An Interview with
André M. Weitzenhoffer, Ph.D., Sc.B., Sc.M., M.A.

Michael D. Yapko
Fallbrook, CA

The hypnosis world recently lost one of its giant figures, André Weitzenhoffer. Dr. Weitzenhoffer devoted almost his entire professional life to the study of hypnosis and hypnotic phenomena. While almost everyone in the field is familiar with his many professional contributions, not as many had the privilege of hearing the man speak candidly about his career and personal views. This is a transcript of an interview with André Weitzenhoffer conducted by Michael Yapko in 1988. In it he describes his personal history and how his interest in hypnosis began, how the Stanford Hypnotic Susceptibility Scales came about, why he feels the Scales are irrelevant in clinical practice, his views on Milton Erickson, and a number of other topics of general interest.

Introduction

One of the most knowledgeable researchers and clinicians to ever study and practice hypnosis was André M. Weitzenhoffer, Ph.D. (1921 - 2005). With a strong “hard science” background in Physics, Engineering, and Physiology, and an insatiable appetite for understanding the nature of hypnosis, Dr. Weitzenhoffer gathered and integrated a broad array of hypnosis literature that eventually became his first book, a 1953 classic called Hypnotism: An Objective Study in Suggestibility. After its completion, Dr. Weitzenhoffer was contacted by Dr. Ernest (“Jack”) Hilgard, Ph.D., who initiated a collaborative attempt to establish a hypnosis research laboratory at Stanford University, which the two successfully did. Major effort was put forth by the two to co-develop a scale to measure hypnotic responsiveness, and the result was the Stanford Scales of Hypnotic Susceptibility, Forms A, B and C. These...
Yapko scales are widely considered to provide the best “objective” measure of the elusive trait called “hypnotizability,” and so continue to be a backbone of the research wing of the field of hypnosis. Dr. Weitzenhoffer published dozens of scientific articles and frequently lectured nationally and internationally. He had been a strong advocate of the need for scientific rigor in the study of hypnosis, and was most persuasive in arguing for continuing the search for what some researchers consider the “Holy Grail” of hypnosis, namely the definitive proof that a measurable state of hypnosis even exists.

The Stanford lab closed over two decades ago, and Dr. Hilgard has also since passed away. Dr. Weitzenhoffer enjoyed his “retirement” by working almost as hard as ever. He recently published the second edition of his comprehensive text, *The Practice of Hypnotism* (2000, John Wiley & Sons), a critical and detailed view of the most important issues in the field through Dr. Weitzenhoffer’s wise eyes.

On a personal level, Dr. Weitzenhoffer was a significant influence on me; it was a privilege to have known him. He occasionally chided me, sometimes seriously, usually playfully, about what he considered my less than fully disciplined thinking and my “misguided” understandings of hypnosis. There were some things we didn’t agree on, but many things we did share similar views on. I will never forget the glow I felt when he honored me by writing the Foreword to the second edition of my hypnosis textbook, *Trancework*.

His emphasis on precision was untiring and wonderfully self-defining for the brilliant man he was. He always encouraged me to go further in my thinking and writing, and to approach issues more scientifically, serving as an inspiring catalyst for me in ways I never failed to appreciate.

This interview was conducted in 1988 during a meeting of the International Society of Hypnosis in The Hague, Netherlands. Some of it was first published in The Milton H. Erickson Foundation Newsletter (vol. 9 #2, Summer, 1989) and is now reprinted in the *Journal* with courtesy of The Milton H. Erickson Foundation, Inc.

**An Interesting Life**

**MY:** What I would like to do is have you provide some biographical information about yourself. Can you provide a brief synopsis of your life?

**AW:** I was born in Paris in 1921 and grew up until I was 17 in France, except for about two years I spent with my grandparents, on my father’s side. They lived in Oklahoma. They were farmers. I spent two years with them when I was very small. That is where I learned to speak English. Then I went back to France. My father was American, and my mother was French. She became American by marriage, and I became American simply by being born to an American father. I have two sisters, both of whom were born in France.

Most of my family moved to America in 1939 just after the war broke out. My father remained in Paris for awhile in order to take care of the family business.

