
Reviewed by: Alan W. Scheflin, JD, Santa Clara University School of Law

The field of forensic hypnosis lay dormant until a court in 1968 permitted hypnotically refreshed recollection to be admitted into court. Before 1968, only 50 cases (approximately) raised hypnosis issues, mostly about topics other than memory. Since 1968, more than 800 cases have involved hypnosis, most of them dealing with hypnotically refreshed recollection. From the early 1970s onward, a robust debate in the professional literature, the law enforcement literature, the scientific literature, and the mass media has dealt with dozens of crucial issues involving the use of hypnosis to solve crimes. Sadly, this book adds nothing to the debates. It suffers from a near-complete ignorance of the body of scholarship and practical experience that has become available during the last two decades. A reader who followed this text would easily be discredited in a court of law by a knowledgeable professional. The current standard of care in forensic hypnosis has been set in the American Society of Clinical Hypnosis’ *Clinical Hypnosis and Memory: Guidelines for Clinicians and for Forensic Hypnosis* (American Society of Clinical Hypnosis Press, 1995). Not only are the Guidelines not followed in this book, they are not even discussed nor mentioned.

*Investigative Forensic Hypnosis* is divided into two major sections. The first section, The Essence of Hypnosis, consists of eight chapters covering topics such as history, self-hypnosis induction, applications of hypnosis, dangers of hypnosis, and common questions asked about hypnosis. There is no original research, and none of the material is science-driven. The discussion is largely anecdotal, with many portions taken without elaboration from other sources.

The second half of the book deals directly with Investigative Forensic Hypnosis. It has some value as a rudimentary, though incomplete, checklist of points to be noticed when preparing for a hypnosis session. Interestingly, nowhere in the book is there a listing of the dozen or so main objections courts have raised to the use of hypnosis with memory. Most other objections are not raised at all. Furthermore, it would have been wise to focus on the motivations of people willing to be hypnotized. Many participants are so anxious to please that they will provide false information rather than no information at all. Some could not have observed the crucial events and should not be hypnotized at all. Other subjects may suffer from personality disorders that would lead a reasonable professional hypnotist to doubt the veracity of their alleged recollections. Finally, there are no descriptions of procedures for measuring
hypnotizability or suggestibility to determine whether hypnosis would work at all, or too well.

Is the interested reader provided with adequate references to pursue the topic of forensic hypnosis? A total of 30 references are listed at the end of the book in the bibliography section. Of them, 12 are brief articles or books written by lay or police hypnotists. None of the major, or even most recent, police hypnosis books are listed. Seven references do not directly involve hypnosis and are unrelated to forensic hypnosis. Eight references are to Associated Press stories, most of which involve limited coverage of a single instance of the application of forensic hypnosis. Three books by licensed professional hypnotists are cited, none of them concerned with forensic hypnosis and none of them published after the major decisions involving hypnosis issued by courts in the 1980s.

It is important to focus on what is not listed in the bibliography. There are no references to law review articles, thus leaving the reader entirely in the void about the current law and legal questions in the different states. Although a list of cases is found at pages 99-100, the list for some reason was not updated from 1989 when it was first published by another author. Thus, no case law research was done by the author for the last decade before this book was published in 1999. Not a single professional article or textbook specifically dealing with forensic hypnosis is listed. Perhaps the most inexcusable fact is that the reader is not presented with a single reference concerning the scientific literature dealing with hypnosis and memory in any context, and specifically in the forensic context. Most of the major studies have been conducted since 1985. The rather extensive, and fascinating, literature on modern forensic hypnosis is completely ignored by the author. In 1993, the United States Supreme Court dramatically changed the appropriate test for the admissibility of expert testimony in court. It is essential for a person who seeks to be an expert on hypnosis to know about, and meet the requirements of, the new test. The reader is not informed about this important current development.

The most contentious issue involving forensic hypnosis is whether any recollection that appears during or after a hypnotic procedure should be admissible into evidence. In the minority of jurisdictions that permit this testimony, licensed and lay hypnotists vehemently disagree as to whether the police should be allowed to do the hypnosis themselves, or whether they should be required to have only licensed professional psychologists or psychiatrists handle the procedure. Forensic hypnosis is serious business. Innocent people could spend their lives in jail; guilty people could walk free and immune from further prosecution. A book like this gives additional fuel to the proponents of the view that the police do not possess the competence to do the hypnosis work themselves because they lack the proper training.

