THE MODEL HEALTH SHOW

EPISODE 757

The Truth About The Placebo Effect

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SHAWN STEVENSON: More and more data is affirming that one of the most important elements in healing from both acute and chronic conditions is the human mind, and that's what we'll be exploring today. One of the fastest growing fields of study is looking at the role of the placebo effect in human health. Conventionally speaking, a placebo is when someone has a therapeutic effect from a fake drug, a fake surgery, or another treatment. Now, it's regarded that placebos, again, fake drugs, fake surgeries, fake treatments are actually resulting in therapeutic effects in about 33% of all study participants, all right? So with certain clinical trials actually seeing much higher rates of therapeutic effects, and again, this could be higher or lower, but on average, about 33% of folks are experiencing a significant therapeutic effect from a placebo. Now, according to researchers at the University of Michigan, depression, pain, fatigue, allergies, irritable bowel syndrome, Parkinson's disease, and even osteoarthritis are just a few of the conditions that respond positively to placebos.

SHAWN STEVENSON: In fact, a meta-analysis conducted by researchers at RUSH University Medical Center in Chicago revealed that placebo-related improvements occur in most Parkinson's disease clinical trials. All right? Again, Parkinson's disease is one of those conditions that often is considered to be very, very difficult to treat. But a meta-analysis of multiple studies are seeing placebos are leading to therapeutic benefits in clinical trials regarding treatment for Parkinson's disease. Now, the belief in the treatment, whether it's real or not, is often considered to be at the heart of what causes a therapeutic change. But the story goes much, much deeper than that, and we're gonna get to that soon. But first, it's important to know that the placebo effect has a dark side. The placebo effect is bidirectional. We do see therapeutic benefits when, again, conventional dictation is that the belief that somebody's gonna get a positive benefit, they see a positive benefit.

SHAWN STEVENSON: But on the other side, when someone believes that they're going to have a negative side effect or a negative result or a negative outcome from something, that is called the nocebo effect, and it's equally as powerful. So we could see some therapeutic benefits or negative side effects or negative outcomes when experiencing a nocebo belief input. Now, to be even more clear on this, a placebo tends to be those things that invoke a positive, beneficial, or desirable expectation and response. While a nocebo effect is classified as giving a negative expectation, which results in a more negative effect than it otherwise would've been. Now, a study that was published in the journal Science titled “Nocebo Effects Can Make You Feel Pain”, details how nocebo messages can lead to poorer outcomes. So nocebo messages where we receive a negative injunction that something negative or bad is going to happen are, again, just as impactful as placebo messages.

SHAWN STEVENSON: So these are scenarios where someone is told that they're going to experience painful side effects from a particular medication when the medication might not even be a real medication. This could be when someone who is maybe experiencing a low level pain is told that they're not going to get any better, and as a matter of fact, they're going to suffer and continue to suffer. Right? So this is incurable, you're never gonna walk again. You're gonna be in pain forever. And seeing actual measurable physiological changes based on receiving that nocebo message, receiving that belief that their pain is going to get worse or isn't going to get better. Now yes, being told that something negative will happen is problematic, but this study that was published in the Journal of Science, again, is titled "Nocebo Effects Can Make You Feel Pain", one of the things noted is that even when receiving a drug that is supposed to provide positive benefits, when patients hear about associated side effects of the drug, they can manifest those side effects even if the drug is a placebo. Right?

SHAWN STEVENSON: So just believing that, they're receiving this treatment, so this could be a pill, this could be an injection, and believing that they're going to have these negative side effects, people do in fact manifest many of the noted side effects of different drugs, even if the drug doesn't have any active ingredients. So, again, the nocebo effect and the placebo effect are both happening, whether we understand it or not, whether we know it or not. And we want to utilize this information in our lives. And effectively, what we're gonna talk about today is being able to placebo ourselves to be able to get the health outcomes that we want by stacking certain conditions in our favor to create physiological changes that we wanna receive based on the latest science, but also very practical applications of things. And so, just to start to unpack some of this a little bit more, to dig deeper into the science of the mind and its role in health, in healing, and all of our biological processes, let's take a look at four specific things that are proven to impact the placebo or nocebo effect.

SHAWN STEVENSON: Number one, to kick things off, number one is how the message is said or framed to you. How something is said or framed to you can make a world of difference in how your body is responding. Now, the top tier understanding of this is a principle that we all need to pack away, embed in our hearts, keep that in our back pocket for safekeeping. We always need to keep this in mind that all of our thoughts create correlating chemistry in our bodies. Every single thought that we think changes what's happening with our biology. Every single cell in our body is being affected based on our thoughts. There isn't some rogue cell in your pinky toe that's just off like, I'm not listening to that message, right? Now, I bet your thoughts just went to your toes, didn't they? Right? And that's the power of our mind as well, to be able to scan our bodies to be aware of certain things, but if our toes aren't necessarily top of mind, they're just doing toe things, we don't necessarily think about them.

SHAWN STEVENSON: But we have the ability to kind of hone in and zoom our attention into certain parts of our bodies. But that's a sidebar. Most importantly, is understanding that, again, every thought that we think creates correlating chemistry in our bodies. So we have entire fields of things like psychoneuroendocrinology, which is looking at how our thoughts instantaneously change what our hormones are doing. All right? And our hormones are chemical messengers that send data from cell to cell that get all of your community of trillions of cells on the same page, right? And our thoughts are influencing that. Our psychology, both conscious and sub/unconscious as well, is affecting what our cells are doing each and every moment of our lives. So it would be in our best interest to think thoughts that are affirmative, that are helpful for us to get to where we want to be.

SHAWN STEVENSON: But again, that can take some work, that can take some intention, that can take some very practical strategies, because if you're like me growing up in conditions that I grew up in, it's very difficult to see positivity when you are immersed in an environment that would be considered negative or challenging or even dangerous. And so we have to, again, placebo ourselves. We have to take control of our own minds so that we can start to think the thoughts that we want to think and understand that we have the power to do this. We don't have to be subject to pulling in all of these regurgitated thoughts that are just spinning around in our society today, that's disempowering people, that's distracting us from understanding how powerful we really are to affect change in our bodies, in our lives, in our family's lives. We have so much power, but we outsource it today more than ever because we're always plugged into something.

