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Dr. Jenkinson (00:01:27):

Dart video. Does that mean we're happening now? Um, well,

Kimberly (<u>00:01:33</u>):

We're happening now? Um, that we don't have to record yet.

Dr. Jenkinson (<u>00:01:41</u>):

How's everything. How's the sound and all of that sort of thing. You sound great. You're very kind. I haven't said anything yet, but at least the sound is good. That's good. Yeah. Sure. So what do I need to know? Anything? How long are we going to go for an hour?

Kimberly (<u>00:02:07</u>): Is that okay for you?

Dr. Jenkinson (<u>00:02:09</u>): Perfect. It's a good start. Yeah.

Kimberly (<u>00:02:15</u>):

Other than that, um, the people listening are a lot of people, birth workers, body workers, sematic therapists, practitioners, mothers is kind of the, the majority of the listeners.

Dr. Jenkinson (<u>00:02:35</u>):

The first word you said was earth workers. But I, now I realize what you said, but earth workers too. Probably.

Kimberly (<u>00:02:41</u>):

Yes. Yes. Aspiring aspiring earth workers, definitely birth workers, perspiring earth workers too.

Dr. Jenkinson (<u>00:02:53</u>):

Well. Okay. I believe I'm ready to go. If you're ready to go,

Kimberly (<u>00:02:57</u>):

I'm ready. I'm gonna introduce the podcast then I'll introduce you. Then we'll talk, then we'll finish. And when we finish out, stop recording, but I won't hang up on you so we can say a proper goodbye and then that will be it for today. Thank you. You're welcome. Welcome to the sex birth trauma podcast, where we ask the big questions about things that really matter most in our times, we talk about sex, birth and motherhood, womanhood, relationships, intimacy, and power. The common thread is embodiments and all the ways that we can become more human and more humane to love more and to love better. I'm Kimberly Ann Johnson. And I'm so happy that you're here today. I have a very special guest. Stephen Jenkinson is a cultural activist author teacher, and ceremonialist, he's the creator and principal instructor of the orphan wisdom school, uh, recently released albums, traveling musician. Um, I am so happy to have you here with us today. There's so many directions that we could go. Um, I've listened to. I mentioned in the email I've been reading die well, but for me, that's a, it's a daily thing. It's not a cover to cover type project. Um, but I think I want to start with troubled times. I think there's a

sense that there's a lot of existential angst, but people also questioning well, are these times really that troubled? Is it really worse now than it's ever been? And, um, how we might think about that?

Dr. Jenkinson (<u>00:04:56</u>):

It is okay. Just once we got to a real technical problem, I don't know if it's showing on your end, but, uh, I missed probably a third of what you said in that first net first formulation. And we got a, quite a delay now, too. So Natalie's going to come in and twist a few things and we'll, we'll start again in a minute. Okay. All right. I don't know what's going on, but it's not atypical out here in the country, Kimberly.

Kimberly (00:05:23):

Hi. Um, I'm going to, hopefully I won't lose you here. Okay. I don't know why that's doing that today. Okay. This might help.

Dr. Jenkinson (<u>00:05:46</u>):

I think, can

Speaker 3 (00:05:49):

You just have a back and forth with each other now to see you, sir, this

Dr. Jenkinson (<u>00:05:53</u>):

Is where we're supposed to talk about what we have for breakfast. That's the best way to do this.

Kimberly (00:05:56):

Okay. I had pancakes so sustainable. I wish I did too. I learned how to, when I lived in Brazil, I learned how to make pancakes with hardly any ingredients, like just three ingredients. So it's, it's lasted the recipe. What did you have?

Dr. Jenkinson (<u>00:06:20</u>):

I don't think I had anything at all. Uh, I had, I had a green matcha drink that put me over the edge. That's what I did.

Kimberly (<u>00:06:28</u>):

What kind of edge?

Dr. Jenkinson (<u>00:06:30</u>):

The too strong, you know, first thing in the morning. And sometimes I forget, I get the proportions wrong. Then I add a little bit of our own maple syrup and that now I'm hysterical. What do you do when you're, this is Jericho. You'll see

Kimberly (00:06:52):

If I can't get a word in edgewise all up.

Dr. Jenkinson (<u>00:06:57</u>):

We're writing and say what another dominant guy. That's his problem. He just,

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Kimberly (<u>00:07:04</u>):

He was chemically enhanced. It was Asian. It's hard to be uncalculated in a caffeinated world. I'll tell you that much.

Dr. Jenkinson (<u>00:07:14</u>):

I believe we're a hooked up. And ready to roll again? Take two.

Kimberly (<u>00:07:18</u>):

Okay. So sorry about that. Oh, that's okay. Uh, can I see your face, Natalie? I just saw her eye, the edge of her eye. Oh yeah. Hi, thank you. All right. So, um, I work with women in trauma, specifically birth trauma, sexual boundary violations, preparing for birth, recovering from birth and just trauma in general, which is, as you've mentioned in one ear talks big business these days. Um, and what I'm seeing is that there's when I worked a lot with postpartum, it was obvious to me that, and my own postpartum experience, that what I was experiencing was a lot less personal than it was collective and cultural. And I feel that a lot of people are waking up to that right now, especially with the pandemic. And I've heard you call these troubled times, but I don't know that everyone would agree with that. I think some people would say, well, are these more troubled than any other time? So I thought we could start there with what makes these times different.

Dr. Jenkinson (00:08:31):

I mean, the first observation to make is let's just agree with the naysayers for the moment and say, okay, nothing particularly unusual about this time. I mean, the plague is, I mean, that's not an easy thing to normalize. It's not like you can look across X hundred years and say, yeah, you know, plague is part of the deal. Um, 19, 19, his last time. And before that, we don't know. And then there's the middle ages and then in the black plague and so on, but let's, let's just go with them and say business as usual, what have we achieved by normalizing a plague? And the times we find ourselves in, do we feel automatically more enabled as a consequence of saying, there's nothing about our misery, that's unusual. I don't think we achieve anything at all. And there's no need to, to, uh, sort of hyper specialize the time that we're in, but I'm fairly sure that my mother, where she's still alive would recognize very little of what we claimed the whole deer and the way we do it would recognize very little in, in what we seem to fear and, and do it.

