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THE INTERNATIONAL SOCIETY OF HYPNOSIS

NEWSLETTER

ISSUE TWO – 2001

VOLUME 25

THE INTERNATIONAL SOCIETY OF HYPNOSIS

'BUILDING BRIDGES OF UNDERSTANDING'

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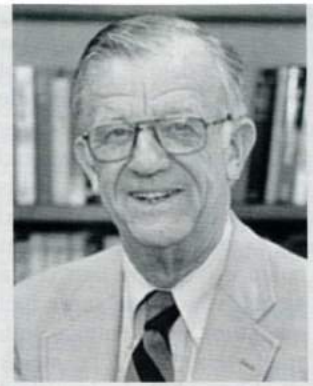
16th Triennial Congress of Hypnosis, Singapore, August 2 – 8, 2003

PROFESSOR ERNEST R. HILGARD, 1904 – 2001



Ernest R. Hilgard was born in 1904 in Belleville, Ill. He attended the University of Illinois at Champaign-Urbana, where he earned a bachelor's degree in 1924, followed by graduate studies at Yale, where he met his wife, Josephine Rohrs. After Hilgard received his doctorate in psychology in 1930, the couple traveled west to California, where Hilgard joined the Stanford faculty in 1933. By 1942, he was chair of the Department of Psychology. From 1951 to 1955, Hilgard served as dean of Stanford's graduate division. He became emeritus in 1969.

OBITUARY OF FOUNDING PRESIDENT

Dear Colleagues,

We have learned with great regret that our Founding President, Professor Ernest R. Hilgard passed away on October 22, 2001, at the age of 97.

We are deeply moved, because the rich and full life of Professor Hilgard touched us in so many ways.

Being the Founding President of ISH, Professor Hilgard had a leading role in setting up a still well-functioning Constitution which made it possible to build cooperative relationships among scientific disciplines and among scholars in different countries with regard to the scientific study and clinical application of hypnosis. He turned to the study of hypnosis after having already gained an international reputation in the classical fields of psychology: conditioning and learning. It is due to his original, creative, yet critical and thorough research that hypnosis could become a respectable field of science, research and therapy.

Beyond his strong influence on science and on our Society, Professor Hilgard – or as known to many of his friends, "Jack" – had great personal impact on many of those who were fortunate enough to learn from him personally or to work under his guidance. Luckily, I belong to them. He created a sparkling atmosphere and such a positive, creative mood in his laboratory that the beautiful and happy work we did there became a professional 'peak experience' for me, and influenced my life for the past 28 years. As a mentor, he was able to show boundless help and support toward all his disciples. At the last ISH Congress he attended – in The Hague in 1988 – he explained it to me: "You know, I never tried to lead people, I just wanted to open some doors for them. And it was up to them whether they entered or not."

He opened several doors to the wonders of human nature for us. Thank you, Jack. We will continue in your spirit.

Éva I. Bányai, PhD – President, ISH
October 27, 2001

FROM THE NEWSLETTER EDITOR

Monday October 8, 2001. I am typing the date at the start of this editorial. I usually work during my 75 minute train ride to and from work. Yesterday the 'new war' started. I have been watching CNN again – intensively, listening to breaking news and commentaries. I could not focus on my work. I planned to write this editorial but noting came on my computer screen. What happened to me is analogous to what is happening to so many people. What seemed to be important is not as important anymore, a new balance is sought between a feeling of safety and the increased alertness of 'it will happen again', which uses more fuel than at least my engine is used to. We filter and are alert at the same time, and continue with life. Yesterday I spoke with a visiting colleague from Haifa, Israel. About the WTC attack and the impact on the world. He told me he had felt like what I described here for a long time now. Already tomorrow the situation may be different. September 11 is a day the world got another appearance. I requested our president, Eva, to send out an e-mail of sympathy to all US members, which she immediately warmheartedly did.

You will read some responses from two members of our community sharing their thoughts and feelings during the attacks: Richard Kluft, MD, and Peter Bloom, MD.

And yet here is the last newsletter of 2001 for you. The hypnosis community of ISH needs to be strong, we have a lot to offer to victims that fear, suffer trauma, and need to learn the benefits hypnosis can provide when applied at the right moment in the right setting.

This newsletter you can read in the section Masterminds about a member we all know, Ed Frischholz. You cannot and should not overlook him, not only because his strong physical presence, but he carries some strong ideas and opinions. And does want to be heard. He is so remarkable for his good heart and because he has been working with all of the contemporary people that have influenced the field of hypnosis in the last two decades.

The response to my last editorial was encouraging in pursuing the plan to change the formula of this newsletter. I had hoped that this one would have been digitized, but this not feasible because of the hefty volume. If attached to an email it would be simply too large. Not everyone has high speed internet access like DSL, and if a modem needs to receive a 3 Mb mail attachment, it may take a long time, if it is not bounced back to begin with. So, we should produce a smaller newsletter, and send it more frequent. I am preparing a proposal to the ISH Board. If anyone would support me with ideas, please do.

There are many exciting developments. Some colleagues emailed me about the Hungarian Society, who had organized their first international meeting in October 2001. An inspiration for all who were present. Burkhard Peter emailed me about a most wonderful experience he had while teaching 11 hours of hypnosis training to 400 Chinese colleagues in Kumming, South China! The Dutch Society of Hypnosis celebrated their 70-year anniversary, with a very festive symposium. They are still the oldest society in the world.

And now this: Just a few weeks ago I was invited for an informal event in which a possible merger of SCEH and ASCH was discussed. Though the plans are not definite, both societies express interest. Also, what is important for ISH is that the editor search committee of SCEH is preparing their vote for the new editor(s) for the IJCEH. Their decision could not be incorporated in this newsletter, but will be made and available for you as you read this. There are many opportunities for the new editor(s) in case the merger may free up IJCEH for a society. After all, two journals in one society would provide a situation that is not likely to live a long life. I think ISH would be the best choice, if only the scholars of SCEH would continue their support and join or 'merge' with ISH. This would make ISH which is a truly international society even stronger. A strong journal and a strong scholarly and scientific backbone is what it would need. We need to do more than building bridges of understanding. We need to build them using a scientific framework for our interventions – something that could be reflected in our (sub)name as well. The journal is the medium to provide these. In addition, ISH could supervise and coordinate workshops and educational courses throughout the world, across societies, something SCEH does only during their annual meetings. An alternate situation that would lead to the same situation is by changing the name of SCEH to ISCEH, enabling the merger with ISH, the way it was long time ago. Who knows what will happen. So, these are some important developments.

Also, the Board of ISH has decided that the bid of Mexico for the 2006 conference is accepted. I congratulate the team that prepared the bid and Theresa Robles in particular for her efforts to get this done. I have moved back to my home country. After almost three years of research in the US. Please note a change of address. Thank you all for your contributions. The Newsletter is open to a variety of contributions. It continues to serve as a forum for individual members as well as for Constituent Societies that have information that deserves to be shared among colleagues. The last moment before this newsletter went into production we were sadly notified of the death of Ernest Hilgard. In the next newsletter we will bring you a tribute of him.

Eric Vermetten, MD – Editor, ISH Newsletter

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LETTER FROM THE PRESIDENT

Dear Colleagues,

I think we are all deeply shocked by the terrorist attack against the United States on September11th. While being moved, however, and following the news in the media, the hope arises in me that this hitherto unthinkable act of evil elicits a similarly unique solidarity friendship all over the world. I am convinced that we will come out of this crisis stronger than before, since crises may promote development if we can work through the given experience both emotionally and cognitively.

I think our international hypnosis community may play a very important role in the process of healing this gigantic wound. The experience we have learnt in the Emergency Rooms can help us to help others from the first moments of the trauma. We know how wide the range of reactions can be from denial to complete collapse. But we can also look and think further ahead. We are prepared for later possible reactions and feelings of anger, revenge and the appearance of post-traumatic stress disorder. It is not enough, however, to have this knowledge; we must do everything possible to actively reach those who may not even realize that they need help. Offering support is our responsibility now.

Forthcoming national and international hypnosis conferences may yield an excellent

opportunity to propagate our knowledge. For example, the 12th Annual Meeting of the Hungarian Association of Hypnosis received so much publicity within the country this June that a great number of general practitioners have become aware of the benefits of hypnosis and suggestive techniques. I am sure, on October 6th, the special symposium of the oldest hypnosis society, the 70 year old Netherlands Society of Hypnosis at its 70th anniversary, will receive much greater public attention and will reach the goal of propagating knowledge in an even wider circle, in accordance with the title of the symposium: 'Broadening of Hypnosis'.

Before and beyond our professional responsibility, however, we feel a deep personal sympathy toward the American people, and toward our American colleagues in particular. We are heartbroken for all our friends, who have personal losses in the tragedy of the attack against the US – we offer our cooperation in any way they need us.

Please let us know how we can help beyond expressing our condolences.

