

NARCOANALYSIS AND TRUTH SERUM

- M. Sivananda Reddy, SP, Cyber Crimes, CID.

Narcoanalysis: Psychotherapy conducted while the patient is in a sleeplike state induced by barbiturates or other drugs, especially as a means of releasing repressed feelings, thoughts, or memories. Its use is restricted to circumstances when there is a compelling, immediate need for a patient's responses.

Truth serum: It is a barbiturate or drug administered in milder doses to make the recipient become very communicative and share his thoughts without hesitation. The recipient is likely to lose his inhibition, and therefore he is more likely to tell the truth.

The search for effective aids to interrogation is probably as old as man's need to obtain information from an uncooperative source and as persistent as his impatience to shortcut any tortuous path. In the annals of police investigation, physical coercion has at times been substituted for painstaking and time-consuming inquiry in the belief that direct methods produce quick results. Sir James Stephens, writing in 1883, rationalizes a grisly example of "third degree" practices by the police of India: "It is far pleasanter to sit comfortably in the shade, rubbing red pepper in a poor devil's eyes than, to go about in the sun hunting up evidence."

More recently, police officials in India and few other countries have turned to drugs for assistance in extracting confessions from accused persons, drugs which are presumed to relax the individual's defenses to the point that he unknowingly reveals truths he has been trying to conceal. This investigative technique, however humanitarian as an alternative to physical torture, still raises serious questions of individual rights and liberties.

The use of so-called "truth" drugs in police work is similar to the accepted psychiatric practice of narcoanalysis; the difference in the two procedures lies in their different objectives. The police investigator is concerned with empirical truth that may be used against the suspect, and therefore almost solely with probative truth: the usefulness of the suspect's revelations depends ultimately on their acceptance as evidence by a court of law. The psychiatrist, on the other hand, using the same "truth" drugs in diagnosis and treatment of the mentally ill, is primarily concerned with psychological truth or psychological reality rather than empirical fact. A patient's aberrations are reality for him at the time they occur, and an accurate account of these fantasies and delusions, rather than reliable recollection of past events, can be the key to recovery.

HISTORY

In 1922, it occurred to Robert House, a Dallas, Texas obstetrician, that a similar technique used at the time of child birth might be employed in the interrogation of suspected criminals, and he arranged to interview under scopolamine, two prisoners in the Dallas county jail whose guilt seemed clearly confirmed. Under the drug, both men denied the charges on which they were held, and both, upon trial, were found not guilty.

Enthusiastic at this success, House concluded that a patient under the influence of scopolamine "cannot create a lie... and there is no power to think or reason." His experiment and this conclusion attracted wide attention, and the idea of a "truth" drug was thus launched upon the public consciousness. The phrase "truth serum" is believed to have appeared first in a

news report of House's experiment in the Los Angeles Record, sometime in 1922. House resisted the term for a while but eventually came to employ it regularly himself. Because of a number of undesirable side effects, scopolamine was shortly disqualified as a "truth" drug. Among the most disabling of the side effects are hallucinations, disturbed perception, somnolence, and physiological phenomena such as headache, rapid heart, and blurred vision, which distract the subject from the central purpose of the interview.

At about this time police officials, still attracted by the possibility that drugs might help in the interrogation of suspects and witnesses, turned to a class of depressant drugs known as the barbiturates. By 1935 Clarence W. Muehlberger, head of the Michigan Crime Detection Laboratory at East Lansing, was using barbiturates on reluctant suspects, though police work, continued to be hampered by the courts' rejection of drug-induced confessions except in a few carefully circumscribed instances.

CLINICAL AND EXPERIMENTAL STUDIES

Gerson and Victoroff conducted 'amytal' interviews with 17 neuropsychiatry patients, soldiers who had charges against them, at Tilton General Hospital, Fort Dix. First they were interviewed without amytal by a psychiatrist, who, neither ignoring nor stressing their situation as prisoners or suspects under scrutiny, urged each of them to discuss his social and family background, his army career, and his version of the charges pending against him. The patients were told only a few minutes in advance that narcoanalysis would be performed. The doctor was considerate, but positive and forthright. He indicated that they had no choice but to submit to the procedure. Their attitudes varied from unquestioning to downright refusal. Each patient was brought to complete narcosis and permitted to sleep. As

