

THE MODEL **HEALTH** **SHOW**

EPISODE 479

How Body Weight Gets “Stuck” In Place & The Truth About Diabesity

With Guest Jonathan Bailor

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SHAWN STEVENSON: Welcome to The Model Health Show, this is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning in with me today, this is a powerhouse episode, we're talking about some of the underlying mechanisms with metabolism that are often overlooked, and one of these things is going to be outside of the paradigm of a normal conversation around metabolism, and this is really remarkable, we're talking with somebody who is one of the people who really helped to usher in a greater understanding of our calorie dominant thinking in diet in metabolism in health and being that he's been a pioneer in this space, we now know today that we have several things that are clinically proven to literally control what calories do in our bodies. These are what I refer to as epicaloric controllers, very much different from what I was taught in my conventional university education, in my nutritional science class about calories, which we've been inundated with this idea that calories really control our metabolism, if you can manage calories, you can manage your health, if you manage calories, you can manage your body composition, calories are a valuable metric if used in its proper perspective.

But once we let that start to become the universe that everything else is operating in, we can get into some serious issues, and we're going to talk about that today on the show, but one of the biggest things that is really driving and controlling what calories do in our bodies, and what we have some of the most fascinating science on today is how our microbiome is controlling what calories do in our bodies, and this is highlighted in the journal Cell, and so we've got animal models and we've got human models as well, and so in the journal Cell, they discover that there's a certain strain of bacteria that literally blocks the intestines from absorbing as many calories from the food that these little critters, these little mice were consuming, this certain strain of bacteria was literally blocking their intestines from absorbing as many calories from their food. Now looking at this through the lens of conventional diet, and this kind of really twisted framework where we are constantly looking for how can we isolate that thing we found out, we got this strain of bacteria, let's isolate that and turn it into a supplement or a drug that's going to be the solution for our weight gain problems, let's just block the intestines from absorbing as much food.

And it's looking at things through this myopic lens and not looking at the human body as a whole. What does that do when we throw this drug in there? How does that affect the liver? How does that affect the microbes in the gut, the ratio of microbes in the gut, how does that affect my gut's ability, my microbes to produce short-chain fatty acids, these SCFAs needed to protect my gastrointestinal tract, needed for different functions with the brain, the list goes on and on. We can't do a thing without it affecting everything else, and so yes, we found... Again, this was published in the journal Cell, there's a specific strain of bacteria they discovered

that blocks the intestines from absorbing as many calories from the food that was fed to these little critters, these mice... Now, we couple that with human data, and this was conducted by research at The Wise Mind Institute, and what they knew was very clearly that there is a certain micro-makeup, microbial make-up of bacteria that is most associated with obesity, insulin resistance, diabetes, there's a certain microbiome makeup, that literally, if this is happening, and so in my clinical practice, I could have somebody send off for a stool sample and get their report back without ever seeing them a day in my life, and I can read the report and I can know with an extreme level of accuracy, whether or not they're obese, just based on their microbial make-up.

Alright, so in these researchers knowing this, they took samples, they took fecal samples from folks who had a microbiome makeup that's associated with diabetes, obesity, insulin resistance, and they implanted that fecal sample into lean mice, then they also took fecal samples from folks who had a microbiome makeup associated with leanness. So these "lean bacteria" implanted that into lean mice. So you've got some mice receiving "fat bacteria" and some mice receiving "lean bacteria" and here's what they found. The mice that received the lean bacteria transplants from human test subjects and planted into lean mice, those mice just stayed lean, they stayed as is. However, the mice that received the fecal transplants from folks who had a bacteria make-up associated with obesity, those mice, even though they're eating this exact same diet, these mice now became obese, they became insulin-resistant and their body fat went up simply by changing their bacteria cascade.

This is not accounted for in conventional calorie conversations. This wasn't taught to me in my expensive university education. Number one, the data wasn't available at the time, the knowledge, it wasn't even known, but even back then, we knew that something was not right about this equation of calories in calories out, just look at the results of the people, but we get into this situation of victim blaming, of blaming the people that it's their fault they're not counting calories enough, they're not doing it tight enough, they need to cut more, they need to have the maintenance phase, all these different things, but it just... The bottom line is, for millions upon millions upon millions of people who've utilized conventional calorie management diets, we see at least the data affirms, 86% of folks failing to... If they do lose weight, failing to keep it off long-term, we're not looking at what's controlling what calories do in the body, and part of that that makes it easy... That's the thing we want this process to be graceful, to feel good and not to hate ourselves, or to fight ourselves into submission for body transformation, and so that leads us to the conversation, what are the underlying mechanisms here, one of them is helping to heal and fortify the microbiome, to cultivate and create a microbiome that's associated with leanness, that encourages leanness.

And so I want to make this point very clear, because that's just a couple of studies. We have another study conducted by researchers at Washington University School of Medicine in St.

Louis Missouri, my home town, and they set out to find if changes to the microbiome could affect fat loss and metabolism in sets of identical twins. So there's a massive database of identical twins, and if we're comparing whether or not something is affecting one person versus the other, you can't get any better comparison than identical twins.

So what they discovered was that folks who had a higher ratio, if you were looking at identical twins and their microbiome makeup, the twins, if you're looking at specific categories of microbes like firmicutes and bacteroidetes, and firmicutes being more associated with obesity, higher levels of firmicutes and lower levels of bacteroidetes and bacteroidetes being more associated with leanness, but we have all of them, but it's being in a proper and a healthy ratio. And so what they discovered was that if one twin had a higher ratio of the bacteria firmicutes and a lower ratio of bacteroidetes, then they're identical twin, the one who had the higher ratio of firmicutes and lower ratio of bacteroidetes absorbed more calories from their food, than their twin and were more apt to gain weight and gain body fat. Again, being in the same household on the same diet based upon their make-up of their microbes. Another study published in BMC microbiology found that individuals who are obese have a significantly higher level of the bacteria firmicutes and a lower level at bacteroidetes compared to "normal weight" in lean adults. And it's proposed that a higher ratio of firmicutes in their intestines make them more efficient at metabolizing food.

So these parts of the conversation are incredibly important, vital, but it's also new data and we're still learning a lot more, but a lot of this is just reiterating what's been uncovered in the past decade, the past two decades, about how important it is to support a healthy microbiome. It truly has so many different aspects of influence on human health, that when we think about what's happening in our belly, we just generally think about, Well, my stomach doesn't hurt, I don't have a belly ache, I don't have a tummy ache, so everything must be all clear, and not understand that symptoms can manifest differently. If we have some things off that's happening in our gut, this can manifest as excess body fat, skin problems, autoimmune conditions, depression, the list goes on and on. We have sound signs. Now we're accumulating really mountains of data, affirming all of these things, so saying that addressing our gut health is of the utmost importance is an understatement. So how do we do that? Obviously, the biggest key here is avoiding the things that damage our microbiome in the first place, which is in our culture a lot of abnormal exposure to these newly invented food-like products that our microbes just don't play nice with.

Alright. The consumption of this dense sources of highly refined liquid sugar, and you know I don't even have to say the name, it's so-dah. You see how I did that? So having these things and what that does to our microbiome, right, what stress does, what movement does, we've talked about all these things in past episodes and how even exercise influences the make-up of our microbiome, but so we remove the cause of the damage, but also there are wonderful

things that we can add and help to support and cultivate health with our microbiome. One of my favorite things I actually just had some as I sipping on this, having this conversation during this interview, and this is because this is a recent study published in the peer-reviewed journal, Nature Communications, listen to this, this is really cool. They uncovered a unique compound called theabrownin, this very unique compound called theabrownin, and this is found in traditional fermented tea called pu'er. They discovered that it has some remarkable effects on the microbiome. The research has found that this compound, theabrownin found in pu'er positively alters our gut microbiota and directly reduces excessive hepatic fat, so liver fat.