Cordially yours,

Éva I. Bányai, PhD – President, ISH

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BRIEF DER PRÄSIDENTIN

Sehr geehrte Kolleginnen und Kollegen,

Ich glaube, der Terroranschlag vom 11. September auf die Vereinigten Staaten hat uns alle tief geschockt. Trotz dieser Erschütterung, keimt in mir aufgrund der Medienberichte die Hoffnung, dass diese bisher unvorstellbare, böse Tat in der ganzen Welt eine ebenso einzigartige Solidarität und Freundschaft hervorrufen wird. Ich bin überzeugt, dass wir aus dieser Krise stärker als zuvor hervorkommen werden, weil Krisenerfahrungen Entwicklungsprozesse in Gang setzen können, wenn sie emotionell und kognitiv verarbeitet werden.

Ich bin der Ansicht, dass unsere internationale Hypnose-Gemeinschaft eine sehr wichtige Rolle im Prozess der Heilung dieser riesengro?en Wunde spielen kann. Unsere Erfahrungen in Unfallstationen können uns dabei helfen, anderen schon von den ersten Momenten des Traumas an zu helfen. Wir wissen, wie verschieden die Reaktionen sein können – von Verdrängungen bis zu vollständigen Zusammenbrüchen. Doch wir können auch noch weiter in die Zukunft blicken. So sind wir bereits auf spätere mögliche Reaktionen und Gefühle der Wut und Rache, sowie auf das Erscheinen von post-traumatischen Stress-Störungen vorbereit. Es reicht jedoch nicht aus, dieses Wissen zu haben; wir müssen alles Mögliche unternehmen, um jene zu erreichen, die vielleicht nicht einmal realisieren, dass sie Hilfe brauchen. Es ist jetzt unsere Verantwortung, Unterstützung anzubieten.

Die bevorstehenden nationalen und internationalen Hypnose-Konferenzen bieten uns eine hervorragende Gelegenheit, unser Wissen einer breiteren Öffentlichkeit näher zu bringen. So fand zum Beispiel das 12. Jahrestreffen des hungarischen Hypnoseverbandes im Juni dieses Jahres so grosse Beachtung im Land, dass eine grössere Anzahl von Ärzten auf die Vorteile der Hypnose und Suggestivtechniken aufmerksam wurden. Ich bin überzeugt, dass am 6. Oktober das besondere Symposium der ältesten Hypnosegesellschaft, der Niederländischen Hypnosegesellschaft, anlässlich ihres 70. Jubiläum noch grösse reöffentliche Beachtung finden und damit unsere Erkenntnisse einem noch grösseren Kreis

Interessierter bekannt machen wird, ganz im Sinne des Titels des Symposiums: 'Die Verbreitung der Hypnose'.

Über unsere professionelle Verantwortung hinaus, sprechen wir dem amerikanischen Volk, und vor allem auch unseren amerikanischen Kollegen unser aufrichtiges Mitgefühl aus. Wir sind vom Schicksal unserer Freunde, die Mitmenschen im tragischen Angriff auf die USA verloren haben, erschüttert – wir möchten darum unsere Kooperation in möglichst nützlicher Form anbieten.

Bitte lassen Sie uns wissen, wie wir zusätzlich zu unserer moralischen Anteilnahme noch weiter helfen können.

Mit freundlichen Grüssen

Éva I. Bányai, PhD – President, ISH

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CARTA DE LA PRESIDENTA

Estimados colegas,

Creo que el ataque terrorista contra los Estados Unidos del pasado 11 de septiembre nos ha afectado profundamente a todos nosotros. Si bien estos hechos nos han conmocionado después de enterarnos de las noticias a través de los medios de difusión, me surge la esperanza que este acto malvado inimaginable hasta ahora logra crear al mismo tiempo un sentimiento solidario de amistad única en todo el mundo. Estoy convencida que saldremos de esta crisis con más fuerzas que antes, ya que las crisis tienden a promover el desarrollo si logramos atravesar esta experiencia a nivel emocional y cognitivo.

Creo que nuestra comunidad internacional de la hipnosis puede desempeñar un papel importante en el proceso de sanar esta gigantesca herida. La experiencia que hemos adquirido en las Salas de Emergencia nos puede ayudar a tenderle una mano a otros desde el momento del trauma inicial. Nosotros sabemos cuán variadas pueden ser las reacciones, que van de la negación al colapso total. Sin embargo, tenemos los medios para ver y pensar más allá. Contamos con la preparación para encarar las posibles reacciones posteriores y los sentimientos de furia, venganza y la aparición del trastorno postraumático causado por el estrés. Sin embargo, no basta con sólo contar con el conocimiento; debemos hacer cuanto sea posible para llegar activamente a aquellos que tal vez ni cuenta se dan que necesitan ayuda. Nuestra responsabilidad en estos momentos es brindar apoyo.

Las próximas conferencias nacionales e internacionales de la hipnosis pueden deparar una excelente oportunidad para difundir nuestro conocimiento. Por ejemplo, la XII Reunión Anual de la Asociación Húngara de la Hipnosis, llevada a cabo en junio de este año, recibió tanta publicidad en el país que un gran número de practicantes se han dado cuenta de los beneficios de la hipnosis y de las técnicas sugestivas de la misma. Estoy segura que en el simposio especial que llevará a cabo la asociación más antigua de la hipnosis el próximo 6 de octubre –me refiero a la Asociación Holandesa de la Hipnosis de 70 años de antiguedad– la cual celebrará su 70º Anivesario, recibirá una atención aún más mayor y logrará el cometido de difundir sus conocimientos en un círculo más grande aún, haciendo así honor al nombre del simposio: 'Broadening of Hypnosis' ['En pro de la expansión de la hipnosis'].

Sin embargo, previo y más allá de nuestra responsabilidad profesional, sentimos un profundo sentimiento personal para con el pueblo estadounidense, y hacia nuestros colegas norteamericanos en particular. Nos sentimos angustiados por todos nuestros amigos que han sufrido pérdidas personales en la tragedia del ataque contra los EE.UU. – nosotros ofrecemos nuestra cooperación de cualquier manera que necesiten de nosotros.

Por favor, háganos saber cómo podemos ayudar más allá de la expresión de nuestra condolencia.

Les saluda cordialmente,

Éva I. Bányai, PhD – President, ISH

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LETTRE DE LA PRÉSIDENTE

Chères consœurs et chers confrères,

Je pense que nous sommes tous profondément choqués par l'attaque terroriste dont ont été victimes les États-Unis le 11 septembre. Toutefois, malgré mon émotion, suite aux informations diffusées par les médias, l'espoir naît en moi que cet acte maléfique jusqu'ici impensable suscitera une solidarité amicale, elle aussi unique en son genre, dans le monde entier. Je suis convaincue que nous sortirons de cette crise plus forts qu'avant, car les crises peuvent contribuer à notre développement si nous arrivons à assumer cette expérience tant sur le plan émotionnel que sur le plan cognitif.

Je pense que notre communauté hypnotique internationale pourra jouer un rôle très important dans le processus de guérison de cette gigantesque blessure. L'expérience que nous avons acquise dans les salles d'urgence nous aidera à aider les autres dès les premiers moments du traumatisme. Nous savons que les réactions sont très diverses et peuvent aller du déni à l'effondrement total. Mais nous pouvons aussi regarder et penser plus loin. Nous devons nous attendre à d'éventuelles réactions ultérieures et à un sentiment de colère, un désir de vengeance et l'apparition de névroses post-traumatiques. Il ne suffit pas toutefois d'être conscient de ces faits : nous devons faire tout ce que nous pouvons pour tendre la main à celles et ceux qui ne se rendent peut-être pas compte qu'ils ont besoin d'aide. C'est à nous qu'il incombe de leur offrir notre soutien dès à présent.

Les prochaines conférences nationales et internationales sur l'hypnose nous fourniront l'occasion de propager nos connaissances. Par exemple, la 12e Réunion annuelle de l'Association Hongroise d'Hypnose a reçu tant de publicité dans ce pays au mois de juin qu'un grand nombre de généralistes ont été sensibilisés aux bienfaits de l'hypnose et des techniques suggestives. Je ne doute pas, par ailleurs, que le 6 octobre, le colloque spécial de la plus ancienne société d'hypnose, la Société Néerlandaise d'Hypnose, attirera plus que jamais l'attention du public à l'occasion de son soixante-dixième anniversaire et atteindra l'objectif de propagation des connaissances, en accord avec le titre du colloque : « Élargissement de l'hypnose »

Avant et au-delà de notre responsabilité professionnelle, il n'en reste pas moins que nous éprouvons une profonde compassion pour le peuple américain, et pour nos consœurs et confrères américains en particulier. Nous avons un immense chagrin pour tous nos amis qui ont subi des pertes personnelles dans la tragique attaque contre les États-Unis – nous leur offrons notre collaboration sous quelque forme qu'ils jugent utile.

N'hésitez pas à nous faire savoir comment nous pouvons aider au-delà de l'expression de nos condoléances.

Cordialement vôtre,

Éva I. Bányai, PhD – President, ISH

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LETTERA DEL PRESIDENTE

Cari colleghi,

Io penso che tutti noi risentiamo dello shock causato dall'attaco terroristico dell' 11 Settembre contro gli Stati Uniti. Sebbene commossa, seguendo le notizie nei media, comunque sorge in me la speranza che questo atto di malvagitá, finora inpensabile, promuova comunque un'altrettanta unica ed amichevole solidarietá in tutto il mondo. Sono convinta che usciremo da questa crisi piú forti di prima, poiché le crisi possono pruomuovere sviluppo se siamo emozionalmente e coscientemente capaci di risolverle.

