

didn't exercise and we did our pre-imposed measures and we found that indeed, which is what we had hypothesized, was that the people who exercised did reduce their anxiety and depressive symptoms compared to the control group, and I thought that was the end of the story. That was almost 30 years ago. But part of our study design was to call everyone back and do focus groups. And the participants sat around in these different focus groups laughing, talking and I naively thought that wow, we didn't just do great research, we actually helped people live better lives.

But I found out that I was wrong. And I was wrong because almost everyone had stopped exercising three months before when our study had ended. And when I asked people why they had stopped exercising given what we knew already, right? They said, "Oh Michelle, I'm so busy. I have family and work and aging parents and this and that." And what became very clear to me is that these people had not stopped exercising because they were cancer survivors, but simply because they were busy adults living their lives. And I thought if people who faced a life-threatening illness didn't feel comfortable prioritizing their own self-care through activities like physical activity, then we have a real problem in society. I had a light bulb go off in my brain and it told me this is my problem and I'm going to solve it. And so everything I've been doing, it's almost been three decades, both through academic research and training and being a health coach and working on the ground with people, it has been in service of understanding what really gets in people's way on a daily basis and then what do we need to do? What is the emerging science telling us and teaching us about how we can develop better interventions, better programs, better apps to help people learn – because beliefs drive behaviors. So we've got to figure out how do we help people develop the right beliefs as well as strategies for sustaining self-care behaviors related to healthy lifestyles.

Jen Fisher: You are speaking my language on so many levels, so I'm a cancer survivor. I don't know if you knew that. Just actually crossed the six-year mark and I'm also an avid exerciser, and I was before, during, and after my treatment. But I often talk to people about it and just kind of rituals even during treatment and working out. There were days that I would go to the gym just to sit in the gym. So when you talk about kind of mindset, right, it was like even if I didn't do anything but a little bit light stretching, it was kind of the mindset or the belief and the ritual associated with going to the gym and kind of what that meant to me. I completely understand the anxiety and depression that comes with that and comes after that and I think for me exercise is one of the key ways that I manage my anxiety, especially around disease recurrence, etc. So thank you for doing that work, but for also broadening it for everybody else that isn't a cancer survivor because, we all need it.

Michelle Segar: Well, I mean it, but your story, while it reflects your unique path on that journey, also exemplifies what emerging science would suggest, is really important for everyone when it comes to lasting behavior change, and it speaks to the number one underlying meaning that it has to us, as an ally. You're using it as an ally to help you ground yourself, take care of yourself, but also from what you said it sounded like it was kind of part of your identity and who you are and that is what the emerging science shows is very important for sustainability and I want to pause there and say the problem is that the way we've been educated, socialized, indoctrinated when it comes to behaviors like exercise and healthy eating. It's the antithesis of our identity. It's the antithesis of an ally. And that's the problem there's this disconnect with the way we've been taught to think about, approach, and do these, especially these two behaviors, because they're inextricably wrapped up with harmful experiences and memories related to losing weight primarily, and what the science shows and individuals like you know, really predict changes that can stand the test of time.

Jen Fisher: Yeah. So, let's dig more into behavior change and the science behind behavior change. So let's talk about very simply, like, why – and you touched on this a little bit – but kind of just the way we've been raised and indoctrinated and taught to believe certain things when it comes to food and exercise and what we eat and don't, and our weight, etc. But why is it so hard to change our behavior in ways that better support our health?

Michelle Segar: So the short unsophisticated answer is change is hard because our choices and behavior really come from our brains and our brains get used to doing things in a certain way. So that's the short answer that in order to change our behavior, we also have to change our brains. And so the more, I guess, the more nuanced answer is that our behavior and choices are embedded not just in our brain, but in our daily lives, within our families and our works, in our work and our communities. And so if we have a pattern of choices within those contexts when we think about changing our choices and changing our behavior, it's always going to be within a multi-level of contexts and that means that all the forces that exist in those contexts, both forces that might favor the change, but also they go against it, it's very complicated. And that gets to actually one of the core issues and when we think about changing our behavior, we often do it at a point of time where we're super motivated. I call it the motivation bubble and it could be New Year's resolution time. It could be leaving the doctor's office and learning that we're in the pre-diabetic category or being admonished by a clinician or seeing that May cover on the magazine we like to read and being inspired by it or Instagram or whatever. Whatever the instigator is, we are filled with commitment and inspiration and motivation, and so we make our plan whatever the behavior is. And it's kind of in isolation. It's an isolation in this motivation bubble, but the reality is, as soon as that bubble and it tends to be overinflated; if we're blowing all this inspiration and commitment into it, the bubble gets overinflated and it survives within the first week because we're so focused on this endeavor, this project that we're that we're so excited about doing and the goal it's attached to. But as soon as that over inflated bubble, bubbles are fragile, bump up against something in the real-life context in one of those levels that we just talked about – it bursts and our plans and goals and just go right down the drain. So that's another reason why it's hard. It's because when we start it's kind of in a false context.

