The Lifestyle Medicine Studies: Shifting to a Macro Perspective to Heal Transcript

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Introduction and praise

All right, well, doctor Ornish, such a pleasure to have you here with me today. I'm just so excited about this opportunity to interview you. You know, you being like to me, the father of lifestyle medicine and my mentor, really to be had become a physician.

I was so excited about your work when I first finished medical school that just, you know, it was it's like, even though I don't know, you know, you've been doing this so long and such a pleasure, like, met and just you emanate what I consider, this idea of really living the kindness that emanates from you to people.

And I feel that your teachings about having health through having good emotions towards others, I've learned so much from you there. And having you model that was been beneficial to my life too.

Oh well, that's really the nicest thing you can say to me. So I fully, receive and I'm grateful and right back at you. Thank you. All right, well, let me tell everybody a little bit about you, because obviously, most people know so much about you and and your, pretty famous.

So I'm just going to condense it a little bit so we can get onto this conversation. And so of course, if you don't know Doctor Ornish, he's been involved in the lifestyle medicine, research community and the very, very start, one of the founders and the person who's done and the most of the research that lifestyle medicine is based on.

So he's the founder and president of the nonprofit Preventive Medicine Research Institute. He's also clinical professor of medicine at UCSF and UCSD. And for 43 years, he's been demonstrating that comprehensive lifestyle changes can reverse severe coronary artery disease without drugs and surgery.

And now recently, in the last decade, other diseases as well, using similar methodology to reverse prostate cancer, teach, you know, teach other and other cancers and other diseases in general, able to be treated and even reversed through life.

Some of the same lifestyle medicine techniques. So and matter of fact, Medicare created a whole new category called intensive cardiac rehabilitation to get coverage for doctor orange is a comprehensive treatment for people with significant illnesses and, you know, advanced cardiovascular disease.

Why lifestyle medicine has been slow to spread

And he was the original person, did research showing early stage prostate cancer can be a reversible condition through aggressive and, you could say nutritional excellence and other life beneficial lifestyle changes.

So really exciting stuff. And now he's been doing research on gene expression explaining how this these type of interventions can diet can change the genes and how the change in genes can affect your heart and other diseases.

Very interesting stuff. And and also about how affecting the science of aging that you can actually age backwards in that telomere length can be changed and lengthened.

And just on these longevity proteins like sirtuins can be improved, showing that we have a better biological age through intensive lifestyle changes. So in other words, he's done tremendous amount of research published in scientific publications and so many numerous studies in lay publications, been on television shows and including and, obviously he's been, like a Newsweek, Time magazine as a contributor, the medical editor of Huffington Post for years and years.

And he was, is die at the orange die was rated number one by for heart health by a panel of experts and U. S. News and World Report from nine from 2011 to 2022 for that full decade.

And he's been recognized this time. And life magazine's is one of the 50 most influential members of the generation of our generation of all scientific and business, pursuits.

So really, a tremendous history and contribute to, to, to our, to goodness and, and moving forward thinking and changing people's health in the world.

And here he is today to join us for this summit, to help you get some of his wisdom and motivate you to make more, substantial change in your life towards better health.

So pleasure to have you here. Of course. And, looking for these pearls of wisdom from you today. So. Well, thank you. Thank you for the kind introduction. I so appreciate it.

You know, I could have been doing it for like a half an hour, but I had a good discussion here. I had a okay, let's get started. So, you know, my feeling is that your research has not only been around a long time, but it's received such, broad exposure in the press with presidents using it.

It's been. So my question is, why do you think that with the efficacy of lifestyle medicine being so superior to conventional, conventional drug and stent approach, what do you think?

It's still hasn't penetrated society with more penetration, depth and enthusiasm. Yeah. Well, I so appreciate the question. I thought when we published our randomized trials, showing that for the first time, that intensive lifestyle changes what we eat, how we respond to stress, how much exercise we get, how much love and support, you know, a whole foods plant based diet that's generally low in fat and sugar, fruits, vegetables, whole grains, legumes, soy products, if you notice things like that, moderate exercise, meditation, other stress management techniques and love and support the time we spend with our friends and family, that these simple lifestyle changes could not only stop and reverse the progression.

As you indicated, of a wide variety of the most common and costly chronic diseases heart disease, type two diabetes, high blood pressure, high cholesterol, obesity, early stage prostate cancer, change, telomeres, gene expression.

