

**Shrink Rap Radio #656 September 5th, 2019**  
**Pivot Toward What Matters in Your Life with Stephen C. Hayes PhD**  
**David Van Nuys, Ph.D., aka "Dr.Dave" interviews Stephen C. Hayes PhD**

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Transcribed by LuLu Island

**Introduction:** My guest today Stephen Hayes PhD, is the originator and pioneering researcher into Acceptance and Commitment Therapy or ACT. He also is the author of a new book, *A Liberated Mind: How to Pivot Toward What Matters*. For more information about Dr. Stephen C. Hayes please see our show notes at <https://www.shrinkrapradio.com>. Now, here's the interview.

Dr. Dave:

Dr. Steven Hayes:, welcome to Shrink Rap Radio.

Steven Hayes:

It's awesome to be with you again 12 years later and we're both a little older but I think we're still breathing so it's good.

Dr. Dave:

Yeah I would have said welcome back except that when we had our prior interview it was on a different podcast that I was doing at the time called Wise Counsel which is still available.

Steven Hayes:

That;s right I remember.

Dr. Dave:

Yeah so I love that interview and I'm really excited that you've written a new book. It is called *A Liberated Mind: How to Pivot Toward What Matters*. I remember when I interviewed you before we were talking about a different book, which was back in 2007, it was *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy*. So I'm wondering what's happened in between, how have you grown, have your ideas changed at all? What necessitated this new book?

Steven Hayes:

Yeah, they have they have changed. You know, this book took eleven years to write because when *Get Out of Your Mind* landed it just happened to catch the interest of a reporter at Time Magazine, a fellow named John Cloud, dead now, who became a friend and actually helped me with the proposal for *A Liberated Mind*. I'd hoped that we were going to write it together but that was not to be. But you know it went all the way up to beat Harry Potter for one glorious week and still sells well, helps people and so forth. But it was

a self-help manual, you know, and I wanted to tell the science story because these processes, I think at the time I really believed could go everywhere that the human mind goes. What's happened is that now 13 years since is that what then was about six randomized trials and about 100 studies, is now 310 randomized trials and depending on how you cut it probably more like 5000 studies.

Dr. Dave:

Oh my gosh

Steven Hayes:

With some of the things we're into it's hard to know because you get into values and mindfulness, but if you just take the ones that are clearly out of the work we've done it's about 3,300 studies. So it's a huge body of work now and this is an entire community around the world that are developing it and pushing it out. This book writes that story and to show that these are relevant everywhere the human mind goes.

Dr. Dave:

Yeah, one of the things I noticed in the book is that instead of saying, and I did such and such you refer to the community. "The community has done such and such" to really communicate that your work has been embraced by a wide range of people in different parts of the world who are collaborators.

Steven Hayes:

Yeah I don't allow myself even to say that I'm the developer of ACT or the founder of ACT. I do for the first time in this book let them use the word Originator because I tell the stories of origin. The way I think about it it's like if a person lit a match and had a little fire and then a whole bunch of people got interested in start bringing logs and next thing you know you got this giant bonfire, it would be very arrogant for the person who lit the match to dance around saying "I made the bonfire, I made the bonfire." It's not true. Really the body of work that I'm trying to put out, I hope you'd agree, since you've read the book, not in some sort of heavy science story way but in a way that is engaging and just normal folks who see the relevance to their lives and the lives of those we love. That big bonfire of work the community did and I'm trying to give voice to what a science and practice, not just science community, has done over the 13 years since that book in the 12 years since I talked to you.

Dr. Dave:

Yeah the book is engaging I'm happy to say because you put so much of yourself into it. I also very much enjoyed the YouTube in which you share that you had to confront a panic disorder that began to beset you early in your career and in that way you make yourself human and approachable. As a clinical psychologist that's the meat and potatoes that I'm interested in is the person in their inner life and their struggles and what goes on behind

the screen so to speak. That's in your book as well because you introduce the story of the panic disorder and then as one works their way through the book and in the various sections the story moves on another notch showing how you were able to apply ideas from ACT in your own journey. And I think we should tell people that ACT is A.C.T. which stands for Acceptance and Commitment Therapy.

Steven Hayes:

Or if you're using it outside of a therapy context Acceptance and Commitment Training, it's the same as ACT.

Dr. Dave:

Yeah, speaking of using it outside of therapy what I've come away with after reading the book is that this isn't just talking about therapy, it's really a recipe for life.

Steven Hayes:

It is and I think because I tell this personal story of where my journey began but you know, and we quick went out. I mean, within a few years we had developed protocols within three randomized trials. They all worked well. I only let one of them out the door as a publication to help my first PhD get a job as an academic, which he still has, Rob Settle. The other two, I held back and we published about 15-20 years later. And the reason was, as I thought, my personal experience and my early tests showing that this is powerful, this can move people wasn't enough that if we were going to mess around with things that are as ancient as our wisdom and spiritual traditions. Which if you read the book, you'll see that I was drawing on some things that I knew from psychology, from Gestalt psychology and humanistic areas and cognitive and behavioral methods and the human potential movement and all of that, but also heavily from the wisdom traditions and the spiritual traditions. And it wasn't until I did that, that I found traction on my own problem and I tell that story of this pivot, a pivotal moment where I turned a new direction. But it seemed to me that if we're going to do that, we shouldn't just be coming out and saying "Oh stuff monks have talked about is pretty helpful, they didn't need the scientists and clinicians for some sort of, you know, approval. I mean, they've been around for thousands of years, they are doing perfectly well, thank you". What we needed to do is take Western Science and respectfully pull it at its joints and try to distil this thing down to the 20% that does the 80%. So what is in the book and what I wasn't really ready to talk about fully in 2006 when you *Get Out of Your Mind* was published, and now I think I am, is that the information on how broadly these processes apply and when you're only down to six something anybody can remember it's pretty easy it all makes sense it fits together. It turns out that stuff like anxiety and depression: it's your diet, your exercise your business, your relationships, whether or not you can win a gold medal at the Olympics. I literally have seen people want to win gold medals, without coaches. The way I say it, it's for all human minds and everywhere that a human mind goes. For all human beings and if your mind is involved, this is relevant.