Jen Fisher: Yeah, so a couple of things that I want to ask based on what I just heard you say. So in particular like the other humans that we surround ourselves with, that's kind of on one of those levels I think and what I heard you say like if we are trying to change our behavior, especially to behaviors that are potentially more healthy than the people that we surround ourselves with. That can be very hard or even disastrous, especially to maintain over the long term because like to your point, you have that initial inspiration, but if you are surrounded by kind of the same environment and context and group of people who don't also support those types of behaviors, it makes it incredibly hard.

Michelle Segar: Yeah, well there's real truth to that. And I think for the purposes of I think getting very specific might help us think through knowledge. Let's think about our family, a family environment, right, where you might be wanting to change your behavior, eat maybe healthier let's say. And you have a couple kids and a partner who have no interest in eating in a healthier way. Does that fit the scenario you're talking about?

Jen Fisher: It does, yes.

Michelle Segar: Well, great. I mean, I think that's kind of a standard scenario.

Jen Fisher: It's very common, I think.

Michelle Segar: And so what do we do? Well, one thing we want to do is we want to, I call it, bringing others on board. And it's not that we need to get other people to follow the exact eating style that we are deciding we're going to do, but we want to make sure they understand why we're doing it, right. Like when someone changes their behavior and there's no reason for it, you're just going to get a lot of push back. Now that's not to say you're not going to get push back, but we want to make sure that people understand what we're doing and why. Because we want to bring them on board, at least in theory. The other thing is, which is kind of a backward step from that situation, is we need to be very clear with ourselves about why we are making this change, because if we don't have deeply compelling and relevant reasons for our "why," then whenever we bump up against any kind of conflict, whether it's internal in our own brain or from other people, it's just going to burst. The bubble is just going to burst. So we have to come to this project deeply compelled and you and I could have a conversation just about that, because that is so fundamental. Our primary reason for initiating a behavior change is so fundamental to whether we develop low quality and short-term motivation or high quality long term motivation.

Jen Fisher: And is that like intrinsic and extrinsic motivation or simply?

Michelle Segar: Yeah. It's got a very global perceptiveness. But it's even, I think because this is so important, it's worth saying again, the motivation we develop comes from our primary why or goal. So, we know in general that weight loss is a reason for behavior change leads to low-quality short-term motivations and extrinsic motivation. So that's why our primary reason is so crucial. Most people skip over that and just go, oh, I want to lose weight and I'm going to start doing that. If we aren't very purposeful about what our primary reason is, we will set ourselves up to fail. But we've been taught to think that way. But again, that's a conversation in and of itself, so I will just throw out there. We know that when it comes to physical activity, for example, that having our reason for exercising, being immediate positive feel-good experiences during movement, not even after movement, is what predicts ongoing behavior. So that's just an example. We want to shift and reframe a behavior like physical activity away from future and vague goals like better health, disease, prevention...

Jen Fisher: Because that didn't work, I guess, right with the cancer survivors?

