

Actor Charlie Day on Sciatica, Stress and Finding Balance

Actor Charlie Day, co-creator and star of "It's Always Sunny in Philadelphia," talks to Dr. Kipper, Peter, and Anna, about dealing with stress, his experience with sciatica and his strategies for managing the pain.

Peter: [00:00:31] Hey, welcome to Bedside Matters, the podcast that addresses the medical issues that impact all of us every single day. We hope we're going to give you the answers you're looking for so you can be more informed and healthier. I'm joined by Dr. David Kipper. David, how are you?

Dr. Kipper: [00:00:43] I'm very excited. We have a very special guest today.

Peter: [00:00:47] Yes, we do. Anna Vocino is with us.

Anna: [00:00:49] I am not the special guest, just for clarity.

Peter: [00:00:52] I'm Peter Tilden. Also obviously not the special guest, but today's special guest – I guess we should get right to it. Charlie Day is part of, co-creator of, I guess it's the longest-running live-action comedy in American TV history: "It's Always Sunny in Philadelphia," which is pretty amazing. Also helped co-create "Mythic Quest," right?

Charlie Day: [00:01:12] Mm hmm. That's correct.

Peter: [00:01:13] You know him from "Pacific Rim," "Horrible Bosses." He does animated voices for a million cartoons. And here he is, Mr. Charlie Day. How you doing, Charlie?

Charlie Day: [00:01:24] Thanks for having me. And, David, thanks for keeping me alive. And thanks for keeping Danny alive so we could keep the show on the air for as long as possible.

Dr. Kipper: [00:01:32] By the way, one of the things you didn't mention in all the things that he has done is that he is an amazing father. So I know this has nothing to do with what we're talking about, but...

Charlie Day: [00:01:44] I appreciate that.

Dr. Kipper: [00:01:45] But there's a human side to this guy.

Peter: [00:01:47] Your son is, what, around 12, I'm guessing?

Charlie Day: [00:01:50] Almost – 12 in December.

Peter: [00:01:53] Is he allowed to watch "It's Always Sunny"? Is he at the age yet where you allow him to watch?

Anna: [00:01:57] He's got to know. They know.

Charlie Day: [00:01:58] He has zero interest. You know, I think he's still into just Minecraft. And he was really into kids cartoons. But now he wants to watch other people playing Minecraft on YouTube. So, this is what the kids do.

Peter: [00:02:14] By the way, isn't that amazing when you grew up? I remember I used to ride my bike everywhere. I used to run around everywhere. Now you're watching other people do inactive activities.

Charlie Day: [00:02:25] That's right. Yeah. The disease that's plaguing us all is the internet.

Peter: [00:02:31] Well, and David, that's the inactivity of the day. How active is your kid at 12?

Charlie Day: [00:02:35] He's pretty active, which is good. I mean, he's always jumping around and running around. And, fortunate for him – I don't know where he gets this – he must get it from his mother. He likes long-distance running.

Anna: [00:02:47] He's going to be an endurance kid.

Charlie Day: [00:02:48] That will serve him well in life, if he sticks with that.

Peter: [00:02:52] So, I'm curious, David, you know, his book is all about brain chemistry. And I'm curious, David, does that manifest when a kid does long-distance running? Is that him having a brain chemistry thing, like a dopamine thing where he's trying to run or he's going toward that because of a certain brain chemistry thing that he knows he needs to do?

Dr. Kipper: [00:03:12] Well, I think in Russell's case, it indicates that he's trying to get away from home. [laughter] But yes, I mean, that kind of activity, everything comes back to brain chemistry. But the idea that somebody wants to stay stimulated is, in fact, a dopamine-related issue. So we all get these dopamine and serotonin behaviors. But absolutely, you tend not to see people that have the opposite brain chemistry get off the couch. So, yes, this is just part of his profile.

Peter: [00:03:50] So when you have a patient come in, David, do you ask them about that, about what exercises they like and you can pick up from what they're doing, what their brain chemistry is or what deficit they may have?

