysts fought to exclude psychologists and social worker therapists. The psychologists and social workers won. For years, many psychiatrists fought to exclude psychologists from diagnosing and treating mental illness. The psychologists won again.

The issue of abuse is a separate one, and we should vigorously oppose misuse of hypnosis by any professional group. It may well be appropriate to draw up specific guidelines for forensic uses of hypnosis which might include signed informed consent of subjects, precautions about memory contamination and complete audio or videotaping.

The issue of clinical and psychological competence also should be addressed. Is a police interrogator any less competent to handle a possible abreaction or to seek appropriate psychiatric or psychological help than a dentist? Since it is well documented that dentists make excellent use of hypnosis, why do we expect less of another professional group whose primary training is likewise not in psychology or psychiatry or medicine.

Should we not reconsider the narrow perspectives of the recent ISH Code? **Instead of condemning and excluding other professionals, why not join and share our knowledge and experience?** With this fusion of interests in competence and excellence

we can as a group deal more effectively with the prevalent problems of incompetence, unethical conduct, abuse and sheer ignorance.

I, therefore, strongly urge that, as President of ISH, you permit a forum for open discussion about this serious issue from all parties involved before finalizing the Code.

**The rather peculiar procedure of consulting the membership after a decision is made rather than before, makes it imperative that a new Code, to be effective, reflect the considered opinion of the majority of the ISH membership.**

Sincerely yours,

**Herbert Spiegel, M.D.**

**Department of Psychiatry**

**College of Physician and Surgeons**

**Columbia University**

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