

The Spotify/Joe Rogan/Robert Malone/COVID Controversy & Young Adults Struggle with Mental Health

What Happens Next – 02.06.2022

Larry Bernstein:

Welcome to What Happens Next. My name is Larry Bernstein.

What Happens Next is a podcast where the speaker gets to present his argument in just Six Minutes and that is followed by a question-and-answer session for deeper engagement. Today's discussion is on the Joe Rogan Spotify Controversy as well as young adults' mental health struggles during COVID.

Our first speaker today is Dr. Ari Ciment who is a pulmonologist and works in the COVID ward at Mt. Sinai Hospital in Miami Beach. Ari has been my guest on the last seven shows and is back because of popular demand. Here are my topics for Ari this week:

Do you think that Joe Rogan and his scientific experts should be censored for anti-vax comments?

What can doctors and scientists say to the public about COVID?

Should there be censorship if individuals do not promote the medical orthodoxy, and if so who should decide what gets said? Should it be rockers like Neil Young or the CDC?

What are the latest innovations in Covid?

What can we learn about COVID from the sewers?

Will breath analyzers take over from vaccine cards as the next step of identifying the infectious in public places?

Our second speaker is my friend Jeremy Clorfene who is a clinical psychologist in the Chicago Suburbs. Jeremy interacts with young adults' struggle with depression and anxiety and I want to learn from Jeremy about how COVID has made matters worse for these kids.

Every month since the beginning of COVID, I have spoken about the monthly employment statistics that were released this past Friday. I do so because it is the best indicator for the health of the global economy. This month's data announcement was another shocker. Let's break it down. The Wall Street economists were expecting weak employment data because of the surge in Omicron cases. That didn't happen. Hiring surged. The employment survey showed an increase in employment of 467,000 jobs in January. The more volatile Household survey showed an increase of 1.2 million jobs which is incredible. There were upward revisions to the November and December Establishment survey employment estimates of 700k additional jobs. These are very large increases.

When you get into the details of the report, there are still more indications of labor market strength. 1.3 million more Americans were added to the labor force as workers who were not

participating have decided to reengage with the world of work. Labor force participation is at a post Covid high of 62.2%.

Let's look at a break down of the duration of unemployment. A year ago January, there were 4mm workers who had been unemployed for six months or longer. As of December, the number had fallen in half to 2mm, and this month it dropped by 300k to 1.7mm. This is very encouraging to see that the long-term unemployed are finding work. It isn't surprising though given that there are hiring signs in every store shop window.

Wages are surging. Year over Year wages are up 5.7%. Wage increases and input prices are rising like \$90 oil, means that inflation may not be transitory. This economy is firing on all cylinders, so we should expect Fed rate hikes and rising long-term interest rates.

Alright, let's get started with our first speaker Dr. Ari Ciment.

Larry Bernstein:

This week the music artist Neil Young demanded that Spotify censor and remove from its platform their biggest podcaster Joe Rogan after he interviewed the scientist, Robert Malone. For those who do not know Robert Malone, he is a biochemist and a physician trained at the University of California San Diego, Northwestern Medical School and Harvard Medical School. He was a pioneer of mRNA technology that was used to create the Covid Vaccine. Malone is currently chief medical officer of Alchem Laboratories. On the Joe Rogan podcast, Robert Malone questioned the efficacy of the vaccine and its boosters among other controversial statements. Despite Neil Young's demands, Spotify decided to keep Joe Rogan as a podcaster for its platform. And as a result, Neil Young as well as Joni Mitchell removed their music from Spotify's platform to protest the company's unwillingness to censor Joe Rogan and Robert Malone.

Ari, you listened to the Joe Rogan podcast with Dr. Robert Malone, what did you think of the discussion and do you think it is appropriate to silence or censor Dr. Malone?

Ari Ciment:

I personally found it enlightening. Even though I don't agree with almost half of the things that Dr. Malone says, I think it is important to have an open society. We're living in America where we have the freedom of speech and I think the problem, once you start to censor people and kick them off Twitter and kick them off LinkedIn and, Instagram, you don't know who to trust and I think that's fair in North Korea, but in the United States of America, you could fight misinformation or disinformation in other ways, by promoting true, real information above and beyond their misinformation.

Larry Bernstein:

How do you distinguish misinformation from disinformation?

Ari Ciment:

Misinformation is just not knowing the right facts and you're just not aware of them.

Disinformation is purposely giving over wrong information to lead people astray for whatever ulterior motive you have. So, when you read closely through the transcript or you listen to the podcast, Robert Malone seems like a brilliant man, and he's very smart. When you look at the fine details, you'll find areas where he is blatantly anti-vaccine and there is a danger to that if people believe it is true. So, I think that there's definitely truth to so many things that he saying because he is 100% right, we needed to focus on early treatment instead of hospital treatment early on. Why didn't they do that?