Dr. Kipper: [00:04:00] There are 3 or 4 questions that I will ask that will immediately clue me into who I'm talking to. And one would be, are you impulsive? Do you have impulse issues? Are you one that needs immediate gratification? Are you one that is a big picture person or are you into the weeds on things? Do you lay awake at night worrying and can't go to sleep? Or do you not go to sleep because you're too busy trying to not miss anything?

So these are things that filter out into these brain chemistry imbalances. But what's interesting about this is not so much who we are, but how we can actually modulate that, that these reflex behaviors that we have and there are inherited, these brain chemistries are inherited. Charlie, this is isn't quite as funny as you thought it was going to be, is it? [laughter]

Charlie Day: [00:04:54] I'm tired of funny. I've been doing funny for too long.

Anna: [00:04:57] Let's get serious.

Dr. Kipper: [00:04:59] The point is, and then we should move on to our guest. But I think the point is, is that people don't think that they can change these reflexes and change these behaviors. But that's frankly what the book's about. It's you absolutely can. And it's just a matter of recognizing what your reflexes are, seeing the ones that get you into trouble and trying to correct those.

Peter: [00:05:20] I never thought of that, that that behavior kind of tips your brain chemistry. But then looking at a guy like Charlie, the reason Charlie's on is because you write, you produce. Were you always, Charlie, that active?

Anna: [00:05:32] Well, that was my question. And how do you maintain that pace of life? Because you're doing a lot.

Charlie Day: [00:05:37] Well, I think I probably, I'm not, I certainly haven't been diagnosed with anything. But I think I had I been in my youth, would have fallen into one of these mean, dopamine-imbalanced categories, whether it was ADHD or even high-functioning ASD. I'm not sure. Who knows? I don't know. I sort of feel in my life I've managed to... Maybe what I need to read is David's book, but managed to sort of have a good picture about it and an understanding of it and then find what worked for me, which were usually creative fields.

So I would have a complete inability to focus on things that were not interesting to me and hyper-intense focus on things that I liked, whether it was, you know, writing or making music or even now, later in life, playing golf. So I was able to sort of really channel that. And, fortunately, there was an outlet for me, you know, in show business because I just wasn't going to make it as an accountant.

Dr. Kipper: [00:06:42] So, Charlie, I bet math was hard, right?

Charlie Day: [00:06:45] It was, yeah, excruciating.

Dr. Kipper: [00:06:47] I'm like you and like Peter. Math builds on itself, and you have to pay attention from the first grade to get all these things in order. And then the second grader builds. So a lot of people that have these dopamine imbalances are not good in math. So if you look at your example, if you think about your accountant, that person probably didn't have a dopamine issue, thank God for us.

Peter: [00:07:13] Wow, that person thought class wasn't long enough. Can you imagine? [laughter]

Anna: [00:07:18] This class should be more boring.

Charlie Day: [00:07:20] It really interferes with executive functioning, right? And then so much of that is executive functioning is sort of laying out concrete steps to get to an end result. And I think a brain that's wired differently doesn't see life in such steps and ladders, but sees things more amorphous and which in many ways life is, you know. So I think that's why you find a lot of people in the arts with that sort of brain makeup because they're able to tap into other ways of looking at things.

Anna: [00:07:56] Also the pathway in the arts, the career pathway, it's different for everybody. So it almost it's good for all of our brains that we don't have that, because there's no exact steps to follow.

Charlie Day: [00:08:05] That's right. Yeah. And you're constantly stimulating that side of your brain and ignoring the other side.

Dr. Kipper: [00:08:11] It's also fascinating how this relates to the people closest in your life. So, Mary Elizabeth, is she more like you? Or is she more of the opposite of you?

Charlie Day: [00:08:22] No, I think she's more like me. In fact, I think the more I've come to understand it, I think I've come to understand it through parenting. You know, when you have a child with similar neural makeup and you're trying to help them get through the world, you start to look back at your own childhood and it answers a lot of questions that, "Oh, okay, I must have been similar in some ways."

And then you start to look around at the friends you keep and the people you know, and you see a pattern. And, gosh, most of the people I know seem to navigate the world in this similar way. Of course, you really can't squeeze people into a box. I think everyone you know is, on that, let's say, spectrum of how their brain makeup is that, you know, informs who they become.

