

Sawbones 560: Dopamine Detox

Published November 15th, 2025

[Listen here on Maximum Fun](#)

Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello, everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Oh, it's so good to be here with you. So, we didn't talk about our introduction. Usually we brainstorm something.

Sydnee: No, usually you just kind of launch in with a [crosstalk] something.

Justin: Oh, I was using the royal we! Sorry. I should've been more clear. Yes, I, King Justin, usually come up with a bit. And actually, this week's bit is that I've started using the royal we, apparently, and calling myself King Justin. How does that grab you?

Sydnee: I love it. I think it's a fair distribution of labor, since I do all the research for the podcast.

Justin: And I do all the jokes. Some of the jokes. Occasionally do some of the jokes.

Sydnee: I think it's fair to say you do most of the jokes.

Justin: I hung up the lights... [laughs] in the room. And I point the microphones.

Sydney: And you decorated.

Justin: I decorated, and I point the microphones.

Sydney: You do point the microphones. I refuse to learn how to point the microphones, so.

Justin: So I got—that's my skill. I keep myself relevant. [crosstalk]

Sydney: You also keep changing the microphones, though?

Justin: So important. That's how I keep myself relevant, you know? Without me, you would leave me for someone more capable, 'cause you would have the microphone thing figured out. So as long as I keep you sort of, like, dependent on my microphone-pointing skills, then you will stay with me. That's my theory, at least.

Sydney: I think we've entered into a lifetime pact with our podcast, though.

Justin: Not the kids.

Sydney: No.

Justin: The podcast.

Sydney: Yeah.

Justin: Okay.

Sydney: No, no. I mean...

Justin: Yeah.

Sydney: You know.

Justin: Come and go. But podcasts?

Sydney: The podcast. I could—I mean, could I raise the kids on my own?

Justin: Yeah. But we're taught—yeah. Could you raise the kids on your own? But, like, could you make Talk Tuah on your own? I don't think so. No, I don't think so.

Sydnee: Talk Tuah?

Justin: It's the hawk-tuah girl's podcast. I wish I was lying. Welcome to Sawbones: a marital tour of misguided medicine! Syd, what are we talking about this week? [wheezes]

Sydnee: Uh, Justin, you gave me the topic we're discussing this week.

Justin: You know, the, uh—the algorithm—my algorithm is not as bad as Sydnee's. But she has sent me enough links that every once in a while I start getting some wild stuff. And the marketing, I feel like, in the TikTok era, the marketing is so specific that it starts to get pretty scary, right?

Because they start talking about, like, well, okay. We have your algorithm. And the AI has generated a song based on [laughs] traits that we've noticed about you, and maybe this is the problem all along. So it's a very unnerving thing to pop up in your feed.

Sydnee: Justin, I think you need to do some soul searching, because there was nothing, one, that I'd ever researched about this topic before.

Justin: Right.

Sydnee: So I would, two, never have sent you links about it before. And three—

Justin: I'm just saying—

Sydnee: —I have not, prior—now I have, that I've researched this topic. But prior to this, I didn't know that this was a popular medicine wellness thing.

Justin: I mean, my—I'm—

Sydnee: I had no awareness. I got no ads, no nothing.

Justin: To be clear, I just meant that my algorithm thinks I'm open-minded, health-wise. I'm open-minded, from a health perspective.

Sydnee: I think your algorithm may suspect that you would be interested in a dopamine detox.

Justin: Ah, yes, Syd. Dopamine. The, uh... I feel like it's become such a buzzword in the last 20 years. [laughs quietly]

Sydnee: This is so strange to me. I mean, I am obviously familiar with dopamine, and I guess I understood that maybe there was some popular ideas about dopamine. But the ads you showed me related to dopamine were truly surprising. I had no idea that the discourse is what it is.

Justin: That is... that's thrilling, Sydnee. That's really exciting for me. Because, uh, this has bombarded my feed enough times that I'm glad to know that it is an outlier, and that I am outside the...

Sydnee: Would you like to sort of give a general idea of what the ads, especially the ones you showed me...

Justin: I will say this. We try to keep the show pretty language family-friendly. These ads are pretty buck wild, so we will be talking about some adult, buck wild content in this episode.

The ads that I started getting were about, like, uh—not... it was like an addiction to dopamine. Basically an addiction to stimulus. You're, like, overstimulated, and that addiction is making you seek out, like, too much ma—like, over-masturbation. Like, too much masturbation, or masturbation, like, addiction.

So, like, regular intimacy isn't enough, and you don't feel creative, and it's all because of this, like, dopamine addiction that you have. And it's also weird, because it's like this claymation art style that is clearly, like, all AI-generated, and there's this AI-generated song. And, like, I can't click the, like, "Please don't show me AI stuff ever again" button fast enough.

[music plays]

Speaker 3: [singing] Hypersexuality and procrastination are interconnected. You might think you're procrastinating because you're lazy, but the real culprit is dopamine.

[music ends]

Justin: Uh, but yeah, that is the vibe. It's, like, so surreal.

Sydnee: It felt very, um... very similar to, like, a low T commercial to me.

Justin: Yeah.

Sydnee: It seemed very centered on, like, dopamine as having something to do with, like, there's a sad animated figure in a bed with another sad animated figure, and one is sort of, like, peering under the covers forlornly, and the other one is looking very, like, disappointed.

Justin: Yeah.

Sydnee: And that's it.

Justin: Yeah.

Sydnee: That is a weird... like, dopamine to there, that bridge, to me, is a wild—and I'm gonna take us on this journey. But I still don't know that I fully understand how we've... arrived.

Justin: I mean, do you under—do you not under—do you understand the fake connection that the ad is trying to make? But—

Sydnee: Yeah, no. I understand the fake connection. I guess I just—there are lots of fake connections you could make. This is a weird one. I understand why testosterone has—there are real—there's real information out there about testosterone, and then there's a lot of misinformation and kind of pseudoscience about what would taking testosterone do for a person.

Justin: Yeah.