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**Reviewed by: Pat DeLeon, PhD, American Psychological Association Past-President**

Reflections For The 21st Century: It is evident for those who are involved in the governance of the American Psychological Association (APA), as well as for those who participate in any number of Divisional e-mail listserves, that we are once again on the verge of revising our professional ethical standards. As Pope and Vasquez so astutely remind us, the professional ethics of every profession are but living, evolving documents. They reflect the profession’s best effort, at a finite point in time, to reflect the complexities of practice, incorporate mature professional judgment, and respond to society’s values and expectations. “Clinicians confront an almost unimaginable diversity of situations, each with its own shifting questions, demands, and responsibilities. Every clinician is unique in important ways. Every client is unique in important ways. Ethics that are out of touch with the practical realities of clinical work, with the diversity and constantly changing nature of the therapeutic venture, are useless (pp. xiii-xiv)... The central, defining characteristic of the professional was an ethic of placing the client’s welfare foremost and not allowing professional judgment or services to be drawn off course by one’s own needs” (p. 47). And yet, ethical standards definitely change over time.

During my APA Presidential year, the Board of Directors spent countless hours (including a significant portion of a major retreat) discussing what should be the Association’s fundamental role in the ethical process, as well as the ongoing efforts of a major task force to substantially revise our ethical code. As the authors so pungently describe, professional ethical standards are far from being stagnant. Without question, our colleagues across the country possess very strongly held, and oftentimes admittedly conflicting, views regarding what should be considered ethical or unethical behaviors, what should be the consequences for the practitioner and for the client, and what role their national or state organization should play in the determination process. As one who served on the Council of Representatives during the passage of our most recent standards, I would further note that the development of such a document is highly political. This is what it should be, thereby ensuring that the views of the popular constituency are heard.

Pope and Vasquez have targeted this revision of their landmark text towards those individuals who are doing, learning, or teaching therapy or counseling. To this audience, I would add those interested in doing cutting-edge research on societal problems. Throughout the easy-to-read chapters are numerous vignettes and thought provoking questions that have no easy solutions. The value of collegial discussions with peers (and supervisors) becomes readily evident. The constant reminder —inquiring whether the clinician would be comfortable recording in his/her patient record an explicit description of the behavior in question and the accompanying rationale— becomes most telling. As the authors point out, without this underlying thought process, one’s behaviors can too readily become compromised.

Interpersonal trust is the key to quality psychotherapy, is it not? A central theme
of the book is that: “(I)nattention or a lack of awareness is a (if not the) most frequent cause for a therapist’s violation of his or her clinical responsibilities and of the client’s trust” (p. 254). If one truly cares about the client, one must not abuse this trust in any way no matter the ease with which this could occur, especially as the benefit to the therapist increases. Discussing therapist sexual acting out: “One of the oldest ethical mandates in the health care professions is the prohibition against engaging in sexual involvement with a patient... (T)his rule is in fact older than the 2,500-year-old Hippocratic Oath” (p. 160). And yet, Pope and Vasquez note that in survey after survey, a significant number of therapists, particularly male therapists, report that they have, in fact, become sexually involved with a client. The complex area of Nonsexual Multiple Relationships addresses how quickly problems with dual relationships can evolve, and at the same time recognizes that they do occur much more frequently than one might expect, particularly in rural America. One must always be aware of, and sensitive to, the unique power differential inherent in the psychotherapeutic relationship. The authors caution that one cannot simply say: “It’s not unethical as long as you don’t know a law, ethical principle, or professional standard that prohibits it” (p. 13). Pope and Vasquez provide useful guidelines for thinking through potential multiple relationships to decide which may be appropriate and beneficial and which are more likely to present an undue risk for harm.

A wide range of topics are covered from an interesting perspective, and always with challenging discussion oriented vignettes and thought provoking questions. For graduate students and interns there is a special focus on the Supervisory Relationship, raising such complex issues as sexual attraction, termination, informed consent (and the limits thereof), and professional interpersonal conflicts. Junior and senior clinicians will find the Responding to Suicidal Risk section compelling. Those within the APA governance will reminisce on their personal experiences during the discussion surrounding the Recovered Memory Controversy. Therapists, both junior and senior, will benefit from the authors’ practical queries: whether plans have been made for vacation coverage, unexpected illness, patient record storage, etc. Our society, if not our profession’s governance, is becoming increasingly multi-ethnic and culturally sensitive. Accordingly, the focus on cultural competence is most timely. Undoubtedly in their future work, Pope and Vasquez will expand their beginning dialogue on ethical issues relevant to Evolving Technology. In my judgment, the 21st Century will be an era of the educated consumer and technological revolution within health care. The authors’ fundamental interdisciplinary orientation will serve them well as they address this newest frontier. The appendix provides the readership with critical detailed information. It contains the current APA Ethical Principles of Psychologists and Code of Conduct, which was adopted by the Council of Representatives in the early 1990’s; an interdisciplinary Patients’ Mental Health Rights, adopted by the APA in the late 1990’s; the National Academies of Practice Ethical Guidelines for Professional Care in a Managed Care Environment; and a Sample Informed Consent form. As one grapples with the vignettes, one can refer to the actual code, while at the same time obtaining an appreciation for the larger context of an evolving health care arena. Pope and Vasquez have provided much food for thought.