Larry Bernstein:

On one of Joe Rogan's podcasts on COVID, there was a discussion of the side effects from the vaccine like myocarditis in young men. Ari, we spoke about these risks on last week's podcast. In particular, you said that 8 out of 100,000 young men who took the vaccine got heart inflammation but no one died and only two out of 100,000 had a serious case. You also speculated that getting COVID for a young man is likely much more dangerous in the long run than the vaccine.

Ari Ciment:

There are a lot of things that he says that make sense. But then when he goes into the vaccines and he talks about the myocarditis, which has definitely been recognized, if you look in the CDC, they recognize anaphylaxis, Guillain-Barre syndrome, all possibilities that you can get from a vaccine, and they're very upfront about what the problems are. Just to give you an example, in Peter McCullough's talk. They talk about the numbers when they talk about myocarditis, very elevated compared to what the reality is. One example, in the Peter McCullough talk is he says 18,000 fatalities related to the vaccine. First of all, that would be 539 million people vaccinated, and that's still a .0022%. But still, it makes you feel like you're doing something wrong if you take the vaccine. Also threat to reproduction, Alzheimer's disease. He is just sewing vaccine hesitancy.

Larry Bernstein:

Do you believe that if a podcast does not follow the advice of the medical establishment or the CDC that the podcast or the information should not be made available to the public? And if so, what should be the criteria for doing so?

Ari Ciment:

The only way to fight misinformation and disinformation is really to know what people are really saying so that you could verify it, look it up, research it. It only makes you better and understanding what the reality is. There are consequences to spreading misinformation. Instead of closing down free speech, you have to deal with the consequences of spreading misinformation.

Spotify, they wanted to have Joe Rogan. They lost two billion dollars in four days because of that decision. Kyrie Irving, great basketball player, decided he didn't want to get vaccinated, so he missed all the games so far this year. So, but you don't kick him off the team, that's not right. That's not freedom of speech, but you have to deal with the consequences of your actions.

Larry Bernstein

We use expressions like you have to follow the science. But the reality is that we never really know the truth. Scientists create a hypothesis, then we create experiments, and the evidence matches the hypothesis or it doesn't. When evidence arises that pokes a hole at our theories, we go back to the drawing board. When COVID started, scientists and doctors were confused and there was a lot of guess work. Some ideas turned out to be right, and others turned out to be false. For example, doctors thought that zinc provided a benefit to Covid patients, but Zinc in controlled randomized experiments did not improve Covid patient's health, and then the treatment was abandoned. Given that we are still in the dark about many aspects related to the vaccine, boosters, treatments, and long-term effects of having COVID, why do you think it makes sense to limit the conversation only to those ideas that are widely accepted by scientists right now instead of broadening the discussion to include views that challenge the orthodoxy?

Ari Ciment:

I think that's a beautiful point, and that's how you have to embrace people like Robert Malone and Peter McCullough, because even if vehemently disagree with them and I think that they're spreading anti-vax sentiment which has really killed many people, unfortunately many people have not taken the vaccines even if they themselves were vaccinated, they spread it, so, it's unfortunate. But that being said, they also do make the medical community more cognizant of the risks, which there are. So, for instance J&J is not your first choice, right? Your mRNA vaccines are your first choice when it comes to, to getting a vaccine because the safety data is better.

Larry Bernstein:

Ari, you favor the use of vaccines, but I suspect that you favor the Pfizer and Moderna the most, J&J less so.

Ari Ciment:

Even the J&J overall vaccine safety data is there, it's just you might as well use the safer one. So, we've adapted and it's partly because there is a voice on the other side and instead of shutting

people out, you have to be open minded and listen to them and say why they're mistaken. People like Vladimir Zelenko, I mean, they're so outrageous that I still wouldn't take him out. I would want to hear it because it shows a lot of people how insane it is talking about microchips in vaccines. It's sort of so obvious to most people that it discredits a lot of the other things that he says as well. So, it is important to just be open minded.

Larry Bernstein:

In a previous episode of What Happens Next, we had James Meigs speak about the Wuhan lab leak. When this idea was first mentioned by Donald Trump and others, Lancet's magazine's editors condemned it and silenced this possibility before there was an investigation. Why would one of the leading scientific journals behave this way?

Ari Ciment:

Yeah, I think that's a huge mistake. And, it just makes you double down more. All these people probably wouldn't be as loud and wouldn't be as noticed, if they weren't shunned.

Larry Bernstein:

Ari, at the beginning of Covid, you recognized that COVID lives in the upper throat, and that it might make sense to rinse with Listerine or Iodine to kill the COVID to reduce the spread to others and possibly to help the patient as well.

