Hypnosis, Sodium Amytal, and Confessions*

HOWARD V. ZONANA, M.D.**

"It was I . . ." began Raskolnikov.

"Drink some water."

Raskolnikov refused the water with his hand, and softly and brokenly, but distinctly said:

"It was I killed the old pawnbroker woman and her sister Lizaveta with an axe and robbed them."

Ilya Petrovitch opened his mouth. People ran up on all sides. Raskolnikov repeated his statement.

— Dostoevsky

Confessions are dramatic moments. When amnesia has been present they may be even more so. Both hypnosis and hypnotics have been used in attempts to gain access to memories that do not seem to be readily accessible to usual conscious efforts of recall. While the old Roman saying — *"in vino veritas"* — gives some awareness of the potential of hypnotics, it was not until the 1930's that the barbiturates began to be more systematically investigated as a method of obtaining information from patients.[1] Their use peaked during World War II and immediately after, when it seemed to be especially effective in aiding soldiers to deal with the stresses and the traumatic experiences that accompany combat.[2-6]

Interest in hypnosis waned when Freud abandoned the technique, and only more recently has there been a revival of scientific, professional, and lay interest in exploring this phenomenon.[7-8] It was soon learned that neither of these procedures turned out to be the hoped-for "truth serum" of fiction. Individuals can lie, fabricate, or even falsely confess in such a manner that it is impossible to separate fact from fiction.[9-11] Nevertheless, it is clear that these procedures can relieve amnesia, mutism or conversions and aid in recall. There are, however, no clear guidelines for the use of one technique over the other or even the usefulness of trying one technique after the other has failed. A recent case highlights these issues and provides an interesting example through which to explore these issues.

CASE HISTORY

Roger was a 17-year-old high school junior when he was arrested and charged with the bludgeoning murders of his 80-year-old adoptive

*This paper was presented at the American Academy of Psychiatry and the Law meeting in October, 1978, at Montreal, Canada.

**Dr. Zonana is Associate Clinical Professor at the Yale University School of Medicine, Connecticut Mental Health Center, 34 Park Street, New Haven, Connecticut, 06508.

grandmother (adoptive in that she had adopted Roger's mother) and her 62-year-old mentally retarded sister. Concerned relatives found both bodies buried nude in a shallow grave in their back yard four days after they were last seen alive. The inside of the house was splotched with blood, and the murder weapon was presumed to be a baseball bat which was found under one of the beds. The grandmother had told a relative that Roger was expected that weekend and that, because of difficulties with his father, he wanted to move in with her. Roger was arrested following his return from New York after a two-day spree, where he and companions had picked up some girls and spent a considerable amount of money. On the day following the crime, he bought a guitar and gave one hundred dollars to a friend. While being fingerprinted he stated, "I deserve to be punished." but refused to elaborate, stoutly maintaining that he did not kill his grandmother or aunt.

For one and a half years following this arrest, his story to his defense counsel and evaluating psychiatrists was fairly consistent. While he acknowledged the possibility that he might have killed them, he felt that he had not. His usual account of the event was as follows:

Three weeks prior to her death, his grandmother had told him that she was going to commit suicide, that she felt her realtives were waiting for her to die so that they could get her property. Upset by this, he told her that he did not want her to die. It was at this point that he decided to take drugs (LSD, cocaine, speed and THC) on a daily basis with the intent of appearing "messed up" to his grandmother so that she would become more concerned about him and less depressed. He spent approximately $400 on drugs during that period. He did not see her for the next three weeks until she called to ask him over. He was taking drugs heavily that day (especially LSD), and on the way to his grandmother's he felt the bus swaying and thought that people were laughing at him. He arrived at 11:00 p.m., and in spite of the hour he changed clothes and went out to shoot basketball. When he returned, the front door was open, and he saw his grandmother on the floor with no clothes on and her head bashed in. He began crying and tried to run for help. When he got to the door, a black man dressed in Roger's clothes told him to come back in. Following that, he was tied up and made to sit by his grandmother. He saw his grandmother die but did not remember anything after that. In some versions to other doctors he remembered being forced to bury them in the back yard before his memory faded.

