The Lifestyle Medicine Studies: Shifting To A Macro Perspective To Heal Transcript

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Introduction and Dr. Ornishu2019s Background

– Dr Ornish. I'm such a pleasure to have you here with me today. I'm just so excited about this opportunity, interview you, you know, you being like to me the father of lifestyle medicine and and my mentor really to 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 I've 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 such so much from you there and having you model that has been beneficial to my life too.

– Well, that's really the nicest thing you can say to me. So I fully receive and ungrateful and right back at you. – All right, well, let me tell you a little bit about you because obviously most people know so much about you and you're pretty famous. I'm just gonna condense it a little bit so we can get in on this conversation. And so of course, if you don't know Dr. Ornish, he's been involved in the lifestyle medicine research community from the very, very start. One of the founders and the person who's done 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 and are unable to be treated and even reversed to live the same lifestyle medicine techniques.

So a matter of fact, Medicare created a whole new category called intensive cardiac rehabilitation to get coverage for Dr, Ornish's comprehensive treatment for people with significant illnesses. You know, advanced cardiovascular disease.

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

It's really exciting stuff. And now he's been doing research on gene expression, explaining how this these types of interventions can diet can change the genes and how the changing 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 lengthen.

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

And he was his diet. The Ornish diet was rated number one by for heart health by a panel of experts in U. S.

Why Lifestyle Medicine Has Been Slow to Spread

News and World Report from nine from 2011 to 2022 for that full decade. And has been recognized this time and life magazines as one of the 50 most influential members of the of our generation of all scientific and business um pursuit. So really a tremendous history and contribute to to to our to goodness 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. – Yeah it could have been doing it for like a half an hour but I had to get into the discussion here.

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 late 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 the conventional drug and stent approach?

Why do you think it 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, whole foods, plant based diet that's generally low in fat and sugar, fruits, vegetables, whole grains, legumes, soy products, a few nuts, things like that, moderate exercise meditation and other stress management techniques and love and support at 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. Art 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 effect 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 and 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 American Medical Association, the second one after one year in the Lancet, there was some reversal after one year.

Whereas the randomized control group got better even more reversal after five years, which he published in the journal of the A. M. A. 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 2.5 times to a cardiac events. And I thought well that should really convince skeptics and that'll change medical practice. And to some degree it did, 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 you change reimbursement 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 American College of Cardiology a couple of years ago that the average physician in medical school as you know, it's about four hours of training and 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 and four years of fellowship get zero training and nutrition.

So as you know, as Abraham Maslow once said, if the only tool you have is a hammer, you see everything as a nail. If you're trained to use drugs and surgery, if you reimburse to use drugs and surgery, then, not surprisingly, people use drugs and 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 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 emergency bypass can often be lifesaving. But most people who have been getting these procedures are stable and they're now multiple randomized trials showing that in men and women who have stable

heart disease that stents and angioplasties with rare exceptions don't prolong life prevent heart attacks or even reduce Angela.

And yet we spend, you know, billions and billions of dollars on these procedures. And yet there's also this increasing evidence that 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 realized that you know we need to change reimbursement if we change reimbursement, we change medical practice and medical education. So years ago in the nineties I approached mutual of Omaha's 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, their shared our date according center and we trained for academic centers at Harvard at Beth Israel New York at UCSF and at Scripps in La Hoya and four community hospitals in Omaha des Moines, Columbia south Carolina and Florida.

And we showed that um 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 are able to avoid surgery that they otherwise would have had. And use of Omaha's calculated saving almost $30,000 per patient in the first year.

And I learned that 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 some mutual Omaha began covering it and they, 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 said, you know, if we could get Medicare to do this, then that would really be a game changer because most insurance companies followed 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, New 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 took 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, the conventional wisdom is that small changes are easy. Big changes are hard and yet when they compared traditional cardiac rehabilitation, which is just 36 hours, 36 1 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 in a much higher percentage complete our program, even though we're asking people to do a lot more and a lot more different things and then and then, 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 prescribe statins are taking them 4 to 6 months later, even though there have proven benefit and people who have heart disease and usually someone else pays for it. So, the question why is that?

Reimbursement, Medicare, and Scaling the Model

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 stop thinking about them, they stop doing it. But when you make big changes and a lot of things as you've shown over and over again 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 paradoxes, they feel so much better so quickly in ways that really matter to them that is more sustainable and and 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 angina or angina due to 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, 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 um 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 living and joy and love and pleasure and feeling good. But what makes 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 out 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 that 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, it's infinitely more rewarding to practice lifestyle medicine and conventional medicine.

Most conventional medicine doctors are just kinda like their careers but 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 that 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 wouldn't. But the problem was they couldn't get paid for to get into the more intensive program that was one issue and the second issue. – 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. 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 their first heart attack. – Well the good news, of course I completely agree with you. The good news is that H.

M. S. A. Which is high mark, which is blue cross blue shield of Hawaii was covering our program not only for heart disease but if you had two or more risk factors for. 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 diagnosed heart disease. But those are the people, we can show the greatest cost savings in the first year.

