

2-2-23 what is reality

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Hello, hello, welcome back. Thanks again so much for joining us. It's good that you're joining us, I have been watching over the last few weeks, and not really sure why. But let's just say it's good thing. Because, you know, this, this thing that I do here as a hobby, just trying to make sure that I'm helping people to the best of my ability is, you know, getting a little more attention again, you know, there's obviously ebbs and flows in this kind of stuff. But whatever is happening out there, I just want to be real transparent with you and say, thanks, thanks for listening. Thanks for watching, whatever it is that you're doing, I know the quality is much better on the podcast and on the videos. So for those of you watching, I know it's not ideal, but it's what I've got, you know, as a hobby. This is, you know, best that I can do at the moment. And as I learn more, and I grow more, I will hopefully be able to improve on those platforms, which I'm talking about Rumble and YouTube right now. So today, I've got an interesting topic, I think he was posed to me by a listener. And it was, it's something that I think is, is definitely worthy of some of our attention. And so today, I'm going to be talking about what is reality. Right? Like, we talk about reality, we talk about fantasy all the time. But what is reality? Now, I know, y'all are like, oh, gosh, this is such an easy one. And I hope to make it interesting for you, and potentially even add some nuggets, because every time I come in here and try to put something together, I'm really trying to make a difference and help you understand something in a new way. And so to that end, what I would really like to do is make sure that this is not just super boring. So I'm gonna start with definition because, you know, get the boring stuff out of the way. Reality, things as they actually exist. Okay, well, that makes sense. Does that mean? Does that mean that your perception? I mean, your perception actually exist as I fall into reality, we're going to address that, you know, we're going to, we're going to address a few things that are interesting, like, Can fantasy be healthy? We are, are going to also take a look at, you know, where fantasy could be healthy, if it could be healthy. And when, like that kind of stuff. But reality exists, whether you like it or not. You can call something reality. But that doesn't make it reality. Just because I say well, it's my perception. I mean, that makes your perception, a part of the reality. But your perception could be wack, it could be so wack, it could be way out there, way out there. And if it is, this is a shout out to you. I'm going to help hopefully, you get grounded in reality, not your reality. But the actual reality. And I'll help you understand that too. So let's talk about fantasy real quick. I wanted to find that. Because when we look at one side, we got to we got to balance it with the other. So the other side is the word fantasy.

It's the faculty or activity of imagining things, and especially things like that are impossible or improbable. So, you know, once upon a time, it was a fantasy to go to the moon. It was improbable, and it became possible. Now not everybody gets to go to the moon. So for many people, it's still a fantasy. It's not a reality. You know, we don't know how to live on the moon really. I can We can sustain life up there in little pods for a while. But at some point, we've got to get them supplies or bring them back. And so there's even within the realm of things moving from fantasy to reality, there are going to be limitations. Now, if we're in reality, we understand those limitations, which I'll get to as well. But before we do all of that, I'm gonna give you like, it's a clinical thing, right? Like I, I'm here to give you perspective, and help you learn and grow and hopefully do better at your day to day as a result. So how good would I be if I didn't give you some insight into what we call the DSM, the Diagnostic and Statistical Manual. Now we are on edition number five. That's important to say, because the realities that were painted in 123, and even four, were super different than the realities we paint and fought. And I say that because there's millions of people diagnosed with things like anxiety disorders, and personality disorders, and, you know, just all kinds of stuff that's going on out there. But over time, things change. Now, one area that I can point to that's really obvious or really clear for this, is, I can point to ADHD. ADHD is kind of on the move again, it happens from time to time. And I gotta tell you, I am. Okay. So I'm putting something up on the screen. For those of you who are following on rumble and YouTube, ignore it for just a moment. ADHD is a little sidebar that I wasn't planning to take, but I'm going to take 100 years ago, and 1923, the world was still primarily an agricultural world, we're moving into the industrial era, but primarily agricultural, ADHD. ADHD is about attention deficit hyperactivity disorder. Well, there's some side effects to ADHD, it comes with really high, low levels of energy. And some of you may have heard me say this before, I don't know, I'm actually not really sure if I've talked about this. But that side effect, if you reverse in time, 100 years, it wasn't a disorder at all, ADHD would not have been diagnosed, it would have been sought after, people would have looked for it. Why? Because if you come with really high energy, and you're working on a farm, and you can focus enough to get your body doing what it's supposed to be doing, which, by the way, for somebody with ADHD, doing those tactile things, like I don't know, bucking hay, or, you know, going out and getting a field ready for planting, you know, those are activities that somebody with ADHD, their mind can wander all over the place. And they can still be working hard, and they have lots of energy. So in a, you know, a 10, to 12 hour day, on a farm, a person with ADHD is going to get two hours of extra productivity just because their energy level is higher. When one is walking, the other one is jogging.