Ari Ciment:

When you take somebody off YouTube, it's enraging. I was taken off in the beginning, just for posting that Listerine and iodine rinse might work. I wasn't saying to do it, but I, I sort of came around, and I understood. But, at the same time, it's really enraging when you're like, "Oh, my God, I'm living in the United State of America and they took me down, they took my video down."

Larry Bernstein:

How should the leading medical journals respond to scientists, doctors or non-experts that disagree with the conclusions of the medical establishment?

Ari Ciment:

Lancet and the New England Journal of Medicine, what they probably should've done is they should have maybe not mentioned Robert Malone to give them notoriety, but write down the key points, and go one by one, why this anti-vaxxer sentiment is incorrect.

Larry Bernstein:

One of the points that Robert Malone made during his 2-hour interview with Joe Rogan was that natural immunity is superior to the vaccine. Meaning, getting Covid protects you better than the vaccine for future variants.

Ari Ciment:

He says, "Natural immunity is 13 times superior than vaccine-induced immunity." Well, then you could explain that in the beginning, vaccine-induced immunity was better natural immunity. Then after delta, things did change. Natural immunity seemed to be more protective than vaccine, but only by, like, two to four times as much. That would be much more useful than to attack these people directly.

It is important to demonstrate why, what ulterior motives these people have. I think there's a great article by Tom Bartlett everybody should read about Robert Malone, called The Vaccine Spreading Vaccine Misinformation. And he speculates as to why Robert Malone is perhaps bitter, because he was, he was not given the credit that he thought he was deserving of. He actually called what happened to himself, "intellectual rape."

Larry Bernstein:

Ari, what should the process be to censor misinformation about COVID, maybe we could use your own personal experience when you were censored for recommending using Listerine as an example.

Ari Ciment:

I think they have people assigned on the internet that are supposed to go out on Instagram, Twitter, YouTube, and their job is to, at that time, at least, any unverified treatment, unverified meaning it's not NIH approved we should censor, and block it.

I don't think it's the scientists looking at it, it's not somebody who knows that, actually, there was a publication in a journal about it. But I understand, at that time, that there were so many questions and I, I could sort of understand why it needed to be squashed. But what I think they should've thought about more is just putting a link, which now they have, but a better link saying, "Hey, why this is not really approved yet," why it's not out there. So, they could've battled things much better by not squashing things.

They should have verified to show you exactly what is effective and what is evidence-based and let you say what you wanted to say, because there was, there was actually no therapy at the time.

Larry Bernstein:

What scientific evidence do you feel best justifies taking the mRNA Covid vaccine?

Ari Ciment:

Just looking at the latest data showing the hospitalization rate for unvaccinated adults is now 67 per 100,000. Vaccinated adults, it's five per 100 000. I mean, that just came out today. The rate of a vaccinated teen is one per one million. So, whatever side effects, and there are real side effects, of the vaccines, are outweighed by the benefits. And somebody like Robert Malone and Peter McCullough might distrust the vaccine leading to vaccine hesitancy that is still prevalent.

Larry Bernstein:

New topic: I want to talk about some of the latest COVID innovations that the audience should start to follow. There have been recent studies related to using the sewer system to monitor COVID in your community. Why are you excited about this?

Ari Ciment:

Because SARS is a respiratory virus, and it's shed into the environment through coughing, sneezing, speaking, and breathing, but it's also found in urine and feces. So, they have this dashboard called COVIDPoops19 Dashboard. Johns Hopkins has a dashboard of all of the cases of COVID from the very beginning. They also have this dashboard, where they have these places where they check sewage for the coronavirus viruses inside the sewage. So, it's pretty incredible. They look for viruses in the wastewater, and they have 58 countries, 3000 plus sites, =and they could tell if there's a new outbreak going to happen based on the sewage viral levels.

So, they were just researching the coronavirus in the New York City wastewater. They have been doing it over the past year, and they noticed weird sequences of the virus, and they call it cryptic lineages. And there are speculations that it's either from people whose infections aren't being sequenced, or from virus-infected animals like rats.

Larry Bernstein:

I didn't realize that rats can get COVID, can they spread the virus to humans and can rats create new COVID mutations?

Ari Ciment:

And it could explain what we discussed last week, the saltational mutation where you can get weird mutations that are above and beyond the normal adaptive evolution.

Larry:

How can we use this sewer information to improve public health?

Ari Ciment:

New Zealand uses it primarily as an early warning system. So, it's new detections. So, in certain cities, they'll analyze it every week or two? And they'll see, if they see viruses that pop up, viral RNA, then they know that, boom, their city has an infection. I'm sure they do it in China, because China right now, apparently, is COVID free.

