Wharton

Financial Institutions Center

Marriages of Convenience and Other Trade-offs: Exploring the Ambivalent Nature of Organizational Relationships

by
Michael G. Pratt
Lorna Doucet

99-37

The Wharton School
University of Pennsylvania

THE WHARTON FINANCIAL INSTITUTIONS CENTER

The Wharton Financial Institutions Center provides a multi-disciplinary research approach to the problems and opportunities facing the financial services industry in its search for competitive excellence. The Center's research focuses on the issues related to managing risk at the firm level as well as ways to improve productivity and performance.

The Center fosters the development of a community of faculty, visiting scholars and Ph.D. candidates whose research interests complement and support the mission of the Center. The Center works closely with industry executives and practitioners to ensure that its research is informed by the operating realities and competitive demands facing industry participants as they pursue competitive excellence.

A variety of working papers related to this subject are also available online at:

http://fic.wharton.upenn.edu/fic

If you would like to learn more about the Center or become a member of our research community, please let us know of your interest.

Anthony M. Santomero
Director

The Working Paper Series is made possible by a generous grant from the Alfred P. Sloan Foundation

MARRIAGES OF CONVENIENCE AND OTHER TRADE-OFFS: EXPLORING THE AMBIVALENT NATURE OF ORGANIZATIONAL RELATIONSHIPS*

MICHAEL G. PRATT
&
LORNA DOUCET

University of Illinois
Department of Business Administration
415 Commerce West
1206 South 6th Street
Champaign, IL 61821
217-244-6023 [Phone]
217-244-7969 [Fax]

Draft: 9-9-99

* We thank Etty Jehn and Elizabeth Scott for their comments on an earlier draft of this chapter. We also appreciate the assistance of Peter Foreman and Shankar Nair who transcribed the interviews of the rural physicians mentioned herein. Moreover, we wish to acknowledge the financial support of the Wharton Financial Institutions Center and an anonymous retail bank in conducting research on the call-center workers.

> *... concepts [like ambivalence] emerge when they are needed to make sense out of life's situations ... [and] the rapidity, complexity, precariousness, and intensity of today's world are likely to generate increasing burdens of ambivalence ...* [Weigert and Franks, 1989: 224].

Depictions of organizational life have ranged from depictions of extreme alienation (Erikson, 1986) to extreme commitment (Butterfield, 1985; Kunda, 1992). However, the emotional portrait of workers may not be so easily captured by simple shades of positive or negative feelings. Rather, the rapid rate of change, the ever-increasing complexity, and the seeming incompleteness characteristic of social life in the twentieth century suggest that this is an "age of ambivalence" (Weigert & Franks, 1989). In the work place, individuals confront the realities of hyper-competitive market places, technologically mediated relationships, empowerment, and economic insecurity. These and other issues have become embedded in the social structure of organizations and affect the bonds between individuals and between individuals and their organization. The result, we argue, is that individuals often experience ambivalence: "overlapping approach-avoidance tendencies" (Sincoff, 1990) characterized by "mixed feelings" about their work groups and organizations.

Despite the fact that ambivalence is inherent in modern life, and is a central concept in many social sciences (cf. Boehm, 1989; Freud, 1950/1920; Bowlby, 1982; Merton, 1976; Smelser, 1998), our understanding of ambivalence in organizations is limited. In this chapter, we examine the topic of emotional ambivalence in the context of work relationships. We have four major goals in this regard: (1) to briefly review the concept of ambivalence, especially emotional ambivalence; (2) to argue for the prevalence of ambivalence in individuals' relationships both with and in organizations; (3) to propose two major sources of ambivalence in these relationships; and (4) to offer a typology of responses that individuals use to cope with emotional

ambivalence.

To illustrate these goals, we draw upon two different cases, rural doctors whose practices have been recently bought out by a large managed care organization (referred to hereafter as HealthCo[1]), and employees at bank call-centers. These cases reveal two types of ambivalent relationships in organizations. The case of the rural doctors illustrates how individuals can become ambivalent with their employing organization. Thus, it illustrates an individuals' ambivalence with their collective. The call-center, by contrast, primarily illustrates ambivalent relationships between bank call-center employees and co-workers, as well as between employees and customers. Thus, it shows us ambivalent relationships within (rather than with) an organization. We believe that both types of ambivalent relationships (both with and within) are likely to be common in modern organizations.

WHAT IS AMBIVALENCE?

While the notion of competing affective forces has been discussed for centuries, the term, "ambivalence," was first coined by the psychoanaylst Eugen Bleuler in 1910. "Ambivalence" was derived from the Latin *ambo* meaning "both" and *valere* meaning "to be strong" (Meyerson & Scully, 1995) and generally refers to opposing forces existing simultaneously within an individual.

In this chapter, our primary focus is on the sources of emotional ambivalence, and how people respond to the target of one's ambivalence (e.g., a person, object, symbol).[2] While Freud tended to view emotional ambivalence simply as the existence of both love and hate towards some person or object, we take a broader view here (cf. Merton & Barber, 1976). We define emotional ambivalence *as the association of both strong positive and negative emotions with some target (e.g., person or object).* Two implications of this broader definition are noteworthy.

First, the experience of emotional ambivalence may involve feeling a wide array of emotions. Thus, ambivalence may involve a whole combination of positive and negative feelings, such as when a person experiences guilt, happiness, anxiety, fear, and pride about a new promotion. Second, ambivalence is always relational: one feels ambivalence towards something or some one. Thus, ambivalence should always be viewed in the context of a relationship (e.g., self-object, self-other).

AMBIVALENCE AND ITS PREVALENCE IN RELATIONSHIPS

Because of our interest in ambivalent relationships with and within organizations, we discuss the prevalence of ambivalence in self-other relationships that exist within the context of the workplace. However, before discussing how ambivalence has been conceptualized in work relationships, we first review how ambivalence can characterize interpersonal relationships, more generally.

Ambivalence in Familial and Other Relationships

In psychology and related disciplines, ambivalence often forms and is expressed in the context of intimate interpersonal relationships such as familial or romantic relationships. Ambivalence is often experienced in *children* in their relationship with parents or with siblings (see Smelser, 1998). Bowlby (1982), for example, lists insecure / ambivalent (resistant) attachment as one of three major types of relationships that form between mother and infant, along with secure and insecure / avoidant. Insecure / ambivalent infants were characterized by both highly dependent behaviors (e.g., clinging) as well as angry or frustrated behaviors.