Past, Personal and Family History

The developmental and family history was obtained in a series of interviews with Roger, his parents, and his sister. Roger has one sister one and a half years older and four younger half-brothers ranging in age from 9-14. His father is a Polish immigrant who came to this country following World War II and married seven years later. During the war he spent 6-7 years in German work and concentration camps where he lost several toes. He acknowledges beating Roger and his sister fairly frequently when they were 6-15 years of age. He noted that Americans are too lenient in bringing up their children and that the Germans were good disciplinarians who developed better soldiers. Roger's mother died from bleeding during her third pregnancy when Roger was 12 months old. His stepmother married his

father two years after his mother's death. In the interim he stayed with a paternal cousin.

There was no history of seizures or hospitalizations in early childhood. Developmental milestones were normal. When he began kindergarten he had no difficulty separating because "he fell in love with his teacher." His reading was always a little below grade level. In parochial school the nuns complained that he seemed to spend hours daydreaming. He was left back in the third grade. Frequent nightmares occurred accompanied by screaming, headaches, and crying. There was no history of tantrums, and he did not appear to hold grudges.

Roger reported that from the ages of 6-15, both he and his sister were beaten fairly frequently, and that there were many arguments in the house between his father and stepmother. Both he and his sister would often spend weekends with his grandmother to escape from this pressure. When Roger was 14, his sister, who admitted to being pregnant, was disowned and forced to leave. One month later, following the breakup with a girlfriend, Roger made his first suicide attempt. He took an overdose of Sominex, aspirin, and Tylenol. In the hospital emergency room, his father refused to allow a psychiatric evaluation. His sister also has made several suicide attempts and is on probation for passing bad checks.

Roger's only previous criminal record occurred a year prior to his current incarceration, when he was arrested for riding in a stolen car with a friend.

Socially, both he and his parents agreed that he had a number of friends and related easily to girls. In fact, his mother commented that girls would call him frequently. Roger reported that he began sexual relationships when he was eleven and subsequently continued with approximately six girls. During the tenth grade, his school records showed a "C" average. In the eleventh grade he was clearly flunking, receiving passing grades in only two subjects with a significant absentee record, prior to his transfer to the high school near his grandmother.

Forensic Evaluations

Following his arrest, he remained in jail because he was unable to provide bond. During the next 18 months prior to his trial, he was seen by three psychiatrists who were asked by the defense counsel to evaluate him. Twelve months after his arrest, he claimed that he had been raped several times by another inmate, and wrote several desperate letters to his attorney and the Warden. When he was "inadvertently" transferred back to the same cell block, he wrote a suicide note and ingested a floor cleanser. He was transferred to a general hospital where he was treated, but just before he was to be sent back to jail, he claimed to have ingested razor blade fragments. Consequently, he was transferred to a maximum security treatment facility under the administration of the Department of Mental Health.

A few weeks following his transfer to the maximum security treatment center, he wrote another suicide note and again ingested floor cleanser. Notes from the hospital record describe his complaining of seeing "little green soldiers, devils, in his room at night that laugh at him." These hallucinations were accompanied by strong suicidal ideation. Shortly thereafter, subsequent to a court hearing, he was found sitting on top of a

locker with tape on his chest in the form of the letter "S" and shaving cream on his face. He claimed to be Superman holding up the ceiling. As a consequence of this behavior and a deteriorating relationship with his attorney, a competency evaluation was requested and performed by Dr. M. During that first interview "he claimed not to know where he was and stated that he was charged with breach of the peace and would be released the following day." He said that he was in a state home for boys and denied ever having been in jail. He denied that his relatives had been murdered and that he was accused of the crime. Dr. M. concluded in part: ". . . it became apparent that Roger was distorting aspects of his history and mental status. . . . it is unclear if this represented frank malingering or simply a relinquishing of vigilance over the pressure of a psychotic thought process." During the competency hearing, which lasted five hours, as defense counsel questioned Dr. M, Roger began to grunt, punch his head, slam it into the wall, and cry out, "Stop the voices." He asked where he was and complained of voices shouting at him. At that point, a second evaluation concerning his competency was requested, and I was appointed. The following morning the state's attorney requested that in addition to examining Roger for his competency to stand trial, I extend my evaluation to determine his state of mind at the time of the crime and prepare a report to that effect. I agreed on the condition that he contact Roger's attorney and obtain his consent. As I had recently worked with both attorneys, the defense counsel was willing to have me review his file, including the evaluations of the two defense psychiatrists and psychological report. The state's attorney made available the police investigation reports, autopsy evaluation, and other data that had been collected.