I sometimes think about it like this, which is that every interaction I have, everything I see, everything I hear, everything I listen to goes into the brain and just the brain takes in that information and then changes, and is constantly changing. It's hard wired to maybe process it in a certain way, but you start to form a brain which is maybe different than someone who's been taking in different information and processing things in a different way their whole life. And I seem to have found, or maybe it's just having a life in the arts, that most of the people I know tend to fall closer into the box of this type of neural makeup.

Peter: [00:09:53] Well, again, you grew up, we should give some background here to it. Both your parents were musicians. I mean, they both were creative. So you grew up in a musical house. Same with me. And that's really impactful, I think. Plus, you play a lot of instruments. I don't think people know that. So that's a whole side of the brain that's engaged in a different way already.

Charlie Day: [00:10:11] That's correct. And they're both music teachers. So slightly more academic, although I remember my mother saying that she had struggled in school, but then they found a way to make it work because they both have their doctorates in musicology from Columbia. So they're pretty smart, you know, I mean, my mother, she just taught music to kids kindergarten through eighth grade. And my dad taught at the local college in our town in Rhode Island. So they did have that academic capacity.

But, yes, I also was exposed to music and instruments from a young age. In fact, I was just with some people and I was doing a thing on the piano and one of the women afterwards was saying, you know, "How do you do that? Like, how do you just come up with a song and just have that ability?" I say, "Well, I've been around it for 47 years and dabbling in it."

So, for me, it's, you know, it's not an unfamiliar territory and I find myself completely limited in it where I think I will meet some musicians who have that sort of mathematical thinking, who are able to read the notes in the sheet music, who really understand the difference between the E7 and a D major seven. And that was always gobbledygook to my brain. You know, my ear could hear it, but then having to put it in more formal notation and understand that, I always found that extremely challenging.

Peter: [00:11:40] Well, that's the math part of it.

Charlie Day: [00:11:42] It was very limiting to me as a musician.

Peter: [00:11:45] But you found comedy as your... So with two Columbia parents, first season of "It's Always Sunny," as they see the pilot and what the subject matter is, do they want to hang you or hang themselves? When they said, "Oh my God."

Charlie Day: [00:11:58] They were, you know, they're East Coast/New York, kind of smart. You know, I won't say they're hip, but they're not uptight. So I think they got it.

Peter: [00:12:10] They got it right away.

Charlie Day: [00:12:11] Yeah.

Peter: [00:12:12] You know, I'm looking down at here and you're looking you see that it's sixteenth season.

Anna: [00:12:16] Incredible.

Peter: [00:12:17] Is there a life cycle to this thing where I really enjoyed the first year because we got picked up and then the first five were great and then I wanted to hang myself year seven through nine. Then it got easy again and now we're out of story.

I mean, Dan Castellaneta is a friend. They're in their thirty-third year. I said, Dan, we always try and pitch stories. And he said, "Did it. Did it. Did it." How do you come up with stories?

Charlie Day: [00:12:39] We're running out of them. [laughter] We are. I mean the last couple seasons of the show it's been really difficult to break a story that doesn't feel as though we've done it. And to have a storyline for a character that doesn't feel like, you know, old and it's challenging. The one good thing is that, I won't say it's a good thing, but the one reality of the business is that we don't have large episodic orders anymore. So this last season we only did eight episodes. So we sort of figure, "Okay, we can come up with eight. We can at least do that."

Peter: [00:13:19] But you bring in people who have had experiential stuff, other writers? I mean, "Seinfeld" was all about people's lives, you know? I know so many of those writers and a lot of that came from the writers – "large hands" episode, whatever those were from people's real-life experiences. Do you ever go through that and you go, "Oh, my gosh, I finally got an episode?"

Charlie Day: [00:13:37] Absolutely. I mean, we've had lots of people throughout the years who aspects of their childhood or their parents wound up in an episode. And, you know, there was one writer we had for years that pretty much had wild stories about his father. And half of them we just poached and, you know, and gave to Danny.

Peter: [00:13:59] By the way, the thing I can't unsee out of all the episodes – and I'm from Philadelphia, so there's kind of an affection toward the show anyway. You know, even though you don't have the Philly accents because then nobody would understand anything.