Larry Bernstein:

Since Omicron is not particularly dangerous, do you think foreign societies should lock-down to prevent the spread of Omicron at a significant economic and societal cost, or should they rip of the band-aid and return to a more normal life?

Ari Ciment:

I personally believe they should lift the band-aid off. Of course, China has an ulterior motive right now with the Olympics. But eventually it's going to break through. You can't be locked down forever. And we live in a society where people are traveling. So, it might've worked hundreds of years ago. But now it's inevitable that they'll have a break at some point. And it might be a mutation that's going to be more difficult, so.

Larry Bernstein:

Do you think lockdowns are effective at reducing death rates?

Ari Ciment:

I'm not a fan, and, and I don't know if you saw the article in the Johns Hopkins about the lock down not really being effective or just having, like, a 0.2% effect... But the lock downs were not that effective in mortality.

Larry Bernstein:

I know your also excited about the using your breath to do a rapid COVID test. Tell us about the efficacy and simplicity of using a breath test.

Ari Ciment:

Coronavirus has a specific breath print, and Ohio State University published an article, it was a few months back, how you could, with an 88% accuracy, tell the difference between COVID and non-COVID in hospital setting. They're working on an outpatient breathalyzer as well. They've had a rapid breath test called the SpiraNose in the Netherlands. That was employed, I believe, by the music festival that they had months back. And, Children's Hospital of Philadelphia has one, Rutgers University has one. I recently spoke to the CEO of Breath of Health in Israel. They've been working on a COVID breath test. Again, the advantage of having something like that, you can imagine, going into a basketball game. Instead of showing your vaccine card, you

could just walk in with a breath test, and you feel more comfortable that you're COVID negative.

There's an article that's supposed to be published according to the Breath of Health CEO within the next two weeks in the European journals.

Larry Bernstein:

I want to change topics to the decline in the prevalence of COVID. I live in Miami Beach and today I passed by two outdoor COVID testing sites, one in Miami and the other in Miami Beach. For the past few weeks, there have been very long lines. Today, there was no one in line. This is purely anecdotal evidence but what are you seeing Ari?

Ari Ciment:

I went to the COVID center as well, because I had a severe sore throat, and I had coronavirus OH63 which is not COVID but I did get tested and the line was about three people.

Yeah, it's incredible. So, we're, thank God, at a down slope, and the hospital is seeing the same.

Larry Bernstein:

Ari, can you speak about another recent invention to protect yourself against COVID. Instead of wearing a mask, you would use an intranasal spray, that would be applied like you now use Afrin. The spray would be a prophylactic against COVID in the nose. What do you think of this idea?

Ari Ciment:

What are some of the intranasal options for, COVID? So, right now there are no approved intranasal prophylactic anti-SARS medicines. But let's say you're going to a football game or a basketball game, whatever, you want to be protected for four hours. You know, can you take something.

In the very beginning of COVID, there was an article from China which fascinated me. It was intranasal interferon. And it was a positive trial, what they did is they treated the healthcare workers in the certain hospital. They all got intranasal interferon, and the other group didn't, and they saw it was dramatic, the ones with intranasal interferon were less likely to have COVID. And that was really early on, in the first three months.

So that's why I was interested in the possibility of intranasal iodine, which we talked previously. There is this study out of the Netherlands. It's TriSB92, which is published in one of the journals recently, where it doesn't competitively bind with the ACE2 receptor, but it changes the confirmation of the spike protein so that the spike protein of the coronavirus can't attach to the

ACE2 receptor. So, and it actually has shown to inhibit SARS-CoV-two in mice. So, they're going to be working on that nasal spray.

The other two nasal sprays, one of them, it was against the regular coronavirus studied many years ago, and it was published in the Journal of Nature. And what that would do is it would have a protective barrier, actually used cold trypsin from fish, cod trypsin. And it would be a barrier against the coronavirus from infecting the lungs. And you would be sick for one day less.

There is another intranasal spray called Taffix. It's in Israel. T-A-F-F-I-X. And this, I think, is very fascinating. Four months ago during the Hebrew New Year, the percent positivity at that time was 18 to 25%. And what they did is in Bnei Brak, it's a city where they're all crunched together in the synagogue. So 160 people did not use it, and about 80 people used it, and only two out of the 80 people who used this Taffix intranasal that's 2.4%, developed COVID whereas 10% of the non-users were infected. Taffix is an intranasal spray which is a powder. And it blocks the influx of COVID.

I'm just making the point that there could be future ways as a prophylactic measure, even if it's not for COVID, it might be for other respiratory illnesses. And they are going to be working on an intranasal COVID vaccine soon enough.

Larry Bernstein:

Why do you think intranasal spray prophylactics will be a potential game changer?

