

Interview with Steven Hayes: from The HappinessTrap Newsletter, www.thehappinesstrap.com

Q: Many people have been involved in developing ACT, but you are very much the creator/originator. What were the origins of ACT, and why were you so driven to develop it?

A: ACT is a coming together of personal and professional strands. I can tell an abbreviated version of the story, but even abbreviated, it is a bit long. I picked psychology in high school thinking it would combine my science interests with humanistic interests. My substantive interest in psychology at the time was human growth and human potential (e.g., Maslow). I liked the idea that psychology could change how we think about how humans can live and grow.

In my freshman year in college (1966) I was exposed to behavior therapy (this was only 3 years after the first behavior therapy journal began, so it was quite early). I immediately gravitated toward it. I was fascinated by flooding and implosive therapy and wrote my first undergraduate psychology paper in my sophomore year on applying exposure methods to emotions, not just to situations (if you know ACT you now how prescient that was). I was part of the counter culture, and was attracted to the utopian ideals of the time and to the importance of spiritual exploration.

Like most hippies I was heavily influenced by eastern thinking in college, particularly the writings of popular Zen writers. I loved examining the paradox of language as revealed in eastern thought. From the outside I looked like a crazed hippie but from within I was not really much interested in intoxication or dropping out. I was interested in transformation -- of myself and of the world. Things like T-groups, Esalen, and Gestalt Therapy kept my attention. The interest in spirituality, the arts, and science came together for me in the work of B. F. Skinner. I was amazed by *Walden Two* which I think I read in my junior year as part of the honors program at LMU. Here at last I saw a technology that might help accomplish the kind of world altering possibilities that were so tangible in the late 1960's. I was attracted to the idea of communal living and Skinner's book electrified me. I thought Skinner was at once iconoclastic and brilliant, and yet practical and technological. I interpreted him contextually, pragmatically, and functionally, not mechanistically. I saw no fundamental contradiction between the influences of eastern thought or Maslow or Perls and Skinner.

After undergraduate work and before graduate school I spent a few months living in an eastern religious commune and then did full time political work for a grassroots political organization which had put a citizen's environmental initiative on the ballot. These experiences deepened my interest in utopian thinking, mindfulness and eastern thought, and in the power of bottom-up organized groups.

Finally admitted to graduate school at West Virginia University, I immersed myself in behaviour analysis (both clinical and basic) and published both human and animal work. I came to believe that Skinner had the right approach but began to suspect he was wrong on language. Once I got my degree and took an academic job I did not know quite what else to do though. I considered cognitive therapy, but thought the theory and philosophy was weak. We did look at that issue empirically and found that in a series of empirical pieces on cognitive methods done in the early 1980's, that they do work, but not through the processes specified in the cognitive model.

Our work in rule-governance began to provide a way forward as we understood what leads people to become entangled in rules and how destructive that process could be. We began constructing methods to see what would happen if we focused on changing the social and verbal contexts - that our basic work suggested linked thoughts and feelings to overt action - and then to integrate behavioral methods into that new context. ACT was initially called comprehensive distancing to reflect that focus (but a review of early ACT protocols shows that a wide variety of acceptance, defusion, and mindfulness methods were employed that went far beyond Beck's specific approach to distancing).

We conducted an open trial with anxiety disorders and then three very small studies comparing ACT to some of the best available CBT protocols of the day, in the areas of depression, pain, and weight control. All three studies showed different processes of change as predicted, and two showed better outcomes. We described the approach in the mid-1980's and then over a decade working out the philosophy (functional contextualism), basic theory (relational frame theory), measures (AAQ, defusion measures), and applied model before finally returning to describing the model and tested manualized technology that came from it.

The reason we did that detour is that I really wanted a bottom up account more like a traditional behavior analytic approach and realized that even the concepts of rule-governance were not enough to do that. Most especially I thought we needed a theory of language and cognition that worked, because without that I could not really tell you what a rule was. We developed relational frame theory and got it up and running as a real research program. Finally in 1999 the ACT book was published and the RFT book two years later.

The short answer to your question: My passion is not for ACT per se. My passion was to create a useful scientific approach to human functioning that worked theoretically and that connected with the possibilities of human growth and transformation that I started with in my younger years. The way we say it now in ACBS is "creating a psychology more adequate to the challenge of the human condition." I thought the quicker fixes people in the empirically supported treatments wing (e.g., cognitive therapy) were the wrong solution to the right problem and I bet my career that if we kept pushing on it, a more theoretically and philosophically powerful solution might be found inside a functional contextual approach.

Q: It is common knowledge that your own personal issues played a role in the development of ACT. Can you explain how?

A: When I developed an anxiety disorder around 1980, I found that my behavioral and cognitive training failed me. I turned to my eastern roots, and also explored the human potential movement. That gave me a route forward personally and I eventually integrated all of that into the intellectual and practical work that became ACT. People who come to ACT and stick with it find it personally useful ... without that it is just a technique, and often it is a technique turned to ends that are not fully ACT sensible.

One of the worst things that can happen to a person is to have their own work mock them -- as it does when psychologists realize that the methods they use for others they would not use for themselves. ACT does not have that problem. I do not know a single person who is a vital part of the ACT community who does not see the direct relevance of this work to themselves, their families, and their communities. I use ACT in my life every single day. It is a space I work to inhabit.