The two defense psychiatrists' opinions found him legally insane for somewhat different reasons. One was on the basis of acute drug use (LSD), and another diagnosed him as chronically psychotic. An EEG and psychological testing were performed nine months after his arrest. The EEG was described as normal. The psychological report, based on a Rorschach, WAIS, Bender-Gestalt, Abbreviated Wechsler Memory Scale, and Thematic Apperception Test, performed by Joel Allison, Ph.D., is quoted below.

Psychological Report

This is a young man who presents himself as striving to be optimistic in the face of depression and external misunderstandings. He describes himself by saying "I like to make things happy with people" and in situations with others he strives consequently to minimize sadness, to emphasize wish fulfilling reconstructions of unpleasant realities, to keep things in order, to emphasize the positive in the face of pain, death, inability, and mistreatment. Yet even in the most structured tasks one sees chinks in what appears on the surface as a relatively successful degree of organization. Variable concentration is evident, as well as temporary inefficiencies and perhaps more noteworthy is a seeming ability to plan and organize his behavior which nonetheless contains essentially odd interpretations of reality and strange themes. Such strange themes involve the spread of destruction (both the rescuer and the person rescued in a short memory test are recalled as dead or

drowned), confusions between what is real and what is not real, such that inanimate objects become transformed into animate beings, and also mentally ill murderers who "toy" with the dead. It bears emphasis that for the most part he is either able to provide some context for these ideas, *e.g.* that they are science fiction and that ultimately he externalizes blame onto the test situation for eliciting such themes.

With less structure, greater novelty and more press for elaboration on his part, strange ideas take on an increasingly dominant role in his experience and the degree of his perceptual articulation of reality suffers similarly. His style becomes even more self-referential and associative and there appear dominant themes of fright, of things in deformed, persecuted, monstrous, suffering, punished states. It is clear that his thinking reaches paranoid proportions in the degree to which he feels personally threatened and attacked, but it is also clear that his differentiation between representations of himself and others becomes fuzzy and hard to sort out. Who is the attacker or the attacked, scary or suffering, hurting or hurt, helpful or harmful become unclear. His style is to take one image, transform it into different, discrepant attitudes yet never be precise as to whether these images are distinct or simultaneously are facets of one basic image. Consequently he is probably likely at times to be unclear as to who is doing what to whom, especially around themes of violence. His test responses, in fact, take images of destruction and freely embellish them into themes of total world destruction and mutilation of persons. In one response the sun is represented with black flames "taking it out on the earth" yet the earth is simultaneously described as destroying itself. People disintegrate, disappear, are "done in." Consistently he strives to rationalize his images as either stemming from the awfulness of prison life, or reflecting the dismal state of our country, the universe and people at the present time. His efforts to transform his thoughts into more philosophical and abstract observations, nonetheless, do not effectively mute either the raw intensity of his images or the poor organization that accompanies them. Moreover, he also shows a strong effort which increases with time to counter the essential fearfulness and the sense of fragmentation by shifting to images of strength, integration, excitement, celebration, newness. In this regard he exhibits hypomanic features in the degree to which he endeavors to have things strong, happy, new, colorful and good as opposed to threatened and threatening, old, wrinkled, damaged, deformed, black and evil.