Sydnee: There's a lot of misunderstanding there. And I think people sometimes think it is a bit of a cure-all. Especially for somebody who is assigned male at birth. Any problems they're having. That is not... that's not all true. Dopamine is a weird plug-in to that sort of milieu.

Justin: Okay.

Sydnee: To my science mind. To my medical mind, I don't know how this happened, but I'm gonna take you through the pseudoscience.

Okay. Dopamine. Arvid Carlsson discovered dopamine. He was a pharmacologist. He actually won a Nobel Prize for discovering—for his contributions to the neurotransmitter, dopamine, to our understanding of it. Um, he was—he went to medical school back in 1941. He was in the Swedish Armed Forces for a while. Went back and studied.

I mean, his main area of study were neurotransmitters in the brain, and how do things work. At the time, we really didn't understand that there were different neurotransmitters that were distinct. And a neurotransmitter is—think of it as a chemical in your brain that is sending a signal from, like, neuron to neuron, brain cell to brain cell. Okay?

Justin: Okay.

Sydnee: By sending these little chemical signals, we're communicating things. We're changing thoughts, feelings, behaviors, movement. You know. We're making the brain work.

Justin: Okay.

Sydnee: Right? There are lots of neurotransmitters, not just dopamine. Many, I will say, which have entered our popular understanding. For instance, another neurotransmitter is serotonin.

Justin: The Limitless pill. Oh. Sorry. Yeah, serotonin.

Sydney: Serotonin. And what do we think about serotonin?

Justin: It's, like, the happiness chemical, right? You get serotonin and you're happy.

Sydney: We have a cultural understanding of serotonin. It is not complete. It's more complex. But, I mean, that's often true in medicine. We kind of have a popular understanding, and then the scientific nuance.

So, dopamine is another neurotransmitter. At the time, we thought that it was just a precursor of a different neurotransmitter, meaning that, like, it was a step in the production of norepinephrine, which does other things in the brain. But that's not true. Dopamine is its own distinct thing that has its own distinct activity within the brain.

Justin: Okay.

Sydney: And basically in 1957, Dr. Carlsson was the first guy to say, "This is a different thing." Okay?

Justin: Okay.

Sydney: And he developed a way to measure dopamine in the brain. He found where the highest amount—there's actually a pretty localized area in the brain where dopamine primarily comes from in the part of the brain, the substantia nigra—it doesn't really matter.

The point is, dopamine comes from this one particular part of the brain, primarily, and he was able to understand that. And then from there, he was able to understand—it's kind of interesting. So you know that dopamine's there. You're trying to figure out what it does.

Justin: Mm-hmm.

Sydney: So he blocked it.

Justin: Oh. Okay. "How do you feel without it?" Sure.

Sydnee: [laughs quietly] Yes. What happens when you don't have it? And what he noticed was this loss of movement control, primarily. I know this is gonna sound weird, because of our sort of cultural understanding of dopamine. But the first things we noticed is that if you didn't have dopamine, the symptoms that were produced looked like Parkinson's.

Justin: Oh. Hm.

Sydnee: Because Parkinson's primarily is a lack of dopamine.

Justin: Oh. Huh. I didn't realize that.

Sydnee: I know. That's why I think—and maybe this kind of explains why this was weird for me, this sort of connection that you were building around—not you, personally, but you know, your—the ads you were getting about dopamine.

Justin: Yeah. Yeah, yeah.

Sydnee: Because to me, when I think medically, dopamine, a lack thereof, is responsible for the symptoms we see in Parkinson's, which is also why—and this is something that he figured out—one of the treatments for Parkinson's is dopamine, L-Dopa.

Justin: Hm, okay.

Sydnee: You can give someone replacement dopamine to help manage the symptoms of Parkinson's.

Justin: Hm! That's fascinating. I never knew it was part of that chain.

Sydnee: Dopamine is part of what initiates movements. So there's the gap between, um, "I want to raise my hand. I am raising my hand." Dopamine is part of that pathway.

Justin: Okay.

Sydney: Okay? So without dopamine—and you can see this in some of the symptoms of Parkinson's disease. Somebody wants to take a step forward, and it takes them a while to initiate that movement.

Justin: Hmm, hmm. Okay, gotcha.

Sydney: Okay. So, those were our first understandings of dopamine. Now, I think it's interesting if there's not enough dopamine, this is what things look like. Dr. Carlsson began to wonder, "Well, if there's too much dopamine, what would the..." you know. Or for instance if you gave somebody L-Dopa and they didn't need it, what would happen, right? What happens to the brain with too much dopamine?

And what he began to see were symptoms related to what he perceived is schizophrenia. And so this became the dopamine theory of schizophrenia, that primarily what we have dubbed schizophrenia, the symptoms related to schizophrenia—hallucinations and delusional thinking—that it is connected to too much dopamine, or overactivity of—

Justin: And overabundance of...

Sydney: Yeah, of dopamine in the brain. And I will say, at this point in history, we have a more nuanced understanding of psychotic disorders in general, and schizophrenia. It's not as clear cut as not enough dopamine equals Parkinson's, too much dopamine equals schizophrenia. There's more nuance. There are other neurotransmitters involved. Glutamate plays a big role, we think now, in schizophrenia. And I won't get into—this isn't an episode about schizophrenia. But the point is, I don't want to leave you with the message that this is this simple.

Like a lot of things with the human brain, it's all really complicated. It's all very nuanced. And there's lots of stuff happening to produce a certain constellation of symptoms, and then it will look different in different individuals.

Justin: It's also—also, I think... lends itself to misunderstanding so much. Because we think so much about how our brains work, I think that everybody wants to believe that there are just sliders. That if you just move

'em up a little bit it's like, "Ohh! That did it. Yeah, that's got it. That's working better."

Sydnee: And I think—I mean, I think that's one of the problems. We talk about this I think a lot on the show. One of the problems with modern medicine, where there are some things we kind of figured out and are, like, "We'll treat this with this." It starts to make you believe that perhaps everything in medicine could be that way, once we figure it out. We'll just take this pill for that.