Ambivalence also occurs within *adult* relationships. In their review of insecure / ambivalent relationships, for example, Cassidy and Berlin (1994) note that such ties are also characterized by adults, especially in their relationships with their parents and with romantic

partners. Mikulincer (1998: 420) characterizes this style as " insecurity concerning others' responses together with desire for intimacy and high fear of rejection". Psychoanalysts also believe that ambivalence is common in adults. Their emphasis, however, are on more pathological expressions of ambivalence. Ambivalence has been linked to neuroses, especially obsessive-compulsive disorders, as well as to schizophrenia (Sincoff, 1990; Smelser, 1998). As such, strongly ambivalent individuals may be unable to form close, postive relationships as their ambivalence keeps them in a perpetual state of approaching then avoiding others (cf., Horney, 1945).

Ambivalence in Work Relationships

Traditionally, managerial treatments of work relationships, especially those that capture the "psychological bond" between individual and organization – such as organizational commitment (see Meyer and Allen, 1997 for review), person-organization fit (see Kristoff, 1996 for review), and identification (see Pratt, 1998 for review) – have focused almost exclusively on individuals who do (or should) strongly and positively identify with their collectives. That is, they have looked at the causes and consequences of positive, secure individual-organizational relationships. Recently, however, there has been a renewed interest in exploring the ambivalent aspects of work relationships.

Ashforth and Mael (1998: 95), for example, suggests that the tension between individuation and conformity to organizational constraints is a prime cause of ambivalence in organizations:

> With regard to organizations, the ascendance of normative control – with its internalized claims on thought and feeling – makes it particularly difficult to differentiate self from system. The resulting tension gives rise to a sense of ambivalence toward the organization – of being simultaneously attracted and repulsed.

Pratt and Rafaeli (1999, forthcoming) make a similar claim and distinguish identity-based ambivalence from status ambivalence. In addition to the need of establishing one's own identity vis a vis a larger group (identity ambivalence), they note that individuals will often have mixed feelings towards the status level assigned to them by the collective (status ambivalence). As a result, individuals will use symbols to both confirm and deny identity and status designations imposed upon them by the organization.

Building on work on clinical and developmental psychology, organizational theorists have also constructed typologies that include ambivalent relationships, as well as secure and avoidant ones. To illustrate, Dukerich, Kramer, and Parks (1998) suggest that one form of identification is "conflicting identification" where individuals strongly identify and disidentify with an organization. Similarly, Pratt (1996) posits that ambivalent attachments can be produced as organizations manipulate members' relationships, thus causing them to move both "towards" and "away from" the organization. Thus, organizational researchers are beginning to understand the importance of ambivalence in the individual-organizational relationship.

Illustrating Ambivalence in Organizational Relationships

To help illustrate our points about ambivalence, we will use two cases throughout this chapter. We briefly introduce each case here.

Case 1: Bank Call Centers – Ambivalent Relationships WITHIN Organizations.

Ambivalent relationships exist within organizations. Employees have love/hate relationships with their supervisors, their colleagues and their customers. Our first case illustrates these ambivalent relationships. Here, front line workers in a retail bank call center described their mixed feelings during focus group interviews. These call center workers answer phone calls from bank customers regarding financial products and services. Typically, they

provide account balance information and perform trouble shooting for customers with banking problems such as lost checks or malfunctioning ATM cards.

Call center workers often join a bank with expectations of high professional status; yet they are often disappointed with the controlled, "assembly line" mentality that is often applied to call center work. Moreover, the controlled nature of their work does not take the pressure off the workers and allow them to mindlessly perform their duties. Rather, given the changes in the competitive landscape in financial services, these call center workers face increased pressure to provide more customized, higher quality service in a more timely fashion. Since call centers can cover larger geographical regions than "brick and mortar" branches, workers face more diverse requests and are often less familiar with some products they are servicing. In addition, many customers are unfamiliar and uncomfortable with telephone banking which increases the pressure experienced by the call center worker.

These sources of conflict and discomfort affect call center workers' relationships within their organization. For example, call center workers may alternatively *enjoy* helping customers who are intimidated by telephone banking, yet they also express *frustration* with these same "incompetent" customers who slow them down and ruin their productivity. Call center workers also express ambivalence across relationships within the organization. For example, they express ambivalent attitudes towards authority – managers place conflicting demands upon workers, but are also sources of emotional support. Working in a call-center provides workers with a dilemma. On the one hand, banks are prestigious organizations and call-center work allows for meaningful interactions with customers and co-workers. On the other hand, to maintain these (and other) benefits, workers must endure high-pressure jobs that are, at times, made more difficult by these very same customers and co-workers.

Case 2: Rural Doctors – Ambivalent Relationships WITH Organizations:

In addition to having ambivalent relationships within an organization, one might feel ambivalence in relationships with the organization itself. Our second case illustrates this point well. This case involves older rural primary care ("family") doctors whose clinics have just been bought out by a large managed care organization. Having spent a lifetime building up their practices, "being their own bosses," and "doing what they think is right for the patient," they are now employees who must not only treat patients but also be financially accountable to their "parent" organization, HealthCo. Thus, even though the relationship with HealthCo had many good aspects to it (e.g., it allowed the doctors' clinics to keep their names and it provided them with good benefits), physicians joined because of what they saw as "the inevitability of managed care:" they did not want to find themselves without patients because they were not part of a larger integrated health care system. They were motivated by fear. As one physician put it, "I'd be terrified if I was on the outside [not in a larger health care system] in private practice like the internists in town."

Interestingly, some described the relationship between them and their new parent organization as being like a marriage. They were "courted" and now they were "partners." However, it was clear that this was "marriage of convenience:" they would join because the linkage provided economic benefits for both sides. Thus, there were some positive sentiments in joining with HealthCo, but there was not a lot of "love" in the relationship. This sentiment is nicely illustrated in the example given by one physician:

> We were a ma and pa grocery store, and we were doing just fine. But then they built a Meijer's[3] across the street. The options are we stay a ma and pa grocery store, or we join Meijer's. Now the food is just as good, the service may be a little different but it's adequate. And if the people are going to go more and more to Meijer's, you may as well jump on the bandwagon and smile and say, "Here I

> am". You may miss the ma and pa food store, but they're gone now, so are the independent doctors are going to be.

Inherent in these and many other conversations with these rural doctors was deep-seated ambivalence regarding how they related to their new parent organization. As we will discuss throughout the chapter, there were many sources of their conflicting feelings. It is to these sources that we now turn.