Both the intensity of his haunting imagery (*e.g.* mouths with blood coming out, animals totally coated by their victims' blood), and the cognitive disruption surrounding his imagery appear to me to indicate a psychotic diagnosis. His ability to rationalize his thoughts and provide a context for them (*e.g.* science fiction or symbolic representation) saves him at times from being fully or floridly psychotic but the thrust of the test responses suggests an essentially psychotic picture, primarily paranoid in nature with counter-paranoid efforts largely of a hypomanic nature. Furthermore the juxtaposition of contrary ideas (such as a vampire bat whose ears are described as looking like a peace

sign), the fuzziness of boundaries between separate themes which almost blend into each other also suggests that the basic psychosis is both paranoid and schizophrenic. In sum, then, I believe there is evidence for a diagnosis of at least borderline paranoid schizophrenia with reconstituting efforts at a hypomanic level. Furthermore the juxtaposition of such intense imagery with poor perceptual organization and tendencies toward blurring the distinction between things, would suggest that he could be a person who might act on his destructive ideation either toward others, himself or in more confused blending of self and others. (In fact he made an uncorrected slip of the tongue in which he said he would try to get himself shot by running away if he is found *innocent.*)

Intellectual functioning is in the average range (Verbal IQ is 92; Performance IQ is 96 and Total IQ is 93). Given the amount of variability and spottiness in his efficiency, however, it is likely that his potential IQ is at least 10 points higher in the high Normal or low Bright Normal range. In addition to the variable concentration referred to earlier and the temporary inefficiencies, he showed a reduction in the expected level of memory efficiency solely involving verbal memory. Since his visual motor efficiency, visual motor memory and abstract abilities show no impairments I am not inclined to take his memory difficulties as indicative of organic difficulties especially since the short passages used in assessing verbal memory involve themes of hardship and destruction – themes which appear habitually to be essentially disorganizing and disrupting to him.

Forensic Evaluation

Roger opened our first interview by saying that he was hearing voices telling him to kill people and in particular to snap my neck. During the remainder of that interview, he reiterated his past history and his version of the events which led to his arrest. He claimed to be innocent and reiterated the story of his drug use as previously described and of the black man.

Although oriented to person, place, and time and able to name the president and governor, he frequently referred to hallucinations and headaches which made him acutely uncomfortable. He was, however, able to concentrate sufficiently to subtract serial sevens with only two mistakes. He claimed that the voices were worse in the courtroom and asked if he could take some medication which would control them.

Roger additionally described auditory hallucinations since the age of 8. The voices said he was bad and told him to kill people. He felt them to be especially prominent following beatings when they would tell him to kill his father. These experiences never were reported as he did not want anyone to think he was "crazy."

Following this interview, my impression was that while there was undoubtedly some exaggeration of symptoms on his part, he was unable to acknowledge personal responsibility for the crime and was utilizing psychotic defenses to prevent his having to deal with these issues. The court hearings and psychiatric interviews placed him under increased pressure and exacerbated his symptoms, thus affecting his competence.

Accordingly, I felt that an interview under sodium amytal might enable him to have better access to his memory. Following his consent, as well as that of his attorney and parents, the drug was administered at the maximum security treatment center. His attorney, an anesthesiologist and I were present during this interview. Intravenous sodium amytal was administered through an indwelling catheter until he could no longer count backwards sequentially, his speech became slurred, and nystagmus was present. At this point it was suggested that he let his mind go back to the night of his grandmother's death and the prior two weeks to see if he could picture what was happening between him and his grandmother. During the course of this interview, more sodium amytal periodically was injected to maintain a somnolent level. (A total of 300-400 mg was administered over a 45-minute period.) During the course of the entire interview, he never became spontaneously talkative, as patients sometimes do with sodium amytal. He would respond, however, to direct questions. He then proceeded to reiterate the version of his story that has been previously described. This retelling was accompanied by no affect or any expression of emotion, and there was no change in his clinical status during the subsequent week.

In my third interview with him one week later, I began by saying that I thought he had been honest with me in some things but not in others, and that he had either exaggerated or had not told the truth, specifically about never having taken drugs prior to the three weeks before his grandmother died. At that point he acknowledged that he had taken drugs, including acid and cocaine, beginning at around age 14 or 15, but had shot heroin on only one occasion – when he was 16. While he was on heroin, the room began to sway, he saw bright colors, and he heard voices shouting at him to kill someone.

