Comments on “MI in Equipoise: Oxymoron or New Frontier?”

William R. Miller, PhD

S
o I have an answer to the title question as to whether equipoise is
an oxymoron or a new frontier. The answer is, “Yes.”

Well isn’t this just wonderful, this discussion today. One thing I’m
talking to myself as I sit here is, “Why are we even worried about
whether this should be called MI or not?” I guess there are two reasons
that Steve and I have tossed around. The first is just for clarity in
explaining to people what MI is and how it’s different from other things
that they’re familiar with. The other reason is to not try to claim too much
explaining to people what MI is and how it’s different from other things
whether this should be called MI or not?” I guess there are two reasons
thinking to myself as I sit here is, “Why are we even worried about
clinically? That’s a very good question, and I think another challenge
can steer a person in
One direction or another. If this is so, and you decide that you
know if you’ve done it right? That’s a good question in itself. I mean, the
there is one that Allan raises: If you want to avoid steering, how do you
clearly you
A good example of this is the work that Allan has done in regard to organ
donations. What this calls us to do is to be conscious of aspirations and to
injected speedballs. It’s a clearer kind of situation. It’s when you get into
with equipoise because there are so many implications for MI and it just
just don’t worry about that
There is a direction to move in. I think the
fact that I came out of the addiction field is a piece of this, too, because
we don’t fret a good deal about whether we should help somebody stop
injection. It’s a clearer kind of situation. It’s when you get into
uncomfortable about whether it is okay to influence someone else’s
choice, and whether there is something fundamentally wrong about
doing that. I think it can stick in the craw of psychotherapists who wrestle
with equipoise. It’s a clearer kind of situation. It’s when you get into
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And then the other thing that occurs to me is that what we’re dealing
with in the passion around this issue is discomfort with the very idea that
we would influence the decision of another person to go in a particular
direction—a discomfort that we can do that (which I think is really clear)
and that we would be doing that. And these worries are increased, I
think, if we’re doing this and a person isn’t aware that we’re doing it.

Now that is not a problem for salespeople. Salespeople want to do
that; they want to influence your decision and may not particularly care if
you know how they’re doing it. They have a desired outcome in mind and
strategies for getting there. This is also not something that people in
registrations wrestle with much—whether they should influence an
offender’s decision to offend or not. I mean you just don’t worry about that
very much in corrections. There is a direction to move in. I think the
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The thing that strikes me most of all as a new frontier in this is
thinking about a science of equipoise. First of all it implies being
conscious of your decision about whether you are or are not trying to
steer in a particular direction. I suspect this is something that often
clinicians don’t even think that much about—considering whether I am
(or should be) steering or not steering in a particular direction. I think it’s
quite important to consider this because clearly you can steer a person in
one direction or another. If this is so, and you decide that you
don’t want to steer the person in one direction or another, then what should you do
clinically? That’s a very good question, and I think another challenge
here is one that Allan raises: If you want to avoid steering, how do you
know if you’ve done it right? That’s a good question in itself. I mean, the
criterion can’t be that the person fails to reach a decision. That’s not
necessarily a good outcome. So you would hope perhaps that they make a
decision and are no longer ambivalent about the choice they’ve made.
A good example of this is the work that Allan has done in regard to organ
donation. What this calls us to do is to be conscious of aspirations and to
do different things depending upon whether we’re consciously trying to
move in one direction or not. I think that’s a relatively new discussion.
People have certainly talked about therapists inadvertently moving
clients to our own views about things, but how do you not do that? I think
this is something that’s relatively innovative.

Chris used “direction” in a broader way than I have yet to use it, and
we can get confused by meaning different things with the same word.
Obviously there’s a lot of direction to what Allan is talking about doing
here. There’s a goal to it, which is to resolve the ambivalence. There’s a
systematic way of going about it, to know where you’re going and what
you’re trying to do, so it’s not directionless wandering around in a client-
centered wilderness. There’s a real systematic nature to it, an intention,
and I think that’s important. We will have a chapter in MI-3 on counseling
with equipoise because there are so many implications for MI and it just
has to be there.

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uncomfortable about whether it is okay to influence someone else’s
choice, and whether there is something fundamentally wrong about
doing that. I think it can stick in the craw of psychotherapists who wrestle
with it, but plainly for me it is possible to influence the choice and
decision of another person. In sales and in business that’s done all the
time, and it is clear that therapists do that, too, aware of it or not. That
being so, what this calls us to do, I think, is to be aware and intentional
and systematic about how we behave in this situation of equipoise.

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The author reports no conflicts of interest.

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