Io credo che la nostra comunitá internazionale d'ipnosi possa avere un ruolo molto importante nel processo di guarigione di questa enorme ferita. L'esperienza da noi acquistata nel pronto-soccorso, ci può aiutare ad aiutare gli altri dai primi momenti dell'evento traumatico. Noi ben sappiamo quanto possa essere ampio lo spettro delle reazioni, che puo andare dalla negazione totale al collasso totale. Ma noi possiamo anche pensae e guardare avanti. Siamo preparati a tutte le possibilli reazioni ritardate, come la rabbia, la vendetta e il presentarsi di disordini post-traumatici da stress. Non é, comunque, sufficiente possedere questa conoscenza; noi dobbiamo fare tutto il possibile per assistere attivamenete tutti coloro che possono anche non accorgersi d'aver bisogno d'aiuto. Ora é nostra responsabilita l'offrire il nostro sostegno.

Le prossime conferenze d'ipnosi nazionali ed internazionali potranno fornirci un'eccellente opportunitá per propagare la nostra conoscenza. Per esempio, il dodicesimo incontro annuale dell'Associazione D'ipnosi Ungherese ha avuto, in Giugno, tanta pubblicitá nell'ambito nazionale, da rendere coscienti un grosso numero di professionisti dei benefici del'ipnosi e delle tecniche suggestive. Io sono sicura che il 6 Ottobre, il simposio speciale della piu antica Società D'ipnosi dei Paesi Bassi, al suo 70° anniversario, riceverá una maggiore attenzione pubblica e otterrá il risultato di diffondere la nostra conoscenza in un cerchio ancora più largo, in concordanza con il titolo dato al simposio: 'Ampliamento Dell'Ipnosi'.

Prima ed al di lá della nostra responsabilitá professionale, comunque, noi sentiamo una profonda simpatia personale verso il popolo americano, e verso I nostri colleghi americani in particolare. Noi abbiamo il cuore infranto per tutti i nosti amici che hanno subito perdite personali dovute alla tragedia dell'attacco contro l'USA. Noi offriamo loro la nostra cooperazione in tutti i modi possibili e necesari.

Preghiamo di renderci consapevoli in che modo possiamo aiutare al di lá del porgere le nostre condoglianze.

Cordialmente vostra,

Éva I. Bányai, PhD – President, ISH

eibanyai@matavnet.hu

LETTER FROM THE INTERIM SECRETARY-TREASURER

At this time of International difficulties I am reminded just how important our friendships and relationships are with professional bodies, such as the International Society of Hypnosis, providing us all with a sense of our professional community. In uncertain times our lines of communication are of great importance.

The International Society offers collegial support for those that have been affected as the innocent victims of the recent horrific criminal acts. The Central Office at the direction of the President Eva Banyai sent on behalf of us all an e-mail of support to all our American members for whom we had e-mail addresses, soon after the tragedy of September 11. It is not only for those directly affected that we feel, but the many who are indirectly affected and those who now feel less secure in going about their daily lives.

We need to resist the pressures to become inward looking and isolationist. We need to maintain our openness, to communicate and participate freely in National and International meetings. One of the things that has always struck me about the hypnosis community is the great friendship, openness to discussion and debate, and the free inter-national and inter-disciplinary communication it fosters.

It is a difficult time for all professional groups and ISH is not immune to the process. **We need to grow our membership.** Please talk to your colleagues about joining ISH and strengthening the International dialogue and support. Talk to your National Societies about what you can do to strengthen our International colleagueship. If you want an application form to give to a colleague e-mail or fax the Central Office. Please renew your membership for 2002 promptly and if you do not receive your renewal notice soon contact the Office.

Do we have your current e-mail address? Let us know it so that we can include it in our database and communicate more efficiently. For more information, contact us:

E-mail: **ish-central.office@medicine.unimelb.edu.au** Fax: **+61 3 94964107**

I wish you and your families all the very best for the forthcoming festive season and a safe, prosperous and happy 2002.

Graham D. Burrows, AO KCSJ MD – Interim Secretary/Treasurer, ISH

FROM THE CENTRAL OFFICE

Thank you for welcoming me onboard. Simone Pakin left ISH in February, and I joined in April. I would like to officially thank Simone for her assistance and support, and for her outstanding contribution. Our colleague, June Simmons, has also moved on to a new position at LaTrobe University. June gave me guidance and support, for which I am most grateful. I wish Simone and June much success in their new challenges.

So, here I am! This is the first newsletter I have been involved with at ISH and it is most interesting. I enjoy the international contact ISH offers as I spent many years in New York, and London. I look forward to meeting you at the Singapore Congress 2-8 August 2003.

Susan Hearn – Administrative Assistant, ISH
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INTERVIEW WITH EDWARD FRISCHHOLZ, PhD

Chicago, Illinois, USA, September, 2001

Interviewed by Eric Vermetten, MD

Dr. Edward Frischholz is a Licensed Clinical Psychologist in private practice and an Affiliate Staff Psychologist at Rush North Shore, Medical Center. Dr Frischholz received his Bachelor of Arts Degree summa cum laude in 1975 in Psychology and English from Biscayne College (now renamed St. Thomas University) in Miami Florida. One year later, from the same college, he earned a MS degree in Human Resources (Family Therapy). He earned a Master of Arts degree in Psychology (Psychometrics) at Fordham University, New York. He did his clinical internship at Bellevue Hospital, New York University Medical Center, New York, during the 1987/1988 academic years. He received his PhD in Clinical Psychology from the University of Illinois, Chicago in 1990. He has published over 80 articles and chapters on clinical psychology, hypnosis, psychopathology, statistics, memory and forensic psychology. He has been Editor of the American Journal of Clinical Hypnosis from 1994-2000. He has been president of Division 30 (Psychological Hypnosis) of the American Psychological Association (APA) and is a Fellow of both American Society of Clinical Hypnosis and APA. He published his first paper with Martin Orne, Ernest Hilgard, Herbert Spiegel, David Spiegel, Helen Crawford, Fred Evans, and Emily Orne, on the 'The relation between the Hypnotic Induction Profile and the Stanford Hypnotic Susceptibility Scales, Forms A and C in the International Society of Clinical and Experimental Hypnosis in 1979, as last author. He then was 23 years of age. He later received numerous awards among which, was the Milton Erickson Award for scientific writing on hypnosis.

Besides being an admirer of Herbert Spiegel, he is a fervent fan of the Rolling Stones, collects movies, likes good food & wine, and likes to drive his red Corvette on Lakeshore Drive to downtown Chicago (so do I). He has his own table in an Italian restaurant nearby, where he is granted to bring his own taste of wine. If you have never met him, you only have to meet him once to be impressed with his intellect, and both strong voice and opinion. Despite his relatively young age, he surely has been around. He has directly or indirectly interacted with all the major players in the scientific hypnosis community. He is a superb statistician, a devoted clinician and a dedicated organizer. Apart from his preference for abundance he has one other weakness: he cannot bear injustice. This makes him sometimes furious, a fury that many people envy, but also have trouble dealing with when it is directed towards them.

Dr Frischholz is not married. He lives just along lake Michigan in a High-rise complex, a little North of the center of the city.

I had flown from Amsterdam to Chicago by United Airlines two weeks after the WTC attack to meet with Dr Frischholz. Chicago was full of flags, and at the same time pretty much 'empty.' It was surreal to see the parking lots of the shopping malls empty. The cashier of Toys 'R Us told me this was very eerie. On a Saturday morning the parking lots and shops usually did a good business. Later that day I heard a call from Bill Clinton, who – in NY – urged people to go out on the streets and spend money. The interview started Friday evening, and ended Sunday afternoon. Yes, I was taken to his Italian restaurant and enjoyed the Chianti, food and grappa.

EV: Where are you from?

EF: *I was born in Miami in 1956. My father was a local plumber and my mother was a school teacher. I have one younger sister named Marie who has all the good looks and brains in the family. I attended a Catholic High School before beginning college in the Fall of 1973.*

EV: What influenced you to become a psychologist?

EF: *I was influenced in several ways. First, my father was a graduate of the Dale Carnegie course on public speaking and how to win friends and influence people. He was always talking about the virtues of using psychology as a means for selling one's ideas. My mother had taken psychology courses and actually took one from Gordon Allport in the 1930's. In addition, I took a psychology course in High School. Finally, I remember taking the Introduction to Psychology and Abnormal Psychology courses, both during my first semester in college. I found the subject matter fascinating and I was hooked by then.*

EV: When did you first become interested in hypnosis?

