

# New Harbinger's interview with Steve Hayes

Interview with Steven Hayes on his book *Get Out of Your Mind and Into Your Life*

**New Harbinger Publications:** In *Get Out of Your Mind and Into Your Life*, you contradict some of the most central tenets of psychology. You say for example that, “accepting your pain is a step toward ridding yourself of your suffering,” and “we assume that...suffering is normal and it’s the unusual person who learns how to create peace of mind.” How did you come to adopt ideas that are so contrary to earlier models of psychological thought?

**Steven C. Hayes:** Actually the idea that human suffering is pervasive is hardly new. Most of our spiritual and religious traditions begin there, for example. And our scientifically based therapy traditions inadvertently do too, though they don’t seem to realize it. Every professional writing a grant or pitching the need for a new treatment program begins with a section documenting how pervasive a given problem is in the community. And you see that work being written up in the popular media all the time with stories about the unbelievably large numbers of people who have, say, been abused, or have an addiction problem, or struggle with relationships, or have a mental disorder, or who are just stressed at work.

To see the truth of the claim I make in this new book, all you have to do is stop and say, “Hey, wait a minute. What if we added up all of these problems? How many people would fail to be in one ‘abnormal’ grouping or another?” When you craft the question properly the answer hits you in the face: it’s pain and struggle that is normal, not happiness. Most people I know have the personal information needed to reach the same conclusion. Just ask yourself this: How many people do you know really well who don’t struggle at times—or even often—in their lives?

There is almost this conspiracy of silence. Because we’re told that happiness is normal we tend to keep silent about our struggles—it means we’re abnormal. But because most people have the same secret, we walk around feeling isolated and alone. That doesn’t mean you can’t be happy. You can. But you have to learn how to avoid the traps our minds lay for us. The reason why suffering is so pervasive is because we’re so bad at doing anything about it.

The natural, rational thing to do when we face a problem is to figure out how to get rid of it and then actually get rid of it. In the external world, our ability to do just that is what allowed us to take over this planet. But that only works in the world outside of our skin. We don’t at first realize that and so we deal with our own psychological struggles by trying to get rid of our painful feelings, difficult memories, or worrisome thoughts—as if then we’ll be happy. But it doesn’t work.

Modern science is fairly clear that this is one of the surest ways to prevent happiness from ever arriving. Said another way, suffering is so pervasive because our attempts to solve it actually make it persist. We are caught in a trap of our own making. As for how I got there, my position came from three sources. The traditional model didn’t work for me; it didn’t work for my patients; and as I began to research it, I figured out why that was. And our research showed that doing some very counterintuitive things instead did work.

**NHP:** Can you give us a layperson’s primer on acceptance and commitment therapy (ACT)?

**SCH:** ACT is based on the idea that psychological suffering is usually caused by running away from difficult private experiences, by becoming entangled in your own thoughts, and as a result of all of that failing to get your feet moving in accord with your chosen core values. ACT is based on a new and extensive basic research program on language and cognition, relational frame theory (RFT), which explains why pain occurs so readily in people and is so hard to solve. Fortunately it also suggests new, powerful alternatives such as acceptance, mindfulness, values, and committed action.

ACT—and this new book—helps people acquire these new skills. They can be learned fairly quickly, and they seem to apply to an amazingly wide range of human difficulties. We teach clients how to back up from

thoughts and the world structured by thought and instead to focus on the process of thinking itself: how to feel feelings as feelings, fully and without needless defense, even when we don't like them; how to show up in the present moment as a conscious human being; and how to begin to act in accord with chosen values. In short, we teach people how to be more flexible in moving toward what they really want and less automatic, programmed, and self-defeating. *Get Out of Your Mind and Into Your Life* explains how to do just that.

**NHP:** You claim these ideas apply to almost every psychological problem people face. Can you talk about some of the problems ACT can be applied to?