So we used to pick our spouses, our loved ones based on them having ADHD, we just didn't know it because it wasn't diagnosed in the early 1900s. That's how things change and new information can lead to new decision making. I'm telling you that because that's part of reality. And we're gonna get into that in greater detail here in a little bit. But let's get right after it up on the screen. We have here something I'm going to show you. I did a little research before I put this podcast together. And I did this so that those of you who droning on video, you don't have to just stare at my face the whole time. You're probably reading the screen going, oh my gosh, he's got things up about borderline. That's not the point. The point is this little fine square right here. And what I did was I came in and I put in the word fan T A s and I looked at the numbers. Now every version of fantasy, and then I did every version of reality, because those two are interlinked. Whether we like it or don't like it, they are interlinked terms. And when I searched for fantasy It appears the word fantasy appears six times as you can see if you're watching along, but versions of it, different versions of it appear, what is it 50 789 59 times in the DSM. Now, this is the DSM, I've got a PDF version of the DSM. And that can be accessed online. If you're looking for it. It's not hard to find. But please remember little sidebar, a trained professional understands this content and how to apply it. So just because you can read it doesn't mean oh, you know everything. Because there's a lot to diagnosis and treatment a lot. And so

be careful. I mean, I'm not saying be afraid, don't be afraid, read this stuff, go. Go for it. You know, but, but be careful, because it's super easy to diagnose yourself with things that aren't real. They're not real. They fall in the other category, the fantasy, and I don't want you to fantasize about having disorders. That's no good spot to be in. So please don't do that. All right, the DSM five has been over almost less little less than 60 times. But when you compare, we're actually when you do fantasy and reality. It comes out to 118 References now, that's a big deal. I'll get into a little bit of that later on. So that's one thing that I did. I just kind of wanted to see how prevalent is the term fantasy reality. Like, we want to know that. And here's the most interesting part. So as I did this, I went ahead and hit Enter, and then it starts highlighting for me and I'm going oh, paranoid personality disorder. Okay, so we go through and you know, got you got schizotypal personality disorder. So I wrote down some of the list. Here's where it shows up. Okay, so you got schizotypal that paranoid personality disorder stuff falls under the schizophrenia psychotic disorders. You got fetish, fetish tick, it's fetish disorder. My My words are leaving me. And gender dysphoria is where fantasy shows up. It you know, any version of the word fantasy. I'm starting with fantasy. I'll get to reality a little bit later. Fantasy also shows up in transvestite disorder, PTSD. I already did that one, bipolar, OCD, female sexual interest in arousal disorder, male hyperactive hypoactive sexual desire disorder, gender dysphoria, paranoid, personality disorder. Okay. And then a list goes on and on and on. But let's be real it all, not all. The vast majority of the references fall under the sexual disorder area, which is the paraphilic paraphilic disorder sections, that would be any unusual sexual fantasy. Okay, so fantasy shows up a lot within sexual content. Okay, I'm thinking that makes sense. But then I started going well, why does it show up in PTSD? I quickly discovered that it's because in PTSD, there can be a break from reality, much like schizophrenia, or psychotic disorders schizotypal. It can, it can be a bizarre fashion and fascination with fantasy. And that can be an issue or a fear, in some cases, like with PTSD that can happen. So what does that all mean? You might be wondering, I mean, look, it means that, for the most