EF: *I was working on my first Master's Degree in Human Resources/Family Therapy and during one of the courses called "Techniques of Adolescent Counseling" I listened to a hypnosis tape by Dr. William Reardon. I just floated away. I thought, Wow! I was very, very impressed about how responsive I was – I never thought I would respond that well to hypnosis. Around this same time, I was also working on my thesis, which was a literature review on cortical processes in thermoregulation. I guess it was unusual to write a psychophysiological thesis when, at the same time, I was training to be a family therapist. However, I was interested in the different ways one could influence a person's physiology, behavior and subjective perception. I had read several articles on how hypnosis could be utilized to regulate a person's skin temperature. I was interested in both sides of the mind/body equation and I wanted to give equal attention to each side.*

After I graduated in 1976, I was not sure what I would do next. I had been so immersed with what was going on and in the immediacy of how exciting it was. My course work/training was almost over before I knew it. I had been working at the time in something totally unrelated. I was selling clothes in a local department store that was called the Trend Shop, so I dressed rather fancy back then. This was the Rock'n Roll/Disco era of the early seventies.

My mother suggested that it might be productive to get a job in the field of Psychology to see if I liked it enough to make a career out of it. I ended up getting two part time jobs. One was teaching Psychology in the Adult Education Program for the Dade County School Board. I would travel to various sites and teach a three-hour class on different subjects in Psychology. I used to give between 5-7 classes per week. I also managed to get a job as a Counselor in a local mental health clinic under the supervision of Dr. Samuel Feldman. I enjoyed both jobs and decided to apply to Graduate School in Psychology. One of my undergraduate professors, Father Richard O'Donnell received his Graduate Psychology Degree in psychometrics at Fordham University in New York. He studied with a woman named, Anne Anastasi, who was famous for her work on psychological testing. Father O'Donnell suggested that perhaps Fordham would be a good place for me to further my training in psychology. I applied and was lucky to get accepted to begin in the fall 1977 academic semester.

However, before I left, I took my first hypnosis courses from the American Society of Clinical Hypnosis (ASCH) and another one from Dr. Herbert Spiegel. I was very impressed with the different styles of utilizing hypnosis in treatment and I was able to apply what I learned in my job as a counselor in a variety of ways. I was also the biofeedback-counselor. I began thinking that maybe hypnosis and biofeedback had something in common. This would become my first research project.

EV: Did you develop your interest in assessing hypnotic responsivity based on the course with Dr. Spiegel?

EF: *No, I had read about the Stanford Scales while doing my first Master's thesis and had obtained a copy of the Stanford Form C Scale when I began working for Dr. Feldman. I was giving this Stanford Form C Scale to all my hypnosis clients before I took the course from Dr. Spiegel. Then I saw Herb Spiegel and I got my first introduction to the Hypnotic Induction Profile (HIP). I thought "Wait a minute here"; it wasn't a Stanford -type Scale. It was quick and it seemed to me that he was doing something so totally different from the hypnosis the way I had been introduced by the hypnosis tape and the Stanford Scales. It changed my entire conception of hypnosis.*

From left: Edward J. Frischolz with esteemed collegues Karl Pribram and Herbert Spiegel.

I hadn't actively worked with many other teachers. I had read basically just some of the works of Erika Fromm and the course materials that I had received from my workshop with ASCH. Dr. Spiegel's approach was so different; it was not psychodynamically oriented at all. It was very focused on here and now therapy and seemed to be what would later become the cognitive-behavioral restructuring types of treatments. It was also based on the assessment of an individual's hypnotizability, which I was already doing with the Stanford Scales. However, I got my HIP manual as part of Dr. Spiegel's course materials. I was taking his course from 9.00 AM to 1:00 PM every day and I would start seeing patients at 2.00 PM. I began using the HIP that first day that I had started learning it and by the end of the week I became quite facile in administering it.

At that time Herb had been working with Dr. Robert London, Dr. Barbara Debetz, and a

young graduate associate named Laurie Lipman, who I was very impressed with. It turned out that when I finally did go to New York, I was very interested in doing a research project on 'Hypnotizability in Relation to the Ability to Learn Bio-Feedback.' However, I had now decided to operationally define hypnotizability using both the Stanford Form C Scale and the HIP.

EV: What happened when you moved to New York and started graduate school at Fordham University?

EF: *As it turned out, that as a graduate student in psychometrics, there were many restrictions placed on the type of courses you were allowed to take at Fordham. If you weren't in a clinical track, it was almost like you couldn't do anything that had any type of practical application. So I felt a little stifled there but nevertheless I got myself an advisor, named Warren Tryon, who was extremely supportive of my work I started doing my research project there during my second semester.*

EV: How did you come to continue your relationship with Herb Spiegel?

EF: *Herb was in the Department of Psychiatry at Columbia University. At that time, Columbia had just undertaken to do the DSM III under Bob Spitzer and the bio-statistician for this project was Dr. Joseph L. Fleiss. However, Herb did not have an office at Columbia. His office was located in the 1st Floor of a building on 88th Street and Madison Avenue. I obtained his office information, called up and went over there, as I wanted some extra HIP scoring tablets for my research project. When I arrived at his office, I was very impressed because I saw, that there was a whole room set up for several research assistants. Coincidentally, Herb came out from seeing one of his patients and walked in to the research room and started talking to me. I told him, that I had met him in Miami and he smiled and nodded – I am sure he didn't know me, but I was very impressed with his whole setup. I thought that Herb epitomized the scientist-practitioner model, currently in vogue for clinical psychology. But he was a psychiatrist – it was just so unusual.*

At the same time I was taking all these courses at Fordham in psychometrics and factor analysis, all sorts of data analytic techniques. Back then, we used to analyze data on the computer using a batch system with key punching to enter datasets and to tell the computer what type of analysis you wanted done. I also learned how to program in Fortran and wrote MMPI scoring system using the decision rules developed by Dr. Benjamin Kleinmutz. I also began learning how to use the Statistical Package for the Social Sciences (SPSS). One of the very first manuals had come out and that became almost my bible of trying to learn how to actually do the statistics instead of sitting with pencil, paper and calculator.

EV: For you, what was so appealing about the HIP?

EF: *First of all it was brief. Second, it assessed not only just behavior but also altered perception and spontaneous posthypnotic amnesia as opposed to instructed posthypnotic amnesia. It could be immediately used as a heuristic model for demonstrating the model to a client what it meant to be hypnotized. It helped instruct the client in how to learn self-hypnosis based on the actual test results. I was showing other people how to do it and was stunned that they were getting the same results as I was. So I came to believe that there were stable, individual differences in response to hypnosis. I started thinking*

that hypnotizability was best characterized as a trait that people have in varying degrees. And I just became fascinated with the study of individual differences in other areas as well but it all branched out from my experience with hypnotic responsivity.

From left: Ed Frischolz, Herbert Spiegel, Marcia Greenleaf, Nick Spanos and Alan Scheflin

EV: When did you begin working for Herb Spiegel?

EF: *In the fall of 1978 a few things happened that changed my life forever. The first was that Brian Maruffi, one of Dr. Spiegel's research assistants, invited me over to Herb's apartment for a party. This turned out to be the publication party for a book that was called 'Trance and Treatment' that was then being published by Basic Books. I had the opportunity of personally meeting Dr. Joseph Fleiss who was the biostatistician in charge if DSM III and also the person who did the early psychometric ana-lysis for the HIP. I thought 'This guy is a genius.' He easily answered my statistical questions and made it sound not only interesting but made it sound fun as well.*

The second is that about a month later, there was a hypnosis meeting in a New York hotel and it featured people like Ted Barber, John Kihlstrom, Ken Bowers and they all gave a one-hour speech about hypnosis. I sat there fascinated because I had thought that both the HIP and the Stanford Scales were both the accepted standards for measuring hypnotic responsivity and I became aware of the fact that this wasn't the case. There was one group of people who used the Stanford Scales and then there were Herb and his son, David, who were championing the use of the HIP. The Stanford Scales were mainly used for research purposes. Almost no clinicians, other than myself (including Herb), had never even seen one administered. I demonstrated it for Herb for the first time. In the lecture given by John Kihlstrom, and especially by Ken Bowers, they both were talking about how they didn't feel the HIP didn't have much worth because it wasn't correlated well with the Stanford Sales. According to them, the Stanford Scales were as Ken Bowers called them, 'the North Star', which guided hypnosis research. It seemed like they believed that the HIP had you moving westward instead of north. I did not get it because my hypnotizability /bio-feedback study at Fordham where I gave both of them showed that the two were correlated. At least, the Induction Score correlated about .6 with the Stanford form C and the Eye-Roll Sign correlated about .4. So, my results were not consistent with what these people were talking about. And they mentioned another validation study that had recently been done where the data were being analyzed and written up. The study had taken place in Martin Orne's laboratory and Jack Hilgard's laboratory relating the two tests and I had a sudden revelation about what all the fuss was all about. It was about which scale was best and not about which scale was best for what purpose.

