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# Changing Light Bulbs: Practice, Motivation, and Autonomy

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## Abstract

The comment on the Ryan, Lynch, Vansteenkiste, and Deci (2011) article on motivation and autonomy in psychotherapy considers motivation and its role as prerequisite, process variable, or appropriate outcome, speculating that all are appropriate ways to conceptualize motivation in the behavior change process. Autonomy, as a useful addition, refers to the locus of causality and, when included with motivation and phenomenal source, implies a valence and hierarchy to theoretical perspectives on psychotherapy. Finally, some ideas concerning a multidimensional perspective on relevant factors in psychotherapy may serve to stimulate additional thought for both practitioners and researchers.

## Keywords

psychotherapy content, private practice settings, adult populations

Remember the old joke, “How many psychologists does it take to change a light bulb? Only one, but the light bulb has to really want to change.” As Ryan et al. (2011) present so cogently, there is more truth than joke in the importance of motivation in behavior change and in the treatments that are designed to help bring about those changes. The role of motivation for change, and locus of the motivators, is important, and this article should lead both practitioners and researchers into some provocative thought. I am responding to the authors as a practitioner, with some of the thought that has been provoked in me. I have some comments about the practice world of counseling and psychotherapy,

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about theoretical orientation, and then I will add some emerging ideas about a three-dimensional view of the models discussed in this article and found in broader psychotherapy literature.

## **Motivation—Prerequisite, Process, or Outcome?**

A potential client calls me, asking to begin treatment. My assessment begins immediately. This new client has recognized something that is going badly in his or her life. He or she is motivated to face it and to put a plan of action into place. Is that what he or she thinks? This state of readiness for change is central to what Ryan et al. (2011) address in presenting the dimensions of motivation and autonomy.

Sometimes clients understand the nature of their distress in ways that allow them to have a clear sense of what troubles them and are strongly motivated to address what is required for change to occur. They may know this through their own self-reflection and self-understanding, through seeing their own behavior leading them down a recurrent painful path, or through feedback they have received from someone else, like a physician prescribing weight loss to a diabetic or a spouse who tells him or her to stop drinking or risk losing the relationship. Sometimes they are ordered by courts to obtain treatment to avoid jail time. It is only rarely that they come to us motivated to change their painful behaviors because it is intrinsically interesting or engaging to do so. Rather, they feel a need for something to be different. Yet, motivation for something different is certainly a prerequisite.

Clients come to our doorsteps in various states of emotional and behavioral disrepair and with widely disparate senses of what it takes to make changes. People come to treatment because they are unhappy, their lives aren't going well, or they are having trouble at work or at home. If clients are depressed, helplessness and hopelessness about the possibility of change are integrally part of the picture (Amotivation I or II). Clients may experience the cause of their problems as their own failures (high internal locus) or the result of the trials of the world (high external locus). Assisting these individuals to understand that neither is the universal truth, that there are many things they can change and some that they can't, can be an important part of the process—perhaps even an appropriate outcome in itself! Expecting that someone who is seriously depressed will experience strong motivation for change activities and a sense of efficacy about that change may be unrealistic, regardless of your theoretical perspective. It is hard to keep motivation for change and a sense of one's own efficacy at the change process as a prerequisite in the daily business of practice.

At the same time, clients who understand their own efficacy; who value, understand, and are motivated by the activities of the change process; and who

experience themselves as autonomous agents of that change start with a huge leg up. They have better outcomes, and they get to better outcomes faster (Ryan et al., 2011). Ways to help understand what can enhance their motivation and sense of purpose in their own outcomes are welcome and important. From this perspective, real and recognizable motivation may be a prerequisite. The clients are talking about change, claiming to want something different in their lives. It is clear that they need our support in maintaining the change talk as well as supporting, building, and strengthening the motivation for action that is required for change.

What about those clients who don't come in clearly motivated for the activities of change and for taking responsibility for those activities? Perhaps it is our task to hold the motivation for the clients who are in pain but not yet ready to take on the tasks of making changes. As we hold and support the motivation, one of our tasks is to recognize, acknowledge, and bear witness to their pain. To do those things, we need to understand where the pain is located. We need to know, is it behavior that needs to be changed? Or is it an emotional state—self-esteem, grief, fear—that needs to change? Although motivation for change is clearly very helpful in bringing about behavior changes and related emotional changes, not all clients are ready to take ownership (autonomy) or be motivated to engage in the behaviors that bring about change. Motivational enhancements (such as motivational interviewing; Miller & Rollnick, 2002) can be helpful, but not all clients are even ready to understand or take in the perspective that their change will require work—hard work—on their part. In this way, motivation is part of the process, built through deliberate attention to it and as a byproduct of the treatment itself.

Does the unhappy client know that he or she has control over the processes and actions that lead to change? Or is that sense of autonomy and control too far away for the notion of being responsible for one's life even to make sense, to say nothing of the possibility of taking pleasure in guiding our own futures? When is someone ready to move to implementing the steps needed to change what goes badly in his or her life? Important for us as practitioners, when and how do we press someone to take control of the next steps in his or her own life and to welcome the processes of change? For many clients who come for counseling and psychotherapy, even the concept of change is elusive and far in the future. For these clients, building motivation for change is often part of the process; for some, it is a significant part of the outcome itself, keeping clients committed to the changes they have made and to the continuing process of maintaining their changes.