Dr. Dave:

We're more or less of the same generation. I'm probably a bit older than you are but the willingness to come out and link it up to as you say, wisdom traditions, that somewhere in the 60's and 70's all of this began to become more forward. I'm just so happy for that kind of progress and development. I know when I was in a doctoral program at the University of Michigan I ended up doing a doctoral study on meditation and I was way off the end of the normal curve trying to do something like that. But in a way I was not the person with the match starting the fire, but one of the early logs.

Steven Hayes:

Well Dave Yeah.

Dr. Dave:

It is great to see it grows into the bonfire.

Steven Hayes:

It is really cool and you know I was asked to give a discussion of a session just the last few months at a conference, about things that were learned from the 60's and part of they were talking about these things, even like, you know, what happened with psychedelics and what happened with meditation and all the rest, and I got up to discuss it and opened my mouth and I started to cry. You know, and I said, Why am I crying? Well, the reason I'm crying is that people of our generation yearned to try to bring more meaning and purpose and we were we were kids. We were doing a lot of stupid things to be honest, and in hindsight, you can really see some of the places we went awry. Still, there was this kind of spiritual journey that the whole generation was on.

Dr. Dave:

Yeah.

Steven Hayes:

And I think it's a spiritual journey, or a health journey, or a psychological journey, or social cooperative journey, cast it in different ways, that the entire world is on, and it's on right now. And we look at the News and we say "Wow, we're going in the wrong direction" and I get that but even that very action tells me there's something that we're yearning for, there's something that we want to do. And that that goes way beyond what we're seeing on our television screens or on our little computers in our pocket. I'm dating myself to say television screens.

I think we can do a better job marrying up Western science, not in a disrespectful way, but in what it's really good at, which is simplifying. You know  $e=mc^2$  is about as simple as you can get and it goes everywhere. If you can simplify it and maybe, as I say it you know, put some of these things on the factory floor in a way that for example a 10-day Silent Retreat

is never going to be able to go. The educated elite do that or kids do that but people on the factory floor don't do that. Do they need what's inside there? You betcha. Let's figure out a way to put it in lives.

Dr. Dave:

You start off the book talking about that we live in a particularly challenging time. And you spell it out a little bit. I probably don't have to go into any depth here...

Steven Hayes:

But we all know it. We all feel it. We all live it.

Dr. Dave:

Yeah, I was at the gym this morning, just came from the gym, and I've got a buddy there. One thing I didn't know about going to the gym was that it would become a social setting, a place to meet other people, I always thought it was about a bunch of huge people I'd want to avoid. I've been happily surprised that, you know, to make some friends there. I had observed that it seemed like there's a mass shooting every day now it's becoming so, you know, and he said "what do you think that's about?" and I didn't try to address it right then but I came back to that I said "You know, I think one of the things is the sense that the earth is perhaps doomed, it feels like, you know, we could lose the whole game". And I think that's what, at some level, that's probably weighing on every one of us.

Steven Hayes:

I think that's true and could we find a way to come together and to cooperate and to, you know, lift each other up? When you look at the folks who have done mass killings, it's not by accident that very often they end up dead as a very process and sometimes, really, what this is, is it's something very close to a suicide, but it's in a different form and a really horrific form. Yet still the human misery that allows us to be drawn into a space in which, deliberately leaving the planet by our own hand, and maybe taking a lot of people with us, somehow seems to make sense. You know, that is we're the only creatures that do it. There are no intentional kind of suicidal processes of these kinds, known in non-human animals. But we can imagine a future that is better off with us dead than alive. In the very first ACT book I told a story of a six-year old who threw herself in front of a train because her mother died of a terminal illness. It was in a little New York Times story that I saw that and it just shocked me. So six years old, think about what you were like when you're six. These are not complicated cognitive processes that are involved here. Some of these folks are shooting up the movie theater and so forth are getting drawn into a very primitive and hateful space and we need to find a way to touch those faces even within us and to put something in the world that lifts us up and helps us face this modern world in a way that allows us to create meaning and purpose and connection and belonging and openness and feeling and competence and all the things that we yearn for. I kind of walk through in the book what those unique yearnings are. I distil them down into how the mind leads us

astray over and over again. But we can take the energy inside, even the mistakes we've made, and turn them in a new direction and build out a life worth living.

Dr. Dave:

Yeah, we know something about that from the neurological studies that have been done. We know something about this unfortunate tendency to for the mind to want to take us negative.

Steven Hayes:

It does.

Dr. Dave:

Yeah.

Steven Hayes:

Well, and we're kind of protecting ourselves I think sometimes in an evolutionarily sensible way. But the other part, I just saw a study here this last week, where the narrative self, which is heavily dominated in the midline structure of the brain and it has a role in what's called the Default Mode Network. This will actually filter out even your sensory and sensory motor information. You climb inside a story of who you are and who others are, and you are no longer even living in the world anymore. You're living in a heavily filtered world. Never mind the cognitive part of confirmatory bias or schemas or all of that, even before that, you literally don't know what your sense organs are giving you. I mean, how more primitive can you get with this recent thing? It's only been around a few hundred thousand years or a couple million. We know it's in that range because the chimps, our last common ancestor don't do it but your 12 month old baby does. What you and I are doing, David, right now is a wonderful thing and yet that very same thing when it becomes that story itself, that ego, that who I am, who others are, we start living in this massively filtered world that doesn't even allow us to find out what the opportunities are. Peace of mind and purpose inside the cacophony that we've created in the world.

