

# A Lie...Is It Or Isn't It?

## Part 2

One of the ways to increase your efficiency at detecting deceptions is to conceal what is known from the investigation. This gives the interviewer several unique advantages in detecting attempted deceptions during a conversation. With certainty the interviewer can know he is still being lied to until the subject admits to the evidence or circumstances revealed by the investigation, plus the interviewer can increase the subject's fear of detection level, also known as "cognitive load." The *cognitive load* is merely the stress and intellectual challenge of concocting and defending a deception from detection.

An interviewer can use a number of different strategies to increase the cognitive load and make it even more difficult for the deceiver to maintain the lie. But first, a short discussion about the important differences between the liar and truth tellers.

### Liars vs. Truth Tellers

The frame of reference is hugely different for the truth teller who views himself as a resource for the interviewer and, while possibly nervous at the onset of the conversation, he is not on the whole threatened by the encounter. As a result, the interviewer is able to establish rapport and cooperation with the truth teller resulting in an open dialog between the two. The liar must examine each topic and question for hidden traps while the truth teller is able to answer each question on face value.

The deceiver often uses fewer details to allow room for improvisation should the need arise. The problems continue for the deceiver as the physiological and psychological implications of the fear of detection impact his critical thinking, which adds to the confusion. Thinking is very different when we are not under the pressure of the moment with the fear of detection and the possibility of discovery looming over our heads. Where a clear mind may see contradictions, the stressed mind sees none.

The interviewer can increase the cognitive load on a deceptive individual in a number of ways that may increase the behavioral leakage.

The first telling of a fabrication is like the opening night of a play. There may have been practice, but others miss their lines, someone strays from the script, or props appear in the wrong places that the actors must react to. The following 911 call is an example of such an "opening night" performance.

Dr. Martin MacNeill made the following 911 call to the Pleasant Grove (Utah) Police Department, reporting his wife's drowning in the family's bathtub. It is worth listening to the actual 911 call to hear the doctor's voice and tone. Do these verbal behavioral aspects seem

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**The first telling of a fabricated story is fraught with danger for the deceiver. The telling is done under tremendous emotional and physiological pressure that might cause even the most well-prepared story to change. Next, multiple retellings of the story have to be consistent with other versions and evidence recovered at the scene. Then, there are the witness recollections and the likely improvisations during the crime that must be explained.**

consistent with the shock of discovery of his wife's body? Remember, if the story is fabricated, this is the first telling and mistakes will be made.

[The 911 call can be heard at: [deseretnews.com/article/700088382/Martin-MacNeill-Was-his-wife-Micheles-death-accidental-or-was-it-murder.html?pg=1](http://deseretnews.com/article/700088382/Martin-MacNeill-Was-his-wife-Micheles-death-accidental-or-was-it-murder.html?pg=1)]

911 OPERATOR: Pleasant Grove Police Department.

MACNEILL: I need...I need an ambulance!

911 OPERATOR: Okay, what's the problem, sir? We need medical. Sir, what's wrong?

MACNEILL: My wife's fallen in the bathtub! [How does he know this?]

911 OPERATOR: Who's in the bathtub? Who's in the bathtub?

MACNEILL: My wife!

911 OPERATOR: Okay, is she conscious?

continued on page 14

continued from page 12

**MACNEILL:** *She's not. I'm a physician. I need help!* [It is interesting to note he refers to himself as a "physician," rather than using the more common term "doctor." Also, one would think he would be providing basic medical information for the responding medical personnel. Who needs help in this situation? She does, unless she is no longer among the living.]

**911 OPERATOR:** *Sir, sir, I need you to calm down. Sir, I can't understand you, okay? Can you calm down just a little bit?*  
**MACNEILL:** *I need help!*

**911 OPERATOR:** *Okay, what...your wife is unconscious?*  
**MACNEILL:** *She is unconscious. She's under water.* [One would think the first thing to do would be to get her out of the water and prepare to do or start CPR before calling 911.]

**911 OPERATOR:** *Okay, did you get her out of the water?*  
**MACNEILL:** *I can't! I just (INAUDIBLE)...I let the water out.* [MacNeill can't pull his wife out of the tub. Later he is alleged to have said to others that she was draped over the side. Yet, there is testimony she was seated in the tub.]