Charlie Day: [00:14:11] You know, and when we made it, we debated. Do we do the Philly accent or not? And we thought, no one's going to know what we're doing and we're going to get canceled in a month.

Peter: [00:14:20] The thing I can't unsee, out of all the episodes is Danny DeVito coming out of the sofa naked.

Charlie Day: [00:14:26] We'd read an article about people smuggling themselves into the country by sewing themselves into furniture.

Anna: [00:14:32] That's now a QAnon theory, by the way, like they smuggle the human traffic that way, but you guys were ahead of the curve.

Charlie Day: [00:14:42] Sure. I mean, it was just something that was happening. So we thought, okay, that's a funny concept of someone wanting to be sewn into a couch and then, and the idea of it being a leather couch and it getting too hot in there and him deciding to take his clothes off. And then the idea of like it seeming like he was being birthed out of the couch. But it's just one of those things that you can't believe Danny says yes to. And then in addition to that, when you actually shoot it, you know, it's surprising to everyone that it actually looks as funny as it looks.

Peter: [00:15:16] It was stunning. A Naugahyde couch giving birth to Danny DeVito.

Dr. Kipper: [00:15:21] I'm sure you didn't have much trouble talking him into that. That's my guess.

Charlie Day: [00:15:25] He's a pretty good sport. You know, he had to be basically in the nude with the exception of a sock, you know, in front of a room full of extras, all who know who he is for the last, you know, 40 years. So it takes some real bravery and some real guts to do that.

Peter: [00:15:44] So you're doing eight this year, but I know working on a sitcom, I've worked on sitcoms, people don't realize how unrelenting that is. I mean, the writers room can sometimes go to, I don't know yours, but go 2 in the morning, 3 in the morning, and it doesn't matter. You just have to churn out stuff. How so? How do you deal with the stress?

Charlie Day: [00:15:59] We never kept a schedule like that, so we never were writing as we were filming. So we would sort of schedule it that we would block out months in advance to write as much of the season as possible. Usually, we would have one worst case scenario, maybe two left over that we hadn't finished because we were actors in the show as well.

So yeah, we wanted to just get everything done first, more like a film, and then we go and we shoot the thing and then we're in the editing room. This last season, I think we ran out of time, so we were writing on the fly. But that just means that I'm writing on the weekends and sending pages to Rob and he's sending them back and just getting it done that way.

Anna: [00:16:45] I'm going to say this, too, because I've guested on your show and I've guested on a lot of shows, and there are different energies to different shows, different sets that you go on to. Everyone was so amazing and so nice. And I'm not saying this because you're here. I tell this to everybody like the best experiences I've had on different

shows, "Always Sunny" was like, it just had a really like good positive environment on the set.

Charlie Day: [00:17:11] I think that comes from the top. And I think we were lucky that even though like anyone, you know, Rob and Glenn and I, all of our quirks, but there's no real bad eggs, there's no real tyrants in the group. And so also, generationally, Danny was a good example. You know, Danny didn't come in the show and set a bad tone either, so as young people in the business getting their start, he was a really good example of how to be famous and how to carry the weight that you have on set.

Anna: [00:17:44] He was amazing.

Charlie Day: [00:17:45] Yeah. He's just lovely. And then also I think that there's a generational thing. You don't see as much of that. I think with my generation and younger that you would hear about the generation above us. And I think that might just have to do with the fact that there's so many more outlets and opportunities that you're never too big a deal like for any one TV show, there's 300 more.

I think maybe, you know, when Danny started and "Taxi" was on the air and he was on one of the three stations that had television, there was maybe more stress involved with that. But then there was also an imbalance of how big a deal, you know, any one individual could be. So I think by the time you get to our generation, you know, it's like I know if I'm too much of a jerk on set, there's about 100 other guys that they can go to instead of me for the next movie. Also, I'm not inclined to be that way.

Anna: [00:18:49] The vibe I get from you and all you guys is just that like you sold this show, it's an amazing opportunity and you just really have run with it all these years. Like it's just it's super cool to watch. And, yeah, I mean, that's got to be something as far as like having good brain chemistry, right, Doc? I'm trying to tie this back in, but like you, I mean, setting up a good environment in a place where there is a lot of moving parts, like you need to be able to manage that.