Dr. Dave:

You know, there's a word that runs throughout at least the first third of the book or more, which is "Pivot." And it's a word that I think we started to hear with Sheryl Sandberg and her book and to me pivot means to move my energy to a different direction. I'm going this way and now I want to spin on my heel and start going over here. Is that what you mean?

Steven Hayes:

That's exactly what I mean. Actually, the working title of the book itself was "Pivot" and we decided to use it in the end as the subtitle in the U.S. How to pivot towards what matters. But you know, what a pivot does is, it takes energy that's going in one direction, then it redirects it in another direction. It's a name for the pin that's in the hinge. It's a French word

and just like you push on the door in one direction, but the door opens in another direction. And what, what I'm using here is a metaphor, that inside the worst parts of us, the parts that lead us into a hellacious way of living, where we almost can't breathe and we literally are thinking about whether or not we belong on the planet. The energy that's inside all of that pathology is healthy energy. We're not trying to hurt ourselves. We're doing the logical, reasonable, sensible and pathological things with an energy like yearning to feel. Babies come out and they're looking things tasting things, touching things, smelling things, almost speaking. You gotta protect them, you know, put the finger in the electrical socket, yeah, they'll taste things and that could be dangerous. And why? Because we've got a lot to learn number one, number two, it's fun to feel and to sense. The problem-solving mind comes in says: Yeah, I get you here and to have that, here's what I'll give you: you only get to do that when it's something you call "good." So only taste the stuff that's sweet, not the stuff that's sour, only feel the stuff that's joyful not the stuff that's sad. Well here's the problem, feelings don't come packaged that way, number one, number two, some of the things that lift us up and bring us joy are those very sad moments.

Man, I tell the story in *Liberated Mind* about being at my mother's bedside as she takes her last breath. I ran to the airport to get that ticket, I flew there as fast as I could when I got the call that she may be taking a turn for the worse inside this bout of pneumonia that she had. And, man, I thank, I thank the deities that I was able to be there and have my hand on her body as she took her last breath. What a precious moment that was and what an amazingly sad moment that was. But also, it's filled with honor, and dignity, and sweetness and love. The mind is so stupid it would easily say, "Oh, you don't want to go do that, you'd be too sad". Yeah, in workshops, David, I sometimes say you can only say good or bad and I say "happy" and they say "good" and I say "sad" and they say "bad". Then I tell the story and I say, "so it was bad for me to go down there and be there when my mother died right?" They say "No" and I say "wait a minute just two minutes ago you were saying bad". But our minds are that stupid that we're only going to feel the good stuff which ultimately means we actually learned through the studies and ultimately means you can't feel at all. And you head towards the happy numb and the happy numb is not happy.

Dr. Dave:

You relate that to the need for psychological flexibility and what you're describing is that we tend to box ourselves in by avoiding the stuff that looks like it's going to be painful in some way.

Steven Hayes:

Exactly and right inside that pain we can find purpose because we hurt where we care. If you've been betrayed in relationships, that hurts so much because you wanted something different out of relationships. But the mind will tell you "Oh, never be vulnerable again". In other words, don't be close to people because, if they're close to you they can wound you, which is what vulnerable means. Well, that's the exact wrong solution. The metaphor I use in the book It's like if you're thirsty and you drop the glass full of cold ice water and you say

"Okay no more liquids for me." You know, that's dumb but it's what your mind tells you to do and people try to live their life inside, "I'll just hold my breath until it's over," rather than open up in a more flexible way to the full range of feelings. It's like there's a banquet on the table and we're down on the floor chewing on the table leg, because we just don't even want to show up to the full range of thoughts and feelings and memories and sensations and that's not wise. You've got to learn how you can't just throw people in the deep end of the pool and say swim. You got to walk through it in a step-by-step way, which is what I tried to do.

Dr. Dave:

That's what you've done and so I'm going to have you step us through the six pivots that you described but before we do that, I know that you originally came out of Cognitive Behavioral Therapy.

Steven Hayes:

I did.

Dr. Dave:

And so what was missing in Cognitive Behavioural Therapy (*aka CBT*)? I guess that's the first question.

Steven Hayes:

Yeah, there's a lot of wonderful things inside the CBT tradition, especially its commitment to science and wanting to understand even what the processes are, that's in there too. I think we just had didn't have a more adequate theory of cognition to be able to know how to apply it. So we used more common-sense clinical theories and you can easily catch the people who are having mental health problems that are thinking in odd ways but that doesn't mean that necessarily you want to go in there and say to focus on it, detect it, challenge it, dispute it and change it. That might even make the salience of odd ideas more central, not less. And instead maybe what you need to do is to thank your mind very much for trying to be helpful. Essentially, sort of saying "I've got this covered" and focus your intention on what would bring meaning and purpose into your life. That kind of acknowledgement is often described as a shift in focus. That kind of shift turns out is a really powerful one that's less likely to lead to little mental errors where you start getting entangled with thoughts at the very attempt to make them be diminished. So I think the underlying theory of traditional CBT hasn't held up very well but there's seeds of it in there that are important and there's a lot of cool methods in there that are important especially the behavior change methods. And so, I view ACT as part of the CBT tradition writ large but it's based on some different processes and assumptions.