Dr. Jenkinson (00:09:50):

So, so I'm going to go on the limited human memory, not the track record, the limited human memory of, um, the number of generations that might be alive right now and go out on a limb and say, the times are particularly troubled, more troubled. Doesn't matter. Particularly troubled, no question whatsoever. That's what troubles are there particulars, right? That's the first thing. And then the next consideration would be what makes us, I mean, you and I are of different demographics ages and so on. What makes us, um, citizens, not of our countries so much as of our, of our demographics. What makes us a cohort, if you will. My answer would be this you're the, the particular spirit work is the term. I've come to refer to it as a kind of citizenship level obligation to the world spirit work. And the nature of our spirit work is not dictated by our preferences, our inclinations, our identities fluid or otherwise.

Dr. Jenkinson (00:11:04):

I think our principal spirit work is a response to the troubles of the times, not freedom from the troubles. The times freedom from these kinds of troubles is truancy, not freedom, right? So I think our obligations don't come from our personal inclinations nearly as much as they come from the, the tatters and the sorrows and the troubles and the torments and the traumas and the, uh, the, the, the terrific mystery of the time. That's where our marching orders come from. Our great task is to translate from the, the trouble that we find ourselves in that we've inherited from generations past that we're about to pass on to generations to come. And that work of translation is the principle spirit work. And that to my mind is what constitutes wisdom, wisdom after all is not, is distinguishable from prejudice. Let me put it this way in the following fashion, uh, prejudice almost by definition, uh, is an effortless activity.

Dr. Jenkinson (00:12:18):

You come by your prejudices more or less involuntarily. That means you inherit them. And generally speaking, the world gives you plenty of reason to go with your prejudices and not wonder about them too much. That's a very potentially dark thing to consider that the world is so in its conditions is so encouraging of your prejudices, that you could almost be forgiven for being unconscious about them almost get you certainly could be understood wisdom on the other hand takes tremendous amount of labor, almost on a daily basis to maintain it and sustain it, to keep it in view and to translate it constantly into what direct action, um, activism could be. So I think the willingness to think of your times as particular doesn't make you special, it just outlines or makes lucid and, and, um, available what the times are pleading for more or less quietly subtly, right? It's our spirit work is our response to the world, not our feeling tone about the world. That's the distinction I'd make

Kimberly (<u>00:13:40</u>):

A lot of the worlds that I'm in are a lot about personal health, um, adjacent to biohacking, adjacent to, um, you know, I, myself was a yoga practitioner for a long time. And in these current times, I've really had to unwind some sense of purity that I didn't realize was involved in how I was relating to my own health, specifically with the vaccine, because I've been a sort of radical non-interventionist, um, very anti-Western medicine. And I had to come to terms with the fact that I was being a fundamentalist against fundamentalism.

Dr. Jenkinson (00:14:26):

That's very brave of you to come to the conclusion also absolutely mandatory and a responsible thing to do. In fact, your last formulation is, sounds very familiar to me because those are the ones I tend to come up with without a lot of allies around the notion that you could be a fundamentalist or a Puritan regarding your own fundamentalism. That's the prejudice was no, that's, that's an example of the prejudicial orientation that I was talking about. Think of conspiracy, conspiracy manias, right? Are they groundless? Of course not. Of course they're not groundless. So then what, well, the last thing a conspiracy theorist does is imagine that their conspiracy theories are conspiratorial too, right? Is everybody considered? I don't think so, although that would be a conspiracy well, well, so the notion that somehow somebody is calling the shots right in, in an office somewhere and making everything happen and reaping the rewards and flying to Mars when they feel like it and all that sort of thing.

Dr. Jenkinson (<u>00:15:40</u>):

This is a, this is dystopic, obviously extreme. And it's, uh, the notion is that somehow the rest of us are hapless dupes, you know, at the hands of these half dozen, uh, late middle-aged cranks who are making the whole thing work that does two things, it gets off the meat hook of social obligation and lucidity.

Most of the world's populations, we get a pass by virtue of being victims. Right? The other thing it does is turns us loose into the insane pasture of personal preference, personal orientation, personal experience, personal growth, and a personal truth. And there's nothing harder on the notion of received tradition or any kind of wisdom, by example, than the idea that everything breaks down, according to what you want, who you are, how you feel, what you need and so forth. Yeah. So I, I am deeply concerned that your children's generation will be aired to the notion that they are certainly free to make up their mind about anything and everything, and that they have the capacity to do so, and that they have the obligation to do so.

Dr. Jenkinson (00:17:05):

This will be a kind of fascistic, formless, uh, anti heredity, uh, inheritance anti-cultural inheritance where their obligation is to question everything except that the mania of challenging everything rarely gets challenged. And so I'll just give you, uh, a little example that comes from my late teenage age years. So I was a, what, 1617 around 19 68, 69 in those period. And, you know, I, I very distinctly remember what you might've heard referred to as the sixties, right. I w I, there and I was fairly young, but I wasn't so young that it was lost on me and I wasn't so old that I had to claim a position and defend it against all comers. I was somehow mostly mystified and observing.

Dr. Jenkinson (00:18:07):

And one of the things that I remember hearing over and over and over again, was the heavy use of the term relevant. That's what everything had to be relevant. The school curriculum had to be relevant, right? The political agenda had to be relevant, uh, everything in between, right? How you conducted yourself, what you talked about, you get the idea. So the question then becomes you understand that the word relevant is a relative term. It's not a universal term by any stretch, nor would there be anything like universal agreement about what relevance would be, right. Number one, number two, relevant to what, or more specifically to whom. And you've probably guessed the answer relevant to 17 year olds, right? So then you got to say to yourself, wait a second, what kind of an arrangement would it be if the whole thing were orchestrated around, let's use the word appealing to rather than relevant to, because that's how you obtain the checkmark box on relevance is appeal, right?

Dr. Jenkinson (00:19:15):

What would it look like if the whole arrangement was torked in the direction of pleasing, appealing to an otherwise buying and selling 17? Year-olds my answer would be look around baby, because that's the time we're in now. That's how long it took to happen. It was a joke when I was 17 or 18, it was, it was an indefensible self-absorption of that generation to assume that everything had to be directed towards them. Now, everything is it's bypassing people at my age, of course, completely and all, but bypassing people of your age. And it's got its sites dead on your kids right there in the cross hairs, not just consumer culture wise at a much more fundamental level. So, so will that. So it's a grim realization when you establish the buying power of a 17 year old, who he doesn't even have their own money for God's sake, but nevermind that, that most of the money's being spent through that demographic now, and everything is articulated to compel them to the next bright, shiny thing.

