

# Think Act Be with Seth Gillihan

**Seth Gillihan:** [00:00:00] when I'm talking about acceptance, I'm not talking about some kind of, you know, BS like, like I'm pretending like it doesn't affect me, but I'm, you know, allowing myself to be deeply affected by this. , you know, to feel the, the pain and the grief. But there's a larger, there's a larger context, a larger kind of encompassing of that pain, pain and suffering.

That itself is not touched by the pain, that is not in pain itself. You know, this, this observer part of ourselves That was Seth Gillihan on psychologists off the clock. we are three clinical psychologists here to bring you cutting edge and science based ideas from psychology to help you flourish in your relationships work and.

**Debbie Sorensen:** I'm Dr. Debbie Sorensen, practicing in Mile High Denver, Colorado. [00:01:00] Co-author of ACT Daily Journal, and an upcoming book on act for burnout.

**Yael Schonbrun:** I'm Dr. Yael Schonbrun, a Boston based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

**Jill Stoddard:** And from coastal New England, I'm Dr. Jill Stoddard, author of Be Mighty, the big book of Act metaphors and the Upcoming Imposter. No more.

**Debbie Sorensen:** We hope you take what you learn here to build a rich and meaningful life.

**Jill Stoddard:** Thank you for listening to psychologists Off the clock. Debbie and I are here to introduce an episode I got to interview Seth Gillihan, whose recent book is Mindful Cognitive Behavioral Therapy, A Simple Path to Healing, hope and Peace.

**Yael Schonbrun:** And I love talking with Seth.

**Debbie Sorensen:** Yeah. He's so genuine and just lovely. I think I really enjoyed listening to this conversation. I really appreciated his openness and how. As I was listening, I was kind of buzzing around the kitchen, like doing some dishes and prepping dinner, and I just felt so sort of grounded listening to him.

[00:02:00] I just, yeah, I'm so glad he came on.

**Yael Schonbrun:** Yeah. He's, so authentic and, has so many smart evidence backed. Tools that can help people. What I think is especially powerful about what he shares in his book and in our conversation is his very personal journey through illness, including just that morning that we met and how some of the tools that he writes about

have helped him to manage a very ongoing challenge that he has with his personal health, and he shares that in a very vulnerable, authentic way, but also in a very inspiring, powerful way.

The other part that I wanted to chat about with you, Debbie, is this idea of mindfulness inside of our consumer culture,

**Debbie Sorensen:** yeah, it's, it's interesting cuz I'm, look, I'm kind of deep into that social criticism of mindfulness and western wellness. I've read the book McMIndfulness and American Detox and a couple other books that kind of critique this. And so for people who aren't familiar with this dilemma, you know, it's like [00:03:00] mindfulness is really based on.

ancient practices that we know are helpful to people. And I know that personally because I've practiced mindfulness, you know, sometimes on and off formally, and also just in my daily life, I find it helpful. There's so much research supporting it, if you're, you know, and obviously the fact that it's been around for so long, it's really helpful to people.

But I think the the criticism is more around some of the ways it's used in Western wellness these days. First of all, it does have that sort of consumerist. Capitalist. Like someone's trying to make a buck off you. You know? And it's so, people are selling programs, people are selling accessories to go with it.

And I think that that can be problematic for one thing. And also it can be used a little bit as a quick fix, I think, and sort of market it that way, like a feel better strategy, which I mean isn't really consistent with this true spirit. and I think I, I feel like sometimes people are almost seeking like that blissed out feeling or [00:04:00] that sort of, you know, that full spiritual feeling in a way.

It's great. It's not bad, I think it's really helpful to people, but sometimes it does have almost like an avoidance to it or a little bit of a like seeking to be, you

know, the best mindful person or something like that. And I think sometimes actually it can contribute to people almost. turning away from some of the real problems in the world, which is also not really consistent with like, for instance, the Buddhist concept of right action.

Like it's not meant to be U used as an individual feel better technique, but I do think that often that's how I see it framed in, in our world that we're living in.

**Yael Schonbrun:** Right. right. In this kind of a culture, it, it mindfulness has been sort of perverted into this end goal, right? Of getting somewhere either more profit or feel better. And what it, the intention is more to allow us to be present for life's journey in a way that allows us to take right action in moment to [00:05:00] moment.

And so I think we do need to be careful as. Practice mindfulness to make sure that we're using it in ways that are more process oriented instead of outcome driven,

**Debbie Sorensen:** yeah.

As an example of where I've seen this, so I'm, I'm, I'm writing a burnout book, and I think in the burnout world, like we know that mind.

Can be really helpful for burnout. But then what happened is that, you know, they started creating these mindfulness programs to help with burnout that have gotten some flack recently. Because a lot of times they're used in this sort of quick fix kind of way to get people back to be more productive.

And so, You know, like an organization for instance, a hospital if you're in healthcare will like make everyone do this mindfulness program hoping to get them back up and running. And people are kind of like, you're not addressing the real issues. And this is, it is kind of used sometimes I think in these bandaid kind of approach ways, which really is not consistent with the heart [00:06:00] of, of true mindfulness in the way that it's been practiced for thousands of.

And I think Seth speaks to this, is like, well, how do I personally take. the parts of mindfulness that work for me and that benefit me and continue practicing it. So I don't wanna toss it, I don't wanna toss the baby out with the bathwater, so to speak.

Um, I wanna take the good parts of it, but without getting seduced by those parts of it that are more tied to consumerism and that maybe are used in ways

that are, are kind of, I. you know, maybe less helpful But without getting into that trap, right, without ignoring the problems of the world, without using it as that quick fix kind of thing. And I think that Seth offers a really wonderful voice on that. He clearly. Finds it helpful and advocates for it and is also very much aware of some of those problems.

So I just, I really appreciated the stance that he takes on this.

