

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 55: Motivational Interviewing and Acceptance & Commitment Therapy (ACT), with Robyn D. Walser, PhD

Sebastian Kaplan:

Hello, everyone. Welcome to another episode of Talking to Change, a Motivational Interviewing podcast. My name is Sebastian Kaplan and I'm based in Winston-Salem, North Carolina, USA. And as always I'm joined by my very good friend, Glenn Hinds from Derry, Northern Ireland. Hello there, Glenn.

Glenn Hinds:

Hello Seb, hello everybody.

Sebastian Kaplan:

Yes. Hello everyone. We have a wonderful episode to share with you today. We just finished talking with Robyn Walser, who is somebody who specializes in acceptance and commitment therapy or ACT. And so it was one of those episodes that was a bit of a departure from a real deep dive into MI specifically, where we took the time today to explore a different approach, but we've had a lot of feedback and requests over the time of doing the podcast for us to explore the similarities and overlap between MI and ACT. So we will share the episode shortly, but Glenn, what were a couple to take away for you that really stuck out, stood out?

Glenn Hinds:

I guess, suppose what was really important was the fact that you've done training in ACT and it's very new for me. So I was very curious, I'd done some reading in advance of the episode, but what struck me in talking with Robyn was the similarity in what might be described as the spirit of both Motivational Interviewing and ACT. And I guess that goes back to maybe even what Terry and Bill were talking about in their episode, which is the nature of the practitioner. And that is what makes most difference happen is the person's own belief in what they're doing. But also as we've been doing in recent episodes, we've been inviting our guests to explore the possibility of doing a role play. And in today's episode, we did a real play. I actually, before we went on air, we talked about what Robyn would be looking for in a client.

And she says, just somebody who's, maybe, if it's going to be useful, bring something that has a bit of anxiety about it. And immediately as when I heard that word, and I knew that I was going to be the volunteer today, it took me to a place in my own childhood and while we were recording the episode, this part of me knew that this was going to be talked about. And there was a point where I raised that with Robyn in the conversation. And she led me through a conversation where she used ACT with this presenting anxiety. And it was a very, very powerful experience for me because what was interesting was I was able to, part of me was watching what was happening while also experiencing it. And it was profound and there's a few points in it where I teared up.



I could very have easily cried because of just how kind and understand and supportive Robyn was towards the part of me that was struggling. And then the final thing that really struck me about our conversation was Robyn was just how authentic she is in her relationship with the theory and the material that is ACT and her loving presence and just her way of being with this material and how she holds herself and how she communicates and how she talks and how she endeavors to be with individuals and it's way evident during the episode.

Sebastian Kaplan:

Yeah. ACT as something for me, that's, I don't have as much experience in as MI, but when someone asks me what kind of work do you do, or what kind of practitioner are you, the way I answer it is I say I'm a blend between an MI practitioner and an ACT practitioner. And it is a way that I self-identify, and I've had a couple of trainings over the years and read a couple of the books and it's really stuck with me. And it's been quite, quite impactful on me personally and also in my professional work. And some of the things that stood out to me were similar to yours, actually, Glenn, the idea of the spirit of MI, there isn't like in a formal spirit of ACT, but early in the episode, or in our conversation with Robyn, she talks about the way an ACT practitioner thinks about a person and also thinks about their thoughts and feelings.

Because very often when someone goes into therapy, as the context that we explored mainly today, people are often going into that wanting to get rid of the way they think, the way they feel, to feel more of this, less of that. And Robyn described ACT as, the starting point of ACT, as being very accepting of the whole person and not thinking of people as bad or damaged and not thinking of their thoughts and feelings necessarily as bad or wrong or even negative and using these kinds of judgmental words to describe the inner experiences of human beings. And so I think those of you who are familiar with MI will definitely resonate with that part of ACT.

And then the real play that you did, Glenn, and I want to thank you again for volunteering to do that was quite an important part of this episode. I was really interested in how directive Robyn was. And we kind of spoke a bit about MI historically has been called this directive and client centered approach. And I was just really interested in how Robyn in a really gentle, kind, compassionate way had a place in mind where she was going. And she took you there. Again, with permission and with all kinds of support and nurturance, but she took you there. And it was just great to see her demonstrate that.

Glenn Hinds:

Yeah, there was something very kind, without translating this into something else, it's understanding from a Rogerian perspective, she knew where the growth would take place. So she was guiding, leading, directing me to that place. She was asking questions on purpose to lead to this place, where the growth would take place because she knows where growth happens. So that's going to be very interesting for people, hopefully, for them to experience, not just the wider conversation, but also the real play and the debrief that follows that. So we hope you enjoy the episode, just to remind people, if you want to stay in touch with us, you can follow us on Twitter



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Sebastian Kaplan:

Very well. Well, hope you enjoy the episode, everyone. Robyn, welcome to the podcast. We're really, really happy for you to join us. Thank you so much.

Robyn Walser:

Thank you for having me.

Sebastian Kaplan:

So we like to get started in a similar way as with all our guests to hear a little bit about who you are and what you do. And in this context, we would like to hear your early ACT story, but certainly if you have an early MI story, we'd love for you to share that as well.

Robyn Walser:

Fantastic. So I'll start with my early ACT story, which is Acceptance and Commitment Therapy and how I got engaged in that. I went to graduate school in the nineties, so I'm not, somewhere around there. And I had not met Steve Hayes, who is the developer of Acceptance and Commitment Therapy until that point. And when I was a graduate student, he would hold ACT workshops for the incoming students each year. And I attended the workshop, just not really knowing much about him or ACT. And I was blown away. I had an experience during that first workshop where the way I thought about things was turned upside down. The way I sort of was approaching my relationship with my thoughts and feelings and sensations really took a 180 degree turn. And it just felt like it landed right where it needed to in terms of resonating with me.

And it changed the course of my career. I was planning to work in a different lab at that time and started going to Steve's lab and ended up staying in that lab and getting expertise in Acceptance and Commitment Therapy and have essentially followed that path ever since. I would say that the key moment in that experience was when he shared with us a notion called self as context, which is that you are more than your thoughts, feelings, and sensations. You are a transcendent being who can observe and watch these as they flow through you. And it just was so freeing to recognize that experience and see that you didn't have to stay stuck in old anxieties or fears or thoughts that your mind has been given you for ages about who you are, what's important and just sort of leapt into the ACT world from there and have never looked back.

And then with MI, I started looking at MI even before that, I had been doing some work in that area and had had some early trainings in my undergraduate school because there were folks there who were looking at treating substance use in veterans. And I was one of the therapists. I mean, if you can call it a therapist at that age, I was probably like 18, right. But we had to go in and do a little script that we would read with the veterans. And they would look at the responses and the outcome that was MI based and have sort of just dabbled in that arena from time to time in particular in working with



substance use. And so it's not my main focus, but I certainly have some awareness of it and have spent some time thinking about how it applies in different settings, depending on what I was doing.

Glenn Hinds:

There's something that you're saying there that a lot of our guests who come from an MI background talk about, which is that they recognize something in Motivational Interviewing and it lit them up. It sounds like that's what happened to you when you met ACT, that, I've written down the word here, liberation, it sounds like something was liberated for you that when you heard Steve Hayes talk about, am I right in saying selfless context?

Robyn Walser:

Self as context.

Glenn Hinds:

Self as context. And just that ability to, as you'd experienced it, there that's from the thoughts and feelings that you had. And so that you were no longer trapped by those ideas. That you could then begin to explore them. And it sounds like that just lit you up. And...

Robyn Walser:

It absolutely lit me up.

Glenn Hinds:

Fantastic. And as a novice learner around ACT, Seb has done training in ACT, I haven't, I'm very keen to hear and learn about the concepts and principles of ACT here today. And I'm just wondering, can you expand a bit more for people like me who are listening who're going tell us a bit more about this thing called ACT and what is it that makes it what it is?

Robyn Walser:

Sure. So it turns away, ACT turns away from some of the traditional notions that people are broken on the inside and that what they need to do is get their insides fixed. So if you have anxiety, it means you're somehow broken or disordered or problematic, and sort of embraces the idea that humans experience all kinds of emotions, thoughts, and sensations, and that we want to change our relationship with them rather than change those things themselves. And so in doing that, taking a more open and aware stance towards your internal experiences, it then liberates you to take action. So you're no longer in a place where you have to be somewhere else before you can do something that's important or value space to use.