Reviewed by: Sharon B. Spiegel, PhD, ABPP, Private practice, Bethesda, MD

Early models of the process of psychotherapy conceptualized the therapeutic encounter as one in which change occurs in the patient. Recent theoretical shifts emphasize the concept of interpersonal influence and recognize mutual influence between therapist and patient as a more accurate characterization of the therapeutic process. At times this may involve lasting change in the therapist. *Changes in the Therapist* is the first book to describe and explore such permanent changes from the therapist’s vantage point. Kahn and Fromm invited a group of experienced clinicians who use hypnosis extensively in their work to discuss a case in detail that illustrated this mutuality of change.

Kahn and Fromm were most interested in documenting extensive and far-reaching changes that involve permanent alterations in the way life is viewed and lived. They identified three types of change: new approaches, individuation, and transformation. The chapters are organized around five content themes: changes in the attitude about death, changes in the ability to mourn parents, changes in perspectives of the self, changes in technique, and changes in tolerance for uncertainty.

This book is a welcome and important contribution consisting of personal stories about change and the reflections on the factors that may have influenced that process. The clinicians show that even our most experienced and highly respected colleagues are not immune from the genuine human struggles that the therapy process can entail. These clinicians reveal with honesty, integrity, and often self-doubt what they practice, not just what they preach.

There is a good deal of variability among the chapters, which is not surprising in view of the goal of documenting all kinds of therapist change. Because of space limitations I am unable to comment on all sixteen chapters, but will provide some illustrative examples of the content presented and the issues raised. Some therapists discuss becoming more open, giving, and willing to extend beyond the ordinary boundaries of therapy, such as the poignant chapters by Marlene Eisen and Steve Kahn. Their increased availability to their patients and receptivity to the empathic experience of pain and loss led to transformative changes in the therapists. Sometimes encounters with patients have confronted therapists with their own defenses. For example, Linda La Clave describes that working with a young courageous patient led her to process her own recent losses. As a result, she came away with fewer doubts and greater self-confidence. At times, therapists use their awareness of therapeutic errors as the foundation for change. In that vein, Mary Jo Peebles candidly describes her realization that her optimistic perspective was motivating her to be too gratifying with a difficult patient. Doing something different enabled her to work more effectively with this patient, and also led to a reexamination of her basic assumptions about herself and the world.

Sometimes change occurs in ways that would not be predicted. David Soskis describes how he viewed himself as a permissive collaborative therapist, but worked with a patient who was seeking a more authoritarian fatherly model. Using a different
style in this case led him to confront his own issues regarding his relationship with his father. At times the reader may be left with additional unanswered questions. For example, Erika Wick shares her unorthodox experience in working with a patient in a comatose state, and how this led her working as a comatherapist. However, not much is mentioned about what motivated her to provide therapy for 4 to 6 hours every day including 10 hours on her day off, and what motivated the therapeutic team to finance special nursing care for this patient. In Richard Kluft’s chapter, we witness the personal struggles in resolving the conflict between following the rules of caution with respect to recovered memories and doing what may be in the best interest of the patient.

Readers will find this to be a stimulating and thought-provoking book. There are some interesting ethical issues raised that were not directly addressed in this volume. In ethics courses we are reminded of the importance of boundaries and the potential pitfalls of crossing or violating them. We are cautioned about the “slippery slope” that threatens the therapist who goes down that path. The accounts in this book suggest that it is precisely by extending boundaries that assumptions can be challenged and change occurs. If so, how can therapists know when they are going too far? I would be especially concerned that inexperienced professionals might conclude that stretching the boundaries is the royal road to change. How can we tell whether being drawn to redefine conventional boundaries is therapeutic? And is there a time when personal involvement propels us out of the role of therapist to that of friend, relative, or something else? One fundamental anchor is for the therapist regularly to question his or her therapeutic decisions, discuss options with colleagues, and proceed with caution.

I’d recommend that to get the most out of this book, it would be best to read and discuss it with colleagues. Our local hypnosis society used this book as the topic for a monthly meeting, and spent a lively session discussing and sharing reactions about our own change as therapists. This fascinating book has the potential to stimulate clinicians and researchers alike to learn more about the multitude of ways in which we are changed by our therapeutic encounters.