At this time, I also traced his school history in more detail, and learned that he had switched schools without notifying his parents. He told one school that he was moving to California with his parents and told the other school that his parents were moving and that he would be moving in with his grandmother. The school gave him papers to have her sign and he wrote in her name. The main reason he had switched schools was that he was told at the first one that he would not have any chance to play basketball. At the new school the coach had told him he could try out and had a good chance to make the team. In fact, he never did try out, because it was only five days after he had switched schools that his grandmother had talked about dying, and he dropped out of school for the subsequent three weeks. In response to a question about whether the school had sent letters about his absenteeism to his grandmother, he said that they did. He and she had argued about his not going to school, but he could not recall when. The night of her death, he brought a baseball bat and was planning to tell her that he was going to stay whether she liked it or not. At this point, he became more agitated and complained about the voices shouting at him. I commented that he seemed to get more upset when he discussed the details and that this would probably continue unless he could try to remember more. I offered to hypnotize him to see if this would help his memory. He agreed to this.

In terms of his hypnotic susceptibility on Spiegel's hypnotic induction

profile he tested out to be highly hypnotizable (a grade four, on a 0-5 scale).[8] Following the induction I told him to take his mind back to the date of his grandmother's death and that he would experience that night as if in the present. (The same instructions as before were given, but without Amytal.) I asked him to describe what was happening between his grandmother and himself. He began speaking in a bland, flat voice stating that, "She started talking by saying how come you're not going to school, and I said because I don't want you to die. She then started yelling at me – more, more. I was taking drugs heavy and was high." In response to my asking if his grandmother had the letters from the school, he said, "Yes, and then she added again that I should be going to school. She started getting mad. I also became angry and told her to shut up – she wouldn't keep quiet. She kept on yelling, 'Why aren't you going to school?' She was standing and I was sitting on the couch at that point, and she began to hit me with her cane on the legs. The bat was by the chair. She started to walk upstairs; I went to take the bat, started to hit her on the back of the head. I went upstairs and started hitting my aunt on the head; she was still sleeping." When asked what was going on in his mind at this time, he said that his mind was "mixed up." When asked if his grandmother said anything, he said that after he hit her the first time, she said "Oh my God, oh my God." "I was so high on drugs – the house started swaying back and forth. I then went downstairs and took the knife and stabbed my aunt in the chest, more, more . . . the voices said to kill them more and more." At this point he stated that he couldn't remember more, but in response to encouragement to continue, he said "I dragged them downstairs and buried them in the back yard. I dragged them by the hands and got a shovel from the shed and dug a hole." He commented that he was "too high to worry about people seeing me." Following this, "I went to bed in my own room and in the morning called up a friend and told him to come over, I had money that I wanted to spend." In response to other questions, he noted that his grandmother was initially dressed in her bathrobe, but that he took all the clothes and threw them in the fireplace and burned them. He said he told his friend that his grandmother had died, but that he was not feeling upset as he was still high on drugs.

At this poing in the interview he suddenly opened his eyes, shook his head, began to look around in a bewildered fashion, and asked what had happened. When I suggested that he probably could remember, he then said that he had no idea what he had said and pressed me to tell him. When I started to review the argument with his grandmother and his hitting her with the baseball bat, he interjected, *"I guess I really did it then."* At this point, he burst into tears, saying that he did not deserve to live, that he really loved them, that he couldn't live with that. While crying, he went on to say that while he wanted to leave the treatment center, he deserved to be in prison. He pleaded with me to help him, and we talked for an additional fifteen minutes in this more emotional state. He said that he could see no way he would be able to deal with this knowledge except by killing himself. When I suggested that he would have to come to terms with the truth in some way, and that he seemed to have cared about his grandmother, he said, "How can you come to terms with something like that? – I don't deserve to live."

Shortly after this, he looked up and spontaneously said that the voices had stopped. He seemed quite depressed at this point, but asked if I would come back to see him again. He agreed to my discussing his current state and situation with the ward staff and his therapist, and he was placed on suicidal precautions for the next few days.