At this same conference was author Don Connery, who was writing about a book about the Reilly case – which was a Connecticut murder case – which Herb Spiegel had done, and actually used the HIP as part of the evidence in that case to show that this 17-year

old kid who had been accused of killing his mother and had falsely confessed to it, had a type of personality that made him susceptible to giving in to authoritarian demands. The police said he must have done it, and Reilly came to believe that he did do it. Mr. Connery started to ask me questions. He took me out to the Harvard Club and I remember this because they kicked me out because I did not have a jacket. However, as I continued my conversation with Mr. Connery, I was able to get Herb Spiegel's home phone number. Afterwards, I went into the nearest phone booth and rang Herb up. I got him on the phone right away and I told him "I am down here at the hypnosis meeting" and what they were saying about the HIP and the Stanford Scales. Herb started to get excited and my dime runs out! And I did not have another one. Herb said "Well quick, give me your phone number and I'll call you right back." He did and he invited me to come over to his apartment. I was a poor grad student and I said that I had to go home and get some money. Herb said "Do not worry about that, take a cab to my place and I'll leave money with the doorman." I took a cab up to his Park Avenue apartment and met with him for about three hours. We talked about hypnosis, the HIP. He was stunned by my claim and asked "You know how to do the profile?" I said "Sure" and I started reciting it like I was doing a rap song, "Look towards me, hold you head in that position etc." He had not seen someone else who was not in his immediate circle who had picked it up so quickly and was able to do it without the administration manual. He made me aware that the person who was the head of his research efforts at that time, Dr. Donald Stern, was kind of getting less interested in pursuing hypnosis research. Herb said "How would you like to take over that job when he leaves?" I said "Sure." I had not realized what was being offered to me. This was a job for someone who had a PhD in clinical psych and here I was. I had a Masters of Science and Family Therapy and I was still working on my Masters of Arts Degree in the Doctoral Program at Fordham. Now all of a sudden, I go to work for Herb Spiegel and I had not realized what I was falling into. My first project was to redo the data analyses for this study that had looked at the relationship between the HIP and the Stanford Scales. This was to be my first professional publication on hypnosis.

EV: So here you are. You rushed through the programs in Miami, went to Fordham in NY and all of a sudden you were exposed to and working with famous people in hypnosis.

EF: *I was certainly very lucky and the intellectual stimulation just totally captured me. Herb Spiegel was such an interesting figure. I had never really met someone who was so well read. Through different people I met or studied with (e.g., Anne Anastasi, Joseph Fleiss, Jacob Cohen, Robert L. Thorndike), I was trained to do statistical power analysis, item analysis, using multiple regression as a general data analytic system, learned about intra class correlation, kappa coefficients, logistic regression, and other statistical techniques for analyzing data. I was a great place to be and it very much complemented my work at Fordham.*

EV. So your job was to develop the construct validity of the HIP with other instruments?

EF. *Yes, and I saw this as a real turning point in the development of the HIP. Around that same time, we also started doing another validation study where Herb came up to Fordham where I had recruited the student subjects. I would administer the Stanford C Scale all week to subjects and then they would show up to get the HIP, either the week before or after I did the test. It was study done in a counter-balanced order similar to the earlier combined Pennsylvania-Stanford study under what I thought were better methodological conditions. And here I am. I had my first publication and shortly after that I wrote up my 'Biofeedback and Hypnotizability' paper, which was published in the American Journal of Clinical Hypnosis in 1980. Then I also wrote up and submitted ournew study relating the Stanford Scale and the HIP, which was also published in the same journal the same year. And of course Hilgard had to write me a comment and he asked me for all the data, which I gave him. This led to another set of contrasting commentsabout the studies. Here I learned that something was much different working for Herb than for other hypnosis laboratories. If you did the work and wrote it up, Herb would insist on you being the first author. I was just stunned! I went from being a last author to being a first author.*

I started planning new studies, and all was going very well. It was just one of those magical moments in your life where everything you touch turns into gold.

However, my academic interests started to move from statistics to the clinical applications of research findings. I finished up my Master's Degree at Fordham but I did not stay there. I took a psychological course at Teachers College, Columbia University with Robert Thorndike. This was about 1981-1982.

In the meantime, I continued to write other papers. For example, I first authored a comment on a paper by Joe Barber who which alleged that hypnotizability assessment was a bunch of nonsense and that clinicians didn't need to do it. I also remember that Herb, David Spiegel and I had looked into a hypothesis originally forwarded by Fred Frankel and Martin Orne that phobic behavior had an underlying dissociative mechanism. Therefore, that explained their data, which showed that patients suffering from phobia were more hypnotizable than college standardization samples. Well, we repeated that study with the HIP and the Tellegens Absorption Scale and it did not confirm the earlier Frankel/Orne 1976 findings. I was also working with David Spiegel out of Stanford University and we finished a paper on 'Hypnotizability and Psychopathology' showing that the HIP scores of patients with thought disorders were significantly lower than those of normals and other patient groups. And that was published in the American Journal of Psychiatry in 1982. Finally, one of the most interesting things was the issue of whether or not hypnosis could be modified. There was a paper that appeared in the 1979 issue of the Journal of Consulting and Clinical Psychology by Katz who had used an analysis or variance model to analyze his modification data. His data was right there in the paper. I was taking a class with Dr. Thorndike at the time, and the topic was 'How do you measure change?' Thorndike's basic approach was never to use gain scores, (which was the posttest score minus the pretest score to see a measure of change) because such gain scores are notoriously unreliable. Rather, he felt it was much better to look at changed data using an analysis of covariance model. I reconceptualized the Katz study as looking at the difference between a context or situation-based explanation of hypnosis (which is pretty much what Ted Barber and Nick Spanos were arguing for), versus a trait-based explanation or a person effect (which was what both Spiegel and Higard were arguing for). I statistically demonstrated that when you used an analysis of covariance model on the Katz raw data that the pretest scores accounted for approximately three times as much of the post-test

variance relative to the context effect. In other words, while there was a significant context or situation effect it was still overshadowed by the more potent trait/person effect, which accounted for three times more of the post-test variance. I wrote this up Renee Blumstein and showed it to David Spiegel who was very intrigued with the way I did it. So, with David's help, we got this paper, published in the Journal of Consulting and Clinical Psychology, also in 1982. It was a very exciting time!

We also started doing clinical outcome studies like using a single session with self-hypnosis to teach people how to deal with their problems when they were phobic aboutgetting on an airplane. This paper, which was published in 1981 in the American Journal of Clinical Hypnosis, earned our group the Milton Erickson Award from ASCH. We were well on our way establishing that the HIP was a significant new instrument for measuring hypnotic responsivity in a new and quicker way, that was user friendly for clinicians, could be easily incorporated into clinical practice, and had great clinical value.

However, Herb's grant money was running out and my dreams of doing a PhD in psychometrics under Dr. Thorndike were crushed when he announced he was retiring. When I learned this, I decided to get out of psychometrics and applied to several grad schools the following academic year. I was accepted to several places. For example, I almost went to the University of Connecticut – at that time Irving Kirsch was running a very, very thriving graduate program in hypnosis. In 1980 I had met one of his students, Jim Council, who was also interested in the modification of hypnotizability. However, I ultimately decided, to go to the University of Illinois in Chicago because they offered me better financial assistance.

EV: What happened when you moved to Chicago?

EF: *I started at the University of Illinois/Chicago (UIC) in the Doctoral Program in Clinical Psychology in the fall 1983. Chicago was a lot different than New York in that you needed a car to get around and the University life was much different. I was in a very cohesive class and made a lot of friends that I still have. The intellectual climate at UIC was also very stimulated and the department had many professors who had distinguished themselves in different areas of psychology. For example, Dr. Leonard D. Eron taught psychopathology, Dr. I. E. Farber taught personality, Dr. Benjamin Kleinmutz taught clinical decision making, Dr. Paul Sackett taught testing, and metanalysis, Dr. Roger Dominowski taught cognitive psychology and clinical problem solving, Dr. Steve Reiss taught about expectancy models of fear, Dr. Shari Diamond taught was a specialist in applied forensic psychology, Dr. Lee Wilkinson (the inventor of SYSTAT) taught about new software applications for graphically analyzing , Dr. Brian Vaughn and Dr. Gershon Berkson taught early infant attachment and developmental psychology and Dr. Herbert Stenson taught multidimensional scaling and non-parametric methods for analyzing data. It was a very balanced department and I prospered there. I originally had Dr. LarryGruder and Dr. Rowell Huessman for my advisors and they were interested in developing new cognitive models of post hypnotic amnesia. However, I also met Bennett G. Braun who was an adjunct faculty member and immediately became fascinated with studying hypnotizability and dissociative process in actual patients suffering from dissociative disorders with my old friend, Laurie Lipman who was a medical student at Rush University and later a psychiatric resident and the University of Chicago.*

EV: Did you know anything about dissociative disorders then?

EF: *I had no real clinical experience with it other than working with Herb, who had written a paper on the 'Disassociation – Association Continuum.' Herb had also worked with Sybil and had showed me test that he had given her and talked about his belief that although she was dissociative, that her symptoms of multiple personality had been shaped by her therapist. I was just fascinated by the topic. Here I was, instead of working with college students, all of a sudden I had the chance of working with real patients, who were manifested with the allegedly manifested pathological dissociative mechanisms and studied them in a controlled laboratory condition and I developed a methodology for doing this with Laurie Lipman*

EV: You seem to have been very excited at that time.

