



Short Communication

Goal conflict and ambivalence interact to predict depression

Rebecca E. Kelly*, Warren Mansell, Alex M. Wood

School of Psychological Sciences, University of Manchester, United Kingdom

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ABSTRACT

Research has found inconsistent relationships between goal conflict and distress. In the present research, the interaction of conflict between goals and ambivalence about goals was a significant predictor of depression symptoms in 120 students. Depression symptoms were highest in individuals with low levels of conflict and high levels of ambivalence. Considering the interaction between goal conflict and psychological distress reveals a new interpretation of their relationship with psychological distress. It is concluded that ambivalence is most distressing when individuals' goals do not make conflicting demands on resources, as this ambivalence is likely to result from deeper-rooted, less conscious motivational conflict.

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1. Introduction

Conflict between goals refers to situations when pursuit of one goal undermines pursuit of another (Segerstrom & Solberg Nes, 2006). Many people find that their goals are constantly in conflict; any time a person holds multiple goals these goals can interfere with one another. Ambivalence (Bleuler, 1911) refers to contradictory feelings directed toward the same target, conceptualised as approach-avoidance conflict (Sincoff, 1990), or within-striving conflict (Emmons & King, 1988). Ambivalence can be inferred when an individual is consciously pursuing a certain goal, despite believing they would be unhappy if they succeeded in it. Goal conflict and ambivalence are important concepts in the study of psychopathology. It has been argued that “the development and maintenance of clinically relevant symptoms are largely determined by personal conflict” (Renner & Leibetseder, 2000, p. 321). In addition, ambivalence is a major concept in both traditional and contemporary psychoanalysis (Sincoff, 1990).

Empirical research has linked goal conflict with psychological distress (Emmons, 1986; Emmons & King, 1988; Pals & Little, 1983; Riediger & Freund, 2004), and found a relationship between ambivalence and distress (Emmons, 1986; Emmons & King, 1988). However, a number of studies have failed to replicate a relation-

ship between conflict and distress (Kehr, 2003; Romero, Villar, Luengo, & Gomez-Fraguela, 2009; Segerstrom & Solberg Nes, 2006; Wallenius, 2000); and between ambivalence and distress (Romero et al., 2009). The empirical picture of the relationship between goal conflict, ambivalence and psychological well being is therefore unclear. It is likely that the relationship between these variables and distress is more complicated; there may be, for example, an interaction effect.

It is unlikely that goal conflict alone causes significant distress. Goal conflict can occur whenever there are multiple demands on the same resource, but individuals can extend their resources, or accept conflict as a consequence of pursuing their goals (Riediger & Freund, 2004). Segerstrom and Solberg Nes (2006) argue that the negative effects of conflict are offset by the benefits of engaging with important goals. Ambivalence, however, may be more distressing. In Bleuler's (1911) definition, ‘emotional ambivalence’, which is less conscious and involves an internal battle, is more pathological than ‘voluntary ambivalence’ about doing one thing versus another (Sincoff, 1990).

The distressing effects of ambivalence may depend on the extent to which individuals are in conflict, or vice versa. This may explain varying results in previous studies; levels of ambivalence or conflict may have differed across samples. The present study is the first empirical study to test whether goal conflict and ambivalence interact to predict symptoms.

Goal conflict and ambivalence may affect goal-level variables, and other studies have taken a multi-level approach to analyse these effects. The aim of this study was to investigate the effects of conflict and ambivalence on distress, and so the present study utilises a person-level approach.

* Corresponding author. Address: Psychological Sciences, 1st Floor, Zochonis Building, University of Manchester, Brunswick Street, M13 9PL, United Kingdom. Tel.: +44 (0) 161 275 2695.

E-mail address: rebecca.e.kelly@manchester.ac.uk (R.E. Kelly).

Table 1
Correlations between variables.

	Ambivalence	Conflict	Total DASS-21	Depression	Anxiety	Stress
Ambivalence	1	.26**	.22**	.18	.19*	.20*
Conflict	.26**	1	-.054	-.11	.007	-.018

* $p < .05$.