**SCH:** Research is showing that ACT methods are beneficial for a broad range of clients. There is almost nothing you can mention that doesn't have at least some supportive data on the role of acceptance, mindfulness, and values, or negative data on the impact of avoiding your own experiences and failing to act in accord with your values in that same area. ACT teaches people fairly quickly how to alter their relationship to difficult private experiences and how to get behavior change going NOW, rather than waiting to have difficult emotions or thoughts go away before acting.

This empowering message has been shown to help clients cope with a wide variety of clinical problems, including depression, anxiety, stress, burnout, substance abuse, prejudice, smoking, adjusting to chronic disease, and even psychotic symptoms. In the area of anxiety and panic, avoiding your own negative private experiences is one of the strongest predictors of bad outcomes.

Conversely, we now know from research with a variety of anxiety disorders that when you let go of the struggle with anxiety, you're on the road to a healthier life. This doesn't necessarily mean that anxiety will go away—it means that its role in your life will diminish, sometimes quickly. If you think about it, you can see why. Suppose I could tell if you were the tiniest bit anxious. You could not fool me. And suppose I then held a gun to your head and said, "Relax completely or I'll shoot."

Almost no one would pass such a test. Yet that is the exact situation a panic disordered person has put himself or herself in. Instead of being shot, what is threatened is loss of self-esteem or loss of the view that a good life is possible, but that is pretty much the same thing—and the outcomes are equally predictable. We have several studies now showing that ACT can be helpful with anxiety problems.

Depression is sometimes spoken of as a feeling, but it's more than that. It's also an agenda: the agenda of not feeling bad. When you are depressed you are less able or willing to feel, and because of that you are less able or willing to act. Here is one way to put it: depression is what you feel when you are not willing to feel something else. ACT undermines that whole game, and instead focuses on what it is that you really, really want in life, while feeling and thinking whatever you feel and think. It turns out that these feelings won't be just depression, but perhaps anger, fear, sadness, or loss, among others. If depression has to first go away before a person can move forward, you have an unsolvable problem. But when we learn how to just notice our depressive thoughts, and feel our feelings as feelings, deliberately and fully—it turns out that we can begin to live again, right now, even with depressed feelings or depressogenic thoughts.

And when we do that, we start to move. We're able to contribute to others. To make a difference. That breaks the back of depression. There are three small controlled studies on ACT and depression, and it makes a big difference. This work is still young, but so far it appears that ACT may actually be more effective than the best current psychological treatment for depression. We will know when bigger studies are done. In science that is the key: replication by others.

Chronic pain leads people to spend their lives trying to find a way to get rid of it, but research shows that this approach to pain makes it more central, more dominant, and more disruptive to people's lives. Meanwhile there is even a bigger tragedy happening than the pain itself—a life is being lost. It turns out that ACT can greatly improve functioning by helping the chronic pain patient focus on his or her own chosen values and, while being aware of the pain when it's present, begin to live again.

ACT helps the person with chronic pain step back from the chatter that says he or she can't live until pain goes away, and without arguing back, simply begin to move forward. I personally don't have chronic pain. But I do

have tinnitus—my ears are screaming 24/7. And do you know what the literature says? Any attempt to cope with it is harmful. What you need to do is to let go of it and focus on living. I now sometimes go an entire day without noticing tinnitus even once—but every time I check, wow! Is it noisy! Chronic pain is like that.

We need to learn to live with it. We are not talking about living with it like putting up with it or tolerating it. We are talking about LIVING with it. It appears that ACT can make a difference in chronic pain quickly. In one study with people just starting to become chronic pain patients, four hours of ACT reduced sick-leave due to pain almost to zero levels; in another with patients who have been in pain for over a decade, three weeks of ACT improved their functioning 20 to 40 percent, depending on the area. So we know we can make a difference with chronic pain.

Most addiction seems to be in large part driven by avoidance and cognitive entanglement. When you use, you are trying to feel only good. Drugs are sometimes called a fix. Fixing means repairing what is broken but it also means to hold something in place. Drug and alcohol abusers are trying to hold “feeling good” in place by chemical means. When you abandon that attempt you will sometimes feel good and sometimes feel bad. If you can do that and focus instead on changing your behaviors, you have a way forward.

