An Interview with Bill Matthews, Ph.D.

by Roxanna Erickson-Klein, R.N., Ph.D.

BACKGROUND:

Bill Matthews, Ph.D., is a professor in the School Psychology Program, in the School of Education, at the University of Massachusetts, Amherst (UMass), teaching graduate courses in research methods, child psychopathology and philosophy of science. In 1980, Matthews received his doctorate in clinical psychology from the University of Connecticut. During the past 18 years, Matthews has published a number of studies on various aspects of hypnosis, specifically in the areas of indirect and direct suggestion, and hypnotic responsiveness in deaf populations. Currently he is supervising research projects on hypnosis in children, differences in hypnotic responding, and the effects of prayer and/or expectancy in hospitalized patients. Matthews has been invited to present at the Erickson Foundation Conferences, and has lectured on hypnosis in the U.S. and in Europe. Last year he was one of three Americans invited to the first Portuguese Conference on Hypnosis, held in Braga. For the past four years, Matthews has been the senior editor (along with associate editor John Edgell) of Current Thinking and Research in Brief Therapy, published by Taylor & Francis in conjunction with the Erickson Foundation. Along with his work as an academician, Matthews is a professional drummer and has produced a CD with his jazz trio.

Bill Matthews, Ph.D.

fellow intern burst into my office and told me I had to read a book about this guy in Arizona. “He is doing unbelievable work and people are responding to this unusual behavior; it’s exactly what we have not been taught in graduate school.” It was Jay Haley’s book, Uncommon Therapy (1973, Norton). I read it a couple of times. I was in awe. It seemed so creative and freeing compared to what I had been taught.

REK: What was the orientation you were taught?

WM: I was a student of Julian Rotter, Ph.D., at the University of Connecticut (UConn). Our program was focused on research and theory. Rotter didn’t really value clinical work. He was training us to be academicians, researchers and theoreticians. We didn’t get much clinical orientation.

REK: Did you present Haley’s book to your instructors?

WM: Yes. The interns and I started meeting and talking about how we could use the paradoxical injunctions or homework assignments while in our internship. We began to experiment. When I went back to UConn, one of the faculty had been to a semi-
Interview
continued from page 1

Room to improvise by keeping my
goals and structure in mind, while
being flexible to meet the client, and
being creative. As a therapist I help
the client understand the structure of
the therapy. The client comes as an
equal because they have expertise in
their life. And my job, as I understood
Erickson to say, is to create the cli-

mate for change.
REK: There seems to be a clear con-
nection between how your jazz ori-
nention and your therapeutic orien-
tation work together.
WM: I went back to playing jazz
after 20 years of not playing. I studied
in a way I hadn’t as a young man. The
ability to feel a sense of freedom and
creativity within a given structure has
helped me immensely in my clinical
work and my teaching. I no longer
think I have to cause the client to
change or that I have to be the next
Milton Erickson. There was only one
and there will never be another.
REK: How does the creative element
fit into your perception?
WM: After 25 years of clinical work,
many experiences and stories become
a part of one’s repertoire. Learning to
trust yourself and the connection you
have with the client is important in
creative work. Also, it is important to
always seek to improve your techni-
cal skills. Creativity is one step
beyond the technical ability of under-
standing theory and knowledge; cre-
ativity forces you to learn more.
REK: Tell me why you think humor
is important in therapy?
WM: A key Ericksonian principal is
enjoyment and discipline in life.
Growing up in an Irish Catholic fam-
ily, humor was part of the way we
operated. Erickson gave me a license
continued on next page
Interview continued from page 22

to use humor, with respect to the client. Humor can be the perfect example of the paradigm shift that helps the client on the way to making a change. It’s vital to the work I do.

REK: Is this a skill you try to teach your clients?

WM: It’s a difficult skill, but I try to teach it through modeling.

REK: I admire your commitment to empirical research and the important leadership direction you have taken to encourage more studies of this sort within Ericksonian psychotherapy. Will you talk more about this?

WM: It’s so nice to hear you say that, especially as Dr. Erickson’s daughter. I have such respect for who Erickson was, what he did and his impact on the field. My view is in science we are never talking about absolutes or objective truth. We are talking about a series of truths to be challenged by the next theory that has a better fit (in the Darwinian sense) than the previous theory. In psychology we are trained as scientists and our job is to find the best fit at any possible time through empirical observation and testing. If there is no empirical research to support the hypnotic state or trait of hypnotizability, then how do we explain what Erickson was doing. At this point in my professional career I am dedicated to the idea of empirical research and critical thinking. I am committed to teaching my students how to evaluate claims that are made. I feel it is important to have research to show that a procedure is effective. Does it produce the change we want compared to another procedure? Within that procedure what are the active variables? Is it hypnotic state or is it expectancy? This in no way is disrespectful to Erickson. It is seeking out a different explanation. For instance, there is so much research in the area of social psychology that supports what Erickson did to increase client effort. Erickson was a master at getting people to put effort into psychotherapy. There also is a great deal of research on seeding a concept and having someone act on it at a later date. There is research that supports what Erickson did and there is more to be done. But to continue to explain a theory without research to support it is not scientific and not what we should be about as psychologists and professionals. That is near and dear to my heart at this point in my career.