During this next week, hospital staff reported that he was acknowledging his responsibility for the deaths, not complaining of hallucinations and appearing appropriately depressed. In a follow-up interview nine days later, he stated initially that he was not hearing voices any more, and he seemed more alert. We reviewed some additional history, and he went on to say that he had been having dreams about hearing his grandmother say, "Oh my God, oh my God." What he remembered was that he saw his grandmother, started to hit her over the head, and felt frightened. It was hard for him to believe he did it. We then proceeded to review the rest of what he had said under the hypnosis, and this seemed to stimulate some of his memory. When I pressed him about hearing voices he did say that, by and large, the voices had disappeared but that occasionally he would hear some low voices, not commanding him to do anything. They usually occurred in the evening. We also reviewed some of the issues specifically concerning his competence to stand trial. He knew that he was charged with murder and the consequences of being found guilty; he stated that he hoped he would be able to stay at the treatment center, where he felt comfortable with the staff. He acknowledged having discussed a "not guilty by reason of insanity plea" and was aware of the difference between a trial with a jury and three judges, stating that he preferred to have three judges. He could outline the roles of the prosecutor, defense counsel, judge, and jury. At the end of the interview, he pressed me for my address, saying that he would like to write to me and to continue to see me, saying that I was like the father he wished that he had. He also stated that he was not now planning to kill himself, that he felt his family needed him, that in spite of the beatings and other feelings towards his father, his father had stuck by him, supporting him both emotionally and financially. He asked when the hearing was likely to occur and if I would see him prior to that time. He felt that he would not have the same difficulty in the courtroom as he had had previously, that he was more in control.

For approximately nine months prior to the trial, Roger was maintained on Prolixin 20 mg O.D. This medication was withdrawn 2-3 weeks following the trial. During the trial Roger was able to remain composed and attentive. The trial lasted one day and was held before a three-judge panel. The "Not Guilty by Reason of Insanity" plea was not contested by the prosecution.

Discussion

Following World War II, Amytal interviews were in high vogue and seemed to offer an easier route into repressed material than hypnosis. Amytal, unlike hypnosis, could be given to anyone and seemed to be more universally effective than hypnosis where individual susceptibility seemed quite variable. Many patients were not sufficiently hypnotizable so that recall of memory and abreaction could take place.

In the present situation it was of interest that Amytal did not seem to

induce the typical volubility and feeling states associated with an abreactive pattern. Rather it seemed to induce only sedation with a decrease in both verbal content and affect. If he had been looking for a "face-saving" opportunity to confess, the Amytal situation should have provided the necessary ingredients, *e.g.*, a supportive hospital staff, his own attorney encouraging him, and a protective setting.

The hypnotic induction occurred with only the author present, five days later, with no intervening visits. Prior to the induction, Roger was confronted with some of the inconsistencies in his story which he then modified. It is of interest that during the hypnotic state, the details were told without affect. It was not a spontaneous recitation of the sequence of events, and some encouragement and questioning were required for him to continue. In addition, he spontaneously interrupted the trance and was amnesic for the trance period. The abreaction occurred when I repeated what he stated while in the trance, after he insisted on being told, claiming that he could not remember on his own. This abreaction was followed by a spontaneous comment that the hallucinations had stopped and an expression of depressive affect, feelings of worthlessness and suicidal impulses. Following this experience he remained better integrated on the ward, and no bizarre behavior and cognitive disorganization were subsequently evident.

Both Amytal and hypnosis induce altered states of consciousness. The barbiturates reversibly depress excitable tissues, with the CNS being exquisitely sensitive. The degree will vary from mild sedation to coma. The after-effects may be manifested as overt excitement. Thus at low blood levels a person may feel slightly intoxicated, euphoric and energetic. Depending upon environmental stimuli, he may also display irritability and a temper.

