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Welcome to The Verywell Mind Podcast. I'm Amy Morin, the editor-in-chief of Verywell Mind. I'm also a psychotherapist and a bestselling author of four books on mental strength.

Every Monday, I introduce you to a mentally strong person whose story and mental strength tips can inspire you to think, feel, and do your best in life, and the fun part is we record the show from a sailboat in the Florida Keys. Don't forget to subscribe to the show on your favorite platform so you can get mental strength tips delivered to you every single week. Now let's dive into today's episode!

Have you ever been on the fence about whether to make a change in your life? When you have made a change, has your motivation waxed and waned from day to day? Do you have someone in your life who seems motivated to change one minute but then talks themselves out of it the next? If you answered yes to any of those questions, you're in the right place.

Today we're talking about motivation and ambivalence. It's an issue we address with almost everyone who comes in the therapy office. Someone might come in one week saying they're really motivated to change. Then the next week, they might say they're not really sure they want to do
anything differently. Maybe what's happening right now isn't so bad. Being on the fence about issues in your life, like whether to eat healthier, quit drinking, or change jobs is normal. Learning more about ambivalence and how to deal with it can be quite helpful to you as you decide what to do next.

My guest today is Dr. William Miller. He's a psychologist and a professor at the University of New Mexico. He studies the psychology of change and loves exploring the intersection of spirituality and psychology. He's written several books on motivational interviewing, which is a strategy that helping professionals use to encourage people to make decisions about change.

Today, we're talking about his latest book, “On Second Thought,” which explains why we're often so ambivalent about making changes. Some of the things Dr. Miller talks about today are why ambivalence is normal, how to work through your own feelings of ambivalence, how it can help other people who are on the fence about change.

Here's Dr. William Miller on how understanding ambivalence can help you grow mentally stronger.

Dr. Miller, welcome to The Verywell Mind Podcast.

**William Miller:** Thank you very much.

**Amy Morin:** So, as a therapist, ambivalence is something I deal with often, but it's not just something I deal with in my clients, I can say with honesty, it's something I deal with in my own life as well. I think as we all do, if we're honest. But before we dive in and talk about your new book, “On Second Thought,” can you define for us what ambivalence really is?

**William Miller:** Well, it's being pulled in at least two different directions at the same time. It can be mixed feelings. It can be mixed intentions. The essence of it is wanting and not wanting at the same time.

**Amy Morin:** I think this is the time of year where a lot of people are experiencing ambivalence. People who set out in the new year to say, okay, my goal is
to get healthier. I'm going to start going to the gym more. I'm going to quit smoking. And then we know statistically, a couple of weeks into January most of those resolutions go out the window. Sometimes it's because people haven't prepared enough. Sometimes it's because people set their sights too high, but some of those people are ambivalent. They say, I want to do this, but at the same time, I don't want to put in the work, or maybe I don't want to do that.

William Miller: Well, that's a normal response to change. If you're diagnosed with diabetes or you begin to wonder if you're drinking too much or whatever, it's normal to both want and not want a change, to see reasons for it and see the reasons against it simultaneously. Nothing abnormal about that at all.

Amy Morin: Let's say I go to my doctor and my doctor says here's some medication either for high blood pressure or high cholesterol. Maybe I go home and I think, all right, I'm going to take this medicine, but then I only take it some of the time. Why is that?

William Miller: Well, it's hard to say in the abstract. It could just be organization or needing prompts or something like that. It might not be that you're feeling two ways about it. Just you haven't arranged your life yet in a way that makes it happen reliably. But it also might be because you're not sure you want to take the medication.

Amy Morin: That's what we see in the therapy office a lot. Sometimes people will say, okay, I'm going to take my antidepressant, and then they don't take it. Or they come in and they say, yeah, I really want to change my life, but then they think about the work that it's going to take. One of the things I really appreciated about your book is you talk about the inner committees in our head. Can you explain that a little bit?

William Miller: Yeah. It's like we have a committee that's trying to make a decision most often about whether to make a change or not, but it can be about all kinds of things, and there are different voices on that committee. So, some of the members are in favor of making the change. Some of them are absolutely opposed to it. Some are kind of on the fence. And it's like they have a discussion around the table about this and you hear it going in your
head, and that's just a way of saying this is part of the experience of ambivalence. Again, nothing unusual about that. Every day, all of us experience ambivalence.