A lot of clients for instance, will come to me as a psychologist and say, help me feel better so that I can live my life well. Fix my insides, help me have positive thoughts, help me have more confidence, help me feel good so that I can finally live well. And



what we do is work on showing up and being present to those experiences without needing to change them and living well now, rather than waiting to live well at some future point. Because that point never arrives by the way, there's always more pain to be had just by being human, but joy too, there's lots of joy to be had as well. And so ultimately we're using six core processes. These are willingness to experience and willingness to make change with whatever you're feeling on board. That's a place that kind of lines up with MI by the way, and a word called diffusion, where you defused from thoughts, or you get unattached to thoughts that are in your way and blocking you from moving forward.

Present moment, being here now, showing up to this place instead of living in the past or the future. Values, which are values. We want to understand what people think is important to them and get their feet pointed in that direction through committed action, which is another one of the processes. And then this last one that I just mentioned in self as context, which is one that I feel is vitally important, in my opinion, is this sort of sense of being able to observe, its consciousness itself, being able to observe your experiences and make choices as you step forward. And it's all in the service of being psychologically and behaviorally flexible so that you can respond here and now in ways that are workable for what you care about and you bring your emotions along rather than try to change your emotions first. Did that get what you were asking for Glenn?

Glenn Hinds:

Yeah, and more and it's definitely and created lots of questions for me that I know other people listening will be interested to hear. And it, in many ways, it sounds like for a lot of people, they will recognize that it's almost like an invitation for mindfulness awareness. And I don't want to pigeonhole and I don't want to say anything that diminishes the theory by giving it another name, but it sounds like a lot of concept of mindfulness is involved in this and that the individual is invited to step into a mindful space and just notice what's there. And then I guess then with the guidance of the practitioner about what it is they go looking for, or they go to observe or experience.

Robyn Walser:

Yeah, no, you can use mindfulness and certainly mindfulness can be a part of the work. What's not unusual for instance, for me to invite clients to do mindfulness exercises or mindfulness practices, meditations, but it's living more with awareness and it's not just about the practice of mindfulness, although I think that they are intertwined and feed each other. And so there are essentially mindfulness and awareness practices that you're working on with a client to help them be in touch with this observer self that can see experience and is not the experience seen.

Sebastian Kaplan:

Yeah. And just trying to catch these aspects of ACT that overlap and connect with MI, or perhaps differ from MI, it would be interesting to explore that as they come up too. One thing that really caught my attention early on, when you were saying, when you were describing things, Robyn was coming to the work with the client, with the idea that a human being isn't broken. Even though the client might come to us saying, fix me, help



me, I need to change this or that. And that right away seems like an obvious point of overlapping connection between MI and ACT. In that we in MI we talk about something called the MI spirit. And it's a way of being with the client that is accepting. Acceptance is part of the MI, one of the elements of the MI spirit.

But it really comes from that Rogerian, humanistic perspective that human beings are healthy and just are naturally healthy or have a natural inclination towards being well and healthy. And we make really careful efforts to view people and their struggles from a point of health or at least striving towards health. And anyway, just wondering about that. I've not heard, I guess so much about, in the ACT learning that I've done, about some of the humanistic underpinnings, I guess, and maybe you could speak a bit to that.

Robyn Walser:

Sure. I do think that there are definitely some humanistic flavors in the work that we're doing. We hold the individual to be whole and capable, right? So if I'm sitting across from a client who's working with me, I'm going to assume that they can make change, that they have the ability to respond differently than in the way that they're stuck in the moment. And that that does not depend necessarily on what they're feeling or what their mind tells them because sometimes minds will say things like... By the way, I'm specifically referring to the mind as an entity here, just so folks know. You're hearing me talk about it as what their mind will tell them, because when I'm working with somebody from this perspective, I see two entities in front of me, them, the human being, and their mind. And their mind gets taught messages about how they can't and what's wrong with them. And how deep down inside something's not right and they need to get it fixed. And it becomes a barrier to being able to make change.

And so one of the places that we want to work from an ACT perspective is that an assumption that the person is not broken because they have these experiences. And in fact, they're quite natural experiences. It's the fight with the experiences that causes the difficulty, the suffering, so to speak. So there's the natural pain that we all have under different kinds of circumstances, family histories that are abusive, engaging in, losing a family member or just all of the different things that we bump up against that lead to the human experience of pain, very natural experiences. Yet what we've done with these by sort of falling into the medical model is we've taken these experiences of a mind, thought, and sensation and we've pathologized them.

And so you have a disorder. And what we're trying to do is back out of that space and stand in relation to the person with a sense of you are a human, feeling a human thing, sensing a human thing, having thoughts that you've learned. And now we want to look at how you're relating to those. And what if we start from this assumption that you're 100% acceptable now as you are, and that nothing about you on the inside needs to change. We want behavior change, right? We definitely want people to change their behaviors, but they don't have to feel good in order to live well, as I was saying earlier. And so they're not broken, we're not pathologizing people for feeling human feelings. The issue is in their relationship with it. If you cannot feel what you feel, then you're in a fight with yourself and that is a place to stand that's got lots of suffering inside of it. Did I get there, Sebastian? Did I get to...



Sebastian Kaplan:

Yeah, absolutely. Yeah.

Glenn Hinds:

Yeah. So again, the concept and experience of kindness, just the way you're describing that you, as the practitioner, are approaching this with that unconditional positive guard, that unconditional acceptance of, I know you are struggling and I accept you. And not only that, I accept you in a way that I'm hoping that you can begin to grow into accept in yourself, which is at the end of this process, you're probably going to still have conflict and you will be much more at peace with the experience of that conflict because it's almost like that, as you're describing, that relationship we have with our own experiential memory, and very importantly then, it sounds like it's the messages that we created for ourselves, or we're taught about ourselves in the midst of those memories that are then in conflict with the who I want to be, or the who I am, or the who I know I am. And these two, the who I am and the voice I have about who I am, are rubbing against each other. And you're inviting me to go, wow, what's that like for you, just been noticing those two voices. And...

Robyn Walser:

But noticing those two voices, I think, is part of the process and you can see where ambivalence can rise out of that, right? A voice of change, a voice of no change. That's part of that sort of two voice process, but I would even take it another layer up, another hierarchy up, where you're not just looking at those two voices. You're seeing that those two voices are things that are happening as part of your mind arguing with itself or talking to itself. And from the ACT perspective, we would say that there's two ways of knowing the world or at least two ways. And one way is to note with your mind all of the things that you've learned across time, the sort of math problem, sorter, categorizer, understander of the world in the way that we've described it and taught it to you.

And then there's another way of knowing, which people forget about quite easily, especially once they get their mind moving out and they're living in their head for 95% of the time, or I would probably say more. 99.9 is probably a more accurate number than 95. We also learn through experience. We learn the world experientially. For instance, this is a very straightforward example of what I mean, and Sebastian may have heard other folks talk about this or me even talk about it, that learning to walk is not a mind-y thing. Most babies learn to walk through encountering the world, right? And through nonverbal help with parents where they're holding their fingers and their legs are kind of bouncing up and down and touching the floor and either starting that process very nonverbally yet, you wouldn't go up to a baby and say, this is how you walk. You put one foot in front of the other and you'd tell your mind to tell your muscles. It wouldn't look that.

And so we learn many things in life that way, and it doesn't stop once we've got a mind on board and we're thinking. It's just that we lose touch with it because we spend all of our time in our mind once we sort of get that fluidly moving, when we really are verbally taking off in the world and we can interact with the world from the position of mind instead of the position of experience. Because if you look at experience and you



pay attention, what you'll find is that no emotion or sensation lasts for very long, yet your mind will say things like it's going on forever. I can't take it. Or your mind will say things like I can't stand this anymore, a feeling or sensation, when in the moment that your mind is saying it you're actually standing it.

So the two are not linked up, and part of what we're doing is helping people connect to their experiential way of knowing the world, that emotions rise and fall, and that anything that comes from the mind is to be observed, including knowing yourself as two parts of you or three parts of you, or how many of her parts you want to talk about.

Sebastian Kaplan:

There's so many directions where I'd like to go. So it's hard to choose, but I think it'd be great for people who are listening to this, who, again, this might be the first time they've ever heard anything about AC, is to try to, I guess, capture the... Because inviting someone to do what an ACT practitioner invites the client to do is quite counterintuitive to what seems like we should do, which is to change our thoughts, get rid of this pain, this fear, this memory. And I don't know that I've ever had a client without any sort of ACT background or anything, I don't know that I've ever had a client say, you know what? I'd like for you to help me accept.