** $p < .01$.

2. Method

2.1. Materials

2.1.1. The Depression, Anxiety and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995)

A 21-item measure of symptoms of stress, anxiety and depression. Participants rated their agreement with statements such as “I found it difficult to relax” on a scale of 0, “did not apply to me at all”, to 3, “applied to me very much/most of the time”. The scale has 2-week test–retest reliability coefficients of $r = .71$, $.78$ and $.81$ for the depression, anxiety and stress subscales, respectively. The depression subscale correlates with the Beck Depression Inventory ($r = .79$) and the anxiety subscale correlates with the Beck Anxiety Inventory ($r = .85$) (Antony, Bieling, Cox, Enns, & Swinson, 1998). In this study $\alpha = .85$, $.68$ and $.81$ for the depression, anxiety and stress subscales, respectively.

2.1.2. Strivings Instrumentality Matrix (SIM, 10x10 version) (Emmons & King, 1988)

A matrix designed to assess conflict between goals. The SIM was found to have acceptable 1-year test–retest reliability of $r = .58$, and SIM conflict correlated with negative affect ($r = .28$), somatisation ($r = .28$), anxiety ($r = .29$) and depression ($r = .34$) (Emmons & King, 1988).

2.1.3. Ambivalence (Emmons & King, 1988)

Participants were asked about each goal; “how unhappy would you be if you succeeded at this striving”, on a scale of 0, “not unhappy at all”, to 5, “extremely unhappy”. This measure of ambivalence was found to have a 1-year test–retest reliability of $r = .65$, and to correlate with anxiety ($r = .37$) and depression ($r = .44$) (Emmons & King, 1988).

2.2. Participants and procedure

Participants (120, 98 female) with an average age of 19.84 ($SD = 2.93$) completed the DASS-21, followed by the SIM and ambivalence measure. Participants generated ten personal goals, defined as “things you typically attempt to achieve or attain, or typically attempt to avoid doing”. Participants used the matrix to systematically consider each pair of goals in turn, recording their ratings of the relationship between each pair of their listed goals, from -2 , “very harmful”, to 2 , “very helpful” in each cell of the matrix. This method made it possible to calculate the overall amount of perceived conflict amongst each participant’s personally generated set of goals. Participants also rated how ambivalent they were about each goal. Participants’ conflict ratings were reversed so that higher scores indicated higher conflict.

3. Results

Mean goal conflict correlated positively with mean goal ambivalence, but not with the DASS symptom subscales. Ambivalence was significantly positively correlated with anxiety, stress and total

symptoms and the correlation between ambivalence and depression was approaching significance ($r = .18$, $p = .05$) (see Table 1). The mean goal conflict score was 2.84 ($SD = .35$), indicating that on average participants’ goals had a slightly positive effect on one another.

The analyses were single-level, as the dependent variable of symptoms is at the person-level, and this study contained no dependent variables at the goal-level. Therefore, means for goal conflict and goal ambivalence were calculated for each individual’s set of goals, rather than for each goal. Mean goal conflict and mean goal ambivalence were then standardised, and the interaction term was calculated by multiplying these variables together. Regression analyses were conducted on overall distress, and the three symptom subscales. Mean goal ambivalence and goal conflict were entered in the first step, and the interaction term was entered in the second step. The results of these analyses are shown in Table 2.

Ambivalence significantly predicted overall distress ($b = .25$, $p = .01$), depression symptoms ($b = .21$, $p = .02$), anxiety symptoms ($b = .20$, $p = .04$) and stress symptoms ($b = .21$, $p = .03$). Conflict significantly negatively predicted depression symptoms ($b = -.20$, $p = .03$). The interaction between conflict and ambivalence was a significant predictor of depression symptoms ($b = -.23$, $p = .01$). Figure 1 shows that depression symptoms were most elevated when ambivalence was high and conflict was low.

3.1. Robustness analyses

Two raters independently coded participants’ goals as either high or low level.¹ Goal level was defined and operationalised in line with Wallenius (2000). High-level projects were abstract ‘being’ goals, including goals relating to relationships, values, and internal states (moods, motives, and thoughts). Examples included ‘become more independent’, ‘be less anxious’ and ‘be positive’.² Low-level projects were more concrete, specific and behavioural ‘doing’ goals. Examples included ‘get better grades in coursework’ and ‘spend time with family’. In this study Cohen’s $kappa = .69$, $p < .000$, indicating good inter-rater agreement (Altman, 1991). Given the categorical nature of the coding, it was not possible to perform analyses using the mean of the two ratings, so the ratings of the first author were used.