So this is when your body is starting to... Not just create what we call "body fat or storage fats" on different parts of our body, but specifically the liver, and they found that this compound theabrownin was able to reduce Lipogenesis so the creation of more fat. Another study published in the Journal of agriculture and food chemistry found that pu'er may be able to reverse gut dysbiosis, by... And here's what they found, it's been found to dramatically reduce ratios of potentially harmful bacteria and increase ratios of beneficial bacteria. That's what it's all about, is that ratio, that microbiome makeup and having a healthy ratio of friendly flora and a healthy ratio of opportunistic bacteria, which everything has its place, we just don't want to get into that state of dysbiosis, where the opportunistic or pathogenic bacteria is taking over because even... We're not trying to just eliminate everything, everything has its place, what we would label as pathogenic bacteria, could be making some B12 for us, could be doing whatever positive thing, but once it becomes overbearing in the friendly flora, that's blatantly doing good stuff for us, that gets out of balance and that's when we get into some real trouble.

So a huge fan of pu'er, but where you get it from always... The sourcing is so important, and this can't be stated enough as well, because we might find out about this incredible tea, and then we go out and get it from random Company X, and we don't realize that there can be possible contaminants that are coming along with your tea, and this is why the tea that I drink is triple toxin screened for one of the highest levels of purity, is tested for pesticide, heavy metals, toxic molds that are all common in tea, and also the tea that I use is a cold extraction technology to help to extract the bioactive compounds in the teas, at cold or low temperature for up to eight hours, and it's really this incredible process to retain the natural antioxidants, the vital nutrients and preserves them in their whole form, so it's easy for you to extract and utilize. And it is easy to use tea crystals, you just tear the package open, pour it into water, it could be hot water, some of them with cold water, but I love the hot water tea, the pu'er, it's just a great experience to sip on that.

My favorite tea, my favorite source of pu'er by far, it's not even close, is pique tea. Go to go to piqueatea.com/model. That's P-I-Q-U-E-T-E-A.com/model. This is important. Brand new. This is the first time that they've done this. You're going to get lifetime discount, 10% off every time you use the code MODEL. This is exclusive for the Model Health Show. It was a 5% discount

before, now we got 10% exclusive for us. Go to piquetea.com/model, you get 10% off all of their incredible teas. Again, I'm a huge fan of the fermented pu'er tea, but they've got some other incredible teas as well. Highly recommend checking them out ASAP. Go to piquetea.com/model, they've got over 20 delicious award-winning flavors, use the code MODEL and you get 10% off every time you get any of their incredible teas. Now on that note, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled “What we should be learning in school” by tinydanseuse. “As a nutritionist, I was shocked to hear the history of the calorie. The calorie is not king, should be must listen to for every nutrition student, trainer and doctor out there. This podcast has opened my eyes to all of the dangers and misinformation out there between the government, lobbyist and the diet culture. Thank you for your story and all the amazing info you share in your podcast.”

SHAWN STEVENSON: Thank you. That's incredible. This is what it's all about, and I admire you so much for that continuing education and you serving and helping other people, that's what it's really all about. And also that's from the history of the calorie, that episode, classic master class. We'll put that in the show notes for you. But listen, a big part of getting this message out there and impacting more lives, we've got the majority of US citizens right now listening to podcasts, and so it really means a lot. Pop over to Apple Podcast, leave a review for the Model Health Show, keep this momentum going, and I appreciate that so much. And on that note, let's get to our special guest and topic of the day. Our guest today is Jonathan Bailor, he's a New York Times best-selling author, researcher, and now creator of the new film Better. In this conversation, we're diving into talking about some of the underlying mechanisms controlling metabolism, and so much more. Let's jump into this conversation with the one and only Jonathan Bailor. My guy, Jonathan Bailor, welcome back to The Model Health Show.

JONATHAN BAILOR: Thank you so much for having me Shawn, it's a pleasure to be back.

SHAWN STEVENSON: First and foremost, this is a big topic, and it's a new term for a lot of folks, so I would love if you could talk a little bit about Diabesity. What is it, and what is the current situation that we're facing in our culture regarding diabesity?

JONATHAN BAILOR: Most important Shawn, diabesity is not a term I made up, and this is really important... This is the highlight of our conversation, I don't want to peak too soon, but when we say the term diabesity, people are like, Wow, Jonathan, that's a clever term you came up with. I didn't come up with that term. And this is the issue, diabesity is an established medical condition, but people think I made it up, and not only is it an established medical condition, but it is the single largest cause of death and healthcare economic burden in the United States. It's the co-occurrence of diabetes and obesity, and it's affecting about one in three of us, and

according to Dr. David Ludwig at the Harvard medical school, it is the reason why, unless we do something, the current generation of children... And I know we're both fathers, so this literally gives me chills every time I say it, have a lower life expectancy than we do, and that is... The thing that is causing that is a thing whose name people think I made up. So talk about a lack of awareness in something that we have got to pay attention to right now.

SHAWN STEVENSON: And so this is a combination, which these two do go hand to hand most often, but it's not always the case because you can be in a state of obesity and not necessarily have diabetes, but again, they often go together, and also you can have diabetes without being in a state of obesity and so... But these are two of our biggest causes of mortality in our country. A lot of folks don't realize, for example, with obesity, this is related to over 400,000 deaths a year in and of itself, but it's just... We categorize and record deaths in a very strange way, and it's still getting worked out right now as we speak, but... So this right now, it's obviously at an epidemic proportion, beyond epidemic proportions, really pandemic, even endemic in a sense. And if you could, can you share a little bit more about what we're facing, what are the components of this situation? How did we get into this place where we're at in the first place?

JONATHAN BAILOR: The most important thing, Shawn, for everyone to understand is that there could be like, Oh diabetes, it's just... It's diabetes and obesity put together, but that's actually not what it is, and so potentially that misunderstanding is what got us here, so it is going to answer your question. So a lot of people may have observed that there are diabetic people who are not obese and obese people who are not diabetic, but what the medical literature is starting to allude to is that diabetes and obesity are symptoms of the same underlying metabolic disease. And I would suggest, and the research suggests that that same underlying metabolic disease, which in some people results in obesity first, and in some people results in diabetes first, is called diabetes. We only really have one thing here, diabetes. Some people, it manifests as obesity and some people it manifests in diabetes and in 90% of those people, they will end up with the other symptom eventually, but here's why this is so important, Shawn, is that, first of all, obesity, which we know is quite common, is more often than not, not treated as a medical issue, it's treated as a source of shame, as a character flaw, and in a lot of cases, Shawn, diabetes is starting to be treated that way as well, but if you tell someone that you just got diagnosed with cancer, you will get a much different response than if you tell somebody you just got a diabetes diagnosis.

So diabetes and obesity are put in this category of shame-related character flaws rather than medical conditions, for a lot of people, and because of that, they're not given the scientific and also just compassionate attention that they deserve. The reason that awareness of a diabetes and the relationship between these two things is so important is because, one, it will help to get these diseases into the disease category as they deserve, into the scientific category, as

they deserve, into the compassionate treatment category that they deserve and it will also give them the importance they deserve, and here's what I mean, Shawn, I love your show 'cause we have enough time to get deep into stuff, so I'm going to potentially jump off a ledge here and you might have to reel me back, but so often there is this extremely important... And this is something we talk about in our upcoming film, idea that it's essential to love yourself no matter how big or small, or tall or short, or anything that you are, and that's true, right?