SHAWN STEVENSON: We're outsourcing our energy, our creative energy, our ability to think what we want to think to all of these other things, and allowing in these messages, this literal programming, whether it's television programming, social media programming that's telling us what to think, that's telling us how to perceive reality. And that is ending now. Once we say those days are over and we decide, that's when things begin to change. And so number one, how it's said or framed to you can make a world of difference. And to demonstrate that, let's take a look at an experiment that found out that the way that we think about what we're eating can impact our hormones, and as a result can impact our health outcomes. Now, a team of researchers at Yale University set out to uncover whether or not our beliefs about food can have an effect on our metabolism.

SHAWN STEVENSON: To test this theory, they recruited test subjects and blended up a huge batch of milkshakes and poured them into different cups. Their milkshakes did in fact bring all the boys to the yard. And the girls too, shout out to Kelis. And by the way, Kelis is out here doing it. She's farming. She's got her farm fashion, she's doing her thing. She's super into health. Shout out to Kelis. But again, to test this theory, they recruited test subjects and blended up a huge batch of milkshakes and poured them into different cups. Now, before

giving the milkshakes to study participants, they slapped one of two food labels on each cup. One label read 140 calorie "sensible shake," while the other label read 620 calorie "indulgent shake," but in reality, and completely unknown to the participants, each cup of milkshake was actually 380 calories. Right?

SHAWN STEVENSON: Each cup of milkshake was 380 calories, but some cups had a label that said 140 calorie sensible shake, while other cups had 620 calorie indulgent shake. Now, the researchers monitored the blood levels of the hunger hormone ghrelin for each test subject to see how their belief about what they were drinking would affect their metabolism. Now, ghrelin is one of our body's most notable and studied hunger hormones. Ghrelin does tend to increase our hunger and drive us to eat more. And once we eat, ghrelin levels decline signaling the body that we've had enough and our biological systems can start to burn fuel and that system can be ramped up since again, ghrelin levels have declined. Now, this is very important because our ghrelin levels are supposed to be responding to the nutrient density of what we're eating. That's what conventional science believes. But after compiling the data in this study, the study participants who believed that they were drinking the more indulgent 620 calorie milkshake, had their ghrelin levels drop as though they had consumed three times more calories than they actually had.

SHAWN STEVENSON: Again, their ghrelin levels dropped as though they had consumed three times more calories than they actually had. Biologically, it would appear that their cells, hormones and organ systems felt more satisfied with longer lasting effects simply because of what they believed about what they were consuming. Now, on the other side, and what's really remarkable about this study, is that the participants who consumed what they believed to be the "sensible milkshake," that 140 calorie milkshake, their ghrelin levels didn't budge at all. They barely moved. All right? So their biological satisfaction was far lower when they believed that they were consuming something that was just this low calorie sensible product. And what does that mean in the real world? They're gonna be hungry soon after. All right? And this was based on their beliefs because everybody was consuming a 380 calorie milkshake. All right? Now, keep this in mind that our thoughts, our beliefs about what we're eating change our biochemistry, change how our bodies associate with what we're consuming.

SHAWN STEVENSON: It is a superpower that we all have. And if we don't know that we're doing this, it's just gonna be happening on automatic. And we could be having detrimental effects from our food choices based on our perception of those foods. Or we can have positive impacts of our food choices based on our perception of certain foods. Now, not to get into giving food morality, you know, good or bad foods, but our perception of those foods absolutely impacts how our bodies associate with those food compounds. The lead researcher of this study, Dr. Alia Crum, said that placebos and our beliefs "create a whole host

of neurobiological effects". Not only did believing that the milkshake was higher in calories and "indulgent," lead to a greater drop in ghrelin, believing that the milkshake was "sensible," and low in calories, barely had an effect on ghrelin levels at all.

SHAWN STEVENSON: In other words, if we believe what we eat isn't very nourishing, even if it is, ghrelin levels will stay higher and we won't be as satisfied or shift our metabolism to a "fat-burning mode," as easily. All right. So keep in mind that how a message is said to us or framed to us has an impact on our health outcomes. All right? So whether this is an exercise implement, this is a lifestyle implement, this is, you know, cold plunging, whether this is a food, whether this is a supplement, whether this is a drug, the message and the framing is going to have an impact on our body's health outcomes. So think about this in terms of how healthcare providers talk to patients about potential outcomes, about potential benefits and potential side effects, and also about the potential of the person. And that's what's most important. And this is a huge place of study right now because of the nocebo effect is so imminent that a study published in the peer-reviewed journal Pharmacology Research & Perspectives, purports that verbal and nonverbal communication of physicians can contain unintentional negative suggestions that may trigger a nocebo response.

SHAWN STEVENSON: And this raises the important mandate for healthcare practitioners to be more intentional and conscientious with the words that they choose and how they communicate with their patients, both verbal and nonverbal communication. And this is a place that is sorely lacking in our conventional education. And this might be one of the most powerful aspects of treatment and yet so little is devoted to interpersonal communication when educating our healthcare practitioners today. But, again, this is changing, but we don't wanna wait around for it to actually be something that is largely respected and utilized in practice. It's happening whether we understand it or not. We need to be conscientious about how we're communicating and also how we're being communicated to, and what we're allowing into the sacred place within our minds. Now that's number one of these four things that are proven to impact the placebo or nocebo effect.

SHAWN STEVENSON: Number two in looking at how effective a placebo or nocebo is, number two is the trust that we have in where the message is coming from. So in particular, in this context looking at the trust that we have in our health authority or our healthcare practitioner. And a great demonstration of this was seen in another study conducted by Dr. Crum and her team where test subjects were given a histamine skin prick test. The histamine causes an allergic reaction and a small rash to occur on the skin of the test subject. And this is taking place at the site of that insult. Now the size of the rash can be measured for changes over time. This is what's so remarkable about this, is that we can track it, we could physically see it and measure this thing. And here's where things get really weird and get really interesting.

SHAWN STEVENSON: Six minutes after the skin prick test was administered, a physician applied a placebo skin cream, instructing the various participants that A, this is an antihistamine cream that will reduce the irritation and help make the rash go away. Or B, this is a histamine agonist, meaning that it will increase irritation and make the rash worse. Even though this is a totally inert cream, with no therapeutic ingredients, different participants were receiving different messages about what this inert cream is going to do. Some think that it's going to make their rash worse, and others think that it's going to make their rash go away and get better. Now, the patients who were told that the cream would help to make the rash go away had reductions in the size of their rash within 10 minutes. And the participants who were told that the cream would make their rash worse, had their rash grow larger within those same 10 minutes. Now, this alone affirms that the physiological responses to a treatment depended on the belief that the patient had about the cream.