he became semiconscious and could be stimulated to speak, he was held in this stage with additional amytal while the questioning proceeded. He was questioned first about innocuous matters from his background that he had discussed before receiving the drug. Whenever possible, he was manipulated into bringing up himself the charges pending against him before being questioned about them. If he did this in a too fully conscious state, it proved more effective to ask him to "talk about that later" and to interpose a topic that would diminish suspicion, delaying the interrogation on his criminal activity until he was back in the proper stage of narcosis. The procedure differed from therapeutic narcoanalysis in several ways: the setting, the type of patients, and the kind of "truth" sought. Also, the subjects were kept in twilight consciousness longer than usual. This state proved richest in yield of admissions prejudicial to the subject. In it, his speech was thick, mumbling, and disconnected, but his discretion was markedly reduced. This valuable interrogation period, lasting only five to ten minutes at a time, could be reinduced by injecting more amytal and putting the patient back to sleep. The interrogation technique varied from case to case according to the background information about the patient, the seriousness of the charges, the patient's attitude under narcosis, and his rapport with the doctor. Sometimes it was useful to pretend, as the patient grew more fully conscious, that he had already confessed during the amnesic period of the interrogation, and to urge him, while his memory and sense of self-protection were still limited, to continue to elaborate the details of what he had "already described." When it was obvious that a subject was withholding the truth, his denials were quickly passed over and ignored, and the key questions would be rewarded in a new approach. With respect to the reliability of the results of such interrogation, Gerson and Victoroff conclude that persistent,

Careful questioning can reduce ambiguities in drug interrogation, but cannot eliminate them altogether.

OBSERVATIONS FROM PRACTICE

J.M. MacDonald, who as a psychiatrist for the District Courts of Denver has had extensive experience with narcoanalysis, says that drug interrogation is of doubtful value in obtaining confessions to crimes. Criminal suspects under the influence of barbiturates may deliberately withhold information, persist in giving untruthful answers, or falsely confess to crimes they did not commit. The psychopathic personality, in particular, appears to resist successfully the influence of drugs. MacDonald concludes that a person who gives false information prior to receiving drugs is likely to give false information also under narcosis, that the drugs are of little value for revealing deceptions, and that they are more effective in releasing unconsciously repressed material than in evoking consciously suppressed information.

Another psychiatrist known for his work with criminals, L.Z. Freedman, gave sodium amytal to men accused of various civil and military antisocial acts. The subjects were mentally unstable, their conditions ranging from character disorders to neuroses and psychoses. The drug interviews proved psychiatrically beneficial to the patients, but Freedman found that his view of objective reality was seldom improved by their revelations. He was unable to say on the basis of the narco-interrogation whether a given act had or had not occurred. Like MacDonald, he found that psychopathic individuals can deny to the point of unconsciousness, crimes that every objective sign indicates they have committed.

F.G. Inbau, Professor of Law at Northwestern University, who has had considerable experience observing and participating in "truth" drug tests, claims that they are occasionally effective on persons who would have disclosed

the truth anyway had they been properly interrogated, but that a person determined to lie will usually be able to continue the deception under drugs.

The two military psychiatrists who made the most extensive use of narcoanalysis during the war years, Roy R. Grinker and John C. Spiegel, concluded that in almost all cases they could obtain from their patients essentially the same material and give them the same emotional release by therapy without the use of drugs, provided they had sufficient time.

The essence of these comments from professionals of long experience is that, drugs provide rapid access to information that is psychiatrically useful but of doubtful validity as empirical truth. The same psychological information and a less adulterated empirical truth can be obtained from fully conscious subjects through non-drug psychotherapy and skillful police interrogation.

The almost total absence of controlled experimental studies of "truth" drugs and the spotty and anecdotal nature of psychiatric and police evidence require that extrapolations to intelligence operations be made with care. It should be clear from the foregoing that at best a drug can only serve as an aid to an interrogator who has a sure understanding of the psychology and techniques of normal interrogation. In some respects, indeed, the demands on his skill will be increased by the baffling mixture of truth and fantasy in drug-induced output. And the tendency against which he must guard in the subject to give the responses that seem to be wanted without regard for facts will be heightened by drugs: literature abounds with warnings that a subject in narcosis is extremely suggestible.