**Yael Schonbrun:** Yeah. So I hope that you listen all the way through, cuz he does really offer some [00:07:00] really valuable tips and we hope that you get a lot out of this conversation with Seth Gillihan.

**Yael Schonbrun:** Seth Gillihan is a clinical psychologist, bestselling author, host of the podcast Think Act B, and creator of the Think Act B Online School.

He specializes in mindful cognitive behavioral therapy and shares his simple research-based practices throughout his work, including through his just published book, mindful Cognitive Behavioral Therapy, A Simple Path to Healing, hope and Peace, which we are here to discuss today. Welcome.

**Seth Gillihan:** Well, thanks for having me, Ile. It's good to speak with you again.

**Yael Schonbrun:** It is. It was so much fun to be on your podcast, think Act B, which is a wonderful podcast that I highly recommend and I'm really excited to have you on ours. So I wanna start by first just applauding this book, which shares a whole lot of science and simple practical tools, but which also shares your very, Personal journey through illness, both physical illness and psychological illness, depression.

And I know from personal experience as a [00:08:00] therapist and writer that it can be pretty hard to go public with personal struggles. So I just wanted to kind of start with asking, what was it like for you to share so much of your painful struggle in this pretty vulnerable way?

**Seth Gillihan:** Yeah. Yeah. Thanks. That's a, that's a good question. I mean, it took me quite a while to get there, cuz I, I know. For many years in my practice, I didn't feel like I could admit to the patients I was treating that I was having any kind of struggle. I mean, obviously when you were, you're meeting with a health professional or mental health professional, you don't expect them to kind

of be sharing like, well, you know, I had a rough morning, or, or that kind of thing.

Um, but, and, and you know, it, it could obviously, uh, not be helpful a lot of the time. You know, someone. If, if a patient knows that I'm, you know, having a difficult day, then that might affect how, how much they feel like they can share or, you know, quote unquote burden me with what they're dealing with. But I think there [00:09:00] also was, well, I know there was a big part of me that didn't want to admit anything that might make me look weak or like, I, I mean here I am someone treating depression and, oh, what do you know?

Like I wound up depressed. I didn't realize it for, for quite a while because as you know, a lot of depression symptoms just look like other things, like fatigue or, um, or I mean, just, you know, the, a number of things that happen one by one, but didn't just announce themselves as depression, insomnia, for example.

So I, I think it was, I finally reached a point where it just didn't really feel like I had. Another option or, or at least the only real, the only the best option that I had was just to be honest. And I think that was my, that was my overriding, well, I think my overriding [00:10:00] goal in general over these past few years has been to, you know, as I've been dealing with this illness, which is, which is in, in a lot of ways ongoing, but how to.

Had to be, bring more of myself in a way that felt more honest and more real. Uh, I just, and just more human. And that was explicitly my goal with this book was to, to just write in a way that felt true and. And when I was being honest about my own struggles, it often, I mean, that's often when I knew that I was, was being honest.

I was being honest enough, I was sharing enough of myself in a way that I, hopefully other, other people could relate to and find helpful.

**Yael Schonbrun:** definitely. I think it really is something that makes this book stand apart because it's like that commercial for the hair club for men from the 1980s. It's like you're not just the president of the hair club, you're also a member. But there is something so powerful about [00:11:00] teaching these tools and saying, you know, I struggle too, and here's what I did.

That was really helpful. That really transformed some of the pain that. Struggling with into something that I can be proud of and into some, into a way of, of being in life that works well. And I think for a lot of the kind of skills that

we teach, it can feel a little top down with the therapist or the writer explaining these things, and you're kind of right side by side with the reader.

And I'm guessing with your patients in a way that feels so connecting, which is a part of, I think, of the healing process that you.

**Seth Gillihan:** Yeah. Yeah. No, I definitely agree with that. . It is funny how there's this, I mean, we don't, we don't assume that oncologists shouldn't get cancer or that, you know, pulmonologists will never have sleep apnea. But I think there is an assumption, or, or at least a hope that, that, you know, people who are treating, you know, mental.

Um, or, you know, [00:12:00] psychological conditions, uh, that, you know, somehow they'll be, they'll be on a different plane like that, that we won't be, or at least maybe those of us who, who treat these things, like to imagine that, that somehow we're, we're different and set apart, or, or until we, until we're forced to accept that we're, that we're not different.

Maybe we like to imagine that sort of thing, but,

**Yael Schonbrun:** Yeah, and I think the reality is many of us are wounded healers. We sort of come into this profession because we've had pain in our lives and have struggled to manage it, and that is sort of part of what drives the interest in psychology and psychology practices.

**Seth Gillihan:** Yeah. Yeah. No, that's a, that's a great point. Yes. Not, not only is it not an impediment, but it, but it often facilitates something more, more real, more connected. . I mean, I, I really felt, you know, during those, those years when I was still doing full-time therapy, but I was also, you know, really just struggling every day to get through the day and to, to get through my sessions.

[00:13:00] I don't think I ever had a period of more, more productive or, or deeper clinical work because it was just, I mean, I was so raw and it was so easy to connect to what my patients were describing. I mean, not, not uncommonly, you know, I may have been dealing with something that day. that then, you know, one of the people I was treating was, was going through and, and it was, it's just, it's such a different thing to kind of, I mean, to empathize as if, and then to empathize with really, I mean, as, as you suggested, like alongside someone like both feet in that person's reality.

I'm like, yes, yes, I know. I know what you're describing and I'm not. . I'm not just making this up. I'm not, I'm not imagining what it must be like for you. I

never know exactly what it's like for another person, but, but having had, you know, these, these types of struggles, it's just so much the, the connection just seems like it's, it's much more [00:14:00] meaningful.