And we're now doing a randomized trial to see if these affect early stage Alzheimer's disease. I thought when we first published our papers on reversing heart disease that that would change medical practice.

You know, at that time, it was thought that the best you could do was to slow down the rate at which arteries got more clogged. And that was about the best you could do.

We found more intensive changes in not just changing diet, but a number of factors that you mentioned could stop and often reverse the progression. And we published those findings and we did two randomized trials, the first one in the Journal of the American Medical Association.

The second one, after one year in The Lancet, showed there was some reversal after one year, whereas the randomized control group got better, even more reversal after five years, which we published in the Journal of the AMA.

Whereas the control group got even worse and worse, the experimental group got better and better. There was a 400% improvement in blood flow to the heart and two and a half times fewer cardiac events.

And I thought, well, that should really convince skeptics. And that'll change medical practice. And to some degree, but not nearly as much as I had once thought it would. And I realized that it's not enough to have good science.

You have to change reimbursement that if you change reimbursement, it changes medical practice and even

medical education. And it's not that doctors are only interested in making money, that this is how we're trained.

You know, I'm on the nutrition working group of the American College of Cardiology, and we published a paper in the journal The American College of Cardiology.

A couple of years ago that the average physician in medical school, as you know, gets about four hours of training in nutrition a year. And even that is more like, you know, vitamin C and scurvy and vitamin B and very, very and things like that.

The average cardiology fellow in four years of fellowship gets zero training in nutrition.

Evidence, reimbursement, and cardiac rehab

So as you know, as Abraham Maslow once said, if the only tool you have is a hammer, you say everything is a nail. If you're trained to use drugs in surgery, if you're reimbursed to use drugs in surgery, then not surprisingly, people use drugs in surgery.

And, you know, I think there's kind of a convergence now that finally makes this the right idea at the right time. Because on the one hand, the limitations of I mean, first of all, drugs and surgery, properly used, can be lifesaving.

We've all benefited from that, you know, but they don't really treat the cause. And so, you know, if someone's having a heart attack, a stent or an emergency bypass can often be lifesaving.

But most people who have been getting these procedures are stable. And there now multiple randomized trials showing that in men and women who have stable heart disease, that stents and angioplasty, with rare exceptions, don't prolong life for prevent heart attacks or even reduce sangin.

And yet we spend, you know, billions and billions of dollars on these procedures. And yet there's also this increasing evidence that while with the limitations of drugs and surgery, the power of lifestyle changes to reverse and, and if we can reverse something, then we can usually prevent it.

And yet, why is it taking so long as your question? And so I realize that, you know, we need to change reimbursement. If we change reimbursement, we changing medical practice and medical education.

So years ago, in the 90s, I approached Mutual of Omaha and they agreed to, do a demonstration project, which we did with, eight sites. And the chief of medicine at Harvard, Alexander Leaf, who was my mentor there, chaired our data coordinating center.

And we trained, for academic centers at Harvard, at Beth Israel in New York, at UCSF, and at, Scripps in La Hoya, and for community hospitals in Omaha, Des Moines, Columbia, South Carolina, and Florida.

And we showed that, they offered people who otherwise would have had a stent or a bypass, an opportunity to go through our lifestyle program as a direct alternative.

And 77% of the people were able to avoid surgery that they otherwise would have had. And use of Omaha was calculated, saving almost $30,000 per patient in the first year.

And I learned it's important to show cost savings in the first year, because insurance companies know that about a third of people change jobs and change insurance companies every year.

And they say, why should we spend our money for some future benefit? If it takes longer than a year, someone else is going to get it. So that's kind of the way they think.

So we show that. And then so Mutual of Omaha began covering it. And that, was the first major insurance company to do it. And over time others did. But it's very hard going insurance company by insurance company.

Most people don't go into the insurance world because they're entrepreneurial or visionary. So I, I said, you know, if we could get Medicare to do this, then that would really be a game changer, because most insurance companies follow their lead.

So it took I had no idea it would be so hard. But even though we had the support of Bill Clinton when he was president, Newt Gingrich when he was speaker of the House, people across the political spectrum in both the House and the Senate and, you know, the heads of AARP and most major health organizations, it's a 16 years for Medicare to create this new benefit category, which they did in 2010, for which I'm really grateful.