SOURCES OF AMBIVALENCE

Since its coinage, ambivalence has been examined by a number of scholars in a variety of social sciences, most notably psychology and sociology (cf., Freud, 1950/1920; Merton, 1976). Not surprisingly, these literatures suggest at least two primary sources of ambivalence: (1) individual differences / ambivalent attitudes; and (2) structural or environmental conditions, respectively.

Individual Differences / Ambivalent Attitudes

While all individuals experience ambivalence, some individuals express stable patterns (Ainsworth, Blehar, Waters & Wall, 1973; Hazan & Shaver, 1987) in their propensity to react to situations (e.g., the formation of intimate relationships). Psychoanalysts, for example, note that while the source of ambivalence is often relationships (e.g., parent-child), ambivalence can become internalized as a personality orientation. As Horney (1945: 46 – 47) personality and relationships are mutually reinforcing:

> It is not accidental that a conflict that starts with our relation to others in time affects the whole personality. Human relationships are so crucial that they are bound to mold the qualities we develop, the goals we set for ourselves, the values we believe in. All these, in turn, react upon our relationships with others and so are inextricably woven.

One way in which ambivalence becomes entrenched as an individual difference is through the formation of *ambivalent attitudes*. King and Emmons (1990), for example, offer

evidence regarding the construct of ambivalence over *emotional expression.* Here, an individual has the propensity to have mixed feelings about expressing emotions. To illustrate, an individual may want to honestly express their emotions, but fear that such expression may cause them embarrassment or hurt.

More generally, Thompson & Zanna (1995) examine individual differences in ambivalent *social attitudes*. Such attitudes combine ambivalent feelings, thoughts, and behavioral choices. In describing attitudinal ambivalence, Thompson & Zanna (1995) explain:

> We can all think of instances in which we have held different beliefs about the same issue, felt torn between two emotions or choices, or had our heart tell us one thing and our head another. The phenomenology of these attitudes is often quite distinct. With the positive and negative aspects seemingly equally significant concerns, our attitudes pull us in different directions. The result is often a highly polarized evaluation; an "unstable dialectic" (Holmes & Rempel, 1989, p.26) between positive and negative assessments. In short, we experience ambivalence. (p.260).

They find that certain individuals are more likely to experience attitudinal ambivalence than others. These individuals tend to report lower "Need for Cognition" and higher "Personal Fear of Invalidity." [4]

These individual differences in attitudinal ambivalence and ambivalence over emotional expression may be indicative of a generalized tendency to experience ambivalence and may carry over to relationships within and with organizations. To illustrate, the focus group methodology used to study the call workers made it evident that individuals disagreed about how to emotionally respond to work situations. These differences suggest that the experience of emotional ambivalence may be partially explained by individual differences. For example, the members of the focus group were discussing their mixed feelings in dealing with abusive customers when one employee said:

> You know, I don't understand. I don't get a lot of abusive customers. Yeah, they might be angry, but as long as you let them vomit it out (the employee makes a vomiting gesture), they don't get too abusive.

Thus, despite having the same types of customers, the aforementioned worker did not form an ambivalent attachment with their customers.

Similarly, other workers also expressed some surprise and confusion regarding the emotional ambivalence expressed by other focus group members:

> See, I'm the complete opposite of [these other employees]… I enjoy the benefits of this place, the exposure to something new. My attitude or approach towards customers is not to yield [like these other employees who feel torn], but to be very nice.

Or, in response to a focus group discussion about the emotional ambivalence created when trying to be pleasant with abusive customers, one call center worker distinguished herself from the others by stating:

> Regarding foul language, I will not let anyone talk to me that way. I say "excuse me if you continue to curse I'll disconnect". I don't care if I fail the call. I'm a person.

The call center workers quoted above expressed fewer ambivalent feelings than other focus group members. This suggests that these call center workers do indeed differ in their tendencies to experience emotional ambivalence. However, propensity to respond to situations with emotional ambivalence does not address the structural or environmental conditions that may trigger either an emotionally consistent or an emotionally ambivalent response.

Structural / Environmental Conditions

Sociologists have detailed several structural sources of ambivalence, and have even coined the term "sociological ambivalence" to describe the study of ambivalence produced by normative contradictions embedded in a social structure (Coser, 1979; Merton & Barber, 1976).

One common manifestation of these structural contradictions is ***role conflicts***. Role conflicts can occur when the same role calls for conflicting behaviors (intra-role conflict), such as a manager of an empowered team who has to be both "superior" and "peer;" or when different roles put inconsistent demands on an individual (inter-role conflict), such as when you need to be at your children's soccer game and work late to attend a business meeting (Biddle, 1986; Katz & Kahn, 1987).

Inconsistent role demands were at the heart of many doctors' experiences of ambivalence. To illustrate, rural family care physicians who work in small practices need to be cognizant of their role as "business person" and "healer." As one doctor described:

> When I started my practice, my teachers told me … "Do a good job taking care of patients like you have in residency and the business will take care of itself." You don't have to do anything with the business. And today it's exactly the opposite. You get up in the morning and the first thing you have to do is that you make sure that you have made the right business decision. Otherwise, you won't have a place to go to work during the day. You still have to take care of patients, but it has gotten to the point that if you don't actively take a role in making a decision about how your practice functions, then there is a significant risk that you won't have patients walking in the door because they will be directed some place else.

While embedded in their roles as doctors, being a member of a large health care organization often made the "healer" versus "business person" conflict even worse. As another physician opined:

> You may be in a position where you have to put your HMO [health maintenance organization] ahead of your patients, specifically financially where they may be asking you to limit care or putting you in a position where your financial well-being depends on how much you to be spent on your patient. We do have to watch the bottom line, but we should not be restricted unduly in determining what is best for the patient.

Still another noted:

> The only concern is that you hope [that in] no way you are affecting patient management because of concerns of the bottom line...the problem for the

> physician is to decide what is efficient care versus what is proficient care. And reconciling the two can be a struggle.

Call center workers also experience role conflicts with respect to meeting demands for both quality and productivity:

> I am here to provide customer service, not to please management (i.e. meet productivity statistics). So, that's what I do- I provide customer service. I tell them (management); "Do you care if I provide customer service? You can't have it both ways."