**Yael Schonbrun:** Right. I mean, you, you can't be more validating than when you really are right there literally experiencing similar kinds of things as the person who's sharing their experience with you. It reminds me actually in the very. Beginning when I was getting trained to be a therapist, one of my very, very first clients had very crippling social anxiety, which I was also struggling with and I was, it was really amazing cause I was getting taught the tools, how to treat social anxiety, how people can manage it, you know, using the various strategies and cognitive behavioral therapy, treating this.

Person who I thought was terrific, who I could see those symptoms and realizing, you know, having all these insights about myself, oh, I can use this too. This really does work. And it was, I, I think it can be like that, but it does. Feel like you'd want to more be leading as opposed to, uh, totally side by side.

I think that's the fear that I have with almost disclosing too much is that somebody will feel like it's almost the [00:15:00] blind leading the blind. How do you stay in a position of, um, , let me, let me think of the word of having sort of a voice of authority, not necessarily being authoritative, but having some knowledge that you can impart when you are also struggling with similar kinds of things as as your clients are.

**Seth Gillihan:** Yeah. Yeah. No, that's a really important nuance here. Yeah. That it's not, it's not that yes, we're in exactly the same position, but we're, we're both equally human and, and have been through similar things or will go through similar things. Um, and yeah, it's not like the, like the, uh, oncologist is sitting there, you know, getting a chemo drip alongside, you know, the patient.

Like they're having different experiences at different times and they had different, different roles. Yeah, I think, I mean, really I think it's about, you know, sharing, sharing what I've found that works and, um, [00:16:00] you know, how, how I found a way through. without pretending that now I'm done with that. Like, I, I used to have difficult, you know, uh, uh, intrusive thoughts too, but now I got rid of them, you know, versus a more realistic, uh, approach, which is more like, you know, I, I, you know, struggle with these types of things from time to time, like a lot of people do.

Here's something that can be really helpful. when I, um, you know, need, need more, um, help in this area. Here's a, you know, an exercise, um, that I like to

try that you can use as well. But, but yeah, it is a, it is a delicate balance I think of, of, I mean, I've, I've found this with other, you know, like some books that I've read, um, or, uh, even people that I've interviewed on my podcast where it feels like maybe it tips too far in the kind of self-disclosure.

We're all. Type of way where it just sort of seems like the person is [00:17:00] almost like giving up or something, or just saying like, um, like it doesn't feel like there's anything, uh, inspiring or better that this person has found. Um, so, so yeah, I think it's so important to try to find that balance.

**Yael Schonbrun:** Yeah. Okay. So let's back up a little bit and talk about this model that you're sharing in your book, mindful Cognitive Behavioral Therapy. So you describe at the front end of the book how traditional cognitive behavioral therapy, really. Subscribes to a more medical model and that this kind of model can be limiting.

So I wonder if you can share how traditional C B T is can be limited and how mindfulness can help transcend those limitations.

**Seth Gillihan:** Well, when I was learning about C B T, you know, initially in, in grad school, I mean, it was very explicitly grounded in the medical model. Meaning there's, you know, [00:18:00] you, you identify these well-defined problems like depression with specific criteria. , and then you find a specific treatment like a medication or cognitive therapy that then you apply to that problem, and then the hope is that you eliminate the problem.

So the person, let's say, started out neutral and they have this medical condition or psychiatric condition, and now they're like a negative. . And so you're hoping your treatment can bring them back, maybe back to zero, maybe at least up to like negative six or negative five. So there, there are advantages to that approach.

You know, it's easy to measure things, it's easy to specify what the, the target of your treatment is and, and what your treatment is. It's easy to match, uh, treatments, like 16 weeks of cognitive therapy versus 16 weeks of fluoxetine. And yet, [00:19:00] I mean, I think most of us if, you know, you think about what's important to you in life, most of us probably don't say like, I really wanna just stay right around zero, like as close to zero as possible.

Maybe I'm not gonna quite get there, but if I could be like a negative one or a negative two,



**Yael Schonbrun:** That would be close

**Seth Gillihan:** that would be awesome. So it's, you know, it's a very mechanistic model that, you know, I, I give the analogy of like a car, like you buy a. Comes off the, the assembly line and that's the best it's ever gonna be. And you know, when you, you take your car in for service, you're hoping to, you know, keep it as close to that original level as possible. We're not cars and. Most of us, I think, aspire to something better. Something like growth or, you know, self-actualization. You had a great conversation with Scott Barry Kaufman on the podcast recently, and, and you know, as he points out, you know, there are these, these deep human drives [00:20:00] that we have for, for transcendence, for growth, for self-actualization.

and we can't capture those things in a, you know, simple medical model, like what I learned with C B T, which was, you know, let's, let's help this person, you know, to remove their symptoms. So that can be a really helpful approach. You know, it helps a lot of people with depression and anxiety and other conditions, I've found that, I mean, for me, one of the most exciting things about C B T and especially about mindful C B T is.

The, the, the, the idea of, you know, that the ceiling isn't at zero, that, that we can use these same types of approaches. We can, you know, tend to our thoughts and plan effective behaviors and then bring in the mindful element and really be present in our lives and open to things that are happening. And that [00:21:00] allows us, that, that facilitates our growth, that helps us to remove obstacles that would get in the way of our, you know, um, growing and, and becoming more fully who we are.

And, um, and for me the, you know, bringing in mindfulness is really essential for getting there. We can talk more about why that was, but, but it just, it, it felt to me at times, like, I felt a little bit almost like embarrassed. Of C B T because it did, it felt, it felt so, not only simple but simplistic. It felt like it was leaving out a lot of our, a lot of, of who we are, our sort of our full being.

And so that I think is where mindfulness I found really kind of opened up the practice.