SHAWN STEVENSON: But what's most important for our intents and purposes is that, the researchers found that the way that the rash went away, how quickly and how much, or the rash got worse, how quickly and how much, depended on how competent and personable the patient believed the health practitioner to be. Their perception of the person giving them the message deeply impacted the result that they experienced. All right? How personable and competent the physician appeared to be for the patient had stronger effects for the placebo and the nocebo. All right? So our level of trust in someone, our level of trust in a message impacts what our physiology is going to do. Now, this is another aspect of what's seen, proven in the data when it comes to placebo and nocebos, so number one is how it's said or framed to you. Number two is your trust in the message and/or practitioner. And number three, what's known in the data about placebos and nocebos is that you're going to be impacted based on your past experience with similar treatments.

SHAWN STEVENSON: Your expectation on something happening can actually trigger physiological changes. For instance, taking a certain pill can have a corresponding result that you've come to expect. And that result and experience, for example, taking a certain pill can lead to a certain result that we can come to expect. A certain biological change can happen based on taking that particular pill. Maybe it's something to reduce pain, reduce a headache. By taking that pill, we can come to expect that that result will happen again by doing the same thing. Now, what's interesting is that that result can happen even if the active ingredient is no longer there. All right? Just the act of taking that pill, and we have that expectation of the result happening in our bodies, that physiological change happening in our body, the expectation of that, based on our past experience can lead to those physiological changes. Now, this ventures into the question, what if you know that it's a placebo that you're taking? What if you actually know that it's a placebo? Because in

conventional thinking, in conventional medicine right now, placebo results are largely based on our belief in the treatment.

SHAWN STEVENSON: What if you know that it's a placebo, that it's not the real treatment? Well, the report published by Harvard University in 2021 examined the remarkable role of the human mind in placebo effects and healing. Part of the report notes that placebos often work because people don't know what they're actually getting. They don't actually know that they're getting a placebo. But the report asks the question, what happens if you know that you're getting a placebo? The report references a study cited in the journal Science Translational Medicine that explored this by testing how people reacted to migraine pain medication. One group took a migraine drug labeled with the drug's name. Another group took a placebo, labeled, literally labeled placebo on the bottle. And the third group took nothing. The researchers discovered that the placebos were 50% as effective as the real drug in reducing pain after a migraine attack. It's literally labeled placebo on the bottle, but it got about 50% of the positive therapeutic effects. Now, the drug itself was more effective, but is that solely or largely based on the belief of the drug?

SHAWN STEVENSON: Because now that simple act of taking the pill, which the researchers speculated that a driving force beyond this reaction was a simple act of taking the pill, taking a pill, which "associate the ritual of taking medicine as a positive healing effect. Even if they know it's not medicine, the action itself can stimulate the brain into thinking the body is being healed." Now, again, how can you give yourself a placebo besides taking a fake pill? This is a question that the researchers posed. And what they noted was that practicing self-therapy methods is one way that they noted, "engaging in the ritual of healthy living itself; eating right, exercising, yoga, quality social time, meditating, probably provides some of the key ingredients of a placebo effect". So these were noted as these lifestyle factors. We know that, for example, going for a walk is good for us. So we're going to see positive benefits that go beyond just the walk itself based on our perception of going on that walk. Now, if we did cultivate a belief that going for a walk is some bullsh*t that is hurting us, that it sucks, and it doesn't, it's all these negative things, we would, according to the data, have less benefits that we see from going on that walk. All right?

SHAWN STEVENSON: I'm just thinking about somebody that has a resistance, for example, to going on that walk, you know, in some old-timey language, "This walk is rotten. This walk makes me feel like a blockhead." Or whatever they might say. But they're not going to enjoy the act of walking, and also it's going to reduce those benefits. But still, we're going to see benefits when we're moving our bodies. All right? It's a both/and situation here. The power of the mind doesn't replace the physical action or activity in the world. They go together, and we can't separate them. That's the problem in conventional medicine today, is that we separated the mind and the body. They are inseparable. All right? Shout out to Nat King Cole.

Now, moving on, we're going to go through the fourth of these aspects that are proven in the data regarding the placebo and nocebo effect. And this one's really interesting. This one is, again, number four, the cost of the treatment or medication can affect how much it impacts our bodies.

SHAWN STEVENSON: The earlier study that we mentioned titled, Nocebo Effects Can Make You Feel Pain, again, it was published in the journal Science, detailed the responses of healthy participants who received two placebo creams labeled with two distinct prices and presented in two distinctly different boxes that had marketing characteristics for expensive or cheap medication. The creams were described as products that relieve itch, but they also induce a local pain sensation. So they're gonna feel pain on the spot that you use it. All the creams, including the controls, were identical and contained no active ingredients. After compiling the data, the nocebo pain effects were significantly stronger for what was believed to be the more expensive cream than for the "cheaper cream". Now, one of the most fascinating aspects seen in this study is that the scientists didn't just go off of the subjective experience of the study participants. They actually used fMRIs and looked at the patient's brain and spinal cord and saw physical changes in their bodies based on what they believed about the expense of the treatment. All right?

SHAWN STEVENSON: Them believing that they had the more expensive treatment denoted for them that this is more effective. All right? This is more valuable. This is going to impact me more because I'm paying more for it. Wow, that's so powerful. In so many different areas of our lives, we want to think about our perception and the value of things and how that impacts our outcomes. All right? Now, again, those are four specific ways that are noted in how, kind of a little bit of the how placebos and nocebos are affecting us, how it's said or framed to you, your trust in the source of where the message is coming from, your past experiences with similar treatments and the cost of the treatment or medication. Now, the reason that I wanted to do this particular dictation, this particular episode, this masterclass on this subject matter, is because this is really the foundation for all of the results that we're going to see in our lives. And I cannot stress that enough. We spend so much time on the doing of things without addressing where the doing is springing from. What is driving me to do these particular behaviors? And it has to do with our minds. It has to do with our beliefs about ourselves, about the world around us.

SHAWN STEVENSON: It is truly the most important thing to address, but we so often just like, "Okay, I'm just gonna go do this class," or "I'm gonna go grab this food," or whatever the case might be, without looking at the underlying beliefs that we're carrying about ourselves, our results, our potential. A lot of times we're not getting the most juice out of the things that we're investing in, because we haven't addressed our sense of self-value and our perception of how things are going to turn out for us. And so for me, I know about the

placebo and nocebo effect firsthand. I know about this more than most conscientiously because this was something that was a catalyst for transformation in my life. And beginning with the nocebo effect, and some very negative health outcomes that resulted from that. Now, at this point, you probably know a little bit about my background. I spent most of my life living in what are known today to be glorified food deserts. So these are places, these are locations where you're really inundated with ultra-processed foods. You don't really have access or awareness about healthy, nourishing, real food.