I had actually come earlier to the United States, in 1938, to study Engineering. I had gone back to France for the summer of 1939, and that’s when the war broke out. So I returned to the United States, as I would have anyway, to continue my studies in Engineering. Eventually, I majored in physics instead.
After I got my bachelor’s degree from MIT, I went on to Providence, Rhode Island, to Brown University. It was during the war, and I worked part-time, well, more than part time, on defense projects for the Navy, and started graduate work in mathematics. Eventually, I got a Master’s in mathematics, and also got experience with the early forms of computers. Then I went on and got a master’s degree in biology. I had the idea I wanted to have a good foundation in all of the basic sciences, and I considered biology to be one of them.

After that, I couldn’t decide what I really wanted to do. The war was over. I went to Philadelphia for one year, and I worked for and studied under Heilbrun in his physiology department at the University of Pennsylvania. I ended up the next year in Iowa City in Kenneth Spence’s department. He was a behaviorist, and I spent a year as a graduate student there to see if I wanted to become a psychologist. It nearly turned me off, because Spence was a true behaviorist in a really strong sense. You couldn’t mention the word “conscious”; you couldn’t speak of a rat being “aware” of this or that. You would get into trouble with him if you did. It was not exactly my idea of what psychology was about. In the meantime, I had developed an interest in hypnotism and spent much of my time in Iowa doing library research on it.

I had been interested in hypnotism since the age of 12. In fact, I had read quite a few books in France. I had gotten in touch with several of the people that we hear about, like Edgard Berillon, but I didn’t get much help from him.

**The Origin of His Interest in Hypnosis**

**MY:** Do you remember what prompted your interest in hypnosis?

**AW:** Well, I think initially it was a demonstration at a summer camp done by a camp counselor that kind of intrigued me. He did postural sway tests. He was a mesmerist, so he used passes. He would put people into a sort of hypnotic sleep, which was kind of weird.

Later on, I went to a stage show and saw a magician there that I don’t think hypnotized anyone, but everyone was convinced he was hypnotizing people. So I began to look it up in the encyclopedia to find out more about it. I had an inquisitive mind for most of my childhood, and it sometimes got me into trouble, too. But anyway, that’s how my interest arose.

Then I got into occult phenomena about that time, into magic, and things of that kind. I began to get books, and I thought there was a connection between a lot of hypnotic phenomena and a lot of things they talked about, like hexing, casting spells, and so on. I got into yoga. I saw a connection between yoga practice and some of the stuff done with hypnotism. There seemed to be a connection, or so I thought.

So that was my initial interest, and I think self-hypnosis became kind of a special interest because I had some kind of idea that I could use self-hypnosis to make myself into some sort of Superman. Those are ideas you have when
you are about 13 years of age. The idea was that I could hypnotize myself and
give myself self-suggestions that would make me more intelligent, more able to
figure out how to make things happen, and get super powers that way.

From there on I matured, but I never gave up my interest in hypnotism. I kept
getting books and reading them. So when I came to the United States, I already
had a pretty good background in traditional kinds of things, but I kind of
dropped it for a while, until I went to Iowa. I got so darned unhappy with the
department there I spent a lot of my time in the library doing research and
discovered *Psych Abstracts*. There were no copiers available at that time, no
Xerox, so I just copied by hand, practically all the abstracts, going back to
1927, and compiled a huge book essentially of abstracts.

One my classmates came along, Frank Dumas, who I believe became a fairly
well-known industrial psychologist, and he saw this material in my office. He
said, “What is that?” I had been working as a research assistant—that is why
I had an office. So I said, “Oh, it’s just some stuff I’ve been copying on
hypnotism.” He looked at it. He said, “You ought to get that published. It
would make a marvelous collection for anyone interested in this field.” And I
said, “Ah, rubbish!”

The idea of writing a book was nowhere in my mind at the time. My idea was
that I would use the material as the basis for research, if anything, but I was
not doing research in hypnotism back then. The next year I started studying at
the University of Oklahoma as a graduate student. I wanted to do my Ph.D.
there. Of course, it was my hometown, too. My father was from Oklahoma,
originally. So I was there with the family, back in “the beehive,” you might say.

I stayed there for a year because the department couldn’t quite decide whether
or not to have a doctoral program. But, I did do one study there. They gave me
a laboratory, and I did one of the studies having to do with the discriminatory
perception of patterns. It was interesting studying perceptual effects under
hypnosis. The study tried to demonstrate that there were some perceptual
effects which were quite unusual.