PART 1 OF 4 ENDS [00:29:04]

Sebastian Kaplan:

You know what? I'd like for you to help me accept my pain. No one has ever asked me that, they're always asking me to get rid of stuff. And so I just wonder if you could talk a little bit about how you help people change that perspective and come to, I guess, embrace this rather different trajectory that they certainly weren't coming in to see you from that point of view, most likely. Right?

Robyn Walser:

No, they come in saying, "Help me not think this anymore, help me not think this anymore. What's wrong with me, that I have these thoughts and feelings? What disorder do I have? They come in just like you're describing.

Our world is filled with these kinds of messages that, in order to be happy, what you need to do is not have thoughts that we label as negative. And I'm saying that that way specifically too, is if I were in charge of the universe, I wouldn't say that we have negative and positive thoughts and feelings. I would just say we have thoughts and feelings. It's our mind that labels them as negative or positive. And then we start relating to those that are negative as if it means something about us. That it means that we don't have ourselves under control, we don't have good self-esteem, we don't have confidence.

You walk into any self-help section of a bookstore and you'll see books on how to improve your self-esteem, how to grow your self-confidence, how to be the you you've always wanted to be, where it's like, "What you need to do is feel good," and feel good is out there as a title. The message is powerful. And we've learned it in all kinds of ways through our social interactions, and we've learned it through even our parental or small



family interactions. You'll have parents who say things like, "Don't cry about that," or, "You have no reason to cry." They'll give messages that are about how not to feel what the so-called negative things in order to be okay.

And what happens is that people don't recognize the inherent paradox that's built into this system. If you're trying not to have a thought, you have to contact the thought in order to know that you don't want the thought. Otherwise, how do you know that you don't want it? You have to think the thought in order to know you don't want the thought. So if you're thinking the thought "There's something really wrong with me and I want to get rid of that thought," then you've just had the thought, and if you're trying to memorize something, what do you do to memorize it?

You repeat it.

Sebastian Kaplan:

Sure.

Robyn Walsler:

Right? And so, you repeat it lots of times. And so then if you've come across somebody who says, "I don't want to think this anymore," they've probably repeated it thousands and thousands of times.

And the likelihood that it's going to go away is zero, it's zero. The thought's still going to be there. So we can add to thinking, we can change thinking through addition, not through subtraction. But people want subtraction because they've got this "If I'm going to feel good, I need to have a better self-esteem." And let's use self-esteem as an example. So if a client comes to me saying, "I want a better self-esteem," I sort of explore with them, "What does that mean? What do you mean a better self-esteem?" And it's often "I feel better about myself, I have good thoughts about me, I'm more empowered to do things." And I'll sort of, "How many times have you tried to feel good about yourself, and what are all your efforts that you've done?" And quite often, their list of things that they've done to try to have a good self-esteem is quite extensive.

And yet the good self-esteem never arrives, or it only arrives momentarily and disappears again. So how do you walk around feeling good about yourself? And what I want to do is have them re-look at this. And what if the deal here isn't to have a feel good about yourself and think positive thoughts, but to hold yourself in an esteemed way? Like there's a behavioral thing that you do. And if you were holding yourself that way, what would you be doing in your life? Well, no matter what, showing up on the inside, and then I'll talk about notice all the messages that you've been given across your lifetime. It's not a client's fault that they're thinking this way and coming to me saying, "Please remove this stuff." We have a social world built on it, we have a medical model built on it. Like if you look at medicine, the goal is get rid of the cancer, get rid of the cut, get rid of the bacteria.

It's all about eliminating the problem. And so we live inside that, unfortunately, I think in psychology. And so people show up with the same idea, get rid of the problem. And emotions and thoughts are then to be gotten rid of. And I guess I'm not going to remember the name of this person who originally said this, but your experiences are



sunsets, not math problems. And I want to help people come into that experiential space, and stop treating themselves like a math problem, something to be solved. And so there's a lot of work there, Sebastian, around helping them see the system that got them stuck. We'll use a technique called creative hopelessness. And, oh, I should probably just describe that just a tiny bit.

It is, we share with the client the hopelessness of trying to be somebody other than who you are, with your learning history, in all the contexts that you live in. And that once you have a thought on board, you have it on board. And so, maybe we can change your relationship. And you can see it as a thought, rather than a something you have to eliminate. That liberates, as Glenn was saying, that liberates. And then we call that the control agenda.

We're going to let go of the control agenda. That's the hopeless part. We're hopeless that control applied inside the skin is going to be effective in any long term way. And we want to move into a creative place, where you can open up to experience and value based living, versus elimination in order to live. That's a creative place. And the agenda is about control being the way you're going to live well, as it, as you apply it to emotion, thought and sensation, and instead be in control of your life instead of in control of what you feel. Does that make sense?

Sebastian Kaplan:

Hmm.

Robyn Walser:

It's a little bit of a long answer to what you were asking, but I just wanted to check.

Glenn Hinds:

What's common for me is how my mind is making sense of this right now, Robyn. It's like, it's raining today. Now, do I take that personally? In which case, I'm having a bad day. And that can be my own experience of myself. My world is raining inside. It sounds like what you're doing is exploring, "So what are my choices, given the fact that it's raining? Do I get annoyed because I don't want it to be raining and that's why there's conflict?" Or else, "What can I do in response to the fact that it's raining today that I'm feeling this way about myself, or I'm having these thoughts about myself?" Or as you're describing it, recognizing these are thoughts that my mind is having. And what's it like for me to watch my mind having these thoughts?

Do I get on board and get all caught up in these memories of other people's ideas of who I am? Or do I go, "Huh, look at what my mind's doing," or not as the case may be. But a sense of it, it's just going, "Okay, I can see my mind's at it today. I'll go and do some things that I enjoy, and see if my mind can come on board." So it's so much about the relationship and motivation when the relationship, we talk about the importance of the relationship between the client and the practitioner. It sounds like one of the things you're working with is the relationship I have with myself, or myself. Even though you says, we're not a math problem what's interesting is that the idea that we're adding to that sense of self, or we're adding a new self, which is this more



understanding, compassionate, insightful self that goes, "Oh, this is the mind talking now," you know, "Ah, this is this, and how do I respond to it?"

And again, it just feels like the integration of experience in someone like you who's containing, and kind, and understanding, and loving that the opportunities is. And that I can introduce that sense of self in me. That I then have this internal you, that is when these conflicts arise, the voice that arises next is, "Hey, that's interesting. I wonder why this is happening," rather than going "Quick, shut it down," or "Don't let anybody hear you say that." So you're a very kind, If we go back to a parental rule, you're very kind, excepting, loving, understanding voice inside the self that removes the criticism, or it sits alongside of the criticism. It's not removing, it sits alongside of the criticism.

And wow, I'm genuinely enthused by what it is, because again, for me, there's so much of what you're describing I can recognize in my experience with motivation interview, the understand of language, the role of the practitioner in the support of the client become who they already are, rather than who they're supposed to be. And for the practitioner to believe in this other person in advance of them learning to believe in themselves. And I wonder, can you talk a little bit more about maybe your experience of working with people? If you give us a few examples of how you use these techniques with specifics to what people are presenting with, if that would be okay?

Robyn Walser:

Sure. One of the things that I hear you speaking to is, I think, one of the more fundamental ways in which we work with clients and see the relationship between therapists and client as the vehicle for change. Because otherwise they wouldn't encounter these different processes that we're talking about inside of acceptance and commitment therapy. And an argument that I would make is that you have to model openness and awareness and compassion presence to your own experiences as a way of helping the client contact and understand what that means for them as well. And so there's a reciprocal process that's happening in the therapy session, where I'm not afraid of their emotional experiences. I'm not going to ask their emotional experiences to change. They can have very big emotional experiences. I work with trauma most of the time, that's my key area of focus.

And I get folks in my office who have had horrible events happen to them. And all of it is welcome. There's nothing that I can't hold as a therapist, standing in relationship to them sharing something painful, and often quite dark and awful with me. And that through all of that, I'm going to convey a sense of warmth and compassion and presence. That I'm not going to step away from their pain. And I'm not going to step away from my own pain, right? And I'm going to do both things inside of that work to both model and convey what it is that I want people to take away, and that I think will be helpful for them as they're working on their own growth and resilience and change.