SHAWN STEVENSON: And so as a result, my diet, and this is not an exaggeration, was upwards of about 90% ultra-processed foods. And I say this is not an exaggeration because the data is affirming that that was not particularly abnormal of me growing up here in the United States when I was growing up, you know, in the '80s and '90s. And so with this being said, one of the most recent studies, and this was published in the Journal of the American Medical Association or JAMA, and they analyzed processed or ultra-processed food consumption. There's a distinction. Processing foods, humans have been doing a long time. This is minimally processing, taking olives and pressing the oil out, coconut, pressing the oil out, cooking a food, right? Taking tomatoes and making a pasta sauce. You could still tell where the food is coming from. Ultra-processed foods, on the other hand, these are foods that are so far removed from anything real or natural.

SHAWN STEVENSON: This is when we have a field of corn that somehow, some way becomes a bag of Funyuns or a bowl of Lucky Charms. It is so far removed from anything natural. You can't tell when you open up a bag of Funyuns, and some people might be like, what the hell are Funyuns? So these were like an alternative instead of getting some potato chips or some, you know, in St. Louis, we had the Red Hot Red Blitz, all right? But as an alternative, the Funyuns were like these circular, like I guess they're supposed to be onion flavored, kinda mealy... It's not a potato chip again, it's more corn based. And so, you know, but you would not know that. If you look at the ingredients on the bag, that's one thing. I didn't even know that the ingredients existed. I didn't know that that was a thing. I just got some Funyuns and I ate the Funyuns because that's what my family did. And so, but you cannot find any essence of corn in that. If you were to present that bag of Funyuns to a person and say, where did this come from? You're gonna be at a loss. And it's gonna be riddled with so many different additives and food dyes and artificial flavors and preservatives and all these different things that make this food no longer really a food.

SHAWN STEVENSON: It's really, in its truest sense, no longer really fit for human consumption. This is not even a real food. There's nothing natural or real about this. It is an experiment. It is a newly invented, highly refined artificial food product, and we call this food, but it's not really food. And again, emphasis on newly invented. This hasn't been around very long.

We're talking about hundreds of thousands of years in this kind of current model of human that we've been eating real food, very close proximity to nature. And so what the study uncovered was that in 1999, the average US children's diet, the average child in the United States diet, was made up of 61% ultra-processed, highly refined, fake food. That was 1999, by 2018, it was a 20-year study. By 2018, the average child's diet was now at 67.5% of their diet is ultra-processed foods. And if anybody knows anything about research, there's a spectrum of where people are. There are children who are eating more ultra-processed foods and children that were eating less. But the average was those numbers I shared. I was definitely up in the higher amount of ultra-processed foods in my diet.

SHAWN STEVENSON: And why does that matter? Because the foods or food-like products, that the elements that we're taking from the external environment, putting in our bodies become our tissues. Whether it's real and sustainable and something that our genes have a resonance with, for healthy expression, or whether it's something that is synthetic, newly invented, highly refined, and leads to poor outcomes. So we're gonna be making our tissues, we're gonna be making our cellular energy. You know, what our mitochondria are producing, our mitochondria themselves, our hormones, our neurotransmitters, all of these things are gonna be made from the compounds that we give our bodies. And honestly, some stuff just simply can't be made, if we're not providing those raw materials to make those things and our bodies will just find a way. And oftentimes it manifests disease, what we label as disease, as a form of altered function based on a lack of access to the things that are required, or the overexpression or the over consumption of things that are detrimental.

SHAWN STEVENSON: It's an adaptation oftentimes, what we label as diseases are adaptations for our bodies to keep functioning, to keep us alive under un-ideal circumstances. And so with this being said, my diet being predominantly ultra-processed, newly invented foods, pretty much every day of my life, I was just a ticking time bomb. And I grew up with chronic asthma, I had a slew of different colored inhalers. And my little brother had terrible, even worse asthma. My little sister had the worst case of eczema that you can imagine. A little girl having to go through is so terrible. You know, obesity, the vast majority of adults in my family, heart disease, diabetes, cancer, heart attacks, addiction, mental health, depression, anxiety, every, you name it, we had all of it. It was a big ass gumbo of health problems growing up in my family. And it was just normal. And for many families, it's just normal. And unfortunately, what's normal, and what today the average, the average person, and this is according to the CDC, published in 2022, 60% of American adults today have at least one chronic disease, 40% have two or more. So it is now normal to be stricken with chronic disease. Being healthy is not normal, but that's one framing of it.

SHAWN STEVENSON: Being healthy is one of the most normal, natural things that we've been endowed with. We've got all of the blueprint laid out, but, again, we can put ourselves in

compromising positions, which some of it's unconscious. I didn't know, but as Jay-Z said, "I can blame my environment, but there's no reason why I be buying expensive chains." I'm gonna be doing things just because I wanna do them as well. And I don't realize that I have the power to choose others. Right? My environment is influencing me absolutely, but I still have the power to choose something else once I become aware of it. All right? Shout out to Shawn Carter, another Shawn out there doing big things. Now, with all of this being said, those were the early outcomes, but it really hit a head when my apparent way out of the situation that I was in was of course like getting good grades in school, which I was a scholar athlete. I was on student advisory. I was in the first class of students at my high school, which was the number two school in the state, in Missouri, to get accepted into a program called En-ROADS where I was gonna be attending and getting credit from St. Louis University while I was in high school. All right? So I was on that. It just kind of came naturally to me, but I knew that I can go to college. No one in my family had gone to college, let alone graduated from college. All right?

SHAWN STEVENSON: So, but I'm seeing something because I'm getting these different exposures, but also this change in belief within myself. But the other factor for me was athletics, because that's something I saw like, I could actually, you know, get a scholarship and compete, and also I loved it. And so while I was at track practice, so, playing football, running track, while I was at track practice, 15 years old, doing a time trial, again, this was just me and my coach at the other end, 200 meters time trial, coming off the curve into the straightaway, just running, my bone broke in my hip. I broke my hip just from running. The tip of my hip, my iliac crest broke. What sense does that make for a child to break their hip from merely running? I was that broken down. I was that malnourished. I was that degenerating. And essentially, I had this accelerated aging in this young body. And instead of practitioners asking, how did a kid break his hip from running? I was exposed to the standard of care. Standard of care, broken bone? Do this. Here's some NSAIDs, some non-steroidal anti-inflammatory. Here's some crutches. Stay off the leg. That's that.