I got it published in the *Journal of Abnormal and Social Psychology*. The
director of the journal was Gordon Allport, and he was delighted to get anything
on hypnotism, so I had no problem. Also, I got a couple of critical review
articles in that journal, one on antisocial acts done under hypnosis, and another
on the duration of posthypnotic suggestions. Not many people were publishing
on hypnotism in those days.

Since it didn’t have a doctoral program, I didn’t see much future at the
University of Oklahoma. Also, I had met my first wife, and wanted to marry her.
I decided, if we were to get married and probably have children, I had better
have a job. I got a job in a physiology department. I didn’t have any training
in human physiology, basically, but I got a job as a physiologist/pharmacologist.
I worked doing research on blood clotting mechanisms. I knew nothing about
it in the first place, but I learned a lot. That was at the Wayne University
Medical School in Detroit, Michigan.
At that time, I began to write more articles on hypnotism for a new British journal that had just come out. Van Pelt had started it. So I started sending him a series of articles on various aspects of hypnotism, based on all those abstracts I had collected. It occurred to me that each of the articles was like the summary of a chapter. So then, I got the idea of publishing them as chapters of a book. That’s where I got the idea for my first book, and I started writing it.

By the time I finally began work toward my doctoral degree in 1952, the book had just been accepted for publication. I had just been accepted into the doctoral program at the University of Michigan. I was there from 1952 to 1956.

I did my second book while I was there. By the time I left and got my degree, it had been accepted for publication, too. At that time was when I met Jack. Jack Hilgard came down just as I was doing the last six months of my dissertation. I don’t know whether he came specifically to see me, or whether he was just passing through and decided to look me up.

**Teaming-Up with Jack Hilgard**

**MY:** Jack Hilgard told me he came to see you.

**AW:** Well, maybe he did. He told me at the time that he had read my book, and that he was very impressed by the fact that there seemed to be a good scientific basis for hypnotism. He asked me if I would like to join him at Stanford and jointly start a laboratory. Jack had worked it out that I would be invited to the Center for Advanced Studies in the Behavioral Sciences. He was taking a sabbatical there that year, 1956 to 1957. He arranged it so I would also be invited to spend the year there.

Jack and I spent most of that time working on the details for the laboratory, what he and I had thought of doing to see if we could work together. I think, at that time, about 10 years of research was mapped out, you know, sketched out, as to what would be done. But the first thing we both agreed was necessary was some kind of good instrument to measure suggestibility, to measure depth. I had already come to the conclusion there were some things that needed to be incorporated into a good scale. So that’s how it all got started. I mainly worked on that at first. The scale took a long time.

**Creating the Stanford Scales**

**MY:** Can you describe what went into the creation of the scales?

**AW:** Well, you know the basic model was the Friedlander-Sarbin scale. That was the best scale we had. From my standpoint, it had all the dimensions and features that a scale should have, except there were a lot of defects in using it which I felt caused problems. So, I wanted to remove those defects. Then I wanted to improve the type of items. I felt we needed a scale that was a little bit longer in the number of items, which would increase its reliability.
So, it was a modification of the scale with some defects taken out. The assumption by Friedlander-Sarbin was that if a person did not respond to a suggestion, the suggestion did not have an effect on them. So, for example, if you said to a person, “You can’t lift your hand from your lap, because it is getting too heavy, it’s getting heavier and heavier, and you really can’t raise it,” and someone raises their hand, you say to yourself, “OK, the suggestion has failed, so we don’t need to bother doing anything more about it.”

But, what I discovered, quite by accident, was that there nevertheless was an effect; if you didn’t remove the suggestion either by asking the person to pretend or telling them simply, “Now your hand is quite normal again, it doesn’t feel heavy,” and so on, and so on, what happened was that the effect was still there.

In one case, what happened with a female subject is that somehow in the night it took effect. When this young girl woke up in the morning, she found she could not lift her hand from the cover of her bed. In fact, two things had happened. There was also an arm rigidity test she failed. She was told, “You can’t bend your arm,” and, well, she bent her arm alright. And so I saw the subject bend her arm, and she raised her hand. But, the next morning, she came to see me, very upset. What she said was, “When I woke up I tried to raise my hand to my eyes, and I could not raise my hand. It seemed to be paralyzed, it just wouldn’t move.” That was, to me, rather traumatic. It made me take notice and think, “Hey, what happened? What goes on?” So I went back over the data and realized that she had broken every suggestion, but they had not been removed. I saw several other incidents like that happen, not with this scale, but with another situation. Because the suggestion does not seem to take effect, it is [typically] not removed or cancelled. So when we made the scale, that’s one of the things I said, “Every suggestion, every action, must have a cancellation; either the person goes through the process of doing it at some level, or otherwise we tell them the suggestion is cancelled. So that was one of the improvements I introduced in the scale to be sure no after-effects would occur. Anyway, that was basically how the scale was made.