I just had no idea it was going to take 16 years of my life to do that. But it was worth it because for all the reasons we're talking about otherwise it would just be a footnote.

And then the other good thing that happened, and so we started training hospitals and clinics and physician groups around the country and show that it's working.

You know, 90% of the people who start the program, have been finishing it. You know, the conventional wisdom is that small changes are easy, big changes are hard.

And yet when they compare to traditional cardiac rehabilitation, which is just 36 hours, 36 one hour exercise sessions with intensive cardiac rehab, which is 72 hours, which is four hours twice a week for nine weeks, an hour of exercise, an hour of meditation and yoga based stress management, an hour of a support group in an hour of a group meal with a lecture.

Only about 25% of people complete regular cardiac rehab and a much higher percentage people complete our program. Even though we're asking people to do a lot more and a lot more different things.

And, and the and, you know, a lot of doctors say I can't even get my patients to take their statins. You know, two thirds of people prescribed statins are taking them 4 to 6 months later, even though they're of proven benefit.

And people who have heart disease and usually someone else pays for it. So the question why is that? And the answer is, is that, first of all, that, fear is not a sustainable motivator.

And we don't think about it that way. But when you put people on statins, you're basically saying, here, take this drug is not going to make you feel better.

Hopefully it won't make you feel worse to prevent something really bad that you don't want to think about, like a heart attack from stroke, from happening years down the road.

So people will stop thinking about it and they stop doing it. But when you make big changes and a lot of things, as you've shown over and over again and in your, important books and retreats and residential programs is that because these underlying biological mechanisms are so dynamic, most people feel so much better so quickly when they change a lot of things in their life at the same time, and they make really big changes.

The paradox is they feel so much better so quickly in ways that really matter to them. That is more sustainable, and we have much higher rates of completing 94% of the sessions get completed.

You know, a year later, most people are still following it because what you gain is so much more than what you give up. It's not about fear of dying. It's about joy of living.

You know, when you make these changes, if you have chest pain due to an engine or engine and due to a heart disease, chest pain, people who can't walk across the street without getting chest pain, you know, find that they're often pain free within just a few weeks, or they can't make love with their spouse or play with their kids, or go back to work without chest pain.

And then within a few weeks, more often than not, they can do all those things. All right. We have several patients

who were so sick they actually needed a heart transplant.

And while waiting for a donor, went through our program and got so much better in just nine weeks, they didn't need a heart transplant anymore. Like, what's the more radical intervention here?

And so, if what you gain is more than what you give up, then it reframes the reason for change from fear of dying to joy, of loving and joy and love and pleasure and feeling good.

But what make these sustainable? And so I'm hoping now, and we are beginning to see this, that more and more doctors are realizing that it's really fun to practice medicine this way, you know, it's so meaningful so often.

I mean, if we're just a collection of algorithms, we're going to get replaced by an iPhone app before long, right? But most of us, there's an art of medicine as well as a science of medicine.

There's a spiritual aspect of working with people when they are suffering and giving them a sense of empowerment. Here are things you can do to empower yourself.

Not to blame yourself, but to empower yourself. It can transform your suffering into joy and pleasure. And for me, that's incredibly meaning and I know it is for you as well.

Yes, infinitely more rewarding to practice life. Some medicine in conventional medicine. Most conventional medicine doctors are just like they couldn't even like their careers when they see sick people not getting well.

You know, one dilemma we had I worked at a new Jersey hospital that ran your program there in Morristown, and one dilemma they had is that people wanted to get into the Ornish intensive livestock program, but they couldn't get in because they weren't sick enough, and instead they shunted them into a mediterranean diet program, which none of them lost weight.

They didn't do better. They didn't lose weight. And they went. But the problem was they couldn't get paid for it to get into the more intensive program.

That was one issue.

Medicare coverage and prevention

And the second issue was, by the way, which, by the way, only shows how what a powerful difference reimbursement makes and the kind of care people get.

Yeah, exactly. And what in other words, what I'm saying right now, I'm sure you agree, is that we have to not only take people who have lung cancer to stop smoking, but we have to get people to stop smoking before they get lung cancer.