SHAWN STEVENSON: No one asked, how does a kid break their hip from merely running? And fast forward, it wasn't until, at the age of 20, I was diagnosed with a degenerative spinal condition where my intervertebral discs were degenerating so much so, that the physician told me I had the spine of an 80-year-old when I was just 20. And not only that, of course, my bone density was incredibly low, that of someone who is much, much older, decades older than I actually was. Now, within this story is where we see the placebo and nocebo effect really taking hold of my life. Because when I went in to see the physician at the age of 20, it was because I was experiencing just kind of this tightness in my hamstring, basically, like it just wouldn't go away. Like my leg wasn't quite working right, and so I thought I had a leg injury. And he had me do a couple of certain tests, like laid on the examination table, lift my leg a certain way, then I got this like sharp pain. And he sent me in for an MRI of my spine.

And even when I went for the MRI, I didn't understand why they're looking at my spine. Why are they taking pictures of my spine? My leg hurts, because I was so oblivious to the connectivity of the human body, which is what my deep passion is today. And so when I go back to see the physician and he puts the MRI up for me to see, and I ask him, okay, so how do I get better? What do I need to do to fix this?

SHAWN STEVENSON: And he tells me that, "I'm sorry, son, you have the spine of an 80-year-old person. There's nothing that we can do about this. This is something that you're just going to have to live with." So this is the nocebo effect taking hold of my thinking. I initially had some resistance because I lived a life of finding a way amidst all of the chaos around me, to find a way. And so I asked him, and until recently, I didn't know why I asked this question, but I asked him, does this have anything to do with what I'm eating? Should I change the way that I'm exercising? And that's when he literally, this guy I'm entrusting in, for my health that I'm looking to, to help me to get better, he cocks his head and he looks at me like I'm a complete moron. And he says, this has nothing to do with what you're eating. This is something that just happens. And I'm sorry, son. I'm sorry that this happened to you. But I'll tell you what, we're gonna get you some medication. We're going to help you to manage this, and I'm sorry. Now, I want you to understand the logic here because he said that your condition has nothing to do with what you're eating, but go ahead and eat these pills. Of course, what I was eating was having an impact on my health outcomes.

SHAWN STEVENSON: In fact, compared to the mere grams of drugs that I was prescribed, the approximate 3-5 pounds of food that I was eating each day, which for the average American, some folks are eating upwards of one ton of food annually. Of course, this is impacting our health far more than any pill, and this is according to the vast majority of data. But saying what I was eating didn't matter, was taking another layer of my empowerment away. Now, I say that I didn't know where that question came from. At that point, I had already taken nutritional science at the university that I was attending, because I had a feeling that nutrition had something to do with like fitness and just did with something. But I was wildly miseducated about that even then, but I knew, like, something in my spirit, something in my gut knew that food does matter. And so the other interesting curveball, and again, this nocebo effect taking hold, I mentioned this earlier, I had a nuisance of a pain, like some hamstring tightness. But after getting that message from him, within the next couple of weeks, about two weeks later, I was in chronic pain, chronic, debilitating pain.

SHAWN STEVENSON: And every time that I stood up from that point forward, I would get this gigantic, electric shock down the back of my leg that literally physically made me jerk. And a level on a scale, pain scale. People don't really, you know, we tend to over exaggerate our pain, 1-10, 10, but it'd be for like, not even a second. But it was just this sharp, terrible, excruciating pain. Boom, gone. Then I can walk somewhat normally. I would have a normal

gait, but I had to experience that jolt of pain. If you know that's gonna happen every time you stand up, are you gonna wanna stand up? No. So I did pretty much everything that I could to not stand up for two years because there was nothing that I could do. And I did seek out other opinions. Same prognosis, same story. I'm sorry this is incurable. You have two severely degenerated discs L4, L5, S1. They're showing up black on this MRI. They're both herniated, and it's just. I'm sorry, there's, there's nothing you can do. So the nocebo effect changed how my body was expressing and associating with pain with functionality, because I was walking around with that kind of nuisance of pain for probably a month. But when I got that message, I just got worse so fast.

SHAWN STEVENSON: And also, of course, I was on a slew of different medications, both prescription and over the counter, to help to reduce the pain, to help me to sleep at night, because I could barely sleep because the pain would wake me up if I changed positions. It was a nightmare. I was living a nightmare. And all of that changed when I accidentally happened upon the power of the placebo effect, the power of the human mind. And what it was, it started with a catalyst. And we're gonna talk about, I'm gonna give you some action steps to walk away with today. But it started with a catalyst. You know, it was an exposure that I was given, that I paid attention to. And that exposure there was a couple of things, but I'll share two primary with you. One was a person seeing something in me other than I'm a lost cause. All right? So for me, that was my grandmother. And the other aspect, the other ingredients of this perspective change was my oldest son was born, and I wanted to be better for him. I wanted to be everything that I didn't have. And I could barely even walk. And so just the vision of never being able to teach him how to throw a football or to run around and to play with him, it just, it haunted me. And he inspired me to get better.

SHAWN STEVENSON: And so, you know, this change in perspective and having something to fight for and having someone to believe in me was like rocket fuel. And after making a shift in my perception, because that was the key, because my story up until that point, every single day, was, why me? Why won't somebody help me? I'd just been hoping for something outside to change. But as soon as I made the internal change and I stopped asking, why me? And I simply reframed the question. Instead of asking, why me, I asked, what can I do to feel better? That was the very first question. The first change, what can I do to feel better? And it changed the way that I was viewing things in my environment. And it led to a different sequence of choices. Which one of those things was, I need to start moving. The past two years, every doctor would give me bed-rest, write a little note, you don't gotta work, bed-rest. And I took it, because I'd been fighting my whole life, and they gave me permission slip. No one would blame me if I stopped fighting. And so I took it and I suffered. And I suffered because I had so much greatness within me. I just didn't realize it or I had muted it. And so when asking, what can I do to feel better, my lowest hanging fruit was, I've been an athlete my whole life. I'm

going to this university. There's a gym at the university. Let me go and start just moving around. And it was painful. It was hard.