Amy Morin: Let's say I am going to quit smoking. The committee who says, yes, you should do that, they might have five reasons. It's your health issues. It costs a lot of money. But then what about the other voice? The committee that says, maybe you don't want to do this? What kind of messages might they say?

William Miller: Well I like my life the way it is. Nobody's going to tell me what to do. There are just all kinds of lines like that. The common place to get stuck is to think of a reason to change and then think of a reason not to change, and then stop thinking about it because it's kind of unpleasant. That's how you can stay stuck in ambivalence for a long time.

Amy Morin: Yeah, we seem to go with the status quo, don't we? It's easier sometimes to just say, I'm going to keep doing what I'm doing, or I'm going to keep not doing what I haven't been doing, rather than create change.

William Miller: That's the default, what we've been doing, sure. Yeah.

Amy Morin: How do we deal with that voice? So, let's say, okay, I want to quit smoking, but then I have all those reasons. I like my life. Nobody's going to tell me what to do. And you start thinking, maybe it's not so bad. We minimize it. We justify it. We look for all of those other reasons to keep doing it because change is hard. What do we do when we find ourselves in that situation where we still have that committee member who's saying, no, you shouldn't do this, but yet we have that other committee member that's saying, it's not that big of a deal, you should just keep doing it anyway?

William Miller: And what do I do as a helper to assist that person? What you probably should not do is become the champion for change and tell the person what's wrong with them and what they should do, because a normal response to that is for the person to voice the other side of their ambivalence. That's not pathological. That's not denial. That is just the normal reaction of an ambivalent person.
When you take up one side of the argument, they're likely to take up the other. That might be okay, a little psychodrama of acting out the person's ambivalence, except that people are likely to believe what they say than what I say. So, if I argue for a change and I cause the person to continue voicing the other side of their ambivalence, they literally are talking themselves out of changing.

Amy Morin: Yeah. It's funny how we do that. Maybe you have a family member who we think should lose weight, maybe the doctor’s even warned them that they need to take steps to take care of their health. It's frustrating to watch. You think, okay, they're not doing what they're supposed to do. So, then we're tempted to then give them that lecture about thinking it's a lack of education or they don't understand. But you're right, then they give us all the reasons why they don't want to change. And as they say it out loud, yeah, but I don't want to do that, it kind of cements their decision to not take action. Is that fair?

William Miller: That's right. Yeah. Doctors complain to me, I tell and I tell them and I tell them and they still don’t change. Well, part of the problem may be the telling.

Amy Morin: Yeah, there's this gap between knowing something and doing it, right? I haven't met anybody who didn't know that smoking was bad for their health, yet at the same time knowing that it's bad for you doesn't necessarily lead to action.

William Miller: No. So how do you stay on that path toward change? In the method called motivational interviewing that I introduced long ago, that's something that we do. We try to help people stay with their own motivations for change. So instead of telling people what they should do, I'm likely to ask people what they think they should do and why they would want to do that, and how they would go about doing it, so that they're actually voicing their own motivations for change rather than responding to my arguments for change, which they probably don't care about.

Amy Morin: It's tough to do that, right? Even as a therapist, that's something I've learned too. When people are on the fence, to help them come up with
their motivations, not the ones I see or for me to say, well, your doctor said you really shouldn't do this, or you should start doing that, doesn't matter what other people say; it's really about that inner committee. Right?

William Miller: Well, and there is some restraint involved in that for therapists to kind of hold back your immediate impulse, which is to say, I know how to do this. I’m going to tell you how to do it. I’ll tell you why it’s important. We call that the righting reflex. Those of us that go into helping professions, want to fix things, want to help people. So, it's natural to kind of step in with the solutions, particularly when you’re trained as a graduate student to have the answers to questions. A real issue in medical school. Having answers for your clients is probably not the best way to proceed.

Now, sometimes they ask for them. And perfectly legitimate to offer some ideas. But starting there, you're likely to wind up going down the slippery slope of evoking from them their own reluctance and talking themselves into it. The normal response to advice to change is not to do it or to do the opposite. It’s called psychological reactance, and that's what you can normally expect from giving people advice.