Um, and I think—like, antibiotics are the beginning of that, for me, usually. We figured out that if you have an infection with this bacteria that is killed by this substance—which also doesn't kill you, so that's groovy—we can put that substance in your body, kill the bacteria, and you get better. That's so clear cut. That's such a simple idea. It's very, uh, attractive to think that everything in medicine could be that way. And the truth is, especially when it comes to psychiatry, behavioral medicine, neurology, the function of the human nervous system, it's just nothing is that clear cut, really.

Justin: Yeah.

Sydnee: Right? So anyway, what we figured out is that there is—dopamine definitely does play a role in psychotic disorders like schizophrenia, and you will see that a lot of the medications that were then developed to treat those conditions were aimed at reducing dopamine.

Not just that. There are obviously other things that they do. But that was part of the process. So, from a medical standpoint—and I'm not saying "This is everything we ever know about dopamine, this is all it does," but when you start talking about dopamine, these are the initial things I think about, are neurological, psychiatric disorders.

Obviously we know that dopamine also has something to do with, um, developing... I don't even want to use the word "addiction" yet, although that is where I'm kind of driving. The desire to repeat a behavior. Right?

Justin: Yeah. Okay.

Sydney: We know that if we do something that is pleasurable, dopamine is released, connecting that activity with the pleasure that we feel. Now, I will say, a misunderstanding of this is, is dopamine causing us pleasure?

Justin: I don't know?

Sydney: Dopamine alone is not responsible for this connection.

Justin: Okay.

Sydney: When you do something pleasurable, you are also releasing hormones like—and neurotransmitters like serotonin, oxytocin, endorphins. There are other pieces to this, right?

Justin: Yes.

Sydney: It's not just the dopamine. The dopamine helps make the connection.

Justin: Okay, yes.

Sydney: And this is why, when we start talking about addictive behaviors, things that we crave, things that we seek to do again to bring us pleasure, this is where dopamine starts to enter the picture. Because it is true, you know? What's something that brings you pleasure? That—

Justin: Me? You?

Sydney: Rated for this show.

Justin: Rated for this show?

Sydney: Yeah.

Justin: Um...

Sydney: Whatever that is. PG?

Justin: Yeah. Um... yeah, organizing the silverware drawer.

Sydnee: Okay. That's a great example.

Justin: Thanks.

Sydnee: That everyone, I think, can sympathize with.

Justin: Okay, cool. Sympathize was an interesting choice of words that you did unprompted. Hm! Hm. Let me tumble that one around in the ol' noggin for a second. Okay, got it.

Sydnee: How do you feel when you organize the silverware drawer?

Justin: I used to feel happy, but I have a sinking suspicion that it may not hit the same anymore.

Sydnee: [laughs quietly] Do you... do you crave organization of the silverware drawer? Do you think about it?

Justin: You know—you know the answer to that as well as you know my name. Of course I crave organization in the drawer.

Sydnee: No, but do you think about it when you're not doing—do you have the impulse to go do it?

Justin: Okay. I want—can I give you a better example?

Sydnee: I feel like maybe organization of the silverware drawer, while it does bring you pleasure, is not quite...

Justin: Now, I understand. I'm gonna give a better—

Sydnee: Give us a better example.

Justin: I'm gonna give a better example. Uh, solving the crossword puzzle. For a while, I was doing it every single day.

Sydney: Okay.

Justin: Okay.

Sydney: When you haven't done it yet in the day—you know, it's early in the day, or maybe it's ever later. This could be a better example. You're realizing the day is almost over and you haven't solved the crossword puzzle.

Justin: Oh.

Sydney: How do you feel?

Justin: Bad. Itchy.

Sydney: Do you feel like you need it? You need it?

Justin: Gotta get it. Gotta get it.

Sydney: How do you feel when you sit down and solve a crossword puzzle.

Justin: Good. Ahh.

Sydney: Right. So, that sensation is not purely dopamine-related. Dopamine had something to do with that, right? Dopamine was released the first time that you solved that crossword puzzle and felt pleasure.

Justin: Right. It's the same as your—one of my favorite analogies for cigarette addiction is that it's like you're wearing an uncomfortable pair of shoes, and that what you're really looking forward to all day is not smo—it's taking off the shoes that you are currently wearing, and that's the pleasure, is "Ahh, I'm no longer wearing the shoes." You know what I mean? It's not putting on the slippers. It's "Ahh, thank god those things are off."

Sydney: And this is definitely connected to our developing an addictive behavior.

Justin: Sure.

Sydnee: Right? And I will say that the difference between solving a crossword puzzle and the amount of dopamine that is released in that scenario, and, let's say, using methamphetamines...

Justin: Sure.

Sydnee: [laughs quietly] Exponentially different. So I think that it's really important in these conversations that we not sort of paint the addictive behaviors with a single brush.

Justin: Yes.

Sydnee: Because it—I think you're in danger of undermining the seriousness of certain addictive behaviors, and the difficulty in ceasing them, as opposed to if you knew that doing the crossword puzzle was dangerous to your health, just based on dopamine alone, my suspicion is it would be easier for you to stop doing the crossword puzzle.

Justin: So... yes and no. Obviously I wouldn't draw a parallel between, like, some of these substances you're drawing and... but I have known people who—in my life who have gone down the rabbit hole of some activities, and of gaming specifically, to where other parts of their life suffer, and where their health suffers, and where some parts of their life suffer. So I do think I've seen it take a hold on people in a dependent sense. And I don't think that's dopamine, but I've seen some people where that's the only control they have in the world, and that is, like—it becomes monumentally important, in that sense.

Sydnee: I think what you're hitting on here, though—and this is what we're gonna talk about. As we transition into, "Here's the science of dopamine. What are these other ideas?"

Justin: Right.

Sydnee: And I haven't even—let me say, this is not complete. I wanted to give you some background on our understanding of dopamine historically. Obviously we know that dopamine plays a role in these different behaviors,

and that modulating our connection with them, breaking that sort of, like, pleasure that we feel when we experience that thing, whether it's a cigarette or playing a video game, whatever it is, could be useful in stopping that behavior, right?