**Yael Schonbrun:** Yeah. Well, I'd love to hear a, a bit more about why, like how you came to that realization and, and maybe I can sort of, uh, put that into context with a question that Well actually [00:22:00] let me. Let me frame it differently because I, so I'm curious about how you came to the realization that mindfulness was so important, but I wanna sort of ask this question that that's a

little bit two-sided, because I think mindfulness has so much power, and yet we live in this culture where mindfulness has almost been commodified and so, I remember you before you left Twitter, made some comment that really resonated with me about how mindfulness is really turned into this consumer-driven culture of crystals and oils and yoga pants, that really causes it to lose its essence.

So how can we use mindfulness in a way that's beneficial given that we live in a culture that really has transformed mindfulness into something of a commodity?

**Seth Gillihan:** Hmm. God, it's such an important question and I tend to get pretty worked up when I, when I think about this and talk about it. because it just, it feels like, it feels like a [00:23:00] corruption of something that, that had, and that has so much power and potential. So I just, I mean, I, I had this other thing I tweeted back when I was back when I was on Twitter, by the way.

It's been great, uh, being gone even though I, there are

**Yael Schonbrun:** Do you feel free

**Seth Gillihan:** I do, I feel, yeah, I definitely feel free. I feel, you know, a little bit lost at times where I'm like, oh, this is where I would click over to Twitter at this

**Yael Schonbrun:** Are you, are you not on social media at all these days?

**Seth Gillihan:** I mean, I, I have Facebook, um, I'm, I barely use it. Um, so yeah, I have very little social media pre presence now,

**Yael Schonbrun:** Hmm.

**Seth Gillihan:** but the, this, this particular tweet was something like, if you.

if you meet mindfulness in the road, kill it. So it's a takeoff. You know, on that, that quote, if you meet the Buddha in the road, kill him, meaning, you know, someone says this is what Buddhism is or this is what it means to be mindful, then [00:24:00] it's probably gonna be a limiting and can kind of bastardized version of whatever the person's describing.

I think that's really, I mean, I, I, as I say in the book, I, I even struggle a lot of the time to use the word mindfulness because it has been reduced so much to, I mean, either just sort of stripped of its. of so much of, of what the, the practice

can involve that it's, it just, it's kind of like a little hack, like, oh yeah, here's a, here's a thing you can do.

Like, I mean, it's, then it's fine. It can be helpful, but, but it also seems like it's, it's not a benign thing to water something down to the point where someone doesn't realize that there's so much more to it. And on the other side. , there's just so much bullshit that gets added to it. Like, like you suggested, like, I mean, if someone's into, you know, other, you know, types of things like, you know, certain costumes that they wear, bells that they ring, or things like that.

I think that's, [00:25:00] that's all fine. And I, I don't, I, I, the, the best part of me, I think that the true part of me, uh, the way I really think about this, I'm not, I'm not hating on those things, but only when they're presented as like, well, this is what it means to be mindful. , and if you're gonna be mindful, you know, then I slip into my quiet, gentle voice, and then you're going to speak in a certain way and dress in a certain way.

And, and, and it becomes like a, kinda like a straight jacket, like a spiritual straight jacket. And I, I'm guessing this is the psychodynamic part of me, I guess, but I, I'm guessing I'm, I'm also drawing on my own, you know, religious background that I, I grew up in, in a bit of a religious straight jacket myself in, you know, fundamentalist Christianity.

And, you know, having, having my, you know, deepest and most personal experiences and relationships kind of arbitrated by someone outside of myself, I just find infuriating. [00:26:00] So, so that's sort of the backdrop for me when I, when I think about mindfulness. So, yeah, so it's, it's, it can be hard to, to talk about without, um, without limiting it in some way.

But, but what I found, what I really connected to in, in what we're calling mindfulness, is the, I think it all just comes down to connection. Connection to the present. Connection to myself, connection to other people, and, and that type of connection for me, what I experienced, what I experienced that as just, it feels spiritual.

It feels like an inherently, um, like it, it inherently feels like it's a part of something. Not mind, not body, but really the deepest part of ourselves, kind of our raw experience of, [00:27:00] of attention or, or conscious awareness.

**Yael Schonbrun:** Yeah, you have this part in your book where you talk about how listening deeply can be like meditation and action, and I've actually always said that the most mindful I ever am is when I'm conducting therapy or when

I'm listening deeply to a story that my kids are telling and just everything falls away and I'm just so in it.

So for me, that really evoked this, ah, that is what mindful. Sort of meditation is, but meditation in action is.

**Seth Gillihan:** Yeah, that's beautiful. And that to me, you know, I think sometimes we can have a resistance to mindfulness because, you know, oh, I tried to meditate and it didn't work, or it's just so irritating. And you know, those people think they're, they're so spiritual, but then I go out and see how they live and they look like anyone else or worse.

But then when you describe that actual experience, you know, it's grounded. A moment. I think we all can relate to that kind of thing. Like I was right there. I was just there, I was doing what I was [00:28:00] doing. I was in the moment, whether it's, you know, with a person or, you know, I, I had this experience the other day where we was, I think New Year, new Year's day, we had a little gathering of, uh, our, our, each of our kids, we have three kids.

They each had, you know, one or two friends over for kind of an early, like a, a New Year's Eve lunch and. . You know, it's, it's so interesting at each of their ages to see the very clear developmental window that they're each in. Like, oh, that's what middle school girls are like, know, like their own sort of subspecies and sort of, you know, having these moments where you sort of see like that, you see clearly what's happening and those.

I think we all can relate to those things in a way that, we don't have to call it necessarily mindfulness, but just really being connected to your life. Connected in a way that's not grasping or resisting, but it's [00:29:00] just It's just in it.

**Yael Schonbrun:** Yeah. Yeah, I mean, my favorite definition of mindfulness is, you know, non-judgmental, present moment awareness. You're just so in the moment, there's no evaluative component. You're just in it, you're present. Um, and I think most of us have that experience, but it's, it is almost as if, by calling it mindfulness, it sort of removes us cuz we're looking for something that we're not sure we've ever experienced.