Michelle Segar: That's exactly right. And if there were a group that we're going to work on, it would be a group that already knows what's at stake. Thank you for circling back to that. So getting back to the question at hand, when it's challenging, we want to be committed, but committed in a profoundly personal way, and then we want to communicate with these important others and explain this is what I'm doing and why it's important to me and the implications on our family, the food that's in the house, or the meals that I cook. And either asking if people are open to trying new foods or saying, "This is what I'm going to do and I need support." If people don't want to eat the new foods that I'm going to be cooking, I need other people to bring it come on board – or person who's in charge of cooking and who might want to change their behavior and might say, "I'm willing to cook two different meals to make sure that we all get our needs met. But I'm gonna ask that we not keep certain foods in the house," and so it is a process of negotiation like anything. Like when a family decides to get an animal, which is this forever thing, like we would be trying to do with changing certain other behaviors, there are implications for the roles that other people are going to play and the supports that are going to be needed. So I think once we take a behavior change and we un-isolate it right, when we stop thinking

about it like it's in this bubble, like we would getting a puppy, who's going to be responsible for this and that and the other it changes the conversation and makes it a family affair.

Jen Fisher: I love that and we we've been talking a lot about you need other people to take care of yourself. Like, we all need this community around us to help us take care of ourselves. And I hear that coming through also in in this asking for and receiving that support from others, even if they're not doing the exact same things that you're doing.

Michelle Segar: That's exactly right. I want to say that when it comes to behaviors like eating and exercise, we think of them, we think about this self in very isolated ways, but the psychology of the self is absolute connection, like among the most important parts of who we are is our connection to other people and so our self, by definition, is not just I and me and my, right. It's who I am, but also in relation to the people and projects that I care about. So it is much more expansive than we're used to thinking. And remember if we're focused on weight loss, that's all about me stepping on the scale. That's a very myopic way of thinking about making a change in behavior that we hope will stand the test of time.

Jen Fisher: Which is why fitting in your high school jeans is not a great goal for losing weight or for sustainable losing of weight.

Michelle Segar: Right. And that's why when we help people understand the new thinking is that we really want people this, even if people want to lose weight and even if people need to lose weight for health related reasons, it's counter intuitive, but we really want to get people to get deeply in touch with their bodies, both with physical activity and with their eating choices, because we want to help people in their brains change the value of their choices. And if we're focused on should's and shame and weight, that completely misguides us and distracts us from the experiences that the emerging science shows is really what's going to get us to stick with it. Ironically, the things we need to do to sustain any weight that we might lose. So, it's about focusing on the process instead of the outcome, which research strongly shows as it better leads to lasting success.

Jen Fisher: Yeah, absolutely. So your latest book, it's called the *Joy Choice*. And tell us why, because I love this "why". Why is it called the *Joy Choice*?

Michelle Segar: I'm so glad people are starting to ask me that question because it's a really important question, and there are a few different answers. Well, first of all, when we think about again changing our healthy eating and exercise, often joy is the furthest word from our mind, right? We're thinking about, I have to do this. I have to look like this.

Jen Fisher: I can't eat the things that bring me joy.

Michelle Segar: I can't eat. I'm deprived. I'm going to rebel. I don't have the permission to take care of myself. I think of all these things that we can't and should do. But what I'm trying to do is create a brand new paradigm. This might sound overly aspirational, but I want to create a revolution around the world. And how we perceive, think about, and approach, taking better care of ourselves through physical movement and what we eat. And so it's called the *Joy Choice* because of its definition. We're not focusing on perfection, in fact the *Joy Choice* is defined explicitly, and I can say this because I defined it. It's a perfect, imperfect option that lets us do something instead of nothing when our plans bump up against an unexpected conflict. So I want to I want to deconstruct that. Most people, when they initiate some change in behavior, the goal isn't to do it for two weeks. The goal would be I want to keep this up

because I want to keep up the benefits it's going to give to me. So in order to do that, we have to stay on the path of lasting change and in general we do need plans. Even if we're going to be flexible, if we don't plan something into our day, whether we're retired or our schedules are so packed, we can't fit anything else in, we still need plans because they provide a structure that get us some place or get us to do something. If we don't have the food from our eating plan in our house, if we don't plan how we're going to get that food in her house or how to cook ahead, it's not going to happen.

So plans are crucial. But inevitably, they bump up against something unexpected and they go awry. So my contention is that if we don't know how to successfully navigate our plans when things go awry, we will not stand the path of lasting change. So this book is about how to successfully navigate when things go awry in ways that don't just make us successful, but that bring us joy. And now I'm going to get to that part, the perfect, imperfect option. Why perfect, imperfect? Don't we want to hit a bullseye? Don't we want to stick to the plan like that's the old story of behavior change that is outdated, simplistic, and misguides most of us. The emerging science shows when it comes to our eating plans and our exercise plans, that coming to situations with flexibility, changing up what we had planned to do, doing it less perfectly, is actually associated with better and more sustainable behavioral choice, which isn't it counter intuitive?