Dr. Dave:



How does ACT engage with the emotional self because in quite a few therapeutic traditions, emotions are seen as key and I don't think it's either/or. I think it's both and how do you bring in the emotions?

Steven Hayes:

I think if you have the skills to be able to feel fully and without needless defense and emotions do sometimes give you real gifts. They suggest areas that you care about. They allow your history to echo forward. So for example, if you take folks who don't even know what they're feeling, and have what we call alexithymia, I have no words even for the emotions I'm feeling. Well, people who have a difficult history, a trauma history and abuse history and so forth, often have that because early on, they've learned it's better not even to go into that space of feeling. "Let's just sort of try to wall that off." Yeah, but then things happen. Take the example of sexual abuse. People are more likely to be abused again. Exactly the people who should never be abused again, if they have that alexithymic peace and they don't even know what they're feeling. Why? Because it's like having to feel your feelings on your fingers numbed. Yeah, you can't feel the sandpaper as much but you also can't feel the smooth parts as much. So you will have lost your guide and you may end up, for example, getting in a relationship with somebody who's not safe. But you don't know it, you don't feel it, you don't sense it until it's too late. And there it is again. Now you're once again getting emotionally or sexually or physically abused. And this is not blaming the victim because what we've shown is that we can with careful work put our feelers back and then that guides that emotions that are helpful. So it's a both/and of feeling and being able to step back a little bit so emotions are not dictating to us. We're not just reacting to our emotions and, at the same time, we can take the wisdom and the orientation towards caring that's inside our emotional life. Feelings have a role in life. Let's let it have a positive role and I think the flexibility skills turned out to be set to help you do that.

Dr. Dave:

Yeah. Talking about skills, the six pivots that you go through can be seen as skills or as learnable moments and so can we step through each of the six and you can expand on them in any way that comes to you right now?

Steven Hayes:

Let's see if I can do it in a rapid-fire way that would give people an orientation to the space. I'm going to start with that sense of self and here's what I'm going to do. I'm going to take the fact that we have this new kid on the block called symbolic thinking that started out I think as cooperation "Hey can you see if there an apple over there?" I mean literally just that advantage these social primates called human beings and the hominids before them. We know it's only a couple of million years old because your children at age 12 do that when language trained chimpanzees don't do it. So it goes back farther than our common ancestor but quickly that skill turns into problem solving. Being able to mentally predict what will happen "if I do this" and weigh the alternatives and that's very useful that

symbolic thinking. If you look around the room, I bet you see almost nothing that would be there without the symbolic mind. And we certainly wouldn't be talking far away in real time as we are right now and creating this conversation without it. But okay, so it all has to do with that part of us dominating and let me click around the six. We yearn to belong. We come into the world prepared for that. If you look in the eyes of a brand new baby, that baby starts dumping natural opiates, it's like "aahh, I'm being seen" you know, from the jump, we yearn to belong and be connected.

Dr. Dave:

It sets up this two-way thing and ideally we're...

Steven Hayes:

Yeah, of the interconnection of consciousnesses

Dr. Dave:

They're entranced with us and what we're doing but we're entranced by the baby.

Steven Hayes:

Yeah absolutely! The same things are happening in your brain. You're dumping those natural opiates. And by the way the only other organism that does it really well are dogs that have been around for tens of thousands of years. So they've learned look in our eyes and do the same thing. We look in theirs and you do the same thing looking at your dog and dumping endorphins. So we come out yearning to connect but when we turned into problem solving, we think we can only connect and belong if we're special and that way we will be included into the group. If we're special especially needy "Help me Help me" especially able "You need me, I'm the greatest of the great." I'm the grandest of the grand." But either of those pathways produces disconnection. Either climbing into narcissism and how special you are or the pathology of how wounded or victimized you are, and in either place how alone you are, how different you are, how disconnected you are. So in every one of these pivots, what happens is the mind gives you little small rewards that look like it's them that deliver the goods like a sense of belonging. And then like Lucy's football, you missed it again, you missed it again, you try it again, you missed it again. And each step life's getting narrower and narrower and narrower. So that's One: Belonging in consciousness instead of belonging inside. The ego-based story.

Dr. Dave:

Then, what's the pivot there?

Steven Hayes:

The pivot there is to take that yearning for belonging, and to let go of our attachment to the conceptualized self and conceptualized others. I'm like this I'm different from others they're like that. That little clown suit you climb into whether it's good, bad, or indifferent doesn't matter. We have a name for it. We call it personality, right? And just it's really neat. The etymology, as you know David, the etymology of personality is persona which was a name for the clay masks that they wore in Greek theatre that are unchangeable. You slap this sad face, happy face, whatever face, you slap on and you pretend that's you. And you're a rich variety of cells. You're not just one little clown suit, one little clay mask. In different situations you behave differently and feel differently. We have different parts of you but there's this one part of you that's this common strand which goes all the way back to that moment when your mama looked in your eyes and said "Oh, you sweet baby" and start drawing you into consciousness. And so in the ACT work, we get back to that sense of self the observer self noticing self, the transcendent sense of self. And there you belong in consciousness, you belong by birthright, you don't have to earn your way just open your eyes and look in the eyes of somebody around you and you'll see in that moment of connection that you are connected. Why? Because you're a human being.

Dr. Dave:

That's a bit of a spiritual dimension there.