Then I realized that the Stanford Scales A and B were fine, except that they were limited to 12 points, and obviously a ceiling was created. I knew that people were able to do better than the Stanford Scales showed. So, eventually, I proposed that we have an additional scale, Form C., which would allow us to extend the upper limit if we had a subject that scored 12, which was the maximum. We could then take that research subject and spread him out, and see what more he could do. This was still working with the 12 point scales. Form C was developed with the idea of extending beyond Forms A and B.

All along I had felt that we needed something that would show an overall picture of what people can do on a sort of sampling basis. I don’t know if you are familiar with the Profile Scales. The Profile Scales were designed not so much as a scale that would give points on any kind of continuum, but rather as a profile that would give a sampling of hypnotic behavior over a wide range. It would allow us to see what people could do on a level of hallucinations, a level
of amnesia, a level of distortion of senses, and so on.

I agree with Jack that it’s unfortunate the Profile Scales are so rarely used by people. They all use Forms A and B and Form C. They never really get the kind of sampling we would prefer a scale to give them, such as the Profile Scales can. There are two forms; you can use both and double the reliability if you want. Or, you can use them singly without the other scales. That’s the history of the Stanford scales.

One thing I would say is that Jack was very concerned that our subjects should leave the lab feeling good. There were demanding items I wanted to put in there that would really put the subjects’ responsiveness to suggestion to the test, where one would have been able to see whether the suggestion would break down or not. Jack was simply not open to that kind of thing for fear of stressing the subject. He didn’t want to risk that subjects might become stressed or would be traumatized in any way.

So the scales, I think, may not be as stringent as they really could be and get the most out of the subjects. If I were to do them again, I would make some changes. Another thing I have talked and written about is that we give a suggestion, but there’s something we don’t do; we don’t check the experience for having been non-voluntary. Of course, there are people who simply do an involuntary act or something at a suggestion. There are people who have a non-voluntary experience[who feel], “Something happened. Something happened to me and my hands moved.” To me, that’s very important to know when a person has a non-voluntary response. Those are the ones that I know have been affected by suggestions at an unconscious level.

MY: Those are the questions you would now add to it?

AW: Yes, I would have some questions whereby I could try to gain that information. The difference to me is that the suggestion does bring about some ideodynamic activity at the level of the unconscious, the subconscious, that is action that is non-voluntary. And that’s what makes it a suggestion. Otherwise, I don’t know that you can talk about suggestions specifically. That would be one of the changes I would make in the scales.

**Suggestibility Scales in Clinical Practice**

MY: You said it quite candidly [privately] earlier, but I’d like you to mention it again now, how you feel the scales relate to clinical practice.

AW: Okay, what I said was that in clinical practice, I do not see that scales are particularly useful if you want to be strict. For one thing, a good clinician, a good hypnotist, is going to very quickly get a good feeling for what the patient can do by just watching how the patient responds, whether he does it like Erickson or he does it in a more traditional fashion. He gets some feedback, which will tell him if this subject or patient is capable of developing specific responses under hypnosis.
The other thing is that they are an intrusion in the clinical situation. They are an element that seems to have nothing to do with therapy. Of course, you can tell the patient that, “In order to help you, I’ve got to spend an hour testing you with this instrument.” I think something like the postural sway test doesn’t really fit into the framework of clinical work. To mean, it seems like vaudeville or night club stuff. I don’t feel comfortable doing a postural sway test with patients. I see no reason to do it. I used to do it way back when I first started out, but I’ve found I didn’t have to do it.

Instead, what I really do is the “hands together” suggestion if I want a test. And I will do it for other reasons. I use it more often to introduce the patient to the idea of a suggestion. Because we talk a little bit about what hypnosis is. Now, to me, I’m going to use suggestions with patients, so I say to him, “For me, what hypnotism is all about is the use of suggestions as ways to help you by giving you ideas below the level of consciousness.” So I say, “I can give you a little idea of what I mean.” And then I do the “hands together” test to give them a feeling for what I’m talking about. The test is really easy, and most people respond to it and experience it, and say, “Oh, yes, my hands moved together.” And then I say, “That’s exactly what I want you to do… to let other things happen as we continue to talk.”