Q: Although ACT has been around since the early 80s, it is only in the last few years that it has started being used by tens of thousands of health professionals in many different countries. Why has it taken so long for ACT to achieve its current prominence?

A: Well, we took such a long way around in developing it there was no way for it to explode on the scene. Only a few people ever hear of it twenty years ago. Clinicians who moved in that direction (and there were a handful) had to do it with no resources -- no tapes, books, manuals, measures, or materials. Likewise researchers -- who initially were just my students or former students, pure a simple. If ACT had been popular 20 years ago it could not have withstood scrutiny. The model was not well developed and its foundation was weak. It certainly could not have served as a vehicle for something as lofty as trying to change the conversation inside behavioral and cognitive psychology. We were willing to spend years on philosophy, basic theory, measures, and applied theory before even publishing the approach in book form, but to be honest a lot of that was intuitive. It was not so much a grand plan as a feeling of "not yet." In hindsight there was a grand plan unfolding that was

implicit in the impulse to work out the philosophy and basic theory and so on ... but that kind of journey takes a while. But because we waited and worked on the foundation now when people peel back the layers they see how much has been done on the foundations of the work. That is one of the things I'm most proud of about ACT. It is not just ACT, it is ACT / RFT. And it is not just ACT / RFT it is ACT/RFT/CBS.

Q: ACT is increasingly proving useful in a wide range of areas – from mental illness such as depression and schizophrenia, to physical illness such as epilepsy and diabetes, to enhancing performance in both sport and business. What makes ACT so versatile? And what has most surprised you about the diversity of its use?

A: ACT targets core language processes that interfere with psychological flexibility. They appear to be relevant wherever the human mind goes. I have been surprised over and over again at its breadth. Patty Bach's study on psychosis was a surprise; as was Lundgren and Dahl's epilepsy study, Jen Gregg's diabetes study, and Jason Lillis's weight study ... but I am coming to think that if you can move the processes, you will get reliable change in outcomes. So far, I know of no exception to that generalization.

We still have a long way to go to learn how and how best to move these processes -- but practitioners around the world are learning how. One cutting edge is learning how to combine behavioral methods with acceptance and mindfulness methods, and how to combine functional analysis with analyses of core ACT processes as a form of case conceptualization.

Another is how to bring all of this into the mainstream culture ... not just therapy or even self-help, but into the cultural conversation. I think we've seen enough to know that these processes will enter into clinical psychology as a whole. You can count on that. But to my mind that is just the beginning.

Q: In 1992 you were listed by the American Psychological Society as the 30th "highest impact" psychologist in the world during 1986-1990. Why?

A: It's a nice recognition but it is a bit shocking to realize that all you need is around 10-15 citations per article in a 5 year period (not counting older articles) to be in such a ranking. That ranking was based mostly on our early work on rule-governance.

Q: What do you see as the future for ACT, a) realistically, and b) in your wildest fantasies?

A: I think realistically ACT will be widely if not universally recognized as an empirically supported method within the behavioral and cognitive tradition, and one that has impact that goes far beyond the clinic. That is in the future, but it is not too far away.

Fantasy? I think we have a chance to change the world for the better. If more behavior analysts and CBT folks embrace our strategic approach, contextual behavioral science, that will put a wing of behavioral science on a different course; if basic psychology and cognitive science saw the value of RFT it would, have a major impact on how we think of the mind and it would impact what applied workers are doing in language training, sense of self, child development, attitude change and so on and on; if clinicians outside of the behavioral and cognitive stream saw a way to further their interests it could bring break down barriers and move us under a more flexible empirical wing; and if all of that happened, scientists would see ACT/RFT/CBS as a honorable attempt to create a new, more comprehensive psychology, carrying forward the behavioral tradition while overcoming some of its previous limits. And if all of that happened, the culture itself would shift, appreciating these issues more, and applying them in schools, organizations, and the culture at large, and seeing the value of a pragmatic, ontological approach to cultural conversations about race, religion, war, and human development - so that we could do a better job as a human community of putting love, acceptance, and compassion into the spaces occupied by hate, self-loathing, and alienation.

Now that is fantasy I could get behind! And funny thing, it is a fantasy thousands of others are behind, at least to a degree. It is the community -- of professionals and just people -- of folks interested in ACT / RFT / CBS who are moving all of this forward.

Q: Your favorite saying is...

A: Happiness is love.

Q: The last time you cried was

A: Today, after arguing with my wife. It turns out that pain is the flipside of love. If you carry one, you carry the other.

Q: If you were stranded on a desert Island, the three books you'd most like to have with you

A: The Happiness Trap, of course! I'm teasing - but really I'm not sure. I think spiritual books would be the most interesting over the long haul, because you can read them a thousand times and still see new things. The Bible and compendium of Zen stories would be a good start. That's only two but it would leave room in the bag for The Happiness Trap. 😊

Q: Your last meal would be

A: Vegetarian Indian food

Q: On your tombstone it will say ...

A: Science, love, compassion, and community

For information on ACT or The Happiness Trap visit www.thehappinesstrap.com

The official website for ACT and RFT is www.contextualpsychology.org