Ari Ciment:

It's a game changer because all these respiratory viruses have to get into your oral pharynx to infect you. And you're not going to have to deal with any anti-vaxxer sentiment. You just do a spray, and you're golden. And it's going to be good, hopefully, for the variants as well.

Larry:

And it will allow you to go in public without fear?

Ari Ciment:

Correct.

Larry Bernstein:

Thanks as always for joining us again Ari.

Ari Ciment:

I'll catch you later, bye.

Larry Bernstein:

Our next speaker is Jeremy Clorfene who is a clinical psychologist. I asked Jeremy to speak about what he is seeing in his practice with young adults struggles during COVID.

Jeremy Clorfene:

Your show helped me keep it together during COVID. It has been anchoring and reduced my anxiety, so thank you.

My topic today is about mental health. I am a clinical psychologist and I witness the mental health crisis in my practice every day.

There are three factors currently driving mental health. One is technology. Second is comfort is the new happy. And then third is blowing up the Overton window. I mean by that we are losing the range of acceptable topics to talk about and that is followed by a breakdown in social norms and social order.

I spoke on What Happens Next 18 months ago, I used a swimming analogy: there are swimmers with different levels of competency. And if you add two 20-pound ankle weights, good swimmers survive. But poor swimmers who normally struggle in ordinary conditions will drown. And the pandemic added heavy ankle weights for everyone, and it took down those individuals with poor mental health.

I want to define depression and anxiety. Depression is defined as feelings of despair, loneliness, helpless, hopeless that can result in sleep issues, physical pain, concentration issues, loss in pleasurable activities.

Anxiety is defined to be chronic worry, it's that feeling when you get sick to your stomach that can cause negative thinking, loss of control, and chronic worry. Anxiety causes sleep problems, overeating, etc. Both depression and anxiety decrease our physical activity and socialization. It encourages substance abuse and addiction problems. The comorbidity of addiction and depression and anxiety is very high.

Here is the good news. Anxiety and depression are down substantially from a year ago as the world has opened up, but still worse than pre-COVID. For kids, going back to school and spending time with friends has been a game changer.

Young adults aged from 18 to 29 are the worst off with depression and anxiety.

Individuals over 65 and 70 who ironically were at highest risk of dying from COVID did the best psychologically. The elderly were the most stable and best prepared mentally for the challenge. They were our best swimmers.

In my therapy practice substance abuse and addiction soared to unprecedented levels. Smoking weed, and other drugs and even overdoses went up. You need to understand, that fentanyl is easily available and it's out of control.

During COVID getting access to inpatient drug treatment wasn't available and alcohol and weed consumption went up.

Why were the 18 to 29-year-olds hit the hardest from a mental health perspective? This group has the fewest boundaries, the most opportunities, way more stimuli, and endless convenience and comforts. This age group lacks a long-term partner, a history of working, and they have financial concerns.

Young people have way more pressure to succeed than our generation because of social media because they get to see what their most successful friends are doing right now in the best possible light. They are in constant state of comparison, and they fare poorly. And that sucks.

More young adults are living at home than since The Great Depression, upwards of 50%. Getting your own place is expensive and living at home makes sense, especially because with COVID living by yourself is lonely. Better to be home with mom and the dog, playing video games in the basement and getting fed.

Technology has no boundaries: social media, Facebook, Instagram, Twitter, video gaming, and endless porn. These tools are soul sucking.

Technology is addictive. It's sinister in terms of how it works. These apps are designed to distract us and keep us hooked. We are all toast. It negatively affects our physical, psychological and emotional health. We exercise and sleep less and eat more. These apps activate dopamine, cannabinoid, endorphin, serotonergic systems that are all geared towards addiction.

The digital experience is no different than weed or alcohol addiction and, and gambling. Some people can work it out, most cannot. So, technology sucks.

Second big point, is we have a comfort crisis. Our whole society is geared towards more comfort and convenience.

It is bizarre, we spend more time with our kids, more activities, more sports. These kids are getting specialized skills and diverse experiences, but they're losing independence, they're not able to do things on their own and we are extending adolescence.

Kids have not learned how to deal with discomfort or normal anxiety. Like the basics: taking a test, give a class presentation, forget about breaking up with a boyfriend. There is this comfort creep, we keep adding pillows, less tolerance for any discomfort.

We want to remove sadness, anxiety, or stress. Even what is considered normal, everyday, reasonable failure, anxiousness or stress is rejected. The problem is pervasive. Kids go to college with higher levels of anxiety and depression. It's up 80%. My practice is filled with these kids because they lack the self-soothing skills to deal with any discomfort or stress.

Third and final big point is the Overton window. The term originated to be what we can talk safely about in normal society but I am going to expand it to include basic social mores and how we treat each other. Those goal posts have moved and the Overton window has shifted. Trump gave us shithole nation and the progressives gave us political correctness. Nobody knows what you can say or do.