EF: *There was so much going on. I also worked as a clinical assistant while at UIC for the Office of Applied Psychological Services under the supervision of Dr. Billie Strauss nee Lazar. In addition, I picked Dr. Ralph Haber as my advisor and started doing my dissertation on the role of initial encoding and type of post event information exposure on later memory. Today, this type of research has been called 'false memories,' But, when I started doing this work in 1985, I had a broader conceptualization of this issue and was interested in the variety of memory contaminations that either spontaneously occurred due to poor initial encoding of the stimulus event or exposing subjects to various types of interference effects.*

EV: So how did you get back to New York City?

EF: *I had been accepted for my internship at Bellevue Hospital, New York University Medical Center in their clinical/forensic rotation for the 1987/88 academic years. I furthered my training in clinical neuropsychology, pediatric and adolescent psychology, group therapy, forensic psychology, and family therapy. I was very excited that most of our family therapy supervisors were all in training with Salvador Munich in so I had additional training in doing family therapy from a different perspective. I would spend two days a week at the Kirby Forensic Psychiatric Center on Wards Island working with patients who were both insane and dangerous. I also reconnected with Herb Spiegel and my other New York colleagues. The year went by very quickly and I made friends with people that I still keep in contact with from my internship class.*

EV: Your career went like a whirlwind at that moment in time.

EF: *It didn't feel like that at that time. It just felt natural. Being highly hypnotizable, I was more involved in the moment in making things happen than I was in planning. I envisioned a career as a clinical psychologist doing research but also in private practice seeing clients. I just didn't know where I would end up. And I hoped, some day I would be associate with some sort of academic institution.*

EV: How did you get back to Chicago?

EF: *Bennett Braun had offered me a position as a Research Associate for the Dissociative Disorders Program at Rush Presbyterian St. Luke's Medical Center and Rush North Shore Medical Center. I thought this would be a great opportunity to further my research on diagnostic practices, while earning a steady income. This way I could*

also start to build my own private practice on the side and I thought, perhaps, to get a job at one of the universities in Chicago.

EV: What did you do there?

EF: *I was trying to find a parallel for what I was looking to do with Braun and the patients and to run the same protocols on students. I wanted to see if the published research that was coming out of the students that concluded that there was little or no empirical support for dissociative mechanisms and that the socio-cognitive viewpoint better explained the data. Perhaps this was speciously correct with college students, but theories on dissociation were developed on observations on clinical patients not on college students. I was trying to develop a paradigm that could be run on different kinds of patients, students and subjects simulating dissociate psychopathology to see if we would get different results using the same paradigm on different populations.*

At the same time, I was finishing my Doctoral Dissertation at UIC. I was very interested in the work of Elizabeth Loftus, at that time, and what she then called the 'misinformation effect.' I re-interpreted this and called it the 'Post-Event Information Contamination Effect.' I preferred that particular term because I thought it was much more accurate. Essentially, I felt this was an interference effect. What I found out is that many memory distortions take place right at the level of initial encoding. There are some details when you witness a stimulus event that is encoded correctly. But, there are also some details of the event that are encoded incorrectly or not at all. I wanted to see if I could develop a set of stimulus materials that had questions about a stimulus event, which identified details that were encoded correctly, incorrectly, or not at all. I was interested in the interactive effect of type of initial encoding and later exposure to information after the fact where that information was either accurate, inaccurate or neutral, as well as, no post-event exposure whatsoever. Thus, I had two different comparison groups: people exposed to neutral information and people exposed to no interfering information at all. I expected to see a significant interaction between type of initial encoding of a target detail with type of post-event information exposure and I found it. I argued in that my findings demonstrated that some memory distortions take place right at the process of initial encoding and that you can distinguish between different types of memory contamination effects as a result of the interaction between initial encoding and type of post-event information exposure. One of the most interesting effects was the distinction I made between memory insertions vs. memory alterations. For example, for subjects who did not initially encode the target detail at all and were later exposed to some type of post-event information (whether that information was accurate or inaccurate), approximately half subsequently incorporated the information into their later memories for the original stimulus event. In other words, you could insert accurate information as well as inaccurate information even though it had never been there in the first place. I was also struck by how much my results replicated Loftus' findings that about 25 % of people who had initially encoded details correctly later changed their memory reports to say something different (i.e., they showed a false memory or what I called an 'inaccurate memory insertion.' Finally, I also wanted to see, if showing the original stimulus film once again and then asking whether it was different from their initial recollection could reverse those inaccurate memories that I had produced? I wanted to demonstrate whether or not an alteration, once it took place, did it really overwrite an originally accurate memory trace? I was testing the difference between the memory alteration hypothesis that basically said, once you are exposed to false information – you never will get the original information back in contrast to memory coexistence hypotheses which basically said that both the inaccurate information and original information co-existed in the memory store. This is what my doctoral dissertation was set up to do. I passed my defense and graduated in the spring of 1990 with my PhD.

EV: Has your dissertation ever been published?

EF: *No, although the work was done 14 years ago, you have to prioritize what you can and cannot get done in the amount of time you have.*

EV: What type of research were you doing with dissociative disorder patients?

EF: *I was very busy setting up a research protocol for empirically -validating procedures for accurately diagnosing dissociative psychopathology. We were also very interested at the time in whether or not you could shape dissociative psychopathology and how much therapists could potentially influence the symptom presentation that they were observing in their clinical offices. For example, Dr. Roberta Sachs and I did a single subject design, which showed that we could shape a dissociative patient's symptom presentation through selective reinforcement. At first some people said "Wow, you just proved that dissociative psychopathology may be iatrogenic." But we were able to replicate the results of this single-subject design on a normal highly hypnotizable college student and on a paranoid schizophrenic. We concluded that this was just a general conditioning effect. In other words, you could shape anyone's behavior through basic conditioning variables, but this was not the same thing as iatrogenically creating psychopathology.*

EV: ...which was not particular or specific for dissociative disorders?

EF: *We didn't find that the effect was more pronounced in patients with dissociative disorders. We didn't really have enough subjects to test if there was a profound difference between the rate/intensity of conditioning for patients with dissociative disorders relative to patients with a schizophrenic disorder or normals. We simply found a significant effect for just about anyone we put through the paradigm. We distinguished a difference between creating vs. shaping. I view this as extremely important because as therapists our job is to help shape a patient's pathological behavior to become more adaptive.*

EV: What other types of research were you doing regarding dissociation?

EF: *One of the interesting methodological variations was my inclusion of two different types of the simulator groups. The first included college students who were asked to role-play being patients suffering from multiple personality. The second simulator group included actual doctors, (e.g., Dr. Brown, Dr. Sachs, Dr. Kluft, etc.) and hospital staff that we were working with dissociative patients to see how they could fake or simulate dissociative psychopathology. One of the most interesting findings was that the college students were actually better able to simulate dissociative psychopathology than the various experts, who worked with it every day. The various experts tended to over-exaggerate the extent of dissociation and the pattern of dissociation. The expert produced*

far more claimed amnesia and much less depersonalization than did the college students as well as the patients. That has been something I have never got around to publishing although it was presented at conferences. I had not yet written it up because I started becoming more involved in the various professional organizations.

EV: We will come back to that later. Let's pick up on your other activities outside of working at Rush.

EF: *We were already planning the 1991 meeting for the International Society for the Study of Multiple Personality/ Dissociative States. I was well aware of the multiple conflicts that were starting to emerge and controversy about dissociative psychopathology. I pretty much went out and picked a number of speakers that year that I thought would give some balance to that particular conference. I included such people as Herbert Spiegel, David Spiegel, Matthew Ederlyi, Elizabeth Loftus, Herb Weingartner, Al Scheflin, Frank Putnam, Richard Kluft, Eve Bernstein Carlson, and others to be able to get a balanced presentation. That's pretty much a guiding theme in my life, to give all points of view a forum for presenting their ideas and let the audience decide. I certainly know that I don't have the real truth, but I like listening to others who do.*

In 1991 I also became the assistant program chair working with Jim Council for Division 30 of the American Psychological Association. Earlier that year I had put together a scientific program for the American Society of Clinical Hypnosis after having been invited to do so by Marlene Hunter. I decided that this program—we were going to have a very eclectic presentation again – I decided to give a strong biological basis and invited Karl Pribram to come out and do a plenary. At the same time, I also invited Nick Spanos to come out. It was very interesting that Nick and I actually to did some basic workshop practice sessions together.

In 1993, I became the Program Chair for division 30 of the American Psychological Association and I put together a program that I actually looked at the issue of false memories and hypnosis. I put together a panel including Elizabeth Loftus, Herb Spiegel, Alan Scheflin, and myself. We discussed this at one of the most widely attended sessions ever held at an APA meeting and I believe we filled the room to with close to 700 or 800 people who were attending just this particular program. A night earlier, we had made a similar presentation with just about the same panel, which also included Richard Horevitz from the Toronto Medical Legal Society.

EV: What eventually happened with your collaboration with Bennett Braun?

EF: *In the early 90's, Dr. Braun and I started to have a different vision of where the research should be going regarding the nature of memory distortions, iatrogenic symptom presentation, theories of dissociative psychopathology and I resigned in May of 1992.*

EV: What did you do after you left your research position with Dr. Braun?