So I think the relationship is vitally important, and we have to be standing in a place where we're embracing that kind of warmth and kindness. Now it's not a rule, right? this is a way of sort of entering into the process. Rules, unfortunately, can be rigidly clung to, and actually create part of the problem. It has to be like this. This is more of a river flowing, right? This is a fluid process. And sometimes people will get into the room and think that they can't ever be firm. Now, I'm not saying hard confrontation.



That's not it. But compassion without consequences is not compassion, in my opinion. And so I want to have compassion, but it also means that I'm not going to reinforce things in the client's behavior and not engage in an intervention because I'm fearful of how the client might respond.

And in fact, they might begin to shape me in ways where I kind of shut down if I follow that process. And I don't know if you'd like me to give an example of what I mean by compassion-

Glenn Hinds:

Yes, please.

Robyn Walser:

Compassion, okay, without consequences. So if you think about, let's imagine that somebody is engaging in behavior that's harmful to other people, and people are aware of it. And they then come forward and apologize and say, "I'm really sorry that I did that." And everybody says, "Oh, it's okay. We have a lot of compassion for you, and we're so sorry that happened, and we're all good to go." And then they do it again. And then some people are harmed, and then they come forward and say, "It's my fault, I did this thing. I'm someone who struggles, and so when I struggle, I act in this way." And then people come forward and say, "oh, you're forgiven. We've got it, we're with you, we have compassion for you. You're amazing that you are vulnerable and you apologized," and on and on it goes.

What I would say is what's happening there is, there's no behavior change in the person who's continuing to do the harm. So even though everyone is being compassionate towards them, the compassion isn't changing the behavior. And so I would say that is not compassion. Because the harm is continuing, for them and the people that they're encountering. And so, consequences for that behavior. Maybe that behavior needs to be, I'll use this word, sanctioned in some way, so that they're less likely to do it in the future. And that's the more compassionate thing. So that might be a firm response in psychotherapy that says, "That's not going to work," instead of, "I understand what you feel and I can stand with you." You might just say, "That's not going to work, it's not going to be the way that we move forward here." I mean, I'm giving a small example, right? But it has that quality to it, if you catch my meaning.

Glenn Hinds:

There's a real caring boundary to what it is you're describing that, again, what's important is the way you reflect that. The reason why you're holding this person to count is not just for the person that's been harmed, it's for them too, that you care enough about them, that you don't want them to keep doing that. And just by saying, "You're forgiven," isn't helping them. So at that point, you're not being helpful.

Robyn Walser:

Correct. Correct. Is that I'm helping them as well by, and I say that is compassion, right? When you can stand firm, that is a form of compassion.



Sebastian Kaplan:

Yeah. And it makes me think some of, one of the things that can be challenging for people learning about MI is, I think within the notion of acceptance, that people sometimes struggle with the idea that what, am I just supposed to accept that someone uses drugs, or has unprotective sex if they are HIV positive, or whatever it might be. And we get into a distinction between acceptance and approval, or acceptance and endorsement. And what we're saying is an acceptance that yes, actually human beings can leave our office and choose to do all kinds of things that we may not agree with, or we would hope that they would do differently or whatever it might be. But that's not the same as approving that they, and I would say that's not even our role anyway, to approve of someone's choices.

But so this kind of fits with that a little bit for me, which is we can be compassionate towards people, and accepting towards people, and strive to have this unconditional positive regard that Rogers talked about. But that doesn't mean that anything goes no matter what, and there are limits and boundaries that we can set for ourselves that we can set within the parameters of the work that we do. I was curious to hear your thoughts, Robyn, about the role of language, which of course is really important in both MI and ACT, but there may be some differences in terms of the role that language plays. So in MI for instance, one of the more strategic aspects of motivational interviewing is to listen for and/or engage with the client in a way that invites what we would call change talk. And expressions of intention, or perhaps just curiosity that the person might have about changing their drinking or smoking or whatever it is that might be getting in their way.

And, and so there's something that we're attuned to in terms of patient of client language. And in fact, we even engage with them in a way to see if we can have more of someone's change talk and perhaps engage with them a way in a way that reduces the so-called sustained talk, which is a flip side of that ambivalence. And so I guess I'm just wondering what your thoughts are about the use of language in MI maybe, but also speak a little bit about the role of language within ACT.

Robyn Walser:

Yeah, it's a interesting question, because in some ways, when I think about language from an ACT perspective, it's both a blessing and a burden, right? Like the good part about it is we're able to just do what we're doing here. We're having a conversation, and we're learning from each other and sharing some points of view, and sort of being inside the human connection process. But the part of language that is really challenging is the part where we can think about our future, and imagine a future that we haven't encountered, and that future could look like this. "It's always going to be this way, I'm always going to suffer." Or you're sort of stuck in the past. I see this with trauma survivors, right, where they're sort of constantly rehashing the past and not accepting it. "I don't want my past, help me never think about the trauma that I had before." To Glenn's point earlier, I'm going to help them sit inside of the experience of holding that memory, without that memory being the reason why they do or don't do something.

So there's two sides to languaging. And I want to point to it to some degree in session, like I got to tackle language with language, because language is the problem.



So it has this kind of funny thing in it, where I'm going to point to the very thing that creates the problem with the very thing that creates the problem. And so it puts you in kind of a funny place, and it's part of why in this work we do we use metaphor and experiential exercises a lot to kind of back out of the rules pitfalls that language can bring with it. And we do hope that we see language changing across time. Like, you'll hear clients go from language that looks like this, "I'm a miserable human being" to, "I'm having the thought that I'm a miserable human being" to, "I'm noticing that I'm having the thought that I'm a miserable human being," right?

So the change in the language is about the core processes. And you'll hear them begin to talk more about their values rather than feeling well. And so you'll see a shift in the the languaging there as well. Ultimately we want them to see mind as the language maker, right? Your glands produce hormones and your mind produce thoughts. And they could sort of step transcend it, as I said earlier, see it for what it is. It's very hard, because we fall back into the river of language over and over and over again. But if you can just pop up out of the river every now and then, just enough to see it for what it is, you can make significant changes in your life behaviorally that can make a big difference for yourself. Did that get at the language question that you were...?

Sebastian Kaplan:

Yeah, no, certainly within the bounds of ACT, and it makes me wonder, and again, our intention today wasn't to put MI versus ACT, it's just here are these two things that there's some places of overlap and places that don't overlap. And it seems like it might be one of those places where there is an appreciable difference in that. I think it would be fair to say that an MI practitioner is striving to create the context where the client makes the argument for change. Right? Which, it's a shift in the relationship there that would be traditional, where the therapist isn't saying, "You should do this, you should do that."

But our attention is focused a bit on the things that the client is saying about change and about their life, and the idea being that the more that people are saying things like, "All right, this is it, I really mean it this time. I am going to quit smoking next week," that's where a lot of the action is in terms of MI. And with ACT, it probably isn't that critical to hear the client say this versus that. Am I right with that kind of distinction?

Robyn Walser:

Yeah, that's correct. I guess a way to say it is that we would elevate the behavioral indicators of change over the thought indicators of change. And so, we're going to separate the behavior from, we want change in behavior, but there doesn't have to be change in thinking or feelings or sensations. And so, if a client reports to me, and I see things happening in session that are different in terms of the way they're relating to themselves, or they've done something outside the therapy room that indicates that they're stepping forward, even if they're reporting like "This is terrible," but they engaged in a behavior that was values aligned, then we would say, "Okay, we see things unfolding." Not that the language should be ignored in these areas. Right? But that we would just elevate behavior change over change in thinking. I want to see that they're doing things differently.



Like for instance, I'll say things like, "If I were a fly on the wall and I could see how things are different, what would I see?" And it might be something like, let's take smoking. And it's just a tiny behavior change, that they went to the cigarette pack and they opened it up and they popped out a cigarette and then they put it back in again for an hour, and they waited. I'd be like, "Okay, we're on the path of behavior change." Which might be similar to talking behavior change that you'd see inside of MI, saying the kinds of things that you just said. "I'm really, I'm really thinking about this. Maybe next week I'll wait an hour longer before I smoke a cigarette." So does that distinction make sense?

Glenn Hinds:

Yeah. An interesting thought for us and my practitioners in the way we describe this world is we're searching for that idea of the behavioral indicators over the verbal, the linguistic indicators of change, and where we're getting married to. And again, it sounds like from what you're saying is try not to get married to either of these things, is this client changing the way that's useful for them? That's the piece to be interested in, and there's different ways of identifying it. Are they talking about it? Fantastic. Are they doing it? Fantastic. But it's not one or other it's paying attention to both.