What I want to challenge primarily is this concept of dopamine addiction and a dopamine detox as useful to your health and wellness. And also just to sort of—where did it come from? Okay?

Justin: Mm-hmm.

Sydnee: So we're gonna talk about that.

Justin: Alright, let's do it!

Sydnee: After the billing department.

Justin: Ah. Well, let's go!

[ad break]

Justin: Alright, Syd. I'm ready.

Sydnee: Okay. So, I was trying to trace, where did dopamine shift from a neurotransmitter that we understand as important in neurology, psychiatry, and then definitely an emerging understanding of addiction, substance use disorder, all kinds of addictive behaviors, right? Okay.

Justin: Mm-hmm.

Sydnee: We knew all that. That's under investigation. We are still perfecting the best ways to manage, you know, substance use, as example. But in 2019, there was an article that came out by Dr. Cameron Sepah who wanted to talk about—this was on LinkedIn. [laughs quietly]

Justin: Sure.

Sydnee: His article. So when I say "an article," I mean, like, he—like, a...

Justin: The gold standard.

Sydnee: No, I don't mean, like, a peer-reviewed journal article. I mean...

Justin: A blog. He wrote a blog about it.

Sydnee: He wrote a blog.

Justin: He wrote a blog.

Sydnee: Yeah. Okay. [laughs quietly] He is a, um—he's a psychologist who primarily works with, like, CEOs.

Justin: Fun.

Sydnee: He's like a... executive psychologist I believe is the...

Justin: Sure, luxury concierge psychologist.

Sydnee: Well, I think that's helpful to know that that's his focus.

Justin: Sure.

Sydnee: This is not me—I'm not demeaning any of this work at all. I am simply saying that, like, the idea of peak performance is very much where we're driving, here. Right? He wrote an article on LinkedIn called The Definitive Guide to Dopamine Fasting 2.0 – The Hot Silicon Valley Trend.

So...

Justin: "That I made up." [wheeze-laughs] No. I'm guessing. I have no idea. I'm just pulling that out [crosstalk].

Sydnee: I—I don't know that it—I think this was already sort of a trend among the kind of, like, tech genius, millionaire, Silicon Valley, um... these are the same people who are trying to, like, live forever. You know what I mean?

Justin: Sure, yeah, yeah.

Sydnee: Like, that whole idea that through technology, we can—

Justin: Longevity.

Sydnee: Yeah.

Justin: Yeah, I gotcha.

Sydnee: We can do a bunch of stuff to ourselves, even if we're fine.

Justin: Nootropic, maybe. Maybe some nootropic...

Sydnee: Absolutely.

Justin: ... action.

Sydnee: And, I mean, if it feels a little Limitless pill... I mean, I assume that—I assume that movie grew out of this sort of milieu.

Justin: I—I have a—yeah. So, yes. Yeah, I think so. I think that people saw a Limitless pill and they were like, "[whispering] God, I wish there was a Limitless pill." Which we all do. Of course we all want the Limitless pill.

Sydnee: Sure. Sure. So, what Dr. Sepah recommended was that dopamine is a problem for us because we are, um—we are so overstimulated, there's so much around us all the time. And a lot of this is tied to screens. Now, there are other things. He's gonna talk about other things. This is not just tied to technology and screens. But I think for a lot of people, they focused in on time on their phone, time on their computer. Primarily time—

Justin: It's the new things that would be the threat.

Sydnee: Yeah, and primarily time spent with, like, social media, and that kind of thing. Right? Okay.

So, all of this stimulation is overwhelming us, and we're just getting constant releases of massive amounts of dopamine.

Justin: Right.

Sydney: To the point that we can't feel that rush when we actually experience pleasure. It's like we're up here all the time, and so we don't feel those normal peaks and valleys. Does that make sense?

Justin: Yeah, yeah, yeah. We're desensitized to it, sure.

Sydney: Yes. Our tolerance has gotten so high for dopamine.

Justin: Desensitized.

Sydney: And so what we need to do is detox, or fast, or whatever you want to call it. Break your addiction to dopamine by reducing whatever these behaviors are.

Justin: Okay.

Sydney: Right? And he ties it very much to, like, "This is what all of these tech CEOs, all these millionaires, all these—" I don't want to say—I keep wanting to say "dudes," because a lot of the way it's couched feels very...

Justin: It's dude culture—yeah, for sure.

Sydney: It feels very manosphere. You know?

Justin: It feels very manosphere because it is, I think.

Sydney: It does.

Justin: [crosstalk] my guess.

Sydney: But, I mean, to be fair, he never says "This is just for guys." I mean, that is never explicit.

Justin: It says "Boyz only" here on the screen with big Z, it says.
[unintelligible]

Sydnee: But I think, like, it makes sense that you have gotten ads for this sort of stuff and I never have.

Justin: Yeah, of course. Yeah, it's targeted.

Sydnee: They're targeting you.

Justin: Yeah, of course.

Sydnee: As a demographic, right? Okay. So, basically—

Justin: I got the low T ads, too. You know. [pause]

Sydnee: Well, there you go.

Justin: There you go.

Sydnee: I get ads for... romantasy books about werewolves.

Justin: There you go.

Sydnee: And underwear.

Justin: Okay.

Sydnee: Those are probably tied together.

Justin: [crosstalk] algorithm.

Sydnee: Probably tied together. And now dopamine. So, uh, what he said is—okay. First of all, he says this is based on cognitive behavioral therapy, or CBT, which is real therapy. [laughs quietly] Real. And in some ways, this is absolutely true, right?

Like, there are elements of CBT in everything we're talking about. The idea that you do something, there's a behavior in your life that is bringing you displeasure, that is infringing on your ability to live a quality life, that is harming yourself or others around you, and you would like to stop it.

Justin: Mm-hmm.

Sydney: And you engage in CBT techniques in order to reduce this behavior in your life, and then enjoy a happier, more quality life.

Justin: It's better.