The majority of participants’ goals were low level (89.2%). In line with Wallenius (2000), conflict was significantly lower ($t = -2.35$, $p = .02$) for high-level goals ($M = 2.49$) than low level goals ($M = 2.89$), and ambivalence was significantly lower ($t = -5.44$, $p < .000$) for high-level goals ($M = 1.55$) than for low level goals ($M = 2.06$). The number of high-level goals participants listed correlated with anxiety ($r = .28$, $p = .03$) symptoms, but not more depression or stress symptoms. However, given the low proportion of high-level goals, these findings should be interpreted with caution. Regression analyses on DASS symptoms revealed no significant interactions between goal level, conflict and ambivalence.

¹ Analysis of goal level was not initially a primary research question. These analyses were performed on a subset of the sample ($n = 60$), who had given consent for their goal lists to be retained and analysed.

² A number of terms are used to describe superordinate goals (high-level, deep, and abstract), and to describe subordinate goals (low-level and concrete).

Table 2
Results of multiple regression analyses.

	Model	F (df)	R ²	Ambivalence		Conflict		Ambivalence x Conflict Interaction	
				B; beta	p	B; beta	p	B; beta	p
Overall distress	1	3.71 (2119)*	.06	2.53; .25	.01**	–1.20; –.12	.21		
	2	3.54 (3, 119)*	.08	2.44; .24	.01*	–1.44; –.14	.13	–1.78; –.16	.08
		R ² change	.02						
Depression	1	3.61 (2119)*	.06	.96; .22	.02*	–.74; –.17	.07		
	2	4.79 (3, 119)**	.11	.91; .21	.02*	–.89; –.20	.03*	–1.12; –.23	.01*
		R ² change	.05*						
Stress	1	2.75 (2119)	.05	.96; .22	.02*	–.33; –.08	.43		
	2	2.55 (3, 119)	.06	.93; .21	.03*	–.41; –.09	.32	–.64; –.13	.15
		R ² change	.02						
Anxiety	1	2.28 (2119)	.04	.61; .20	.04*	–.14; –.05	.64		
	2	1.51 (3, 119)	.04	.60; .20	.04*	–.14; –.05	.63	–.027; –.01	.93
		R ² change	.00						

Significant effects are in bold.

* $p < .05$.

** $p < .01$.

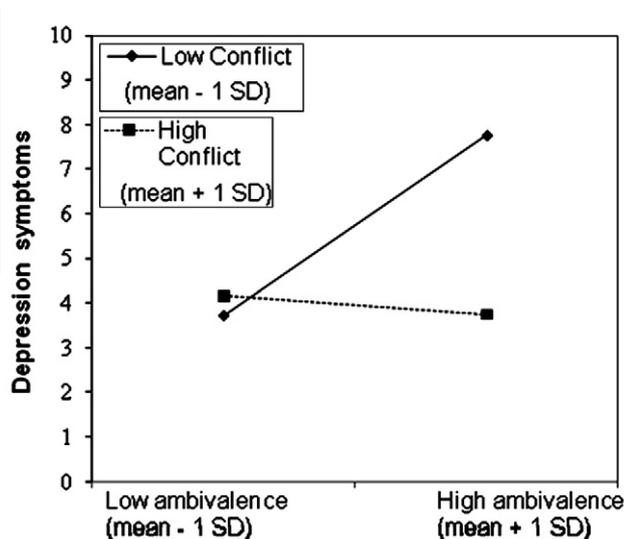


Fig. 1. The interaction effect of goal conflict and ambivalence on depression symptoms.

4. Discussion

The present research offers a new account of how conflict and ambivalence contribute to depression; the amount of conflict between individuals' goals interacts with the amount of ambivalence individuals have about their goals to predict symptoms of depression. Depression symptoms were highest when there was high goal ambivalence and low goal conflict. This paper proposes that ambivalence is especially detrimental in the absence of goal conflict, whilst conflict appears to have a protective effect for depression.

It is proposed that when individuals' goals are in conflict, feelings of ambivalence result from pursuing one goal at the expense of another, and thus can be understood and are less distressing. For example, an individual who has goals which conflict in terms of their demands on time, for example wanting to spend time with family, complete work assignments, and go to the gym regularly, might feel ambivalent about completing the assignment or about attending the gym because he knows this will be at the expense of the other goals, but accept this as a consequence of pursuing numerous important goals. However, individuals who feel ambivalent about pursuing their goals despite their goals not conflicting with one another are likely to

be less conscious of the reasons for this ambivalence; the ambivalence might be resulting from a deeper-rooted motivational conflict. For example, an individual who feels ambivalent about their goals of staying at home to care for their child and keeping their home clean and tidy, but has plenty of time to do both, might feel distressed because they do not understand why they feel ambivalent. They may feel resentful at a deeper level that they had to give up a flourishing career, but not being fully aware of this reason prevents resolution of the ambivalence, and manifests as feeling unhappy and unfulfilled.