Steven Hayes:

Yeah, in fact, my very first article on that was in 1984, and it was on this piece, and it was called Making Sense of Spirituality. And you know to me you don't have to ontologize it. I don't care if you're an atheist or not, we're not talking about that. If you have faith and you're meant to find it'll fit your faith traditions, which is how ACT has been adopted by the chaplaincy of the US military and around the world is seen as relevant to that more religious part of spirituality. But, yeah, I'm trying to help people connect with their spiritual or transcendent sense of self because that part of you is whole. There's a reason why "heal" and "whole" come from the same root. I mean, if you're going to heal the wounds it's whole that's going to do it. It's not fixing a broken person called "you" that you'll never finish that job. You step into wholeness, and what wholeness are we talking about? I think it's the wholeness of human consciousness and belonging by essence not by earning your way in. So that's an example of the first pivot. It takes that energy and instead of channeling it into ego and lying and story and pretense and narcissism and pathology, we channel it into consciousness and connection. I said I'd do it more rapidly. But now that we've got that one, maybe...

Dr. Dave:

It's not necessary to be rapid.

Steven Hayes:

No, I know. I just want to get people a lay of the land. If I spin around the kind of hexagon, that we're going to take the yearning for understanding that's there. That's there even before symbolic language and instead of trying to find it by having all your thoughts line up in a row nice tidy, we're going to seek a kind of understanding that is functional. These thoughts are helpful those are not. Thank your mind very much for helping me with that. Why? Because we're of two minds about everything and we're never gonna get that cleaned up.

Dr. Dave:  
Oh, really

Steven Hayes:  
That you like it and you also could criticize it, right? Anything...

Dr. Dave:  
I know I have to deal with that in every interview and everything I write is burdened by "Oh, but it could also be this".

Steven Hayes:  
Exactly.

Dr. Dave:  
It'd be hard to step back.

Steven Hayes:  
If we come back from that chatter and notice it and respectfully decline the invitation to try to tidy it all up and instead learn the way the rest of creation learns, learn by experience, which of these thoughts are helpful which are not. But to do that you have to put your thoughts out a little bit of space that you can see that you're seeing them, and you have to be more open to them. You can't just be saying, "Oh, I like that one. I don't like that one. I want to think this one, I don't want to think that". As you do that, you just increase the cacophony. Then you do the same thing with your emotions, what we were just talking about. Instead of trying to filter out all of your thoughts, feelings, memories, and bodily sensations into the good ones and the bad ones and hope that you'll be able to drink sugar soup from morning till night. Can we do something wiser which felt emotion memory bodily sense is useful to us and to take advantage of that we want to do it in a way that's open, not being dominated by it, to be open to the information that's inside it to receive the gift that's offered by your own history? And that's what we mean by acceptance and pivot. It's actually in the original Latin root. It means to receive as if to receive a gift. It's only left in English of the few uses, like when you give a precious gift to somebody you say, "Here, would you accept it. Would you accept this gift?" The gift of feeling is a wonderful gift and then that pivot of coming into where we are in the now and why, so that we can be

oriented so that we can be here and declining the mind's invitation to say you'll only be oriented when you understand that all of your past and can predict all of your future which leads to rumination and worry. I say, instead, let's just come to the Now in a way that's flexible, fluid and voluntary inside Now. And then spinning around, I've got two more left in this yearning for purpose and meaning by choice. Can we do it in a way that isn't like being the good girl and getting applause or mama would like it if or you know I make a lot of money if I or this, all bound up in approval and "you have to" and musts and oughts and shoulds instead of meaning by choice. This is what I want to put into my life's moments and that takes that yearning for meaning and puts it in a positive direction. And then the final one is Competence.

We come into the world yearning to learn. Little babies will spend hours and hours and hours and hours just learning how to reach their hand to an object, trial and error trial and error, trial and error. And somehow when our mind gets going, want to have it a competence without that process, we want to spring forth from the head of Zeus. If you've ever tried to train somebody in psychotherapy, the students want to show you only their good tapes, or not show them at all. They never want to make mistakes. So, instead, could we learn how to become competent in a way that allows us to step and fall and stand up again and step and step and fall and stand up again and step and that is really a process of committed action, commitment to larger and larger patterns of values-based actions.

So those are the six. And it turns out, it's the 20% that does the 80%, and it's relevant everywhere a human mind goes.

Dr. Dave:

Okay. Is there something that is there a particular thing that ACT is known as being good for? I mean, what you've just laid out is good for living, it's good for everything. But are there certain psychological conditions that seems particularly good for?

Steven Hayes:

Well, if we go over to the mental health side, I think the core of ACT is the psychological flexibility principles. And it turns out many of our existing methods have been moving those processes right along, of course. And so it isn't just all ACT all the time. ACT brings certain methods and sensitivities in there, but the flexibility processes are there, even some of our traditional methods. But if you ask like, where are the best data and what they show as moderators? Well it's particularly good when people have anything other than simple unidirectional problems. There's quite a number of studies now that show that ACT will do better than existing methods, when we have two things such as when we have comorbidities, when we have chronicity, when we have complexity. And so for example if you have a simple unidirectional phobia, you probably don't need ACT. I mean, you need an exposure-based protocol but ACT is an exposure based method that includes these

processes of emotional opening, cognitive diffusion, values, and so forth. And if that is important, that's probably important because you don't just have a simple phobia, you don't just have a simple anxiety or also have depression or substance-use problems or your relationships have problems. And there these common core processes, these 20% that does the 80%. This is really efficient. It's a good thing to learn because you can take it, do something about your presenting problem, but you'll find then the other ones begin to show up. But if I can do that, so what about this? What about this? And it'll apply there too. And so part of the story that's in *A Liberated Mind* is this amazing body of work now where everywhere that human minds go, it's relevant and that is the real empirical fact. But yeah, I would say an answer, David, is complexity, chronicity. In the mental health area, if I had to pick one, it looks like it's a little better with anxiety.