Jen Fisher: Well, it is certainly not what we've been taught. Especially because I'm a recovering perfectionist, so I'm like, wait, you want me to be imperfect?

Michelle Segar: Yes, but the word recovering to me suggests that you are understanding the wisdom in that. It's the perfect, imperfect option. Don't you just want to take a deep breath when you hear that, and your shoulders relax. And this isn't just like people say, "But Michelle, aren't you dumbing it down? Isn't this dumbing down what we're supposed to be doing?"

And my answer to that, I have two answers to that and they're really important. The first one is a real story. I was talking to a bunch of clinicians about this idea, and someone got really angry at me and she stood up shaking, and she accused me of putting her patient's health at risk because I was proposing that they not follow her exercise prescription to a T, which was designed to help them better manage their chronic illness. I didn't know what to say at first. What do you do when someone in public is accusing you of something that is kind of bad? Fortunately, the right thing to say came into my mind and I smiled at her, and I said, "How's that working out for you?" It doesn't work. So, for decades people and clinicians and ourselves and society has been telling us we've got to do it right. We've got to do it perfectly. We've got to hit the bullseye or it's not worth doing. And decades of experience show it doesn't work and then, fortunately, the emerging science shows what does. And it's being more flexible. Now I do want, there's a caveat here. There are individual differences, and I live with someone who is an outlier on this and who does do it perfectly. And he's got the innate self-discipline and organized life that enables him to do his exercise and eating perfectly day in and day out. But most people are not like that, so we do need to appreciate there are personality differences when it comes to this, but we also need to take a population level Bell curve approach and think, well, sure, that's what we've been taught and that's what we thought we needed to do to succeed, but in fact most people can't be successful. So that's the one of the reasons why it's called the *Joy Choice* is because finally we have a formula that lets us be successful. That's number one and that is this positive thing when we succeed, we feel positive, and that is a joyful experience – number one.

The second reason I call it the *Joy Choice* is because when we take care of ourselves in ways that consistently support our greater goals. And again, this isn't perfection. This isn't doing the same thing day in and day out. This is making choices that consistently affirm our goals. Then we aren't just making choices related to healthy eating and exercise, or regular meditation, or getting enough sleep. We are truly making choices that are aimed to support who we are at our core. And when we do that, we are not just nurturing our isolated individual selves, we're fueling ourselves for this other part of ourselves that we've already talked about, the communities that constitute this, who we are. So that in itself is a joy, but it's a deeper type of heartfelt joy.

Jen Fisher: And one of the things that I was thinking, thank you for that. One of the things that I was thinking when you were talking also is when we give ourselves permission to have this flexibility to make the joy choice, we don't have all those awful stress hormones that come about when we feel shame around not making a good choice, or the best choice, or the choice that I should have made. And that too impacts our ability to, if our goal is to lose weight or if our goal is to exercise, and we're feeling like we didn't make a good choice there were inflexible and the choices that we make it's kind of that all or nothing thinking like, oh well, if I can't exercise for an hour, then I might as well do nothing. Or if I'm going to eat this one slice of pizza, I might as well eat seven, right. Like we kind of have this extreme thinking, but then that creates all kinds of shame and stress.

Michelle Segar: It sets us up to fail, I mean let's just to really understand the ridiculousness of, "Oh geez, I ate one piece, I may as well eat the whole pizza or I can't go to the gym for 60 minutes, so I may as well do nothing," right. Let's shift the conversation and think about the rest of our lives. So, we have a dentist appointment tomorrow and at 10:00 AM today we get a call from the office. It says, "Oh gosh, we are so sorry, but we have to reschedule the appointment tomorrow." Do we fire our dentist and feel like failures because we couldn't do the dentist appointment as we had planned? Or if we can't meet our friend for the drink that we talked about and planned two months before, does our friend dump us because we have to reschedule? It's the all-or-nothing thinking which is officially distorted thinking, right, that we bring to eating an exercise is ridiculous in the other areas of our lives and so I think it's really important to point that out. But, you could say, well, then why do we do it? Why do we do this thing that is so explicitly ridiculous? And the reason why is because we have been socialized, educated, indoctrinated with an old story of behavior change that sets most of us up to fail and because of the way our brains work, these beliefs that, "I have to do it in this way or I may as well eat the whole pizza," have been deeply ingrained. And again, it goes back to why it's called the *Joy Choice*. We don't just need to be told that imperfect is better because science says it is. We need to have a concept that's going to shake us at our core and that's going to inspire us to want to do it. So, if imperfect, and what used to be considered a failure or not worth doing is actually the joy choice, well, isn't that more compelling and more inspirational?