In addition to the study with mutual of Omaha, where they say 20 excuse 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 through 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 that I'm hoping that it will make more and more sense to do it um from a preventive standpoint.

And finally, Medicare last year in November agreed to cover my reversing heart disease intensive cardiac rehab program. When 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 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 him.

So, Medicare is now covering our program when offered via zoom at the same rates as when we do it in 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 trained and that will 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 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 costs.

You know, it turns out that, you know, from Republican standpoint, it's about, you know, personal responsibility, empowering individual freedom of choice.

And for democrats, it's more often, you know, better care for more people at lower costs 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 $3.8 trillion last year on health care, which is mostly sick care, 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 healthcare costs down. Either we're gonna have to limit access, raise deductibles or teach people how to change their lifestyle and their early, you can change it earlier, you can get people to change the less intensive the lifestyle changes need to be, you know, it sounds of prevention, pound of cure. – Do you think that people have an unrealistic expectation of how much like 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 and my teeth fallout.

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.

Prevention, Medications, and the Limits of Conventional Care

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 don't we just turn off the faucet and the foster the cause are really more often than not.

The lifestyle choices that we make each day and most people under the doctor's supervision who make intensive enough lifestyle changes in these areas can often reduce.

And in many cases get off of medications like this that they were told they'd have to take the rest of their life. And the only 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 accomplish the same reduction in LDL and 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 um doing research is that properly done and published in the leading peer review 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're talking about not just diet, which were 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 swamis and rabbis and priests and monks and nuns and mullah's 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 you know, whatever it can do all those things, but they're really powerful tools for transformation. 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 undo it book that I co authored with my wife and a few years ago and published a few months ago in the International Journal for disease prevention and 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, accomplished with the usual things in our culture. If only I had more of this, then I'd be relaxed and happy and healthy. And 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 is just 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 prayer, if you're religious or whatever you do 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 realize 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 piece while we're doing that. – Yeah, I agree.

And it sounds like it's a concept to grasp, but it like it it pulls together like fibers of the cloth, the different aspects of lifestyle medicine to make you more soulful, soulful appreciated natural foods, the natural world, the getting your relation with people, your gratitude for your connectivity and you're and then you're not so to to compose 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. I just want to say what what I felt when I

looked at it and I looked it over recently, I felt it gave me a feeling that you know, we're talking here about 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 and food that makes us also the ability to appreciate nature and other people and less consumed with the the instant gratification of poisoning ourselves with unhealthy substances.

Stress, Healing, and Inner Peace

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 at the same time, be more connected with nature and the environment.

– Well, you said that very beautifully 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 yoga's from the Sanskrit to yoke 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, it puts my nerves and numbs the pain or food fills that void or you know, alcohol numbs the pain or we have this opioid epidemic, opioids numb the pain or um, you know, other drugs on the pain or video games distract me from my pain are 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 cigarettes and they're always there for me and nobody else is you're gonna take away my 20 friends, what are you gonna give me? And so, you know, part of the root of the epidemics that we're finding the real epidemic 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 that 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 um 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 were, 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 we put in our mouths each day, it 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. If 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 that frees up nobody really need go hungry.

If enough people eat a plant based diet and you know, if you can view 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 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 Aldous 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 does 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 and you know, it took away the best years of my life, but if I have hatred in my heart that I'm still in prison in my heart and so you know, if we can understand that the most, the most selfish thing we can do is also the most unselfish thing we can do and 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 way you do this, it gives you a non dual experience that on some people do it through psychedelic drugs, Some people do it through meditation. Some people do it through other ways, but that on one level were separate, you know, you're you and I'm 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 are doing those terrible things.

The irony is that it really is toxic to you as well as to them and any time 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, everybody, you know, every the body dies, but if that's all it's taken care of, then, you know, 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.

Gratitude, Compassion, and Social Connection

And 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 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.

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?

But 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 realized 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. We're 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.

Just like when you touch a hot stove, you learned not a good place to put my hand. You don't blame the stove, you

know, blame yourself for touching a hot stove.

Oh, I learned something important here. You connect what you do and how you feel for better and for worse and and and to me that's really where the transformation will be the 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 have a happier life. – Because we're all gonna 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 longer I'd say you don't get it I'm trying to see if I want to get through the day and a lot of people are depressed. That's the real pandemic in our culture is loneliness and depression and isolation. You know in teenagers.

The number one cause of death as accident. 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 themselves every day you know and so we need to work at this deeper level. There's been a real radical shift in our culture in the last 50 years with a breakdown of the social networks.

They 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 two or three generations of people they grew up with, they had a job that felt secure, that they knew their coworkers and lived, worked there for a long time. They had a by 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 sketch all those nice things you said about me, but I see the time you were suicidal, are you 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 undoing 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 in here. I am with my kid's graduation.

You know, it looks like everybody has this perfect life, but 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.

– Well, really that's really fantastic. Well, thank you so much for partaking 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 want to have.

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

– Thank you for your important work as well. And it's such a pleasure to have an excuse to talk together.