There is nothing about your physical appearance that says anything about your worth as a person, and if you have cancer, we need to do something about that, and if you have diabetes, we need to do something about that. So this idea of loving yourself, this idea of being compassionate, this idea of embracing everybody is not mutually exclusive with putting the utmost priority in ensuring that we're not slowly dying of diabetes. And that's a really important distinction. I hope that made sense.

SHAWN STEVENSON: Yeah, absolutely, absolutely. Thank you for that, man, because you just brought up a great distinction that I think is kind of rattling around in our minds, whether we acknowledge it or not, which is, when you hear that somebody is diagnosed with cancers, it's as if this happened to you, but you hear about diabetes or hear about diabetes or obesity, and it's, You did this to yourself. And in both instances, we're taking away the co-creation and the possibility of you being able to do something about any of this, and on the other side, we're also, in a sense, placing blame for one and not the other, when in reality, these are things that we can co-create but I think the big lacking part here, obviously, is education around how these things manifest in the first place, because there's a big running idea, and even in our field, this is what I was told by physicians very early on in my career. These are things that just happen and that's abandoning all laws of physics, just basic principles of physics and reality, things don't just happen, and so we can do something about these things and also especially we can do something to start to change them.

And so this is what I want to ask you about next, because within this construct and this container with diabetes and these prevailing issues of obesity and blood sugar disorders, things like that, one of the big breakthroughs, and you're one of the people who really presses into popular culture, is this very fundamental... It's really a truth, it's kind of in the context of a theory, but it's a truth about how the human body works and it's called the set point theory. So can you talk about what that is?

JONATHAN BAILOR: What's been beautiful about even just the past five years, Shawn, and the time we spent recently at Harvard Medical School is there is this thing called the set point, and up until about the past five years, it was called the set point theory, but now it's just called set point, and it's pretty much understood that the human body and not the human body, but basically all organisms on the planet work to maintain balance automatically, not to get too

metaphysical, but even the planet itself, the reason there's a life on this planet... And there isn't life on the sun, is that this planet has a balance, it doesn't get to be negative 500 degrees on this planet, it also doesn't become positive thousand degrees on this planet, there's a range in which life can exist on this planet, and there's a range in which life can exist in the world that is the human body, 'cause this is a world of complexity in and of itself, each cell is its own a world when you really get down to it. So even the systems within the body work this way. Your blood sugar automatically maintains balance within a specific range, and if your blood sugar starts to get too high, your body does things to bring it back down, it's too low, your body does things to bring it back up, same thing applies to blood pressure, we understand that they're balanced automatically.

The term for this is homeostasis. So we already know that essential systems in your body, systems in your body, which if they didn't take care of themselves automatically, you would die... Take care of themselves automatically. Otherwise, you would die. So energy works that way as well. If you have an abundance of energy in perpetuity, you die, if you don't have enough energy in perpetuity, you die. So, energy balance is a homeostatic system, otherwise known as a set point. You have a set range of energy that your body will work to maintain, and when I say energy that your body will work to maintain, how does your body store energy? Where your body stores energy is by and large in fat tissue. So if we just take all that and put it together, it means that your body automatically regulates the amount of fat you store on your body around a set range or it's called a set point, and instead of us trying to starve our way, fight our way against that range, we need to learn why that range can become elevated and why we can bring that range back down and Shawn, here's the big distinction that's happened recently that's taken this away from the realm of theory, if you think about the way we define diseases... For example, what is diabetes?

Diabetes is the breakdown of the body's ability to automatically regulate blood sugar, that's what diabetes is. You can't regulate blood sugar automatically anymore, so you have to start taking insulin and other medications to do it manually. What is hypertension? Hypertension is the definition we've given to when your body can't regulate blood pressure automatically anymore. So Shawn, what is obesity? Obesity is the name we give to the disease, which describes the body's inability to balance your weight automatically around a healthy range, that range has become elevated, it's become changed, and the answer is to change the... The cure for diabetes, for diabetes, for obesity is to re-enable your body to balance those systems around a healthy range.

SHAWN STEVENSON: So good, and this is applicable for if we're underweight, if we're at a "normal weight" or if we're overweight, the body just is wanting... It reaches a state of homeostasis and it gets comfortable, and all of these metabolic systems operate in that place. And I know you've experienced this, where when you're younger trying to gain weight and like

no matter what you do, we're taking in 5000 calories, whatever, and it's so hard to gain weight, you might work at it for a couple of weeks, maybe a month, gain a couple of pounds, and your body will quickly revert right back to where it was if you don't keep pressing, putting that pressure on yourself, but it's the way that we go about it in the first place that makes the difference, and the same thing applies with bringing that weight back down, the body, it gets into that... That set point, which I love the analogy of it being like a thermostat, that's set in your body, so let's talk about where that thermostat is essentially located, and also what are some of the real underlying causes that the body set point can become dangerously high and even stuck in a certain position.

JONATHAN BAILOR: It's important to understand, 'cause I've gotten this question before, that there isn't a place in your brain called the set point, so I just want to clarify that. The set point is a way, it's an abstraction to help us understand all of these things that we've talked about. If you think about it, you even have a hydration set point, you drink a lot of water, what happens? You automatically urinate more. You don't drink enough water, you automatically urinate less. So what you have in your body is a series of feedback loops that communicate with each other for all of these different systems, generally, if you want to... We only have an hour here. We're going to talk about your brain, your gut and your hormones, so your brain obviously is your brain, so it's how your body takes in stimulus through your senses and how it makes sense of the outside world, it's also how it communicates to other parts of your body. Your gut is often called your second brain, and part of that is because your gut is also taking in inputs from the outside world, it's taking them in and digesting them. And if you want to, you can think about your hormones as sort of a language or one of the languages that your brain and your gut use to communicate with each other to help your body interact from the internal perspective to the outside world.

Where is the set point? There is not a place for the set point, but the set point... The series of set points that sustain you as a human being are a series of feedback loops that are taking place between your brain, your gut and your hormones and diseases that are characterized by a dysregulated set point happen when something in the brain, the gut, the hormones or all three of them prevent that feedback loop from happening efficiently or effectively. One example of this would be insulin resistance, which a lot of people are familiar with. When you become insulin-resistant, it's not that your body doesn't produce insulin, it still produces insulin, it's just that it can't hear the insulin, it can't act on the insulin... There is a conversation that should be happening metaphorically, that isn't... There's a breakdown in communication. There's a breakdown in that feedback loop, so that is essentially what is the set point? It's a series of feedback loops, what causes these disease states such as hypertension, diabetes, the breakdown in that communication or in those feedback loops.

SHAWN STEVENSON: Perfect. And in your new film, which is just so exciting, by the way, and I got the opportunity to see it early, the new film is called Better, and you've got a series of some of the most incredible researchers and scientists, and as you mentioned, one of them being Dr. David Ludwig, and he's an endocrinologist out of Harvard University, and he talked about something that for years and even I've pressed this into popular culture recently, and I love that you talked about this. It's not just one location, it's this... And this is a thing about humans, we tend to isolate things into parts, right? And so it's this interconnection between the gut and the brain, primarily, it's a big portion of this because your gut is determining front line what's getting absorbed into the body, and in the film, he talks about the hypothalamus obviously being a master regulator of your metabolism, and that downstream connection that it has between the gut and the hypothalamus. And so one of these underlying causes, you just mentioned insulin resistance, for example, but in the film he also talks about hypothalamic inflammation being one of these big triggers that can get that set point stuck. So can you talk about that a little bit?