And it also looks as though it's especially good on things like chronic pain. I mean, it really has been transformational on chronic pain, in part, because we do so many dumb things with pain, and we're just living it now with the opiate crisis. Yeah, this is Big Pharma may be doing something, maybe even semi-illegal things and they're paying huge fines. But it isn't just that this is our feel-good culture, going into a health system. And half of the people walking around have chronic pain issues, or at least severe pain issues that could become chronic. And if you mishandle it, oh my goodness, the opiate crisis is only the beginning. And you've got work-related disability. You've got suffering as far as I can see because we're feeding a bad model about how even to deal with our normal aches and pains and you and I are of an age that we know that those come, too. They happen, right? They're gonna visit you if you live long enough.

Dr. Dave:

Yeah. for some reason in my mind, I've got ACT associated maybe with being especially good with borderline personality.

Steven Hayes:

Well, there I would give a bow to Dialectical Behavior Therapy (DBT) and my colleague Marsha Linehan has been a pal. Even before there was a DBT and ACT, I knew her as a friend. And there are about 10 studies showing that ACT can be helpful with personality disorders. But not just that. The ones that are known to be helpful. You know, like the mentalizing work with Peter Fonagy or the Dialectical Behavior Therapy work with Marsha Linehan. These flexibility processes, moderate, and mediate. In other words, they're part of what predicts who's going to respond and part of the pathway of change inside these other approaches. So I'm kind of lifted up by that. I'm saying I don't have to be singing a song that it's all ACT all the time. That would be a very ego-based thing. You know, in the long run probably ACT will be forgotten but maybe the processes that we're digging down to will not be forgotten. Then we'll get better at being able to detect them and move them and that apparently is what's happening and some of our evidence based-methods with personality disorder.

Dr. Dave:

There's a place in the book where you've got a number of the human concerns, as you say, and chronic pain was certainly one of them. So what would an ACT therapist do with a person who's got chronic pain?

Steven Hayes:

Well, part of what you do is you begin to help them focus their attention on what's of importance here, because it turns out, if you ask the question of a chronic pain patient, by the time you are three, four or five years into a pain journey, the data show that it's low, small, single digits, the likelihood that you're going to walk out of pain. For one thing, it's dug into your central nervous system. I mean, if you take something like you've got pain that started with an injury to your hand, and maybe your hand hurts, I point out in *The Liberated Mind* that if people actually have their hand removed, and back in the day surgeons were unwise enough to believe, oh, yeah, that'll take away the pain. 85% of the folks who've had that operation still have pain in their hand and they don't have a hand anymore. And it's not because the operation was botched. It's because the pain is not in the hand anymore. It's in the head. I'm not saying all the pain is in your head. I'm saying it's dug into your central nervous system and so it may be there for the rest of your life and if you focus on what is of importance here and keep your attention there, it can recede in interference and saliency, number one. Number two, you can start backing out of unwise things such as struggling to try to chase the pain down through heavy analgesics, opiates, etc. It's a logical thing to do, but it's not psychologically wise. The data on this are that they lose their effectiveness. You know, people are having \$50,000 pain pump surgeries to get a constant dose of opiates. Well, the effect size about three years out is minimal and the side effects are large. And not just that this is a really weird thing I saw just last night there was a mouse or rat study done where a single heavy dose of opiates made the mice more sensitive to pain over a fairly long period of time. I'd say, Well, how would that happen? Here's why. When you take this sensation mechanism that is biologically set up to protect you, and you chemically shove it down, your body fights back. And the way it fights back is by lowering the pain threshold so that you become even more sensitive to pain. Because we have to be wired to avoid injury to for, you know, keep being burnt and hurt and so forth. So as we chemically shove it down, your body starts going in the opposite direction.

Dr. Dave:

Like your body is saying, Hey, I'm trying to tell you something here.

Steven Hayes:

Exactly. You gotta have your feelers out. I'm not gonna let you do this. Okay, but we're bringing in these heavy things that you know the best thing that human creativity can come up with the opiates a pretty darn strong and your body is even stronger, it adjusts to it. So we have many studies now randomized trials with using ACT people. To come back your

question, David, what we do is open up to the experience of pain but then bring your attention and mindfulness skills to be able to redirect your attention, not to get rid of the pain, then you have divided attention. And you're like in a bad cell phone commercial, you know, am I there am I there yet? And every time you ask the question, the answer is no. Because you just looked again. Yeah, it's dead. Look at what's of importance here and then how do I build my behavior being organized around that, so pain interference diminishes. And what that does is it subtracts pain from your life's moments, without subtracting pain per se. It's subtracting it only in the sense that you're adding other things that are of importance, you're adding values. You're adding competence organized around them, and you get to have your life back. So there is a choice. Do you want to wait for the pain to go away before your life starts? Or would you like to stop being mocked by the ticking clock and say, okay, Life, started now I'm going to live with pain if I have to have that.

Dr. Dave:

You're pivoting your attention in essence.

Steven Hayes:

Exactly! Your attention and then that allows you to have values and commitment around it. But the thing that allows that is this, first letting go of the struggle, avoiding, you know, all the flinching and pain and, you know, protective kinds of things and over-use of analgesics and so forth. Well, I'll let you know that we've shown really exciting things, David, just recently, we've shown that we can avoid the chronic pain cycles and then we can really avoid being in pain in the normal sense of it. If we do things like before you go through the operation. Here's your ACT sessions, about how to deal with the pain that comes up and then we'll prescribe in a wise way. We won't say, "Well, if you hurt, take more medicine". I will say, "Take the medicine every three hours, take what's given, then taper the dose down. You do it on a time-based schedule so people aren't being asked constantly to attend to their pain which is a very unwise. And what we've shown is people end up with pain going away after the operation faster, and the use of opiates falling away faster and the number of people who then end up in a chronic pain syndrome being considerably lower. There's now two randomized trials showing that. So it isn't just dealing with chronic pain after it happened. Let's avoid it before it starts. But we're going to have that conversation that the culture of pain is not what we've learned acute pain., Chronic pain is something else. And if you mishandle it, you can take a normal thing like an injury or operation and next thing you know you're in a lifelong struggle with pain.