Every slight or comment becomes extremely unsettling, and that's what my patients want to talk about. We don't even know what basic decency even means any more.

Larry Bernstein:

Jeremy, thank you. Let's start with weed. There is a world view that marijuana use in moderation is not harmful. A few times a week, or just Saturday night to get high and have some fun, "What's the big deal dad?"

How bad is weed? Does it cause depression? Does it make kids stronger or weaker? What should I be telling my kids?

Jeremy Clorfene:

It's a great question. It's an appropriate question given what I'm seeing right now. The active ingredient in weed is 10%, 15, 20, 25, 30, 50% THC levels in the basic flower or even in gummies. And what we grew up on, weed was about 4 to 5% THC. It would be equivalent to us growing up on beer versus our kids today drinking the equivalent amount in bourbon. And then someone says, "Oh, weed isn't so bad." This stuff is powerful. It makes them dumb slow, lethargic.

And teenager brains are still developing. It is seriously potent stuff. And I am seeing it in my practice, I'm going to call him Josh. Josh is 23 years old, parents got divorced, tried going to college, didn't work out, didn't have the internal muscle to stick through it. He just didn't have that fortitude. He smoked weed a lot.

Josh struggled, and the first thing I said is, less is better, zero is best. He's smoking less, he's like, "God, I'm sleeping better, I feel better, I'm not as anxious." He came in for anxiety because he was completely underachieving in every facet.

I'm telling the parents out there; weed is the problem.

Larry Bernstein:

You mentioned that a lot of kids are living at home and that adolescence is creeping into adulthood. Is this a mixed blessing.

Jeremy Clorfene:

What is the main reason to living at home, they're trying to save up for money. I think the big five which is, housing, automobiles, technology, education and healthcare has been steadily increasing. If you want to live on your own it's really hard if you have a job that pays you \$30,000.

They living at home because, "I'm not comfortable working harder and kind of grinding it out." And kids today are having sex later, they're getting their driver's license later. And Larry, the truth is when we grew up, if you wanted to have fun, it was not in the house, there was nothing in the house that was fun. These kids are basically saying, it's uncomfortable to be an adult."

Larry Bernstein:

Why are young adults making this decision to live at home and stay away from the fun?

Do they prefer to hang out with mom and dad? Or are they just happening to be in the same house?

Jeremy Clorfene:

They're in the same house, online, okay? So we didn't have online.

If we wanted to have fun, we were outside the house. That's where we were socializing. It's also work. I couldn't wait, I came home from college, found a place and never came back, because there was nothing back home that, that I found pleasurable. I just want you to understand, it's the reverse.

Larry Bernstein:

Jim Miller spoke 2 weeks ago on What Happens Next about the history of HBO. And specifically, about The Sopranos, which is a story about a gangster's relationship with his therapist. Tony was scared that his peers would discover that he was getting help. Have social norms changed about having a therapist?

Jeremy Clorfene:

The answer is yes, all levels of whether it's seeing a psychiatrist, seeing a psychologist, seeing a life coach, seeing an executive coach, seeing a sports psychologist.

Larry Bernstein:

Good or bad?

Jeremy Clorfene:

It's complicated. Am I glad the stigma has come down? Yes. The way we're parenting our kids, we are doing, working our butt off to do the best for them, but we're inadvertently don't know how to separate, giving them opportunities, helping them, and then letting them be independent, okay?

I grew up in Evanston. I was 11, I was in seventh grade, and me and my buddies took the red line to Wrigley Field, pay \$9 for bleacher seats. Who in this audience will let their 11-year-old take a train to go to Cubs?

It's not as safe today. That's not true, it's plenty safe. How are we basically developing some resiliency and being able to] strengthen this young generation to continue to build some internal muscle to fight that anxiety?

Larry Bernstein:

In the first few weeks of COVID Jonathan Haidt spoke on my podcast. And he said that COVID was a mixed blessing for us. The downside is obvious people die and kids can't attend school, but life slows down, we get a chance to rethink our goals and objectives. A lot of people got depressed and lonely. But others said, "I've really had a chance to reevaluate my life, and I am more in control, happier and relaxed." There's good and bad in all things in life. How do we think about the mixed blessing?

Jeremy Clorfene:

The positive side of it, I see gratitude, appreciating your relationships, your health, the support that you need. And then being isolated, and there was this kind of hunkering down, nesting for those families that could do it. And then such a ridiculous appreciation, to be able to reconnect with friends. I'm not taking anything for granted.