JONATHAN BAILOR: Whether it's your brain breaking down, your gut breaking down, or your hormones breaking down, as you said, Shawn, there's been so much conversation about insulin is the problem, or fat is the problem, or carbs is the problem, it's much more nuanced than that, it's much more holistic than that. One of the primary areas of breakdown that is not discussed when speaking about diabetes, obesity or diabetes is neurological inflammation, or in this specific example, you mentioned hypothalamic inflammation, and what this is is when literal inflammation... We're all familiar with inflammation, is happening in your brain itself, and this is causing your brain to not be able to hear messages from your body properly, a specific example of this is when leptin is unable to do its job anymore, so leptin is created in proportion to the amount of fat that you have on your body.

As much as we can understand it at this time, the point... One of the points of the hormone leptin is to help your brain understand how much energy you have stored on your body in the form of body fat or triglyceride, so that your brain can regulate calories in and calories out automatically to help balance that. If leptin levels drop, theoretically, your brain should here that, Uh-oh, I don't have enough stored energy to keep me healthy, I better eat more and move less, and vice versa, but what we see is that in diabetes patients, it's not that they have a shortage of leptin, in fact, in some diabetes patients, they may have 25 times the amount of leptin circulating in their blood stream as a non- diabetes patient, but what we see is due to hypothalamic inflammation, that leptin isn't heard in the brain, the brain can't hear what the leptin is trying to say, so you can see... You can really see how hard your body is trying, it's producing leptin at 25 times a normal rate, screaming to your brain, "I have enough energy stored, I have enough energy stored, I have enough energy stored," but due to this hypothalamic inflammation, those words go unheard.

And Shawn, one way to think about this, which I think really gives anyone who hears it, a cause for pause, and that rhymes so you know it's true is... If you think about an individual who's severely diabetes, so an individual who's suffering with hundreds of pounds of excess fat on their body, let's say someone who weighs 400 pounds, and let's say that person has a healthy weight of 160 pounds, this individual is storing. They have hundreds of thousands of calories of energy in their body already, literally pre-digested, ready to go but their brain is telling them, you're hungry, you need to eat more. Just let that sink in for a second. A person who has hundreds of thousands of calories of energy inside of them already has a brain, which is making them continue to be hungry. How does that work? It doesn't work, it's indicating a breakdown in fundamental metabolic and neurological function, and that's why Shawn, this is... That's a big deal. When you think about what causes... What's happening when you have cancer? What's happening when you have cancer is your body's ability to replicate cells has broken down, like it's just... It's gone haywire. Diabetes is your metabolism, your neurology, your gastroenterology going haywire. It's not a character flaw. You're not, not trying hard enough, you're in a severe disease state and you need and deserve help, and compassion just like a cancer patient would.

SHAWN STEVENSON: So good. And these are the things that are not really getting addressed at multiple levels, and this is why a film like this is so important. You know that the primary medium for a lot of folks where they're consuming their education, which we can use that term loosely If we're talking about what's on the TV, the news and all this stuff, but that's a powerful method of consumption, and so putting this kind of information into that medium, I'm so proud and happy for you, man, because this is the conversation that's not being talked about, so people are believing that they're fundamentally broken in a sense, and that their character is the flaw as you mentioned, in reality, how many diet programs are talking about addressing the neuro-inflammation, the inflammation in the brain to help to heal the body so that we can change the set point. Another one of those aspects, you mentioned this earlier, when you mentioned insulin resistance of the cells, this came up for me as well, which again, we get into this vicious circle where we do feel trapped, and another part of that... So it's not just inflammation in the brain, but it's also inflammation with the fat cells themselves.

Right, so let's talk a little bit about that because the fat cells, when you mention leptin resistance, the fat cells are responsible for reducing leptin. So the more body fat we have, we're producing it, but it's being able to read the signal, throw into the mix these inflamed fat cells pumping up their own inflammatory compounds, wow, we can really get into a messy situation.

JONATHAN BAILOR: And John, it gets worse, and I don't want to paint too bleak of a picture because we haven't even talked about gut dysbiosis yet, right? And so that you've got your cells, your hormones going haywire, you have your brain on fire, and then you have trillions of,

let's call them inappropriate bacterium or destructive bacterium in your stomach, which are potentially the source of some of that appetite dysregulation. We've now seen research which shows that sometimes if someone is feeling cravings, it's not actually them that's craving, it's the billions of unhealthy bacteria in their gut craving the substances that feed them, which are not substances that lead to positive health. We can really get into detail about just how broken your gut can be and just how broken your hormones can be and how broken your brain can be.

What's really exciting, and this gets back to the point you made earlier, Shawn, is, I think because of the way the pharmaceutical industry works, it's not a criticism, it's just the way the pharmaceutical industry is marketed is, "Oh, you have high blood pressure, you take this pill. Oh, you have this condition, you take this pill." So we have a mental model. I'm an engineer by trade so I'm going to use some engineering terms, if that's okay? The way we think the body works is, you do this thing for this result. That's our mental model of how the body works. You want big biceps, you do bicep curls when you and I both know that, yes, bicep curls will impact your biceps, but you can also squat and increase the size of your biceps, but that's a separate podcast.

You don't have this one-to-one relationship in the body and what's good about that is if you can understand that the treatment for all of this, 'cause I get questions every week, "Shawn, will this help me with this? Will this help me with this?" Look, this fundamental approach to life, this better approach to eating and thinking and living, which focuses on increasing the quality of what we're putting into our body and mind rather than focusing on the quantity of what we're putting into our body, this addresses all of those things simultaneously. So as dark and complicated as this may seem, the body is beautifully resilient, the body doesn't want to be diabetes. In fact, it has myriad mechanisms to... Like if you help it along, it will heal itself.

Think about it, that's how the body works, Shawn. If you break your arm, the only way it heals is if you get out of the body's way, we call that putting a cast on it and let the body heal itself. We can do the same thing with this hypothalamic inflammation, and the cellular inflammation, and this gut dysbiosis by identifying foods that are truly life-sustaining and mindsets that are truly life-sustaining, and lifestyle habits and relationships that are life-sustaining, focusing on those things, focusing on living better. Just like a cascade of badness exists in a diabetes state, a cascade and self-reinforcing system of betterment can exist.

SHAWN STEVENSON: Yes, yes, this is so important because truly weight gain is a symptom and it's a natural response, like our bodies are all always trying to protect us and to help to manage us and to reach homeostasis. And this quote is directly from the film, and it was the one that I wrote down jumped out at me the most, this is again Dr. David Ludwig said this, he said that, "Weight gain is the price you pay for not getting diabetes on a low quality diet." Talk to me about that.

JONATHAN BAILOR: Your body is literally saving your life by storing excess fat certain times, at certain times. What I mean by this is, if you have some of the cellular inflammation that Shawn you've mentioned earlier, there are times when energy cannot get into the cells that need it in the body, it's essentially blocked from doing so. And if your body didn't have an escape hatch, let's say of your fat cells, that energy would build up in your bloodstream and you would die. It's actually quite blood sugar poisoning might sound a little strange, but anyone who has diabetes, type 1 or type 2, knows that if too much sugar builds up in your blood, it's somewhat difficult to think about sugar killing you that fast, but too much sugar in your blood causes instant death.