Dr. Dave:

Yeah. Another surprising one to me on the list of things that you deal with is that ACT can be applied to is psychosis.

Steven Hayes:



Yeah. That's surprising is it?

Dr. Dave:

Yeah, it is.

Steven Hayes:

Well, you know these folks in in my background who got me to do this, the guy who actually really pushed me to do it was the late Albert Ellis.

Dr. Dave:

Really?

Yeah. A lovely man and friend and he couldn't say a sentence without cussing. So I won't actually use the words but he said, "Hey this ACT stuff is just for (insert your cuss words here) eggheads" I'm thinking "No, it's not for eggheads this is for kids, this is for brain-injured people, this is for people who have developmental disabilities, this is for you know, chronically mentally ill". I had a student who came to me and said, "You know, I noticed that the people who stay out of the hospital learn to back up from and accept their delusions and hallucinations and not do anything with it". You know, the movie A Beautiful Mind?

Dr. Dave:

Long time ago, I saw it but I don't remember much from it.

Steven Hayes:

Yeah, you know about the guy who won the Nobel Prize but was psychotic his whole life.

Dr. Dave:

Yeah

Steven Hayes:

That movie is essentially an ACT movie. I don't mean that was based on ACT or anything, I just mean what he found, which was that you step back, you allow the things to happen, you focus on what's important. In this case it was his family and his work. He runs out and he stands in front of his car and his wife is driving away with his kids never to come back again. And he says, "Stop. Stop." and admits that he's struggling with a psychotic process. And so what we found is that just small amounts of training, help with post-psychotic depression, but not just that they help with entanglement with hallucinations, especially delusions, a little harder but to a degree, where we teach people flexibility skills to just step back and notice odd perceptual experiences, voices being heard, things like that. In a very equal way, because if I was working with you, David, and you had a difficult thought, and

I'd teach you the back-up, notice the thought, kind of hear that voice inside you, and kind of let it go if it's not useful and not to subtract that or fight that but just to redirect your attention towards what you value. We can do that same thing with hallucinations and delusions without kind of having to say, "Oh, you know, you're thinking wrong or you're crazy and I'm not I'll tell you what's right," You know, I think it's an arrogant thing that we can sometimes get into with voice hearers and so people who are part of the Voice Hearers Network people who see this as more of a human right, that even people with odd perceptual experiences have a role in life. And you know, in indigenous populations, they figured out a way, it's only the western organized modern society that has cast these people out. Sometimes they're revered even for things that they may see that you might not see.

Dr. Dave:

Yeah.

Steven Hayes:

Can we bring that even into the hearts and minds of people struggling with psychosis? The answer appears to be, "Yes." It keeps people out of the hospital. There are three studies now showing about a 50% reduction in re-hospitalization with about four hours of work. That's remarkable.

Dr. Dave:

Wow, that's dramatic.

Steven Hayes:

That's dramatic and it's not because the hallucinations went away. It's not because the delusions went away. It's the exact opposite. The people who deny that they have those things show no therapeutic benefit from ACT. The benefit comes when you have these things, you have that tiny little sliver of an alternative that I can also pivot my attention towards what would bring meaning and purpose in this moment.

Dr. Dave:

There's a social dimension here in terms of how the community responds to people, right? And the people in radical psychiatry have tried to address that, that we need to be more accepting generally of diversity,

Steven Hayes:

Oh boy and would I like to see that get into our conversation because we have turned normal human struggles and processes into latent diseases in a way that people come in and the first words out of the mouth is "I have" and then there'll be a list of all these disease focused terms. I get that we have to have a health care system. We have to have ways of talking about this but it's just unwise. You know, inside that comes a prideful

entitlement of pathology, “You have to deal with me differently because I have...” and then there's a long list. No, what's going on here is that there are processes that are manifesting in your behavior. Do you come by some of that based on your underlying genetics, family history, underlying neurobiology? Sure to some degree that's true of all of us. And don't be checking people off the list and saying “That one's not, that one's not, this one is.” Who knows, if people can win a Nobel Prize right inside schizophrenia? Who knows what people can do inside things like borderline personality disorder or OCD or panic disorder or chronic major depression? Let's Find out and start chasing the processes of change. And even academic psychiatry has realized that, as you as you may know, David, the National Institute of Mental Health no longer wants to fund randomized trials focused on the DSM. You know, the list of the diagnostic categories. What they want to fund are processes of change, heavily brain circuitry in genetics, but that's okay, those are important too. But let's also look at these processes of change that you and I are talking about right now because that's really important as well and you can change them.

Dr. Dave:

So it seems like the traditional schools of psychology, you know, “I'm a Gestalt therapist,” “I'm a Freudian” and “I'm a Jungian” etc., that those are fading away in favor of this awareness of processes and focusing on those.