Even if not directly caused by role conflict, ambivalence can still be role-related. For example, call center personnel may suffer from the emotional dissonance associated with ***emotional labor*** (see Morris & Feldman, 1996 for a comprehensive review). In studying the work of flight attendant, Hochshild (1983: 7) first proposed the concept of emotional labor and defined it as "the management of feeling to create a publicly observable facial and body display." She further explains that, "This labor requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others." Emotional labor is often required by service providers in their interactions with customers. Performing emotional labor can create emotional dissonance if the emotions *displayed* for the customer are different from the emotions *felt* by the service provider. Call center personnel have to perform emotional labor. The most common type is masking unpleasant emotions and presenting a positive or at least calm face to the customer. To illustrate:

> It's hard to answer the phone when there is a customer who is screaming right from the start. It catches you off guard. You take offense. Then the customer says that they don't mean to vent on you. And you say "I understand". (the representative is gritting her teeth as a demonstration of holding back her anger)

Similarly, another call center worker noted how she suppressed her anger:

> You know, the natural, normal, human instinct is to lash back out when you're attacked. But, I [work to] stay calm [and make the customer happy].

Sometimes call center personnel must perform emotional labor in the form of withholding pleasant emotions. As described below, often times call center workers experience pleasant feelings towards their customers and would like to have an extended social conversation with them. However, due to time constraints, they suppress these feelings and "stick to business":

> Once I had this customer who had the same last name as me. I was weighing this in the back of my mind. We may be related. But, I didn't mention it. I just treated it like business.

Emotional labor may lead to emotional ambivalence in at least two ways. First, having to suppress positive feelings may simultaneously evoke negative emotions (e.g., frustration). Second, the suppression of negative emotions may be a source of professional pride. In both these instances, emotional labor leads to the co-presence of positive and negative feelings.

More generally, sociological ambivalence can result from ***societal changes*** and increases in societal ***complexity*** (Weigert & Franks, 1989). Such changes may ultimately lead to role conflicts, but the very act of changing may be enough to spark ambivalence. For example, most of the physicians we interviewed noted the marked changes in practicing medicine that had occurred in their lifetimes:

> There's a lot more interference from many organizations – government, insurance companies, and third party payers. Patients have changed. They want to know more about what's going on with their health care. Government determines what diagnoses physicians can and cannot treat, the appropriate time for treating diseases, and when you can and cannot see patients in the nursing homes.

Changes such as these made some physicians acutely aware that the "golden age of medicine" was over. Instead of "all-knowing" disseminators of health-related knowledge, they were now service providers who were questioned about their diagnoses. Moreover, instead of being their own bosses, they were now employees. These changes, however, also brought

positive benefits such as potentially more meaningful interactions with patients as well as economic security. As such, these changes resulted in ambivalence.

Joining HealthCo also brought changes in how doctors were perceived by their peers. These changes, too, resulted in ambivalence. While physicians believed that they were "doing the right thing" by joining a large health care organization, their colleagues saw them as "having sold out our local community." As one frustrated physician mentioned:

> … a lot of people – even in the area where I practice – see what I am doing as sad because I have gone over to the other side of the enemy [by] cooperating with an integrated system, cooperating with a managed care plan and they see that as anti-patient, anti-profession … we face the friction and the antagonism of our cohort who still think we can maintain the status quo. [What drives me is] trying to balance that. Trying to convince them that they need to change [but] "suffering the slings and arrows of their misfortune."

RESPONSES TO AMBIVALENCE

Drawing on such diverse sources as psychoanalysis, developmental psychology, sociology, and organizational behavior, we suggest that there are two primary dimensions of responses to ambivalence: **attitude** and **movement**. From an attitudinal perspective, individuals can choose to emphasize the *positive aspects* of their relationships, the *negative aspects*, or *both simultaneously*. With respect to movement within the relationship, individuals can respond to emotional ambivalence by *approaching* the organization or organizational relationships, *avoiding* them, or doing *both simultaneously*. In the following section, we will describe combinations of attitudinal and movement responses identified in physicians and call center workers including positive / approach, negative / approach, negative / avoidance, and mixed responses (vacillation and paralyzation).

Positive / Approach Responses

Perhaps surprisingly, one of the most oft-discussed responses to ambivalent relationships

is where individuals attempt to get closer to, and express positive emotions towards, the source of their ambivalence. To illustrate, sociologists Wiegert and Franks (1989), building on the work of Merton (1957), suggest that one response to ambivalence is strong, even ***fanatical commitment*** whereby individuals accentuate the positive aspects of the ambivalent relationship:

> Merton suggested that the resolution of the pain of ambivalence between old and new ties felt by persons who change membership may explain why new recruits often become super members. Ambivalence leads to the amplification of commitment so that converts adhere to the new faith more strongly than born members (1957, p. 295) … Indeed we may hypothesize that conformity often results from an attempt to resolve ambivalence.

In this way, commitment becomes a source of coping with the ambivalence. As Pirsig, 1974: 134) suggests, fanatical commitment helps one to resolve one's doubt:

> You are never dedicated to something you have complete confidence in. No one is fanatically shouting that the sun is going to rise tomorrow. They know it is going to rise tomorrow. When people are fanatically dedicated to political or religious faiths or any other kinds of dogmas or goals, it's always because those dogmas or goals are in doubt.

Building on this logic, social psychologist Brickman (1987:15) even goes as far as to assert, "commitments are about ambivalence."

Brickman explains the psychology behind the transformation of ambivalence to commitment in his conceptualization of the commitment process. To him, commitment is the "binding" of the positive and negative elements inherent in a relationship or situation. That is, commitment allows individuals to resolve dissonances or tensions by emphasizing the positive (positive / approach) or negative (see negative / approach below) aspects of their relationships or situations (Pratt, 1994). Thus, he argues that even highly ambivalent people can express enthusiasm towards their relationships by emphasizing the positive aspects of their ambivalent relationships. This emphasis of one aspect of the ambivalence allows the individual to cope with the conflicting emotions that he or she feels.[5]

In a related vein, psychoanalyst Horney (1945) -- who discusses extreme forms of ambivalence -- suggests a similar positive / approach coping response. In her work on neuroses or inner conflicts, she suggests that individuals may respond to ambivalence by ***moving towards*** others. This response orientation, like that suggested by Weigert and Franks (1989), is manifested as compliance and by a strong need to affiliate with others. However, for Horney (1945: 42), the ultimate goal of "moving towards" others is to feel safe:

> When moving *toward* people he accepts his own helplessness, and in spite of his estrangement and fears tries to win the affection of others and to lean on them. … he will attach himself to the most powerful person in the group. By complying with them, he gains a sense of belonging and support which makes him feel less week and less isolated.