And in many ways, that's consistent with other thoughts I'm having as I'm listening to, because it sounds like as you're describing ACT and we're thinking of motivation interview, we're both pointing towards the same thing. It's just the description of what it is we're doing is slightly different. That we're encouraging and supporting the wellness of the individual, the flourishing of the individual. It's the other person that we are both interested in, and how we understand, we help someone get there, there's a lot of crossover, particularly in the relational aspect of it. And then some of the descriptions are slightly different. And again, it reminds me of, I think it's a [inaudible 00:58:04] concept.

PART 2 OF 4 ENDS [00:58:04]

Glenn Hinds:

It reminds me of, I think it's a Buddhist concept of the finger point, of the moon is not the moon. The thing that we point... The description of motivational view or act is not the thing. It's the description of the thing. What's the thing? I'm just out enthusiastic. I'm not quite sure which piece of this I want to hold onto. What's it? Robin, to be honest, there's so many things that are converging for me and so many things that I'm going, I want to find out more about this. To be honest, part of me is also, in advance of us recording, we have had a conversation where we talked about the possibility of doing a role play.

Ever since, I have been conscious that a part of me has remained anxious about that, since we mentioned it. I wonder, can we maybe just explore that just from an ACT perspective, because you mentioned the idea that if I'm going to take on a role play, either as a role play or as myself, ideally, it's something that has a degree of anxiety about it. Even now just the idea of mentioning it out loud, I can feel I'm experiencing anxiety, right now. At the prospect of this. What I'm curious about now is, so from an ACT perspective, what do we do with this?



Robyn Walser:

Well, so is this then a good time for us to just move into this place?

Glenn Hinds:

Yes, please.

Robyn Walser:

Let me just quickly say one thing. I think am I and ACT line up very nicely, right? What you're saying is they line up nicely and I think that's right. This, so let's come back to this place where you've been sort of noticing that anxiousness. Let me just start with your experience of it. What has your mind been saying to you as you've been thinking about doing this role play?

Glenn Hinds:

When I was thinking about it from my own perspective, when you asked me about something that would make me anxious, my mind brought me to the idea of when I was young and living in Northern Ireland, in the conflict. Being from one community in conflict with the other. When I was young, where I lived, my family were surrounded by people from the other community and we were not made to feel welcome. Eventually, we were made to leave. The idea of talking about that to you in a recording on the podcast, frightened me. It was real and it frightened me. My mind has been going, you're going to expose yourself out. This is a professional podcast. You can talk about this stuff to out loud on a podcast. That's what I've been hearing.

Robyn Walser:

A couple of things is first, as you start to talk about this, I can feel the pain of it. There's an ostracism, an ostracization, I'm going to say that wrong. An excommunication out of your community, right? Being forced to go somewhere inside of this really painful conflict, get out, go away. You can't be in your home, you're uprooted. I can hear that pain in there. Then I hear another rule that professionals don't do these kinds of things. I just want us to notice, where did that rule come from? It's got a quality of human beings shouldn't do these things. If you follow it out, its human beings shouldn't be human with each other, in certain contexts. I get it. You want to be thoughtful about where you're emotionally present, but in this space, I guess I'd want to welcome that anxiety.

Glenn Hinds:

What's so powerful is that, the way you're talking to me, the part of me that is frightened, is hearing you. It's actually very moving. That the acceptance that I'm experiencing from me, which is yeah, I get it. Even just the acknowledgement of what it was my younger self experienced. It's a very physical experience. I'm having a very... My heart is sore. My heart is pointing. I'm very conscious of my body, I'm very, very aware of my body. That the intensity of this experience, from what you're describing, that this is the part of me that does not want to be seen, or is afraid to be seen.

Robyn Walser:



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I'm inviting you to let it be okay, to let it be seen. Not as a matter of pain for pain's sake, but as part of what we're doing here. To recognize the pain of what happened in the past and for you and I, to be connected to it in a way that isn't about there's something wrong with you for having this. In fact, I don't think that at all. I would say that you are, that it makes full sense to me. That this very vulnerable thing, brought out in front of the world to hear, heightens that physiological experience. What I would do is... Have you noticed what you're experiencing? Maybe, neither one of us, needs to hide from it.

Glenn Hinds:

That experience of hearing this younger version of me hearing it's okay, I get it. What you went through and I could cry. I definitely could cry hearing that. It's more relief. The acceptance of this happened to you. This is true for you and I can feel myself holding that part of me. In the company of you, going right enough.

Robyn Walser:

Would you be willing to explore this younger part of you, just a little bit more? Tears or no tears, either way, is okay. There's not a requirement for that at all.

Glenn Hinds:

What's interesting is I hear... I'm witnessing him here, not being invited to come into this conversation.

Robyn Walser:

I want to see if I can invite him in.

Glenn Hinds:

That's him, that's nervous, the adult me. The adult me is grand. It's this younger self going, am I allowed here?

Robyn Walser:

Yes, yes. The answer is yes.

Glenn Hinds:

Yes.

Robyn Walser:

As nervous as you might be, let's visit him for a minute. If you go back in your memory and think about what was happening for him, at this very conflictual and vulnerable time. Can you picture him back then? Can you see him in your mind's eye?

Glenn Hinds:

What's interesting about a lot of my experience of then, it's a lot of space, a lot of emptiness. There are versions of me. I can see them.



Robyn Walser:

I would just pick one. Just one version, maybe even a photograph that you can recall.

Glenn Hinds:

There's a nice one I can remember. There's me playing outside, essentially, the boundary of the family home outside the wall, and there's a hole in the next door's wall. It's a secret, magical place that I can put my hand into.

Robyn Walser:

You picture him when, in that kind of seeing of this wall, whatever image is there for you. I'll have you just notice, there's something happening to him that he's not asked for. He didn't want this thing that's unfolding. He's being visited by the world.

Glenn Hinds:

Now that is very powerful because I am witnessing this really carefree kid, just playing. What you described, superimposing the truth, over his reality and the two of them coexistent in that moment. The thing that is difficult is also true when it's not hard. When life is when I'm playing, when he's playing and everything's okay. In the background, is this truth.

Robyn Walser:

Something that he didn't say, give me this. It was visited up on him.

Glenn Hinds:

Yeah.

Robyn Walser:

It was painful and anxiety provoking.

Glenn Hinds:

Just you acknowledging that to him was very profound. When it's not happening, I'm not supposed to think about it. In fact, let's not think about it at all, if at all possible.

Robyn Walser:

Yes. One thing I'll want you to notice is that in this place where you can see that something is visiting him, that he didn't ask for and the anxiety that gets created in there.

Glenn Hinds:

I'm shivering, didn't I? Whatever, I'm just going to look.

Robyn Walser:



Yeah and I'm welcome that too. That's okay to be there. It's part of the process of being connected to what's happening. It's that we need you to see him. Does that make sense to you when I say that?

Glenn Hinds:

Absolutely. I understand the idea of seeing him, but you added to that by saying, this other thing is going on when. When it's not going on, it's still going on.

Robyn Walser:

Going on, that's right.

Glenn Hinds:

For me to be aware of that, I become conscious of how he thinks or feels about who he was. I know that in my own journey, I have looked at this and thought what messages was I being given? Because of the attacks in the family home and things that have ever been said to me when I was in the street and how a child interpreted that about himself.

Robyn Walser:

Did not ask for those things.

Glenn Hinds:

That's it, yeah.

Robyn Walser:

He didn't try to create that and in fact, can feel the heaviness of it and the pain of it.

Glenn Hinds:

Yeah. I just have this loving adult come alongside of him and go, you didn't ask for this, Glenn. This is happening but you didn't ask for it. You didn't cause it, you're not responsible for it and it is real.

Robyn Walser:

And it is real.

Glenn Hinds:

And I believe you.

Robyn Walser:

I want to now pull him forward into what it is that you're experiencing today. This anxiousness that's here. I would invite the same you that's offering him love, as that youngster, to do something here today as this person feeling this experience. Because I heard you say this, I sort of put that away. I don't really attend to it. I guess I want to



blow some life back into it and bring it to life here. Inside of what you're feeling here and now, and ask, what will you do here that you're doing for him there?

