

Styles of change

HOW PEOPLE CHANGE

Change is an ongoing process in everyone's life. You only have to review your own history to recognise this. Consider what changes you have made so far in your career. Have you always been in the same position? If not, what caused you to make the change and how did it happen? What about changes in relationships, family and friends? How many times have you moved house – and what precipitated the move? What about your leisure activities, hobbies, sports and other interests? How have they changed over the years? Did you initiate these changes yourself or were they forced upon you?

Think of an important change you made in the past – something that made a big difference to your life; something that is personally meaningful and significant. As you read on, notice which factors seem to be particularly pertinent to your style of change.

Some people like instant change whilst others prefer it to occur more gradually. Instant change is not necessarily done on the spur of the moment, although it can be. It's more to do with having made the decision to make a change, you immediately implement it. Some people do this easily for the small decisions and changes in life (e.g. your breakfast cereal) though some may make monumental, career-defining changes in this way. Instant change can be forced upon you from the outside, however, as in a sudden redundancy or bereavement, and the feelings of loss of control can be very unsettling. More people seem to prefer change to take place gradually, in an incremental way, so that they retain the feeling of being in control. Many changes do take place over a time period and this can allow you to get used to what is happening and customise it more to your needs by utilising ongoing feedback.

Some people like total, huge changes, whilst others prefer them to be partial and smaller in scope. A huge change for some may be deciding to move to

another part of the country, or even emigrate. Perhaps you have made a career change into a completely different line of work altogether. Others may view the thought of changing their usual daily newspaper in the same light. Again, most people seem to prefer their changes to be much smaller and partial. Perhaps your change affected only a certain segment of your life, such as taking up a new hobby. For many it is very important that other areas of life are very stable and *not* changing in order to allow them to focus their attention on one specific event. Too many things changing at the same time in various life contexts can be overwhelming.

A change may be quite profound and deep or far more surface and superficial. Profound changes are often about our identity. This kind of change may feel almost like becoming another person. Our various life transitions open us up for this kind of change – getting married or divorced, becoming a parent or grandparent, the death of a spouse etc. Profound changes can be very unsettling when we're in the process of letting go of who we are and have yet to fully become who we want to be. Much change in life tends to be more surface and superficial – such as deciding to buy a new car or change our washing powder. We may change certain behaviours, develop new skills or let go of some old beliefs but we still retain our sense of self, who we are, at a deeper level. Even then, the cumulative effect of many small changes can add up over time and help us gradually evolve almost without noticing.

Some people like to initiate change by starting to do new things, while others prefer to stop doing old behaviours. You may have decided to start an exercise programme to enhance your health and fitness, or decided to stop smoking to get the same benefits. Perhaps you even combined the two approaches. However we look at it, though, all change requires doing something different from our usual, habitual ways.

So, what were your own preferences in making changes? Did you, like most people, prefer that things generally remained the same and only gradually evolved incrementally in a relatively comfortable and stable way over a certain period of time? Or did you prefer your changes to be more radical, completely different from what you'd previously done, perhaps even revolutionary in nature? When you were reading the last few paragraphs you could probably identify with all of the various styles of changing. You likely had other examples from various times and contexts of your life that were a match and fit for each preference. Change happens throughout our personal history in a variety of different ways even though we may have our particular favourites.

Patient change

Change has happened throughout our patients' lives too. In persuading people to make changes that will positively impact on their future, it is vitally important to find out how they have caused change to happen already, in other life

circumstances. Making successful changes in the past can serve as a very useful template and resource for making changes here and now. The very skills and attributes they used back then can be dusted off, revitalised and put to work in the current situation. Of course the beauty of reminding people of their strengths in this way is that it further develops their internal locus of control, increases their perceived self-efficacy and gives them a very useful tool of autonomy for making future changes.

It is very important as a clinician to become change-focused to the point of *always* looking and listening out for change-talk and validating it whenever it occurs. Change is part of life and we can be certain that it is always happening. We need to welcome and explore every opportunity to highlight it in our patients' narratives whenever we find it occurring. Change may even have already taken place in the interval between the patient deciding to make an appointment and turning up on your doorstep, so it's always useful to enquire about this.

Here are some questions that can help elucidate change strategies. You don't need to ask them all.

Box 2.1 Change questions

What changes have you already noticed since making your appointment?

How have changes happened for you in the past? (Name various contexts)

What were you doing that helped the change along?

How did you know to do what you did?

What kinds of things were you focusing on?

What did you do when you were stuck to get unstuck?

How did you deal with any difficulties that got in the way?

What did it feel like having successfully made that change?

What is it about you that helped you do all that?

What lessons can you apply to your current situation?

Successful past change in any life context is both an excellent resource and a predictor of future change. You must ensure that one of your very first tasks in any persuasion consultation is to *focus on unearthing your patients' already inherent skills for change*.

MOTIVATION STYLES

How do you motivate yourself to make changes? When you've persuaded yourself in the past to do things that were important for you to achieve, how did you do it? I'm almost certain that you'll have had times when you were really

determined to do something . . . and you did it successfully: times when you were absolutely committed to the task in hand and nothing got in your way; times when you've been in a flow state and were completely focused on your goal ahead, to the exclusion of all else. So how did you motivate yourself to get started? What steps did you take? And what would happen if you could help your patients tap more effectively into their own intrinsic motivation for change?