REK: You have said that in order to be a good clinician you must have a sound foundation of knowledge. This is something that Erickson was committed to in his early work. He was also committed to the ongoing, searching process of science. I think a central element of the Ericksonian approach is to encourage a continuous search for answers.

WM: Erickson didn’t have a research laboratory, but he brought forth his ideas and it is up to others who follow to test those ideas out. I think the work of Irving Kirsch, Ph.D., and Steven Jay Lynn, Ph.D., two major researchers in hypnosis today, have done this. They have influenced me as well as the work of Erickson. Kirsch was my dissertation adviser at UConn and remains a friend. Lynn is a colleague. Both have played a vital role in bringing science not only to Ericksonian work but also to this notion of psychotherapy. There is a disconnection between research and clinical practice. That disconnection is significantly less in medical practice. I am dedicated to try to weave the two together. I think clinical practice is a science with a hypothesis about your client and a treatment plan that is related to outcome evaluation, even within the small setting of an office. You always need to evaluate your work as a scientist by answering questions like: Did my work affect the client? Is the client less phobic, is the client more able to do what he/she wanted to do? I can evaluate what I did to affect the change. This is what I try to teach my students who are interested in being clinicians.

REK: Where do we stand in terms of empirical support for Ericksonian approaches?

WM: There are a lot of researchers working now, Kirsch, Lynn, and John Kihlstrom, Ph.D., to name a few, doing work on voluntary and involuntary client response. There is a great deal of empirical research from Social Psychology about paradoxical injunctions, client investment, and seeding. Kirsch has done a meta-analysis and found that hypnotisity, as an ancillary form of treatment, for specific types of treatment like obesity and certain types of anxiety, is significantly and clinically effective as compared to not using hypnotisity. This is an important piece of research and tells us as clinicians this is a useful intervention and we need to explore it further. Helen Crawford, Ph.D., is doing a lot of work on neurophysiological correlates of hypnotisity. These are some of the interesting frontiers in hypnosis.

REK: Where do you see this research moving in the future?

WM: For example: the notion of hypnotic state. There is not empirical support for a hypnotic state that is different from a waking state. Maybe there will be some empirical research that clearly identifies the hypnotic state as a physiological state that can be measured. So there is work in this area to be done. The issue of hypnotizability is important. Is it a trait? Research shows there is high reliability over a period of time. The idea of the unconscious mind, is used as a metaphor in Ericksonian work. I want to be more conservative about the idea of an unconscious. There is no empirical support for the idea of an unconscious mind completely existing and functioning separately from the conscious mind. When we talk about these things as existing, rather than using it as a loose clinical metaphor, it is a little more problematic. I think we need to ask the question, “Are indirect metaphors effective and what would happen if we were to be more directive?” I am interested in two specific issues of clinical effectiveness: (1) Is what we do effective compared to other types of therapy, or not doing any therapy? (2) What are the active variables within treatment that are effective? There is a lot of research to be done on Ericksonian-influenced work. We must find a way to support empirically the claims that we make and test out what people say works as compared to how do we know it works.

REK: How did the Annual fit into the encouragement of empirical study?

WM: The Monographs were edited by Steve Lankton for 10 years. It was very important, starting in 1980 at the death of Erickson, to provide articles and clinical material directly related to Ericksonian work. When I was asked to take over the Monographs I wanted to broaden the vision and look at Ericksonian-influenced therapy. I asked the authors to connect their material to current research literature. My intent was to help broaden ideas. Erickson brought to us and continually seek ways to provide empirical validation. The new publication is designed to expose our readership, who consider themselves Ericksonian, or who are interested in Erickson’s work, to empirically-grounded theories and practice. However, the name is not “The Annual.” The correct name is Current Research and Thinking in Brief Therapy: Solutions, Strategies, Narratives. Some have begun to use “Annual” for short. I prefer CR&T. REK: Do you have any views of where CR&T will expand in the future?

WM: It is difficult to say. Volume II is out now, Volume III is under review and we are soliciting for Volume IV. At the end of six volumes I plan to reassess. We are interested in all aspects of brief therapy, particularly that which has empirical support. We are pleased to consider unsolicited manuscripts. Interested authors can contact me or John Edgette directly if they have a question about topics, format or content.

REK: Is there anything else you would like to add?

WM: It’s an honor to be connected to Erickson’s name. I consider myself a third generation Ericksonian and I regret that I never got to meet him. I know I wouldn’t have the career that I have if it weren’t for Milton Erickson.

VISIT OUR WEBSITE:

http://www.erickson-foundation.org