SHAWN STEVENSON: I start off on the stationary bike, just pedaling because I couldn't really even walk with a normal gait. And it was embarrassing. But after a week of doing that, I started to walk around the track a little bit. Another week of doing that, then I start to like tinker with some weights, a couple of machines and things like that. But within that time period, I also addressed my nutrition, and I did what was in proximity to me, which was I had this revelation that I probably should lose some of this weight that I've gained. I was pressing close to 200 pounds on my frame, which would probably was hovering around 160 prior to that. And I knew that I needed to take some of the weight off of my spine since it's being compressed. It just seemed logical just from a physics perspective. And so initially, I did what the commercials were telling me to do, what I learned in my university classes, and just start micromanaging calories. It didn't matter the quality, slim fast, whatever it was. That worked a little bit, but I suffered. And this goes back to the conversation about ghrelin. I was not feeling nourished. And so that quickly went away, but because my perception is different. A friend of mine, and I had known this woman for a couple of years at this point, but we had never like went out and did anything in particular. And she picked me up and took me to Wild Oats, which has since been bought by Whole Foods.

SHAWN STEVENSON: And St. Louis is a big city. There's one Whole Foods in the entire city at the time, back in like 2002, and one Wild Oats. And so I go into this place and I see this entirely new world. Like, there's all these different books on these, one of them was a nutritional prescription for certain conditions, and it had all of these peer-reviewed studies on different nutrients and foods that helped, again, backed by science, in peer-reviewed studies, to provide treatment for so many different conditions. And I looked up my condition and I saw a plethora of different things that I was not getting in my ultra-processed drive-through diet all of those years. And so I started to add those things in. But the catalyst was changing my question and changing my perspective, because Wild Oats had been there the whole time. I drove past it because it was right off the highway literally hundreds of times. Literally hundreds of times. Never knew it existed. But now I'm attuned to what can I do to feel better? What can I do to feel better? What can I do to feel better? And just taking those steps, because it's the mind and the action. The mind doesn't do it alone. We are endowed with this body to have this experience. It's the mind and the action. It's the mind and the body.

SHAWN STEVENSON: So I have this different perspective and I'm seeing the world differently through a different lens. And I'm taking action. I'm taking the steps that I can take. Six weeks after that moment of decision of change, the pain I've been experiencing, that I was terrified of experiencing was completely gone. It was completely gone. And I'd lost, at that point, six

weeks later, about 18 pounds. And I had this kind of, it was a strange thing where I was still very afraid. I was still very doubtful. I was scared that the pain would come back, that I would, I'd seen, I'm seeing all these great results, but there was still a battle going on in my mind, and we're gonna talk about that in a moment. But I just kept taking steps forward. I kept stacking conditions. All right? And all these things helped to facilitate a more powerful placebo effect, a more powerful change in my mind. And these good things that I'm doing for myself, I'm getting more out of them. One of the other things that I don't talk about often that took place was I no longer had this reliance on these newly invented drugs that I was taking on a daily basis. And I can't believe, looking back on it, that I was like taking all these different pills and these different medications.

SHAWN STEVENSON: It's crazy. And one of them was Celebrex. And at the time, Celebrex and Vioxx were both really hot, huge, like potentially multi-billion dollar drugs for drug companies. And these are in the category of non-steroidal anti-inflammatories. And if you know the story of Vioxx, which was a prescription pad away from that getting written for me, Vioxx ended up killing estimated 40,000-60,000 Americans. And this is all documented. Hundreds of thousands more people injured but killed. And I could have been in that number, simply a prescription pad away. And, fortunately, in some ways, I was prescribed Celebrex, which one of the side effects that had not really been well documented at the time was restless leg syndrome. And so, basically, this was a huge root of my sleeping issues that I had to take another drug for, because when I would go to bed, if you know that magic trick where they put the person into the box and they got the feet hanging out one side of the box and the head hanging out the other side of the box, and they cut the box in half and they separate it, and the feet are like kicking and wiggling around or whatever, that's how it felt. I go to bed, my legs are doing what they wanna do. All right? It feels like they're separate from me.

SHAWN STEVENSON: And so it was a big struggle with that, but, you know, that's the thing about a lot of these different compounds. Whether we realize it or not, we're going to have certain side effects. But what if the power of the mind is implemented there? Maybe the side effects are less, maybe they're worse. But many of these aspects, as we've covered, have a lot to do with our perception of them and also our knowledge and paying attention to what's happening in our bodies. And so by making these changes, one of the coolest things that happened automatically, I wasn't trying to do this, is that I started sleeping better at night. The things I was doing during the day were helping me to sleep better at night. And, of course, I'm light-years beyond what I know about sleep wellness then, but another thing that was pretty notable, and I was likely experiencing having a high degree of sleep deprivation, is that one of the most notable things seen in peer-reviewed research about improving sleep quality has to do with our body temperature running too hot in the evening. Folks that tend

to have well documented, consistent sleep issues tend to have a higher body temperature in the evening when it's supposed to automatically be cooling down.

SHAWN STEVENSON: We all should be having a natural drop in our core body temperature to facilitate sleep at night. This is how we evolved. In fact, a study that was published in the journal Brain had test subjects wear these thermo suits that lowered their skin temperature just less than, less than 1 degree celsius and measured its impact on sleep. And the study results showed that participants didn't wake up as much during the night, and their amount of time spent in the deepest, most anabolic stages of sleep had improved just by lowering their skin temperature less than one degree. So it's pretty remarkable. And now, of course, I know, and I have this dedication to creating a healthy sleep environment. And one of my favorite things that I've implemented in recent years, I've been sleeping on these thermo-regulating supportive sheets. They're moisture wicking, they're hypoallergenic, they're breathable, they're self-deodorizing, they're antimicrobial, and again, helping to, so that our bodies are not overheating and just really maintaining a healthy thermal regulation.

SHAWN STEVENSON: And I'm talking about the sheets from Ettitude. And I don't wanna sleep on anything else. Once you sleep on Ettitude sheets, you simply don't wanna sleep on anything else. And they actually ran a recent clinical trial and test subjects found that they had a 1.5% improvement in sleep efficiency when sleeping on Ettitude sheets, which over time, that's about almost eight more minutes of restorative sleep per night. And that equals 43 extra hours of sleep per year doing the same thing we're already doing. You're not in bed any longer per se, but the quality of sleep, the juice that we're getting out of that sleep, is better when sleeping on Ettitude sheets. And also, once I started sleeping on their sheets, I connected with them and wanted to get some kind of a hookup for my audience. And if you go to ettitude.com/model, use the code model15 at checkout, they're gonna give you 15% off. Right?