The same thing is true with heart disease. We can't just treat the most advanced people we've got to treat, but we've got to. If they have high blood pressure and high cholesterol or any early signs of obesity, diabetes, they should be shunted into these more intensive programs before they have the first thoughts that are needed.

And eventually, well, the good news I of course, I completely agree with you. The good news is that, AMSA, which is Highmark, which was, Blue Cross Blue Shield of Hawaii, was covering our program not only for heart disease, but if you had two or more was a risk factors for it.

And I'm hoping that as we show this, you know, Medicare and many of the insurance companies are only covering it, as you say, for people with diagnose heart disease.

But those are the people we can show the greatest cost savings in in the first year. In addition to the study with Mutual of Omaha, where they say 25.

Scuse me, $30,000 per patient in the first year, Highmark Blue Cross Blue Shield was not only covering, my program in West Virginia, Nebraska and Pennsylvania, three of the more challenging parts of the country in terms of the risk of heart disease, but also, providing it at 26 sites.

And they found that they cut their costs in half in the first year, and by 400% in the first year when they looked at their highest cost people. So if we can show that we can save money in the first year, then I'm hoping that it will make more and more sense to do it, from a preventive standpoint.

And finally, Medicare, last year in November agreed to cover my in reversing heart disease intensive cardiac rehab program, where we do it by zoom. We've been doing the Alzheimer's study by zoom for the last three years, and it really changed my thinking.

If anything that good came out of Covid, it was learning that we could do the intervention by zoom, just about as well as doing it in person. And now you don't have to live with.

And so Medicare is now covering our program when offered via zoom at the same rates as when we do it in a brick and mortar site. And so now they can live anywhere.

They don't have to live within driving distance of one of the hospitals or clinics we've trained. And that'll significantly reduce health disparities and health inequities.

I'll be speaking in a few days later this week at the white House is having their first conference on, nutrition and, and, and health first time in a generation.

And I'll be talking about how we can actually save money. You know, in addition to doing better care for more people at lower cost. You know, it turns out that, you know, from Republicans standpoint, it's about, you know, personal responsibility, empowering the individual freedom of choice.

And for Democrats, it's more often, you know, better care for more people at lower cost. And here we can actually do both and really kind of heal some of those divisions that are hyper polarized, nation is dealing with.

But by showing that we can save money, you know, we have we spent, you know, $3.8 trillion last year on health care, which is mostly secure, 86% of which was for, treating chronic diseases that are often preventable.

And sometimes reversible through changing lifestyle. So if we want to really get health care costs down, either we're going to have to limit access, raise deductibles, or teach people how to change their lifestyle.

And the earlier you can change it earlier you can get people to change. The less intensive the lifestyle changes need to be. You know, it's ounce of prevention, pound of cure.

Yeah. Do you think that people have an unrealistic expectation of how much like a a blood pressure medication, a statin drug, a diabetic drug? They think the drugs are making them okay and they don't need to change their lifestyle.

And I think, you know, what do you think about this unrealistic expectation that they think drugs do so much when it really doesn't do anything near what lifestyle medicine can do?

And it leaves them still at risk? Well, my father was a dentist, and, you know, he was always perplexed by people who say, oh, I'll just get false teeth if my teeth fall out.

You know, what difference does it make? It's kind of like that, you know, and when people get put on these drugs to lower their cholesterol and their blood pressure and their blood sugar, and they say, doctor, how long do I have to take these?

As you know, the doctor usually says forever. It's like when I lecture, I usually show a cartoon of doctors busily

mopping up the floor around a sink that's overflowing.

How long do I have to mop up the floor? Like, forever? Why? Why don't we just turn off the faucet? And the fossa to the cause are really, more often than not, the lifestyle choices that we make each day.

And most people under the doctor supervision, who make intensive enough lifestyle changes in these areas can often reduce and in many cases, get off of medications like this.

If they were told they'd have to take the rest of their life. And the other side effects were good ones. You know, 60 million Americans today are taking statins.

That's a huge number of people, many of whom could, you know, accomplish the same reduction in LDL, in the same reduction in, inflammation by making these lifestyle changes.

And again, the only side effects are good ones. So I think people are looking for other alternatives, but they, you know, and one of the reasons why I spend so much of my time, doing research is that properly done and published in the leading peer reviewed journals with the leading investigators, we can redefine what's possible, and by doing so, give people a sense of new hope and new choices.