Dr. Jenkinson (00:20:33):

Right? And they're on the receiving end of hype about the version 12.6 of every godforsaken, trinket, and device, and an IP as not this kind, this kind. And, um, at some level they don't stand a chance of coming out. The other side of that self absorption. That sense of self-importance because I think both of

us can guess what's inside. It it's as hollow as it's possible to be because soon enough, the passage of time will, will cause the marketers to cast you aside, you will no longer be the most important demographic on the scene, and you will not receive any notice about that. You'll simply be, you know, on the pile of former somethings. Yeah. That's, that's literally, what's coming without a major course, correction in our understanding what's relevant. What's important how to get there and to whom does do the responsibilities fall.

Kimberly (<u>00:21:46</u>):

I know better than to ask you the question, what should we do? Uh, but what you're saying is exactly how my daughter actually, it's how she spoke. About three years ago, she just turned 14. Um, but maybe two years ago it was, everything is a social construct. Um, this is a social construct. That's a social contract, everything's a social construct. Now she calls herself generation Z for zoom, but she doesn't, she's not into social media. Um, she's sort of, it's, everybody's kind of distancing themselves from millennials. So, um, she distances herself from that, but for sure, um, there's a lot of uncertainty insecurity about the future and, and continually bringing it to me. Well, what am I supposed to do about this? You made the world this way. This is the world I have. And now what am I supposed to do?

Kimberly (<u>00:22:52</u>):

And so much confusion to see. I live in Southern California. And, um, it's kind of LA LA land around here, honestly, it's, it's, you know, not that much as different in the pandemic, not that many people's financial lives have changed that much. Not that many people have lost people. I started out in New York, so I really had a different experience and I have family in Brazil. So a lot of my family and friends lost people there. Um, but I can see, and I, and I feel that it's this dissonance of a report reported losses versus experienced losses, reported changes versus experienced,

Dr. Jenkinson (00:23:35):

Right. Body counts versus looking somebody in the eye who's as fixating of the plague. Yeah. Yeah. Well, I, the first thing I'd suggest and your daughter right daughter's direction is that she's not worried about the future. She may say she is, but her sense of hollow gutted possibility is in the present. It's now that she's most freaked out about it's not the future, right? Because even torments about the future are happening now, they're not in the future tense. There is no future to occupy. And I don't mean that nihilistic plea. I mean, it existentially we have no capacity to occupy the future, which by definition is the not yet. And therefore by definition, isn't here, right. There is the past, which is surely here, there is the present through which everything's is like the eye of a needle funneled through more of a portal than a time.

Dr. Jenkinson (<u>00:24:43</u>):

And that's it. There's no such thing as the future. The only time it comes around is when it's the present, right? Otherwise it's a rumor and a, to some extent, a tumor, you might say, that's the first thing. And, um, you know, we D I did a record with a partner of mine. Well, we've done three, but one of them I'd strongly recommend to you a track from the last record called rough gods. It's a piece called fate. And it's a meditation that is directed squarely at your daughter's accusations that she leveled at you squarely. Right? And it takes us is refrain. Hey, what time is it? That's actually how it begins. What time is it? Well, it's the Anthropocene baby. That's what they're calling it. That means we're the center of everything. That means wherever we go, there we are. We can't get away from us.

Dr. Jenkinson (00:25:42):

That's what time it is. That's how it starts. It's amazing. I can remember that we recorded it more than a year ago. The reason I'm mentioning it to you is it's actually takes as its point of departure, the etymology of the word, fate, kids, your kids age, find it handy to have someone to blame for the future. They think was stolen from them. Now, if it was stolen, it must be somewhere. It must be in the hands of the thieves or in the bank accounts of the thieves. Somehow the thieves must have what they stole from you. Number one, number two, you must have had it in order for the thieves to steal it from you.

Dr. Jenkinson (00:26:30):

So when you think about it for a second, you realize, well, just at the fundamental level of experience, none of that's true. You never had the future you think was taken from, from you, right? So fate, the word we know what it means today, we are taken, I am taken to be the fate of your generation. You are the fate of your kids' generation. Let's put it this way simply, which is to say, we are the forgone conclusion of what's to become a view by virtue of how poorly we behaved your opportunities are meager and minor and miserable. And the same thing your daughter could be saying to you, some, some version of the same thing. So we are their fate, if you will, their foreclosure of their possibilities, but the word fate never meant that until very, very recently. What it meant etymologically is more valuable than what it means.

Dr. Jenkinson (00:27:27):

Now. Etymologically the word. Fate comes from the Latin word for the verb to speak. Okay. So literally fate was what the gods had said. And what the God said said is, is what we mean by gravity and physics and chemistry and astronomy, and a number of the givens that constitute the physical world, the natural world, the world that we're on the receiving end of. Okay. That's what the gods have said. It forecloses, not at all up on the second half, the, the nuanced second average goes like this. Now that the gods have spoken, what shall you do? See that's still up for grabs. In fact, there's more obligation, descending upon the people who are operating in the presence of that fate than they suspect there is because the gods have spoken. We have an obligation to do two things here and respond. And we do that every day. Usually by default, usually through if I can use the phrase sins of omission, not sins of commission. Yeah. So, so this one might be you, you might find the listening of that piece, um, worthwhile as a parenting exercise. Yes. Yeah.

Kimberly (00:29:16):

Hmm. It's different to have these ideas about, you know, your personal mission and your personal health and your personal wishlist, your bucket list, and to know intellectually about interconnection and to know intellectually that we're, I think everyone would share the viewpoint that we're interconnected. It's another thing altogether to try to out how one might live to reflect that inner connection. And what I see is a lot of grasping in my, in my worlds. Um, things that I think people are hoping are quick, quicker, like, um, I can't think of the word, like, uh, like something that's going to accelerate the process psychedelics, um, something that's gonna give you some kind of way to get through your personal suffering or just an endless quest of purification, or it almost as if it's an exorcism or something

Dr. Jenkinson (<u>00:30:20</u>):

You're on the money. It's all true. Sadly, all true, by the way, apropos of bucket-list. Um, if you, if you know, the phrase comes from a film, not a great film I should mentioned, and the phrase is entered the, the sort of cultural lexicon independent of the film. But if you, if you look for five seconds at the view of

life, that's incorporated into the phrase bucket list, it actually should be called something that rhymes with bucket list. Yeah. That's the real feeling tone regarding many things of this world, including the fixed end point, which is what the films typically about. It's about two older guys trying to quote unquote, prepare for dying. One of them refuses to, and the other one watches him refuse to. And, uh, anyway, you know, here's the thought to think, where does your personal health come from? So on this matter, I take some direction from Carl Young who made the observation towards the end of his very long life. He said, if I'm ever forced to choose, and oftentimes I am, I'd rather be whole, then be good.