Charlie Day: [00:19:15] Yeah, and I won't, there's been plenty of tension on set and stress over 16 years of making something, of course. Fortunately, just not too much of it.

Peter: [00:19:24] How do you settle arguments, by the way? Is there, you know, it's like the Beatles, Paul was the one who stimulated them to get in the studio to work. Who's Paul, who's George, who's Ringo?

Anna: Oh, that's funny.

Charlie Day: [00:19:33] I think just by the pure luck of that, there were three of us. So it was always a democracy. So, you know, if I felt very passionate about a storyline and Rob and Glenn disagreed with me, well, I was overruled. And, you know, that would just sometimes it was Rob feeling that way and Glenn and I saying, "Now, we don't think you're right on this one," or Glenn feeling that way and Rob and I saying, "Just trust us on this."

And it started that you know it would just sort of go around the horn. Occasionally, if you were really passionate, you could convince the other two and you could win them over. But if you can't, then you have to go with them. You know, you have to trust your partners and go with the majority rule there. And it served us very, very, very well. In fact, there was one....

Peter: [00:20:20] You're not holding grudges? You're not holding back?

Charlie Day: [00:20:22] No. And every season we would get into one. Let's sit down and hash this out and have a good conversation about process and respecting each other. And we would have very adult conversations and then we would move forward. I think just by the pure luck of it being three of us, I think if it was 4 or 2, it would have been so much more difficult.

Dr. Kipper: [00:20:46] Because you become more and more successful with the show and it becomes, now it's iconic. What's the stress from that experience? In other words, you're getting, there's got to be an intrinsic stress to that that not everybody gets to have.

Anna: The pressure, yeah.

Charlie Day: [00:21:02] I think in the beginning there's the stress of, you know, "Do we know what we're doing and is this going to work and are we even going to get it done?" You know, I think then once you know what you're doing to a degree and you know that you can accomplish it. And these later years, the stress for me is more, is this still good? You know, am I trying to throw a fastball and it's coming out 50 miles an hour? Are we repeating ourselves?

And then bigger, grander questions of, you know, did I overstay my welcome here? And should I have gone and done movies and things that are self-designed and not actual, right? So I think then I'm always able to say, "Look, this is still a huge opportunity just to be given the chance to do it. It's eight episodes. Do the best that you can." So the stresses are different.

And then, you know, balancing our careers outside of "Sunny." I think this last year was tricky. Rob has this "Welcome to Wrexham" TV show about the soccer team that he bought in Wales with Ryan Reynolds. And Glenn and I were both finishing movies and I had written and directed a movie and was trying to get that done in post. So, you know, it's more balancing that and balancing being parents.

But, fortunately, it's not been too stressful. We keep great hours. We're like a family with the crew. Sometimes for the best, sometimes for the worst. We're like, "Oh, Uncle Louie again is, you know, not holding the camera right." But, really, everyone loves each other on the set and we're just very fortunate to get to do something for this long.

[music]

Peter: [00:24:06] So, can we do a bit of a lightning round here, Charlie, where we do a bunch of stuff to find out? Ready? So here we go. Healthiest thing you do?

Charlie Day: [00:24:14] I laugh a lot.

Peter: [00:24:16] Least healthy thing you do?

Charlie Day: [00:24:18] I don't mindfully eat at times when I'm stressed.

Anna: [00:24:21] That was very eloquently put.

Peter: [00:24:22] Overeat undereat, or just anything that's around?

Charlie Day: [00:24:25] If it is getting stressful in the writers room and there's the bag of chips, I'm going to eat more of them without even realizing I'm putting them in my mouth.

Peter: [00:24:34] What do you do to relax?

Charlie Day: [00:24:36] I play golf.

Peter: [00:24:38] Your worst injury?

Charlie Day: [00:24:39] Well, I did a movie called "Fist Fight" with Ice Cube, and I developed really bad sciatica, and I was having a chronic pain in my left hip. And I think, you know, I went and I got MRIs and they said, I have impingement on both sides and we can get into this. And I read the Sarno book about sitting with your pain and about neural plastic pain and the fact that, here's an example. If I was a hypnotist and I told you your arm was on fire, you would feel real fire. You would feel real pain. That pain would not be unreal to you.