Jen Fisher: Absolutely, I love it. That's why I asked you to explain it because I think it's brilliant. So thank you. So let's talk a little bit because you've touched on this, let's talk about habit formation. So how does that play into this? Does it work? Does it not work? Where does that fit into all of this?

Michelle Segar: Sure. Well, let me start by saying there's nothing inherently wrong with habits, they're awesome, right, like being able to offload certain choices so that we can have our cognitive and attention on other things. Is an asset in something that we would care about and I have a flossing habit that I depend on, so I'm not anti-habit and I want to make sure that that's clear. However, I am critical,

and I'm concerned that habit formation has, as part of the old story of behavior change, and a very popular part of the story of behavior change that is currently being told. It's been overgeneralized to complex behaviors like exercise and eating, and here's why.

Habit formation aims to offload our conscious choices, put it on autopilot, so we don't have to think about it. We don't have to resist and exert willpower, and in theory that sounds great. But when it comes to practice, here's what happens. Habit formation is based on, tends to be based on a three part habit loop, a cue, a behavior, and a reward. Let's use flossing because it's really simple. The cue might be for someone putting their toothbrush down and then reaching for the floss. For the behavior, the flossing and then getting some kind of positive reward afterwards. A clean feeling in the mouth knowing that you finished that dental hygienic thing that you do at night and when you do that enough times it creates this automaticity in your brain that you don't have to think about and I actually have achieved that in my own life, great. But now let's take that habit loop. And let's take it out of the bathroom, where we tend to be alone in the evening or in the morning whenever someone flosses. Then let's put it smack dab in the middle of three kids and a puking dog and a work deadline that's been moved up by two days. Now that cue is just blown to smithereens, right. Like you may have had a cue to go to the gym at a certain time or to go outside, but once it starts interacting with other components of our lives, and in fact exercise and healthy eating has multiple components and phases and steps, so the habit loop really isn't valid in that case. Now again, my husband is, as I talk about at the beginning of the book. He has an exercise habit. He gets up every morning at 5:30. He sleeps in his exercise clothes. He has established this habit so there is no variety, and nothing is going to get in the way and, Wendy Woods, who's an esteemed habit researcher, even says variety is the enemy of habits. You should structure your life so that there isn't any variety that's going to disrupt the cue, but most of us don't have the luxury of doing that.

And in fact, the current conversation among habit researchers in themselves, when it comes to more complex behaviors, they're grappling with this issue. Where does motivation fit in? Because it does, and think about the conflicts, we talked about the shame and the sense of failure and the rebellion, how does that impact that sense of reward that's supposed to be the actual driver of the habit loop? So once we take a step back and critically evaluate the assumptions that have not been discussed explicitly, a lot of people don't meet them when it comes to more complex behaviors. And furthermore, and this is really important, despite that appeal and the popularity of habit formation, there is very little evidence that actually suggests or supports the notion that it produces sustainable change, even among simple behaviors like flossing.

Jen Fisher: And I guess in the book what you're describing in terms of the three kids and the puking dogs, those are what you call disruptors, right?

Michelle Segar: Yes, the whole notion of disruptors. When I started on my path of studying how to create sustainable behavior change, the way I approached it was trying to understand what are all the barriers to sustainable changes. Behavior like physical activity across the context. So I'm going to use the word disruptor, but I use the word barrier back in the 90s but I thought about what are all the barriers of the mind? What are or the barriers in the multiple contexts of our lives, in our family context, in our work context, in our societal context, in our bodies that we have and then by doing that I was able to address what gets in the way. And then that's how you create the most impactful solutions. You start by understanding what is everything that's getting in the way.