It's like cyanide, your body cannot handle a lot of blood in your sugar at once, so what your body has in its brilliance is it has an escape hatch. If energy or blood sugar can't make it where it needs to go in the vast, vast, vast majority of cases, barring some genetic defect, it will always find a home in your fat cells. Your fat cells will always say, "Look, I will provide you with a safe haven, I am the escape hatch." So when we have this low quality way of eating that we've been programmed into over the past 40 years, gaining fat is preventing you from dying from blood sugar poisoning, and that's mind-blowing when you think about it.

SHAWN STEVENSON: Yeah, man, this is so, so important. The body is always... And this is the crazy thing too, as you were talking about this, I realize how resilient the human body is. Just look at what it's able to do to adapt, because in a sense, truly it's trying to protect us, and what you're saying is so real, like if we have an abundance of blood glucose that the body can't handle... I can just go down a list of all manner of things that can happen instantaneously with a matter of minutes: Coma, heart attack, brain damage. The list goes on and on. So we have these very powerful elaborate evolutionary systems that protect us. Now, here's the rub, in our environment today, it's struggles, it's not well suited to handle this much input of this type of food, it's never existed before. So let's talk about our current environment and how it's feeding literally this issue.

JONATHAN BAILOR: The point you just made hits me hardest, Shawn, is when you really get how toxic a lot of our modern world can be, the fact that only 70% of us are overweight, that's the question is, How is it that only 70% of us are overweight? How is it that not 99% of us are overweight? How is it that diabetes is only 100,000% more common today than it was 100 years ago? Why isn't it a million percent more common? And Shawn, this is just a question in general for science that we don't know the answer to, which is similar to why is it that some people who smoked for 20 years or 40 years get lung cancer and other people don't? We don't know. We don't know, and we don't know why all us can be in many... Not all of us, 95 plus percent malnourished, under slept, overstressed, not connected to human beings in a loving sort of typical tribal way that human beings are meant to be, no sense of higher purpose, how

can we all not be sick, sad and overweight? And that's because the body is so resilient, and some people's body seemingly are super resilient and other people's bodies are only pretty resilient.

The good news though is that that resiliency is there, Shawn, and this is really important, I think, for everyone to keep in mind, and it's this resiliency, the sort of blame game that can come up, I want to try to really quickly end that by talking about kiddos for a second, because diabetes is not just an adult-only problem. By the way, type 2 diabetes used to be called adult-onset diabetes, it's not called adult-onset diabetes anymore. Like, news flash, when you have to change the name of a disease from adult-onset something to type 2 something because it's becoming so common in kids, that is heartbreaking. But this is my point, Shawn, if you go into a school cafeteria, it's not like the skinny kids are on treadmills eating kale and seltzer water, and the kids who aren't skinny are on their phones and eating junk food. There are a lot of kids... 99% of the kids are on their phones and eating junk food, and some of them are overweight and developing diabetes, and some of them aren't.

Let's take the shame and blame out of this, because you look at any random sample of 100 children, of 100 teenagers, of 100 adults, 90 plus percent of them will have low quality habits, not their fault. This is what they've been programmed into, but only a subset of those 90% will have these disease symptoms. And Shawn, the reason that this hits me so hard, and we talk about this in the film, is it embarrasses me every time to admit this, but I have to. When I was younger, I was one of those... I was the naturally thin guy who was like, "These overweight people just need to work harder. What's their problem? Get off of your ass." That kind of thing. But then I got woke in a way that we need to talk about, because this is a segment of society that is openly discriminated against still, you can be fired for being overweight in the majority of states. People don't realize that. That's crazy.

You can openly mock people for being fat in the media still, and everyone's like, "Yeah, that's fine." But my point is, is that you can very easily squash all of that by saying, "Look, we can all make better choices," but not everyone who is making suboptimal choices suffers from these conditions, and not everyone who is slim is making optimal choices. The vast majority of people who are slim have, guess what? I'll call it slim privilege, like they're just genetically freaking slim, they're not better, they're not trying harder, they are just genetically slimmer. So let's get rid of the shame, let's get rid of the blame, and let's say there's something else going on here, there's a lot else going on culturally, there's a lot else going on genetically, and we all deserve better so let's focus on that.

SHAWN STEVENSON: I love it, man. Thank you for that. So here's a thing, man. We live in this culture where we have this physical symptom and then we have our cultural response to it, which I love that you're marrying these two things together because it's really... It's the whole

thing, it all operates together and it feeds into each other, and I think you're bringing up a really important point, which is our body's response to our abnormal conditions are going to vary and for a majority of folks... This is the thing about science, we're always trying to isolate like, what is the thing? Let's find a thing that's creating this and it's one of the things... The FTO gene, for example. This fat-associated gene, which there's a significant portion of people who have the gene who don't become obese, and so it's the interaction with the environment and the gene but that's a whole other thing. My point is this, there was another study that was published recently, and it took a meta-analysis of a lot of this data, and it was published in Metabolic Syndrome and Related Disorders, and they affirmed that only 12% of Americans are metabolically healthy, so 88% of us, and so when you were asking that question, it immediately jumped out to me, Why aren't more of us based on the way that our lives are structured right now, the cultural container that we exist in, and so part of that is the way that our bodies manifest and respond to these inputs can be different.

So for me, I come from a family where 85% of my family members are obese, and I was the "skinny kid" in my family, but I was the one who developed an accelerated aging disorder in a sense by having this severe arthritis in my spine and my hips, breaking my hips when I was just a teenager, my abnormal interaction with these things manifested in this way. So I was definitely in that camp of not being metabolically healthy, and so we do have this epidemic, but for some folks is manifesting in this way, and that's the thing about it, because I might even look our society's definition of what healthy is, I might have looked... I'm a skinny "fit kid," but metabolically healthy, but I see you, and you're not metabolically healthy clearly because you know of what I see on the surface. So let's talk a little bit more about that.

JONATHAN BAILOR: Shawn, that's the distinction between cause and symptoms, and that's essential because you can have more body fat than you need to be healthy and not have inflammation in your brain and not have gut dysbiosis and not have hormonal imbalances, and you can have all three of those things and be slim, just like having a tumor, a malignant tumor growing in your body, aka cancer, unless a doctor sees that there is no external necessarily appearance of that. And we so often are just judging these things externally, that's why when we say diabetes, like diabetes is a disease, it's a disease of neurological inflammation, hormonal dysregulation, and gut dysbiosis. There are two symptoms. In some people, it manifest as obesity, and in some people it manifest as diabetes. But we need to treat the brain, the gut, and the hormones. Period. That's the underlying cause.

So we need to move away from looking at anything external, we need to move away from treating these things as treating the symptoms, so taking metformin for diabetes, for example, could be life-saving in the short term, but what is the question to ask ourselves is like, What is metformin doing to heal hypothalamic inflammation? Oh, nothing. Okay, cool. But that doesn't mean I'm not here to demonize metformin, just like if you, Shawn, if you fell right now and you

got a giant gash on your arm and you wrapped a tourniquet around your arm to stop the bleeding, like good. That tourniquet will probably keep you alive until you can get to the hospital and until you can actually enable your body to heal itself.

So there are instances where, again, this is not Jonathan going up against big pharma, there are instances where these short-term symptom relief can be necessary, but there's a difference between a short-term symptom relief and treating those underlying causes. So again, this is not a problem of excess body fat, it's not saying that having too much fat on your body is a problem, it's a little bit like saying that being tall, being wide is no more of a problem in and of itself than being tall is a problem in and of itself, it is just a way the body manifests. What we need to focus on are the things underneath the surface. If you're tall because you have a tumor on your pituitary gland, then maybe we do need to pay attention to the fact that you're tall. And if you're wide because your brain is on fire, we need to turn that fire in your brain off, but it's the brain, gut, and hormones that we need to be talking about, not the external appearance of people.