part, our fantasy world when the DSM five was written, was about sexuality. But now, I think we could argue something much, much different. I think the emphasis has shifted. And I think when the DSM DSM six comes out, and I don't know when that's gonna happen, they don't know it looks like every 10 to 15 years, we get a new one, we'll see if they stay consistent. But I think what's going to happen is we're going to see more of the gender dysphoria section be expanded on because we see fantasy, big time, not just in schizophrenia, psychotic disorders, but big time through the gender dysphoria stuff. And so they're going to probably zoom in on that would be my prediction. Now, again, I'm not on the panel. But I cannot imagine a scenario where they can ignore the reality which is there has been a massive focus when in terms of fantasy in that particular category and They're going to need to take a look at it, and probably try to determine what is reality. Because what's in reality is good and healthy, and perceptively five, and what's in fantasy. Clearly based on this list can be problematic in a hurry. So I then turned my attention. Oh, by the way, a little sidebar, again, I know I'm doing a few of those today, I might, I might do a couple more, actually, I know, I'll do at least one more borderline personality, I'm gonna go ahead and grab hold on a second, I'm gonna go ahead and grab 663 In the DSM, I'm going to read to you something that is kind of important because borderline personality, really was where fantasy and reality sort of had a tough time. So I'm gonna I'm gonna paint this for you. Because it with attachment borderline has to do with attachment in the DSM, it's the probably the best tool, unfortunately, because I think we need to expand in this area. So if anybody who's in charge of the DSM panel hears this, please take a look at attachment stuff and put more options for therapists because to diagnose somebody with Borderline can be one of those lingering diagnoses. So I try not to as a therapist, the last thing I want to do is put something on somebody that they can't shake later on, if they figure themselves out. All right. That being said, number one, in the borderline personality disorders, frantic efforts to avoid real or imagined abandonment. This is the closest we have to an attachment disorder diagnosis. And unfortunately, in some cases, it gets underused, because of people like me, who know the stigma that can come with it. And with other people, it probably gets overused because it's the only attachment disorder that we really have. That's on the books. There's other things we can like, sort of hide it in. But it's it's a

challenge. Whereas this one's pretty clear cut an attachment issue because it talks about abandonment directly. Now, there are other options, there's just not a number of them. And we could use some that have less stigma to them, so that we don't harm clients by accident with a diagnosis because that's the last thing as a therapist we want to do, we do not want to harm people. So keep that in mind. It is an attachment disorder. So if you are diagnosed with borderline, then there's a pretty good chance, actually, there's a very good chance that you have some fantasy attachment in your mind that you cannot achieve. You can't cheat, you can't do it because it's a fantasy. And you're not living at least, you know, within attachment. And I'm not talking about all other areas, but within the attachment process. You're not living in reality you live in in fantasy, unfortunately. So just putting that out there. I could get into details about some several of the other diagnoses. But I want to move on to reality because this today is about what is reality. It appears 47 times it appears in things like antisocial personality, it appears in borderline schizotypal attenuated psychosis syndrome. They grasp reality they Okay, so I'm going to break this down for you. They grasp reality but they hallucinate. They have delusions or the disorganized speech. That's a big deal. Bipolar,