Larry Bernstein:

Technology: I see pros and cons. Zoom allows work from home and flexible work hours, but Zoom means that you're working all the time. Technology makes this podcast happen. These tech apps are so inexpensive, and they are so good and easy to use. And at the same time, I totally sympathize with your observations, that it's crushing our kids. I'm a secular Jew, and I cannot imagine turning off my phone on Friday night and turning it back on after sunset on Saturday, the thought by the way of pulling that off, seems incomprehensible yet I see my religious friends pull it off every weekend, I can't even believe they can do it.

Jeremy Clorfene:

But your brain is a little bit different. You are a much more of a finished product. Technology is for you, the more kick ass tool.

Really cool tool. I mean like eighth number one most viewed website on the planet is Pornhub.

Larry Bernstein:

It's not first?

Jeremy Clorfene:

It's not first, I checked.

China if you go online, China's trying to control this.

So, that's not our style, but man, it's something to think about.

Larry Bernstein:

Well, we tried parental controls. I don't know anyone that successfully uses parental controls. Should we reconsider that?

Jeremy Clorfene:

I think what will happen if it's done smartly. And a little discipline rule in the house.

Larry Bernstein:

Mm-hmm (affirmative).

Jeremy Clorfene:

Literally put the phones away when you're having dinner. Like put them, don't just put them in your pocket, put 'em away.

Larry Bernstein:

Mm-hmm (affirmative).

Jeremy Clorfene:

Okay. How many people can now take a crap with or without their phone?

Larry Bernstein:

I get it.

Jeremy Clorfene:

People can't right, right, it's not possible. So, there are times in the day, like I actually put my phone in, in, in a different room and I'm just walking around and it, and it, what's interesting is the first like five minutes, it's a little, little uncomfortable-

Larry Bernstein:

And then it's liberating.

I got a phone call from my son, "Dad, the metaverse the metaverse. Where are you on this?" I don't know what it is. "What are you talking about?"

Jeremy Clorfene:

What are you talking about?

Larry Bernstein:

Dad, you're going to sit down with this avatar." And the first thing I thought to myself was, "Oh no, this is just going to be a more interactive porn session. No question about it.

Jeremy Clorfene:

Right.

Larry Bernstein:

... that's the first use. The 24th best use is a business meeting.

Jeremy Clorfene:

Right.

Larry Bernstein:

... I just can't even imagine.

Jeremy Clorfene:

Nature is a natural Xanax, so if we're talking about anxiety and depression, if you want to bring down anxiety, we have to spend time offline.

Larry Bernstein:

You mentioned that the 60- to 70-year-old cohort is happier, less depressed, more grounded, grittier than our 18- to 29-year-olds. Why? Why aren't they coming to your therapist's office depressed and lonely?

Jeremy Clorfene:

They are coming in as well, but for different reasons. Their marriage may have ended, or they lose someone. The older generation tolerance for discomfort, their understanding of what it takes to be successful. The sheer muscles, psychological, physical will to have pushed through the difficulties of life. They are more time tested. Their ability to tolerate downtime, silence. Ask a kid today to sit in a room and do nothing. You would think it's torture. I mean, who reads? (laughs) like how many people read?

Because the new comfort is when you ask parents today, what do you want for your kids? Okay. I know it's a cliché, they say, "I just want them to be happy."

Larry Bernstein:

Yeah. That's all I want.

Jeremy Clorfene:

But we also want them to be resilient, successful, and things like that. What you really are saying is we don't want them uncomfortable; we don't want them suffering. And I don't recommend trauma, but I recommend that there's a way they find some grit, which is developing resilience a type of callousing. They have to skin their knee, they got to be able to get up on their own. They got to weather difficult challenges.

Larry Bernstein:

Let's talk about meds. We're so quick to medicate everything and anything. I remember when I first met you, Jeremy at a bar mitzvah, eight years ago. And you told me that we have made enormous strides in the use of medication. And, now you are saying that we over medicate.

What are we supposed to do?

Jeremy Clorfene:

Oh, man. Really great question. Um, oh, Larry man, uh, this is loaded. I mean that's your show? So I can't, I'm not going to punt. I think the idea of comfort crisis and medication is in conflict because we don't want our kids to suffer. And when they are suffering, they are not in a good place. There's no way a parent is going to deny that person, the tools to help them feel better and be better. I think the part that's challenging is the other aspects of their lives that it takes them to get better. The work ethic, the discipline, eating better, exercising. I mean, those are all just kind of superficial, then we overmedicate.

I would never tell a parent, don't give your kid medication when they are suffering. But as a whole, if you give kids 16 hours straight of gaming, and then they say, "Okay, now you need to study." And they're like, "I can't focus. I need some ADD meds." That's not ADD, that's training

them to not focus and then we're going to give them meds. There are kids with who are just hotwired, but technology is basically putting, we're trying to put water on the front to take the fire out then we put the gasoline on the back door. So that's where I think the challenge is. Take away technology 50%, they may not need the Adderall. So, great question, very loaded answer.