Glenn Hinds:

It's interesting, I said this off air, I've spent the weekend in Donegal where when he was young, when I was young, we've spent a lot of time in the area that myself and Lisa, my wife had just got a house. We were walking on the beach today and we were just talking about where the tide was. I can't remember the tide doing this and this was where I played and whatever else. That sense of, potentially the reason why he came to a conversation today was because he was with me. We were together at the beach today and now I can help.

I guess the invitation I'm understanding is to go, that feeling of freedom that I was experiencing as the adult and remembering him as a child on the beach, that he can access that with me now. That yes, it's true. What happened to us when I was young is true, it happened and it was painful. But very important it's over and that this is now true. He can come and access the truth of, I don't have to worry about what the people in the back are going to say are do, because I don't live there anymore. He doesn't live there anymore.

Robyn Walser:

Let me pull again. That into the here and now is that you don't have to worry about the people listening to this. You can still stand with you in this place of feeling this anxiousness and tears and reach to you now, in this same way that you're reaching to him there, then. That you feel this anxiety. You said you can feel it here and you can see it there back then. How will you stand with yourself in both places?

Glenn Hinds:

What a great invitation. I could just tell myself it doesn't matter. I just do. If there is anybody listening to this, that thinks anything about this, that potentially is critical, that's fine. That's for them to think. This was me sitting down and having a podcast. This arose and I followed the energy. I followed the path and it led to this place. What's really interesting is, that second question you just asked me, which is how do I live with the fear of the judgments?

Robyn Walser:

It was there then and it's here now. Both places need something.

Glenn Hinds:

Yes. Talking about my younger self, I could get that. How you expanded it to go and what about me? What about what you started with? I'm a bit nervous about talking about this. I'm a bit nervous about what people will say and just go, what did you learn from meeting him to help you now? Back to that reciprocal experience that you're describing that in me supporting him, I can learn something about me and here it is, which is...



Robyn Walser:

You can declare something here. I will not shrink away from myself and my human experience.

Glenn Hinds:

Wow. That is a profound statement. I think any human being repeating that statement out loud will find it profound. That the invitation is to be as big as we really are. To be the biggest self and I will not shrink away from what?

Robyn Walser:

Will not shrink away from myself or my pain or my joy. I will be here for me.

Glenn Hinds:

There we go.

Robyn Walser:

I will stand with myself as if I am acceptable and whole. Don't have to believe it. I will take it as a stance, as an action and make choices from there. If we pull it out into the future, when you're feeling anxious about something, you might just say, okay, I'm going to be here for me in the same way I was there for him, back then as a little boy. Maybe I break a few rules, but that's okay if I'm going to stand for something here. As I think about this podcast and what you guys are doing, there's a value built right into it, right? You want to share knowledge that helps people. What you just shared, I think matches that value.

Glenn Hinds:

Yeah. It's not even just a parent to be saying this of a big brother in the future. I have a big brother beside me now. My future self has just come and says what odds Glenn? So, wow. All of a sudden, I'm not anxious anymore. All of a sudden I am, as I say, I'm back in the room. It's like I'm back in the podcasting place where I'm going, wow, thank you, Robyn.

Robyn Walser:

Thank you for being willing to take that risk and put yourself out there.

Sebastian Kaplan:

If I can jump in and often at the end of these role plays, we expect we start big picture. How was that for you? That kind of thing. Actually, Glenn, you just said something that I want to ask Robyn a question about. It's an ACT question that I've been waiting to ask somebody. I was jotting down notes as you guys were talking and it was just before you said that Glenn. I said to myself, or I thought, there has been no discussion about reduction of anxiety. Robyn, you've at no point, did you say, are you feeling better? Is your anxiety lowered. Glenn, you just happened to notice that the anxiety is less than it had been or that it's not there and it's gone, you said. It's been an ongoing question for



me about act, because it's not something that you guys... An ACT practitioner will explicitly seek to reduce, but, and I guess the way I've come to think of it as, any emotional state, happiness getting better or getting more happiness, less anxiety, less fear.

It's almost like they happen as side effects. As opposed to the direct effect that it does happen to be that Glenn feels better. But, it wasn't like an explicit target for you, as you were engaging in that conversation with him Robyn, right? So, I don't know. Just some thoughts there and very curious to hear what your ideas are on that.

Robyn Walsler:

Yeah, no, that's correct. When we stop fighting our emotional experience, we lose the fight, right? The intensity goes down. The tricky part about it is that sometimes, people will then try to engage in acceptance as a means to feel better. Then acceptance becomes a control strategy. It doesn't work the way people... Then when they feel bad again or anxious again, they're like, well, how come it didn't stay gone? I accepted it because this isn't accepted, it's accepting. And, something that Glenn will have to engage in again and again and again and again, right? Emotions rise and fall. If we allow our experience, what we'll see is the rise and then the fall. If we fight our experience, we get stuck in the rise and we end up in that battle plus, the battle of not wanting to feel.

We have anxiety about our anxiety and fear about our fear. We're inside of something where it's very hard for us to see the fall. Joy rises and falls, all emotions rise and fall. When we get caught in our heads, we don't see it. When we get caught in the fight, we don't create. The fall isn't allowed to happen. It looks like we're anxious all the time when that's not the case. You think about chronic pain, somebody who has long standing, ongoing chronic pain. If you look at it, with an observing eye what's happening, it shifts and moves and rises and falls and disappears, then comes back. It has a very interesting quality to it. People miss it because they're not attending. We want to people to tune into their experience, witnessing the fluidity.

If you think about how much motion is going on inside of us, at anyone point in time, it's like trying to imagine the universe, right? Your blood is flowing. There's little mitochondria running around in cells doing things that memorize stuff, right? There are cells dying, there are cells growing. There's a whole universe of movement within us and that's how it all works. It's all in motion. We just forget to look. I want to create that place. We know this too, by the way, that if you're trying not to feel what we call negative. If you're really trying to push that down and keep it away, as human beings we're not very good at just saying, I'll just keep the anxiety away. We can target one emotion and stay away from it. That's not how it works. If you are not willing to feel that, you're going to have to shut down it all. The whole thing, including joy.

People who are really sad say, I never feel joy, it's because I don't want to feel the sadness. You have to open up to everything in order to allow the joy in as well, if that makes sense. Yes, people can feel better. What I say to that is don't count on it. Not as a point of being a... What's the right word? Negative or something like that, but as a point of truth. As human beings, we are all going to encounter more pain in our lives, more losses, more places where we're feel anxious. The question is, when we



come to those places, how will we meet ourselves? Not whether or not we will have them or not.

When I say don't count on it, I mean it in that sense. It's that until you die, you will be an experiencing being and they will range in nature. If you think of emotions and thoughts and sensations as items on a menu, eat everything on the menu. If you try not to eat some of it, then you won't taste a lot of what life has to offer. You'll struggle and suffer.

Sebastian Kaplan:

No, absolutely. Yeah. Thank you for that. Glenn, I do want to come back to you, check in and you were offering a narration as you were going through that. But, how are you feeling now about it? What are your thoughts?

Glenn Hinds:

I'm continuing to process part of what happened me, but also just listening to how Robyn was answering your last question and understand that from the learning perspective. Certainly, in the real play, because it started off with this emotion, anxiety. What I've written down was what struck me. First of all, when I described the situation, I was anxious about your reflection or your summary, summation of it was so empathic and it added. You talked about the abandonment, you talked about ostracization and really captured something for that aspect of myself. That being seen part of it. I think that was the most powerful piece for the understanding, which was being seen, being accepted and you remained calm and curious with purpose. There was definitely a purpose to what you were doing. You seemed to... That part of me felt that you knew what you were up to. But, it was with his needs in mind.

Robyn Walser:

Yeah.

Glenn Hinds:

Again, from my perspective, I can see the crossover between the two, which is, the spirit of am I. Again, back to that piece at the end, when you just said to me about the anxiety. About how people would judge me having heard my role, my real play. They hadn't thought about it. But it was so useful for you to notice it to me. Because it meant then, I can step away from this experience. Now I'm at peace within myself and go, I met that younger me, was able to do some reparation for him and I'm all right. Powerful, powerful stuff. I don't know how long we were talking, 10, 15 minutes maybe. I can see how the speed and the depths of being held, contained and understood. On the learning part of that idea, that we're constantly moving. I wondered it too then, is it the self? With the capital S? Is the ever present constant that... I've studied philosophy and we talk about the idea that there's a self, which is, pure, perfect and complete, which is unmoved by anything.