Amy Morin: So then what do you do? Let's say you have a friend, a family member, somebody you're concerned about, and they maybe occasionally say, yeah, I should do something about this, but then they don't do it. What questions do we ask? What do we say? What do we not say?

William Miller: You get curious. When they say I should do something about this or I think I should, or I know I should, you get curious and say, well, why would that be? Why would you want to do that? What might you say are the three best reasons for you to do it? You know a lot about yourself, more than anybody else does. Knowing what you know about yourself, how would you go about it in order to succeed because you know how you work? So, it's asking the person to tell me the why they would want to change, the how they would do it, how important it is.

We even have a simple little ruler from zero to 10. Sometimes I ask people, how important is it for you to make this change? Zero is not in the least important. Ten is it's the most important thing in my life right now.
What number would you give yourself? And the person comes up with a number. The key question is, and why are you at that number and not zero? Or why are you at that number and not a lower number? Because those are the person's own motivations for change. The helping reflex in us wants to say, why are you at six and not 10? But the answer to that is the wrong answer. It's all the reasons I don't want to.

So, you're trying to help people voice their own positive motivations for change. Much more powerful than trying to persuade people.

Amy Morin: How effective are we at supporting people? Somebody's at a six for motivation. We obviously want them to be at a 10 because we're watching them struggle with something and it seems like, well, if you just made that change, it'd be so easy. But until they're ready, how do we move them or help them or support them while they're at a six? Painful for me to watch, yet at the same time, that's where they are.

William Miller: I want to respond first to your phrase "until they're ready" because that's been a huge myth, particularly in the addiction field. There's nothing you can do until the person's ready to change. It's simply not so. In fact, helping people to become ready for change is part of our job, an important part of our job, and sometimes that's all you need to do. If you help the person to see their own positive motivations for change and really take those in in a safe environment, sometimes that's all that you need.

I got distracted down that rabbit hole there, but it's an important one.

Amy Morin: Thank you for clarifying that because I do think that is a huge myth. Here I am a therapist, and it still came out of my mouth where we think somebody has to be 100% ready, but if we all waited until we were 100% ready, we'd never make any changes in our lives.

William Miller: Of course not. Of course not. Perfection can be a real problem. That's a problem with New Year's resolutions. I'm not going to eat sweets anymore, and then as soon as you have the first one, which is almost certain to happen, then your inner committee says, well, now I've blown it. I'm off that diet. I guess I can't do this. All of that self-talk that runs you
down. It's not a matter of perfection typically, but taking steps in the right direction.

Amy Morin: So then what do we do? Somebody's at a six. We want them to take action, but maybe they're still thinking they're not in the action phase of change yet. They're still in what we call the contemplative phase where they're thinking about the pros and cons of taking action versus the pros and cons of staying just the way they are.

William Miller: Yeah. Well, I would ask more about the pros. That's what I was doing with that question of why are you at six and not zero? Because the answer to that is the person talking more about their own motivation for change and they hear it as well, just as they hear it if they're arguing against change. You literally, and I mean literally talk yourself into change or talk yourself out of change.

What you want is, if you're a helper, arrange the conversation in a way that the person begins to talk him or herself into changing. It's very doable. There are 1700 controlled trials of motivational interviewing at this point. So, it is something you can do to help people become more ready to change rather than just sitting and waiting for them to change or blaming them for not being ready.

Amy Morin: What about on myself? Let's say I have had a goal and I've thought about it for months, maybe years, and I think, yeah, I'm going to do this, and then I think, eh, maybe not and I'm on the fence. Are there strategies I can use on myself to deal with my own ambivalence?

William Miller: It depends what you want to do. If you want to just take a good look at your ambivalence, there's something called a decisional balance. So, you maybe just have four cells. To change, what are the good reasons to do it? What are the reasons not to do it? And then to stay the same, what are the reasons to do it? What are the reasons not to do it? And literally write them out.

However, if what you want to do is actually to change, that's not a good idea. You actually want to focus on two of those boxes. What's the downside of the status quo? That is, what's not so great about how things
are right now? And what would be the advantages of making this change? And really focusing, asking those members of the committee to speak up and focus on those two boxes. Somewhere we got the idea, therapists got the idea, that doing that full decisional balance, asking about all the pros and all the cons would help people change. It doesn't. It actually undermines motivation for change.