But if we can sort of peel back the language and just attend to the experience that that is what it is.

**Seth Gillihan:** Yeah, yeah, yeah. And then we think we have to be, yeah. We have, we think, we think we have to be a certain kind of way in order to be

mindful. and often it is, it's sort of Ady, it's like, you know, stripped of anything. I mean, as if, you know, we can't be angry and mindful or, uh, you know, or active or, um, or really just like all the stuff that really makes us juicy as human beings.

**Yael Schonbrun:** Yeah, [00:30:00] so I actually, I'm gonna engage you as my clinical supervisor here for a moment, because I do think as a therapist who's very interested in mindfulness, I'm constantly trying to get people on board with this idea of just kind of sinking into the present moment and attending to their experience.

But a, and maybe it is the language, but I often do hear from. Clients that I'm seeing, I just don't think I'm good at mindfulness or it doesn't work for me, or it's too boring, or I don't find benefits. So I'm curious how you respond to that in the room. Sort of what kinds of language do you use, but also how do you practice it in sessions who are brand new to the idea of this present moment awareness or who might be resistant to it as a way of, I don't know, exposing them to some of these experiences.

**Seth Gillihan:** Yeah, I run into that a lot myself and, and you know, it can definitely relate to some of those reactions, um, you know, having had them myself, but. I, I, I don't tend to push [00:31:00] when, you know, when someone is not, when, when they're not receptive to it. I mean, I, I do the best I can to explain clearly, you know, like what the benefits are and, and to dispel some of the myths about it.

Like that mindfulness is only about focusing on your breath, or that it has no relevance for your life outside of meditation, or that you have to wear, you know, certain clothes or sit in a certain way to practice it. but beyond, you know, when, when someone really. is not interested. Or they, you know, lead them through a meditation in one of our sessions together.

And, and, you know, , while we're doing it, I'm thinking like, oh yeah, like this is a real experience. Like I'm really, you know, enjoying

**Yael Schonbrun:** at the end of this

**Seth Gillihan:** right. And it's gonna be great. And they're gonna say, wow, I've never really experienced mindfulness like that before. Oh. So that's what it is. So end. And you know, like, what was that like for you?

No right or wrong answers, just, you know, How'd you [00:32:00] experience that? Uh, it was fine. You know, I mean, I got kind of bored, my mind wandered, but, but yeah. Yeah, they just kind of move on. Like, as far as they're concerned, it was mostly a non-experience. And

**Yael Schonbrun:** Yeah.

**Seth Gillihan:** so, I mean, and I, I think a lot of this, I mean, for all of us, it's just there are things that we're open to at certain times that we're ready for and, and things that we're not.

And as much as I believe that all of us would benefit from, you know, more, uh, more practice in, in being present and and receiving our reality, I think there're just, there are times when, when we're sort of ready to enter into the, that kind of practice in times when we're. So I, I try to at least, you know, may maybe plant some seeds that a person can come back to, but maybe at a minimum, uh, I, I would like to not turn the person off from mindfulness forever.[00:33:00]

And then maybe if, if, if I've succeeded in not doing that, then maybe, maybe that's all right.

**Yael Schonbrun:** Yeah, I like that. I mean, that, that's acceptance inaction, which is a beautiful thing to model and, and to sort of use as a way to not close people off and cause, , uh, psychological reactance towards mindfulness. I like that.

**Seth Gillihan:** Yeah. I just want to add, I think that's, that's a great point about modeling it too, that whether or not we're, we're explicitly teaching it, at least we can, can be embodying it in our sessions. and also just making mindfulness as, as non precious as possible. So it doesn't, you know, it doesn't have this, this kind of weird religious feeling where the person worries, they're gonna offend us if they don't like it, or if they're not a good person, if they're not open to it.

Like, whatever, you know, you don't have to do it.

**Yael Schonbrun:** Yeah, I love that. So I actually, I wanna talk a bit more about acceptance, um, in, in a couple different ways. And I wanna start off by having you help us distinguish between [00:34:00] acceptance and passivity. So you shared this story of non-acceptance, of being in the middle of the night with an infant daughter who wasn't sleeping and really struggling with accept.

but the opposite of that you write is not passivity or resignation, and sometimes it can be hard to distinguish between those. So I wonder if you can help us understand what it means to accept discomfort or something in the world that you don't like, or something in yourself that you don't like, versus to be resigned to it.

**Seth Gillihan:** Yeah. Well, I mean, one, one big difference to me is there's a different, there's a different kind of emotional tone that follows from each of those. So when I, when I resign myself to something, or I, you know, kind of, I mean, I think of resigning as like throwing in the towel. a, it's kind of a posture of giving up. but acceptance can also [00:35:00] be a, a type of giving up. But it, but this is a, a, a sort of defeated way of giving up and it leaves, I think, a sense of loss of not, not just like, um, not just that we haven't gotten what we want, but um, but there's no peace really. I think that that's attached to resignation.

Whereas acceptance, I think. I think real acceptance does bring its own kind of peace. Like, alright, I can let go of that, of that struggle, you know, a, a pointless struggle and accept that this is how things are. I think the really important, uh, element that often gets left out or, or, or at least the people imagine, is not a part of mindful acceptance, is that then from that place of acceptance, then I can act.

So when I, you know, had a very difficult boss, I struggled against that and I, I kept trying to, you know, make things work and imagining if I just, [00:36:00] you know, said things right or did the right thing, this person wouldn't be difficult. And then I finally realized she's just difficult. Like that's, I, I knew that before I started.

Everybody told me that. And that's why, you know, so many people have left because this person is so hard to get along with. And so that acceptance, first it. release a struggle that wasn't helping, you know, like banging my head against a wall. And then from there, then I could act in a meaningful way. Like, whoa, well this person's not gonna change.

