

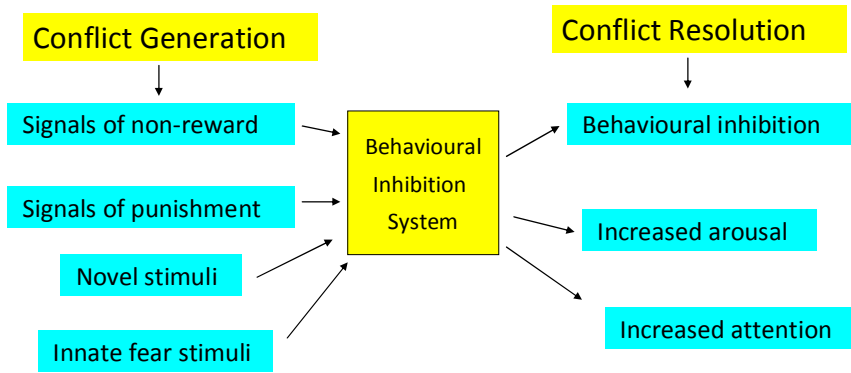
Ambivalence in Therapy

Exploration & Resolution

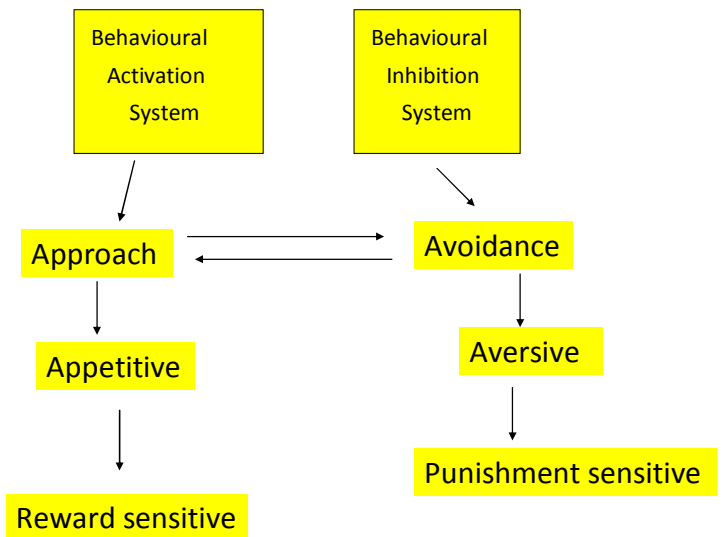
by
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What is ambivalence?

- It suggests indecision and uncertainty.
- It is a tension between opposing beliefs, feelings or behaviours.
- It illustrates that our motivation to engage in a course of action is often driven by complicated and competing needs.
- As the balance between these needs shifts in line with the priorities of the moment, so does our motivation - giving it that mercurial quality we all know so well.
- Ambivalence in therapy can arise in relation to a number of factors.
 - The client may feel ambivalent about the process of therapy, perhaps recognising that they need to attend but also feeling resentful or ashamed that they are unable to deal with their problems themselves.
 - The client may have ambivalent feelings towards the therapist, as part of the transference process (the importance of which varies between different psychotherapeutic models).
 - The client may be ambivalent about the goals of therapy and/or the ways in which the goals can be achieved.
e.g. A client experiences a range of problems because of excessive drinking. They want the problems to end, but they do not want to stop drinking. There is no ambivalence about the final goal, just about how it will be achieved.
- We can conceptualise ambivalence as a specific response to threat, characterised by inaction - as exemplified in approach-avoidance conflicts where the potential positive and negative outcomes of competing courses of action are in balance. This is illustrated in the two diagrams below.
- If we conceptualise ambivalence in this way, then we have some possible clues as to what strategies are likely to be effective in helping clients to resolve their ambivalence.



The Behavioural Inhibition System [after Gray, 1982]



Ambivalence-busting strategies

- Recognise that ambivalence is part of everyday life, so it is no surprise that it is shown by clients. To quote Erica Jong:

“Ambivalence is a wonderful tune to dance to. It has a rhythm all its own”

- It is not our responsibility to resolve the ambivalence – we can only help clients identify and articulate it.
- Part of the clarification process is to find out the various motivational factors with which the client is struggling.
- These may be about trying to decide between competing goals, or about which strategy to adopt to achieve a particular goal.
- *Motivational Interviewing* [MI] gives us the tools to help the client reflect on their dilemma. We actually aim to increase cognitive dissonance, to exploit the tensions in order to instigate change. [Note: *Cognitive dissonance* is a state of internal tension created when our behaviour is not congruent with our beliefs. Resolution occurs when either the belief or the behaviour changes so they become congruent. If I smoke but believe this is harmful to my health, I could stop smoking or find reasons not to believe the scare stories – after all, uncle Albert smoked 50 a day and lived to see his 90th birthday!]
- We can also get the client to identify the pros and cons of making changes or staying the same – a motivational balance sheet.
- If we accept that ambivalence can be a response to threats posed by an uncertain world, we can use our knowledge of the underlying cognitive and behavioural processes to help clients work with their ambivalence. For example, in relation to our BIS/BAS conceptualisation, ambivalence may be driven by specific beliefs about the success or failure of a course of action, or predictions of more generalised positive (rewarding) or negative (punishing) outcomes. We can use standard CBT thought-challenging strategies and/or behavioural experiments to help the client adopt more helpful/adaptive beliefs. Additionally, within the MI model, we would be looking at increasing their sense of self-esteem and self-efficacy.

[Note: *Self-efficacy* refers to the extent to which someone believes that they will be successful in undertaking a specific course of action. It is a measure of the person's sense of having influence and agency in the world, and derives from past experiences of success and failure. Often people come with a sense of failure because their successes have never been recognised or valued by either themselves (especially people with high and unrelenting standards) or by those close to them in early life (e.g., parents, siblings, teachers).]

- It can be helpful to both therapist and client to see ambivalence as a fear response – the client is like a rabbit caught in the headlights of therapy, paralysed by indecision. So...
 - Dim the lights. [Redirect attention to another aspect of their difficulties]
 - Put on the brakes. [Slow down, don't try so hard to resolve the issue]
 - And dance. [The grace of the therapeutic dance, rather than a frantic game of cat and mouse]