it shows up in borderline PTSD. Dissociative symptoms, which are dissociation is a break from reality. Like, if you're I mean, technically, if you're driving down the freeway, and your mind takes you to your house, in your mind, you're dissociating, like, technically, that's a dissociation. Now, some dissociations are healthy, I mean, not unhealthy. But I don't know that they're really healthy because they're not living in the moment. So it's hard to argue that they're super healthy. But there is some dissociation like when I do mindfulness, and I take somebody to a beach, but we're in the mountains. That's dissociation. And that's not unhealthy. Because it helps slow the heart rate, slow the breathing, pay attention to the here and the now even though our minds may go somewhere else. So dissociation, for those you who see that as a really big negative, it's not always a really big negative. Alright, when we get stuck in a dissociation, that's a negative. All right. So I'm going to come back to this many references of reality in the DSM my effect 23 of the 47 references to reality. 23 of them almost half are specifically The reality testing. So what does that mean? That means in the mental health world, there is a an emphasis on testing somebody's ability to be an accurate reporter. And live in reality, as opposed to in fantasy. That is really important content. So let's go into the, what this means, when I'm looking just at the data. I know, this is a little geeked out for some of you, but I'm gonna give you a little bit more data because it's kind of interesting data, in my opinion, when we're looking at reality. So I told you fantasy and reality is mentioned 118 times in the DSM. Now, one might argue that that means it gets a fair amount of attention. But then we look at forms of emotion. The word emotion, emotions, stuff like that. 326 references. So that's quite a bit more. But remember, a lot of diagnoses have to do with emotional regulation, which I recently did a podcast on. And then we go, okay, so I went down this path, and I said, You know what, I'm kind of curious. I want to look up compulsive and the variations of compulsive because compulsive is definitely problematic when we are compulsive. You know, we're, we cause problems we cause weak that's damaging to relationships and to situations. And 364 references, I'm guessing it's not a whole lot more. And then I look at trauma, because I'm just going, Okay, I'm just gonna go down this rabbit hole for a minute. traumas mentioned 426 times. All right, that's up there. And then I look at specific emotions. Something like sad sadness. Ya know, something funny 42 References 42 That's like, a third, about a little more than a third of the references to fantasy and reality going, okay, that means fantasy itself. out number two, and reality by itself out number two. So then I go anger. Anger is a big one. We go therapists are talking about anger all the time. How about some self control there, mister? Right? Anger 120 120 references of words related to anger 120 have gone. That is pretty much a straight across comparison. That means fantasy and reality is a massive, massive look. When it comes to therapeutic content, we have to pay attention to it as therapists because if a person is not functioning in reality, that's a problem. That's a that's a big problem. So then I looked at addiction. I went, let's

just I mean for giggles let's just take a look at addiction. Shockingly 56 References total, in different forms of addiction. I was like mind blown. Couldn't believe it. So what is this? What is this mean? Look, you've heard me say before the three blind people approach the elephant one reaches around. It's big and it's heavy, and it's prickly and wrinkly. And others like it well, it's big. And it's prickly and wrinkly. But it's not heavy, and another's like, Oh no, it's thin and it's got a bushy thing at the end and they get it sort of smells bad. They are all looking at the same thing. But they can't see with their eyes. So they're describing what's in front of them. They're describing an elephant. Once at the leg once its trunk once at the tail. Now that's important because they all see metaphorically because they're blind. Their experience in their, their, their touching because you know, they're blind. They're using other senses. And they're smelling and they're listening. Were they hear that they run? No, I'm kidding. Okay, bad joke, my bad. So, the three, the three blind people standing by the elephant, they all have a sense of reality. But not one of them has the whole picture. Well, the same is true for you and me, which is why in the past not too far in the past, I did an entire episode on blind spots. Blind Spots are those areas where we cannot see ourselves and our interaction in the world. For instance, I will never know and neither will you what the room is well. Put yourself in my position if you're going to do this, well, I'll just tell you my reality, I will never know what a room is like, without me in it. Why? Because as soon as I enter the room to see what the room is like, without me in it, I'm in it. So I can't know what change I bring to the room, personally. But what I can do is get feedback, hey, when I enter a space, does it shift the environment at all, and then people can tell me their reality of my presence. Hopefully that makes sense. Because that's a blind spot. So if we are going to be truly humble, and based in reality, we have to understand we have limitations. And within those limitations, we have to get curious. Because the reality is, there's way more that you won't know than you do. So being curious helps us stay in reality. Whereas if we get if we get to the point, and I see this often on social media, if we get to the point where we think we know chances are, that's about the time we're gonna start feeling like an idiot. And trust me, I have been an idiot many times. So don't be an idiot, understand your blind spots are going to exist, and that you have to stay curious and on top of it, to continue the growth and understanding of your blind spots. And they shift, they shift over time, right? If I'm, you know, if I'm teaching in a classroom, I'm going to get information about my teaching in the classroom, if I'm doing lectures in a or guest speaking engagements, that's a different scenario. And I'm going to have new blind spots there. And if I'm doing a podcast, I'm going to have new blind spots. And so I'm going to have to constantly be learning, because the environment around me is also shifting, not just me, my own personal growth, but the environment around me will also shift. So new information and situations require a reexamination.