I don't wanna stay in in a job like this, so I'll look for work elsewhere. So acceptance really is the, the. The best foundation for taking effective action. I think that's another really, really big difference. I'm not just resign, all right, this person's difficult. I'm just gonna have this miserable job until I retire.

No, it's a more, a more active, uh, engaged acceptance. Alright. [00:37:00] Right. This is, this is the deal. Now what.

**Yael Schonbrun:** Yeah. Yeah. you stop fighting the reality that you have no control over and conserve your energy to make choices about where you do have some influence. And I think that is so empowering. But I do wanna ask a follow-up question that, that is, uh, a personal question for you, which is, what about realities that we can't change, that we can't walk away from like illness?

How do we accept that and act in ways? Move us toward a path of healing if those realities are unalterable.

**Seth Gillihan:** Yeah, that's, that's a very, a very pertinent question. I mean, just, I, I, I go through highs and lows or, or. Uh, worse and less, worse times with this illness, which is still not completely defined, like it's most likely something related to Lyme that's never been [00:38:00] treated, but it's hard to get a diagnosis and maybe even harder to find treatment.

**Yael Schonbrun:** Well, and that can be a really hard component to acceptance too, if we don't even really, if we can't wrap our heads around what it is that we're accepting, and that's a truth of being alive. Like there are some things that we just can't wrap our heads around because we don't have the answers.

**Seth Gillihan:** Yeah. Yeah, yeah. And that's something I've gone back and forth on, you know, for the first first couple years I was really engaged and, you know, let's get to the bottom of this and, you know, all kinds of tests and scans and specialists and, and then at some point I was like, this is ridiculous. Like, I'm, I'm.

I'm taking on so much stress just from the hours of doctor's appointments every week, and I just, I just quit it all. I was like, Nope, no more doctors, no more, you know, acupuncture and cranial sacral massage. I'm just going to, you know, live my life as best I can and try to get some enjoyment and, and, uh, you know, peace and comfort in my day-to-day life. [00:39:00] But, I mean, my, my wife and I have had several discussions about this. Like she, you know, has really wanted me to keep looking and, you know, pushing and try to find something that she really believes that I can get to the bottom of this. And, and so I think there. I, I haven't always been clear about where I've fallen between acceptance and resignation.

I think times there has been a sort of like, uh, I mean, in a way giving up that's been helpful in some ways, but maybe not so helpful in others. So, so this morning, getting back to the, the present I, I, I just found myself in a really difficult place. Like my nervous system does this weird thing where like I'm all



like, I just hard to describe, but like, it feels like there's something in my nervous system that is trying to get out.

Um, and like my body's kind of shaky and I feel like I'm in like psychological pain, but it's through my whole.[00:40:00]

**Yael Schonbrun:** Oh,

**Seth Gillihan:** So I used to, yeah. Yeah. I don't prefer it, you know, I, I used to have those types of experiences and I would just feel despondent. You know, I describe in the book these, these kinds of episodes where I'd just be lying on the couch, just like feeling like, um, like, you know, just hopeless and lost.

And now, I mean, some of us having more, more perspective kind of knowing that, you know, things will probably be. Tomorrow or the next day or at some point, um, that I don't, I don't get as lost in them and I don't fight them as much. It's like, all right, this is what's happening now. Today's, you know, harder than, than other days.

And I mean, and. But, you know, yeah, I, I hear myself talking about some things sometimes, and I don't, I don't think I'm intending to, but it, I think I can give this impression that it's sort of like, and, you know, I'm kind of okay with that. It's fine, [00:41:00] you know, as if I, I, what I, what I wanna make sure I include is, part of what I'm fine with, with is the fact that like, I'm really fucking pissed off sometimes about it.

You know, like, like there, there's still lots of times where I've just had it. I just feel like, ugh. , like, I don't wanna do this anymore. Like, I, I can't believe I'm back in this place. And I thought I'd gotten clear of it. And, you know, with the, with the, the physical symptoms or the bottom just falls out at times, my sleep falls apart. But that's, so when I'm talking about acceptance, I'm not talking about some kind of, you know, BS like, like I'm pretending like it doesn't affect me, but I'm, you know, allowing myself to be deeply affected by this. , you know, to feel the, the pain and the grief. But there's a larger, there's a larger context, a larger kind of encompassing of that pain, pain and suffering.

That itself is not touched by the pain, that is not in [00:42:00] pain itself. You know, this, this observer part of ourselves, and that to me is what has felt like the, the spiritual connection that I've found. That I, I don't think, I mean, I say spiritual, but I don't think it has to be a kind of, you know, this, this sort of, um, like esoteric experience or something that's, that's really, that metaphysical, it's just an a, a natural part of ourselves.

There's this, there's this, there's this quality of attention that all of us can tap into that just that, that can observe our experience and it feels like that part of myself that's. Been there. That's always sort of who I've always been, you know, through all the changes of my life. So I don't know what your original question was, but.

**Yael Schonbrun:** Well, I'm just sitting here with wrapped attention and thinking of all of these experiences of my own, as I'm sure our listeners are, are two of. Like how would it have been different if I had gone through this immense [00:43:00] pain and I had just been open to it? I'm actually, this is so random, but because you know, you had me on to talk about working parenthood, but I'm thinking about childbirth and how different it is to just accept how utterly painful the experience is versus to be fighting for. Alleviation of pain and that doesn't like, if you can accept it, it doesn't mean it's not painful, but it does mean you sort of ride the waves of pain and it isn't for everybody. And this is a bit of a segue to my next question, because accepting discomfort is part of what's advocated in acceptance based treatments, but it can get a bit thorny when it comes to psychiatric medications.

Because those are intended to, for example, alleviate the suffering that goes along with depression or anxiety or other illness. So I'm curious, what are your thoughts on psychiatric medication, for example, for depression, and then what was your stance in your own treatment if you're willing to share?

