

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Todd Baratz

Shohreh Davoodi: It's episode 69 of the Redefining Health & Wellness podcast and it felt like the right time to have Todd Baratz on the show. Todd is a licensed individual and couples therapist who specializes in relationships and sex and wants you to know that it's not you who's fucked up, it's the culture. Todd and I chatted about the utility of diagnoses and mainstream views of mental health, the limiting nature of trying to be "normal," how expectations can hurt relationships, and more. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/69. That's shohrehdavoodi.com/69.

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However you choose to invest in the podcast, thank you for believing in me and tuning in each week.

[Music plays]

Welcome to the Redefining Health & Wellness podcast. I'm your host and resident rainbow glitter bomb, Shohreh Davoodi. I started this project

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because I saw how black-and-white messaging about health harms everyone, and I wanted to paint a more honest and vibrant picture. This podcast is a space where we can reimagine health together by confronting limiting misconceptions, delving into aspects of well-being that are often ignored, and prioritizing conversations with marginalized individuals. I encourage you to take what you need and leave behind what you don't. Are you ready for this? Let's fucking go!

Well hello, Todd. Welcome to the podcast.

Todd Baratz: Hi. Thank you for having me.

Shohreh: Of course! So, one, I fucking love your Instagram account.

Todd: Thank you.

Shohreh: It often makes me stop and think about various beliefs I have and where the hell that they came from, which is wonderful. Two, given your work, I feel like it's important for me to let you know that it just so happens your episode is going to be episode 69 of the podcast, so you are welcome.

Todd: Oh, I'm so honored. What a fun number to be!

Shohreh: The perfect person to be episode 69. Our listeners may not know why that is yet, so can you share a little bit more about who you are and how you came to do the work you're doing?

Todd: Sure, I'm a sex therapist, so hence the 69. I'm a licensed mental health counselor. I have a practice in New York that now consists of my computer. I see individuals and couples for ongoing therapy. Most of them are coming in to me for sexual issues or relational issues, so that's what I do.

Shohreh: And what inspired you to start your awesome Instagram account?

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Todd: To be honest, I just wanted a creative outlet. I needed something to write about and a reason to write. So I was just kind of doing that to entertain myself, and then I just kind of, one thing led to another, and here I am today.

Shohreh: I totally get that on the creative outlet front. That's something that social media is really good for, especially if you're just used to working with clients all day long. It's nice to kind of have a different environment.

Todd: Yeah, exactly. I mean, I wasn't trying to be an influencer or trying to do anything other than entertain myself, and it was entertaining. It's a great way and has been a great way for me to get some of my creative self out that's not just in session.

Shohreh: For sure. Well, and it's how I found you, so clearly it's also creating some other cool opportunities. So you said you're a therapist and on your website you say something that I love, which is, "You're not fucked up, your culture is." And that's something I wholeheartedly agree with. And I'd love for you to talk about your belief in general that mental health is a social construct. Like when you say that, what do you mean by that?

Todd: Well, it's a big question. We learn things as if they're truths, kind of like gender, or race, or mental health. But the reality is that these are not universal truths. This isn't the way the world works and that we've been working for thousands of years. These are actually relatively new concepts, and they are created by people. And they're created within the context of culture.

When I say something like, "You're not fucked up, your culture is," that means often the way we understand ourselves, our mental health, our bodies, the sex we have, etc., all of the language we use and the values

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that we place on those understandings, those are things that are created by culture. And people are a part of that creation process, so it's not this objective, machine-made thing, it's person-made. And each one of us exists in a very specific culture, on a street, in a dwelling, with a group of people. Even if we have multiple degrees, we're still a subjective person operating in the context of culture.

So when I say, "culturally constructed," I mean that. So constructed by a very specific person in a very specific place operating around a set of truths learned in the context of culture.

Shohreh: And so, given that, in your view, do you think that things like diagnoses and tools like CBT or DBT still have a role to play in the mental health space?

