

Outline



What is Ambivalence

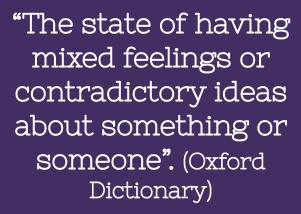
Factors leading to ambivalence and what's behind it

Techniques to use (inc MI and IBCT)









"Having opposing desires or emotions about a person causing them to feel uncertain about whether to stay in the relationship". (Miles, J - 2016)

Motivational Interviewing (Miller and Rollnick 2013)

Ambivalence is an expression of pro-change an counter change arguments at the same time.

 Thinking about change moving to contemplation rather than staying stuck it is uncomfortable SHOULD WE GO ONLINE, AND SAY HI TO OUR FRIENDS?



What is Ambivalence in couples?

• Different level of investment /goals

• "Mixed agenda"

- "Leaning in" / "Leaning out" partner(Doherty 2015)
- 36% were mixed agenda couples 64% of couples shared the same goal N= 249 (Owen, Duncan, Anker and Sparks, 2012)



Couple Ambivalence "..."

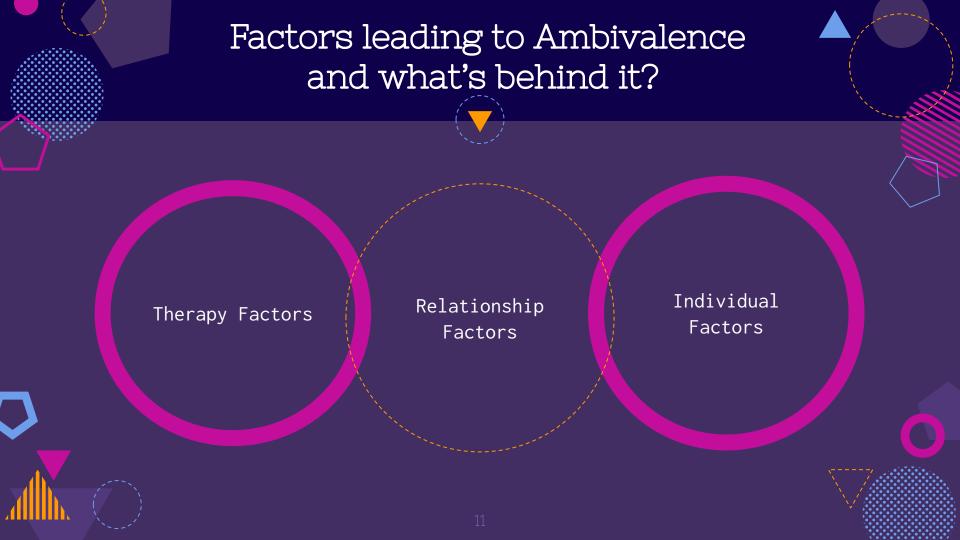


"Main issue is our fighting – main issue is our parenting"

"I've moved out - should I return to the house?"



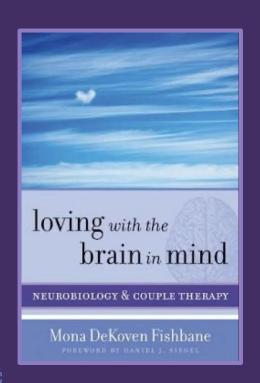
"This is the last chance for our marriage I can't keep doing this"



Therapy Factors

- Fear of what will CT involve /being exposed
- Will the therapist side with one of us?
- What will happen on the way home?
- Will the therapist try to convince me stay/leave?

Therapy Factors



"I represent a place the male has avoided for years, therapy for him has meant the realm of feelings and women. I represent a place for the wife to vent her anger and frustration even though she's doubtful it will help" (pg 54).

Individual Factors

 Ambivalence stops a person from having to resolve internal conflict

"If I act on my behaviour (eg addiction) – I will need to be more open/present with my partner"

- Polarised thinking / perfectionistic
- Changes in beliefs/values

Relationship Factors

People Change: "She used to be outgoing, had her own interests now all she wants to do is stay at home".

Event: "I discovered pornography use again - I can't do this again"

Circumstance: "We met at the time of a death in the family.. guilt kept me there"

Negative Comparisons: "I can do better" - turning away

Perpetual Problems: Personality traits

And these things too!

Fearing consequences

Difficulty tolerating holding only negative thoughts about the partner/relationship

Poor self - esteem asking for what you need

Switching between emotions / painful to settle on one (DV)









ALOT OF

EMOTIONS ALL

AT ONCE!