Sydney: Yeah. And that's fine. Like, there's no—this is all real, and you should engage in CBT if it is needed, right?

Justin: And helpful.

Sydney: And helpful.

Justin: Doesn't work for everybody.

Sydney: Right. Yes.

Justin: And every problem.

Sydney: Nothing works for everybody, to be fair.

Justin: No, agreed.

Sydney: So he said, first of all, put the stimulus away. Make it harder to access.

Justin: Okay.

Sydney: Right? Um, engage in something alternative. And prevent yourself in ways from doing the thing. You know, put in safeguards.

Justin: Huh.

Sydney: Kind of like when you, um... I've seen the phones that people have now that are, like, the no... what are they called? It's like, no distraction phones?

Justin: Yeah. They're just, like, big screens that you can make phone calls and text messages [crosstalk].

Sydney: And that's it. And, like, your apps are all hidden and you have to, like, search for them if you want to find them and stuff like that. Like, put in safeguards for yourself. So, like...

Justin: Yeah. I get that.

Sydney: Yeah. And so, like, some really basic things. Um, and this kind of grew into a lifestyle. From these, like, basic—and these are really—these are, like, CBT techniques, right? To try to reduce the importance of something in your life in pursuit of happiness.

He went on to talk about, like, fasting schedules. And I think people really like the idea that they're doing something when they're not doing something.

Justin: Ohh, yeah. Ohh, yeah.

Sydney: I think that's so attractive to us, right?

Justin: Oh, yeah.

Sydney: So, like, if right now I am not using my phone, even though I'm not doing anything, I'm doing something.

Justin: It's like part of why... aside from the convenience, washing machines and dishwashers are so powerful.

Sydney: Yes.

Justin: Because you hear that sound and you think, "I, through the power of technology, am washing dishes. In some sense, I am washing dishes right now." It's a huge boost.

Sydney: It's how we can—I can do the laundry for an entire day.

Justin: Oh yeah.

Sydney: But only in, like—

Justin: "What did you do today?"

"The laundry."

Sydney: —10-minute bursts, right?

Justin: Yeah.

Sydney: Okay. So he put out, like, a schedule.

Justin: And—and [unintelligible]—and 500 pages of werewolves having sex with vampires. But also the laundry!

Sydney: Don't shame me! You read it too.

Justin: I didn't shame—I'm not shaming you! I'm just saying—

Sydney: You read it too!

Justin: —you're really, really productive!

Sydney: So he put out, like, a fasting schedule and a feasting schedule. Like, this is—you don't let yourself do whatever it is for these hours of the day. You engage with it intensely for certain blocks of time.

Justin: Oh.

Sydney: Which is—I mean, that's true. Like, if you just say, "I'm putting down my phone and never picking it up again," that's not helpful, right? We know that, like, trying to wean down a behavior typically is more effective than a cold turkey approach.

Justin: Yeah. I guess that makes sense.

Sydney: I mean, within reason. If the thing you're trying to quit is murder, I would say cold turkey would be better, but...

Justin: Hmm. See, this is where it breaks down for me a little bit, because I tend to think that, like, resetting your brain chemistry is more powerful, here. Like, just trying to, like, change something very major and then letting your brain, like, settle back down. 'Cause I think that this to me feels like, "Ah, finally. My brain is calm." Then you, like, jack back into the phone and it's like, "Ahhh, it's all there! Like, it's all—" I don't know. It feels like—that up and down feels a little bit chaotic to me, but I don't know. I'm not a therapist.

Sydney: Well, I think what you're presupposing, though, is that any exposure is bad.

Justin: Hm. No, I don't mean that.

Sydney: [simultaneously] And that—I wouldn't make that generalization.

Justin: I just mean, like, I never—you never know what's gonna be on there, I guess is my fear, yeah.

Sydney: Um, he also—so, he ties it—like, it very much starts with technology, but then he kind of—this is where I think all this other stuff came from. So he expands it to emotional eating, internet gaming—internet/gaming, gambling/shopping, porn/masturbation, thrill/novelty-seeking, and recreational drugs.

Justin: Okay.

Sydney: Which, again, this is just—I just think that this is—

Justin: That's just sin. He's just doing sin, right?

Sydnee: Yes.

Justin: Like, it's just like, "Here's the sins you can have." [laughs quietly]

Sydnee: And then he goes through, like, "Here are all the things that are bad." And, like, this is—and again, we're getting into pseudoscience here. 'Cause he's like, "Emotional eating is bad." A lot of this is tied to intermittent fasting. I should say that. The intermittent fasting community kind of morphed—not everybody. It's not one-to-one. But, like, there is a connection here between this and the dopamine detox. There are definitely ties.

People who were like, "Well, I don't eat for all these hours of the day, and I feel so incredible. 'Cause I'm so hungry." [laughs quietly] "And so if I don't do these things for these hours, I'll also feel incredible."

Like, there's definitely a tie, there. And when he talks about food, it's in not... I mean, he talks about the dangers of ultra-processed foods.

Justin: Okay, alright.

Sydnee: The dangers of sweet, salty, savory, spicy, and carbs, and fat. It's almost all food.

Justin: Yo! No thank you.

Sydnee: It's almost all food. And, I mean, he—like, as an example, he talks about pretzels. If pretzels are your vice...

Justin: Then you're doing fine.

Sydnee: You're doing fine.

Justin: Just eat pretzels, for god's sake.

Sydnee: Obviously he talks about internet, and about gaming. [laughs quietly]

Justin: He talks about internet? [laughs quietly]

Sydnee: Yeah. Like, that these are problems. Social media, the clicking, the scrolling, the pshh, pshh. This is, I think, our, like, perception of dopamine. You're just like, [whooshing noises] [crosstalk].

Justin: Sure, yes.

Sydnee: And that's what you're looking for. Gambling and shopping, he kind of breaks this down that, like, boys gamble, girls shop. I don't know about that. I think anybody can do whatever they want.

Justin: This... this... this is... this is not alright.

Sydnee: I don't even want to describe this picture. He has—he has images, like stock photos, for all of these. The one for porn and masturbation is...