Dr. Jenkinson (<u>00:31:41</u>):

This is a beautiful and brave distinction to make, particularly in it. It's more important to hear that now than it was when he said it, I think in the sixties perhaps, or the fifties. And here's what I mean by that. He's asking us to reconsider what being good means and where it comes from, because he's proposing that it's an ability. You see the ability to be good. The skillfulness that translates into goodness, if you will. So it's not really, you can tell already from his observation that it's not a, it's not a, a temperature of your character. It's not an indwelling, uh, possession of yours being good. It's actually extremely volatile. And not that reliable, he's saying, and he's saying it comes from elsewhere. If you were to do this straw poll as follows with people that you work with each day, see ask them, um, where did they think their ability to be good comes from?

Dr. Jenkinson (00:32:49):

If you listen to carefully to the answers I'll will bet anything. Most of them com as a form of default, that is if you control adequately your bad self people probably wouldn't use the language, but you understand what I mean. If you control your dark side, your shadow, your gnarly bits, your, you know, and all of that sort of thing, you're traumatized thing. And all that, uh, the chances of you being good are greatly enhanced, or they may get clever with you. So what do you mean by good and all that stuff you just say, well, what do you mean by good? Just stick with them. The question that don't be a lawyer about it. All right. So get them to comply long enough so that they can hear themselves in the act of backing into the answer instead of ever having really considered it deeply.

Dr. Jenkinson (00:33:39):

So yeah, your ability to be good comes from not being bad. A lot of the time, that's the general consensus from what I've heard and seen over the years and young is offering us a different take, which is a much more compelling one to me. And it's this being good is a consequence of something, not a cost. It's a consequence of your ability to have nurtured the capacity to be whole and whole means everything doesn't mean good doesn't mean purified. It doesn't mean enough. Iowasca long enough. It means everything. Everything contributes to your ability to be good, including guess what? All the stuff that it doesn't translate readily easily or at all into goodness, without that stuff, you're not good. You're just a two dimensional representation of a certain transient notion of getting away with stuff that seems to offend nobody that's that appears as goodness.

Dr. Jenkinson (00:34:47):

You see. So, so I think he was immensely onto something with this thing and the, the equivalent, um, microbially would be this. Where does your health come from? I propose vaccines and all the rest right now. Where does your health come from? Well, it comes from staying away from people. This is an understandable answer these days. It doesn't happen to be true though. You may remain plague free, okay. In terms of infection, but that's not being healthy, healthy. I think we could reasonably say is a

condition of wholeness, right? And your health derives from that part of your body that contends with what would undo its health. And that's the, oh, I can't think of the term. Now the homeopathic understanding of illness is it not as, as little as I understand it. And so you can extrapolate from the microbial world and, and come with a following understanding.

Dr. Jenkinson (00:35:56):

There was a German philosopher in the 18 hundreds, I think who wrote something like this? My aim in my life is to live in such a way as not to be a stranger, to anything that's human, that nothing human would be foreign to me. Okay. So this is the wholeness. This is the recipe for wholeness. Really. It's not a recipe for happiness or remove or austerity, right. Or feeling good about yourself. It's a recipe for wholeness. And a whole person has a lot to contend with. And whole person is not a fascist is not a Puritan is not an idea. Log a whole person fundamentally understands that his or her psychic health is the consequence of attending, uh, meaningfully and nationally, but also compassionately with one's fellows. Many of whom would not share this understanding of wholeness or even value it in any particular way.

Dr. Jenkinson (00:37:04):

Hence the idea that, um, I'm not responsible for your health and therefore for your health decisions, you're on your own baby, all that sort of thing, right? There's no compassion in that. There's no sense of citizenship about it. It's another puritanical way of engineering, a kind of false freedom sensibility that you have, that you can act independent of any concern of the consequences of others. So I'm going on here for a moment. I hope that's all right. I'll stop in a second. I'm thinking now about, um, shoot, I apologize. And a completed what I was going to say. Um, okay. Let's uh, let's imagine it'll come to me. Um, so the thing that's most troubling is the inclination to imagine the differences between us principally as problems to solve, right. That and the alternative reality, the opposite reality, the binary opposite reality is as troubling to me, which is that we all, all we are is our uniqueness, our bright shining singularity, our lonely making ascetic, you know, remote atomic remoteness.

Dr. Jenkinson (<u>00:38:32</u>):

That's the dark side of the same vision, right? You are, I humbly submit incapable and properly. So of generating the meaning of your world and your life. You are on the receiving end of that meaning. And it there's a kind of mandatory spiritual humility. It seems to me that the world asks of us to regard everything that's not as contributing to what makes us us. And you could say this version and your version of being somebody is a very transient moment, right? It's a, it's almost a blip. It's what contributes to what lends itself to it that we temporarily borrow, but most often steal and cobble enough of that stuff together and call us, call it a self when you die. And I saw a lot of this when you die, you can be guaranteed of one thing that you may scramble towards the end of your life to establish a kind of authoritative or an authorized version of your life.

Dr. Jenkinson (<u>00:39:51</u>):

You may write it down down, you may dictate it to an a, on a computer or something. You may gather people around you and kind of, uh, foment all kinds of goofy life wisdom. You know, that you think you're now magically in, in, in command of now that you're dying, et cetera, et cetera. But here's the thing. We have a thing called awake, right? And it's interesting that it's the way I said it. You could have heard me say, we have a wake two words, or we have one word awake. It's exactly virtually the same word, because it comes at them logically from the same place what's awake as an event after death. It's

the event that is spawned by virtue of your departure from among us. And do you know, there are people my age, many of whom are concentrated in your part of the world who insist on quote being at their own way, right?

Dr. Jenkinson (00:40:48):

This is the latest boomer entitlement. It's just, it's unthinkably McCobb to me, that people could imagine they could be there and it would be awake, honey, that's not awake. That's another freaking party. Oh. And you can pretend that you're making people talk about you, but they're only talking about you as if you're there. And the real stuff happens when you're not, when you're utterly and completely gone from among us. That's when we start talking about you in a completely different way. And that's when the meaning of your life begins to be assembled. So it's not yours to assemble. If you're there, you're a fascist and you're refusing to entrust the meaning of your life to others, which is what a community minded village minded person is not only capable of, but actually owes his or her neighbors and fellows. And so on to release the death grip on the meaning of your life long enough to include the other people who not very secretly are the principle architects of the meaning of your days. And the meaning is a consequence of your, what do they call that a legacy, your legacy. You don't get to know it's not supposed to be yours. It's a consequence of your death, you know, and PS. So I'm reading a book years ago called we've had a hundred years of psychotherapy in the world's getting worse.