Now, more recently, I heard Daniel Kahneman talk about what he learned from his mentor Kurt Lewin, who was talking about at the point of choice, when we're trying to create sustainable behavior, there are drivers, there are things that are going to drive the choice, and then there are disruptors of the choice. And Kahneman said the best advice he ever heard about this was from Kurt Lewin saying you want to start, you don't want to focus on how to drive a behavior, you actually want to focus on everything that's getting in the way and figure out how to overcome them, and so this is a very effective way to do so.

Let's talk about these disruptors. Don't forget, I've been working with people for decades. I haven't been just doing research because if I were just doing research I wouldn't understand on a day in and day out basis the puking dog and the three kids and all this stuff, because that is the disruptors of what's going on outside of the Ivory Tower is really what's going to determine whether our solutions are really going to work in real life outside of the lab and so, I've categorized the most common disruptors in four ways, and these are the things that at a moment of choice when we bump up against an unexpected plan, what are the things that are going to distract us from making the most adaptive decision related to our healthy eating and exercise or meditation or whatever self-care behavior we are aiming for. Number one, just pure and simple temptation, right. The visceral pull we feel to stay on the couch instead of take that walk, or to eat the glistening chocolate cake that our friend is handing to us at a party. And this is a visceral sense of desire, not addiction. I want to make sure we're not talking about addiction. That deserves its own solution and conversation, right?

Jen Fisher: Absolutely.

Michelle Segar: So temptation, we tend to think about it as like that cake and the couch. And I think it's more helpful for us to really think about when we feel tempted is that the emerging theories are just about eating and they're just about exercising. But what unifies them against is that they both would contend that our past experiences with exercising and negative, did we hate PE. Do we feel self-conscious in the gym? Do we hate the feeling of sweat, whatever it is, those would brand at the moment, that would be a temptation disruptor to exercising or conversely, if we're talking about eating, there's a wonderful theory called the grounded theory, the grounded cognition theory of desire. Again, just about eating, that says our past history of sensations, tastes, chewing, smells. The people were with it. We come to that point of choice. That point of temptation it's not about the cake in front of us, it's about our past experiences with it. And I think the more precise we can understand what is truly going on and the more we raise our awareness of it. The neuroscience would suggest that it helps take us out of the amygdala and the experiential part of our brain and focus and bring us to a more self-aware cognitive mindset. So that's temptation. The next one is rebellion. I don't think I need to say very much about this one. It's if you are changing your behavior because you think you should or because someone else told you should, and you really don't want to when you come to that point of choice, if there's this innate human motivation to reclaim our freedom and to say screw you to whatever it was, even if there's a part of you that made that choice.

Jen Fisher: I know that one well.

Michelle Segar: Quite ironically, that even though it's not an adaptive thing to do, because why would you want to rebel against the very thing that you decided you wanted to do? It's affirming a part of yourself when you do it, so we want to turn this around, and by understanding it is what we need to do to do that.

Jen Fisher: I guess I always thought of that. I'm going to sidebar here, but I guess I always thought of that as like me having like control issues or wanting to control everything, or have the power to control that.

Michelle Segar: Well, I think the control issue is taking back control from this partially internalized or external rule that you feel controlled by. And that's a very, very common thing and there's a lot of research about that. But it's not adaptive, right, it gets in your way. It disrupts, if you're at a point of choice at a party and you have this innate motivation to rebel against your eating plan while you just sabotage something that you had decided and invested in, so it's not adaptive, but these are all things that we can gain much more control over, but we can't unless we're very aware of what they are. Even I'm going to do a sidebar here and just say I believe that the terms we use have to be very precise in order to be the most strategic and tactical because think about it. If we have free floating rebellion or anxiety, there isn't a word around it. It's just this experience that's driving us kind of invisibly to do something or not to do something, but if we can point our finger at and say, oh my gosh, this is rebellion or, oh my gosh, this is temptation, this is how it works. We automatically have more cognitive control over it because we've categorized it and we understand it, and that in and of itself gives us control. I don't think in the field of behavior change we've been telling people to do that.

Jen Fisher: And that reminds me so much of Dr. Susan David's work around emotions where she talks about naming your emotions.