**Seth Gillihan:** Yeah, sure. So [00:44:00] I know, you know, psychiatric medications have helped a lot of people. Um, I think a lot of, a lot of people find them, you know, an essential part of their recovery, you know, whether from depression or anxiety or something else. So if someone, you know, is happy with their medication and, you know, found it important, then, you know, I, I think that's, that's great.

And, you know, there's a lot of research showing that, that these medications, you know, certain medications can be helpful for certain conditions. I mean, I'm, I'm, I'm not a fan of medications like, uh, like benzodiazepines, you know, like Xanax and Ativan for, uh, you know, like long term use for managing anxiety, uh, just because of all the problems that are associated with those and, and, and, uh, they're just, they're not intended for, you know, as a long term solution, even though they're often prescribed that way. For, I mean, I, I, I have to be [00:45:00] honest, I don't think I've, I've expressed this as clearly in the past, but, um, I have a lot of misgivings about medication, a lot of reservations about it. Um, the, I think the, the, the effectiveness of medications have been oversold. I think most people don't, don't realize how, um, how little, um, And how, how

much of the response to, let's say a, a medication for, for depression is, um, is probably attributed to the placebo response.

You know, if you look at, uh, studies and you see, you know, placebo is, is having like a 50% response and then the medication's having maybe a 60% response. So you're getting like a little, a little boost and, and there's pretty good evidence showing that most of the advantage in these clinical trials is probably for people with really.

Depression, it's probably not doing much, if anything, for people with, with, you know, mild to moderate, even sort of like [00:46:00] low grade, severe depression on average. So, um, and they're, you know, the side effects are not pleasant for a lot of people. Um, and not just the side effects of going on the medication, but then a lot of people find it, you know, kind of like a, I don't know exactly the analogy, but you know, once they're taking it, even if it's not, It's really hard to get off because of the, the sometimes severe withdrawal effects the person has.

So, I, I don't wanna be irresponsible and, and say that nobody should be on these medications, um, or that somebody, you know, should, should stop the medications without consulting a doctor. Um, but, , but I mean, personally I am, you know, very reluctant to, um, you know, to, to take psychiatric medication.

Medication in general, to be honest. Um, unless it's, it's really needed. Um, but, but I think there's, I, I think the, the drug companies have, you know, by and large done a really effective job [00:47:00] at, at. You know, painting a more optimistic picture of these medications than really matches the reality. So I had several people, you know, tell me, you know, when I was describing what I was going through, you know, good friends, and they were saying, you know, there's no harm in considering medication.

Um, and I mean, they obviously, you know, had my best interest at heart and meant well, but I had no interest in medication in part because it was, I mean, I knew. That the type of treatment that, you know, you and I provide, cognitive behavioral therapy has been shown to be at least as effective as, you know, medications.

I mean, medications can be helpful, but, um, but you know, C B T is, um, tends to be more effective in the long run as well, you know, if you wanna stop the, the treatment at some point. Um, but also I just, you know, I looked at my life and saw that I was just a kind of an ideal candidate for. [00:48:00] For these treatments because there were such obvious targets.

You know, my, my thoughts, my, my way of thinking was all screwed up. So, you know, there's a lot of work that I knew I could do there. My life was not exactly filled with activities that were enjoyable and, you know, important to me. And so I knew there were, you know, things I could do there as well. Um, and then, you know, the practices and mindfulness and meditation, uh, that I knew could be helpful.

So, um, so yeah, I never, I never really even considered going on medication. I'm not saying I wouldn't at some point if, you know, I were in a position where it seemed like that was the best option. But, um, but yeah, I, I, uh, I, I didn't take, take any medication and, um, at least at this point, I feel like I wouldn't.

**Yael Schonbrun:** I appreciate you sharing and, and thank you for letting me ask such personal questions because for me, it, I think is a part of the conversation that gets. [00:49:00] Ignored, neglected, and so much I, I do think, you know, we live in such a consumer driven culture and we talked about it with mindfulness and certainly that's true with medicine, medication of all kinds.

I recently got very obsessed with the Sackler family. I watched that show, dope Sick, and then I read Empire of Pain, which is just a total indictment of what the pharmaceutical industry can do, and how it can really hoodwink us and. Think most of the players are as, um, morally questionable as the Sackler family was.

But I do think that the motivations can really color how the evidence gets interpreted. And for that reason, I do think that we have, as a culture, this overly optimistic view of what medications can do and a belief that we shouldn't have to feel the discomfort of our feelings. And I'll just share. I mean, you shared a lot of personal things.

I've had a pretty significant, uh, anxiety and depression history [00:50:00] too, and of a pretty significant family history, and I've been told by so many people, including family members, that I should go on medication. I've been similarly reticent

so I am really appreciative that you're willing to talk about that. So,

**Seth Gillihan:** Mm. Yeah. I appreciate your sharing that about yourself. I mean, it's, to be honest, it's harder for me to. I mean, it, it's, it's hard for me to, um, give my, my true opinion about medication in general than it is to describe my own struggles and thoughts on medication. Just cuz I mean, I feel so much, um, Uh, concern about liability.

You know, like what if I discourage someone from taking medication and, and then, you know, so, or, or, you know, making people feel bad about being on medication, which I definitely don't wanna do. Um, but I also wanna give people, as I understand it, you know, the actual state of the science and, and accurate information so they can make informed choices.

**Yael Schonbrun:** Right. Yeah. And I do think it's [00:51:00] complicated because even, even if it is largely placebo effect and there's some additional piece, if the placebo effect is helping you and you feel better and more able to engage in your life with value, you know, in line with your values, then, then maybe that's not such a bad thing and shouldn't be discouraged.

**Seth Gillihan:** Yeah.

**Yael Schonbrun:** can get pretty hairy in terms of the recommendations. I mean, it's always interesting when I can't prescribe medication cuz I'm not licensed to do so. But when patients will ask me should I start medication because I don't seem as you wanna discourage it if they think it's the right choice for them.