Anything else I’m going to find out would be in the course of working with the patient. If the patient can develop amnesia I’ll find that out presently, I start giving suggestions for it under the hypnotic state. Later, by asking questions, I’ll get some idea of how much amnesia is present. So that’s why I say I don’t see the use of the scales in that setting as desirable.

Now, if you are going to do clinical research, where you want to establish a basis for comparison, I think yes, you would have to start to get some sort of basic measure, mainly to give it some kind of an objective basis so that one can compare the data with existing data from other laboratories and from other clinics. And I think it is sometimes useful for clinical work to be able to see how susceptible people are. For example, some people who are highly suggestible are more able to give up smoking with the use of suggestion than people who are of low suggestibility. But, I think that’s something one would expect anyway.

MY: I was in Herb and David Spiegel’s workshop this morning, and they addressed this issue of testing by saying, “Well, psychologists use psychological tests like the MMPI and doctors use physical tests. Why not use a suggestibility test? And then, naturally, they promoted the use of the Hypnosis Induction Profile. What do you think of the Hypnosis Induction Profile and their view of hypnotizability as a basically biological capability?

AW: I don’t know how to answer that, because there are two things: one, of course, is I don’t really believe that hypnosis is just a biological manifestation. I think there must be, or most likely is, something happening physiologically, at some level.
Interview with André Weitzenhoffer

MY: Even though we don’t know what that is?

AW: Yes, but I think a large part of it is psychological, in terms of mental processes. I think, like [Jay] Haley and [Eva] Banyai for instance, that there is an interactional aspect, too. Some people speak of hypnosis and hypnotic behavior as being a return to an atavistic form of behavior which is biologically based. I don’t know what that means, really. In one sense, all behavior is biologically based.

The other thing is, it’s not kind to say, but [Herb] Spiegel has never given any kind of evidence to say this is so. I mean, he believes there is a biological basis, but he does not really demonstrate that his instrument does [actually] measure anything that is biological. The eye roll is a physiological phenomenon in one sense, but I am not clear at all about what the eye roll has to do with hypnosis. I have asked Spiegel about that. Only yesterday, he said to me, “It tests the ability to dissociate.” I don’t know how he came to that conclusion. My understanding of dissociation does not give me this sort of meaning for the eye roll. Whether I can keep my eyes up while closing my eyelids over them does not seem to me to necessarily have anything to do with dissociation.

And you know, Spiegel and his people speak about correlations that they found. The eye roll portion actually doesn’t correlate particularly well with anything about hypnotic behavior that we measure by other means. Hand levitation does, and that’s to be expected. Now, he said to me, with the Stanford Scales, “we get a correlation of 0.4.” And I said, “Well, you know,” I think it kind of shocked him, “for me, anything that’s less than .8 doesn’t mean anything.” And, I really mean that, because I look at the variance that the correlation indicates; for me, the variance is what is important. How much of the variability of one parameter is accounted for by that of another is what is important. Well, 0.4, that is only 16% of the variance. That means that the eye roll accounts for very little of the subject’s hypnotic behavior. Now, if you get 0.8, you are getting over 50% of your variance. This is not huge, but it begins to make the correlation meaningful. I really prefer something like 0.9 or better for a correlation.

MY: Some have said that what the Stanford Scales measure is compliance and not suggestibility.

AW: I don’t know on what basis one could say that. First, I would ask, how did you define compliance? And, how do you measure compliance independently? How do you establish that the Stanford Scales measure compliance, and not suggestibility? Suggestibility depends on how you define it. For me, suggestibility is the capacity to produce responses to suggestion. Okay, that’s very broad, so, I also specify that it must at least be non-voluntary. If the non-voluntary aspect is not there, you do not have a suggestion. By definition, suggestibility is the capacity to respond to a suggestion, that is to produce a non-voluntary response.
Hypnosis Is Interactional

MY: OK. You are saying that for suggestion. I was wondering if you meant it also for suggestibility as a broader trait?

AW: No. Let me clarify further. The other thing about the response is that it reflects fairly well the idea that is introduced in the suggestion. I say this in the sense that if I tell someone, “You are going to feel a warmth in your arm,” and the person starts having a hallucination about being in a tunnel, I’m not going to consider that there has been a suggestion. The subject may have a non-voluntary experience, but the connection between having the tunnel experience of warmth and the idea of warmth in the hand is so remote that it does not seem to me to justify speaking here of a suggestion, at least not without first making a whole study of what the connection is.