Janet and Marcus

 In their 60's married 35 years - Affair, husband working in hospital settings in fly in fly out role, covid lockdowns

Concerns:

- Wife feeling shut out, "he's built a wall", "blindsighted"
- Husband guilt, shame, depression, suicidal thoughts,
 unsure about future of relationship

Locke-Wallace Marital Adjustment Test	54.0	92.0	Low relationship satisfaction is an issue for but not an issue for	Details
Global Relationship Satisfaction Inventory	16.0	21.0	are both dissatisfied with their relationship. Relationship satisfaction needs improvement.	Details
Weiss-Cerretto Relationship Status Inventory	0.0	4.0	Based on data provided, does not currently want to end this relationship, but is considering separation or divorce.	Details
Love Maps	4.0	4.0	A positive for this relationship is that both known by one another and satisfied with their Love Maps, (their knowledge of one another's world).	Details
Fondness and Admiration System	2.0	2.0	Neither feels well respected, admired or loved by the other. Fondness and Admiration are problem areas in this relationship.	Details
Turning Towards or Away	1.0	3.0	feels that does not Turn Toward her enough, but is satisfied with Turning Toward.	Details

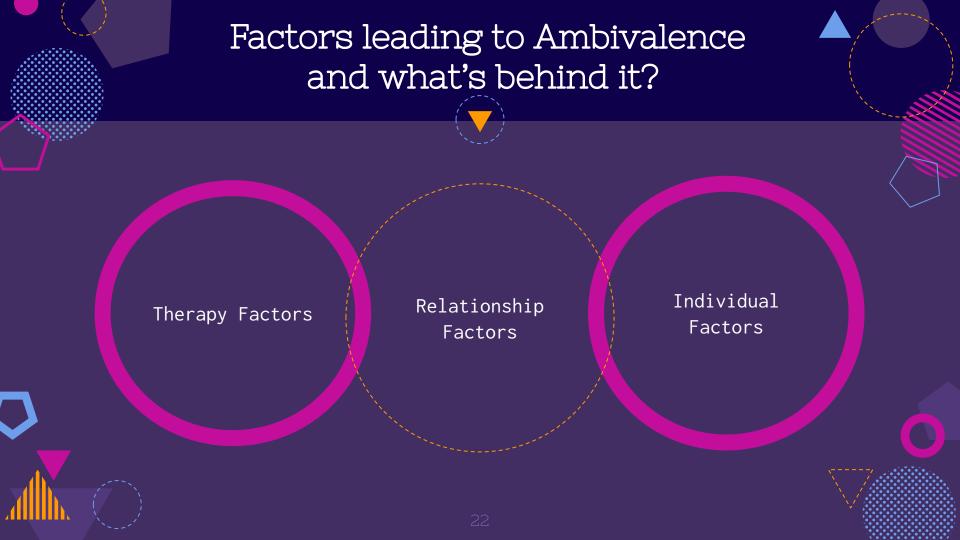
Subsection			Summary	
Chaos and Control	1.0	1.0	report that their home life provides them with a sense of safety, security, order and peace which is a strength for their relationship.	Details
Trust in the Relationship	30.0	21.0	does not trust this relationship, however does.	Details
Commitment	28.0	17.0	feels committed to this relationship, but does not.	Details
Meta-Emotions	18.0	11.0	struggles with Meta-Emotion as he does not think that sharing emotions is helpful or productive. In contrast, does think that expressing emotions is helpful.	Details



are both dissatisfied by the quality of sex in this Satisfaction with 2.0 2.0 the Quality of relationship. Your Sex Life Satisfaction with are both dissatisfied with the frequency of sex in 1.0 0.0 their relationship. the Frequency of

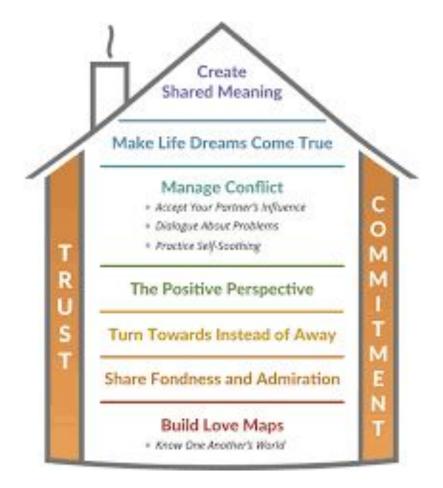
Sex **Emotional** both feel lonely and neither believes they are a 4.0 3.0 priority in the other's life. Disengagement and Loneliness





Janet and Marcus

- Therapy: Strong pull from the wife, husband hesitant
 /make things worse /shame
- Individual: Husband depression, suicidal, black and white thinking analytical, cognitive dissonance, perfectionistic
- Wife: caring, self sacrificing
- Relationship: affair, life stage, adult children, loneliness
 - distance, negative comparisons, turning away,