SHAWN STEVENSON: It's E-T-T-I-T-U-D-E.com/model. It's ettitude, not attitude, ettitude.com/model. Use the code model15 at checkout. Give yourself this gift this year. All right? Upgrade that sleep environment. I'm telling you, once you sleep on these sheets, you're gonna truly understand. And they also have a 30-night sleep trial as well. So if you don't love them, you could send them back for a full refund, which I know you won't because they're amazing. And now with all of that being said, whether it was with improving my sleep quality, my exercise habits, my nutrition, it was all driven by my mind first. Our mind, our beliefs are the determining factor on our thoughts, and our thoughts determine our actions and our actions determine our results. But it begins with the mind, it begins with our beliefs. And a lot of our beliefs are unconscious. We don't realize that we have those beliefs about ourselves, about reality. So we have the conscious beliefs, which we can absolutely address, but what we wanna do is stack conditions so that even our unconscious or non-conscious

beliefs are affirmative and supportive of the results that we wanna get. And so, in closing, I wanna share with you five specific ways that we can utilize the placebo effect to improve our health outcomes.

SHAWN STEVENSON: So, number one is simply being aware of the power of psychoneurobiology. And this includes different aspects of psychoneuroendocrinology as we talked about earlier. Also, psychoneuroimmunology, which looks at how our thoughts impact the function of our immune system and so much more. So there's all of these bustling fields of science now. There's going to be more on how our thoughts impact our digestive health, our heart health, our skin health. The list goes on and on and on. Our thoughts are very, very powerful. It's not just you are what you eat, it's also you are what you think. And so, being aware that our thoughts do matter and to be able to cultivate thoughts that are supportive and affirmative, it is of top tier importance. So that's number one, understanding the power of psychoneurobiology. Number two, and this is looking at the peer-reviewed data again on the placebo effect, and it's something called classic conditioning. Classic conditioning is a type of learning, and it happens when you associate a thing with a specific response. For example, if you get sick after eating a specific food, you may associate that food with having been sick and avoid it in the future. Right?

SHAWN STEVENSON: This happened to me too. Back when I was living that drive-through life, I had some "seasoned fries," there's certain burger chain, and they kept changing their name or maybe it was a different franchise would take over in the same spots, but it was Zips, Zips, Checkers, Doubles. All right? But they all had the same setup, same vibe to 'em, and they all had the seasoned fries. And so after having some seasoned fries and some other items at Zips, when I was a kid, I got sick. All right? I wasn't feeling too good. I was... Things were coming out the wrong way. All right? And since that, since even then, to this day, apprehension towards seasoned fries. All right? It's still there. Don't really like 'em, but it's because my mind has associated those seasoned fries. And even as I'm talking about this right now, I could change that association now, all right? But I don't necessarily really want to. I wanna be an outlier. My wife loves seasoned fries, so I wanna not like something that she likes for a change. All right? So look, have a little bit of dissonance. All right? So classic conditioning, and examples of this include as well, when you take a pill and it reduces pain, or when you go to see your doctor and maybe you feel better shortly thereafter, that's known as classic conditioning.

SHAWN STEVENSON: Our brains, our mind expects certain outcomes based on our previous experiences, and it changes our behavior as a result. It changes what our bodies are doing as a result. So how can we use classic conditioning consciously for ourselves? What classic conditioning is really all about is paying attention to how we feel when we do certain things. So we can condition our minds to enjoy working out. For example, if we pay attention to how

good we feel, we actually like proactively, maybe we go for a walk and we proactively pay attention and acknowledge, man, I feel so much better after going for that 10-minute walk. I know that I was apprehensive, I didn't really feel like getting up, but I've, it makes me feel so good when I do that. And just really consciously programming that into your psyche that when I do this behavior, I get this reward. All right? Because that's what it's really about. And also, paying attention on the other side with conditioning with things that might be harmful to us, whether that is having a certain food product that we tend to feel negative, like physically not good after having that thing.

SHAWN STEVENSON: And we talked about that recently with Dr. Jud Brewer and his recent work, The Hunger Habit, and just being able to, again, consciously tune in and turn up the volume on certain things so that we can condition ourselves to move towards behaviors that we want and away from things that we don't necessarily want to do. Number three, utilizing something called positive expectancy. Expectancy remains the dominant psychological model in placebo research. It's often defined as explicit and accessible thoughts or expectations about probable outcomes in any given situation. So positive expectancy. So, expecting that we're going to have certain benefits when we do certain things or, because we're talking about positive expectancy, but negative expectancy would be feeling bad after we do certain things, but we're talking about utilizing positive expectancy. So this is kind of proactively, whereas classic conditioning is reactive, positive expectancy is proactive. Now, question, and this circles back a little bit to something I mentioned earlier, what if you ever have doubts? When we're trying to placebo ourselves and we're just trying to think positive thoughts, what if we think negative thoughts? What if we have doubts? Is this gonna wear off? Am I a bad person? Is this not working?

SHAWN STEVENSON: Should I be neurotic about... No, no, no, no, no. Not at all. Not at all. Some data is indicating that a positive affirmative thought is 2, 5, 10 times more impactful, more powerful than what we would consider to be a detracting or a negative thought. So the more times that we can think something affirmative, it is very powerful. But there is a small body of perspective research that suggests that positive expectancies combined with some doubt may produce greater placebo responses than positive expectancy alone. All right? So having a little bit of doubt in the mix, actually, there's some data now showing that that actually is a better formula because it's not being optimist to a degree that we're ignoring reality. It's being optimistic, wow, understanding, we've got things to work on. We got things to be accountable for, you know? We catch ourselves doing certain things and it doesn't make everything negated.

SHAWN STEVENSON: We learn from it. We have that, because I had that doubt, when I started to get better, I was, the pain was gone, that I've experienced for two years, it was gone and I was doubting, I was in fear. But what I did was I leaned into paying attention to the

things that I was doing that was making me feel better and keep doing those things. And also being able to, over time, be empowered and understand that no, no, no, no, I've written a new story. That was my past. That was the early chapters. I'm writing new stories now where I am one of the healthiest people in the world. That's my new chapter. And so, but getting to that place, the doubts will creep up, different fears and things like that, but leaning into, again, positive expectancy. And eventually after about nine months of that moment of decision to take control of my health, I got a scan done of my spine and my two herniated discs had retracted and they were in their proper position.