EF: *I went into private practice. I was able to practice independently because I had passed the licensing exam. I still was getting a lot of referrals from Dr. Braun and a lot of forensic cases, which I became more and more interested in doing. In 1994, I bought my own office, which is the one we are sitting in now and I started doing, what I had always hoped to do, looking at what Herbert Spiegel had done. In addition, I became more and more active in professional organizations. In 1994, I was given the honor of being elected Editor of the American Journal of Clinical Hypnosis. I decided to take that journal on a different direction than I felt that the journal had been going. I decided to emphasize an eclectic approach to science and to de-emphasize individual case presentations. Instead, I hoped to focus on empirically validating treatment outcomes and multiple case studies. I also encouraged more people to submit scientific papers on the nature of hypnosis. I actually organized a couple of special issues, one of them on current theories of hypnosis, one on gender issues in hypnosis, and one on EMDR and hypnosis. I thought it would not be worthwhile to silence anyone's point of view as longas it was written well and followed basic experimental methodology. I thought if someone made a persuasive argument – I wanted that argument to be heard and to let the readership decide what they thought what was valid and what wasn't.*

EV: How did your career change then?

EF: *I became more interested in forensic cases, seeing clients and in getting the journal out. My publication output suffered because you can only do so much – there are only 24 hours a day and I did like to get an hour of sleep some time. But I was reading all of these manuscripts and was trying to make it work with a limited staff and a limited budget. My own writing suffered because I just didn't have the time to do it all. I continued to supervise students, I continued to teach and at that time gave serious thought into trying to get an academic position or going to law school.*

In the last year, I also used my statistical background and started working as a consultant at the Chicago Board of Trade in the of 10 year treasury note-pit and actually helped to set up for a brokerage platform, which is a type of statistical software for doing trading of 10 year treasury notes via the computer. That was very exciting for me as well, although since the World Trade Center tragedy it does not look like there is going to be much future in that particular area in my life. I look forward in this next year to getting back to what I think are the basic issues for hypnosis.

In 1998, I was also distinguished to be elected as President of Division 30 of APA and I tried to do various things, like to get more involved in looking for grant money to support hypnosis because I saw that funding resources for hypnosis were drying up everywhere. It is stunning to me that you probably could not get a grant on hypnosis right now from the National Institute of Mental Health. On the other hand, the growth of hypnosis in the medical and dental professions has increased substantially and I predict that these are areas where we are going to see some significant advancement in hypnosis. Certainly a neurophysiologal methodology has been significantly enhanced with the arrival of PET scans and visually evoked potentials. Now we see that there really are actual psychophysiological indicators of trance states in highly hypnotizable individuals that are much different from people who score low on measures of hypnotizability. I think that it is very important that we start to realize that individual differences in responsivity to hypnosis are both qualitative and quantitative. I am a strong advocate for developing methods for assessing those differences and then reflecting on what those differences mean in terms of developing the best treatment plan for particular clients. That's why I've always been a strong advocate for the assessment of hypnotizability again reflecting the influence of Herb Spiegel early on in my career.

Left to right, top row: Eugene Levit, PhD, John Chaves, PhD, Bill Smith, PhD, Mel Gravitz, Ph.D, Fran Culbertson, PhD, Bill Morgan, PhD, Stan Krippner, PhD, Shirley Sanders, PhD, Mitzy Eisen, PhD
Left to right, bottom row. Irving Kirsch, PhD, Steven J. Lynn, PhD, Jim Council, PhD, Etzel Cardena, PhD, Ian Wickram, PhD, Rick Horevitz, Ph., Edward J. Frischholz, PhD

EV: Are you a network person?

EF: *I try to be. I feel if we are going to be successful in promoting what professional hypnosis has to offer, we must develop a professional infrastructure. I learned early on when I had worked for Herb – it can be pretty tough to get out there and do it on your own and wait for everyone to catch on. We have got to bring the message to the people that we have so much to offer. I currently believe that this message is not getting out there and one of the tragedies that I feel has been that there are groups out there now that are actively trying to destroy professional hypnosis.*

EV: What do you think our goal should be?

EF: *I believe our purpose would be to promote more research on the nature of hypnosis to understand better how we can utilize it. I think that hypnosis can be used in different ways with different individuals to resolve different problems. I would like to promote outcome studies that demonstrate clearly the effectiveness of hypnosis in terms of its cost, how much more quickly positive results can be obtained and what are the breadths of its applications. No other phenomena that I know of has so much potential for understanding and making the world a better place.*

EV: What's your take on the nature of hypnosis? Because we have been talking about how your career has been dominated by measuring hypnotizability.

EF: *Well, I am clear on a number of things. The first thing I am clear on is that no one theory, at least of the ones that are out there, will ever adequately explain the total domain of what we now call hypnosis.*

EV: Is that a good thing? For example, cognitive-behavioral therapy is well described.

EF: *I don't think cognitive-behavioral therapy is very well described at all. In fact, I would consider myself a cognitive-behavioral therapist. However, I work with individuals and I treat human beings. Many of my colleagues treat symptoms and illnesses and I don't see it that way. I was a human being long before I was a psychologist.*

EV: So what do you see as helpful in understanding the nature of hypnosis?

EF: *I want to understand hypnosis from a human perspective. First of all, I feel we have to start out with basic biology and look at the evidence for whether or not there is a genetically determined trait for hypnosis. I believe that there is strong evidence in favor of that particular notion. However, we are also culturally determined by our learning experiences, which I also believe shape hypnosis. I believe there is something in what is said about psychodynamic theories say about the hypnotic relationship almostbeing a regression in the service of the ego where a client forms an almost parent/child-like relationship again, where the hypnotist is telling the client what to do and I believe there is some truth in that. I believe certainly that there are such things as 'response expectancies' and that they certainly can be a powerful influence on behavior. What I am trying to get across here is that I don't think that any of these different approaches capture the totality of the human experience of hypnosis. And that's what I am getting a little frustrated with, is that we have people arguing that they have the real truth and I don't think that the truth is out there to be found. We need to be respectful of these different perspectives and not try to say that there is nothing to particular points of view. We need to start outlining the boundary conditions of particular theories and why it is that some theories can integrate or incorporate the findings that have been found supportive of other theories. That is what I hope to accomplish in building an infrastructure and I am lately limited by my available time. I have become more involved in the International Society of Hypnosis because I felt that other societies haven't spent their time productively. I believe that they spent more time on what they cannot do or how they can fight and I am done with this stupid fighting – I want to move to – 'What can we all do together?'*

EV: There have been some vicious fights in this field. The fights have hurt some people – some thought they had victory – some of them have certainly frustrated you.

EF: *I 'm reminded of the Bob Dylan song 'It's all right, Mom, I'm only bleeding.' I feel I am so full of bullet holes based on the fights that have been going on back and forth about emphasizing the validity of what I see are minor differences. I believe that there are forces outside hypnosis that want to destroy hypnosis it. For example, some want to characterize hypnosis as either a therapy or memory retrieval method or I think this is very unproductive for hypnosis. It is not a therapy and not a memory retrieval method Hypnosis, in my opinion, is a phenomenon that can have broad practical applications as well as theoretical applications to understanding human nature. I believe we should try to endorse attempts to understand what it is. I am absolutely stunned by the latest change among the social cognitive theorists of hypnosis because my understanding of their position was that there is nothing special about hypnosis. In other words, nothing that can be done with hypnosis, that can't also be accomplished without hypnosis. Most social cognitive theories of hypnosis propose that there is no need for a special concept*

of a trance state. Now all of a sudden, some of the social cognitive types seem to be saying that there is something special about hypnosis; it can be especially dangerous. My view is that hypnosis is just like a knife. In the wrong hand it can be a weapon of destruction but in the right hand it can be an instrument that can save lives. We need to be able to understand that it is the human being that wields such a weapon, not the phenomenon of hypnosis itself. I believe that making that particular distinction is very important. I have tried to develop my time and energy into doing this. You and I were talking about this the other day – this isn't just a job – it's a life mission.

EV: How would you recommend that we proceed?

EF: *if we're going to be able to educate people about the value of hypnosis as well as the value of what we do as health care professionals, we need to really emphasize the benefits that we have and it seems lately that there has been far too much focus put on how hypnosis can harm. I don't think that's productive – I think what is productive is to learn if that is true how we train people better so as not to harm rather than suing the living daylight out of them in a court of law or making them look bad at a panel, or trying to kill them with data that shows you know what they say is just unsupported by scientific data. A clinical observation is also a form of data and it may not be systematic in the same way that you can have random assignment or blind conditions where the person observing doesn't know which condition the subject is in. But that's the way real life is outside. I am not interested in how people are in the one hour when they are in my office. I am interested in helping them adapt in the other 23 hours where they are outside my office. I am interested in promoting human dignity and human values, not reducing them to some cold conclusion like 'You have a disease that I am going to excise.' No, I am trying to look at it like 'you have some problems that need to be dealt with, but we can deal with them – and we can deal with them effectively and quickly. And I am here to help you do that. I may be influencing you and shaping you. But, patients come to me and actually engage me to do just that. Because, if they could change adaptively on their own, I wouldn't have any work.'*

Annual meeting of the American Psychiatric Association, 1982. Left to right: Tom Hackett, MD, Fred Frankel, MD, Edward J. Frischolz, MA, Herbert Spiegel, MA, Sheldon Cohen, MD, David Spiegel.