Todd: Well, I don't diagnose. I know what CBT is, I know what DBT is, I have provided them in community and hospital settings because that's often what's mandated and required. But I personally don't have a specific therapeutic orientation, and again, I don't diagnose. So I don't want to say no. I can speak for myself, and no, I don't find utility in diagnosing the clients that I see unless they're saying, "I want you to diagnose me." And in that case, it's a collaborative decision, it's not like a, okay, let me analyze you and I'll tell you what's wrong with you type of deal. So I don't pursue that type of psychology or therapy.

My approach? I don't want to say I'm bullshitty, but it's more human, just in terms of, I like to focus more on not just the behaviors or the feelings, but the environments that create them, and how we understand those environments, and how we understand how those feelings and behaviors in relationships are understood. So I do a blend. And instead of labeling behaviors as good or bad and pushing people towards a different

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direction, I really want to look at the story of somebody's life, their experience, and I like to create meaning. And so, part of the meaning is psychological, and part of the meaning is finances, and part of the meaning is race and gender—I mean, everything that defines our context or culture.

So culture plays a really big role in how I work with my clients, and like I said, so that doesn't necessarily include diagnoses or some of those more medicalized ways of thinking about things. So I like to look at life as like a drama that unfolds, and instead of labeling and judging, I want to just create meaning, and write the story, and deepen it, etc.

Shohreh: So you take this much more person-focused approach where you're viewing the person who is sitting in front of you and getting their expertise on their life and their experiences from them versus starting with the assumption of, oh, well, this person has this diagnosis, or this person needs a specific thing. Like, it sounds like you treat them really more as an individual.

Todd: Right.

Shohreh: I also think it's important that obviously we're talking about the utility of things like diagnoses and different therapeutic practices, and I want to honor that some people find those extremely helpful for them. I am my own example of that. I have an ADHD diagnosis and getting that diagnosis was actually something that really helped me understand a lot of things that have happened in my life and a lot of experiences that I went through.

And also, sometimes having a diagnosis can feel like you're being put into a box of, well, these things don't actually apply to me, or again, trying to put your entire worldview and experience through that single thing, which

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ignores all the other things of who you are as a person and what's happened in your life.

So, I just want to make clear for listeners that I'm not trashing diagnoses if that's something that you have personally found helpful, only that there are other ways to view these things for sure.

Todd:

Yeah. I mean, whenever I post something about diagnosis, which I want to point out, my Instagram is @yourdiagnonsense. So, I mean, like, it's funny when people come for me who are following me when I post something about how I don't diagnose or how I don't necessarily subscribe to that framework. The assumption is that I want to burn it all down, that I think it's all bad, and that it's, you know, a direct assault on other people's comfort.

That's not what I'm saying. What I instead really want to do and aim to do is to encourage people to feel empowered enough to explore the history and the meaning involved with these labels. As opposed to just internalizing them as capital T truths, the way the world works kind of thing. That all of these diagnoses, all of our frameworks for understanding ourselves have a huge historical and cultural component.

And like with ADHD, when ADHD was first written about, there were no diagnoses of ADHD. And then when the APA decided to put it into the DSM, diagnoses of ADHD increased and so did prescriptions of ADHD meds. And yes, it makes sense. Sure, when we develop a way of understanding for something, we're going to start using it. But it's not that plain and simple. Because we've been operating for hundreds of years, and years prior, we didn't have ADHD and people were fine.

Shohreh:

Right, and so again, this is coming back to that these things are tools and some people may find them helpful and useful for their lives and other

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people may find that they're not. And the problem is that when we say, this is the only way, this is the right way to be this thing, or you need a diagnosis or you need medication, that people aren't allowed to have their own experiences. And like you said, they lose that ability to be empowered to make their own choices.

Todd:

I just find it so interesting because I was having this conversation with someone earlier about diagnoses because I'm working on doing some writing and part of it is about this, and in trainings, my training, and doctor's trainings, any sort of psych trainings and social work training, blah-blah-blah, and schools, there is no, okay, let's think critically about why we do what we do. It's just taught as truth. And so, we have to really, at least at some point, think critically about some of these things, especially as they so dominate our lives.