You know, you talked about how the drugs don't really deal with the cause, but even even, you know, one of the things I loved in your introduction, where you were talking about not just diet, which we're both really known for, but the other aspects, you know, the psychosocial, the emotional, the spiritual dimensions of health and healing. And, you know, the stress management techniques really don't simply manage stress.

The ancient, you know, swamis and rabbis and priests and monks and nuns and mullahs and whatever, who developed these techniques didn't do them to unclog their arteries or lower their blood pressure or perform better in sports or in business or, and, you know, whatever, it can do all those things, but they're really powerful tools for transformation.

Drugs, causes, and lifestyle change

What I'm increasingly interested in is how people can use the experience of suffering by being diagnosed with a life threatening illness, for example.

Not that we look for suffering, but once it's there, suffering can be a powerful catalyst for transformation because, you know, change is hard. But if you're hurting enough and the idea of change becomes more appealing, and then when you begin to make these changes, especially if they're big enough and a number of things at the same time, these underlying biological mechanisms that underlie so many of these chronic diseases, what I call this unifying theory, why these same lifestyle changes can affect so many different diseases, which I wrote about in The Undoing book that I coauthored with my wife, Anne, a few years ago.

And published a few months ago in the International Journal for Disease Prevention, a reversal that these mechanisms are so dynamic that when you make big changes, you feel so much better so quickly.

You can quiet down your mind and body enough and rediscover inner sources of peace and joy and well-being, and realize that for most of us, our natural state is to be peaceful until we disturb it, as opposed to thinking we have to get more drugs or more, you know, money, power, sex, beauty, accomplish, or the usual things that our culture.

If only I had more of this, then I'd be relaxed and happy and healthy. Instead of saying, gosh, it's not that these approaches bring us a sense of health as much as they help us to stop disturbing what's already there.

And that may sound like just splitting hairs and semantics, but the implications are profound, because if we have to get our health from taking pills or our sense of peace from doing getting stuff out there, then everyone who has what we think we need has power over us.

But if it's me disturbing my own inner health, not to blame myself, but to empower myself, I can do something about that. And then the question shifts from how can I get what I think I need to be happy and healthy, to how can I stop disturbing what's already there?

And so at the end of a meditation or a prayer, if you're religious or whatever, you do that to quiet down your mind and you're feeling more peaceful, to remind yourself, to remind yourself, literally that those techniques didn't bring you that sense of peace.

It was already there, but at least temporarily, we weren't disturbing it. And then when we realized that it can get grounded in that, and then we can go out in the world and often accomplish even more and yet stay grounded in that peace while we're doing that.

Yeah, I agree, and it sounds like it's a concept to grasp, but it might it it pulls together like fibers of a cloth, the different aspects of lifestyle medicine to make you more soulful, soulful, appreciating, natural foods, the natural world, the getting you relationship with people, your gratitude for your connectivity and your and then your not so to took a like food addiction, instant gratification, narcissism and destruction of the world.

You know I have the book right in front of me. I read it through again. You know, I looked it over. It's right here. And I just want to say what a what I felt when I looked at it.

When I looked it over, recently, I felt it gave me a feeling that, you know, we're talking here about what our food choices affect our climate, our environment.

But I'm thinking that our food choices affect our personal relationship with nature. They affect, we're not like, just shoveling in calories to get instant pleasure.

We're grateful for the magical properties and food that can change our genes, and that protecting the climate and the soils that make these magical foods, like magic crystals from another planet that can heal us.

We're grateful for the magic in food that makes us also the ability to appreciate nature and other people, and less consumed with the, you know, the instant gratification of poisoning ourselves with unhealthy substances.

What I'm saying, this connection you put together, and I can feel it between eating right and having positive emotions that can have you be more loving, more caring, more emotional, have higher levels of emotional well-being, and at the same time be more connected with nature in the environment.

Well, you said that very beautifully, you know, and, you know, it's so I mean, to me, gratitude and compassion are at the at the heart of healing in my limited understanding.

I mean, healing comes from the root to make whole yogas from the Sanskrit to yo, to unite, to bring things together. Union. These are really old ideas that we're rediscovering.

And as you indicated, you know, people often say things like, you know, when I get depressed, I eat a lot of fat, coats my nerves and numbs the pain, or food fills that void.

