DAVID KRAFT, LONDON

Dr Thomas Kraft MB, ChB, FRCPsych, DPM died on the 10 December 2008. Tom made a significant contribution to the field of integrative psychotherapy—that is to say, psychodynamic psychotherapy combined with hypnosis and/or behaviour therapy—and the following tribute celebrates the life of a man who supported, enriched, and transformed the lives of many people in both short and long term therapy.

Tom was born in Berlin in 1932 into a wealthy Jewish family, where his grandfather owned a successful haberdashery business in the city. His father, a doctor of law, became aware very early on of the trend the political situation was taking, and he arranged for the family to leave for Switzerland. His grandparents remained behind and were later sent to a concentration camp and all of their assets were confiscated. The family subsequently moved to Oxford and Tom went on to qualify in medicine from Leeds Medical School and held various house jobs in London. During his national service, he was stationed at Aldershot with the Royal Army Medical Corps, and was subsequently based in London and in the Middle East working on heat and acclimatization trials. He also worked at the Army Information Offices in Belfast, Cambridge, and Oxford; it was while he was in Belfast that he travelled regularly to finish a course in neurology at the Hammersmith Hospital.


In the field of psychotherapy, Tom did some of the pioneer work in behaviour therapy which redefined how behavioural approaches could be utilized in the treatment of psychological disturbances (Kraft & Al-issa, 1966, 1967a, 1967b; Kraft & Burnfield, 1967; Kraft 1975). He employed learning theory in the treatment of a patient with traffic phobia (Kraft, 1965a), showed how aversion therapy could be utilized in the treatment of sexual perversions (Kraft, 1967), and used a combination of systematic desensitization and methohexitone in the successful treatment of premature ejaculation (Kraft & Al-issa, 1968a). Tom introduced the concept that social anxiety was often connected with and the cause of drug abuse and alcoholism (Kraft & Al-issa, 1968b; Kraft 1969b, 1971, 1976). Further, in 1970, Tom showed that psychotherapy—specifically psycho-dynamically orientated psychotherapy—and behaviour therapy were not diametrically opposite (Kraft, 1970b).
Tom used Wolpe’s (1958) principle of reciprocal inhibition, using a graded hierarchy of increasing anxiety-provoking situations and pairing this with relaxation in hypnosis. Tom used systematic sensitization in the treatment of heat phobia (Kraft & Al-Issa, 1965b), frigidity (Kraft & Al-Issa, 1967a), alcoholism (Kraft & Al-Issa, 1967b, 1968b; Kraft, 1968, 1969c; Kraft & Wijesinghe, 1970), cigarette addiction (Kraft & Al-Issa, 1967c), sexual disorders (Kraft, 1969a), agoraphobia and claustrophobia (Kraft, 1973), sea sickness (Kraft, 1984a), injection phobia (Kraft, 1984b), balloon phobia (Kraft, 1994a), driving phobia (Kraft & Kraft, 2004), cannabis and chocolate addiction (Kraft & Kraft, 2005), and hyperhidrosis (Kraft, 1985; Kraft & Kraft, 2007a). Tom also employed all the sensory modalities in hypnotherapy in order to re-create the experience as vividly as possible (Kraft, 1970a, 1984a). He used systematic desensitization and combined this with psychotherapy; he found that the support that was given in psychotherapy was essential in the treatment programme. He also used this integrative approach to help symptom relief for patients suffering from cancer (Kraft, 1991, 1992, 1993a) and successfully treated patients with chemotherapy phobia (Kraft, 1993b), injection phobia, (Kraft, 1984b), stuttering (Kraft, 1994b), irritable bowel syndrome (Kraft & Kraft, 2007b), and snoring (Kraft, 2003).

Tom was a fellow of the Royal Society of Medicine from 1959. He gave many lectures on behalf of the British Society of Medical and Dental Hypnosis and the British Society for Experimental and Clinical Hypnosis, and also trained students attending the Applied Hypnosis course at University College London. He was a member of the British Medical Association, an honorary member of the British Society of Clinical and Academic Hypnosis, and a member of the Society for the Exploration of Psychotherapy Integration. Tom joined the editorial board of Contemporary Hypnosis in 2004, and in 2005 was elected a Fellow of the Royal College of Psychiatrists.

Tom was a man of great integrity and was intrinsically caring and non-judgemental both inside and outside the consulting room. Early on in his career as a psychiatrist, he effectively stopped prescribing drugs because he felt that it was important to find the source of the problem and the psychodynamics responsible for the condition. He also felt that it was extremely important for patients to make their own decisions and that they should exercise control both in the consulting room and in their everyday lives. Tom was an innovator and a pillar of strength. His influence has been profound both in the literature and as a teacher, inspiring his son David to undertake a career in psychotherapy. For those that knew him, he was a source of knowledge with an incredible memory for detail; he was generous and kind; he had an infectious laugh and a warm aura about him; he was never arrogant and, when you were with him, you knew you were always in safe hands. Tom will be missed by many people, but particularly by his family.

REFERENCES


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