We now have controlled ACT studies with several kinds of substance abuse including marijuana and heroin, and they show good effects. ACT has an agenda sort of like that serenity prayer from AA: accept what you can't change, change what you can. In the prayer, clients ask for the wisdom to know the difference—ACT theory specifies that difference. It's good to change your behavior; it's harmful to try to change the automatic results of your history. There are now three randomized trials on ACT for smoking and so far it beats the patch, Zyban, and traditional cognitive behavior therapy.

We also know this: Urges to smoke don't predict whether or not you can quit. Most people are surprised by that, because urges seem important. But what is missing is the context in which these urges occur. What predicts quitting or not quitting is how much you first have to not feel urges before you can stop. Said another way, the task in smoking cessation is to learn to let the urges and emotions and thoughts just wash over you, while doing nothing at all about them other than noticing them as they are ... and to do all of that while not reaching for that cigarette. You do that and you are on the way to quitting smoking for good.

ACT is used in several trauma centers nationwide such as the National Center for PTSD in Palo Alto, CA, or the trauma and substance abuse program at the Baltimore, MA, VA hospital. Entire units are organized around ACT. So the providers in this area see value in what we are doing. Both the basic studies on the psychological process that underlies trauma and early treatment studies show the same thing: it's not pain that predicts trauma. It's the unwillingness to feel pain that predicts trauma.

This is an important insight for us all in the modern era because the media has made it possible for all of us to be exposed regularly to horror. We see the bombings in Iraq. We all saw those dots that were not dots coming out of the top floors of skyscrapers on 9/11. World wide we are exposed to amazing levels of painful events every day if we just turn on our televisions. 9/11 is just the clearest example. Now, a few years later, we are learning who was traumatized by those events. It was not those most horrified. It was those most unwilling to feel horrified. And no wonder. If you are unwilling to feel what you already did in fact feel, where do you go? How can you run fast enough? Here is the formula: Pain + unwillingness to feel pain = trauma. The implication of this equation is not mere exposure. We know that poorly timed exposure sometimes actually makes folks worse.

What ACT does is give people the skills they need to willingly carry the pain they have and integrate it into a valued life. You need to learn how to back up from your thoughts and see them as they are; to show up in the moment; to commit to your values. That, plus exposure, will move you ahead.

This is a relatively new area for us but there are now already four studies on compulsions or related phenomena such as skin picking, and ACT appears to be working quite well on these so far. Suppose you have the thought, like Howard Hughes in *The Aviator*, “aphids are dirty and flowers with these bugs will contaminate you.” That weird thought will produce very unpleasant feelings. So the obsessive person undoes the feeling by

throwing out the flowers, by washing his hands, or by other rituals. It produces relief, but it also just feeds the compulsion beast, and it comes back bigger than ever.

ACT cuts that vicious cycle. If you have the thought “aphids are dirty and flowers will contaminate you,” you don’t need to argue with it or make it go away. You need to defuse from that thought. Notice it come and go. Watch it like you’d watch a leaf float by. Do nothing about it, except to think it as a thought. And accept the feelings it produces. Feel them the way you would reach out and feel fabric. And then get back to valued living. You do that and you’ve broken the back of an obsessive cycle. It’s amazing to me that we give people so little help in rising to the psychological challenges of chronic disease.

Take diabetes. Every time a diabetic tests for blood glucose, the implications of this chronic disease become present: it’s a disease that can blind you, lead to loss of limbs, or even kill you. That is a psychologically hard thing to do. And the numbers that come back as you test your blood glucose can be very upsetting—they can be high even when you think they should be low. And each high number once again reminds you that you have a disease that can blind you, lead to loss of limbs, or even kill you.