Michelle Segar: Yes, and Dan Siegel says name it. And so let's take those really important neurological insights and apply them in our own changes of behavior but I want to finish. I know you want to get to the four disruptors. The third one, which is very common is accommodation and this is when we not sometimes, but we always accommodate the needs of others above our own self-care needs. And of course that's what the cancer survivors told me they were doing and that's what's very common. It's when we love the eating plan we're on, but as soon as we're in a social situation, this also speaks to the conflict you talked about earlier. We just go, "I'm just going to eat it because it's going to make other people feel more comfortable," and when we do that to 100% to the exclusion of ourselves which could be considered a selfless giver through Adam Grant or pathological altruism through new research by Scott Kaufman. We decimate our own self-care. So that's another disruptor that we want to be aware of and name. And then the fourth one, which we've been talking about this whole time without naming, although yes, you actually named it perfection. And if we have to do it right, if it's all or nothing, think about how that amplifies and sets the stage for the others to thrive. If it's all or nothing and we feel rebellion, then we are going to go from that one piece to the seven, right? If it's accommodation and it's got to be perfect, then we can't navigate and negotiate. In that situation it's all or nothing.

Jen Fisher: And there's winners and losers.

Michelle Segar: Yes. We didn't talk about this, but those temptation, rebellion, accommodation, ta-da, become our decision traps with the acronym. And the reason why we want an acronym is because we want to support our executive functioning at the moment of challenging choice, so we can name it. We have the cognitive bandwidth within our working memory to name it so we can tame it. And there's a quiz on my website if people are interested in seeing. Which of those decision disruptors are their biggest traps.

Jen Fisher: I love it. I feel like we could keep talking about this forever or we need to have a part two. Obviously, if people want to learn more, they can go to your website and read your awesome book *The Joy Choice*. I do have one more question for you and I want to know if you've thought about this but this kind of like where my head keeps going. Like, how do you use this joy choice strategy to, like, bring that to the workplace to help the workplace actually build more effective employee well-being programs that help their employees truly change their mindset and adopt these healthy behaviors because I think that's what so many workplaces are struggling with.

Michelle Segar: It's a really important question because any solution that we have for individuals is going to be most impactful when it can be scaled via programming, via organizations, and on a cultural level. If we take a big step back from what you and I have been doing today, is we've been communicating and identifying the old story behavior change in assumptions that actually most people can't meet, so we also want to get people really curious about why they haven't been successful. So part of implementing the joy choice is helping people raise their awareness and we can do this through social media platforms. We can do this through messaging campaigns. We can do this through games. There are all kinds of ways we can do this, but we want to start communicating in new ways and importantly going back to the precise, the need for precision, we want to start using a new language to help people reframe and rethink their self-care projects. So, we can start talking about the joy choice anywhere, right. It's not limited to eating and exercise. Organizations can introduce the notion that in teach employees, when we get people curious, curiosity is a positive emotion, and it expands as a positive emotion. It expands our thinking. It expands people both physiologically and psychologically. We know that through Barbara Fredrickson work and the Broaden and Build theory of positive emotions. So the way organizations can get started is to figure out curiosity projects and programming and this is really important. It's really important to stop doing what's convenient and status quo, because you will not get the sustainable change and the long term implied changes from the behavior change, whether it's reduced absenteeism, improved creativity and innovation, reduced healthcare cost. This is a time of disruption for organizational wellness and well-being because the solutions and there are new solutions that are built on newer science and organizations should learn what those are because if they keep doing what they've been doing, they're going to keep getting what they've been getting and that is not what people have wanted.

Jen Fisher: I can't think of a better sentence to end this podcast on. That was a total mic drop.

Michelle Segar: It was so great to speak with you.

Jen Fisher: Michelle, this was such a great conversation. I can't thank you enough. I might be coming back to you for a part two because I just feel like there's so much more I need to hear from you that I want to hear from you, but I know so many people are going to get so much out of this conversation. So thank you for your time today.

Michelle Segar: Thanks for your interest, it was great speaking here and I'm happy to do a part two whenever you want.

Jen Fisher: I'm so grateful Dr. Michelle could be with us today to talk about behavior change. Thank you to our producers Vivet 360 and our listeners. You can find the WorkWell podcast series on deloitte.com or you can visit various podcatchers using the keyword WorkWell, all one word, to hear more. And if you like the show, don't forget to subscribe so you get all of our future episodes. If you have a topic you'd

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