Goal conflict did not independently correlate with distress. Surprisingly, lower levels of conflict predicted depression symptoms specifically when ambivalence was moderate or high. Depression is characterised by lower levels of approach motivation (Dickson & Macleod, 2004). Conflict between goals presumably indicates pursuit of multiple, valued goals, which might render individuals less vulnerable to depression.

Ambivalence did independently correlate with symptoms of distress, suggesting that ambivalence may be more pathological than conscious conflict, supporting Wallenius' (2000) argument that the effects of conflict depend on the hierarchical nature of goals. Control theory suggests that goals exist in a hierarchy, with more self-definitional goals at higher-levels (Carver & Scheier, 1982; Powers, 1973). Goal conflict at higher levels is thought to be more detrimental to well being (Emmons, 1999; Mansell, 2005; Powers, 1973). In addition, high-level goals are less likely to become conscious in the course of everyday behaviour (Carver & Scheier, 1982; Emmons, 1999). Ambivalence may represent conflict at a higher and less conscious level in a hierarchy of personal goals; a person might have opposing desires relating to a goal, one to pursue it and one not to pursue it (Emmons & King, 1988). An individual who feels ambivalent about a 'low-level' goal may feel this way because 'high-level' motives relating to the goal are conflicted. For example, a woman who feels ambivalent about the goal of 'trying for a baby' may feel this way because her goals to 'please my parents' and 'be independent' drive her in opposing directions when it comes to deciding whether to pursue the goal. Thus, the woman might try to get pregnant, but feel unhappy about the prospect of succeeding. Future research could test this theoretical possibility that ambivalence represents high level conflict, as the range of goals obtained in the present research did not enable analyses to be conducted to establish this relationship. However, this would be a challenge for research; if high-level unconscious conflicts underlie ambivalence they may not be amenable to consciousness. Furthermore, the interaction effect in the present

research suggests ambivalence is most problematic when conflict between concrete goals is low.

The regression models did not predict anxiety or stress symptoms. It is likely that different motivational processes contribute to different manifestations of distress. Individuals with depression tend to think in more abstract, high-level ways (Watkins, 2008). If ambivalence does represent conflict at higher, more abstract levels in a hierarchy, then this might explain why whilst conflict is protective, ambivalence predicts depression. By contrast, anxiety may be more likely to be characterised by avoidance motivation (Mansell, 2005), whilst stress may result from interruptions or difficulties in goal progress. Alternatively, the effects of conflict and ambivalence on different forms of distress could be mediated by goal progress, as research suggests ambivalence might lead to both negative affect and lack of goal progress (Gebhardt, 2007). These are empirical questions for future research.

It is acknowledged that the cross-sectional design and self-report outcome measures are limitations of this study. However, the key outcome measure converges with clinician ratings. In addition, participants could list only ten goals, which may have been restrictive or forced individuals to generate more goals than they would otherwise list. However, numerous conflict studies have truncated the number of goals listed by participants. Prospective or longitudinal research would establish the direction of the relationships between goal conflict, ambivalence and distress, and their temporal stability. It would also be useful to consider alternative methods for measuring goal conflict and ambivalence. Future research would benefit from explicitly considering the interaction between conflict and ambivalence.

The present research suggests that conflict and ambivalence interact to predict depression. This may account for discrepancies in previous studies, as analyses were conducted which treated conflict and ambivalence as independent predictors of distress, and thus results depended on how 'ambivalent' or 'conflicted' the samples were. The finding that goal conflict did not independently relate to distress is in line with other studies which treated conflict as a low-level phenomenon caused by practical incompatibility (Wallenius, 2000) and conflicting resource demands (Riediger & Freund, 2004). The level of goals pursued by participants might also explain some discrepancies. In Emmons and King's (1988) seminal study, which did find a relationship between conflict and distress, participants generated apparently more high-level goals, for example, relating to emotion regulation. Further, Wallenius (2000) found that individuals who listed more high-level, abstract projects were more distressed. This supports the hypothesis that conflict at higher-levels is more distressing.

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