So yes, use your diagnoses, but also, at least once, look up the history of your diagnosis. Look at who was involved in creating it. If it's all white men, you know, there's so much power dynamic wrapped up into these labels that go beyond your lived experience. Again, I'm not discouraging it, use it, go for it. But also, you know, arm yourself with some knowledge about the meaning behind, the history behind, etc.

Shohreh:

That is such an excellent point because you're right, the average person when they get a diagnosis, they're just like, yeo, okay, that's who I am and what I have, and they don't actually look up, well where did this diagnosis even come from? How has it been defined over time? And that is such a great way that we can empower ourselves to learn more about this thing that we're starting to use to define ourselves.

Todd:

Yeah. They're all ideals that are based on mostly white, American, western, middle-class norms. And that doesn't describe everybody.

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Shohreh: No. Well, and we even see this within the diagnoses themselves because, as I'm sure you know, ADHD for a long time was undiagnosed in girls and women because the way that it presents can look very different. Which is something that I've always found fascinating since it took so long for women to even be included in clinical trials of a lot of things. And so that alone always makes me be like, okay, well everything was tested on white men, for a really, really, really long time. So it makes sense if you don't fit into that category, that maybe your experience might be a little bit different [laughs].

Todd: Yeah, and not like 500 years ago. Like, this is like 50 years ago. It really is not a long time.

Shohreh: No, not at all. Especially when you just think of the history of humanity [laughs].

Todd: Yeah.

Shohreh: I also want to talk about some of the ways that the more dominant view of mental health shows up in other spaces. So, two that you have actually written about are, for instance, social media therapizing, so coming from therapists, and then as well, the tendency for non-therapists to try to diagnose and judge the behavior of the people in their lives. So I'd love to talk about those situations and, you know, some of the issues that you see with that.

Todd: Yeah, well I mean the whole thing kind of drives me a little nuts. And it's not just one or the other. It's not just therapists, or doctors, or people trying to understand the relationships through the frameworks they've learned about, it's cultural. It's the people that actually subscribe to what therapists write about. And I'm not suggesting that people shouldn't, or that

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therapists shouldn't, but it's often, the way it's presented is misunderstood, especially on social media.

So, it's a cultural issue, or a cultural reality that the way in which we all understand our experiences, no matter what your background or profession is, is through this normative lens. So what's healthy, what's unhealthy, what's the right way to live and what's the more problematic or painful way to live.

A hundred and something years ago this was basically how psychiatry started. In order to obtain power, it utilizes some kind of a biomedical framework, which identifies human experiences through the subjective lens, which says, basically, this is a problem, and this is a disorder or a disease, etc., and therefore, requires intervention and treatment. So it's a biomedical disease model for mental health. And so that's the dominant way in which we all then understand ourselves and our lives.

We can put a whole range of different words on it without using disease, without using treatment or intervention, but the process and/or approach of identifying a problem and doing so through this filter binary—good/bad, healthy/unhealthy, normal/abnormal—and then applying orientation or some kind of conceptualization or some kind of treatment to “fix,” “heal.” So this black-and-white traumatized/healed, unhealthy/healthy.

That's the framework that most mental health information, psychoeducation is presented on social media. Even if it's not, again, using the words of, this is a disease and this is how you cure it, it could just be a simple list of ego versus non-ego, or higher self versus lower self, or inauthentic self versus authentic, you know, it's all the same shit. It's all the same binary of good/bad, you know, spend your life striving towards the other.

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And so, this is how psychology is now marketed. It's less diagnosis heavy, but it's still the same brand. So the words are different but the meaning is the same.

Shohreh:

Yeah, and I feel like that also leads to a lot of shame for people who are consuming that information where they feel like why can't I just get to this good side? Why can't I, you know, improve upon myself to get over my condition or to "heal" from my condition? And you're right, that is this very black-and-white picture of that that makes people feel really bad about themselves.

Todd:

Yeah, exactly. And the reason why is because most of us don't spend all this time thinking about it. We grew up in a world that tells us not to think about our feelings, not to think about how to do relationships or how to have sex. So when some people first encounter this information, they interpret it as truth, especially when it's coming from somebody who seems to have power, whether that's a degree, or a lot of followers, or the way they look, or whatever. That people then interpret what they're reading as truth.