Exercise in pairs

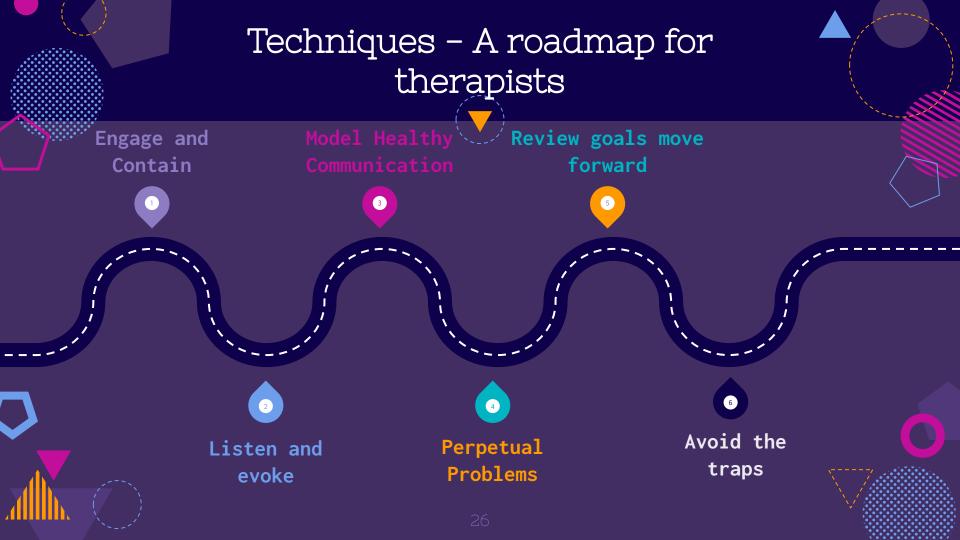
Think about a couple with ambivalence present.

How did it present in the couple

What were some therapy, individual and relationship factors behind it

What were some challenges you faced and how did you manage them?





1: Engage and Contain

Balance, fair, safe , explore experience of therapy and/or reluctance – FEAR / ANGER / SADNESS +++

- Reassure and help couple gain control over emotions –
 roller coaster hope/despair empathy for each other
- Don't force interventions but consider power and control
- Explore anxiety/resistance / individual session if needed
- Safety planning and individual support

2. Listen and Evoke



- Evoking / not directing Avoid Righting Reflex (MI)
- Dan Wile "If I can guess what you're going through"...
- How Confident / How Important
- MI Collaborative conversation to elicit own reasons for change

3. Model Healthy Communication

- Highly anxious couples = poor communication
- Leaning in /out Working hard to please vs feeling suffocated, guilty
- ATTUNE Acronym



ATTUNE



A wareness of partner's emotions

 \underline{T} olerance of 2 valid perceptions

T urning towards partners negative emotions

<u>U</u> nderstanding partner's negative emotions

N on-defensively listening

 \underline{E} mpathy expressed







4. Perpetual Problems-Integrative Behavioural CT

Distressed couples = Coercion, vilification, polarisation

Therapy involves : Empathic joining - decrease blame and accusation - see vulnerability

"Different not Deficient"

Unified detachment Problem as an "it"

Tolerance of non destructive behaviour

INTEGRATIVE BEHAVIORAL COUPLE THERAPY

A Therapist's Guide to Creating Acceptance and Change



ANDREW CHRISTENSEN BRIAN D. DOSS NEIL S. JACOBSON

5: Review goals and move forward

What direction are we heading in..maybe a time frame?

- Be clear on agenda of CT friendship? Reduce negativity
- Is CT helpful or destructive? Deal breakers

Book: What Makes Love Last? Honesty, transparency, accountability, ethical, alliance



6: Traps to avoid

Getting frustrated and forcing people to do things before you've understood the fears

 Feeling too responsible /Over functioning - "You're not responsible for the problem you're not responsible for the cure" (The marriage clinic casebook)

- Taking sides / over identifying with one person
- Losing control of the session

Take home messages



 Ambivalence - a common part of couples workmixed agenda, commitment and goals

 Address fears and avoid traps - to give best chance of success

Strategies to get around it -Create safety, engage, contain, evoke, acceptance, support.

Group Discussion

• How can you incorporate some ideas from the roadmap techniques for therapists

What traps can you relate to

What other techniques would you use



References and Resources



Christensen, A, Doss, B and Jacobson N (2020) <u>Integrative Behavioural Couples Therapy.</u> Norton NY. Doherty, W.J., Harris, S.M., & Wilde, J.L. (2015). Discernment counselling for "mixed agenda" couples. Journal of Marital and Family Therapy, 42(2), 246-255. doi: 10.1111/jmft.12132 Fishbane, Mona (2003) <u>Loving with the Brain in Mind: Neurobiology and Couple Therapy.</u> Norton and Company, New York.

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