Justin: It's a sliced ham.

Sydnee: Let's not, yes. Um, and he talks about... this is where this kind of comes into it. That, like, porn is okay, but how are you using porn?

Justin: Can you read this first—this sentence, actually? Read—can you read the sentence?

Sydnee: "There's nothing intrinsically wrong with occasional porn viewing or masturbation for the person doing it, leaving aside the social implications for now."

Justin: Okay, so stop there. If you have to clarify that as a physician writing a blog post, you have already messed up so fundamentally. If you need to clarify that, like, masturbation isn't bad, like, yeah! Yeah, dude! You're a doctor! I didn't think for a second—first of all, what does "bad" mean, or "wrong"? There's nothing wrong—like, what are you talking about, there's nothing wrong with it?

Sydney: Well, and he goes into—

Justin: I assumed, 'cause you're an adult, you don't think anything's wrong with masturbation, whatever that means.

Sydney: It's really interesting, because there's obviously so much, like, societal taboo. And then there's, like, religious underpinnings to our different, like, belief structures around masturbation specifically.

Justin: Yes.

Sydney: And then pornography. You're getting into a whole other... human mess with that. Things that we feel and think. But then he throws sex in there. And he says "Sex is trickier to include in a dopamine fast, given there's another person involved." [laughs quietly]

Justin: Hmm.

Sydney: "And thus may be hard to schedule."

Justin: Yeah, by the way—

Sydney: So you need to, like... "When can we dopamine fast together?"

Justin: By the way, doc, you think there aren't other people involved if I stop gaming? Uh, what if we needed to raid, man? What if the team needs their warlock, right? And I'm like, "Sorry, guys. Dopamine fast. I can't be there to help you get all the great crystals that we need... for the adventure."

Sydney: That's the same.

Justin: That affects other people.

Sydney: That's the same.

Justin: It affects other people.

Sydnee: But he kind of suggests that maybe sex can... I mean, like, just inherently could be bad. And the reason that he says is if you're doing it impulsively, started without clear intention; compulsively, repeated without clear intention; or high risk. Which, high risk, health hazardous, okay. Set that aside. But what do you mean... started without clear intention? I don't even know how to parse that.

Justin: Like, you—you tripped? [wheeze-laughs]

Sydnee: And then he gets into, like, thrill-seeking behavior. I mean, basically anything that makes you have, like, an adrenaline rush is bad.

Justin: Okay. So basically all good stuff. Like, all fun stuff.

Sydnee: And then recreational drugs. Alcohol, cigarettes, caffeine. He says you gotta get rid of caffeine, too. Um, he talks about, like, things you could do instead. Any time—man, listen. I know I'm a family doctor and I understand that, like, nutrition and exercise are part of the things that I was trained to talk about all the time. But I am not so naive as to think I could look at somebody who is, I don't know, I guess... like, cliff diving and masturbating every day, and be like...

Justin: [laughs]

Sydnee: [laughs]

Justin: Hopefully not at the same time! That is a hazard!

Sydnee: "Instead of cliff diving and masturbating, have you—"

Justin: "Every day!"

Sydnee: "Have you tried taking a walk?" Why do we say that to people? That's always the thing. "Take a long walk!"

Justin: "Have you tried taking—"

Sydnee: That's not as fun as cliff diving and masturbating, I bet!

Justin: Probably not! Not at the same time, certainly.

Sydnee: And so he offers other things. And then—

Justin: He says, like, [unintelligible]. They have writing and art. Like, creating stuff. If creating stuff doesn't give you a sense of pleasure, like, I think you got bigger problems, man! Like, if you're like, "That's not fun! Just making stuff? How is that like a TV show at all?"

Sydnee: He gets it down to—there's this chart at the bottom where he's talking about in toxicology, we have, like, the benefit of something at the beneficial dose, and then as the dose gets higher you get into the toxic doses, and the harm increases. This is wild, to me, because dopamine is not a toxin. But if you just look at this in the context of dopamine, you would assume that there is a toxic dose of dopamine. And unless we're talking about quite literally ingesting dopamine, which is not what we're saying, right?

Justin: Right.

Sydnee: There is not—I mean... you can't do something so much—

Justin: So fun.

Sydnee: —so fun [laughs quietly].

Justin: [holding back laughter] So fun you get poisoned from it.

Sydnee: That you get—yes, that you experience a toxic dose of dopamine.

Justin: Yeah. So, okay. I have a theory about this.

Sydnee: I think this is where this came from, because since then, it's grown into exactly what you talked about. There are supplements that you can buy that will help you... I don't even know what they mean. Like, support your dopamine detox, break your dopamine addiction. Um, there's a lot of stuff

out there that's kind of been drawn from the "stop masturbating, stop using pornography," where if you stop those things, not only is it sort of insinuated... I have to reference this article. Can I reference this article?

Justin: Sure!

Sydnee: My dear friend John, who's a psychologist, sent me this article, "The ultimate test of self-discipline: Lockdown and the NoFap Community. Which Justin had to explain to me what NoFap meant.

Justin: Nice dox. Just a quick doxing for the day. Thanks, Syd. I appreciate this. Just a drive-by doxing on your sweet husband.

Sydnee: [laughs quietly]

Justin: Just narc your husband.

Sydnee: I thought it was funny, 'cause I read the whole article, and I couldn't find what it meant. And I do wonder if the authors [crosstalk].

Justin: She said, "Hey, y'all." Here's what she said. It was actually very precious. She said, "I've read this whole thing and I still don't know what fap stands for." [laughs quietly]

Sydnee: I assumed—

Justin: When I told—can I get—this is—can I—educationally, should I say that it is a puerile reference to masturbation?

Sydnee: It's an onomatopoeia.

Justin: It's onomatopenisic—pe—onomatopoetic. Move on. It's your show.

Sydnee: Okay.

Justin: I'm just—I'm just a supportive—supportive guest.