And so, most of the times what's being interpreted is overgeneralized, objectified versions of reality that doesn't really apply to anybody. And then it's misinterpreted and people feel shame because we can never measure up to these ideals. They're ideals for a reason. They're not real, they're ideals. I think that's why so many of us feel such ongoing shame, or feeling less than, or feeling like if only we could do this one thing, we'll be better and more authentic, or we won't betray ourselves, or whatever.

Because there's just so much reduction in how we present some of this psychological information that people then internalize that as truth and reality, and then feel shame.

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Shohreh: Yeah, and then when we take in that truth and reality, that's where then this tendency comes in for non-therapists to kind of mirror that back where they start trying to diagnose the people in their lives and being like, oh well, this person is toxic, or they're a narcissist, or whatever. And I know you've spoken about how it's really more important to focus on ourselves rather than trying to diagnose other people.

Todd: That really just kind of bums me out, and frustrates me, and annoys me [laughs]. Just because yeah, it's really not helpful to deepen the story of somebody else. Unless you're literally asking them questions about how they felt, why they did things, and they're being honest with the answers. We can really never know just based on our analysis of somebody else, unless they're telling us. In doing that, we get further away from what's actually going on for us.

So instead of saying this person was abusive towards me, they're a narcissist, they did this, they did that, they, they, they, what's the experience of their abuse? What's, I felt this, I felt small, it reminded me of this other experience where I felt totally invisible and it makes me anxious that I'll never be seen, blah-blah-blah-blah. You know, there's two variations of this story. One is more about us and is probably much more accurate. Still missing a lot of pieces, but nonetheless, it's more congruent with our lived experience versus the other which is basically mental masturbation. We're looking at somebody else's behavior and assuming that based on our perceptions, that we know.

The fact of the matter is, we don't know [laughs]. Other people barely know why they do things, we certainly aren't gonna know why somebody else does some of what they do. So that's why I post a lot about this, about really stop analyzing your relationships and start analyzing yourself

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instead. Or analyze your experience of those relationships, not the actual person. And that's not to excuse toxic relationships, even though that's not a word I really use, or abuse, or any of that stuff. It's just more sort of focused on our experience, our story, and not to further somebody else's story.

Shohreh: That's such a good point that all our conclusions we're drawing about other people are coming from our perceptions of those people because we really don't know the full story of what's going on with everybody else around us. Like you said, we're still constantly uncovering things about ourselves, so how can we expect that we will just magically know exactly what somebody else is going through, especially, again, not that mental health practitioners are magical or anything like that, but a lot of us like to try and do our own armchair therapizing, when we literally have no training in that whatsoever.

Todd: Yeah. Do it on yourself in a very time-limited way. But yeah, when we start judging and conceptualizing other people, like you were saying, it is more about us. It's about our perception of them, which may not be accurate—it's usually a misperception. It's about our history, it's about our understanding of the world, of this other person. And it actually has very little to do with the other person's actual lived experience. So, I'm all for people trying to understand others, but through direct interaction with them and direct prompting of, why did you do that? [Laughs] As opposed to, they're an abusive narcissist.

Shohreh: And I know a lot of this comes down to as well, turning inward versus trying to get the truth from outside of ourselves. And I think that relates to this idea of being normal in our society and how that's something we should always be trying to seek out and conform to. And I think this

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seeking out of supposed normalcy honestly really traps us. Again, because we're always seeking, which is something that you had mentioned, instead of just trying to learn who we are and what's going on with us in this moment.

Todd: Yeah, I mean, I like to think of it in terms of we're all kind of freaked out about how to live our lives. And so, because of that we, for a very long time, have sought out and created a range of systems to try to understand it so we don't have to be as anxious as we are and we can just follow the rules. But the thing is, is sometimes we simplify it too much and we end up eliciting the reaction that we were trying to avoid by creating the system in the first place, which is anxiety, shame, etc., about getting it right.