That's the observer of this living experience. It's the ego and it's the body that we train, or we invite ourselves to become through our breath. To become aware of what is the self noticing. It's the love and the compassion that has it for this body, for this mind,



for this ego. That's in many ways, the relationship that we're working with. To answer your question, there was definitely a rollercoaster. I was nervous that I was going to... When I felt the feelings I had coming in, I thought this could go any way. Particularly, when we started talking about that junk flow, that is me. Then we started to feel like I was going to cry.

Just how well I know how lovely. Robyn, you were holding that part of me that, back that piece. Given the fact that I knew that I was tearful a few times, that I'm now coming away from this process going, it doesn't matter who heard me. In fact, what you said was potentially, some people heard me were fairly useful, which is ultimately my intention in doing the podcast at all. So, hopefully some of you out there listening, find Robyn and I have a conversation of benefit to help you understand act. Also, to understand your relationship with yourself. Because, I definitely find it helpful for me, thank you.

Robyn Walser:

That's my pleasure. Thank you for being willing. I should say I feel nervous when I do these things.

PART 3 OF 4 ENDS [01:27:04]

Robyn Walser:

I feel nervous when I do these things too, it's not like I'm coming in and peace and calm is all over me. It's just because I'm inviting people to be vulnerable in the work, and so I have to be vulnerable too, and humble about people's experiences. I want to convey that as well.

Glenn Hinds:

I suppose there will be people listening to us now going... this may have been their first time hearing, describing an experiencing something about ATTC. If they wanted to find out more, what might they do as a next step in becoming curious about ATTC? What might I do next?

Robyn Walser:

Well, there's a fair amount written about ATTC, and so you could just search up acceptance and commitment therapy, you can see books on Amazon, there's several self-help books. Steve Hayes has written Get Out of Your Mind and Into Your Life, so that's one example although... there's another one that comes out of the UK, actually, it's called... can I send it to you guys because I'm not going to...? It says something about the little red book of acceptance and commitment therapy, I haven't got the name quite right. There's some great self-help books out there. I just wrote one on moral injury and one on anger, how to use ATTC in approaching those two particular things. There's one that Victoria Willett and Jack [inaudible 01:29:01] have written about trauma, and so there's some really great self-help work out there and some books that folks can read, podcasts, there's other... I don't want to send people away, and you can feel free to cut this if you want [crosstalk 01:29:19] some podcasts.



Glenn Hinds:

No, it's all good. This is all about learning, so we're happy to... we listen to podcasts ourselves, so this is not a competition.

Robyn Walser:

There's other podcasts. There's lots of material if people just do some searching up on the internet.

Glenn Hinds:

Fantastic.

Sebastian Kaplan:

Speaking of the podcasts, there's one, I don't know that it's still active, but it's called ATTC In Context, and actually it was one of the first podcasts I ever listened to quite honestly. Actually if I would be perfectly honest and having my memory kind of snap into focus here, my experience listening to that podcast and how they presented, I can't remember the hosts, but it actually led to the idea of doing this podcast quite honestly. I remember reaching out to Glenn on a long drive one day and said, "Hey, what do you think about doing a podcast?" I was listening to this ATTC podcast, so interesting it's kind of full circle.

Robyn Walser:

There's another one called Psychologists Off the Clock that does a lot of podcasts on ATTC as well for folks who are... I mean, anybody can really listen to it, you can see that it's targeting psychologists, but they have a very broad audience that is beyond psychologists, lay people and other mental health providers. They've got some great stuff on there as well.

Sebastian Kaplan:

We're close to the end here in our time together, I just have a couple other kind of getting back into discussion mode, if I can. I think I can hold myself to two questions, well, and if I can also just reflect a bit on your use of MI adherent skills and some of the concepts that you're doing, Robyn, there in that role play with Glenn, I think anyone could recognize your use of reflective listening in addition to the occasional question that you would ask, which is, of course, not a surprise. Reflective listening is certainly not unique to MI by any means, but you can see the parallel there. There was that moment where you asked Glenn for permission to bring his younger self into the room, into the Zoom, I guess, as it were, and that's also something that would be familiar to MI practitioners when exploring a sensitive subject or perhaps before we're giving some advice, we would ask them for permission to offer that. That was certainly something recognizable.

But, I guess the thing then that I was curious to hear you talk about, Robyn, is... because Miller and Rollnick, the two founders of MI, had at one point defined a definition of MI that they had used before was that it is both directive and client centered



and there's these two seemingly opposing forces happening kind of concurrently. I was curious what your... more so from the directive part of it from your standpoint, there were certain things that led you to say this, or perhaps not say that, invited Glenn in at that moment, you offered that really powerful reflection at the end there about that Glenn can be okay, both as the younger version of him, but then as the him now. I guess, what was it that you were tracking that led you to say the things that you said in that conversation?

Robyn Walsler:

Tracking is a good way to talk about it, in fact, is that some of the work that I'm doing when I'm in session like this is I'm paying very close attention to body language, what's being said. I'm hearing it in multiple levels, and I could hear an experiential level, that sense of being ostracized and knowing it personally in other areas, and I can relate to it and sort of capture it in my presence, if that makes sense. Then, he immediately shares with us that I'm having this anxiety about this experience and it's been weighing on me, it's been capturing me is what Glenn says, it's like, "My mind's been working on this, I'm anxious before we even get there," and so already I can hear, "I don't want this," inside of that. I don't want to come on a professional show and maybe reveal something where people are going to be evaluating me negatively or ostracize me, do what was done.

There's a limiting quality to that, it sort of shuts down what Glenn is free to do, Glenn's own liberation. I've got multiple points that I'm paying attention to there, what is he fused with? What is he avoiding? What is he not wanting? What is he not seeing? Self is context. Where is he living? Is he here now, or is he there then? He's sort of there then, but in the future like, "What are people going to think of me when they hear this? Is it going to be okay if I cry?" The answer is yes. Then, what are your values? I kind of landed in that place, and I would say Glenn did a committed action today by just taking this risk and letting himself be vulnerable, which is a lot of what we're about anyway is being vulnerable as a way to connect, care, and know each other at a deeper level than the sort of boxed-off places. I'm attending to where can I hear things in what he's saying that are the opposite of open and aware?

Not that Glenn is trying to do that, we all engage in those behaviors of being careful and shut down or pulled away or afraid. I think that was the word that Glenn used was that he was feeling fearful of what might happen during this role play, and emotion itself, maybe afraid of expressing emotion itself because by no fault of Glenn's... it wasn't of Glenn's fault back then and it isn't his fault now. We have all these messages about what's okay to feel and show and rules that... who made those? We did, we made these rules and said... it's especially challenging I think for men because there are stronger rules for men around what you can share emotionally in most cultures than for women. We associate negative things with these emotions, which is really unfortunate. I'm just attending to where are the places, do I see Glenn sort of just being cautious or stepping away? I am going to be a little bit more directive in that space and sort of see if what's happening fits right.

I didn't even have to ask Glenn if it resonated because he was sharing, "Yes, this is it. This makes sense to me." I would say ATTC is a much more directive therapy than a lot of other therapies. I'm in there and I'm working, I want to work just as hard as the



person is working across from me. I'm not the type of therapist who sits back in a chair and listens and simply reflects, I'm like, "Let's go after these things, let's go see. Let's do some work together and create something that is going to be useful."

Glenn Hinds:

To use a phrase that one of our [inaudible 01:37:49] colleagues who specializes in compassion... you're talking about compassionate and action, you're there to do something of benefit for the other person and you're prepared to put in effort into that. It sounds like part of the effort in what you're describing is what... well, it was lovely when you described that experiential listening, the hearing, the feeling, what was lovely was where you described... it was that you were able to identify perhaps your own experience of being ostracized without becoming that in this room. It sounds like in some ways you've visited that self before, you have an understanding of who she is, and you were able to use that experience in your reflection and your coming alongside of the ostracized me, that the effort that you had made with her meant that you could come and go, "Hey Glenn."

Robyn Walser:

Yes.

Glenn Hinds:

That acceptance of I can see you because you've already said hello to that part of yourself, and that's a lovely way expanding my understanding of how I can teach people the idea of that empathic listening of the experience, that somehow that you will recognize in yourself, but it's hard then to use that experience, that wisdom, that healing to then support this other person with it by not getting involved in it, by not being it, just going, "I recognize this. This is..."