Because what we think we know is likely to shift. This, just so you know, is why I don't fault people

for changing their views. I just don't. But people change views all the time of why new information, new information comes in, and they realize something about themselves or about their environment or their you know, somebody else. And they go, Oh, well, if I had known that, I probably would have taken on a slightly different view. So where I thought I knew what I was talking about, clearly, I didn't know what I was talking about. And because of that, I'm going to change my mind now. That's okay. I have no problem with that. Where I run into the the challenge as a therapist is if a person changes their mind, they ought to be able to articulate what changed, that made them change their mind, what new information came in, what did they learn about themselves or their environment, or you know, somebody around them. And this, in my opinion, is one of the areas in our culture here in the United States where we suck. We just suck. We want to be right today. And we want to be right yesterday, and a year ago, and 10 years ago, and a year from now and 10 years from now. And the truth is, you can't do that. It's just not possible. You cannot do it. 100% guarantee you this, you

cannot do that. Can't do it. Sorry. For those who have big egos. This is probably going to hurt. But you can't do it if you're going to live in reality. Because if you look back at your life, 10 years ago, you were an idiot. And let's be real. If you were not an idiot, then you still are an idiot. Okay, that was really not nice of me. And I know I'm a therapist. I'm supposed to be nice. But let me tell you something that's more important than me being nice about it. Me helping you see reality. Because the sooner that happens, the better off all of us are, the better off you are, the better off I am. I don't want to be an idiot. So I accept the reality that 10 years ago I was in comparison to what I am now. I was a turd I was a stinky, smelly, no good turd. And 10 years from now, I should look back at right now and say something similar. That doesn't mean, I don't have value today. It doesn't mean I didn't have value 10 years ago, I did. I had a lot of value. And so did you. What it means is that I'm growing, I'm developing, I'm seeing myself and others more clearly, I'm seeing my environment more clearly. I'm getting more grounded in reality, as opposed to wandering off on the path of fantasy. That path is terrible. So things like, I don't know, schizotypal. Tough, tough road for people who struggle with that. Look, please, can't get based in reality, if you can find a way. I'm not saying that all fantasy is bad. But let me also remind you that let me see 1-234-567-8910 1112 13 You just heard me count, which is boring 13 of the areas in the DSM that highlight fantasy, out of 1234 out of 17 categories 13 Out of the 17 categories. Were highlights. Fantasy, is in human sexuality. That should be a wake up call to how fantasy can become unhealthy in a hurry. Because let's be real. When it comes to human sexuality, here in the United States, it's a decline right now. We're not We're not on the uprise we're we're on the fall. And it doesn't take a whole lot to figure that out. When we look at the different diagnoses, the different things going on. By the way, I did not put gender in that 13 out of 70. Because it's it's a different category than sexuality. So keep that in mind. So as new information comes in, you know, make make a new decision, and expect that people are going to resist your change. Because that's what they do. It makes it important that you understand why you're making the change so that I don't necessarily have a problem with the resistance to a degree. But the denial that we can change, that's just ridiculous, you got to change, you have to do it. Like it's, it's so important for our world. I'm gonna sidebar, I told you there was one more time this is it. I want to talk real quick about perception and reality. I want to be really abundantly clear on this perception is not a reality. I know you've heard all the quotes, your perception is not reality, your perception is a part of reality. But it is not reality. I can perceive a table as a swimming pool. And I can go to jump in and I'm going to get a headache. Because my perception that it's a swimming pool is wrong. Perception is not reality. However, if you have a perception, your perception can be part of the reality. In other words, if you're walking around, and let's say you thought that table was a swimming pool, then the reality in the environment around you is that somebody thinks that a table is a swimming pool. That's true. Somebody has the perception that the table is a swimming pool. And they tried to jump in it got a headache, and that was a problem. Okay? Does that make sense? So perception is not reality. But a perception can be part of reality. Hope that clears that up a little bit. You're all probably going oh my gosh, I don't like that. Because I really liked the idea that my perception is reality. You got to grow up because that's not sorry. I'm coming at y'all kind of hard today. Hope you all are doing okay with this. I want to address another thing. Can fantasy be healthy? Because I know many of you out there clearly based on our DSM 13 out to 17. They're talking about sexual disorders, sexual things and fantasies fall into those categories. So at least in the category of human sexuality, I would suggest that many of you have fantasies. And the question is can those be healthy? Well, let's wrestle with that for a second. I think having an imagination can be a good thing. Right? Having a fantasy is not a bad thing. But it depends on what lines it crosses, right? You know, is it healthy for you to have a fantasy where you cross dress? I mean, I don't really care. But where it can become unhealthy is if you expect others to have the same fantasy. Because that's not reality. Some people think that that's not very cool. Some people think that that's great. So if you're forcing those onto other people, that becomes a problem. I'll give you another example. You are religious. Some people consider that a fantasy or an imagination. Okay, you know, so if we force religion onto people, that's a problem. But the fact that you're religious, not a problem, and in many cases, very grounding. So in grounding in