Speaker 4 (00:42:26):

That's an amazing book. I strongly recommend it, true observation too, in the title,

Dr. Jenkinson (00:42:35):

But it's a conversation between two, two men. And one of them says to the other, uh, you know, love is a very funny place to go to for safety. And the other one says a very funny place to go through for safety and then begins a long diatribe about, so you come to this arrangement vulnerable and glad to be vulnerable, et cetera, et cetera, as if this has the makings of safety, personal safety or any kind of psychological safety or what. And the other one says, you know, I've been thinking that you're never really, um, how did you put it? You could, the, the observation that he fundamentally fundamentally made was you can always, they're the two men talking, so you can always leave a wife. You can never leave an ex wife. What does that mean? It means that once the X has happened, right, then there's a period at the end of the sentence called the marriage.

Dr. Jenkinson (00:43:38):

And once that's taken place, there is no future. There is not even a presence to the marriage. There is a past to it. It's in the record books. If you will, it's there now. And it's there to be reflected upon yes, perhaps, but not to be successfully distanced from, and you will be an ex-post and the other person will be an expos. And this is now part of your identity. You didn't choose it, but it doesn't matter. You see, so there's a certain, I don't know what you would call it a certain, uh, faithfulness to life and being willing to recognize that there's certain things about life, many of them that you do not get a choice about, or you could say your only fundamental choices, will you be authentically faithful to these things, or will you be truant? And self-absorbed in respect to these things. And that's what being an ex-post gives you practice at. So, wow. That's not part of my identity. Oh, honey. At my, be their principle aspect of your identity for the foreseeable and the life choices that you make, including future spouse selection will come directly from your ex spouse status. She said, it's amazing. No, not very freeing, but very compelling and recognizably. True.

Kimberly (<u>00:45:08</u>):

Well, I find a lot of when I'm listening to you talk, it's like sobering and there, I mean, I guess it's some kind of grief in recognition of the absence of sobriety or even the desire for sobriety in the, in the world. I mean, it's thrown me into a lot of questions even about my business and about, you know, how I, how I speak to people about what I do. Right? Because marketing language is all about, like, I can do something for you. I can take you somewhere. You'll be better than, I mean, nobody like now I'm going to have to be like, so let's hang out together a little bit. And maybe it's maybe, maybe it'll be good.

Dr. Jenkinson (<u>00:45:59</u>):

And maybe, and maybe it will be good in a way I can't imagine, but the odds aren't great. Okay. Because, because the is present. I mean, it's, it's for real. Right. Okay. So, um, this is a very compelling confession that you've just acknowledged here and I do appreciate it. So for what it's worth, not that long ago, uh, someone's in touch with me. I continued to be the deaf guy in a lot of people's minds. Right. It's like, that's my, she loves you. Yeah, yeah, yeah. I can't get away from it. Okay. So it's just a way

Kimberly (<u>00:46:36</u>):

Or call you someone who's dying,

Dr. Jenkinson (<u>00:46:39</u>):

Right. Or both, and then weigh them

Speaker 4 (00:46:40):

Out. You know, I will suffer. I will suffer by comparison

Dr. Jenkinson (<u>00:46:48</u>):

Anyway. So the woman, she writes me a very short note and it goes like this. So my father's dying and we've had a pretty good relationship. I'm the principal caregiver. Now I've read day wise. I want to give my father, this is the term she used a die wise. Yeah. Uh, die wise brand death, let's say. And, but the problem is this. He won't talk to me about this every time we talk about it, just the door's closed and that's it. And he's probably going to die that way. So my question is, how can I give him the die waste treatment, if you will. And at the same time, I respect his wishes as my father. That's the question here was my answer to words you can't.

Dr. Jenkinson (<u>00:47:39</u>):

I said a little more than that, but the gist of it was here's why you can't because you backed yourself into a corner. When you use the term respect his wishes, you see, here's a guy who's dying, refusing to die. Here's a guy who's allowing whatever vocabulary he, a master in the course of his life to wither and blow away in a kind of bizarre, pseudo monastic silence. It's full of dread and torment and a kind of austerity that no one would wish for themselves or somebody they care about. And he's doing so in the presence of one of the kids that he brought into this world for God's sake as if he has the right to die this way. Because as a north American, it's his death, okay, well, as an American bull, I'm saying it's not his death. It's not his death to do it as he sees fit.

Dr. Jenkinson (<u>00:48:34</u>):

And here's why the consequences of the way he's dying, will any of them accrue to him? Will he have to live out one consequence that he puts into motion by his bizarre and self-absorbed silence. And the answer is not one who will have to live them out. She will. And that her kids, if she had any and on it goes, you see, so the ripples don't are not, are not centered around the person who's dying. They emanate from them. So your active dying is your last act of citizenship. It's your last act of parenting. If that's what you are. And he had an obligation to father this woman, then at that time, and you don't father somebody by refusing to engage them at the level of talking about what's becoming a view and your fears about it. That's his problem. Her problem is that she thinks that the only way that she can pull it off is that she bows to his wretched example and somehow insinuates quote my stuff into the mix, which is inconceivable, and it's not going to happen.

Dr. Jenkinson (00:49:47):

Right? So, so that's, that's my response to you observing your job description and your revamp of your website, perhaps, or whatever, whatever it's form it's going to take, because you realize you cannot be in the customer satisfaction business in a crazy time. You, can't not a good conscience, not with any kind of moral authority or efficacy. Can you, why not? Well, where do you think the craziness is? Is it just in the structure, right? Is it just in the air? Are there no crazy people? There's just crazy social structures. Come on now. You know, at the very least there's an ongoing interactivity doing social structure and the way people have come to themselves, the decisions they've made and failed to make and all the rest, okay. Assume some adult responsibility for the degree of craziness, from the culture that you have absorbed or failed to make decisions about. And then imagine yourself in the position of paying somebody to hold your feet to the fire of your truancy on the matter. And that's what real quote therapy actually is. From my point of view, the word therapy is the Greek word to cure. Okay. So if you're going to be a therapist of some description, then you require a malady. You don't require an idea of generic. Self-improvement that's not a malady. Although I would say the preoccupation with self is a terrific melody, maybe the principal melody of the times.