SHAWN STEVENSON: And it also regenerated some of my tissue of my spine. My two severely degenerated discs now we could see light shining through them, they'd gained volume and they were no longer at a place of severe degeneration. Cut to even a decade later, getting a scan done and my spine being that of someone who's younger than the age bracket that I was in. And 20 years after that moment of decision, I'm fitter and healthier and far more functional and capable than I was when I was told that this wasn't possible. When I do these things, good things are gonna continue to happen. And if a doubt comes up, if some worries come up, fears come up, that's okay. It's part of the process. Some of those things are healthy because they can keep us in check as well. Another aspect of this is something called prediction processing.

SHAWN STEVENSON: This model considers the brain as an organ of prediction, or the researchers noted a "prediction machine". For example, if a person is walking in a forest notorious for dangerous snakes, sometimes I just thought about that Samuel L. Jackson movie, it was like Black Snake Moan or something like that. If you didn't see it, don't see it. All right? Super, super weird, but it might be good. I don't know. But dangerous snakes and sometimes, so again, walking in a forest notorious for dangerous snakes, sometimes when they glance at an ordinary stick, the brain will visually process snake. This sort of quick non-conscious prediction is necessary for survival. It's not that it's a bad thing, we have it. Now when we visit, and how we use this in just correlation with our health, when we visit a caring physician, this prediction processing, all the doing, seeing, touching, feeling, and knowing tells your brain that you're in a healing situation.

SHAWN STEVENSON: This is the key. This is the key. The environment, utilizing the environment to our advantage. And by the way, when we're talking about shifting the environment to support this placebo effect for ourselves, this also means doing some home improvement in the environment of your mind. A primary way to do this is by changing the questions that you ask yourself. There's a powerful GPS system in your brain that determines what you focus on, the data you collect and the way you process information. There's this automatic process called instinctive elaboration where your brain is collecting data based on the predominant questions that we're asking ourselves. And so, asking disempowering

questions based off of the world around us, like, why me? Why does this always happen to me? Why won't anybody help me? These are all things that I had on automatic in my mind, and I was finding data to affirm that, you shift those questions, take control of the environment in your mind by asking more empowering questions and starting to put those things on automatic, especially during difficult times.

SHAWN STEVENSON: So in the face of a challenge or good times, but asking yourself, how can I make this awesome? If it's already going good, how can I make this more awesome? Or if you're met with a challenge you got to deal with, how can I make this process more enjoyable? How can I make this process awesome? Or in the face of a challenge, asking yourself, what is it that I need to learn from this situation? What gift is this situation trying to give me? What is this situation trying to teach me? What quality is wanting to emerge in my life as a result of this situation that I'm going through? And starting to ask these questions, starting to program your inner GPS to finding the gifts and the rewards and the gratitude in the challenges that we face starts to reorient your capacity to being able to accomplish your goals and to persevere through any obstacle that you're faced with.

SHAWN STEVENSON: That's what a big takeaway from today is all about. Stacking conditions in our favor, telling our brain that we're in a healing situation when we're stacking conditions with our environment and with our relationships. Because there's a study titled, Changing Mindsets to Enhance Treatment Effectiveness from researchers at Stanford University noted, "Patients' social environment, family, culture, and other factors profoundly influence mindsets. And it may be especially helpful to identify and address the origin of a fixed or anti-therapeutic mindset, and to mobilize more adaptive mindsets for therapeutic advantage." Give ourselves the advantage when we change our mindset. Instilling a growth mindset may be especially important for patients with certain cultural beliefs or those in poverty who feel they lack control in their lives. I come from that, I come from conditions where I felt like I didn't have control, I felt like a victim. There is violence in my household outside the door. There's poor health at every turn. Most of the adults are not well. The addiction, the self-abuse. I didn't feel like I had power at some instances.

SHAWN STEVENSON: But I cultivated this feeling within me, this knowing that I can either maintain this victim mindset or I can understand that I have the ability to affect change regardless of the circumstances that I'm in. Regardless of what environment I'm in, I can make choices that are affirmative for my health, for my family, and for the mission that I had taken it upon myself to take on, to transform not just my own health, but to support the transformation of health in the larger community and the world around me. And I wanna thank you so much for being a part of that. I wanna thank you so much from the bottom of my heart, truly it means everything. And we are changing this. There is a tipping point. I just

revisited Malcolm Gladwell's work and Malcolm Gladwell did a shout out for the Model Health Show that I played not too long ago.

SHAWN STEVENSON: And The Tipping Point and just understanding that there is a point at which, and it's not usually when it's the majority, but there's a point at which something becomes normalized. And we wanna normalize health in our world today. And this last piece here of prediction processing and taking control, putting ourselves so that our brain knows that we're in a healing situation, make it a mandate to get yourself around people that make you feel good, people that support your greatness, people that lovingly challenge you. People that are healthy themselves, people that are mindful about their own mental and physical wellbeing. Get yourself around some of these people. All right? We've got a community, we've got communities on Facebook and Instagram. People get popping and connecting in the DMs and coming out to live events and all those kinds of things.

SHAWN STEVENSON: There's so many different ways. And make that a mandate, create an environment to where your brain knows that you are in a healing situation. So whether that's in the gym, whether that is doing some sauna, whether that is opening your refrigerator and knowing that there is health affirming food there. But most importantly, it's the relationships, because as I've shared many times the past few months, research at Brigham Young University did a meta-analysis. So it's a huge analysis of multiple studies that included over 300,000 study participants. And they found that the quality of our relationships as they detailed having healthy social bonds led to a 50% reduction in all cause mortality, meaning a 50% reduction in every thing that can kill us prematurely. It is the quality of our relationships. And they looked at other factors, they looked at exercise, they looked at beating obesity, they looked at all these other things, but our relationships stood out head and shoulders above the rest.

SHAWN STEVENSON: So with that being said, I appreciate you so much. Thank you so much for this relationship and allowing me to be a part of your life and your story. I hope that this added some value to your life, and if it did, please share this out with your friends and family. You could share this directly through the podcast app that you are listening on. Just send this as a direct text, or you can send this as a DM or you could even take a screenshot of the episode and share it on places like Instagram IG Stories and things like that. And of course you could tag me. I'm @shawnmodel on Instagram. And listen, we've got some epic masterclasses and world-class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day and I'll talk with you soon.

SHAWN STEVENSON: 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 can find transcriptions, videos for each episode. And if you've 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.