Sydnee: But in this, they talk about—and I have to imagine that this sort of, like, idea—and I'm not blaming this one psychologist. There were lots of these. Especially, like, the executive psychologist kind of community. Not just the individuals but, like, people who buy in to the psychology of... success, I think. Like, that there's a certain right mindset that makes you a successful human, and we gotta get you into it. Which I will argue all day long, and that has nothing to do with these individuals. I will argue that till the cows come home.

But I think that from that sort of thought—like, "I am going to withhold pleasure from myself in a variety of ways in order to gain better cognitive function, more focus, more intelligence, to experience pleasure more when I actually do a thing," I think that's where this came from. This sort of, "If I can not—" I mean, and really in the—as far as I can tell, in the NoFap community, it's very clearly, like, "I'm not going to orgasm."

Justin: Yes.

Sydnee: "I am going to withhold that from myself in every way possible, for as long as possible." And some of it I think for some people is tied to a desire to eventually have sex with a partner, and experience... I've seen that in article, quote-unquote "real" sex.

Justin: Yes. The idea being that your drive to do so would maybe be stronger.

Sydnee: And that it will be better.

Justin: Better.

Sydnee: That it will be more pleasurable.

Justin: Right, if you were—

Sydnee: Because you withheld. But then there's also this sort of, like... mainly in the involuntarily celibate community... um, where it is a power within itself, that you are preserving some essential masculine energy. It does start to sound a little testosterone-y, because it's like, you will be

stronger, your biceps will be bigger... you'll be a more... dominant presence in a room.

Justin: So, I think...

Sydnee: [laughs quietly]

Justin: Yeah.

Sydnee: I don't even know what the word—you know what—I mean, you will become alpha?

Justin: Yes.

Sydnee: I think?

Justin: You will become the alpha.

Sydnee: Yes.

Justin: Of the—of the territory.

Sydnee: Right.

Justin: I have a theory about this. And let me know when you know when you want to hear my theory, 'cause I have a theory about this.

Sydnee: I want to hear your theory. That's really all I wanted to talk about with it. There's lots of books and apps and programs you can buy, and like I said, pills. And now I'm getting ads on Facebook for pills that I could take to fix my dopamine.

Justin: I think—okay. So, this is a very quick version. The only missing piece here that I think I, as a former game journalist, can help with here... the dopamine thing was very, very huge in gaming. This idea that dopamine was a stand-in for the source of addictive behaviors that, like—that are very cheap to come by in video games, that are easy to replicate, and manipulative, almost, in a sense. Right?

That idea of the rat hitting the feeder bar, once that dopamine became part of, like, popular imagination, that idea of a rat hitting a feeder bar became very big in gaming, right? Because it's like, people latched onto that idea of dopamine being a chemical that was released when you were playing video games. In a specific way.

And this idea that people who were too, um... spent too much time on video games or were addicted, if you want to use that word, had this, like—it was a dopamine issue, because they were getting such quick hits from it. And nothing else could, like, replicate that, because it is this—it is an electronic tool, right? Almost like vaping is for cigarettes, right? It is an electronic facsimile of that sense of progression or satisfaction, right? You're getting the dopamine without actually doing anything. And of course dopamine here is being utterly misconstrued. Like, because of what you've talked about.

Dopamine is really standing in for the idea of addiction, or mental addiction. You know, addiction to gaming, specifically, here. Right? But I think that that idea of dopamine, amongst people who gamed—which I think there is a huge overlap with the people that you are talking about right now, especially, you know, 10, 15, 20 years ago when they were maybe learning some of these basic fundamentals of science—might have really taken purchase.

This idea that there... I think it is very logical if you look at how much discussion there was in the world of video games about dopamine, and it being, like a way that games would, like, basically addict you. Like, would get you hooked, and that was the problem.

The idea that people would've internalized that and hooked all that to that chemical, for a lot of people that that would take place in the zeitgeist, I think that that might have been a really big contributor, 'cause that was a very big part of the discussion. And I could see that over the years morphing into a sort of self-hatred, where it's like, "All that time I spent playing video games, I was just depleting my stores and desensitizing myself, and that's my problem is I spent too much time there."

I could see them wanting to build that argument.

Sydney: That's such a—I mean, it's unfortunately if that's what grew from that. Because what has to be tied to that is, why is receiving a dopamine surge—and not just dopamine, it's all the other chemicals we talked about—from doing well in a video game... why is that inherently inferior to other things you could do in your life?

And the reason that we would want to think that is productivity. Productivity based on what society wants from you. This is all capitalism again, trying to force upon people what makes your time worthwhile, and what doesn't count as worthwhile time.

Justin: Yeah, but I think that you can also—I agree with that. But I think that you can also have personal, like, things that you would like to achieve with your life, where that does make it difficult if you are getting a sense of satisfaction from something that is not actually nourishing you or people around you.

Sydney: And I think that that is exactly where CBT could be helpful.

Justin: Sure. This is what I'm saying, right? And it's not dopamine, either.

Sydney: No.

Justin: It's what's going on with you that, you know, that you're so dependent on this sensation. And are there, like, healthier ways of getting this feeling that are maybe longer-lasting? Or a little bit more, like, soul-sustaining, I guess?

Sydney: I think that that's a really helpful conversation, and I definitely think that, you know—I mean, there are plenty of studies, if we start looking, especially at, like, younger people, that can correlate social media use with depression.

Justin: Sure, yeah.

Sydney: With negative mental health outcomes. And so the idea that there is a connection between less happiness, or more, you know, chronic illness,

related to some of these things, as opposed to other activities? Absolutely. I agree with all that. Especially when we're talking about youth.

That being said, I think that this idea that depriving yourself of all pleasurable activities will give you...

Justin: Superpowers.

Sydney: I mean, essentially.

Justin: Yeah, right. Yeah.

Sydney: Is a really—I mean, it's false. It is a way to make you feel like you've achieved something when... I just—I would push back against the idea that simply withholding pleasure from yourself, not doing things that you enjoy, would give you superpowers. You know, or that you—the goal of a—like, the way to accomplish something is to not do something.