So, if you're wanting to help yourself move along the route to change, it really is focusing on the kinds of questions that I was mentioning just a little while ago. Why would you want to do this? And you can literally write or speak your answer to that. How important is it to you? And why is it important? What would you say are the best reasons for you to do this? What are you willing to try? How would you go about it in order to succeed? As a counselor, you're thereby using the person's own wisdom, their own resources, you're amplifying the energy of their own positive motivations and focusing on those rather than leaving them stuck in yes-but.

Amy Morin: Do you think that we need to find a substitute? Let's go back to the smoking example. Let's say I'm a smoker because I find it relieves my stress. Am I able to quit smoking now, or do I need to find a substitute for a stress reliever before I can actually quit smoking?

William Miller: It doesn't seem to be a magic order to that. Some people do find some kind of substitute helpful. Certainly, with opiates, the best thing we have at the moment is substitute opiates that are not so addicting and not so deadly. With smoking, substitutes are nicotine gum and other forms of nicotine substitution. That's helpful for some people. Other people don't need it, don't want it. It really is an individual question, I think.

If you've been doing something like drinking a lot and when you stop you find something really starts going wrong, you're beginning to get more angry or more depressed or more anxious or whatever, maybe there is something else there to deal with. For the most part, and we've studied this quite a bit, when people quit drinking, the rest of their life gets better. It's not that there's a symptom substitution and something else automatically takes its place. In fact, that is the exception rather than the rule.
Amy Morin: How do we get people to buy into that because most people who are struggling with a bad habit struggle to see that life will be better on the other side? They know that there's hard work. There's this gap. I have to give up something. I'm going to have to work hard. How do we help them see and make sure it's in their own words, that life could be better if they were to give up this habit?

William Miller: "In their own words" is the magic piece there because you can provide all kinds of reasons, they may not matter at all to the person. Their reasons are the ones that matter. And to have them voice them to you and defend them to you and elaborate them to you is helpful, really. Certainly, much more helpful than persuading, giving advice, telling people what to do, which is likely to have, ironically, the opposite effect from what you're hoping.

Amy Morin: Yeah, it's funny lectures don't work yet we still often want to give unsolicited advice or lecture people about what we think is going wrong, but we know pretty clearly, that's not helpful.

William Miller: We all know that, and yet we do it as helpers, thinking, well, it'll be helpful for the other person. Well, actually not.

Amy Morin: Right. I know how it feels on the receiving end of unsolicited advice. I don't usually welcome that when somebody says, "Hey, you know what you should do?"

William Miller: It makes you less likely to do it.

Amy Morin: Exactly. What about once we decide, okay, I'm going to make this change in my life? I'm going to start going to the gym. I'm going to stop eating so much junk food. I'm going to finally go ahead and improve my marriage. But then a couple weeks into it, our motivation often goes a little bit awry, and we feel like, oh, this is too hard to do. What are the strategies then when you start thinking maybe I don't want to do this after you've given it a little bit of time and effort and put some thought into it, but once you start moving into the action phase, you think maybe this is more effort than I realized?
William Miller: Well, it's a shortcoming of black and white thinking, I think. Either you want it, or you don't want it. In fact, with ambivalence, usually both are true; part of me wants it, and part of me doesn't want it. You just stay with the part that does want it and keep moving in that direction, knowing it's going to be imperfect, knowing there'll be some setbacks, maybe some heavy setbacks, but it's getting back on track, getting back on the horse and keeping to move forward without expecting perfection of yourself. The black and white perfection expectations really get in the way. Now I've blown it. I guess I don't really want to do this. That's trying to explain to yourself something that's very normal, which is why a little setback happened. It's just a setback, that's all.

Amy Morin: I agree with that completely. I see so many people get derailed because they think, well, I didn't want it that bad, or I'm not able to create that change because I made a mistake or had that one misstep, so then they tend to throw in the towel. How do we help people when they do make a mistake so that they know it's one mistake, it's one setback, I'm not all the way back at the beginning, I might just be one step back from where I was yesterday?

William Miller: Well, if you're a helper, you're already saying the things that you would need to say. People overinterpret a setback. I must not really want this. I guess I really can't do this. No, that's not true. It's perfectly normal. But if you're in a helping relationship with a person, you help them rethink that. Say, no, that's not true.