My wife and I just walked through her gestational diabetes, and it was a roller coaster. We both came away amazed at how hard it was and what a burden people who will deal with this their whole lives must be carrying. We have shown in our lab that just three hours of ACT can double the number of diabetics who are in control of their blood glucose three months later. If that continues, we would reduce loss of limb or blindness by more than half—for only a tiny three-hour intervention.

People are so hungry for help, and the “feel goodism” of the culture just is no help at all. If you can help patients learn to carry their fears, watch their scary thoughts, and focus on valued actions, you are giving them the tools they need to manage their illness. It’s not just a problem of information; it’s a problem of psychological flexibility.

The epilepsy data are even more dramatic. In one recent study a nine-hour ACT program plus medication reduced seizures by over 90 percent at a one-year follow up compared to medication alone. Ninety percent! It seems that the combination of acceptance, mindfulness, and values stopped the self-amplifying loop that kept the stress up, quality of life down, and seizures continuing unabated.

The larger message here is that you have to teach people how to step up to the psychological challenge of physical disease. But you don’t do that by helping people win a war with their insides—you do it by helping them step out of that war and focus on what concrete actions they need to take to live the kind of life that want to live.

ACT is showing good results with stress. Stress is not just the negative results of anxiety or worry—it’s also the effect of control being applied where it doesn’t belong. It’s also the effect of getting lost inside our own minds. In one recent study, we showed that just a few hours of ACT reduced stress several months later, and it did it because people learned acceptance and mindfulness skills.

Burnout is just a more specific type of stress-related result, but it seems especially sensitive to cognitive entanglement. In one of our studies the tendency to take negative thoughts about work literally predicted burnout higher than stress itself. So when you have, say, that judgmental thought about your boss, being able just to notice that thought and focus on your work values can mean the difference between quitting and succeeding in that workplace.

It’s beginning to appear that even the most horrifying private experiences fit with this idea. Medications don’t completely remove hallucinations and delusions for most people with a psychosis. Yet in this country very little else is provided to these patients to help them cope with these frightening and disruptive experiences.

This lack of help is terribly inhumane—there is much we can do. If you have ever seen the movie *A Beautiful Mind* you understand the basics of what we try to teach in an ACT approach. We teach patients to just watch their hallucinations, to notice their own delusional thoughts, to focus on their values, and to keep their overt

behaviors going. That package works. In two separate studies it has been shown that just two to five hours of ACT will reduce rehospitalization by 38 to 50 percent over the next four months. Who knows what we will be able to do with more extensive packages.

Prejudice is probably the single most important problem on the planet. The “War on Terrorism” should not just be a war on terrorism—it needs to be a war on intolerance since that is a big part of where terrorism comes from. Whether it’s killing the infidels, or the Catholics, or the Tutsis, it’s all a form of prejudice. But in the modern era, prejudice has enormously powerful tools at its disposal: bombs, chemicals, biological weapons. And we are not yet up to the worst of the list.

Let me ask you this. If there was a big red button in every home on the planet and if an adult pushed it the world would end, how long would the planet last? Not long. But once we have freely available suitcase bombs...and are we not close to that very situation? And how long before we have those bombs. Ten years? Twenty? Well, whatever your answer, that is how long we have to figure this out because that is the day we have a big red button in everyone’s house.

When a terrorist attacks an innocent human being he or she is revealing the end stage of a process of objectifying and dehumanizing others. But to some degree this same process underlies more usual phenomena such as prejudice based on ethnicity or gender or stigma associated with illness or appearance. Most approaches to stigma and prejudice are either educational—in one way or another telling others what to believe and do—or experiential, learning through direct contact with stigmatized groups. Unfortunately the effects of both are weak and unreliable. In one recent study done in a prison, education about racial differences actually increased racial conflict.

And these methods are not mindful of the issues we have been talking about. If you try to suppress a prejudiced thought you will increase its strength and psychological impact, not decrease it. We need another way forward. Yet we all have prejudiced programming—ethnic and gender biased jokes, for example. Even if our values are not racist or sexist, our minds sometimes are. It doesn’t matter your race or gender; we’re all swimming in this stream.