Two styles of motivation

Essentially, people motivate themselves in only two ways: *away from* what they don't want to have happen . . . and *towards* what they do want. Some people use primarily one style whereas others use a mixture of the two.

When people use an *away from* style they tend to focus largely on the problems they want to avoid. They may make vivid internal movies of how bad things are, how much worse it might get and what it might be like to fail miserably with their attempted problem-solving strategies. They may ruminate about what family, friends, work colleagues and various significant others may think if they fall short of the mark. If you have ever waited for a last-minute deadline to galvanise you to do a piece of required work then you have already used this style to motivate yourself. It's a bit like giving yourself a big painful push or prod. The question underlying this style is:

What is the worst that can happen . . . and how can I avoid this?

When people use the *towards* style, on the other hand, they tend to focus largely on solutions – what they want to have happen instead. They may imagine in their mind's eye what it looks and feels like, having successfully accomplished their goal. They focus on the completed task and feel almost magnetically drawn towards it. It's like being pulled effortlessly along. They may even speculate on how family, friends and colleagues may congratulate them on their achievements. The question underlying this style is:

What is the best that can happen . . . and how can I make this even better?

Neither style of motivating yourself is intrinsically better than the other. Both ways work. The *away from* motivation style uses the avoidance of pain to get results. If this is the only way that is utilised over time then the negative internal physiological states it generates can feel very stressful. Sometimes this can lead to overwhelm and a downwards spiral of feeling extremely stuck within a poorly resourceful state. In contradistinction, the *towards* motivation style uses the pulling power of pleasure to get results. It tends to build very positive, healthy states of mind and body.

A general strategy to help people motivate themselves to take action is to utilise both motivation styles. You can simply ask both sets of questions and build up a sensory-rich picture in their mind's eye (what they'll see, hear and feel). Of course sequencing is very important here. You'll want to start with the *away from* questions and pictures first then finish with the *towards* images of success, basking in the great feelings.

Many of our patients are not initially coming to see us about changing. In essence they are using this strategy in reverse to prevent change from happening. They may think of change as being challenging, difficult, uncomfortable and even frightening, and therefore move away from it. The status quo of the current situation then seems safe, secure and inviting even if the longer-term consequences of their behaviours on their health are not. They just can't bring themselves to leave its comfortable pull.

The key intervention in these circumstances is to:

Make changing comfortable and safe . . . and make not changing uncomfortable and unsafe.

We will explore more of this kind of sequencing of motivation styles in Chapter 8.

Lack of motivation

People who are stuck and have made little or no headway with change processes are often accused –unfairly in my view – of being unmotivated or poorly motivated to change. As clinicians, we often give information and advice about behavioural and other change and when our prescriptions go unheeded we are quick to blame the patient for the ensuing lack of action. In many respects we may be equally responsible for unwittingly helping to maintain the status quo.

People are always motivated for something – the question is, what for?

TYPES OF CONFLICT

When patient and clinician are motivated by different goals, conflict may arise. As we push in one direction they may push back in another. We may want them to change but they may be motivated to stay put. The harder we try to force the issue the more entrenched the situation becomes. In this type of situation motivation can be seen as an interpersonal phenomenon that arises within the consultation. The simple answer to this conundrum is for us to stop pushing our own agenda for change and begin to find out just what this particular patient's internal motivations really are. We need to discover just what it is that

they ultimately value, and to see whether their current behaviours, goals and aspirations align . . . or not.

A more intrapersonal stuck state that masquerades as lack of motivation (or even procrastination) is the ubiquitous approach-avoidance conflict. This is akin to saying: *I want to . . . and I don't want to*. In this condition patients may feel very stuck indeed. They want to make changes *and* they don't want to change. The two feelings may be experienced simultaneously or sequentially. A smoker may light up a cigarette and simultaneously experience feelings of pleasure and disgust. A binge eater may derive great pleasure during gorging, then afterwards experience pangs of guilt and remorse (sequential).

Approach-avoidance conflicts happen when we are motivated both *towards and away from* something at the same time. We are both attracted and repulsed by the same thing in a yo-yo effect (cigarettes, food, even a particular person or relationship). If we haven't already accomplished a change we say we really want to have happen – for example, stop smoking, stop bingeing – it is because we have also associated pain to that very same outcome. In other words: *something keeps me hanging on*.

One thing worse than this is the double approach-avoidance conflict. This occurs when there are two choices, both of which have good and bad points (towards and away from). The closer we move towards one, the less attractive it seems and the more the second option appeals – and vice versa.

For completeness sake there are two other types of conflict to mention. The *towards-towards* (or approach-approach) conflict is when you have a choice between two equally enticing alternatives. Two friends invite you on holiday to different places at the same time, both of which you would love to visit. You win, whichever one you choose. However, beware; people are very good at turning these into double approach-avoidance issues when they contemplate any potential downside of either choice.