For example, I had a client who had not had anything to drink for about four months and was drinking about 80 drinks a week before that. A lot. And then came in, hanging his head one week. I said, "What's wrong?" He said, "I drank this week." I said, "What happened?" He said, "I went to a birthday party, and I had a couple of drinks." "Yeah, and then what?" "Well, the next day I had a couple of drinks and then I said, 'This is stupid. This is not what I want to do.' But I blew it."

I said, "Well, let's take a look at this. You started at 80 drinks a week. That's what we added up. You have had four months of zero and now you had one week with four. That seems like a pretty big change to me, like
95%. But the real thing is where do you want to go from here? What do you want to do now?"

What he wanted to do was get back on track. He was feeling much better not drinking. He was just giving this terrible lecture to himself about what it meant that he was imperfect. We need to not be quite so hard on ourselves about things like that.

Amy Morin: I think so too. So many times, where we set out to do something and then we think, well, clearly that's not meant to be. Rather than learning from a mistake, we just give up. I've done it in my own life with certain things too. How do we learn to be kinder to ourselves so when we do mess up, we can look at it as a learning opportunity, rather than the end of the road?

William Miller: In a helping relationship, I try to help people prepare in advance. Now I know that you plan not to have any setback, which would be great, but let's think ahead. Let's do a fire drill here. If it does happen, what could you tell yourself to not have that be a disaster? A slip doesn't have to be a disaster. It's just a behavior. We give too much power to it.

Work with the person to come up with antidote statements. What do you know about yourself that's true that you can tell yourself to say, now wait a minute. I often use "now wait a minute" as the introduction to this as well. "Oh, I had a drink and now I screwed it up." Well now wait a minute, look how much progress I've made. Look how far I've gone. It's just a matter of do I want to stay with this old, old pattern of mine, or do I want to keep going in different direction?

People have their own best ideas about what are for them the best antidote statements. It's not a matter of prescribing them so much as discovering them.

Amy Morin: I like that. So, if we come up with a strategy, even for ourselves, if we know I have this goal, if, and when I mess up, here's what I can tell myself, have it ready to go and then adopt it when you need it and move forward?
William Miller: Sure. Yeah. Like a fire drill, you just kind of prepare in advance just in case you need it.

Amy Morin: Makes sense to me. In terms of staying motivated over the long haul, what do you find? Where does ambivalence come in for that? So, somebody makes some progress. Maybe they think, okay, my life is getting better. I really do like this. But yet again, progress doesn't always come in a straight line. Things kind of go up and they go down. What kind of role does ambivalence play as we're moving along that path?

William Miller: Well ambivalence is not necessarily a bad thing. In this book, I talk about ambivalence as a virtue. Being able to see two sides or more sides of the situation is something I value in a leader, for example. Not somebody who always does exactly the same thing, but somebody who listens to both sides and thinks it over.

Abraham Lincoln appointed to his cabinet the people who had opposed him in his election. He wanted to hear those other voices. He would still make the decision, but he didn't want everybody just agreeing with him.

I think being able to entertain different perspectives is a strength. Ambivalence is not necessarily a bad thing. It's a normal human condition. You can live with it. With my own children sometimes, I have held hope and despair simultaneously. You don't have to choose between them. Say, this is the true one, and that's the false one. Both things can be true at the same time and nothing wrong with that. You don't even have to punish yourself for being ambivalent. Not much point in doing it since that's pretty normal human nature.

Amy Morin: I love that because I think we do think I should be able to make a decision or I should be able to take some kind of action. We beat ourselves up for being on the fence.

William Miller: Well again, probably you can take some kind of action, but if you're looking for perfection, that's a trap.

Amy Morin: I like the idea too that both things can be true. You might hold out hope for somebody while also feeling some despair. That you could be happy,
but also be sad about something else. So often we think we have to be one or the other and that we have to pick.

William Miller: And human beings are both usually. We are yes-and creatures.

Amy Morin: I love that; yes-and creatures.

Well Dr. Miller, thank you so much for sharing all your words of wisdom with us, and hopefully you'll help all of us who do feel like we're stuck sometimes. I hope all of our readers go out and buy a copy of “On Second Thought.”