So it's a bit of a mindfuck, but I do think it comes from its place of anxiety, of really trying to simplify our very complex, multilayered life experience.

Shohreh: Which makes sense for us to want to do as humans because being human is fucking messy, and so it feels so much easier to try to neatly categorize everything [laughs].

Todd: Totally.

Shohreh: I feel like this shows up as well when we look at gender, and we look at sexual orientation, and all these things that we really like to have a label for. And labels are helpful up to a point, and sometimes they just really fuck people over.

Todd: Right, because oftentimes people don't fit into these black-or-white places, like gay, or straight, or male, or female. It's a blended experience.

Shohreh: Yeah. I think I've especially seen this in terms of sexual orientation, even in my own experience with sexual orientation where there's this very

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dominant narrative of what sexual orientation is. You know, the Gaga, born this way narrative really took the world by storm. And understandably so, especially in terms of trying to get things like gay marriage to be accessible to everybody, that that is a narrative that makes people be like, ah yes, well, if you're born that way, then you didn't choose it—which was the conservative talking point—so yes, we have to be okay with this.

And it's like, that is some people's experience, and it's not everybody's experience. And a lot of people experience things like sexual fluidity, or orientation changes over time, or trying out labels and then being like, eh, this one doesn't really fit, and then maybe years later they're like, oh, actually this one feels better. But that's not a conversation that people like to have, especially in straight spaces where that just doesn't fit with their viewpoint of like, what it means to be queer.

Todd: Yeah, which is really interesting, which shows you about how culture really creates a reality. That if you're somewhere else, and even in this country, you may not have the same opportunity for a conversation about that fluidity that you may in more of an urban place.

Shohreh: Yeah, if you don't have queer community in general as well, like that's not a welcoming conversation outside of it, and that doesn't even include gatekeeping within the queer community also. [Laughs] So sometimes it feels like no matter where you turn, your experience doesn't fit into what people are saying that it should fit into, which is hard. Again, being human, messy and difficult.

Todd: Yeah.

Shohreh: So, we can't have this conversation without also talking about sex and relationships because they are your specialty. So, I want to know how you

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see some of these concepts we've talked about play out specifically in the context of sex and relationships. Like how are these things coming together to create struggle for people in those areas?

Todd:

So every individual, every couple that I see comes in with a whole range of expectations and information that they've learned that I don't wanna say is totally false, but it's not necessarily congruent with their experience. And yet they apply it and have internalized it. And they're coming in feeling shame, feeling a lack of satisfaction, not being able to get aroused, not feeling pleasure. Some variety of what they're expecting they shouldn't be feeling. And these are things, again, that they learn online, that they've learned through family, friends, etc., about how we view sex and relationships.

The things that we're talking about have major, major effects, impacts on how we have sex, how we love, all of that stuff. There's so many studies that really create a huge link between the more expectations you have about how sex should be, the more likely you are to experience sexual challenges. And I would say that the same thing goes for relationships. The more expectations we have of our relationships, the more unsatisfied we may be in them.

And we learn these expectations from culture, again, from social media, from "science" and objectivity, about ideals. The way in which we think things should go.

Shohreh:

Yeah, and those are things that we really receive from a young age, right? These messages are just given to us over and over again about what good sex looks like, what relationships are supposed to look like. So practically, if you're someone who wants to get out of this trap of expectations, what

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are some steps that a person can take to not show up in a relationship with that baggage?

Todd:

Well, there's a lot that you can do. First thing is, again, to really try and understand what these expectations are about. We all have a variety of different expectations about how a relationship should go. And they come from somewhere. They might be about traditional values, they might be about your fears, they might be about your dreams, etc. The thing is, is that we don't necessarily need to have those expectations to get our dreams fulfilled. Especially when it comes to relationships, most people want connection, closeness, and love. So we can get those things without putting expectations on our relationships and our partners.

So the first thing you want to do is become more aware of, so where do these expectations come from? What values do they come from and are they actually congruent with what I desire and my ability to get that? But most of the time the answer is no. They're not congruent, and they get in the way of you getting what you want.

