

## Are Psychotherapy Sessions the Same as Police Interrogations? Philip J. Kinsler, Ph.D.

For those of us who work with severe abuse survivors, the question of the possible suggestibility of our techniques and our clients remains one of the hot-button topics in the field. There are essentially two lines of research evidence that have been used to raise the question of the alleged suggestibility of persons claiming discontinuous memories of child abuse. The first line of evidence will likely be quite familiar to readers. This is the area of ‘misinformation suggestibility.’ This type of suggestibility is essentially the tendency of a person to conform to leading information in the way that questions are formed. ‘So after your father hit you, did he also touch your private parts?’ Courts in the United States and in the United Kingdom disallow such questions and have done so for generations, precisely because of the telegraphing in the question of how the subject is expected to answer. The author believes that many readers of this article will already be familiar with the enormous controversy surrounding the relevance of this kind of paradigm to the work we do. In brief, serious scientific questions remain about whether persons can be led to falsely recall traumatic material that is personally relevant and of high emotional impact.

A second, less generally known line of research evidence goes to the issue of false confessions. Here the essential question is whether subjects can be led through certain interview techniques to give false information about a crime—to actually confess to something they did not do. This line of research is called ‘interrogative suggestibility.’ Are persons subject to interpersonal influences within interviews that can yield false statements? And the answer to this is unequivocally ‘Yes.’ Under certain interviewing conditions, and for certain kinds of persons, it is relatively easy to obtain a false statement. Between 15% and 25% of persons later exonerated by DNA evidence had given false confessions.<sup>1</sup>

What, if anything, does this have to do with psychotherapy? Our critics hold that there are many commonalities between a police interview and a therapy session. In a therapy session, a patient is *isolated* and is in the presence of a relatively *high status interviewer*. There is a power differential between therapist and patient. The therapist may either consciously or unconsciously apply *negative feedback* to the patient... ‘You tell me you had a great family life yet you’re having these terrible flashbacks...’ The therapist may communicate an *expectation* of how the client should answer... ‘Many people who have the symptoms you describe may have been abused in childhood.’ ‘This happens a lot to people, there’s nothing to be ashamed of, I know how to help people in this situation.’

These types of responses essentially mimic the interviewing factors that have been found to produce false confessions:

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<sup>1</sup> [www.innocenceproject.org](http://www.innocenceproject.org); Kassin, S., On the psychology of confessions: *Does Innocence Put Innocents at Risk?*, *American Psychologist*, 2005, April, 215-228.

- ✓ Isolation from outside influences.
- ✓ Maximization of the likelihood that something bad happened.
- ✓ Minimization of the consequences of 'admitting' to the event.

In a typical police interrogation, the subject is repeatedly confronted with the fact that the police 'already know' that they did it. They are removed from any sources of external support and made to depend on the authority of the police officer. They are then told that 'this could happen to anyone.' 'He/she was rubbing up against you. You're just human. It could have happened to anyone. We need to get you some help.'

Dr. Saul Kassin, one of the primary researchers in this area, has stated that if the interview situation is made noxious enough, and the person then given a face saving 'out,' almost anybody can be induced to produce a false statement. There appear to be three different types of false confessions, two of which are relevant to our interviewing of patients. The first of these is the person who confesses out of a need to please the authority figure and escape the interpersonal pressure. Kassin terms this 'coerced compliant' confessions. There are also people who come to believe under interrogation that they in fact did commit the crime. Kassin terms this 'coerced internalized' confessors.

Our critics essentially accuse us of producing many such 'coerced internalized' confessors through interview methods that mimic isolation, maximization, and minimization.

In addition to the factors *in the situation* that may lead to false statements, there are factors *in the person* which make them more vulnerable to producing such a statement. Gudjonsson has studied these conditions in detail:<sup>2</sup>

- ❖ People who tend to give in easily or comply with authorities.
- ❖ Already depressed subjects given negative feedback.
- ❖ Sleep-deprived subjects.
- ❖ Generally anxious people.
- ❖ People with little prior court experience.
- ❖ Persons with low intelligence or with learning disabilities.

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<sup>2</sup> Gudjonsson, G., *The Psychology of Interrogations and Confessions: A Handbook*, 2003, J. Wiley & Sons, NY.

- Particularly sequencing and logical processing deficits.
- ❖ People with memory deficits.
- ❖ Adolescents are particularly vulnerable when negative pressure is applied.
- ❖ Problem avoiders rather than people who cope.
- ❖ Non-assertive people.
- ❖ People who feel incompetent; people with low self-esteem.

If this list sounds to you like many of our clients, you will appreciate the necessity of caution in our interviewing practices. Many of our patients have serious risk factors for being vulnerable to producing coerced statements.

There are, however, also important differences between the psychotherapy room and the police interrogation situation:

1. The attendance of a patient at therapy is primarily voluntary.
2. Good therapists do not assume 'guilt' or by extension 'abuse.' They know that symptoms may spring from many different tributaries.
3. Therapy patients are more likely to be in a victim rather than a perpetrator stance.<sup>3</sup>
4. Persons with internalized false confessions typically can only provide the *belief* that they committed the crime without providing a detailed narrative memory.
5. There are no external rewards for the therapist in 'obtaining' a false disclosure. Their promotion, rank, compensation does not vary by how well they get people to 'confess abuse.'
6. There is very likely less 'confirmatory bias' on the part of therapists than of police officers. Therapists are trained to listen to client productions from multiple perspectives rather than assuming one particular cause.

### *Risk Management*

Despite the above differences, therapists are still being sued and licensing actions being brought on the issue of allegedly therapy created 'false memories.' In a prior column, Dr. Frankel provided a record keeping system in which careful attention is paid to the context

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<sup>3</sup> Gudjonsson *ibid.*, p 214.

of any disclosure, and in which any therapist-patient relational events of importance are noted. It would behoove us to carefully document the actual interactions in the therapy room prior to any 'disclosure' of abuse and be clear that our interviewing style is not mimicking the patterns brought into question by Kassin and Gudjonsson. It may also be useful to administer the Gudjonsson Suggestibility Scale to our patients prior to beginning actual psychotherapy. This is a test in which a person is read a story, they are then asked for their immediate recall, and later, their delayed recall. A number of the questions are framed in a leading manner... 'Were the assailants white, black, or Asian?' The story actually contains no such information. A subject who adopts the suggestion prior to any negative feedback is said to show one kind of yielding to misinformation behavior which Gudjonsson terms Yield 1. After a 50 minute delay, the subject is given some negative feedback and told to try harder. The questions are asked again. How much the subjects yield to the leading questions after negative feedback is termed Yield 2. Whether the subject actually completely changes their answers after negative feedback is termed Shift. The total of Yield 1, Yield 2, and Shift is termed Total Suggestibility. Gudjonsson provides norms in the publication cited above.

Should a complaint or court case arise, it would be useful to be able to document that you measured the likely suggestibility of patients prior to beginning therapy, and that your interviewing techniques *did not* make a good analogy to the police interrogation situation.

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