Larry Bernstein:

Gaming.

Jeremy Clorfene:

Very loaded topic.

Larry Bernstein:

Gaming. I have a son. He loves it. I noticed that as he's gotten older that he plays less. how bad is it really, if it's a temporary thing? Now, if you're 26 living at home, gaming all day long, fine?

Jeremy Clorfene:

How do you know which kid in advance is going too far? You got to limit it in the beginning.

Larry Bernstein:

You mentioned in your opening remarks that we have activities for kids that are highly tailored for maximum interest. Guilty as charged.

I tried to follow my child's interest to the max. Sometimes I thought I did some good, sometimes I thought it we went too far. High school guidance counselors encourage specialization for the college admission process to help distinguish kids. Is that social norm of encouraging specialization a mistake?

Jeremy Clorfene:

No. I think the question is, is when is there the downtime? I think if the kid can play the violin, if the kid can have that skill and they're good at it and they enjoy it do it, but then we don't stop there, man. But then the downtime becomes just sitting on their phones versus being a participant in the home.

Like, when's the last time a kid mowed the lawn? Can you imagine that?

Larry Bernstein:

Kids have frequent ups and downs.

There's a time where we need outside help because there's trouble at school, with their friends or family. There might be other problems like too much weed, gaming; mistakes are made,

and they hit lows, and then, who knows why, they rebound and things are okay. And we all go onto the next adventure.

Jeremy Clorfene:

Love it. Absolutely. That's the normal process of life. That example, the way you just kind of narrated that, but what happens when they say that shouldn't happen, they shouldn't feel down, they're too anxious?

And there's a lot of great kids who are just freaking struggling, and then they need some support. I think that the way you framed it out is we sometimes just have to see and sometimes we get it, we get it wrong, but when they are really struggling, we have to try and intervene in a way that really tackles it.

Larry Bernstein:

Sometimes you hear stuff like this, "Oh they didn't get prom, they didn't get a graduation, "They didn't have a proper freshman year at college," "It's really been so hard." I try to say to my kid, there was a generation that went to war and watched their buddy get killed. "Okay, you didn't have a prom. I get it, it's horrible. Get over it." What should we be telling these kids that miss life milestones?

Jeremy Clorfene:

I would say it one notch differently than you did. Acknowledge it. Say, "It's a bummer. Let's move on." So, you just acknowledge it, validate it, but don't give it, like, oh my god, on a scale of a zero to 10, that was a nine point seven of hell.

Larry Bernstein:

New norms. I used to get up in the morning and go to work, now I don't. And, once those norms have been established, it's challenging to reestablish historical norms. Now, some people can move back and forth between these worlds seamlessly, or maybe even grow from it, but others struggle and won't be able to adjust.

Jeremy Clorfene:

Push through the discomfort. You'll find your groove. Sometimes you may not get comfortable for a while. That's part of the comfort crisis. "What's being asked of you now? Is to get up and go to work? That's the inconvenience? It is uncomfortable, but it's doable, you adjust. Your nature will adjust to it, and then you'll find positives through that.

Larry Bernstein:

I end each episode on a note of optimism. Jeremy, what are you optimistic about?

Jeremy Clorfene:

I believe in people. People get better. There's an internal gyroscope. People can feel better because they're more empowered.

And they're doing it with COVID. "I'm so over it. Even though I'm still struggling with it." I'm like, "We'll get through it. What do you need? Let's figure it out." And people do. People feel supported, they kick ass. And that's what keeps me alive. (laughs)

Larry Bernstein:

Jeremy, thank you.

Jeremy Clorfene:

You got it, brother. You're the best, man.

Larry Bernstein:

Thanks to Ari and Jeremy for joining us today.

That ends today's session. I want to make a plug for next week's show. Casey Mulligan will join us. Casey was Trump's Chief Economic Advisor and is now a professor of Labor Economics at the University of Chicago and he will discuss his new paper on the impact that the Covid Stimulus Checks increased the number of Alcohol and Opioid deaths. This paper is extremely provocative.

Our second speaker will be Kyle Kondick who is the managing editor of Sabato's Crystal Ball at the University of Virginia's University Center of Politics. He will be discussing his new book *The Long Red Thread: How Democratic Dominance Gave Way to Republican Advantage in the US House Elections*. Our discussion will focus on gerrymandering and the likelihood of a Republican takeover of the House.

If you are interested in listening to a replay of today's What Happens Next program or any of our previous episodes or if you wish to read a transcript, you can find them on our website Whathappensnextin6minutes.com. Replays are also available on Apple Podcasts, Podbean and Spotify.

Thanks to our audience for your continued engagement with these important issues, good-bye.