Or, you know, alcohol numbs the pain, or we have this opioid epidemic.

Healing, meaning, and emotional transformation

Opioids numb the pain or, you know, other drugs numb the pain, or video games distract me from my pain or working all the time distracts me from my pain.

And so I've learned that information is important, but it's not usually sufficient to motivate most people to make lasting changes. I mean, if it were, nobody would smoke.

It's not like, you know, it's a surprise that smoking is bad for you. And yet people say things like, I've got 20 friends in this pack of cigarets, and they're always there for me, and nobody else says, you're going to take away my 20 friends.

What are you going to give me? And so, you know, part of the root of the, epidemics that we're finding the real epidemic is, is loneliness and depression and isolation.

That's how I got interested in doing this work many years ago, when I was suicidally depressed, when I was in college. That was my doorway into this area.

You know, for someone else, it might be a heart attack or it might be something else. But I've learned that, you know, if we can show people how they can, rediscover inner sources of peace and joy and well-being by quieting down our minds enough, you know, it also provides a sense of meaning when we really it's so easy to say, like, you know, what can I do as one person to make a difference with global warming or feeding the hungry, or the deforestation of the Amazon, or, you know, those kinds of things, and it turns out that as you know what, why don't we put in our mouths each day can affect all of those things that more global warming is caused by livestock consumption than all forms of transportation combined.

So is the deforestation of the Amazon the great clear cut land for cattle grazing. It takes 14 times more resources to make a pound of meat based protein than plant based protein. And more people just had a meatless Monday.

They don't have to be vegan. Just the more you move in that direction, the more resources it frees up. Nobody really need to go hungry. If enough people had a plant based diet and, you know, if you can imbue those choices with meaning, then that makes them sustainable.

It's like, oh, I can do something about that. And if we can help people reconnect with each other, you know, we live in such a hyper polarized environment.

You know, once you see people as the other, then it's very easy to do bad things to them because they're not you. But what is, you know, when when we look past all of the rituals that people fight and kill each other over different religions, for example, there are certain themes that come through what I'll just Huxley called the perennial philosophy.

And what do you find? Altruism, compassion, love and forgiveness. You know, once you get past all the rituals that people fight over, well, why are those so powerful?

Because they heal that isolation that we feel from other people. You know, if I forgive somebody for something they've done to hurt me, it doesn't excuse or condone what they've done, but it frees me from the effect it has on me in my heart.

And as you know, anger is the one. Chronic anger is the one emotion that's been, most strongly linked with heart disease and so many other conditions.

And so, you know, Nelson Mandela, when he did his long walk to freedom, he was asked, you know, do you hate your jailers? And he said, well, they kept me in jail for 16 years.

I didn't get to watch my kids grow up. I, you know, took away the best years of my life. But if I had hatred in my heart and I'm still in prison in my heart.

And so, you know, if we can understand that the most and the most selfish thing we can do is also the most unselfish thing we can do, that we can get away from these, these, divisions that, that separate us, you know, and ultimately these spiritual practices like meditation, if you quiet down your mind even further or in prayer or whatever secular or religious, while you do this, it gives you a non-dual experience that, some people do it through psychedelic drugs, some people do it through meditation, some people do it through other ways.

But then on one level, we're separate. You know, you're you and I me. But another level, we're already interconnected. And if you can have that direct experience, that interconnectedness, that to me is where healing is the most profound.

If you view people as being the other, you know, those terrible people out there who doing those terrible things. The irony is, is that it really is toxic to you as well as to them.

And anytime we can replace those feelings with finding common ground and love and compassion, not to get a gold star or good karma or go to heaven or any of those external reasons.

But that's right now, right here. What frees us from our suffering in this moment? Then we can realize that it's just like, you know, the heart pumps blood to itself first so that it can take care of the rest of the body. Is that a selfish act? No.

Because if it doesn't take care of itself first and, you know, every month, you know, every the body dies. But if that's all it's taken care of, then, you know, and then their problems.

So if we can work with people when they're suffering and help them use the experience of suffering as a doorway for rediscovering inner sources of peace and joy to finding that sense of compassion and love and forgiveness for themselves and others.

Not for some insipid, you know, you know, whatever. But because this is where real power comes from and where we're we're in my limited experience, real healing comes from both as an individual and as a society.