Dr. Jenkinson (<u>00:51:33</u>):

So congratulations on your torment. Thank you.

Kimberly (<u>00:51:40</u>):

I am curious about, I mean, we can, we can talk about social media, but it's, to me it's more like, how did we arrive at this time where the self is enthroned to the extent that then social media would become a generator for that, uh, just relentless dis as if we don't exist without both reporting what we do. But also I've noticed that, of course, this has something to do also with the, the, the distancing, but it's almost as if people feel like something hasn't happened, if it hasn't been reported or seen. For sure.

Dr. Jenkinson (<u>00:52:28</u>):

In fact, they haven't happened, not just something, but fundamentally, if you're not a witness to all the something's happening, you yourself haven't happened either. Right? Well, first of all, hippie parents have a lot to answer for, okay. The notion that your principle active parenting is to validate whatever goofiness comes out of your child and to do this ongoing and into the child's teens and twenties, and imagine that positive. What is it? Unconditional positive regard is the principal vector of sanity in this world. Well, here we are. We have at least a generation and a half post hippie parent. And here we are, I'm not saying this is a direct parallel in terms of cause and effect, but you know, your question was, how do we get here? So that's one, another aspect is the demonstrable and tragic paucity of elderhood as an

ongoing social institution and function, because that would be a major check and balance on the regime of self absorption, right?

Dr. Jenkinson (00:53:41):

Because elders are not people or character types or personality profiles. Elders fundamentally are, uh, a functionary of the culture employed by the culture deployed by the culture articulated mandated by the culture. They're not self anointed, geezers, you know, looking to people your age for some kind of positive, an instant affirmation of the fact that they're still around being still around, makes you a piece of furniture. It doesn't make you necessarily, right. It's not necessarily a sign, especially today, you know, during, into your eighties and nineties is not a sign that you got it right. They just bypassed so many things surgically and, and, and all the restaurant. Eventually, it's going to get to a point where, um, you know, they're going to have a kind of anti-death serum. I don't think this is a science fiction, a tall anti-death serum. Um, and it'll be the same guys who were just in space, not literally those guys, but that, that ILC will make this available.

Dr. Jenkinson (00:54:51):

And the consequence will be that a quote, as they will say it in their advertising, you won't have to die. You won't have to submit yourself to the indignities of a permanent failure to thrive. I would say you take that serum. You won't be able to die. And there's a world of difference between not having to and not being able to, because I'm understanding death to be one of the great acts of your humanity and your understanding, not you personally, I mean this, the foil I'm speaking against and the other, and that, that foil would understand death to be an insult to your humanity rather than it, perhaps its fullest incarnation. See. So what happens in who will these people be, who aren't able to die, who have found a way to subvert and short circuit, the fundamental realities of limitation that were the visitation of our humanity in the first place, there'll be many things, but they won't be human and that's coming. That's another order. That's another kind of life form that is Frankensteinian Frankensteinian, I guess you'd say. So I'm a bit lost in the green matcha now and a little overamped, but I think

Kimberly (00:56:15):

That, um, I've been talking about this in terms of homeless sapiens. And I say, I like being the homosapien. Um, but it seems like something else is happening because women are having harder and harder times giving birth, um, even calling someone, a woman giving birth now as a contested contested term, right? Like if female and male even exists. So it, within the birth world, um, pregnant people is more inclusive than saying pregnant woman. Um, there's all kinds of ways that it feels like we're having fundamental mammalian problems with just being a homosapiens, right?

Dr. Jenkinson (<u>00:57:03</u>):

None of which are mammalian problems. They don't come with the territory. They come with the failure to occupy the obligations and responsibilities of a citizen of the territory. Just so we're clear where, you know, where the fundamental problem lies. The fundamental problem does not lie in the fact that as a, as a mammal and as a homosapien, we are destined to inherit a certain degree of craziness from our surroundings. And we're destined to inherit more subtly, a scheme of sanity, but the sanity part we have to work at and the craziness part we don't. So the willingness to work has been an early casualty of the me first movement of the me, instead of everything else, movement. I have no obligation to work in order to be me. I might have to work to maintain me, but not to be me, or I would say that's a full-time job trying to be yourself.

Dr. Jenkinson (00:58:15):

And generally speaking, you use other people as a way of making sure you don't have to be them. Right. And so having a self in this day and age is a default. It's a kind of an empty paper lantern with no light inside. It's a, it's an allegation that can't really be sustained. You know? So it's not surprising what you're telling me. Um, it's, it's a kind of, uh, to use a Freudian term, a repetition compulsion. That means an involuntary reiteration, constant reiteration of, uh, I am so unique. I can barely stand it. You know, I'm so unlike you that the likelihood of our engagement is so remote and so unnecessary, right? You have an obligation to recognize and, and obey the blistering solitude, which is my own true self.

Dr. Jenkinson (00:59:18):

And then you put enough of those own true selves together. Do you get a community? You do not get a community. You get a collection of solitudes, which is like the worst attributes of a honeymoon writ large, you know, across many years. It's, uh, at the end of the day, there's a sadness about, okay, I'll say a different, I, I wrote a book, uh, it hasn't come out yet. And it may not about matrimony. And the origin of the book, uh, was actually part two parts, one, a lot of people, your age and younger were coming to me and women in particular younger women who are asking me whether or not they should be having kids. And I'm there. I'm sure this is not news to you. And, uh, and they were in a moral quandary that was exceptional and relentless and unforgiving and implacable and, uh, impossible to sort through and all of that.

Dr. Jenkinson (01:00:23):

And a lot of the moral dilemmas were deeply understandable. And then there were horribly confounded with the idea that, you know, personal rights and freedoms, uh, are, is the moral order of the day, right? My personal entitlement to conduct my little life, the way I see fit and so on like that. So I'm writing this book and then very early on, it hit me. You use the term in not inclusive earlier when you're talking about the phrase for pregnant people or whatever it is. So how about this? Have you ever been at an ceremony or heard tell of a ceremony where the people present were invited into the, or anyone present was invited into the holy state of patrimony?

Dr. Jenkinson (01:01:15):

I know that the answer is no, of course not. Why not? I mean, inclusive is inclusive, right? Is it, isn't it inclusivity for its own sake? Which of course is a blowing apart of the capacity to distinguish as how it really functions. Right. It shames, discernment. That's what inclusivity does. Yeah. It's, that's, it's, it's cover story is including, nobody's been welcomed into the holy Strait of patrimony, because anything that begins with P a T R I is not holy by definition now that's number one. Here's number two. True story really happened. I don't know how much time we got here. Okay. So, so I'm teaching a portion, a particular class in my school and it's happening on the west coast. And, uh, that morning I made the fatal error I've never done before, and I certainly never do it again, but in front of 80 or 90 people who were, who were, uh, let's say by the second or third morning with me, they were kind of tuned to mayhem and, and, you know, everything's up for grabs and, uh, we're in trouble and things of this kind probably questioning their websites and all that sort of stuff.

