

Guest Editorial

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Hypnosis scholars for the past 150 years have documented multiple cases of immediate and delayed negative effects of hypnosis in clinical, research, educational, and entertainment settings (Brentar & Lynn, 1988; Ewin, 1989, 2008; Frischholz & Schefflin, 2009; Gruzelier, 2000; Hilgard, 1974; Kluft, 2012; Machovec, 1986, 1988; Weitzenhoffer, 2000; Yapko, 2012). This special issue was specifically conceived to address common inadvertent adverse consequences, or negative side effects, arising from the use of hypnosis in clinical, forensic, and hypnosis training settings with a focus on ways to minimize the risk of their occurrence.

The ethical and responsible practice of hypnosis in all of these settings entails:

1. Ensuring the welfare of one's patients/clients/trainees and taking all necessary precautions to avoid doing harm (ASCH, 2012);
2. Following best practice guidelines (Eimer, this issue; Kluft, 2012, this issue-a, this issue-b; Nash & Barnier, 2012; Voit & Delaney, 2004; Yapko, 2012);
3. Limiting one's practice of hypnosis to within one's areas of competence and expertise;
4. Knowing the relevant laws of the jurisdictions in which one practices (Hibler & Schefflin, this issue; Schefflin, this issue);
5. Acquiring an adequate understanding of psychology, personality, physiology, mind-body relationships, and psychosomatic conditions that is relevant to the employment of hypnosis in one's specialty area;
6. Staying reasonably informed of the relevant literature on hypnosis, its clinical and forensic applications and misapplications, its legal ramifications, and the latest considerations in the education and training of licensed health care professionals in hypnosis;
7. Paying careful attention to how you manage your relationship with your hypnosis patients/clients/trainees (Eimer, this issue; Kluft, 2012, this issue-a, this issue-b; Voit & Delaney, 2004; Zarren & Eimer, 2002);
8. Staying attuned to your patient's/client's/trainees's responses to hypnosis—immediate and delayed (Kluft, 2012, this issue-a, this issue-b);

9. Obtaining contextually appropriate informed consent (Eimer, this issue; Lynn, 2001; Schefflin, this issue);
10. Obtaining competent training in the fundamentals of hypnosis and the appropriate applications of hypnosis to your specific health care discipline and specialty;
11. Appropriately integrating hypnosis into your discipline-specific treatment plan (Eimer, this issue; Voit & Delaney, 2004; Zarren & Eimer, 2002);
12. Maintaining appropriate boundaries with one's patients/clients/trainees to avoid multiple relationships and conflicts of interest that could cause harm; and
13. Being prepared for the occurrence of the unexpected in the use of hypnosis by having a Plan B and a Plan C.

The articles in this special issue address the above essential considerations in the ethical practice of hypnosis in clinical, forensic, and educational settings from different vantage points. The considerations and objectives listed above are pertinent to all licensed health professionals who employ hypnosis in their professional work. This issue of the *American Journal of Clinical Hypnosis* was put together in the service of clearly articulating these objectives and teaching safe methods for achieving them, while minimizing the risks of inadvertent adverse consequences of hypnosis.

Richard Kluft has contributed two articles to this issue. In his article, "Enhancing Workshop Safety: Learning From Colleagues' Adverse Experiences (Part I—Structure/Content)," Kluft offers 13 suggestions for minimizing workshop participants' risk of experiencing adverse events, and he recommends safer replacements for techniques and stances often associated with adverse outcomes. He discusses the benefits of using measures of alertness such as the Howard Alertness Scale (2008) for identifying those at risk for unsuccessful re-alerting. Additional safety-related recommendations are communicated in Part II of this article in which Kluft proposes additional protective measures including curtailing several common but potentially problematic practices. He also offers suggestions for helping faculty members become aware of possible need improvement in areas of skill, establishing policies for acceptable issue to address in demonstrations, and for procedures to dealing with adverse events occurring in workshops.

In his article, "How Not to Conduct a Forensic Hypnosis Interview: A Case Study," Alan Schefflin analyzes a forensic hypnosis interview which played a major role in obtaining a murder conviction. Several years later, the reliability of the interview was called into question leading to a post-conviction court hearing on whether the methods used by the hypnosis specialist, hired by the police, conformed to the legal guidelines established by the Wisconsin Supreme Court. Schefflin was contacted to serve as an expert witness for the defendant. Partially as a result of Schefflin's involvement in the case, the defendant won the right to a re-trial. After only four days of trial, all charges against the defendant, who had spent three years in prison, were dropped by the prosecutor, who told the press that he did not believe that he could prove guilt beyond a reasonable doubt. Schefflin's article examines the many errors committed by the hypnosis specialist, and the subsequent legal proceedings which altered the verdict.

This case, described by Schefflin, provides an archetypal example of forensic hypnosis practiced improperly. In so doing, Schefflin provides guidance on the appropriate practice of forensic hypnosis in criminal cases.

In their joint article, “Maximizing the Usefulness of Hypnosis in Forensic Investigative Settings,” Neil Hibler and Alan Schefflin, based on their clinical and forensic experience and relevant literature and research, present a fundamental guide for mental health professionals on how to use investigative hypnosis with law enforcement agencies in the effort to enhance the memory of witnesses and victims. They provide practical guidelines and discuss how to work with law enforcement agencies so as to control for factors that can interfere with recall. Given the likelihood that a sizable number of ASCH members who are not forensic hypnosis “experts” will at some point in their career be involved in using hypnosis in a criminal cases, this article may help them avoid the pitfalls inherent to this area of practice.

In his article, “A Case of a False Confession After an Inadvertent Hypnotic Induction,” Robert Goldstein presents a case of a highly hypnotizable 28-year-old man who gave a false confession under police interrogation following an unintended hypnotic induction by police interrogators. This man was exonerated many years later on the basis of exculpatory DNA evidence. Goldstein served as an expert witness for the defense in preparation for the original trial. Based on his evaluation of the defendant, Goldstein concluded that the defendant placed at the 90th percentile with respect to hypnotic responsiveness. In his subsequent testimony, Goldstein argues that the police had likely inadvertently triggered a hypnotic experience on the part of the defendant, and that as a result, serious questions needed to be raised as to the voluntariness and admissibility of the confession. The prosecution’s expert was Herbert Spiegel who presented a different argument, and the judge accepted Spiegel’s argument.

The significance of this case report is that it illustrates in detail how a person who is highly responsive to hypnosis can be inadvertently induced into a hypnotic trance state under police interrogation and persuaded to give a false confession. Goldstein persuasively argues that in some cases, assessment of the circumstances surrounding a confession elicited during police interrogation should include an evaluation of the subject’s hypnotic capacity given its relevance to any subsequent legal proceedings in which the voluntariness or validity of a confession might be under review.

Finally, my contribution covers fundamentals of clinical and forensic hypnosis risk management as a foundation for beginners, and as a review for experienced and advanced practitioners. In the article, various straightforward safeguards that should be heeded by all practitioners are discussed.

In conclusion, each of the six articles address the issue of minimizing the risks of inadvertent negative consequences of hypnosis from different vantage points. The ethical and responsible hypnosis practitioner cannot afford to ignore the lessons of these important contributors. It is my hope that readers will find much of value in each article.

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