From there, I help people unpack and learn more about what it is they want, why they want it, when they didn't get what they want now and how that felt—so childhood—and how to better elicit reaction from their partner that will be more reflective of the things they desire in their relationships. Because most of these people's expectations are something along the lines of, I need my partner to do [blank] for me. Or I need them to be like [blank]. And the sense of needing, as an adult, is a little bit of a fairytale because technically as adults, we don't need anything other than basic food, shelter, etc. But we've placed more needs and expectations on our relationships as relationships now, we seek them out not to stay alive, not to feed ourselves, not to preserve power, but we do so for love. We do so

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for good sex. We do so because we want them to be our best friend, our partner. Things that we often looked towards our entire village to do, now we expect one person to do it all.

So, we have to really try to understand better where some of that comes from, why it's there, and reconstruct those needs as hopes. Like I hope my partner will do XYZ for me, rather than I need them to. Because most of the times we can do these things for ourselves, and our partner isn't there to take care of us in that sense. They're like a bonus feature of our life, and the minute we start placing these expectations on them is oftentimes the minute we create some disconnection, which actually isn't what we want.

Shohreh: And this goes back to what we were talking about of looking up the history of things and understanding where certain constructs come from. Because I think about the history of marriage, and like you were saying, romance wasn't a piece of marriage for most of marriage's history [laughs]. Like it was literally a business transaction. And particularly for women, it was the only way they could have any financial power in the world.

Todd: Right. And the reason why people used to have kids was so they could put them to work.

Shohreh: [Laughs] Exactly! But then people look at these things, and understandably we're trying to put a modern spin on them and say, okay, well that's what it used to be, but here's what it is and what we want it to be now. But we can't ignore that historical context because it has colored the way that we talk about, and view, and are in relationships.

Todd: Yeah. It's so important, and there are so many great books that really do go into the history of love, and marriage, and sex, and stuff like that. Because there really is a big part of understanding. Because it's not, yes, I

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agree with you and it's very easy to say, well, that's how it was, this is now, but the point of that is to really question the now. Do I need these things or are these things that I've learned as things that I need? Do I need to understand myself within these parameters or have I learned through culture that this is how I'm supposed to do it?

Because most of the time people will find once they do get into relationships is their partner cannot and will not ever be all of those things. And if you want to be in a relationship that is satisfying, you've gotta give. [Laughs] And you've gotta really reduce some of those expectations.

Shohreh:

So if I'm walking into a brand new relationship, let's say, like I've just met this person, we're interested in dating each other, what are some things that we can do as a couple to try to leave some of these expectations behind and instead mutually create what we want the relationship to be?

Todd:

Well, there's so many things. And the first thing is just being vulnerable with each other about your hopes and dreams. It's interesting. I find so many people just don't do that. They're looking to create closeness, but they don't want to reveal their fears, or their hopes, or their dreams. So, you really at the very beginning of a relationship, you want to start the conversation and you want it to be an ongoing conversation that you revisit regularly.

It's kind of like at work. You're gonna have meetings maybe once a quarter, maybe twice a quarter, to check in, to see how things are going. At the beginning when you start a new job, you're probably going to get a manual, and then they may even make you go to classes that may be exhausting, but nonetheless, you have to go, and learn, and train, etc.

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And so, a relationship should be no different. When we meet somebody we're gonna want to see their manual. We're gonna want to learn about what makes them tick. We're gonna want to learn about their fears, about their history, and vice versa. So you're gonna want to share with them, this is who I am, these are the things that I'm working on, these are my points that I struggle with, what are yours? Then I think it's just a bunch of trial and error to see what works. But the key thing being here is to collaborate.

And so oftentimes I see people and they're not collaborating, they're not sharing their concerns. They're complaining to everybody but their partner. And so you're gonna want to address everything with the person that's bringing these concerns out in you. And that's why it's helpful to establish at the beginning, so it doesn't feel like, oh, this is coming out of nowhere, or how do I even bring it up? Where you build in the mechanism where you can bring anything up. And obviously, anything is a drama, but for the most part, let's say anything [laughter].