SHAWN STEVENSON: And when you said that a tumor on the pituitary gland, shoutout to Tony Robbins, because that's exactly what happened with him, and it's just like he's just this big guy, but it was this underlying thing going on. And the same thing, we don't just ignore that this thing is happening, it's just like, Is this life threatening? What can we do about it? In the same context over here, is this life-threatening? What can we do about it? The problem, however, as you just touched on briefly, which is we've become so symptom-oriented, we're constantly throwing things at a symptom, and that is our model today, and let's just call it what it is, our model is so focused on that, and there's... I don't know if you saw this report, this was 2019, 4 trillion dollars. We can't even fathom how much that is, 4 trillion dollars were invested in our healthcare system, and everything still continues to get worse, and it's so heavily focused on treatment... It's symptom-centric medicine.

And so what you're doing, and this is what I want to ask you about, you've been somebody who's really jumped to the forefront and really addressing some of these underlying issues, because obviously what we're making our body out of in the first place plays a big part in this whole equation, and we don't even think about it in those terms, we think about in terms of calories. And so your smash hit book, *The Calorie Myth*, really addressing this, and I want to ask you about this because being that our system is so calorie-centric, symptom-centric, when you start to address the fact that yes, we can use calories as a metric, but it's not the whole story of what's coming along with food, what did you have to deal with because you're operating. That is very counter-culture. Did you get any... Did you get some rubs, some people felt like you were rubbing their fur backwards when you were highlighting this issue? Can you share a little bit about that?

JONATHAN BAILOR: It's been an interesting, I'll say 10 years, Shawn, because there's good news and bad news, or like when... So I independently published a book called *The Smarter Science of Slim* when I was still an engineer at Microsoft. And when that book came out and it started to introduce some of these things, which I am... These are not my theories. That book had a 88-page, eight-point font bibliography. I'm an engineer, I'm a geeky guy, I consider myself an evangelist for actual experts, like these doctors at Harvard Medical School that we worked with for the *Better* movie. And when that book came out, I literally was getting hate mail of people just being like, "That's crazy! Didn't you see the doctor that ate McDonald's for 12 weeks and lost weight and blah, blah, blah, and if it fits your macros, and there was all this other stuff going on and blah, blah, blah." But what's been really interesting, Shawn, is like it's not the same. So fast-forward to 10 years, it has gotten way better, like truly, in having even these conversations with the Harvard doctors for the film. It wasn't like, "Hey... " Things that we thought may be like, "Hey, would you be willing to talk about this?" and they were like, "Well, of course." They were like set point...

They didn't say set point theory. Set point. And of course, calories behave differently in your body, and of course, food impacts health outcomes. But like that, not just 10 years but 50 years ago, if you ask an MD who's in their 80s, how food was presented to them in medical school, it was essentially presented as not relevant to health outcomes, which... So just think about in 50 years, things can always get better. We're far from perfect, but there has... I have been so shocked with the efforts we've put into this film and even some of the promotional efforts we're trying to get going for this film, the contrast and the, let's just say acceptance, in the past, it felt like we were swimming upstream, but Shawn, I'm going to have to be honest with you, the number of feathers that were ruffled in 2020 and 2021 as we promulgate this message of, it's about what you're eating rather than how much you're eating, people were like, "Ah, okay. Yep." I mean, by and large, there were some outliers, but the haters were the outliers in the current, at least in my experience, whereas those people, they had the majority 10 years ago.

SHAWN STEVENSON: Yeah. And I think a big part of this too, is being honest about the evidence, which is hard to do, because the way that we're taught. Like going to a traditional university, I was taught that this is the way, and if it's not working, it's the person's fault. They're lying, they're not trying hard enough. But I've seen it, I've seen people come in to my office in my clinical practice, they're 5'7", 220 pounds, 35% body fat, whatever, all of these different metrics, they're already on a 1,000-calorie diet day, and their weight isn't budging, and their physician is telling them that they need to cut their calories more. And so seeing that firsthand and then having that experience and trying to rationalize it, and seeing the data, which today, again, and this is what I talked about in my most recent book, we've got... We've identified specific things that we call these epi-caloric controllers that literally control what calories do in your body. And I love the fact... And so seeing your film is just like, "Oh yeah, he's

hitting on these things," one of those things being hypothalamic inflammation. Like your brain is communicating with your gut, literally this interaction, telling your body, "Hey, we're actually... We don't have that much stored. Can you go ahead and... "

Your brain can literally tell you gut to increase the assimilation of calories from your food or decrease it just based on the perception of your reserves for both nutrients and "energy", which we've just given this label to calories. And the reason I wanted to ask you about this is that there are still folks of course who are living and dying by this framework, and part of it is because they've gotten results themselves, which is great. And that's the thing, it doesn't negate the fact that this can't be used as a helpful metric, but look at the results as a society. I've seen firsthand in my clinical practice, hundreds, even thousands of folks who... They've tried, they're cutting calories, they're doing the exercise, and something is off. The idea of it is clearly not working broadly. And so let's talk a little bit more about why this is because this is getting into why this film matters, partially of course, is highlighting the science and what's going on behind the scenes with our metabolism, and part of it is addressing the cultural phenomenon of demonizing the people and blaming them when what we really have is a cultural container that is literally feeding the problem of disease.

JONATHAN BAILOR: The biggest distinction that I feel we make in this film, 'cause a lot of people... And we even had to categorize it this way with our distributors, it's a nutrition documentary, it's a food documentary. But interestingly enough, it's actually a film about shame. And this is really important because when we talk about these diseased states, Shawn, if you... And you may have had this experience, right? If you tell somebody who is actually suffering in a state of shame to eat less and exercise, and we're like... Here's my position to people on the internet who are like, "If it fits your macros, eat less, exercise more, whatever." You are... Whatever. It's not even a relevant conversation to the vast majority of people who are suffering from this disease, because the ultimate cause... So this is going to sound like I'm contradicting myself, but I'm not. The ultimate cause of hypothalamic inflammation, the ultimate cause of hormonal dysregulation, and the ultimate cause of gut dysbiosis is one word: Shame. Because if you feel shame, you might not even realize it, if you don't feel that you are worth better, if you don't feel like you are worth the quality of inputs, you will never engage in those activities. And this may sound a little like, "What's he talking about?" but look at the way we've changed our call cultural perception of addiction, so look at the opioid epidemic, is people who have a heroin addiction, just take less heroin? Is that how...

If you would just take less heroin, you wouldn't be... You wouldn't have an opioid problem anymore. Like just take your Oxy, cut it in half, take less Oxy. That's the answer to your problem, right? No, no, no, no, no, we as a culture, and pretty quickly, have become woke to the fact that you don't have a opiate problem, you have another problem which you're treating with opiates, and until we address that other problem, which is shame-based... One of the most well-known

shame researchers in the world, Dr. Brené Brown, says that in her research, they can't even delineate where shame stops and addiction starts. Like the correlation between abuse of substances that have a neurological impact and the emotion of shame almost seem to be one and the same. So if we feel this emotion of shame deeply, if we feel a lack of worth as an individual, we will, from a survival perspective, try to alleviate that neurological state with something. Some of us use opiates. Some of us use sugar. Some of us use sex. Some of us use work. Some of us use exercise. Some of us use video games. So ultimately...