Steven Hayes:

Well, I really hope that's where we go and I'm working strongly on that. And this book is written to a degree about ACT as a process-based therapy. And I'm working with Stephen Hoffman, a more traditional CBT person, very powerfully now to lay out what would it look like if we really took evidence-based therapy in the direction not of named protocols and these prideful things about my method versus your method. And instead start looking at what are the things we know that use processes, that are of importance either because they lead people on the wrong direction or the right direction? So I think, yeah, I'm really pleased to say that we're headed towards an era of process-based therapy, in which we stop stigmatizing, categorizing, shoving people into little cubbyholes of five out of nine, four out of seven symptoms. Instead, let's look at people as individuals and what are their strengths and weaknesses you have in areas of processes that lift up or push down human life.

Dr. Dave:

Yeah, well said.

Steven Hayes:

The flexibilities set is one of the simplest and best based evidence-based sets. So, it's a good place to start. But we're not going to end there. There are other processes people will bring in. So this is not the “end all.” It would be a start.

Dr. Dave:

Yeah, and one of the things that sort of, for me is evidence of that is that we always have to say, "Well, nobody ever seems to totally fit a given diagnostic category." And, in fact, everybody is an exception, if you look closely enough.

Steven Hayes:

And you know, they start saying how many people can be diagnosed and it's more than half the population. What is the single most common diagnosis, it's, "not otherwise specified." In other words, there's the garbage can thing and all of these categories where you just don't even have a label for it. Then you start looking at comorbidity, meaning if you have this problem, you also have that problem. Some of the comorbidities are 60-65%. That's not a comorbidity. That's a bad diagnostic system.

I think it's really time to let go of the cubby hole method of sort of chasing the latent diseases that underlie human suffering. It is time to let that go. Let's focus on what we really do know which is that there are processes that we feed that can lead to human misery and there are other ones that if we feed them lead into human prosperity. And let's do that in a way that is empowering to people. The reason I wrote *The Liberated Mind* the way I did is, yes, I wanted to reach people who have anxiety problems or depression, substance problems, etc. But I wanted this book to be the one that you'd give to your mother or that you'd give to your best friend. As I say without feeling as though you're subtly suggesting they either need a shrink or should be one. Instead, this kind of like a helpful manual for how the human mind works. And you can put your wisdom traditions in it, your spiritual work, or work as exercise and at the gym, your yoga work, you can do your pro social community work, you can, you know, put dieting, exercise, all that stuff fits in there, because the human mind goes all those places, too. And when we get there, I think the culture will be ready to stop stigmatizing labelling and categorizing and start focusing on people as individuals and how to empower and lift them up.

Dr. Dave:

You know, I think that could be a great place to close this interview. What do you think?

Steven Hayes:

It feels like an awesome place. I hope people check it out and that they find something in there that is of use to them. This is 40-year journey by a community. I really pray that it's of use to the lives of the people who are listening. And it's not a very expensive journey to buy the book. I hope it's a good one for you and that it serves you well.

Dr. Dave:

Well, Dr. Steven Hayes:, I want to thank you for being my guest again, this time on Shrink Rap Radio. It's been delightful and thank you.

Steven Hayes:

Thank you, David. It's been awesome.

Dr. Dave's Post Interview Commentary:

Wow! I've come away from my conversation with Dr. Steven Hayes regarding him as both a Rock Star and Senior Statesman in our field. His new book, *A Liberated Mind: How to Pivot Toward What Matters* is not so much a manual for therapists as a self-help book for everyone. Although it's based on his pioneering and extensively researched work on Acceptance and Commitment Therapy, it's really a recipe for a satisfying life.

Why Rock Star? Why Senior Statesman? How about 44 books and 600+ articles? How about one organization listing him as the 30th "highest impact" psychologist in the world and Google Scholar ranking him among the 1,500 most cited scholars in all areas of study, living and dead? And I'm not even mentioning the many awards and leadership positions he's occupied in various professional organizations. He's remarkably committed to scientific research while at the same time being a seeker of wisdom.

I'm impressed that his thinking is so deeply integrative, drawing on everything from CBT to humanistic psychology and spiritual traditions.

In our conversation, I really appreciate that he so liberally gives credit to others in the ACT community, seeing it as a collaborative enterprise. This was underscored in the bonfire metaphor he shared us. Referring to his status as founder of ACT, he said it's like he got a couple of sticks of kindling together and struck a match to get a fire going but others came along and tossed logs on top to turn it into a bonfire. He said it wouldn't be right to call it HIS bonfire!

At the heart of his *Liberated Mind* book is the notion of psychological flexibility. Over time we tend to box ourselves in by avoiding anything that has unpleasantness associated with it. Another way of putting it is that we tend to gravitate toward our comfort zone and this tendency can rob us of the learning and experiences that lie outside of that zone. It's pretty much both a therapeutic and spiritual truism that we need to move toward our pain, our suffering to get through it to the other side. We need to change direction from avoidance to acceptance. The term he uses throughout the book is "pivot."

In the book, he outlines six crucial pivots. In our podcast conversation he opted to take us through those six pivots in a freestyle way. I'm afraid in the

hurly-burly of conversation the distinctiveness of each might have been lost. So, let me quickly list them as they appear in the book:

1. DEFUSION – PUTTING THE MIND ON A LEASH.
2. THE ART OF PERSPECTIVE TAKING.
3. ACCEPTANCE – LEARNING FROM PAIN.
4. PRESENCE – LIVING IN THE NOW.
5. VALUES – CARING BY CHOICE.
6. ACTION – COMMITTING TO CHANGE.

Each of these pivots is a learnable skill and all will probably have some familiar resonance with other therapeutic or wisdom traditions you know about.

To learn more about maximizing these skills in your life, I highly recommend you get a copy of *A LIBERATED MIND: How to Pivot Toward What Matters* by Steven C. Hayes.