reality, right, because principles of religion often teach reality based content. Whether whether you like that or don't like that, that happens. So can fantasy be healthy? Yeah. Yeah, I think in certain circumstances when you're dreaming. Yeah, the the whole dream world thing is really interesting. If you haven't, if you haven't studied that, go dig into that for a little bit. That's, that's a lot of fun. And in the dream world, all of the concepts of gravity, you know, oxygen, the other reality based things grounding, things can be manipulated, you can walk underwater, you can float gently down to the ground, with no apparatus attached to you, you can take off from the ground and fly into the sky, clouds can turn into marshmallows. Caves can turn into swimming pools, like things can morph and turn into like, so the dream world suggests that fantasy is actually a part of what we need to do for processing. Like, let's have an imagination. Let's explore what it could be or,

you know, maybe actually was. So we look back at it from a different vantage point called a fantasy. And we say, what are the other narrative options that there are, that could be reality? And we explore them as a fantasy? Until one makes the most sense. Alright, so yeah, when we're brainstorming things, it can be held helpful. Beyond that, though, I mean, your your content has to be based in reality, we can go to the fantasy to help understand parts of reality. But we can't get stuck there. Because that not healthy. So I'm going to switch gears, that was my sidebar, because I just wanted to make sure that we addressed those things. I'm going to go back to today's reality determination. And this is how I'm going to summarize the end pretty quickly. So this is all going to lead right into the summary. So hang in there with me, we're talking reality. What is the reality that we determined today? We are in an information era, that is a reality. And within that information era, we're going we're gonna have access to content, like we've never had before. We already do. I just, there's this chat bot thing. And I got to do part of this testing on it. And, like, I got to learn how a computer can actually make up stories really, really fast. And they're pretty good. Unfortunately, I used it to create creativity, to ask questions to spark my mind to think about things differently. But others are going to use it to create things to cheat. That's a reality. In an information era, we can use technology to do a lot of stuff for us. We could get really, really lazy. That's a reality. It could happen very easily. This information that's coming in can change how we look at ourselves and others really fast to we can have a really Good, healthy sense of ourselves. and a moment later, literally, a moment later, take in new information and feel like absolute garbage. We can happen. Because it's an information era, and there's always information coming in distortions are easier right now to create than they have ever been, ever. That is a reality. And they're easier to buy into. For instance, I'll give you some examples. The number of LGBTQ based on the news cycle, we would think that it's half of our population. Not even close. Does that mean that they don't deserve to be loved and cared for? know, if you're heterosexual, does that mean that they don't believe to be they don't? They shouldn't be loved and cared for? No, you know, but the number, the quantity? I mean, the media would have you believe that it's probably more than 50% of you. And it's not. That's reality. That's how distortions get created in an information era. Political Party, and popularities how many followers does somebody have? I mean, okay. Those of you who follow me, you know, I don't have a ton of followers. I mean, I get a fair number that listen, a fair number that follow, but I'm not big time. Does that mean that what I have to say is not important. To political popularity, politicians would like you to believe that they have power. And there is something called social power, I get that. But they they have more power because they have bigger numbers. They fall into the number game. And truth be told, you know, how many people followed Gandhi when he was walking the earth? How many people? How many? Number wise? How many followed Martin Luther King, Jr. How many followed? Jesus? Truth is not as many as follow our politicians today. Does that mean that they're more powerful? That's a funny one. Heck, no. They are not more important than those people. They are not more powerful than those those people. Martin Luther King, Jr, Gandhi, Jesus, they all did more than any of the politicians that are in office today will ever do. Period. That's, I can it's just reality. Sorry, dose of reality. How about distortions around the