And this is why Shawn, I've spent... I used to really... I used to get in arguments about nutrition a lot. At this point, I'm just like, "Look, it's not... It's semi, not even a nutrition problem. It's a shame problem first. Because once you get over that, once you realize that you are a miracle, once you realize that you are intrinsically worth better, you're not going to put garbage in a Ferrari, you're just not going to do that. You're just not going to do that." So for me, Shawn, I sometimes feel like even the conversations... I'm sorry for not giving you a scientific... Well, that is a scientific answer to your question. But the answer that I would have given five years ago, so like, what do you say to the people who are like, "If it fits your macros?" at this point, I almost feel... I feel sad. I don't pity them. That's not the right term, but I feel sad because they have all this energy and passion, and it's pointing in the wrong direction, right? They're focused on the wrong problem, and because of that, they'll never actually help the people who need help the most. Does that make any sense?

SHAWN STEVENSON: Of course, of course. So I think it's important for us to understand, and this is the biggest takeaway that I got from that, is that we could talk about all the stuff that people should be doing, and it could be true, and it can be whether it's a calorie-counting paradigm or whether it's a healing the metabolism paradigm, none of it matters if we don't address the perception of the person about themselves. That's where the real work ultimately... And this is just a fact of life, because the human psyche itself, we're all driven to do things that are congruent with who we believe ourselves to be. That's the heart of everything, this whole reality that we're living, each and every person listening or watching right now, is living and doing actions, having thoughts. We think thoughts based on who we believe ourselves to be and the world to be around us. And so if we're not addressing this, we're just literally... We're doing things that are superficial and window dressing, hoping we stumble our way into health. And so the paradigm that we live in right now is a weight loss paradigm, so that we can accidentally get healthy, when in reality, we need to talk about getting healthy and having weight loss being the outcome, but part of getting healthy is getting healthy about our mind and who we see ourselves to be. Is that what I'm hearing?

JONATHAN BAILOR: That's exactly right, Shawn. That's exactly right. And we are in an epidemic of shame, and this sort of shame alleviation protocol, like you can put a TM next to that. That's what we need to work towards. And I don't mean to get too dark, but I do want to be real. One

of the... The film Better has three things happening in it; one is the exploration with four of the top doctors at the Harvard Medical School, another portion is 20+ real life individuals who are going through this... There are different phases in this diabetes journey, and then another is a story about my experience, so I'm so passionate about this. But one of the things that came so clear in working with these individuals Shawn, and again, I don't want to get too dark, but I do want to be real, is people are like, "How many blueberries should I eat?" And you start to talk to that person, you talk with them, maybe like hour three, like really talking with them, and you realize that their uncle raped them repeatedly when they were seven, and you're like, "Your question has nothing to do with blueberries. Your relationship with your body and yourself and food, until you even realize that worrying about the number of blueberries you're eating is so not relevant to us fundamentally addressing this once and for all, we need to heal the trauma and the shame that is causing a compulsion towards decisions which you know you deserve better than."

And Shawn, here is like... That was pretty... Here's a different way of thinking about it. Most people would never feed their dog what they feed themselves. They perceive their dog as this beautiful, unconditionally loving, amazing creature that is... It's an external manifestation of love to them. And so if they saw someone giving a dog Mountain Dew, they would probably... They could be the most timid person in the world, they'd probably say something, but they wouldn't think twice about giving themselves Mountain Dew. So what is the difference in the mind that says that, "This mammal is so intrinsically worth whatever, that I would never put these substances in their body, but this other mammal, me, well, you got to do what you got to do"? What is causing that distinction? And that is what we need to get to the heart of.

SHAWN STEVENSON: This brings us to the film itself. Obviously, again, the film is amazing, it's in that medium that folks can send to other people, they can watch with their family, they can get this information, and it's also... There's like... There's some portions that are dramatizations of real-life situations and actors, and it's just really well put together with the documentary style data coming from the different researchers and scientists, physicians. And so question, just leading into this, why did you create this film right now at this time? And I think it's important for people to understand what it takes. The reason I'm asking you this is that, to create a film with this kind of this level of production, what drove you to do it and why now?

JONATHAN BAILOR: Two questions there, one is, what motivated the film, and then also just like, why the medium of film? The reason I wanted to make a film... Well there's two reasons. One is there's the old joke, "Why do people rob banks?" 'Cause that's where the money is. So why create a film? Because that's where the eyeballs are. There's not a lot of people that read 300-page books, unfortunately. So if we could Tweet out this information efficiently or TikTok it, we'd do that, but we can't. So a movie is the next best medium. But fundamentally, Shawn, I had had a lot of conversations with people who have, when you think about it, very, very

challenging dietary practices. So for example, being... This is not... I'm not endorsing, dis-
endorsing. I'm not saying anything about the practice itself. Being a vegan is objectively hard.
A lot of effort goes into eating no form of animal products at all. Being kosher in the United
States is not a simple thing to do. Being Halal in the United States is not a simple thing to do.
So when you speak... And having a whole family, a multi-generational family, do these things
consistently, independent of holidays, independent...

Like, how do you do it at school? They figure it out. How do they do that? Well, for a lot of these
people, there is a deep underlying emotional or spiritual reason this is happening. Very clearly
when you have a religious affiliation, kosher, Halal, it's very clear, religious reason, spiritual
reason, you're eating a certain way. People who are vegan, for example, oftentimes, there's a
deep sort of spiritual reason they're doing this, and those spiritual reasons are triggered by
emotion. And how do we cause an emotional reaction? How do we cause an emotional trigger
in people? Well, cinema is a great way to do that. And a lot of people, specifically around, like
let's say the consumption of animal products, if you asked people who may not consume
animals like, "Why don't you consume animals?" they will often give... If you really get down to
it, they had... They saw something. They visually saw something, and in seeing that, in an
instant, it caused the way they perceive food and themselves and the world permanently, they
couldn't un-see it. So we thought to ourselves, "What if we could create a visual mechanism,
that it wasn't about this diet or that diet, but it was about causing this moment, this visual
resonance, this moment of transformation, where in that moment, assumptions and
perceptions of the world broke, and light for a new and better way of perceiving yourself and
food could emerge?"

So that's a long soliloquy about... We went through the visual medium, and the medium of film,
because we believe that fundamentally hitting individuals like, "Look, the head is important,
but if you really study human behavior change, it's function of the heart, it is absolutely a
function of the heart." And I'll make a promise about this film. If you watch this film and it
doesn't hit you in the heart at all, I will personally call you and apologize. Because we're not
trying to make it saccharine sweet, we weren't trying to hit you in the heart, but when you
really get down to it... If you really talk to someone who's addicted to opioids, it's going to hit
you in the heart. If you talk to someone who's an alcoholic, and you really get to the root cause
of why they suffer with that, it's going to hit you in the heart. And if you talk to individuals who
suffer with diabetes, and you figure out really what's causing that fundamentally, and the
impact that it has on them day-to-day, it's going to hit you in the heart.

And I feel like if we can open up people's hearts, their heads will be more receptive to the
information we now need to make the change we need to save all the lives we need to, and...
Yeah, that's why we went the film route.

SHAWN STEVENSON: And I got to reiterate how it definitely did that same thing for me watching the film. It's brand new, and I would love if you could tell folks how they can be able to watch this amazing film.