Ryan et al. (2011) offer a welcome discussion of the interplay between motivational styles, causality/autonomy, and phenomenal source that begins to tease apart the complex strands of the role of motivation in therapy. Attention to this question of motivation as prerequisite, process, or outcome would

be a very welcome addition to the whole discussion of a client's ownership of and readiness for change.

## **Autonomy and Valence: An Important Addition**

The Ryan et al. (2011) dimension of autonomy, or locus of causality or control of change, is a valuable additional perspective in this question of motivation for change as prerequisite, process, or outcome. The model of motivation that includes causality as well as style and phenomenal source as presented is hierarchical, moving from external to internal causality and motivation. However, the inclusion of "phenomenal sources" that have valence implies that internal causality and motivation for change activities are ideally understood to be experienced more positively (enjoyment in discovery and growth) and that psychotherapy clients may be reasonably expected to feel this way about the process of change. In addition, Amotivation I and II are in a separate category, in which the dimensions of phenomenal sources and locus of causality seem both irrelevant and disconnected from the hierarchy of motivational styles as presented.

These leave me as a practitioner reader with several questions. First, does placing value on the activity imply that it is experienced as enjoyable and sought out for its own sake? Is that a realistic expectation within the context of a remedially oriented psychotherapy? I doubt that. The process of self-discovery may be experienced positively but may be a second "track" in counseling/psychotherapy. Growth enhancement and remediation of painful life circumstances and emotions are at least qualitatively different from each other for most people. Clients may be motivated to engage in change activities without necessarily valuing the activity for itself. As a practitioner, I experience this firsthand on a daily basis.

The hierarchy noted above would also imply a hierarchy of theoretical models, as theoretical approaches move from external motivators, rewards, and negative phenomenal experience toward internal motivators, rewards, and positive phenomenal experience. Eclecticism (which is the dominant theoretical modality selected by a majority of practitioners, when given that as one of the options) is theoretically meaningful, in that the different approaches address different internal systems through different methodologies. All are useful, depending on the nature of the problem. Although the motivational styles and locus of causality do fit with different theoretical approaches as presented, the phenomenal source of value does not.

This hierarchy additionally does not seem to be designed to take into account the range of difficulties or client strengths and vulnerabilities that counseling and psychotherapy can address. For example, a client with a simple phobia may be extremely motivated to change because of his or her experienced

discomfort, experience a sense of agency in implementing a treatment regimen as prescribed by an external source, but also not be interested in or enjoy any discovery or even growth associated with the change. Furthermore, that client may feel great satisfaction and efficacy at his or her successful outcome but not enjoy or feel interested in the process itself.

## **Different Strokes for Different Folks or Common Threads?**

The authors present a range of theoretical perspectives and how each attends to client motivation. This is helpful for those who practice within each of those perspectives in expanding our attention to enhancement of motivation as broadly applicable. Although one might quibble with the particular selection of treatment approaches the authors have chosen, the array is broad, and one can find something for almost everyone. As is the case with a variety of other factors, different theoretical approaches emphasize different change variables and view those variables differently. As I read the article, I found myself wondering, however, whether the different theoretical approaches actually endorsed different perspectives on motivation and autonomy. Rather, I would see the motivational styles and locus of causality presented in Table 1 of the article, where it is extensively discussed (Ryan et al., 2011), as occurring along a continuum that would be encouraged by all theoretical approaches, whereas the different approaches might emphasize techniques and outcomes that are located at particular points on that continuum. Motivation and locus of cause (or responsibility) are common to all approaches but addressed more or less centrally and more or less explicitly, and as more or less a prerequisite, process, or appropriate outcome of the treatment. Why does this matter, or does it?

Let me spur our thinking and present the bare bones of an idea that could provide us some points for discussion. Let me suggest that we may think of psychotherapy as a three-dimensional endeavor. The dimensions may include techniques or interventions; “person factors”; and “change factors.” Each psychotherapy will begin at some location within the three dimensions and move along those dimensions as the psychotherapy proceeds.

Techniques or interventions are relatively self-explanatory; we understand those—reward and punishment contingencies, interpretations, reflections of feelings, and so on. Each theoretical approach includes techniques that arise directly from the underlying philosophy or belief system of the approach. Therefore, a dimension emphasizing technique or intervention would inherently include theoretical foundations for those techniques.

Person factors might be considered a second dimension. It would include both client factors and psychotherapist factors, the person of the client and the

person of the psychotherapist. It would also include the problematic behaviors, psychological structures, and emotional states of the client. It would include their strengths and their vulnerabilities.

The third dimension, change factors, would incorporate additional components to what have historically been included in this category. Motivation is a common factor that is integral to the change process, as are stages of change models (Prochaska & DiClemente, 1982). Stages of change would be common to all psychotherapy approaches rather than being a separate theoretical model. Although it is the components of the psychotherapy relationship that are the cornerstone of the factors that are common to all psychotherapies (Ackerman et al., 2001), let me suggest that motivational styles, locus of causality, and phenomenal sources may also be up for consideration.

These ideas may be helpful for readers, for practitioners, and for researchers, as we continue our quest to best help those who seek our services, to be effective in our work, and to understand how and why psychotherapy works.

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### **Bio**

**Jean Carter** is an independent practitioner in Washington, DC. Her interests include the psychotherapy relationship and evidence-based psychological practice.