For me, normally, every time I give a suggestion, what I ask for, if it is to qualify as such, is that the subject’s behavior or his experience reflects very directly, very clearly, the main idea of the suggestion. Now, he may experience the sun shining. And, he may have an experience, “I feel warmth on my hand,” or “I’m at the beach and the sun is shining and my arms feel warm.” That’s alright, he experiences the warmth, that’s the essential thing. He experiences the sun, he sees himself at the beach, those are added things which are elaborations of the suggestion. But the main thing is that he has effected the idea, which is the warmth on his arm.

My definition of suggestion is that there must be something non-voluntary I can establish as taking place or be satisfied it is non-voluntary. The basic idea also must be fairly directly and clearly reflected by the behavior, either at the level of experience or at the level of actual behavior. Now, from that standpoint, I would say that the Stanford scales do measure suggestibility, as the capacity to produce this kind of response; that is, I’ve been able to check non-voluntary aspects.

I think that’s one of our problems in psychology and in hypnotism; that is, we have so many words we use, and they are used by so many people in so many different ways. We don’t pay enough attention to having careful definitions. Even an expression like “response set” is carelessly used. This is on my mind, because [Milton] Erickson and [Ernest] Rossi use these expressions a lot. In psychology, there’s too much variation in the use of words. I think this is a problem, not just with hypnotism, that we need to have a more precise language. The same [is true] when we talk about hypnotic phenomena, we have to have more precision. We must first agree on what we are going to call compliance, so this is what compliance will mean for everyone who is working with it. Then, Michael, we’re going to get people able to consensually recognize it when they see it.
Interview with André Weitzenhoffer

Reflections on Milton Erickson

MY: Could I switch gears altogether now and have you talk about your relationship with Milton Erickson?

AW: Well, you know, it never was a real close one. I never had the kind of relationship that some have had that went to work with him, stayed with him and lived in his house or his garage or whatever it was.

I met Erickson in 1953 at a scientific meeting. And, of course, my book had come out and he was familiar with it. He made me feel very good, because he thought well of it. For a young man, as I was, it was important, especially since I considered Erickson to be one of the top men in the field of research in those days. He did some very difficult and fine research, which I still think is a model for many people to follow. And I certainly appreciated what he had done.

We met, and we talked, and he was very friendly and I liked him very much. After that, I saw him at a number of meetings, and we always chatted. And I began to correspond with him. If I had some question about something, I would write him and he would write me back. Not long after that, he founded the American Society of Clinical Hypnosis, and I wrote him and said, “I’d like to be a member of the Society.” And he said, “Well, of course you are a member without question, if you want to be. In fact, I’d like you to be an associate editor of the Journal.” And I felt honored that he would ask me that.

I had more contact with him as an associate editor, because he would send me articles. I would look at them and write back and tell him what I thought; you know, some should be published, but there are some problems with this one or that one. I’d tell him how I felt about it. Sometimes we would argue about it. One article that I wanted published, he absolutely refused to have published. The author had really rubbed him the wrong way. Erickson could and would literally cut a person to shreds, if the latter irked him sufficiently.

But, I found him to be a very kindly person, always willing to talk, to teach, even though his teachings were sometimes difficult to follow because he would rarely answer your questions straightforwardly. So often, he would tell you stories, sometimes they were true stories, sometimes parables. Sometimes he would answer you indirectly, or talk about some other case, but he was always very willing to share and to demonstrate.

I couldn’t understand how to do his arm catalepsy test. So, he did it for me, and had me do it on him. So, I got a feeling for it. Then, later on, when I began a practice in California, I would run into some problems or have some questions about some of my patients. He came a number of times to see [Jay] Haley, and I’d ask to see him and would invite him to come to my house. He would come over and go over some of my cases and discuss them. And always, he would pinpoint a lot of things I hadn’t seen. So, he was very helpful.

[His] workshops were always open to me, wherever they were. Any time they were where I was, I would be invited to come any time to the workshops. So I
kept going and I’d see Milton, and I got to know Betty quite well.

Then, my first wife died, and at that point, Milton and Betty came to sort of take me under their wing. They wanted me to come to Phoenix or Tucson and set up a therapy practice there. I decided to take a position with the University of Oklahoma Medical School. Maybe I should have made the other choice...