So the book was saying that I'm not saying your pain isn't real. I'm not saying that your hips aren't tight, but I am saying that you might have healed from your injury and that your pain is like a false alarm. It's going off to protect you, but you're in a fight-or-flight response with your pain. And I thought this was a bunch of gobbledygook, but I figured I'd try it.

And I sat with my pain and I sort of, you know, I thought, okay, it does kind of move a little bit. And the book said, you know, the second you start doing this, it's like taking a piece of cheese away from a mouse that's been hitting a buzzer each time you have pain. And you're going to feel crazy pain because that mouse is hitting the buzzer saying, "Give me the cheese. Give me the fear. Give me the fear that you going to be in pain the rest of your life."

And I thought, "Okay, I'll try this." My hip hurt like crazy that week. And then after that it started not hurting that much. And now I can say with complete honesty that that chronic hip pain is 100% gone. And even I had a place on the side of my hip, if I was getting massage, I would jump off the table if someone hit it. Gone, completely gone. And that's not to say, you know, if I play a bunch of golf, or I was just moving a bunch of boxes a month ago and my hip got tight, pinged a little bit. But if I don't go into that fight-or-flight mentality with it where I think, "Oh no, I'm going to be in pain the rest of my life," it completely dissipates and goes away.

So from craziest injury and that's a health story towards healing that health. And look, I have plantar fasciitis. My feet are sore. I haven't been able to think that one away, but, like with the hip pain, it just went away.

Peter: [00:26:53] And is that, I'd love David to weigh in too, what's it feel like when you. what's the process of making the pain go away, of not giving it credence? You know what I mean?

Charlie Day: [00:27:04] Well, it was like it's like meditating, right? It was sitting with it. When you start to feel it and really like looking at it objectively, say, "Okay, what is my pain? Where do I feel it?" And being a little bit of a detective with it, does it move? Does it shift around? This book sort of was giving an example of people who have been like in car

accidents, but whose skeletal muscle situation has healed, but they keep feeling the pain because of the trauma of the accident.

And it was interesting. I was able to sit with it and say, "Okay, it's there in my left hip? It kind of sometimes it's in the middle of my hip, sometimes it's higher up towards, sometimes it's towards the front a little." And I thought, "That is interesting that it shifts around."

Another example the guy gave was like, sometimes there are stories of carpenters stepping on a nail and it goes through their boot and they're screaming in pain. They rush in the hospital and they cut the boot off and they realize it's actually between their toes and not in their foot. That the brain is just powerful enough to exacerbate a situation.

So I think in the case of my hip, I think I had injured it. I'd gotten some sciatica, had gotten tight. I do have impingements on both my hips, but I've probably had them all my life. I have played a lot of sports. I am rotating on my hip constantly. So like the groin, the hip flexors, they get tight. But I think I was, the trauma of how badly it hurt. And then people telling me I was going to have to have these surgeries in my late 30s. I think it made, it just was like fuel on the fire of what pain was there.

And I think once I was able to clear all that out and say, "Okay, well, what's really going on?" Years later. I mean, I've been with it for years and gone to trainers and physical therapists. I think it was I think my hip had pretty much healed from the filming and what was left over, there was natural tightness for a man who was like, as I said, this was about a year and a half ago, so I was like maybe 46 at the time. Natural tightness, natural tightness for a guy who uses that hip joint a lot, but not to the point of injury. And I think just turning off the alarm system. And any time I sort of felt it, I said, "Okay, I thank you, body, I hear that you're sending me a warning signal, but I got it. It's okay." Well, I was really able to undo it.

Peter: [00:29:48] David, what do you think about that? As far as different? I'm getting different pain thresholds for people. There are people who can do amazing things as far as pain doesn't bug them and others who have no threshold for pain.

Dr. Kipper: [00:29:57] The brain is fascinating and it is, as Charlie said, it's plastic. You can change how you perceive these senses, this sensory input. Think about people that have a phantom pain. They've had an amputation and they continue to feel pain in that side. But pain is processed all over the brain. It's processed in your memory system. It's processed in your amygdala. How we are emotionally when we're upset by anything. And these fibers are so complicated. I mean, we really don't understand this like we should.