ACT shows another way forward. We have found that acceptance of prejudicial thoughts (as thoughts) and learning to just notice them mindfully while connecting with our values will increase people’s willingness to engage in non-prejudiced behaviors. We have shown it with prejudice toward substance abusers in recovery, ethnic prejudice, bias toward the mentally ill, and bias against science-based treatments. We will see how far it can go.

Shame and prejudice are really the same thing; one is just inwardly focused. Buying into “I’m bad” is really not different from buying into “you’re bad.” And it turns out that the same methods that help with prejudice and stigma also help with shame and self-stigma. ACT can help people increase job performance, too. Have you ever worked with someone who comes up with excuses anytime he or she needs to learn something new—a new telephone system, a new budgeting process, and so forth?

We’re learning that the same experiential avoidance process that ACT targets is part of this resistance. It’s obvious if you think about it. How did you feel when you first started to learn to dance, when you first skied, when you first put on ice skates, and so forth? Didn’t you feel a bit foolish and awkward? If you can’t allow that, how can you learn? We’ve found that our measures of experiential avoidance can predict what office workers will do at work: Our short questionnaires correlate with keystroke errors a year later because people who are high avoiders don’t learn the software well.

Why? Because they’re never willing to feel stupid or uncomfortable. ACT has been shown to undermine this avoidance, and as a result people are more willing and able to learn. In one recent study we showed that workers who had just been through an ACT workshop were then more willing and able to learn things that had nothing to do with ACT (in this study it was therapists learning to use certain medications in their work). And therapists were using these new methods more at a three-month follow up.

**NHP:** Some of this work is said to have come from your own battles with anxiety and panic. How did these ideas apply to your own struggles?

**SCH:** I had a panic disorder. At the height of it, my life shrank until I could not travel, get on an elevator, drive, go to a movie, get on a plane, or even talk on the phone without a tremendous struggle. It was clear to me that I had a choice: I could either lose my life as I knew it or I could learn to step forward into my fear. I went back into my behavioral training, my science training, my eastern training, my human potential training. ACT in some ways is my personal journey—it's how I faced anxiety. But it's not just me. Other major ACT researchers and writers are chronic depressives, heroin addicts, or social phobics, and they have poured these experiences into the work. That's not by accident. When life has beaten you up, the uncommon sense in ACT begins to have appeal.

Sometimes people are just by their nature ready for this approach even when they're young, but most of us start out thinking we can win the war with our minds and our history. And you might even get away with that view if nothing bad ever happens. When it does, though, you need to take a different path. When futility sets in you have a chance to do something new. I began to learn how to abandon the war with my mind and history.

I personally do ACT everyday. I do acceptance, defusion, mindfulness, and values work continuously. I know right now I might have anxiety attack. It's been ten years since the last, but I know I can't control that. It's not up to me—it's up to my history and my current situation. But what I can control and what only I can control is whether I will back up from my own experience. My pledge to myself is that I will stand with myself, regardless. If that means I get so anxious I can't talk, right here, right now, that will be a problem—but if I stay true to my commitment, it will be your problem, not mine.

**NHP:** A lot of what you're describing sounds Buddhist-inspired. How does ACT differ from Buddhism, both in theory and in the practice it requires?

**SCH:** Buddhism has a lot of wisdom in it, as do all of the major spiritual and religious traditions, but it emerged from pre-scientific times. Some of its specific ideas show that lineage; some of its methods require weeks, months, and years to work. ACT is in the same general psychological space, but it's driven by a scientific theory, and its methods are designed to be quicker and more focused. I find it very encouraging that the two overlap because ACT did not come from Buddhism or any specific religious or spiritual tradition. It came from modern contextual psychology. If things from very different starting points overlap in their end points, to my mind this increases the chance that they're both on to something.