Dr. Jenkinson (<u>01:02:43</u>):

And, uh, I asked them in the midst of all this don't ever do this, by the way, if you're in that position, I asked them, so how are you doing? It's a terrible question to ask, right? It's it's it opens the flood gates on, on self-reporting, you know, without any alertness, to the fact that you're with other people, none

at all. So it's, uh, it's finally freedom to be me. He asked me how I'm doing, and man, there's no bottom to my report. Anyway. So the first person began to talk about her dreams of the night before wherein she was being burnt at the stake as a witch. Oh, here we go. Because whether or not she dreamt that, I'm sure she did, but that's not the point. The point is it's now unleashed. Right. And we're in Salem again, and everything's true. And the moral order is to be in Salem.

Dr. Jenkinson (<u>01:03:34</u>):

Again, there's no opportunity to say, oh, wait a second. Uh, there is a bit of that was then this is now that's, you know, historically everything's not happening all the time. And there's a lot of other considerations, but that's the thrust of the story is, uh, you could see many of the men in the audience, they, they in voluntarily adopted a kind of posture that went like this. They were literally keeping their head down because apparently been there. I know what's coming. There's no solution. There's no restitution. There's no sense of us. Nothing will survive the moral obligation to choose sites here. This is what's coming. They weren't wrong. And you can reasonably anticipate how it went. And it went. And, you know, I had let the, I had enabled the situation. So to a certain degree, I had some responsibility for it all. So at a certain point, uh, a couple of the young men who were in the room began very tearfully to report their experiences at university in their first year as being the stand in for everything that was wrong will be wrong, has been wrong in the culture.

Dr. Jenkinson (01:04:54):

They were the apex of the feeding frenzy, which is a corporate liberal capitalism that editors all the privilege, everything. And they were answerable for it all at the age of 17 or 18 or 19 with no capacity to respond the no capacity to tread water while they were contending with the accusations, leveled against them. None of which were personal, all of which were categorical. You, you understand. And so more casualties, right? So this is great. Yeah. And this is all happening in the room at the same time. So now you have the witches and the ashes in the air. You have every, every young guy under 25 years old, uh, walking casualty, right. That makes war casualties look relatively untouched by comparison. And at some point the, uh,

Speaker 5 (<u>01:05:42</u>):

Uh, uh, a self

Dr. Jenkinson (01:05:45):

Designated gay person put up his hand to ask me something. And I said, yes, I had no idea what's coming next. And he said to me, uh, I'm listening very carefully to the language that's being used. And I'm just wondering when we're going to start using language, that's inclusive of my gay brothers and sisters. That was the question at which point I said to him and to everyone, what would you like them to be included in as the temporary spokespeople for all gay, excuse me, spokesperson for all gay people, what would you like all your gay friends would be included in this ardent madness that you're seeing unfold right before you, which is as much a signal feature of the dominant culture of north America as anything conceivably could be. You want them in this, is it inclusivity for its own sake means what?

Dr. Jenkinson (<u>01:06:43</u>):

And are you willing to bear responsibility for dragging them, you know, into the presence of this ardent madness, just so that they can say that they were there and that this won't have consequence for them that you don't intend anyway. So by and by then, I'm simply observing that there's a great sadness of

foot, that won't self identify as sadness. A great sense of the tragic, which, which is mostly masquerading as I IRA irony, that kind of sarcastic, basic irony that excludes the one who's being ironic, you know, and the sadness of it is, is maybe it's even hard to bear as sadness. And so it's, it's translated into a sense of, you know, temporary, moral superiority, uh, which is very compelling, very attractive. And I get the attraction of it, you know, and, but I don't know where people imagine what this buys them.

Dr. Jenkinson (01:07:54):

Yeah. Because at the end of the day, well, not the end of the day at the end of the, any particular tirade, my own included, uh, we are released back to an unchanged culture and an unchanged time, no matter how morally superior we temporarily experienced ourselves to be, or clarifying or, or possessive agency and consequence, you know, and this is finally what got me out of the counseling game years and years and years ago is that the observation clicked clearly was there. It was the, the mad mad world that drove them to my office and to the mad mad world they would return. And what kind of conspiracy was I entering into by pretending that by virtue of an hour per week, respite from the mad mad world, they themselves would somehow be less mad than they would otherwise be. And that the individual human psyche was the best place to contend with the madness of a mad world.

Dr. Jenkinson (<u>01:09:03</u>):

And I couldn't, I couldn't abide by the, by the conceit of the arrangement any longer. And so basically since then, I suppose if I have a thing called a life's work in some, it's been an attempt to translate, uh, sense of citizenship responsibility and direct action by articulating the notion of culture work instead of personal work, doesn't pay nearly as well. Personal work will net you out handsomely culture work, though. There's no customers you see for culture where there's barely a marketplace for culture work. And yet that's where virtually all of this stuff is, is happening. And that's where it's most amenable to consequence at the level of culture. And this is where you, your opportunities for a genuine kind of sanity, or to be found, not in removal from the culture that troubles you. So from your sense of agency and participation in it. Yeah. What do you think?

Kimberly (<u>01:10:24</u>):

I think that I've been aware for the past few years, that there's things that I need to let go of, but there's no place to return to in my, in my case, there's no, um, there's no land that's or, you know, I mean, in my little world everyone's dream is to have like a micro-community and go to a farm and, and some parts, parts of me relate to that it's that I would, I have, there's so much, I have to learn where that to be, the choice that I made. And in my earlier life, I spent a lot of time, fair amount of time traveling and studying. And it's just obvious to me that that's not what the world asking of me anymore. And I have, uh, I have some ties to another country, so that, that will always be there. Um, but I'm just aware of a lot of double binds. And the, and I know a lot of people also feel that. So it's like how not to buy into a sense of urgency or desperation to try to solve something which is buying into the whole, um, hamster wheel in and of itself. But also to be very honest with myself about what I could do. Um, and it does feel like a giving up more than, than acquiring

Dr. Jenkinson (01:11:58):

This dominant culture of north America was founded by immigrants. No refugees, a little closer. How about flight risks? Yeah. How about people on the run? How about casualties? This is not the makings of a sane place in time. If that's your origin story, the unauthorized origin of America is that easy. And

we're still running, still looking for the thing. You know, the delivery from the horrible feudal miseries of medieval Europe, still looking, you know, ended up all the way on the west coast, still looking. And so one of the terrains we hadn't quite exhausted yet was the inner one. So there we hit the west coast of your country in mind and begin to, to violate quote the inner space with exactly the same kind of mania. So routinely when I was the, you know, more emphatically the death guy than I am now, I would be asked by people in your position to follow well, if we're doing such a miserable job of it, who's doing it better than us.