In small doses intravenous barbiturates produce an increase in the energy of the high frequency part of the EEG Spectrum – initially at 25-35 Hz. This fast activity, which has been termed barbiturate activation, starts from the frontal cortex, spreads to the parietal and occipital cortex and recedes in the reverse order as the drug wears off. It is accompanied by clouding of consciousness and occasionally euphoria. The early high frequency response of the EEG to barbiturates resembles that to electrical arousal of the retricular formation, and the threshold for EEG arousal may be transiently lowered; however, the hippocampal component of the arousal response is missing, and true arousal does not occur.[12]

In this particular situation, the predominant effect was drowsiness without the concomitant euphoria or increased willingness to verbalize in a less censored fashion. Some investigators add amphetamines to Amytal in order to enhance this "talkative" state.

Hypnosis, in spite of its name, also is associated with an alert EEG, and while it is not yet possible definitively to define a hypnotic state by physiological measures, the work of Orne *et al.* has demonstrated some unique features of a hypnotic state which allow for an acceptance of the state as something more than mere role playing. A working definition of hypnosis is a subjective state in which alterations of perception and memory can be elicited by suggestion. The ability to recover memories not in conscious awareness through the use of hypnosis has been one of the clinical situations which has intrigued many investigators, although the validity of

such recall always has been open to question. Independent confirmation is important as it is clear that both conscious and unconscious wishes can affect the details of memories that are recalled.

In this case hypnosis provided the context in which recall was facilitated, and the regressive symptoms which seemed secondary to his repression disappeared following his abreaction.

Psychiatric evaluations for the court in competency evaluations, for the State or defense in insanity evaluations are performed with the legal goals as primary. Although the evaluator was functioning as an agent for the State, it was also possible to effect a therapeutic result in this unusual situation. The major legal functions that the hypnotic abreaction served were to make Roger competent to stand trial and to convince the State's Attorney that this version was closer to what probably occurred. The use of an insanity defense in a drug-induced psychotic state has been discussed in several recent papers and decisions and is beyond the scope of the present review.[13] Suffice it to say that drug-induced psychoses alone usually are not sufficient to support an insanity defense. Some pre-existing or underlying mental condition usually is necessary.

As hypnosis becomes an increasingly "acceptable" modality in the psychiatrist's armamentarium of therapeutic techniques, we hope the study of this subjective state will increase our understanding and help remove from the magical and mystical arena this fascinating phenomenon which has intrigued both lay and professional groups.

References

1. Lindemann E: Psychological changes in normal and abnormal individuals under the influence of Sodium Amytal. American J Psychiatry 88:1083, 1932
2. Grinker R, Speigel J: Men Under Stress. Philadelphia, Blakiston Co., 1945, pp. 170-171
3. Grinker R, Spiegel J: Brief psychotherapy in war neuroses. J Psychosomatic Medicine, 6:123, 1944
4. Grinker R: Treatment of war neuroses. JAMA, 126:142, 1944
5. Lipton E: The Amytal interview: A review. American Practitioner, Vol. 1, No. 2, pp. 98-105, 1978
6. Naples M, Hackett T: The Amytal interview: History and current uses. Psychosomatics, Vol. 19, No. 2, pp. 98-105, 1978
7. Orne M: The construct of hypnosis: Implications of the definition for research and practice. Annals of the New York Academy of Science, Vol. 296, pp. 14-33, 1977
8. Spiegel H: The Hypnotic Induction Profile (HIP): A review of its development. Annals of the New York Academy of Sciences, Vol. 296, pp. 129-143, 1977
9. Redlich FC, Ravitz L, Dession GH: Narcoanalysis and truth. American Journal Psychiatry, 107, p. 586, 1951
10. Gottschalk LA: The use of drugs in information seeking interviews, in Uhr LM and Miller JG eds. Drugs and Behavior. New York: Wiley, pp. 515-518, 1960
11. Dession GH *et al.*: Drug induced revelation and criminal investigation. Yale Law Journal, 6162:315-347, 1953
12. Redlich *et al., op. cit.*, n. 9
13. Barter JT and Reite M: Amer J Psychiatry, Crime and LSD: The insanity plea, 126:113-119, October 1969