**NHP:** How does ACT differentiate between pain and suffering?

**SCH:** Pain is just pain. We all have it—all the time if you just look. For example, we all know we will die. There is some pain in that knowledge, and you can contact that knowledge anytime, anywhere. But that alone is not suffering. If you add in unwillingness to feel pain, entanglement with your thoughts about pain, and loss of your valued actions—now you've amplified pain into suffering. I've seen that exact thing happen with thoughts about death, for example. But YOU did it. The pain didn't do it. You see this in area after area: Anxiety + unwillingness to feel anxiety and keep moving in a valued direction = panic. Sadness, loss, anxiety, or anger + unwillingness to feel sadness, loss, anxiety, or anger while moving in a valued direction = depression. Pain + unwillingness to feel pain = trauma.

**NHP:** You're a language researcher and chapter two of *Get Out of Your Mind and Into Your Life* is called "Why Language Leads to Suffering." Can you tell us why you suggest that language is a source of human suffering?

**SCH:** We've learned four important things in our research. Human language and cognition is bidirectional, arbitrary, historical, and controlled by a functional context. Because language is bidirectional, words pull the events they're related to into the present. Anywhere you go you can remember painful things. Just think of them. That is totally new on the planet, so far as we know. No other creature seems to do it. So it means we have orders of magnitude more pain than other creatures. And it's arbitrary—what we relate isn't dictated by form. Kick a dog and he'll yelp—it's dictated by form.

Show a person a beautiful sunset who has just had someone very near and dear die and that person may cry, wishing the lost loved one could be here to see it. The crying is not dictated by form—even beauty can create sadness. That means we can't solve our problem with pain situationally. But because language is historical, we can't win by changing the content of our cognitions. A person who thinks "I'm bad" and who then changes it to "I'm good" is now a person who thinks "I'm bad, no I'm good." Where you start from is never fully erased—because you are a historical creature. Your mind is psychological, not logical. We make all of this so much worse by deliberate attempts to get rid of our history and its echoes—the automatic thoughts and feelings that emerge from our past. Because we're historical creatures, these efforts elaborate whatever we're trying to get rid of. Because human cognition is bidirectional, it mocks our attempts to change thoughts and feelings.

For example, suppose we need to get rid of anxiety because if we don't bad things will happen. Anxiety is the natural response to bad things ... so our efforts will tend to evoke anxiety, defeating our purpose. Fortunately, our work on cognition shows that the events that cause us to relate one thing to another are different than the events that give these relations functional properties. We take advantage of that in ACT. We change the functions of thoughts and feelings, not their form, and that makes all the difference.

**NHP:** You also say that research suggests many of the tools we use to solve problems lead us into the traps that create suffering. What does this mean?

**SCH:** Here's how we solve problems: We use verbal processes to enable categories, time, and evaluation. "If I did that then this would happen, which would be good." Notice all three are there: the categories and names of things and their features; time and contingency (if ... then); and evaluation (this is better than that). This is great for problem solving. We see an imaginary future and evaluate it—all through the use of arbitrary symbols. It's because of this ability that we took over the planet. Yet this alone is plenty enough to create psychological problems. "If I go to the mall, I will feel anxious, which is really bad." Same processes: categories, time, and evaluation. "If my lover leaves me I won't be able to function." Same thing. "If I kill myself I will stop hurting." Same thing. This is why you can't weed out the processes that cause suffering—these same processes are at the root of our achievements as a species.

We need to learn how to use these processes when they're helpful and let them lie dormant when they're not. It's very hard to do—like the delusions that follow Russell Crowe in the movie *A Beautiful Mind*—most of our most difficult experiences are there night and day begging us to taken them literally. But once we do we are lost. It's hard to learn how to do nothing even when it's only nothing that will do. Humans are terrible at that. We are terrible at letting go.

**NHP:** One of the premises of ACT is that avoidance of difficult emotions leads to suffering, which is highly counterintuitive. First, why do you say this and second, what do you say to someone who says that avoidance of pain is ingrained and automatic?