EV: You have a strong opinion and some people may fear you because of your opinions and in the way you advocate for them. How do you feel about that?

EF: *I realize that I don't always advocate for my position in the most optimal manner. I know I am definitely very passionate and very loud when I think something hasn't been thought through all the way. I speak up. When I hear people who I believe are attacking hypnosis by what they mis/characterize it to be, I speak up and I speak up strongly. An example of this was that I tried to get APA Division 30 to develop a policy statement on the uses of hypnosis to influence memory. I felt that this would be a very, very useful thing because if we didn't develop such a policy statement, then often people who knew nothing at all about hypnosis develop such policies for us. I was fought by some, who said 'we don't want to do this. It's too controversial, too divisive.' I was asked and given the opportunity to promote that and people got in my way and I stood up and I fought. It may have appeared divisive but because I disagreed, it didn't mean that I had to vanquish the various people that I was fighting with. I was still publishing and editing their work in the American Journal of Clinical Hypnosis. I was still publishing their particular point of view. I did not want to silence them but I certainly thought, just because they have data they don't necessarily have the truth. Data is not equal to truth, because there are multiple interpretations of data. I hope to promulgate that all data are open to multiple interpretations. That's why I am probably a-theoretical. I think that theories are good in some way, but they certainly blind you to seeing other things. I have seen a variety of positions on hypnosis for which there is allegedly supportive strong data within a certain boundary conditions. But once you step outside these boundary conditions, what does that have to do with understanding the ethical practice of clinical hypnosis? It's almost the same thing that if we feel there is nothing special about hypnosis, why do we consider it important to regulate the lay hypnotists. I truly believe that they are not as effectively trained as licensed healthcare practitioners who have also received training in the clinical uses of hypnosis within their specialty. This is why I am against using what I call the 'H'-word (hypnotherapy). If hypnosis is characterized as a form of therapy and we are nothing more than hypnotherapists – what distinguishes us from the lay hypnotherapist? I propose that we are licensed health care professionals who know how to use hypnosis among the other things that we have had years of training, education and supervised experience in. In order to be licensed, we were all tested on how we could master our specialized nonhypnotic skills before we were ever allowed to practice independently. I don't see that happening with the lay hypnotherapists. Nevertheless, they seem to have bigger professional societies of hypnosis than we do and they seem to be able to attract more people to their way of thinking than we have. Why? What is it that we have that we are not selling effectively? I hope to unite us in a way that we can market to the world "We have an awful lot to offer – and it's scientific.' I am not aware of anylay therapist publication that publishes scientific studies about the nature of what they do. I am not aware of any such publication that attempts to look at the outcome of what they do. I believe we need to demonstrate where we are effective, how we are effective, so that more people realize they could have used hypnosis instead of some other treatment that may also have similar therapeutic effects, but also carries a greater risk for some very bad side-effects.*

EV: So many of the people that are using hypnosis do not really care about the science, about the measurement – they just want it to apply – they don't even want to measure hypnotizability as part of the first session.

EF: *I believe that the biggest critics regarding the assessment of hypnotizability know nothing about how to measure it. It's something they don't understand and I think that's part of the weaknesses of our current training programs – if you can measure it, it's science. Everything else is poetry. If you want to establish yourself on a scientific basis, you have to start measuring. One of the things that I want to point out to these critics is, no matter what, they informally measure responsivity as they get more experience. For example, why would critics of hypnotizability assessment use descriptors like: 'This is a*

good subject,' 'He or she is in a light trance', or 'He or she is not responding'. Such statements clearly indicate that such critics of hypnotizability assessment are informally doing it anyway. What I am advocating for here is the acceptance of scientific methods for developing standardized decision rules. This allows you to compare your observations with those of your fellow colleagues. Standardized methods of hypnotizability assessment are not that hard to learn.

EV: You have said that a lot of people have stopped using hypnosis because they are afraid of being sued – has one of the side effects or maybe one of the main effects been that people are afraid about the potential dangers of hypnosis?

EF: *I think it's a definite realistic fear. Certainly the number of lawsuits against people who use hypnosis has increased dramatically and exponentially in the last 5 years. I believe that the incidence of such lawsuits has increased based on false perceptions about how hypnosis causes things to happen, especially false memories. Many seem tohave advocated that false memories are potentially dangerous and could ruin a person's life. Again, I believe, it is more accurate to consider that therapists may have misused hypnosis. But the misuse of hypnosis is tantamount to how a doctor could potentially misuse a surgeon's knife. You wouldn't sue a knife because it had been used incorrectly.*

EV: How tovercome this fear, because it is affecting a lot of people?

EF: *The only what that I see that happening is for people to become better educated and to become more accepting of the fact that scientific data can have many different interpretations. Unfortunately, much of this fear and most of the indictments of clinical hypnosis have come from people who have considered themselves as researchers. They seem to believe that somehow they have the real truth. They allege that hypnosis produces greater false confidence, greater false memories. However, false confidence is not indigenous to just hypnosis anymore than false memories are the sole domain of hypnosis. All memories contain some falseness. All memories are recovered and all psychotherapies, in fact, just about all treatments are based on patient's memories about the history and intensity of their symptoms outside the doctor's office.*

EV: Talking about memory. Many clinicians use the metaphor of looking at hypnosis in the way that it were videotape – 'just sit down and relax and rewind this video-tape.' Isn't that out of time and naive?

EF: *It is a myth that never was true but now seems to be. Look, Freud, Janet and many of the people, who were the pioneers of the talking therapies recognized how much memory was distorted by selective perception, differential encoding, and cue-based retrieval. However, the 'Memory as video-machine's metaphor' still dominates a lot of clinical thinking, in my opinion. Yet, I also believe that this metaphor is losing its dominance, but not quick enough for my liking. It's funny that many people consider themselves as memory experts, especially many clinicians who have never even taken a memory course. But on the other hand, there is a new enemy. I believe these are the so-called 'experts' who have proposed that there is something called 'recovered memory therapy.' And hypnosis is also something that has been inaccurately characterized as a 'recovered memory therapy.' However, as I said above, all memories are recovered; and all treatment interventions involve recovered memories. I haven't met anyone who has ever taken a course in something called 'recovered memory therapy.' There are different ways that psychotherapy is done based on the recollections that people have about their maladaptive behaviors and experiences that they bring to your office. Those are all recovered memories! Yet now, many psychotherapies, which do or do not incorporate hypnosis are being portrayed as though they were more dangerous than experimental brain surgery because they involve 'recovered memories.'*

EV: Do you see other problems with some of the current thinking about hypnosis?

EF: *Yes, I also have been very upset with the term invented by Campbell Perry, called 'disguised hypnosis.' Perry alleges that different things like guided imagery, sodium amytol, and relaxation training are all different forms of hypnosis. But, if you accept his way of thinking, the minute you characterize them as any form of hypnosis, then patients exposed to them can't testify in a court of law in 2/3 of the states of the United States. It's a labeling phenomenon. But, it's also, I think, very narcissistic on the part of thisinventor, because in order to characterize something as 'disguised hypnosis' you must have some idea of what is the real nature of hypnosis is in order to say that these other things also have the same underlying nature. We still don't know what the nature of hypnosis is. You asked me directly and I told you I didn't have any answer for you because I felt that any answer that didn't contain a biological explanation, a social psychological explanation, a trait explanation and something that account for qualitative/quantitative individual differences, willingness to please, compliance to authority, etc. is going to be a theory that just doesn't account for the totality of the domain of hypnosis and hypnotic phenomena.*

EV: You recently have been involved in the informed consent theme.

EF: *I endorse the concept of informed consent and most ethical codes of major professional organizations do so as well. I not only think that it is desirable but I believe it is ethically necessary – I have been doing that for years. In the very first session, I give people at least a preliminary idea of what they are here for, I summarize what that is, and I say to them "Ok, here are my preliminary thoughts about your symptom descriptions and how I think we should proceed. You consulted me as an expert for my advice in doingthat, do you agree on that?" And you try to give people just that information – the real battle nowadays is – what do you inform them about? There are certain people, who believe that you must inform your clients that if you are going to use hypnosis then, essentially what you are doing is using 'recovered memory therapy.' I believe that is misinforming you clients. If you have never taken a course in something called 'recovered memory therapy' why should you define what you are doing as 'recovered memory therapy?' If you are saying that there are no studies to show that there is such a thing as repression then I think that is also a misrepresentation. I don't believe that studies have shown that there is no such thing as repression – in fact I believe the majority of studies, which have evaluated the validity of the repression hypothesis have found empirical support for its existence using a variety of different methodologies. What do you inform people about? That there is a controversy about whether or not something like repression exists or do you take any extreme (and I believe, empirically unfounded) position like science has found little or no evidence for the existence of a repression-like*