**911 OPERATOR:** *She's under the water?*  
**MACNEILL:** *She's under the water, and I need an ambulance!*

**911 OPERATOR:** *Okay, is she breathing at all?*  
**MACNEILL:** *She's not!*

**911 OPERATOR:** *Okay, sir, the ambulance has been paged. They're on their way, Okay? Do not hang up.* [Because of confusion over the address, it will take almost 30 minutes for responders to arrive.]  
**MACNEILL:** *Why? (Hangs up)*

**911 OPERATOR:** *What? Sir? (Redials number)*  
**MACNEILL:** *Hello?*

**911 OPERATOR:** *Sir, this is 911. Can I help you?*  
**MACNEILL:** *I need help!*

**911 OPERATOR:** *Okay, sir, they're on their way. Is your wife breathing?*  
**MACNEILL:** *She is not! I am a physician. I've got CPR in progress!* [Has the body been moved?]

**911 OPERATOR:** *You're doing CPR?*  
(CROSSTALK)  
**911 OPERATOR:** *Sir, how old is your wife?*  
**MACNEILL:** *My wife is 50 years old. She just had surgery a couple of days...a week ago.* [Why is the mention of "surgery" important unless this needs to be reason for the cause of death, and he wants to make sure police know this? He still has not offered any medical vitals except in response to the dispatcher's questions. How does the link between surgery, in this case a facelift, and this incident occur? Would it be more common for someone to consider a heart attack?]

**911 OPERATOR:** *What kind of surgery did she have?*  
**MACNEILL:** *She had a facelift.*

**911 OPERATOR:** *She had a facelift?*  
**MACNEILL:** *Yes.*

**911 OPERATOR:** *Okay, do you know how to do CPR?*  
**MACNEILL:** *I'm doing it!* [Has the body moved? Do we hear any exertion or movements? It is interesting to note when emergency personnel arrive later, there is water coming from her mouth. With all the CPR done by the doctor, one would think the water would have been expelled already.]

**911 OPERATOR:** *Okay, do not hang...*

If you listen to the 911 call and read the news reports about the investigation, this exchange becomes even more telling. What emotions would you expect MacNeill to have upon discovering his wife's body in the bathtub?

When we listened to the recording, there was an edge of anger and aggression in his tone and speech pattern that seems inconsistent with the circumstances. Once you know the caller is a doctor, the call becomes even more curious since a physician should have experience with medical emergencies, yet there is not the careful clinical response one would expect. Does the information provided, the tone of voice, and speech pattern seem correct given the medical background of the caller? Why is there an angry tone to this conversation?

The victim is underwater and he calls 911 before trying to get her out of the tub or prop her up so she is out of the water. Does this make sense in light of what most of us would do if we saw someone under water? When you read the news article, consider what his young daughter says about finding her mother and the neighbors' comments about getting her out of the tub. Does the body position lend itself to CPR?

There is also a long gap between the arrival of a neighbor, then a second neighbor to remove his wife from the tub. The doctor claims he is performing CPR prior to this, but Pleasant Grove emergency responders said that while they performed CPR on Michele, she threw up a lot of water.

Finally, one of the neighbors said he looked for towels to wipe up the bathroom, but couldn't find any there. He said he located wet bloody towels in the laundry room. Did the doctor stop CPR to wipe up water and blood before the neighbors arrived?

MacNeill told investigators he found his wife hunched over the tub with her head underwater making it even more curious why he could not get her out of the tub and had to let the water out. This certainly differs from the testimony of the daughter and what position she saw her mother in.

## Need for Consistency

The first telling of a fabricated story is fraught with danger for the deceiver. The telling is done under tremendous emotional and physiological pressure that might cause even the most well-prepared story to change. Next, multiple retellings of the story have to be consistent with other versions and evidence recovered at the scene. Then, there are the witness recollections and the likely improvisations during the crime that must be explained.

In our next column we will explore other ways to increase the cognitive load or stress on a person attempting to deceive. You might want to consider what techniques an interviewer might employ to add this additional stressful thinking and how they should be used. ■