But I do wanna share with them some of the hesitations that I might have in terms of, um, I don't know what the benefits are and what the, what the disadvantages might.

**Seth Gillihan:** Right. Yeah. Yeah. And I agree about the placebo. Two, that it's, I mean, what are you gonna do? Like prescribe a placebo? You know, there's, but I think, you know, if, it'd be nice if there were as large of a placebo effect in our [00:52:00] culture for, you know, therapy as for medication, you know, if, if people had been convinced that, you know, this is your, this is your brain with this little receptor and therapy fits right into that receptor, you know, like the, like with

**Yael Schonbrun:** If you read Seth's book, you'll feel amazing. You'll never feel depressed again.

**Seth Gillihan:** Right. Yeah. Yeah. If we could sell that story, it'd be nice to capitalize on the placebo effect for treatments that have only, I mean, as far as I know, pretty much only positive side effects like that would be. That'd be a nice setup.

**Yael Schonbrun:** Yeah, it would be nice. We'll keep working on that.

**Seth Gillihan:** Yeah. Let's do it.

**Yael Schonbrun:** All right, so, so much of what you talk about in mindful cognitive behavioral therapy aligns with acceptance and commitment therapy. And I'm curious where you see those two treatments diverge and where are the important places that they converge?

**Seth Gillihan:** Yeah. Yeah. I've, I've, uh, you know, been a fan of ACT for, for a while now. Probably since I first learned about it in grad [00:53:00] school. Uh, I had a great conversation with Steve Hayes on my podcast a couple years ago.

**Yael Schonbrun:** And he blurbed your book as well,

**Seth Gillihan:** did, yes. Yeah, very kindly. Um, and,

**Yael Schonbrun:** as well did Angela Duckworth and Scott Berry Kaufman,

**Seth Gillihan:** Yeah. Yeah. That

**Yael Schonbrun:** big names on here.

**Seth Gillihan:** yeah. Yeah. Um, but I, I think, you know, one of the, one of the big differences to me is that my experience with ACT is that it pretty much, um, treats. it treats thoughts as really not, not important. It doesn't engage with them very directly. Um, and, and tell me if I'm misrepresenting anything about act, but

**Yael Schonbrun:** Well, yeah, I think it's, it's, it's less about. Modifying thoughts and more about learning to relate to them in different ways.

**Seth Gillihan:** Yeah. So I think that's, that's an important part of, of my approach, uh, meeting our thoughts, kinda relating to them in, in different. . But, uh, but I also incorporate, you know, some of [00:54:00] the parts of more traditional C B T where we do, you know, kinda get in, get in there with our thoughts, you know, take a look at them, especially the ones that keep coming back and that are, are bothering us and obviously are not really aligned with reality.

Then we can look at the evidence and, um, you know, find maybe a alternative way of thinking that's more helpful. Um, but, but not in the. Some of the more hardcore CT stuff. Cognitive therapy is more about like, well, let's, you know, figure out how much you believe this thought and then, and then, you know, find some evidence that contradicts it and then, you know, figure out, okay, has your belief in the thought gone down?

If not giving thoughts that much centrality where it's all about like, we have to fix these thoughts, but, you know, maybe bring, bringing a lighter touch to it. But I, I think it's just, it's a, there are a lot of points of overlap, but it's also just a, a bit of a different model in that it's, it's kind of CBT plus mindfulness, whereas I feel like [00:55:00] ACT is more, much more along, uh, it sort of diminish, like really diminishes the, the cognitive part and focuses more on acceptance and behavior.

Do, do you think that's a fair des?

**Yael Schonbrun:** I think that is a fair description, but it is interesting cause I think that some of the tools that are really, uh, common in acceptance and commitment therapy are ones that you use to help folks manage both their thoughts and or respond to their thoughts and their behaviors. I'm just thinking, for example, you talk about thought decentering, which I think is very similar to what we call diffusion in acceptance and commitment therapy.

It's sort of figuring out how to unhook from thoughts, make them less. Sticky and, and I, I, you know, as I was reading your book, it really is clear that you help people do what's, what cognitive behavioral therapists called thought restructuring. Sort of, you know, really attack, not attacking the thoughts, but challenging them and really looking at them and trying to see if you can modify them to be more helpful, which is not something that we do very often in [00:56:00] acceptance and commitment therapy.

So I think that is, um, my assessment would align with that.

**Seth Gillihan:** Yeah. Yeah, I do. I do just wanna, I mean, Scott Barry Kaufman has been. You know, kind saying things like, you know, this is a revolutionary paradigm and, um, I don't wanna disagree with him, but I also, you know, acknowledge in the book and wanna acknowledge in general that this is, you know, there's this cliché, we stand on the shoulders of giants and, you know, I, this is stuff that builds on things that others like Steve Hayes and, you know, uh, c Siegel and others have developed.

Um, and, and you know, their work built on the stoics and, and you know, Tim Beck. So, so we're all kind of building on each.

**Yael Schonbrun:** Yeah, collaborating connected to each other, which is, which is an important part of what you advocate is, you know, to be in connection. So, you know, think Act B is the mantra that you sprinkle throughout the book. Uh,

mindful Cognitive Behavioral Therapy. It's the title of your podcast and it's a beautiful mantra, I think.

Um, so I just wanna thank you, Seth, for speaking with me today. This beautiful [00:57:00] book for sharing your personal story as well as wisdom that people can take and use themselves. And I really hope people pick up your book, which we'll link to in our show notes. And given that you're not on social media, where else can folks find you?

**Seth Gillihan:** Uh, the best place is my website, [seth gillihan.com](http://sethgillihan.com). There links everything from there.

**Yael Schonbrun:** Okay. And we'll link to that as well on our blog and in our show notes. Thank you so much, Seth.

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