Justin: Mm-hmm. No, I agree. 100%, yeah. I don't think that that will be... it's certainly not a long-term fix. I think that it's—you know what is tough, though? I do think that our brains—I think we are so overtaxed a lot of the times with our—overstimulated is not quite the right word, here.

But I feel like our senses and our synapses are so taxed, constantly, by being connected digitally a lot. That I think that when you stop, when you take a break like this, it can feel transformative. You know, it can feel like you've discovered a secret, 'cause your brain maybe is, like, quiet for the first time in a long time. And it's like, yeah, there's also something to, like, putting the screen down for a little bit and letting your—and, like, try meditation or running or whatever. There's something positive there, too.

And that's kind of I feel like what they're piggybacking off of, is like, "Hey, you know if you stopped everything that could possibly be unhealthy that you're doing, and then you replace that with running and doing art, that would probably fix stuff for you."

It's like, oh, no kidding?! Yeah, no way! No more salty, sweet, fatty foods, and I'll run all the time, and I'll be, like, ha—like, I'll be feeling good. Like, pfft, thank you, doc! [laughs quietly]

Sydnee: But that's also—I mean, the problem is, everything you just said, yes, I guess it... if we all went for a run...

Justin: Sure.

Sydnee: ... more or less. I mean, you know, exercise, generally speaking, is a healthy activity. Not looking at your phone right before bed we think improves sleep quality. I mean, yes, there's some really basic things here that are absolutely true. I think what's dangerous is one, painting it as "You need to make this gigantic lifestyle overhaul that will be incredibly difficult."

Justin: And it's been a systemic problem for you for years that has been holding you back from your real potential.

Sydnee: I think—'cause one, when you make gigantic—like, if you decide, "I drink too many Diet Doctor Peppers in a day. So what I'm going to do is never drink Diet Doctor Pepper again."

That change, for me, would be incredibly difficult. And statistically, I would be likely to fail. But if I said, "I am going to drink one less every day, to start with," and start from there, I could probably achieve that, right? That will motivate me to continue down that road. And maybe eventually I do get to a point where I never drink a Diet Doctor Pepper again. I don't know why—I don't know why I did that. I mean, they're fine. It's fine. It's not a problem.

Justin: [crosstalk] even hypothetically. Why are on hypotheticals to do that?

Sydnee: But, like, you get my point. I mean, that generally—those sorts of changes, if you're trying to, like... some sort of lifestyle factor, something that you want to change, those are more sustainable and more successful, and can lead to higher quality of life and make you feel good. Trying to punish yourself or create a sense of shame when you do something generally is not as useful, because we aren't rats at a feeder bar. That's the other part of all this.

Justin: Mm-hmm.

Sydnee: And that's why kind of—it gets lumped into these. The fact that you would put all of these behaviors on the same list as, like, addictive substances. I mean, you cannot in the same conversation talk about, you know, playing video games too much, or looking at TikTok too much, or masturbating too much, and also being addicted to methamphetamines.

Justin: You've already lost. You've already lost.

Sydnee: Being addicted to heroin. Being addicted to—I mean, even nicotine, you know? I mean, these are not the same. These are complex, you know, illnesses that require multi-factorial solutions that—I mean, medications and therapy and supportive services.

Justin: [simultaneously] It's everything—it's all of this, it's all the other stuff plus nicotine—yeah, yeah, yeah.

Sydnee: All of the—

Justin: There's behavioral, and chemical, and—yeah.

Sydnee: And societal factors. You know, we have to think about socioeconomics and, like, housing status, and food security. And, I mean, there's so many things that go into these more complex issues. You can't just toss 'em on a list and say, "It's dopamine."

Justin: Right. That's been the—yeah.

Sydnee: Yes. That's my problem. And certainly, there's no evidence that taking these supplements for... I don't even know what they would do to your dopamine. 'Cause I think dopamine's the problem. You certainly shouldn't try to deplete all your dopamine. You couldn't, and if you did, there would be major problems. You shouldn't add extra dopamine, 'cause there could be major problems.

Justin: Just don't mess with it.

Sydney: Unless your doctor tells you to do these things.

Justin: Just don't mess with your dopamine. Okay?

Sydney: Yeah. Dopamine is not the problem. And if you need help reducing a behavior, I would seek professional help. [crosstalk]

Justin: It's me. Hi. I'm the problem.

Sydney: [laughs quietly]

Justin: It's me. Thanks for listening to Sawbones. Do you want to come to Candlelights? You can, on December 6th.

Sydney: You should!

Justin: If you want to come, you should. There's tickets for it. Let me tell you the link, okay? 'Cause I don't want to mess it up. It's bit.ly/candlenights2025. Now, is that true, or not? There's no way of knowing.

Sydney: I hope!

Justin: [Bit.ly/candlenights2025](https://bit.ly/candlenights2025) is... yes, that is the website. [Bit.ly/candlenights2025](https://bit.ly/candlenights2025). Go there. You can get tickets to watch the show, but you can also get a virtual stream ticket to watch the show later. That's included with your live ticket, but you can also get that independently, there.

Sydney: Mm-hmm.

Justin: And all proceeds from that show are gonna go to Harmony House, which, what is that, Sydney?

Sydney: Harmony House is a day shelter here in Huntington for people experiencing homelessness. We provide a variety of services, both, you know, basic like food and showers and clothes and hygiene, and also getting people connected with housing resources to get 'em in apartments, and help

'em with whatever supportive services they need after that. And I'm the doctor there.

Justin: Me too.

Sydney: [laughs quietly]

Justin: That's gonna do it for us. [laughs] So, please come to that. Bit.ly/candlenights 2025. Thanks to The Taxpayers for the use of their song, Medicines, as the intro and outro of our program, and thanks to you for listening. That's gonna do it for us for this week. Until next time, my name is Justin McElroy.

Sydney: I'm Sydney McElroy.

Justin: And, as always, don't drill a hole in your head.

[theme music plays]

[chord]

Maximum Fun.
A worker-owned network...
Of artist-owned shows...
Supported directly by you.