But to Charlie's story, you can, in fact, by looking at things very differently and it takes some habit formation. You had to practice this over time. So that week that your hip was really bothering you, you stuck with it and you didn't turn to other modalities and it changed. So I think the way we process pain, the fact that it's plastic. Look what happens with the opiate situation. People come in to an office or an emergency room and they're in pain and they want opiates. Well, because of the opiate crisis, we're not giving opiates as a first-line medicine.

And these were studies that were done in several major hospitals where people would go into the emergency room and they were told they were getting painkillers and they were getting Tylenol and Advil. They weren't getting opiates and they responded great. So that

the idea of what you're getting, the idea of what your expectations are, so, yeah, it's very complicated.

Peter: [00:31:41] And this whole placebo effect, right? That's when you give people placebos, they can actually start forming neural pathways that didn't exist before that take them to a positive place that actually shows up physically, correct?

Dr. Kipper: [00:31:54] Yes. Yeah. No, it's perceptual. It's, in fact, somewhat real because it's got to protect you. Pain is there to protect you, but it's very complicated. And when you when again, just going back to addiction, when you see how people are addicted to, not only the physical pain of a let's say it's a back condition and someone gets hooked on opiates. So let's say it's an emotional issue and people are hooked on substances that mute that emotional reaction. These are all forms of pain. And they can all be mitigated. It's really fascinating. Charlie, I think the book that you mentioned is really interesting.

Charlie Day: [00:32:34] Yeah, this book was called "The Way Out." I forget the author, but so it wasn't Sarnos' book, but a same sort of mentality. But, yes, it was fascinating. I think you said it right there, which is that pain is there to protect you, but sometimes you don't need the protecting.

Anna: [00:32:54] Alan Gordon, "The Way Out."

Charlie Day: [00:32:55] Yeah, that's right. He was saying, "Look, you might have very real pain and you need a surgery, but you also might not. So why don't you be a little bit of a detective with your pain and try to find out."

Peter: [00:33:06] Anything to tell Charlie about his plantar fasciitis?

Charlie: [00:33:10] I got the orthotics in and I'm always in sneakers and that seems to help a lot.

Peter: [00:33:16] Is golf exercise? Are you driving around in a cart?

Charlie Day: [00:33:19] No, golf is not exercise. And I also go to the gym.

Peter: [00:33:22] With a time commitment. How do you do that? In your mind halfway through, based on what we talked about before, going, "Yeah, I think this is getting a little long now."

Charlie Day: [00:33:32] No, it's one of those things that I'm able to just focus on so completely while I'm doing it. And the beauty of it for me is that you really, I mean, to do it well, you just really have to be thinking about what it is that you're doing. So it's a way to not think about your work or life or anything like that.

Peter: [00:33:53] The last question I want to ask you in the lightning round is what changed about you during Covid? Because we all experience it a different way.

Charlie Day: [00:34:03] Oh, wow. I'm not sure. It was difficult to navigate from a parenting standpoint, although I found that I liked being at home. I think I have a tendency to have an anxious mind, although I've done a lot of work on that too. And that sort of feeling of containment is, you know, quiets an anxious mind.

So I found that I liked stopping for a second and saying, “Okay, let's just shut it down. There's nothing to do.” I don't know if I was changed in any profound way. I'm 47, so I haven't been through, obviously, a pandemic. But, look, I was in New York on September 11th, and then there's Covid. So, if anything, it's just a reminder that whatever generation you're living in, it could be Vietnam or World War II, you know, it could be the Great Depression. It was just a reminder that you're going to be going along with your business and then something completely out of your control is going to completely transform life, either very directly or indirectly. So if anything, it was a good reminder to just relinquish the false concept of control, which we really don't have any control over the big picture.

Peter: [00:35:29] And it relates back to that, as I'm hearing it, what you said before about how to deal with the pain, how to deal with situational stuff too, is kind of similar in what you choose to tell that story about is it every day? And I'm going to project what the future is going to be or just live, you know, the old book: Be here now.