I got to know Betty quite well, because Milton was busy in the evenings with workshops, conferences, or seeing patients. So Betty and I, we would talk, or go have dinner. She is a very nice lady. You probably never met her.

MY: Actually, I have met her, several times.

AW: So, I don’t know what else I can tell you about Milton, except that my contacts with him were over a period of 30 years. And, I feel that Milton influenced me in many ways. I adopted a lot of his techniques in working with my patients. I can see, looking at the way I work with patients, that many things are Erickson’s way of doing things.

MY: Why do you think there’s such an attraction to his work?

AW: I have no real explanation. I have to hypothesize.

MY: I am asking for your educated guesses.

AW: Well, one thing I would say is, there is an aspect of Ericksonian approaches which is very appealing, because the person who is practicing it feels he has some sort of failproof method. He can feel free from responsibility, because hypnotizing people is really leaving the person to his own devices. His unconscious will do all the work, whatever is needed.

He doesn’t have to worry about how deeply the patients are hypnotized or how much they are hypnotized. Somehow, he is being told, if you practice this kind of approach effectively, you are going to be producing the hypnotic state, a trance state, no matter what. You don’t have to worry about doing specific inductions; it will simply take [by] itself, if you learn how to do such things as confusion or the double binds.

This is appealing, because you’ll know you’re not on the spot, you don’t have to do a specific induction, which requires some patter, which can be uncomfortable for a person worrying about what to do next. Or, you can be conversational, you can just do it in the course of working with the patient. You don’t have to worry about at what point your patient is in the hypnotic state, you don’t have to test for it. You can just assume that somewhere on down the line he is hypnotized.

Now, Milton really didn’t assume, because he looked for signs, and he could tell you when a person was in a trance: the trance stare for one thing, the eyes, the immobility that would take place. He would look at the tint of the face. There were a lot of things [he looked for].
Interview with André Weitzenhoffer

But, I think many people who are practicing Ericksonian techniques are not aware that Milton was using certain signs. He knew when people were all the way into trance much of the time. I’m not saying always, but he had a pretty good idea. For them, it’s a very comfortable position to feel that they do not have to produce this certain set of effects or go through a certain procedure that’s specific and worry about whether or not their patients have responded in some fashion. So, I think that is one of the things that is appealing to people. Also, it is an approach that seems permissive and nurturing, and from a clinical standpoint, our clinicians today are people who tend to want to be that way. Even the old model of the [good] physician talked about having or not having a good “bedside manner.” A good office manner is one of accepting the patient, being open with the patient, allowing the patient to respond, and allowing the patient to be treated on an equal basis.

So, I think this is a very appealing approach, especially for the modern medical profession, one which fits right into the framework of the clinician’s training.

True Trances and Everyday Trances

MY: Joe Barber, in a recent chapter [1988], suggests that Ericksonians are learning conversational ways of doing hypnotic inductions and are blurring the lines between true hypnotic trance states and every day waking states by saying that every day waking states have the elements of trance [Barber, 1988]. And, he says, we look to people like you and Jack Hilgard and Martin Orne, as people who demonstrate “real” hypnosis. Barber says, amnesia isn’t just somebody forgetting what you were talking about five minutes ago. It’s a demonstrable forgetting, with a reversible cue. Yet, Ericksonians aren’t doing that, yet still they consider themselves doing hypnosis. How do you feel about hypnosis as it is now being redefined, especially the blurring of the lines between true trance states and everyday states of absorption?

AW: Well, I don’t feel comfortable about it because, for me, it is important to define what hypnosis is and what it is not. If we are in a therapy situation, I don’t think it is particularly essential to worry about at what point the patient is in a trance state. The important thing to keep in mind is that the patient may go into a trance state, hypnotic state, or whatever you want to call it, and that under those conditions he may be far more affected by what you say. You have to be more careful about what you say, and eventually you may want to be sure that certain things you have said are not going to have an effect on him subsequently. I think you want to be sure the person comes out of that trance state before he leaves your office. And I think, in some ways, it bothers me to see that many people practicing Ericksonian techniques simply don’t worry about that aspect. When it’s all done, well, fine, “goodbye.”

In Erickson’s theory, as I think I picked up from him, the patient will know, that is, his unconscious will let him know, when the hypnosis is over. And, I think that probably this is true, if you define the situation appropriately.
MY: Do you make the distinction between a formal hypnotic state and the everyday trance state? Do you like the idea of an everyday trance state?