Extrapolating from these theorists, we suggest that some individuals who both love and hate their organizations may express this ambivalence by expressing a positive / approach orientation towards one's organization, or towards particular people (e.g., powerful people) in one's organization. In the case of the rural doctors, some ambivalent physicians exhibited this orientation. To illustrate, one physician who warned that HealthCo was heading towards " a system where the bottom line is important …[and] there is a risk that the physician will do less because of the reimbursement scheme," nonetheless idealized his relationship with the parent organization:

> *I don't see any down side* [to the relationship with the organization] *at all. I have no complaints at all about what is going on*. … I see us as being a team. … We have similar goals in providing good primary care to people and being sure that they are integrated into the health care system when they need referrals to specialists. … I think I will practice [here] until I am able to retire. And then in the last few years, engage in some administrative type jobs [with the parent company]. (Emphasis ours)

Thus, despite expressing apprehension over where the organization was going, this physician not only had no complaints about HealthCo, but he also planned to continue to

be involved in with this organization as a doctor, and ultimately as an administrator. Thus, his orientation towards the organization was both positive and approaching.

Negative / Approach Responses

A second type of behavioral responses to ambivalence are negative / approach responses. Here, individuals accentuate the negative aspects of their relationships, but not to such a degree that it causes them to leave the relationship. Rather, they attempt to retain the attachment, but react to the attachment with negative emotions such as anger, frustration, or rage.

Psychoanalytically, this response type would be similar to ***moving against*** the target of one's ambivalence by attacking, being aggressive, and feeling angry (Horney, 1945). Examples of extreme "moving against" reactions would be ***revolutions***, ***sabotage***, ***workplace aggression***, or other ***violent acts*** that undermine the relationship (Martinko & Zellars, 1998; Neuman & Baron, 1998).

A less extreme form of "moving against" where more of the positive aspects of the relationship are maintained would be responding with ***voice***. According to Hirschman (1970:30), voice involves "any attempts to change, rather than to escape from, an objectionable state of affairs." Thus one exhibits a negative orientation towards an organization by criticizing the status quo, while also choosing to remain attached, and thereby approach the organization. This type of response is the one predominantly used by Meyerson and Scully's (1995) "tempered radicals" who espouse ideologies that are in conflict with their organizations (e.g. a feminist in a paternalistic Fortune 500 company). Being neither true insiders or complete outsiders, these individuals work as "outsiders within." While not calling for revolutionary change, these workers <u>are</u> angry at their organizations but are motivated to work with organizational members to produce change.

Similar to voice, the use of ***derogatory comments,*** or even ***humor*** at the expense of the target of one's ambivalence, may also be serve as a less extreme form of negative / approach response (cf. Coser, 1979[6]; Katz, Glass, & Cohen, 1973). This type of response is common in service organizations, especially those who cater to "difficult" clientele (e.g., the mentally ill, socially disadvantaged people, prisoners). To illustrate, Coser (1979) illustrates in great detail how psychiatric residents respond to ambivalence towards their clients by discounting their importance and referring to them as "sick." Similarly, in Pratt and Dutton's (1999) study of how librarians dealt with the presence of homeless patrons in their library, they found that some librarians dealt with their ambivalent attitudes towards these patrons by referring to them as "bums." We view these as approach responses because they are confrontational towards the organization or its constituents.[7]

Illustrations of milder forms of negative / approach responses (e.g., derogatory comments and humor) were also evidenced in our cases. Here, members expressed their anger and frustration with the organization by voicing resentments or otherwise acting out. To illustrate, some physicians responded to their new employment situation with anger, and by going against the wishes of their new parent company. For example, one expressed resentment when his new "bosses" decided that he should spend less time with his patients:

> They [HealthCo representatives] bring out the production numbers – "this is what you're making, what I should make, and so forth." [I then snap at them and say] "yeah, but I don't want to make that much." I want to take my time with my time with my patients.

Still another remarked how the company was "getting greedy" by raising patient fees and how he resonated with the anger of a patient who told him, "you bastards need some competition!"

Call center workers experiences expressed (and acted out) their resentment of the lack of support from supervisors, especially when dealing with complex problems or difficult customers.

> "Sometimes I press assist 'out of spite'. I don't expect help, but I press it anyways [to annoy my supervisor]."

They also express revolutionary thoughts regarding employee-management relations. As one worker noted, "My dream is a union."

Call center workers also use derogatory humor to deal with their ambivalence. Customers are often the targets of this humor, as the following three excerpts illustrate:

> I have a child with a disability. I just figured out that it helps me to treat every customer like they have a disability- "Oh yeah, you're the one with the rude disability." And "you're the one with that disability where you can't balance your checkbook." *[This gets laughs from the other representatives present]*

> [There are customers] at the ATM who think you are inside it- tapping on the machine- "are you in there?" [*then, another rep says*] Yeah, I had this woman call to complain that there is no deposit envelopes at the ATM- what did she think I could do, right then? I felt like saying, "move over, here I come out the hole." [*many of the focus group participants laugh… then another representative says*] Yeah, I had this guy at the ATM who hadn't gotten his money. He's saying to me "look, look, I have no money. Can you see me, I'm the guy waving- with the red hat." He thinks I can see him through the security camera. [*everyone laughs*]

> The customer tells you that "all you are is a programmed paper pusher" [because you read this scripted information or because you quote policy], and your response is "I am not a robot. If you say that again I will be forced to disconnect." [*The representative says this in a mechanical tone of voice and the rest of the representatives laugh*]

The organization is also a target for derogatory humor:

> This system is designed to crack people. It's just like the military in a communist country. I am just waiting for the day that they start patrolling the center with machine guns. [*The other representatives laugh*]

Negative / Avoidance Responses

Individuals may also react to ambivalent relationships by detaching themselves from that relationship. In psychoanalytic terms, this would be akin to ***moving away*** where individuals isolate themselves out of a need to establish "emotional distance between themselves and others" (Horney, 1945: 75). Thus unlike negative / approach responses, individuals who engage in

negative / avoidance responses still retain negative feelings towards the organization, but respond to these negative feelings by physically or psychologically distancing themselves from the relationship, rather than engaging in confrontational behaviors.

In the organizational literature, negative / avoidance responses can be expressed as psychological ***escapist*** behaviors, such as playing computer games while at work. Here, individuals respond to ambivalence by ignoring, avoiding, or otherwise engaging in behaviors that buffer the individual from the ambivalent relationship. Psychological approach / avoidance responses would also include what Coser (1979) refers to as ***denial*** or ***evasion*** of ambivalence whereby individuals refuse to acknowledge that ambivalence exists; as well as the notion of ***neglect*** (Farrell, 1983) whereby individuals respond to ambivalence by showing up late, missing work, or other passive / avoidance responses.