William Miller: My pleasure.

Amy Morin: Welcome to the Therapist’s Take. This is the part of the show where I'll break down Dr. Miller's mental strength-building strategies and share how you can apply them to your own life. Here are three of his strategies that I highly recommend.

1. Look at the pros and cons when you're on the fence: Dr. Miller talked about looking at the pros and cons of change versus staying the same. But he says when you want to increase your motivation to do something, you should only look at the cons of staying the same versus the pros of creating change.

Let's say you want to start exercising more often. Currently, you work out once in a while. You always think you should do it more, but you don’t actually do it. You could increase your motivation by thinking about the cons of not exercising, like you feel tired a lot and maybe you're developing preventable health issues. Then look at the pros of exercising. You might gain confidence. Your clothes might fit better, and you might have more energy. Hopefully your list will be longer, but you get the idea.

Essentially, you can increase your motivation by examining the pros of making a change and the cons of not making the change.

2. Identify which inner committee members you want to listen to: Dr. Miller says the factors that motivate one person to change won't
necessarily motivate someone else. So, it's important to recall the factors that are most motivating to you.

One of the ways to do this is to imagine that there's an inner committee meeting in your head. Some members are going to try to convince you to do one thing. Other members are going try to convince you to do something else. It's up to you to decide which members you want to listen to the most. All of them might have some good points, but it's likely that there will be one with an argument that sounds more compelling than the rest.

For example, there's a study on what makes people quit smoking. They took a group of middle-aged women who smoke and warned them about their risk of developing cancer. Essentially, none of them quit after hearing about the fact that they were putting their lives in danger. But when they warned those same women that they would develop wrinkles and that they would age much faster, a whole bunch of them put down the cigarettes. The immediate risk of looking old motivated many of them more than the potential of developing health issues down the road.

So, some of the inner committee members in your mind might be trying to talk you out of something that you really want to do. Just recognize that and choose to focus more on the arguments you want to hear. Those can help you make more positive changes.

3. If you want to encourage someone else, ask questions, but don't give advice: If there's someone in your life who seems ambivalent about change, resist the urge to tell them that they need to do something different. Dr. Miller explained how everyone has a tendency to argue about all the reasons why they shouldn't change, and lecturing is likely to backfire. So instead, ask somebody questions about what they think they should do. When the words come out of their own mouths, they're more likely to believe it.

For example, let's say your mom is prescribed blood pressure medication that she's supposed to take every day. She says she only takes it about three days a week though because she forgets on the other days. Lecturing her to take it every day probably won't change her behavior.
Warning her about how not taking it is bad for her health probably won't cause her to change either. In fact, she might argue back that she feels fine on the days when she doesn't take it too.

So instead, ask some open-ended questions like, “Do you think it's important to take your medication every day?” If she says yes, you might follow up by asking, “What would help you remember to take it regularly?” She might offer that she could set a reminder on her phone, or she might say she'll start taking it after breakfast every day so it becomes a habit. With helpful questions from you, she can likely arrive at her own solution.

So often we think that people just need more knowledge and that then they'll change. But studies show this isn't true. Take, for example, calorie counts on menus. Laws require chain restaurants to reveal how many calories are in food items. The thought was if people knew how many calories were in that burger and fries that they were about to order, they might choose a healthier option. But that's not what happens. Studies consistently show calorie counts have no effect on consumer behavior. That's because there's a gap between knowing something and wanting to do something with that knowledge.

So don't think someone who smokes just needs more education on how harmful smoking is. Instead, ask them what they think about smoking and see if there are any small steps that they want to take.

Those are three of Dr. Miller's strategies that can help with ambivalence. Look at the pros of change versus the cons of staying the same, identify which inner committee members you really want to listen to, and ask other people questions that will help them see if there are any factors that motivate them to want to change.

If you want more information about ambivalence, check out Dr. Miller's book “On Second Thought.”

If you know someone who could benefit from hearing this message, share it with them. Simply sharing a link to this episode could help someone feel...
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Thank you for hanging out with me today and listening to The Verywell Mind Podcast! And as always, a big thank you to my show's producer (who says he's never on the fence when it comes to creating change, except for when he changes his mind), Nick Valentin.