An *away from-away from* conflict (avoidance-avoidance) is having a choice between two unattractive alternatives. You are caught between the devil and the deep blue sea. You need to lose weight because none of your clothes fit you and make you look unattractive, but if you do succeed in losing weight you can't afford a new wardrobe. The trick with these kinds of conflicts is to unearth any hidden benefits that both sides could offer.

All of these types of issues and conflicts are best sorted out by assuming they are a form of ambivalence. We will deal with their resolution in Chapter 8.

LANGUAGE AND MOTIVATION FOR CHANGE

Whether or not people are motivated to make changes often shows up in the kind of language they use when discussing what they want to do. For example most people often *don't* do what they say they should, and *do* do what they say

they shouldn't. Compare and contrast the following statements and intuit what you think is likely to happen.

I really should go to the gym tonight.

I really shouldn't have that last piece of chocolate cake.

The chances of going to the gym are low and the chances that there will not be any chocolate cake left for anybody else are high. What I suggest you do now is to think of a change that you want to make personally or some task that you have said you will do but have been putting off. As you picture this in your mind's eye right now, notice how the following statements affect your experience.

I ought to . . . X . . . (where X is your change or task).

I should . . . X . . .

I mustn't . . .

I may not . . .

I had better . . .

I wish I could . . .

I intend to . . .

I choose to . . .

I can . . .

I will . . .

I'm going to . . .

These are all words of possibility, probability and necessity, both with and without negation (see the appendix for more). Notice which of the statements pulled you towards your goal. Which ones pushed you? Did you push back? Perhaps some had no effect at all, leaving you motionless. Notice which statements made it less likely that you would attempt the task. Did they push you away from your target or pull you away from the comfort of inactivity? Which of the statements made it most likely that you were really going to take action?

People who are proactive about initiating and maintaining change generally use words that imply choice – together with an internal locus of control. They act congruently in alignment with their values. They will say things like: *'I'm going to change because I really want to . . .'* It is uncommon to see these people in clinical practice – they are usually self-initiators of change.

Those who use words such as *ought, should, have to*, are filled with a sense of inner obligation. This is a signal about ambivalence and even internal conflict. It is almost as if they have introjected some parental or other authoritarian dogma (tobacco/alcohol advertising perhaps) with which they have an ongoing debate. This is a clue that both sides of the argument need to be unearthed and heard before a negotiated settlement can take place. These kinds of issues are very common in clinical practice.

Some people may not answer the questions at all. They may have a *'who cares/why bother'* attitude of resigned indifference. This can be a valuable sign of an underlying depression or existential angst reflecting being cast adrift from personal guiding values – what Martin Seligman calls *'learned helplessness'*. When people display a seeming lack of motivation and energy for change it is important to address these deeper underlying issues first.

This is of course entirely different from a *'fuck you'* response, which has loads of energy behind it! On the face of it this may seem to indicate a personality or antisocial behaviour disorder. However it is often more useful to put this into the category of polarity responder – someone who doesn't want you tell them what to think or do. This is a major clue (!) about resistance to change and there are many ways to further address this scenario.

Often patients (ourselves included), may initially think that changing their current situation is well nigh impossible. You can use the various phrases above, not only to monitor whereabouts in the change continuum they lie, but also to help them open up to the possibility of changing in the future. Take your own task or personal change issue from above and think about it as you read the following.

Some people feel it's not possible to change this . . . perhaps because they think they don't need to . . . or perhaps they can't yet see what to do instead . . . and maybe you shouldn't have to believe that you could . . . change this now I mean . . . You really mustn't think that it's possible to intend to do this easily yet . . . unless you're beginning to believe that you deserve to get what you want . . . don't you?

You can generate more examples of using language to lead someone from what they consider impossible, bridging the gap towards opening them up to what is possible, by using the lists in the appendix.

Chapter 2 outline summary

Change styles

- Instant/gradual
- Total/partial
- Many at once/one thing at a time
- Deep/superficial
- Initiate new behaviours/stop doing old behaviours

Always ask change-style questions to unearth already inherent skills for change

Make changing comfortable and safe . . .

Make not changing uncomfortable and unsafe

Motivation styles

- *Away from* – What is the worst that can happen . . . and how can I avoid this?
- *Towards* – What is the best that can happen . . . and how can I make this even better?

Lack of motivation

People are always motivated for something; the question is, what for?

Types of conflict

- *Approach/approach* – Towards two attractive outcomes – a dilemma
- *Avoidance/avoidance* – Away from two unattractive outcomes – ‘between the devil and the deep blue sea’
- *Approach/avoidance* – Towards and away from one outcome simultaneously or sequentially (the commonest presenting pattern) – ‘I want to . . . and I don’t want to’
- *Double approach/avoidance* – Towards and away from two different outcomes, both with attractive and unattractive features – the ‘granddaddy’ of all conflicts

Language and motivation

- *Obligation/necessity* – ‘ought’, ‘should’, ‘must’, ‘have to’ (plus negation) – implies ambivalence/incongruence/inner conflict
- *Possibility/choice* – ‘intend’, ‘choose’, ‘can’, ‘will’, ‘going to’ – implies congruence and alignment with values