Charlie Day: [00:35:44] We are the products of the stories we tell ourselves, you know. Do you guys ever play Wordle on The New York Times app?

Peter: [00:35:52] I know my wife all night long. It's all day long. It's unbelievable her and my son compete and do this thing.

Charlie Day: [00:35:57] Yeah, well, I mean, that's so funny. Mary Elizabeth was playing it a lot, and I. I thought, okay, you know, I should try, but I was telling myself the same old story from my school. Well, you're terrible at school stuff, and, you know, you constantly are misspelling things when you're writing scripts, so you're going to be terrible at Wordle. And you know I think the first two times I played maybe I won once and lost once.

And then after that I realized, “Oh, no, this is just problem solving.” And now it's like the easiest game in the world. And it's funny because I really caught myself telling myself a story that isn't a reality, you know, is that we think we have these limitations and sure, look, I'm not going to dunk a basketball, but there are other things that you might be telling yourself you can't do that you absolutely can do. And some of them might be health related.

Dr. Kipper: [00:36:49] One of the things that happens, too, when people grow up having trouble focusing in school is that they take on a persona of being stupid, that they're just not as smart, that they can't compete academically. And a lot of people give up. And you take kids that are now 10 years old and they've been dealing with this for five years in school. And you give them – and I don't think medicine is the answer to everything, but medicine does help people focus, especially kids. And I think this is where it does have a lasting effect. And that the self-esteem issue that happens when kids growing up feel inadequate that filters into everything else that happens as their life goes on.

So it is interesting how your first reaction when you're talking about Wordle is that you weren't good in school, therefore, you're not going to be good at this. You're 47, so this is a few months after kindergarten. [laughter] You're still feeling this reflex. And I think the message there is for parents, if your kids are struggling and you're seeing that they're not focusing and do something about it, don't be afraid of these treatments. You're not going to withhold insulin from your kid if he's diabetic. Don't withhold a neurotransmitter that is safe and needed and the world will have, you know, a lot fewer Charlies.

Charlie Day: [00:38:27] Yeah, yeah. No, it's true. And they, you know, they have all sorts of medications, you know, that aren't like a speed-based one anymore, you know, for these kids that are very effective. We've seen it within their own household and it's been amazing.

Peter: [00:38:43] That's great. Well, thanks for coming. Any last questions for Charlie?

Anna: Thanks, Charlie Day.

Charlie Day: [00:38:48] Oh, man. I could talk to you guys forever. I mean, I feel like I only scratched the surface of things to talk about.

Anna: [00:38:54] You'll have to come back.

Charlie Day: Anytime.

Peter: [00:38:57] David, any last questions or thought?

Dr. Kipper: [00:38:59] I just really want to thank you, Charlie, for all the time you spent. And it was really interesting to, you know, explore your history a little bit in ways that I don't always explore with you. So you're very generous anyhow, and this was really wonderful for us. And I know our listeners are going to really enjoy hearing the inside of Charlie Day.

Anna: [00:39:22] I agree. And I got to say thank you because I like hearing how people who have creative brains, how they make their brains work, because sometimes, you know, you're not going around alone and writing stuff or creating stuff. And it's just good for folks to hear how you make it work. So, thank you.

Charlie Day: [00:39:36] Yeah, well, sometimes it works and sometimes it doesn't work. Yeah.

Peter: [00:39:40] Thank you for being on. It was really a joy. Good seeing you again.

Charlie Day: [00:39:42] Yeah. Thank you all. I'll talk to you soon. David, let's grab dinner.

Dr. Kipper: [00:39:45] Okay, Charlie.

Peter: [00:39:46] Thanks, man.

Dr. Kipper: [00:39:47] Thank you so much.

Charlie Day: [00:39:48] Bye-bye.

Dr. Kipper: [00:39:49] Bye-bye.

Announcer: [00:39:52] The information on Bedside Matters should not be understood or construed as medical or health advice. The information on Bedside Matters is not a substitute for medical or health advice from a professional who is aware of the facts and circumstances of your individual situation. Thank you for listening. If you enjoyed the show, please share it with your friends. We'll see you next time.