There were some examples of escapist behaviors in the call-center. The following excerpts illustrate how some of these workers psychologically distance themselves from angry customers:

> While customers are venting [I suggest] distract yourself- file your nails.

> [When a customer starts venting at me] I try to figure out what's for lunch.

Call center workers also describe the escapist behaviors used by other representatives:

> I hate it when you got this rep next to you baring her soul to the customer- talking about her divorce, her husband's drinking, the kids- it's not fair that I'm doing all this work, while she's goofing off [avoiding taking more calls].

> It's bad when you have reps that don't care- leave customers on hold while they're taking lunch orders.

At a more extreme level, these responses may result in ***turnover*** or ***exit*** from the organization (Hirschman, 1970). In our cases, everyone we interviewed was currently employed by the organization, thus none had yet exhibited exiting behaviors. Moreover, given that many

of the physicians that we talked to had either founded or had worked several years to build up their practices, it was unlikely that they would have chosen this strategy.

Positive & Negative/ Approach & Avoidance Response: Vacillation

Some individuals exhibit "mixed" responses: they choose to alternately emphasize the positive and negative aspects of their relationships, and to alternately approach and avoid the targets of these relationships. The end result is vacillating behaviors that occur as members attempt to satisfy their conflicting orientations towards a target (Coser, 1979; Merton, 1976). To illustrate, Pratt and Dutton (1999) found that some librarians who felt ambivalence towards homeless patrons would alternate among engaging in behaviors towards them (e.g., calling social service organizations), against them (e.g., calling the police), or away from them (e.g., ignoring them).

According to some psychoanalysts, vacillation may occur if individuals engage in the defense mechanism known as ***splitting*** (Sincoff, 1990). Splitting is often achieved by splitting *the targets* of their ambivalence so that the positive aspects of the relationship gets associated with one individual or object, and the negative aspects of the relationship get associated with another individual or object. Children, for example, resolve ambivalence with their parents by seeing one parent as "good" and the other as "bad." In our data, three types of splitting were evident: temporal splitting, current versus ideal relationship splitting, and the construction of "trade-offs."

First, individuals responded to ambivalence via ***temporal splitting*** whereby they like the target of their ambivalence at some points in time, but not at others. Here, the individual can alternate between love and hate by viewing the relational target totally positively today, but totally negatively tomorrow. Some rural physicians engaged in this form of temporal splitting.

This type of splitting was evident among the rural doctors. Many doctors felt that their current relationship with HealthCo was very positive. However, when viewing the future direction of HealthCo, they expressed anxiety and even anger. Thus, they shunted their negative feelings towards HealthCo into the future.

To illustrate, one physician talked about being free to make decisions about patient care, but then noted with apprehension that "this could change in the future." Similarly, another mentioned that he appreciated the protection offered by HealthCo, but did not like HMO's. When asked about the future of HealthCo, though, he noted that, "I can see them trying to corral all of the physicians into the surrounding counties. They will eventually put together a large, integrated HMO-like system." And still another complained about capitation, where health care organizations get a set fee to provide for all of the healthcare needs of a patient for an entire year:

> If you have fee for service, you may have them come back every three months. If you have capitation, you may have them come back once a year … with capitation, there is the strong temptation or incentive to do less -- to see people less often.

However, when asked if HealthCo will capitulate, he said: "Its just a matter of time before it happens to us."

Call center workers also split temporally. For example, one worker admits to current frustrations, but shunts positive feelings of hope into the future:

> My major source of frustration is not the customer. It's that I can't bring forward the information I need to calm them [the customer] down. I've only been here a year, so I guess I'll get faster.

Thus, despite the fact that the individual has not "gotten faster" in the course of a year, she still holds out hope that things will get better.

In addition to temporal splitting, physicians exhibited another type of splitting: they ***split their ambivalence between current and ideal relationships***. That is, they talked positively about

their current relationships with HealthCo, but noted the negative aspects of their relationship by talking about how things would be different in an "ideal world." Thus, while not directly complaining about their relationship with HealthCo, by saying how things "should be different" they offer windows on their frustrations. To illustrate:

> In an ideal world, all health care providers [like doctors] will be cost effective and knowledgeable and therefore not need input from a company telling them how to be more efficient. …the company wouldn't expect the doctor to have a lot of paper work, a lot of bureaucratic responsibilities, [and] wouldn't question him, for example, if he ordered an extra test if they knew the doctor was already cost effective. And they would have fair compensation [for doctors].

A third way that individuals split their ambivalence was by construing the ambivalent relationship as consisting of ***trade-offs***. As suggested by our earlier discussions of the rural physicians, these doctors were able to deal with ambivalence by conceptualizing the positive and negative aspects of their relationship with HealthCo as trade-off between economic security and professional freedom.[8] On the one hand, physicians felt positive affection towards their parent company because they offer them protection from an ever increasingly competitive market place:

> As we looked to our future, it was easy for us to see that just because you worked hard and patients liked what you did … you could lose that if you got on the wrong side of some of the big insurance contracts. And we felt it was important for us to partner with somebody who could protect us from the marketplace.

However, it was clear to physicians that such protection came with a steep "price tag:"

> The worst [thing about our relationship] is the loss of autonomy. I think that they [people in the large health care organization] are certainly responsive to requests that physicians may have, but you do realize that someone else is running the show -- that they ultimately make the decisions. And even though they try to be responsive to your needs, you don't have that final say.

Call center workers also conceptualized their job as a series of trade-offs. Some saw a trade-off of having to endure a dissatisfying job in order to get work benefits. Some of these benefits were tangible:

> I only work here for the benefits. I am going to school too – getting ready for another career.

> I stay for the benefits. If my wife had benefits, I'd be out of here. But, now I am going to grad school and starting my own business. I will be going part-time. Then, I'll be happy.

Other benefits were intangible:

> I'm taking voice lessons and my teacher tells me I have incredible range. I am convinced it is from working here. My teacher says that people work years to develop that sort of range. I can feel those muscles at work while I'm on the phone. You have to get something out of this.

> Customer service is a tough job, but I love people. I even love working with difficult people. I love to develop my interpersonal skills- not just for [the bank], but for myself personally. I try things out on people and take notes in my personal notebook- what worked- what didn't- what I did and how someone reacted.

All of these forms of splitting serve to compartmentalize the sources of ambivalence. The result is that the good and bad aspects of a single relationship become separated and individuals subsequently engage in both approaching and avoiding behaviors in the context of that relationship (i.e., vacillate).