Dr. Jenkinson (01:13:21):

That was the provocative way of asking. There was all kinds of collegial ways of asking virtually the same question. Tell us there's there's there's sane pockets in the world, where are they? And how do we get that? That's what they're asking now. And my, my answer was routinely, something like this. What would you do with the information? If I told you let's presume mine, I know let's presume I found them myself, but I'm standing here talking to you in the middle of a crazy place. How come I'm not there? If it's all it's cracked up to be, to know about it. How about this? If the likes of you and me go to the places that were seeking refuge from the world that we've made in what becomes of those places? Not what becomes of us, what becomes of those, you know, the answer before I finished it, the question the answer is we will make them in our image just as we have done with America.

Dr. Jenkinson (01:14:22):

Okay. Now you love the idea that there's a saner place than yours in the world. Good. The best way to love it is don't go because believe it, the madness that we're referring to is viral as much as it's anything else. And don't, I think for a second that the people in the same place have a kind of resistance to the viral madness that north Americans are so much a vector of and, and, and, and hosts of don't think that they do don't think that people with a cafe AU lait, compress complexion are somehow built differently than the rest of us. And they'll be fine with this exposure. That's adamantly not true. So if you love the notion that there's the same corner of the world, the last thing you do is go there instead, begin to work, you know, with all the sense of futility that it includes with the notion that your corner of the world is the one you were born to, there is no outclause for the accidents of birth.

Dr. Jenkinson (01:15:29):

There might be they'll something approaching a kind of moral conundrum and a moral sense of urgency about what it means to have been born to a troubled place, do the translating of what the moral order of that arrangement might actually be. And I'll bet anything you will come to the conclusion that it is your right to leave at all behind and have a pleasant day, you know, quote for a change I'm living the life that you described, by the way, the bucolic, you know, living the dream baby on the farm thing. And here's what I have to tell you about it. It's many things, right? And it has its its upside. Yes it does. But this is true. So the, the, the orders come down from on high, about to social distancing, right? Some 18, 16 months ago, whatever it was. And so we on the farm here are parsing through the various obligations.

Dr. Jenkinson (<u>01:16:25</u>):

We have to socially distance. And at some point, one of us puts up his or her head says to the rest of us, but wait a second, if we do all of these things, just as they're asking us to do absolutely nothing changes here on the farm, we're living a socially distance life. And that's true. And I don't say that I there's a certain irony about it, but I'm really saying it with no sense of victory whatsoever, because it was a

recipe for a degree of involuntary solitude that bordered on the confinement. And a lot of people will never come out of that. The consequences of seeing themselves, that nakedly over that period of in voluntarily, without benefit of a workshop leader at the front of the room, guiding them through it. Right? So that's to say that this life, that allegedly is the dream name is as much a reaction as far as we can get away from the madness is that inform our understanding of what the solution might be.

Dr. Jenkinson (01:17:37):

Yeah, finally. So I live in, in a country that is legalized euthanasia, although they don't call it euthanasia anymore. Of course, because that wouldn't be a good selling feature. So they call it made, I think now, and I don't even know what the acronym means, but medically assisted medical assistance in dying. That's the term. So you get the idea that, um, um, this must be a great leap forward for the Canadians, with them. How to look at how sane they are when it comes to the end of life, uh, that they've, uh, made beyond reproach. The idea that you can take your death into your own hands and exercise, ultimate self determination agency and self control, right? Self-mastery and the rest I'm loading up the terms by saying it is absolutely nothing changed. Here's why the culture fundamentally death phobic going into the euthanasia experiment, that's a given and then a death fold culture, legalize, euthanasia.

Dr. Jenkinson (01:18:38):

What does it tell you about the consequences for death phobia of euthanasia? It tells you that euthanasia is consistent with death phobia. That's why a death phobic culture legalizes it. So it doesn't have to change anything fundamental about its take on the limits of life. And the notion that this is life is yours to do with, as you see fit. So we think that we've done something more humane and all the rest and the actual consequence over the longer term is our death phobia goes undercover. Again, gets lost in our sense of personal or, or national pride on this matter of sanity and our children and grandchildren will inherit a degree of death phobia that we can't even imagine. Imagine now that's authorized by the idea that honey, you won't have to die. Don't you worry, you get to dial in this one too. It's the ultimate lifestyle option for a culture that believes in individuals, instead of citizens, you won't have to die.

Dr. Jenkinson (01:19:45):

You can get somebody to kill you for you. See now I know that sounds inflammatory, but at the level of cultural, uh, subterfuge that's what's already happened. And th that's what the inheritance will be. I think it's the same thing with all these solutions of, you know, the beam me up Scotty solutions, as I call them, they're going Mars solutions, the, you know, going to the Amazon, the saner place than this. If it's in the world, it belongs to us, man. That sounds familiar. Then sound redemptive though. Sounds like a clear cut mentality to me. If it's in the world, it's not all over the world, is it? Nope. It's in a particular place, isn't it? Yep. Well, it belongs to that place. Number one, do you, well, I belong to the world. There's no such thing as the world. There's only locales, which locale did you have the accident of birth to be delivered to? Okay, well, that's the one that belongs to you and you to it. And if there's such a thing as the gods, they put you here in a troubled time, you could decide that that's an affliction or you could decide that that's an assignment.

Dr. Jenkinson (01:21:03):

You can see what I've decided.

Speaker 5 (01:21:09):

Maybe that's enough. Yeah. Thank you. Okay. I think we're off. Thanks. Bye.

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Dr. Jenkinson (<u>01:21:37</u>):

I don't know if we're going to win any, uh, friends or converts by virtue of that rant.

Kimberly (<u>01:21:44</u>):

Well, what are we doing? Are we converting them? What are we converting them to?

Dr. Jenkinson (<u>01:21:49</u>):

We're not diverting them either and we're not perverting them. So all that's left is we're hurting them. Goodbye.