Robyn Walser:

Unattached, I would say.

Glenn Hinds:

There we go, yes.

Robyn Walser:

For the service and the service of values based living, it's not pain for pain's sake. Would you be willing to feel this to create meaning and purpose in your life?

Glenn Hinds:

That sounds so important I'm going to get you to say that again.

Robyn Walser:

Would you be willing to feel what you feel in the service of values based living to create personal meaning and purpose? We're all going to die, right? It's coming, that our



personal end is on its way at some point. We have such precious little time here on earth, relatively speaking, and so the invitation is, rather than battling with yourself to get rid of the anxiety so that you can then live, just the clock is ticking, let me open up to my experience and then do things that bring meaning to me and that when I get to the end of my life I look back and I said, "I did those things that mattered." You can look back and say, "I was afraid, and so I didn't do the things that mattered," or you can look back and say, "I just brought my fear with me and I created something that had meaning and purpose in it," and that's our sort of ultimate goal.

Glenn Hinds:

Wow. Given the time that we have, and no doubt... in fact, there's one more question.

Sebastian Kaplan:

I'm sorry. I'm sorry, it's been an early list that I wrote. One more. One of the things that there's... it seems like there's growing evidence from a research standpoint is the use of MI in conjunction with another approach. You could think of a motivational interviewing session as a precursor to enrolling in an intensive outpatient program that may also have MI kind of embedded in with that program, but sort of enhancing someone's motivation for something and now they receive another intervention or treatment or whatever it might be. I remember Bill Miller once talking about the blending of MI and ATTC... I'm sorry, MI and cognitive behavioral therapy. He identified a place where an MI practitioner could explore, when doing CBT, is increasing their motivation to engage in that cognitive restructuring process and sort of challenging their thinking and not always sort of... well, not to go into a CBT direction, but that's something I do remember Bill Miller saying that and I found that really interesting.

I was just wondering, from your standpoint, Robyn, is there... whether it's formally doing MI, where if you can speak to the work that you do to build someone's motivation to even consider... because this is a real risk, as you said, and there is a motivational challenge at work here for someone who's coming into your office saying, "Hey, get rid of this," and you're saying, "No, actually what I want to help you with is to live with the thing that you want to get rid of it." I guess, just if you could speak a bit to how you address that motivational challenge and perhaps even as the idea of MI as a precursor to doing ATTC.

Robyn Walser:

I absolutely think MI could be a precursor to doing ATTC. I think it nicely sort of prepares people for this space of noticing their own ambivalence and making some choices, that's sort of the key thing is picking to make something different. In terms of... I tend to think of motivation in kind of an interesting way, because people often link it up to, "I have to have a feeling of wanting to do something." If you look at ATTC from sort of a philosophical and theoretical perspective, we're not trying to eliminate emotional experiences and we're also not trying to create what's not there. We would say, "You can't just go fall in love because you're motivated to fall in love." If I paid you, Sebastian, a million dollars to fall in love with the next person you see, you might be highly motivated, but would it be love? You see what I'm saying?



Sebastian Kaplan:

Mm-hmm (affirmative).

Robyn Walser:

Motivation's kind of an interesting idea for me, and the way I tend to think of it is that it follows behavior, that you do something first and then you are more likely to do it again like it's a probability. If people are waiting to feel motivated, then they can be waiting for a long time if they're waiting for a feeling of motivation. I want to try... "Well, what if you just tried something and let's see what follows? Let's see what happens behind that behavioral action," and they still have to choose that behavioral action though, so there's still that point of choice. They'll be ambivalent about it, they'll recognize that they're not choosing it. Let's just invite them to do one little thing that's about the change that they seek and let's watch what follows it rather than you need to feel the motivation first in order to do it. Does that...? I think that's the way I would address it in therapy.

Sebastian Kaplan:

Wonderful. Thank you for sharing your thoughts on that. Interesting idea, the idea of motivation following behavior. It offers a different perspective on it, for sure.

Robyn Walser:

You can see it in some weight loss, people will change their behavior a slight bit and they'll lose a pound or two, and then it's like, "Maybe I can do a little bit more." They see the change and their motivation will inch up, and then if they lose more, either motivation will inch up. When I go to exercise, for instance, let me tell you, I have no motivation, a lot of the time I'm tired, I want to go to bed, I don't feel like it. If those were all in charge, I would never exercise. But, when I go and start exercising, then I'm like, "I'm doing this," and the motivation follows the behavior.

Glenn Hinds:

I think there's a chorus of people across the world going, "I get that. I know that feeling. I don't want to go to the gym."

Robyn Walser:

I don't want to do it. Then, they go and then they're glad they did, it follows.

Glenn Hinds:

Yes. At this point as we come to a close in, Robyn, there's two questions we very often ask our guests. The first one is, other than work, what else is perhaps going on for you that's captured your interest that we could have a job with you for a minute or two?

Robyn Walser:

Well, I guess there's a couple things. One is that I'm a big dog fan, which you guys know, I introduced you to my three dogs before we started today. I love being out in nature with my dogs, and so anything that I can be in the sun and smelling the fresh air



and that kind of thing is really important to me, which has led me to some of the interests that I have, which are about being involved in doing what I can to reduce climate change or impact climate change. I'm on a group inside ACBS that's actually working on different ways to think about how to get people to change their behavior with respect to how we live with facing such a difficult future with too much heat, not enough water, those kinds of things. I'm spending a fair bit of time in that territory, thinking about how we can create behavior change there.

Sebastian Kaplan:

Wonderful. You actually mentioned a group called the ACBS and that's actually something that, to Glenn's question about how our listeners might seek out more information and training and that sort of thing, could you talk a bit about the ACBS, Robyn, and tell the audience what it stands for and just say more about that?

Robyn Walser:

You bet. ACBS is the Association for Contextual Behavioral Science, and it is the association that houses acceptance and commitment therapy. This is where you'll find most of that work, their website contextualscience.org has a lot of materials on it that are free that people can read and download and look at. Anyone can become a member. It's largely a mental health provider organization, but we have coaches and other professionals, I think there's a surgeon or two. There's an interesting variety of people inside of ACBS. Essentially what we're looking at is ways to improve human's lives to address suffering by using the contextual behavioral sciences, seeing human beings as beings in a context with a learning history, and how can we continue to learn and change our behavior in ways that are helpful to us and effective for what we'd like?

Glenn Hinds:

Everything makes sense if you understand the context that they're in, wow, fantastic. Again, I've no doubt that there are many people who are going to be as enthused by your conversation today as we are. For that reason, I'm wondering, if people want to reach out to you after hearing your episode, Robyn, would you be willing to accept those queries? If you are, how can they contact you?

Robyn Walser:

Absolutely. I have a website which, just so people know, it's about to shift from an old one that I built 10 years ago, and I built it so there's nothing impressive about it, to a new website. If you see the change, it's still me, and the name will stay the same. It's tlconsultationservices.com, T as in Tom, L as in lovely, consultationservices.com. It stands for trauma and life psychology and consultation services. There's contact information inside the website, so they can go to the website and contact me that way.

Glenn Hinds:

Fantastic.

Robyn Walser:



I'm also on Twitter and I have a Facebook page called the Heart of ATTC, if people want to take a poke around and look at those as well.

Glenn Hinds:

The Heart of ATTC. Your Twitter handle?

Robyn Walser:

Is just Robyn Walser.

Glenn Hinds:

W-A-L-S-E-R?

Robyn Walser:

Mm-hmm (affirmative), Robyn.

Glenn Hinds:

Robyn with a Y.

Robyn Walser:

Robyn with a Y.

Glenn Hinds:

Fantastic. Excellent. Robyn, thank you very much. Just as you mentioned Twitter, there are different ways you can stay in touch with ourselves on Twitter, it's @changetalking, and on our Instagram, it's Talking To Change Podcast. Our Facebook page is Talking To Change. For questions about future episodes or trainings or suggestions, you can email us at podcast@glennhinds.com.

Sebastian Kaplan:

Well, Robyn, this is a real pleasure. We're so happy that you joined us. It just left so many wonderful directions to think about and future directions to learn, hopefully. Thank you so much for sharing your time and wisdom with us.

Robyn Walser:

Thank you for having me. My pleasure, it was fun.

Glenn Hinds:

Thanks, Robyn. Bye everybody.

Sebastian Kaplan:

Goodbye everyone.

Glenn Hinds:



Bye, Seb.



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