Paralyzation

Psychoanalysts note that ambivalent individuals often suffer from extreme ***indecision*** (Sincoff, 1990). Thus, a final response to ambivalence is ***paralyzation*** or the inability to act (Weigert & Franks, 1989) or form a strong opinion. Individuals who become paralyzed emphasize neither the positive nor negative aspects of their relationships, nor can they decide whether to approach or avoid the targets of these relationships. Therefore, unlike other responses, paralyzation is a non-response or perhaps a "pre-response" to action that occurs when individuals do not or cannot resolve ambivalence. According to Weigert and Franks (1989), "Ambivalence must be resolved before action to occur." Thus, paralyzation may precede the other responses.

We did not find evidence of this response in our cases. However, this may have been due to the fact that interviewing makes demands for action (i.e., responses to question), and thus individuals may have been "forced" to respond to the ambivalence in their work relationships. In addition, not acting is likely to be an impractical long-term option for people in work organizations. For example, call-center workers, who are so paralyzed in their relationships with clients that they cannot pick up the phone, would quickly get fired. Thus, paralysis could lead to termination.

SUMMARY AND CONCLUSIONS

We do not contest that there are individuals who experience primarily negative feelings in their organizational relationships (e.g., alienation). Moreover, we do not deny that some may feel mostly positive feelings in this regard (e.g. joy or pride). Between these two extremes, however, is a more complicated -- and perhaps more accurate view -- of how some view their workplace relationships.

Our goal in writing this chapter was to make our readers think about the multiple and conflicting emotions that often accompany relationships both with and within organizations. Specifically, we have drawn upon existing theory to delineate the concept of ambivalence, and to map out some of the sources of and responses to this ambivalence. We also drew upon our experiences with bank call-center workers and rural physicians to illustrate our arguments, and to extend these arguments in places (e.g., the different types of "splitting.") Ironically, given the topic we discuss, we end our discussion with some ambivalence: while we are pleased with the goals we achieved, we are also made aware of how much we have left unexplored.

To illustrate, while we have talked about how individuals respond to ambivalence, we did not talk about the impact of this ambivalence on the mental and physical health of workers.

Research suggests that there are human costs to emotional ambivalence, such as employee distress (King & Emmons, 1990) and high employee burnout (Maslach & Jackson, 1985). However, other research directly or indirectly suggests ambivalence – or the conditions that lead to ambivalence -- may also bring positive benefits. Hirschorn (1988), for example, argues that the increased complexity in the workplace provides an opportunity for workers to learn to face the inherent uncertainties of life and to deal constructively with both the pleasant and unpleasant aspects of work (and life). Similarly, researchers have found that individuals with multiple roles and identities – and thus with higher potentials for experiencing ambivalence – are more likely to be able to respond flexibly and more effectively in complex environments (cf., Sieber, 1974; Pratt & Foreman, 2000). Thus, future research should examine the conditions whereby ambivalence may be a help or a hindrance to the health of workers' minds and bodies.

Similarly, subsequent research should explore whether certain types of organizations might be more likely to spawn ambivalent relationships than others. Both of our examples draw upon service organizations.[9] Given the high potential for ambivalence in interpersonal relationships, service organizations may be seedbeds for conflicting emotions. By extrapolation, individuals in any organization with boundary spanning roles may be potentially "at risk" for experiencing workplace ambivalence.

Exploring these and other questions are likely to trigger still others. To illustrate, are certain individuals better equipped to constructively handle (i.e., maintain mental and physical health) ambivalent relationships? Do certain organizational characteristics encourage more constructive approaches? Alternatively, are certain responses (e.g., negative / avoidance versus splitting) more constructive in some organizations than others? Finally, what other sources and responses are there to ambivalence that we have not mentioned? Are there, for example, such

things as positive / avoidance responses?

To close, these questions suggest that significant work remain to be done in exploring ambivalence. Contrary to much extant research, workplace ties need not be viewed as simply positive or negative. Rather, they often involve combinations of strong and conflicting emotions. This ambivalence, we argue, is a fundamental property of many relationships with and within organizations.

REFERENCES

Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Ashforth and Mael (1998)

Biddle, B.J. 1986. Recent developments in role theory. Annual Review of Sociology, 12: 67 – 92.

Boehm, (1989).

Bowlby, J. (1982). Attachment and loss. 2nd ed. London, Hogarth P.; Institute of Psycho-Analysis.

Brickman (1987)

Butterfield, S. (1985). Amway: The cult of free enterprise. Boston, MA: Southfield Press.

Cacioppo, J.T., Petty, R.E., Kao, C.F., & Rodriguez, R. (1986). Central and peripheral routes to persuasion: An individual difference perspective. Journal of Personality and Social Psychology, 51(5), 1032-1043.

Cassidy, J. and Berlin, L.J. (1994). The insecure / ambivalent pattern of attachments: Theory and research. Child Development, 65: 971 – 991.

Coser, R. L. (1979). Training in ambivalence: Learning through doing in a mental hospital. New York: Free Press.

Dukerich, Kramer, and Parks (1998)

Erikson, E.H. (1986).

Farrell, D. (1983). Exit, voice, loyalty, and neglect as responses to job satisfaction: A multidimensional scaling study. Academy of Management Journal, 26, 596 - 607.

Freud, S. (1950/1920)

Hazan, C. & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.

Hirschhorn, L. (1988). The workplace within: Psychodynamics of organizational life. Cambridge, MASS: The MIT Press.

Hirschman, A.O. (1970). Exit, voice and loyalty. Cambridge, MA.

Hochshild, A.R. (1983). The Managed Heart: Commercialization of Human Feeling. Berkeley, CA: University of California Press.

Holmes, J.G., & Rempel, J.K. (1989). Trust in close relationships. In C. Hendrick (Ed.), Review of personality and social psychology: Close relationships (Vol. 10, pp.187-220). Beverly Hills: Sage.

Horney, K (1945). Our inner conflicts: A constructive theory of neurosis. New York, W.W. Norton & Co. Inc.

Katz, I., D. C. Glass, and S. Cohen (1973). Ambivalence, guilt, and the scapegoating of minority group victims. Journal of Experimental Social Psychology, 9, 423 - 436.

Katz and Kahn (1987)

King, L.A., & Emmons, R.A. (1990). Conflict over emotional expression: Psychological and physical correlates. Journal of Personality and Social Psychology, 58(5), 864-877.