From all indications, subject-interrogator rapport is usually crucial to obtaining the psychological release which may lead to unguarded disclosures. Role-playing on the part

of the interrogator might be a possible solution to the problem of establishing rapport with a drugged subject. Even when rapport is poor, however, there remains one facet of drug action eminently exploitable in interrogation, the fact that subjects emerge from narcosis feeling they have revealed a great deal, even when they have not. As Gerson and Victoroff demonstrated at Fort Dix, this psychological set provides a major opening for obtaining genuine confessions.

OUR EXPERIENCE

With the assistance of F.S.L. of Andhra Pradesh and Karnataka, we had done Narcoanalysis on an accused at Victoria Hospital in Bangalore. The accused was subjected to sustained interrogation by a team of officers for nearly 20 days and then he was taken to Bangalore and subjected to Narcoanalysis under the supervision of the Psycho Analyst and Anesthetists. I.O. was not allowed to participate in the procedure but was asked to give a questionnaire to the Psycho Analyst for eliciting information from the accused. Subsequently, we were given a video clipping of the entire procedure. Startling facts were not revealed by the accused during the procedure. Most of the facts we had already known through regular interrogation were confirmed in the Narcoanalysis procedure. This could be because of non participation of I.O. in the procedure and the limitations a Psycho analyst would have in interrogation of an accused or else the accused (subject) had already revealed most/ everything during the sustained interrogation and was successful in concealing startling facts which were not revealed earlier. Perhaps, one sitting is insufficient and because of time constraint, we could not have the procedure repeated. However, our experience in a single case can't be the benchmark for Narco analysis findings. However, I was informed that Narcoanalysis done on subjects/accused

involved in Stamps Scam resulted in startling revelations.

NARCOANALYSIS AND ITS ADMISSIBILITY IN COURT

Though, the expert opinion given to the court in the famous case of US V Solomon, 753 F.2d.1522(9th Cir.1985) 1985, which directly debated the issue of narconanalysis, established that "truth serum is now generally accepted investigative technique" the experts said: "Adequate safeguarding against unreliability is possible." However "narcoanalysis does not reliably induce truthful statements."

The Bombay High Court recently ruled that subjecting six of the accused in the multi-crore rupee fake stamp paper case to "certain physical tests involving minimal bodily harm" such as narcoanalysis, lie detector tests, and brain mapping did not violate their constitutional rights, specifically the protection against self-incrimination guaranteed by Article 20(3). The judicial sanction for these methods of 'lie-detection' and 'truth extraction' rests on the argument that the protection of Article 20(3) does not apply at the investigative stage.

CONCLUSIONS

The salient points that emerge from this discussion are the following. No such magic brew as the popular notion of truth serum exists. The barbiturates, by disrupting defensive patterns, may sometimes be helpful in interrogation, but even under the best conditions they will elicit an output which is partially contaminated by deception, fantasy, garbled speech, etc. A major vulnerability they produce in the subject is a tendency to believe he has revealed more than he has and this can be used by the interrogator for subsequent interrogation of the subject under normal circumstances. It is possible, however, for both normal individuals and psychopaths to resist drug interrogation, it seems likely that any

individual who can withstand ordinary intensive interrogation can also hold out in narcosis. There is an acute need for controlled experimental studies of drug reaction, not only to depressants but also to stimulants and to combinations of depressants, stimulants, and ataraxics.

Now that the Bombay High Court has given its ruling permitting such procedures, its usage should be encouraged in grave offences. Narcoanalysis procedure is very helpful when Investigating Officer is hard pressed for time and needs to elicit critical information for preventing a major offence planned for the near future, especially by terrorist outfits. Narcoanalysis followed by the recoveries of instruments (documents/weapons) would make

the procedure admissible in the court and such procedures would gain all-round acceptance. However, since this procedure is in its infancy stage in our country, investigating officers should not let this procedure be misused/abused as any such usage would strengthen the views of critics. This facility is presently available only in the states of Karnataka and Gujarat at Bangalore and Ahmedabad respectively and should be extended to Andhra Pradesh also. Its usage needs to be viewed objectively and encouraged to replace or augment the existing conventional methods of interrogation which at times have resulted in custodial deaths bringing us a lot of bad name and lowering our credibility.