protests in Iran? Oh, wait, only half of you have heard about that. Yeah, there's people protesting lives are being lost in Iran. I mean, what's the reality for us in the United States not getting a ton of publicity yet? So it doesn't enter our reality. But it is real. How about Ukrainian war with Russia? I mean, some people are like we should support No, we shouldn't. We should support no vision. That's what we're hearing. What's reality. The reality is, people are fighting for their country and die. People are fighting to take over a country and die. It's also reality that Ukraine used to be part of Russia, reality. These are truths. These are reality. And yet, the way things are pushed toward you and me can create massive distortions that's easy for us to by January 6, was not an impressive showing. There was violence there was destruction. That's a problem. That's a reality. Was it an insurrection? Some of you are going to say absolutely. And you will be bias. And some of you are going to say absolutely not. And you would be bias. Your perceptions are interfering with your reality. Or the reality. You know, as far as insurrections go, that would have been possibly the lowest number of people involved in any insurrection in history in a time where you can get a flash mob bigger than the group that showed up on January 6. You could. That's a reality in an information era. And people know that. People know that, but through propaganda, rhetoric, demagoguery. Things are manipulated on purpose. Like it don't like it. I mean, it is what it is. That's reality, police brutality, sheer numbers, sheer numbers. In an information era, how many are beaten and die? It should be zero. I agree with you. It should be zero. And I'm sure you're sitting there going. It should be zero. I agree. And how many? How many interactions are there with the police versus how many turnout to be mishandled in a significant way? Very small percentage. Now, it doesn't mean we shouldn't pay attention to it. Because the reality is during those times, it's really bad. That's not good. But what is reality? We can't ignore reality, because we want it to fit our narrative. Because that's not reality. That's fantasy. As a summary, I'm going to leave you with this. The thing to do when you're looking for reality versus fantasy. As a therapist, I do this on a daily basis. It's called discernment. Look it up. If you don't know it, it essentially means this, but study it don't just don't just hear me and accept it. Please. Go and study the concept. It's the ability to see overall impact and impact over time. overall impact and impact over time. That's discernment. That's it. That's an important concept.

Freud, I know you like Oh, go clinical on me. I am. He, he believed reality was based on, as he says, the ability of the mind to assess the external world and to act upon it accordingly, as opposed to acting on the pleasure principle. He said, I think it was him attempting to lean into you, understanding your design. You have a mind.

You have emotion and a spirit, a spirit, a head heart and his soul. And if you don't understand that reality,

then you're destined to live in fantasy. I hope this was interesting. Thanks for joining us, and I hope you have a wonderful day.

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