Kristoff, A. (1996). Person-organization fit: An integrative review of its conceptualizations, measurement, and implications. Personnel Psychology, 49: 1 - 49.

Kunda, G. (1992). Engineering culture : Control and commitment in a high-tech corporation. Philadelphia : Temple University Press.

Martinko, M. and Zellars, K. (1998). Toward a theory of workplace violence and aggression: A cognitive appraisal perspective. In R. Griffin, A. O'Leary-Kelly, & J. Collins (Eds.) Dysfunctional Behavior in Organizations: Violent and Deviant Behavior. Stamford, Conn: JAI Press, Inc.

Maslach, C. & Jackson, S.E. (1985). The role of sex and family variables in burnout. Sex Roles, 12: 837-851.

Merton, R. K. (1957). Social theory and social structure. Glencoe, ILL.

Merton, R. K. (1976). Sociological ambivalence and other essays. New York: The Free Press.

Merton, R.K. and Barber, E. (1976). Sociological ambivalence. In R.K. Merton (Ed.) Sociological Ambivalence and Other Essays, 3-31. New York: The Free Press.

Meyer, J.P. and Allen, N.J. (1997). Commitment in the workplace: Theory, research and application. Thousand Oaks, CA: Sage.

Meyerson, D. and Scully, M. (1995). Tempered radicalism and the politics of ambivalence and change. Organizational Science, 6(5): 585 – 600.

Mikulincer, M. (1998). Adult attachment style and affect regulation: Strategic variations in self-appraisals. Journal of Personality and Social Psychology, 75(2), 420-435.

Morris, J.A., & Feldman, D.C. (1996). The dimensions, antecedents, and consequences of emotional labor. Academy of Management Review, October, 986-1010.

Neuman, J. & Baron, R. (1998). Workplace violence and workplace aggression: Evidence concerning specific forms, potential causes, and preferred targets. Journal of Management, 24(3): 391 – 419.

Pirsig, R. (1974). Zen and the art of motorcycle maintenance: An inquiry into values. William Morrow & Company.

Pratt, M.G. (1994).

Pratt, M.G. (1996). Creating Commitment the AM(bivalence) Way. Paper presented at Carnegie Melon University (April, Pittsburgh, PA).

Pratt, M.G. and Barnett, C.K. (1997). Emotions and unlearning in Amway recruiting techniques: Promoting change through 'safe' ambivalence. Management Learning, 28(1): 65 - 88.

Pratt, M.G. and Dutton, J.E. (1999, forthcoming). Owning up or opting out: The role of emotions and identities in issue ownership. To appear in N. Ashkanasy, C. Hartel, & W. Zerbe, W. (Eds.), Emotions in Organizational Life. Quorum Books.

Pratt, M.G. & Formeman, P. O. (2000). Classifying Managerial Responses to Multiple Organizational Identities. Forthcoming at the Academy Management Review.

Pratt & Rafaeli (1999)

Pratt, M.G. 1998. To be or not to be: Central questions in organizational identification, D. Whetten, and P. Godfrey (Eds.), Identity in organizations: Developing theory through conversations, 171-207, Sage Publications.

Sieber, S.D. (1974). Toward a theory of role accumulation. American Sociological Review, 39: 567 – 578.

Sincoff, J. (1990). The psychological characteristics of ambivalent people. Clinical Psychology Review, 10: 43 – 68.

Smelser, N.J. (1998). The rational and the ambivalent in the social sciences: 1997 presidential address. American Sociological Review, 63 (February): 1 – 16.

Thompson, M.M. and Zanna, M.P. (1995). The conflicted individual: Personality-based and domain-specific antecedents of ambivalent social attitudes. Journal of Personality, 63:2 (June): 259-288.

Weigert, A. and Franks, D. (1989). Ambivalence: A touchstone of the modern temper. In D. Frank & E. McCarthy (Eds.), The sociology of emotions: Original essays and research papers (pp. 205 - 227). Greenwich, Conn: JAI Press.

ENDNOTES

[1] "HealthCo" is a pseudonym for the large health care organization.
[2] While we focus on emotional ambivalence, we realize that the experience of ambivalence often involves feeling, thinking, and doing (see Pratt & Barnett, 1997). Hence, Bleuler differentiated among three types of psychological ambivalence: (a) "voluntary" / behavioral which involves conflicts over how to act in order to fulfill one's wishes; (b) "intellectual" / cognitive ambivalence which involves holding contradictory ideas; and (c) "emotional" / affective ambivalence which holding conflicting emotions, such as love and hate towards someone or something (see Freud, 1950/1920; Merton & Barber, 1976; Sincoff, 1990).
[3] Meijers is often referred to as a "superstore" in the U.S. as it combines a grocery store with an automotive store, a hardware store, a clothing store, and so on. It attempts to provide "one stop shopping."
[4] *Need for Cognition* refers to a propensity to "engage in and enjoy effortful cognitive behaviors (Cacioppo, Petty, Kao, & Rodriquez, 1986: 1033). *Personal Fear of Invalidity* is a "concern with error or the consequences of a decision" (Thompson & Zanna, 1995: 265).
[5] A less extreme, but similar form of positive / approach reactions would be notion of ***loyalty*** in Hirschman's (1970) typology. Here individuals respond to some dissatisfaction in their personal or organizational relationships by passively waiting and hoping that things will get better. Thus, loyalty does not involve extremely committed actions, nor strong "moving towards" ones; rather, loyalists stick by their organization and take a "wait and see" approach. Although Hirschman's concept of loyalty relates to a broader range of relationship dissatisfactions than those stemming directly from ambivalence, Smelser (1998: 12) suggests that it may be viewed as a reasonable reaction to ambivalence as an individual "represses the negative side of ambivalence and accentuates the positive."
[6] Coser (1979: 106) actually discusses the use of humor as a type of denying or avoidance technique. However, he also admits that human has an "implicit or explicit aggressive content" to it. Moreover, the use of humor in this way keeps the relationship central in the mind of the joker, unlike other avoidance techniques (e.g., watching television) which serves to put the ambivalent relationship outside of one's conscious awareness. Thus, we feel that humor is more of attacking response than it is an avoiding response.
[7] Jokes not directed at the organization – ones that are only used as a means of diversion – would be considered avoidant rather than approach responses.
[8] Such a trade-off may is not dissimilar to the one experienced by children in their relationships with their parents, which according to psychoanalysts is a primary source of ambivalent attachments.
[9] The organizations we studied were also highly bureaucratic. There may also be a relationship between level of bureaucracy and the experience of ambivalence.