AW: I don’t like the idea of the everyday trance state, because I don’t think it has been clearly demonstrated that there are everyday trance states. If there are, I think the question, obviously, is are they a hypnotic state or are they not?

I’m willing to say that people go into altered states of awareness. There are all kinds of altered states of awareness, and I think that of all the altered states of awareness that exist, there is a certain class of these states that probably we can call trance states. I don’t think all altered states of consciousness should be called a “trance,” however. But, there are some that meet certain characteristics that Arnold Ludwig, for example, has spoken about, and also Erika Fromm has talked about. I think those characteristics are common to certain altered states of consciousness, and these can be called trance states.

Looking at trance states, I think there are certain common elements among some of them, and they probably could be defined as a group of hypnoses. Not all of these could we consider hypnoses, but a number of them can be. I think these may be mainly characterized by dissociation. I don’t see suggestibility in it, but there is a high degree of dissociation taking place. Suggestibility is not the only characteristic of hypnosis, and it can be absent, while other characteristics like dissociation are present. From the standpoint of using suggestibility tests, this places limits on their usefulness.

But then you also have people going into hypnotic states in which they show a great deal of suggestibility, much more than they normally have, yet don’t necessarily show much dissociation, in whatever sense that we can define dissociation. So, I am saying there are probably a number of distinct states of hypnosis. I mean we have to worry about a number of different kinds of hypnotic states, and hence of hypnotizabilities, some that are characterized by dissociation, some by suggestibility, maybe some with a combination of both.

MY: Any others?

AW: Yes. I consider somnambulism to be a very specific traditional state of hypnosis, where you have an amnesia, reversible only when you re-hypnotize the person, or unless you give him the suggestion that he is going to remember certain things or everything. Otherwise, it is spontaneous [amnesia].

MY: Jack Hilgard made a statement that was in an interview printed in *Psychology Today* magazine [Wolkes, 1986]. You might remember the interview of a year and a half, maybe two years ago. The statement he made was, “The skills required to be a hypnotist are very, very minimal.”

AW: I don’t agree with that. I think Jack said that strictly from the fact that he learned to hypnotize using a “formula” approach and never went beyond that. Of course, I taught him how to hypnotize.
Basically, we started off with an induction method for the scales. And all his life, he decided that was all he needed or was going to use, this formal induction. And really, that does require a minimal amount of skill. Anyone can repeat a formula and, whether or not they have any skills, a percentage of people are going to become hypnotized according to whatever criteria you are going to use.

But, if you are not going to stick to a formula, especially if you are going to work in a clinical setting, I think there is a great deal of skill called for. What I do depends a lot on what’s going on between me and my subject. And, if I’m in a clinical situation, I think it takes a great deal of skill to succeed. The really skilled people, the good hypnotists, are quite skilled. They have skills that are other than just giving a suggestion. They have skills in interpersonal relations, ability to empathize, and to establish rapport. It is hard to specify the skills, but they are all there, such as observing what the person is doing, keeping that in mind, integrating it into what is going on, and so forth. Milton Erickson was marvelous at those things and that is why he was so good. He had some real skills.

MY: What does the future hold for André Weitzenhoffer?

AW: I don’t know. In some way, I would like to go back to research. I miss the research. You know, I retired. I am in a new town, where I have a laboratory, but it’s not for psychological research. I don’t have a source of subjects anyway. So I do mostly electronic and computer research there. I’ve got my new book, and that was my big project for three years. It’s called The Practice of Hypnotism¹. It is a highly practical work in the sense that there are many “how to do things” in it. But, I’m also trying to explain what is going on, why you do this, and why you don’t do that. I’ve tried to include a lot of my experience of things I’ve seen happen and how they can be used.

I can see doors possibly opening to giving lectures and visiting universities. I’m kind of looking forward to that possibility. I enjoy my retirement, I guess, partly because I don’t have much time for it! So that’s the future.

MY: It sounds like you are actually working harder than ever!

AW: I’ve always worked hard. I can relax now, but I don’t have to stop doing things.

MY: Thank you, André.

References


Wolkes, J. (January 1988). A study in hypnosis: Director of Stanford’s Laboratory of Hypnosis Research for more than 20 years... Interview with Ernest R. Hilgard. Psychology Today