JONATHAN BAILOR: Please just go to bettermovie.com. It's going to be the hub, a very simple site where you can figure out where you can pre-order it, when you can pre-order it, when you can actually watch it, 'cause we're going to constantly be releasing it on new platforms as it becomes available. It's going to be available first for pre-order exclusively on iTunes starting May 1st, and then May 25th, it will be available on Apple platforms, as well as Google platforms, but we're going to continue to roll it out to other places as is capable from a legal perspective, it's a whole thing we're learning but just go to bettermovie.com, bettermovie.com. It's the best way to stay up-to-date on where and how to live better and watch the better movie.

SHAWN STEVENSON: Perfect, perfect. So as of this recording, you guys have got a little bit of time to access some of the pre-order for the film, he's got some cool bonuses there for that, so... But regardless of when you're watching it, jump over to bettermovie.com to be able to access the film and... Man, it's just so good. So important, and coming out at this time when health isn't that much of a conversation like what we can actually do and really addressing the fundamental things that are controlling all of this stuff, it's such a great time for this to be coming out and I've known you for quite some time, your original book *The Smarter Science of Slim*, classic. I was right there, that's when I got introduced to you, man, and just to see all the impact that you've made over the years, and just really staying true to the science and continue to evolve yourself, you said something earlier that really stood out, you said, if you would ask me, five years ago, this would have been... And now you're really getting to the... Literally the heart of where these transformations come from and your ability to do it, man, it's just going to keep going to another level so I just appreciate you so much, man.

JONATHAN BAILOR: I appreciate the opportunity Shawn, thank you so much.

SHAWN STEVENSON: Can you give that website one more time where people can access the movie and also where they can connect with you and just stay up-to-date with Jonathan Bailor.

JONATHAN BAILOR: Please go to bettermovie.com and please if I might make one additional request, we did have a third party company screen this film, so we wanted to get some feedback, and so they had the film watched by dozens and dozens of people who've never heard of me, never... Complete stranger, they've gone in cold to the movie. And this company got two pieces of data that they've never gotten for any other film in the history of their company. And the first piece of data was that 100% of viewers within 10 days of watching the film talked with someone about it, and what this tells me is that again, the message in this film is life-saving, and it's going to start a conversation, so I would ask... I know this film can change

your life, it will, the information in it is powerful. If... Not if... For the people who you live with or you love, or whose health and well-being you are concerned with, if you'd be willing to watch it together, I think your experience will be magnified, and I think if nothing else, you're going to have some great conversations for the next week or so afterwards, so please definitely do that. And then if you want just more information about what I'm up to in general, you can go to sanesolution.com, again, that sane, S-A-N-E-solution.com.

SHAWN STEVENSON: Perfect. Jonathan, again, I appreciate you so much, man. Thank you for continuing to raise the bar and just excited to be on this journey with you with this new film, this is amazing.

JONATHAN BAILOR: Thank you, Shawn. It's a pleasure to be back on your show.

SHAWN STEVENSON: Awesome. Jonathan Bailor, everybody. Thank you so much for tuning in to the show today. I hope you got a lot of value out of this. In this episode, we really are diving deep into some of the underlying issues in relationship to our nation, really worldwide health problems that are not being addressed. Obviously food plays a major part, but also our psychology, it's what's really driving... Each and everything that we do in our lives is really driven by our psychology and the way that we perceive ourselves and the way that we perceive the world around us. We've been talking recently about these cultural containers, like in our conversation with Katy Bowman, and our culture is really dictating how we feel about ourselves, and also in relationship to our environment, and we're constantly, which we have these traits and how the human brain is wired up to compare ourselves to the world around us. If we're talking about the social brain, the newly discovered social brain, and our mirror neurons that are constantly working to try to simulate the activity and behaviors around us, but they're also simulating ourselves in comparison to the world around us. And these different areas of the brain, we're just now starting to really bring forth the data on how the human brain is wired up and determining how we perceive the world around us and how we perceive ourselves, but it is not used to this constant bombardment of comparison.

We evolved in communities where it would be a tribe of people, a small tribe of people, a village of people, a family structure, we even... Going from that to neighborhoods, but now you are virtually comparing yourself to hundreds, if not thousands of people today, with the advent of social media, so this comparison is just really running wild, and we have this comparison without context because we believe parts of our brain, again, we're seeing this and parts of our brain don't care if it's real or not, it just accepts it as what is, even if the message is not true. And so that constant comparison, it can really start to do a number on our psyche, and we're seeing these epidemics not just of poor health, physically but poor mental health, higher rates of depression and anxiety that are tied in and stress and PTSD, and the list goes on and on. I know that it's going to take a lot for this to change, it's going to take a miracle, because

right now humanity is on this track, and it's just like a runaway train where our epidemics of disease are not... They're just happening and nothing is really being done to address the issues, they just keep getting worse, despite all of our advancements in technology and information and knowledge. Our epidemics of mental health are just a runaway train.

We're not addressing them. They just continue to get worse and worse. We now are existing in the first generation who is not going to outlive our predecessors in recorded human history, specifically even just talking about since the Civil War, our lifespan has gone up, which you would think would be obvious, now, it's not just not staying stagnant, it's going backwards, our lifespan is now going back for the first time in recorded human history. Something is not right here, something is off, we should be getting better. That's the name of the movie, Better. That's what it's really all about. But for us to do that, fortunately again, it's going to take a lot of work, it's going to take some minor miracles and even major miracles, and I want to implore you to believe in miracles, believe that these things are possible because that's what it's going to take. That runaway freight train, we're going to need some super human effort to be able to stop it, and even put it back on the track to something that's more real and sustainable and righteous, and that feels good and that's healthy.

But this is the biggest thing for me is that we have this concept of super heroes, and we don't really realize how miraculous and powerful we all are, we are already that, we are super human, we're not just human, we have this incredible capacity to do what seems to be impossible, we continuously do the impossible, it's just because we deem it to be impossible because nobody's done it yet, but once we find out something's possible, man, look out, there's no stopping us. And I think a big part of that and encouraging that within us is to see what's possible through the lens of our most popular media, we've got to use what's already working, jump in there, add some nutrition through the medium of cinema and using that for our good, because none of these mediums are inherently bad in and of themselves, and I don't even like to frame this as good and bad, we can get caught into that dichotomy, and that's another way that we abuse ourselves, it's like I'm doing this bad behavior, I'm eating this bad food, what does that say about me? Because I'm tying this bad food to this sense of morality as a bad behavior, and I'm the one engaging in it, so does this make me a bad person?

We get into a really slippery slope. Well we can start to identify more on a level of ideal to not so ideal, and there's so much that exists in that spectrum, because if we're engaging in something that's not ideal, we can transition to something that's more ideal, much more gracefully without all the psychological weight attached to it, and so the mediums right now with social media, it can be a way that feeds us in a positive way, but we've got to be able to keep this stuff in context, and so that's why I'm so excited about having conversations like this and having positive affirmative media for us to engage in and to feed ourselves, because it's

not just, you are what you eat, it's you are what you drink, you are what you breathe, it's also you are what you think.

You are what you consume via the ideas that you assimilate from the world around you, these things become us. It is a physical substance. In the real world that comes in when we've taken something from the environment, it literally creates a physical... Thoughts have a physical appearance in the human brain, for example. We can measure it, it changes us, so we need to be more attentive about the food, the nutrition that we're taking in from these various mediums as well, so I'm grateful to add this to that menu with this new film Better. So make sure to check it out. It's bettermovie.com and listen, we are just getting warmed up. We've got some epic stuff coming your way very soon, some epic new master classes, incredible new guests, be ready, we've got much, much more in store for you very soon. Take care. Have an amazing day and I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com, that's where you can find all of the show notes, you could find transcriptions, videos for each episode, and if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much, and take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.