Then we can really find an incredible sense of meaning in the work we do because it's it's reaching people at the deepest levels of healing and suffering.

I like that message. You're saying that we can use any people's problems as a gateway for them, having a more, not just a healthier, but a happier and more joyful life.

Yeah, because change is hard. But if you're hurting enough, the idea of change becomes more appealing.

Connection, compassion, and closing reflections

It's like, wow, this is weird stuff. You want me to forgive people? Are you kidding me? And you want me to eat this weird food and meditate? Are you kidding me?

Even talk about my feelings in a group? Are you kidding me? But I don't know. You've shown that this works. And. Okay, I'm hurting so bad. Let me try this weird stuff.

And then they try it for a few weeks and their pain tends to go away. And they go, wow, okay. And they connect what they do and how they feel. And they realize that that suffering, just like it was for me when I was profoundly depressed when I was in college, that was my doorway into transforming my life.

But we're not trained to do that, as doctors were trained to kill pain and numb pain and bypass pain literally and figuratively. And yet, not that we look for pain, but the pain is what really teaches us the pain that, you know, we can redefine that as our teacher rather than as punishment.

It's like when you touch a hot stove, you learn, oh, not a good place to put my hand, you know, blame the stove, you know, blame yourself for touching your head, saying, say, oh, I learned something important here.

You connect what you do and how you feel, for better and for worse. And and to me, that's really where the transformation can be most powerful. Because the pain is so great, people are really looking for alternative ways of living in the world.

That's really great. I love the the idea that we're changing a person. We're not just changing the way they eat, but we're changing the way they think and the way they feel about their whole life and appreciate reality more and have a happier life.

It says we're all going to die. It's just a question of when, you know, the mortality rate is still 100%. So to me, you know, if you told me when I was so depressed I was going to live long, I'd say, you don't get it.

I'm trying to if I want to get through the day and a lot of people are depressed. That's the real pandemic. And our culture is loneliness and depression and isolation, you know, and teenagers, the number one cause of death is accident.

The number two is suicide. You know, I gave a talk several talks at the, U. S. Army War College in Carlisle, Pennsylvania, where they train the future generals and joint chiefs of staff of all four branches of the military and the, you know, the number one cause of death in the military is suicide.

You know, one soldier kills himself every day, you know, and so we need to work at the secret level. There's been a real radical shift in our culture in the last 50 years, with a breakdown of the social networks that used to give people a sense of love and connection and community.

You know, 50 years ago, 60 years ago, most people had a an extended family. They live with. They had a neighborhood with 2 or 3 generations of people they grew up with.

They had a job that felt secure, that they knew their coworkers. And let's work there for a long time. They had a a church or synagogue or mosque or club or something they went to regularly.

And many people don't have any of those things. And what we give up from that is the sense of this primal need to be seen. Like, I see you, you know, like an avatar, which is really from an African proverb, I see all of you, not just your Facebook profile and your bio gets all those nice things you said about me.

But I see the time you were suicidal. I see the time you're this or that, you know, and and you know that they know and they know that you know that they know they're still there for you.

There's just something really primal about being fully seen, you know, which is what in our support groups, we do. It's not just helping people stay on the diet, which is what most people think.

It's really creating a safe environment for people to let down their emotional defenses and to talk openly and authentically about what's really going on in their lives without fear that someone's going to judge them or criticize them or reject them or whatever.

You know, one of the studies that my wife and I cite in our do it book is that the more time you spend on Facebook, the more depressed you are. And why is that?

Because it's not really an authentic intimacy that people just show their best selves, you know, like, here's my perfect life. You know, here I am in front of the Eiffel Tower and here I am with my kids graduation.

You know, it looks like everybody has this perfect life for you. But when you grow up with people, you really see that everyone is struggling, everyone is imperfect, and that helps us develop that sense for not only compassion for others, but even more so for ourselves, which is really healing.

Wow, really? That's really fantastic. Well, thank you so much for partaking in this. I personally thank you. If you should run for president. Oh no. I've worked with enough presidents to know that's not a life that I'd want to have.

But thank you for the compliment anyway. Okay. All right. Well, I know everybody benefited from this, and I'm very grateful for your participation here, so.

Well, thank you for your important work as well. And it's such a pleasure to have an excuse to talk together. Same here. Okay. Thanks, team. Take care.

Bye, everybody.