**SCH:** Let me take the last part first. The avoidance of pain is indeed ingrained and automatic. That is the point. So, sure, it's absolutely normal to needlessly avoid pain. And there is nothing wrong with avoiding many forms of situational pain. There is no need to put your hand on a hot stove, for example. But historical pain is something else. If you have a painful memory, you'll always have it and avoiding it will only distort your life because memories don't go away. If you have a thought you don't like, trying to make it go away is like trying not to think of a piece of chocolate cake ... in the effort deliberately not to think it, you just did.

Here is why avoiding that kind of pain is problematic: First, the painful event doesn't truly go away, it's just avoided, and the next time it's contacted it's bigger and stronger and even more likely to control behavior. Second, it makes us attend all the more to this very pain. Like a noise in the background, as soon as it's important that it go away, it's now in the foreground and far, far worse that it was only moments before. Third, the very basis of avoiding painful thoughts or feelings is that the reaction is really bad—but that means that as we deliberately try to avoid things, we're building them into more and more powerful events because we start this process with the embraced belief that they truly are dangerous.

We literally make our nightmares come true because the real damage is done the moment we take them literally. At that point they transform themselves from mere historical events—mere processes of the mind

worth noting—into things that can control our lives. After all if they're controlling efforts at avoidance they're already controlling our lives.

**NHP:** You talk a lot about values in your book, and the “commitment” in acceptance and commitment therapy refers to making a commitment to living a values-based life. What does it mean to live a values-based life and how does it help reduce suffering?

**SCH:** Values are like directions on a compass. They're never achieved, but in each and every step they influence the quality of the journey. Values dignify and make more coherent our life course—and they put pain in a proper context. It's now about something. Let me go back to that movie *A Beautiful Mind*. It's only when the hero has to decide between what he values and entanglement with insanity that it's possible and sensible to accept the delusions; to notice them; and to abandon trying to control them—all in the service of being a husband, father, and a mathematician.

In the same way, we only put down our avoidance, addictions, and mental wars because it's costing us something dear, whatever it is that we want our lives to be about. Without that cost we would be lost. It's amazing how often people have never really thought about what they want in their lives. They've been fighting a mental war, waiting for life to start, and have never really asked or answered the question of what kind of a life they're waiting to live.

The joyful vision of ACT is that you can start living that very life NOW, with your thoughts, feelings, memories, and sensations. You start that journey by asking what it is that you really want your life to be about. That is the point on the compass.

**NHP:** What kinds of techniques do you try to teach in ACT? Can you walk us through an ACT exercise?

**SCH:** Okay. First think of a painful thought, a self-critical thought, one of those nagging deep down familiar bits of negativity. Do you have one? ACT has scores of techniques that are designed to help you catch the word machine in flight rather than getting caught up in the world seemingly structured by it. These “defusion” techniques help us notice the process of thinking, not just their products.

So let's try a few with that very thought. I'll do them in rapid fire, but in the book we present all of this in more detail, and you can take the time you need to explore them properly.

First say that thought very fast over and over again, feeling your mouth as you say it and noticing how odd it sounds when said fast. Now say it slowly, one word on the inbreath and the next on the outbreath until it's all said. Now sing the thought out loud. Be careful not to ridicule, satirize, or criticize your thoughts. Rather just notice as you sing that these are thoughts. Now say them in the voice of a politician from the opposite political party as you. Be careful not to ridicule, satirize, or criticize your thoughts. Rather just notice as you hear these words that these words are thoughts. You don't have to do anything about them. Just thank your mind for the thought and notice what shows up.

These are four of literally hundreds of techniques ACT therapists have developed to liberate humans from the grip of their own cognition and emotion—but all without making the cognition or emotion go away. Once you're on to it, you can come up with your own methods. In this new book we actually walk readers through that process. Once you see the model and its purpose it's not hard. You can literally create your own methods to get out of your mind and into your life. So the book is not a new belief system. It's a new context for living with that word machine we call our minds, without turning our lives over to it.