Shohreh:

Well, and obviously revealing hopes, fears, and dreams, like that's terrifying for a lot of people. That really taps into that fear of like, what if they don't accept me? But something that I feel like I've really learned as an adult through various relationships that I've had is that if I don't show up fully at the beginning of a relationship, it gets really hard as the relationship goes on to then reveal who my full self is because the expectations at the beginning of the relationship are based on a person that wasn't actually my full self. It was either performative or it was, I'm gonna hold some things back because I'm afraid of this. And that just usually turns out very badly.

Todd:

Exactly, I was about to say, it might be terrifying to do it at the beginning, but it's even more terrifying when you've been with somebody for eight years and you don't know how to talk to them.

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Shohreh: Yes!

Todd: And it's also, not to say that these are the rules, if you follow them you will be in bliss no matter what. You may always be terrified to reveal part of yourself, and that might be a tool that you can use to learn about yourself, you know, as an opportunity. But generally speaking, it's really a good idea to start practice doing these things early on in the relationship. Start talking about sex early on in the relationship. So when the desire declines, which it will, you're not dancing around the issue or walking on eggshells. Where one of the, or however many people are in the relationship can bring something up and the other will be there with them.

Shohreh: And talking about sex too and this kind of self-discovery, I think it's such a disservice that our culture has of being so anti-masturbation because of course masturbation is one of the best ways to learn about yourself sexually and then be able to share that with a partner.

Todd: Yeah, it's fascinating. And I see so many people, and I've never had a client or a couple that masturbates together without me pushing them and trying to convince them to do it. But people really have privatized their masturbation, if they're even masturbating.

Shohreh: Yeah, I mean I totally hear that. It's one of those things that just feels really scary. I think because of so much shame that we have around masturbation, usually when people are able to get past that and enjoy masturbation, they still very much see it as like, well, this is supposed to be a private, secretive thing, even though I don't have to be ashamed of it.

Todd: Yeah, which can bring up a whole variety of challenges when we then actually go to have sex with somebody in terms of really creating boundaries, in terms of how we express ourselves sexually. Because

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masturbation is perhaps the most important part of our sexual health, and if we're creating a boundary between how we express ourselves when we're by ourselves, the most important part of our sexuality, and that when we're with partners, that's going to bring up some challenges. So, the more open you can be with your masturbation practice with your partners, the better, which is why I always, always, always push people to masturbate with their partners.

Shohreh: Good to know, y'all. There you go. That's something you can think about trying is masturbating with your partner. And if that feels scary, maybe think about why that is.

Todd: And if it feels scary, good! [Laughter] You know, I think things that feel scary or uncomfortable are probably not because they're painful and uncomfortable. For sure, use your common sense. I'm not dismissing real physical pain or abuse. But when we're first learning about our sexuality, it feels uncomfortable. It may feel scary. It feels vulnerable, and it feels like we're exposed. So sometimes when it comes to our sexuality, we have to do things first before we feel comfortable.

And again, I'm not saying don't just overlook pain or abuse, that's again, not what I'm talking about. But I am talking about what it means to do something for the first time, or for the second time, or something that's extremely vulnerable, is that it may just feel uncomfortable, and you have to do it first before you can feel comfortable with it.

Shohreh: Yes, absolutely. That's something that people always think that things should just feel amazing or they should be experts at it on the first try. And I'm like, there's nothing else in life where that is the case, you know? You can't learn to play a musical instrument just by thinking about it, you have to actually do the thing.

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Todd: Yeah, and a good example of this is body esteem. I see a lot of people who hate their bodies, especially right now after quarantine blah-blah-blah. And the narrative is, I don't want to have sex because I hate my body. I don't want someone to see me. And there's a lot of stuff I'm going to hop over here, but basically, part of body esteem is sex! Having sex. It increases our positive feelings about our body because we have pleasure with it and from it and share that pleasure.

So part of working through body esteem is pushing through that discomfort and getting to that pleasurable experience with our bodies. So this whole thing of, I'll do it when I'm ready, you know, we have to flip it and reverse it.

Shohreh: Nice Missy Elliott there. Thank you for that.

Todd: Yes. Always Missy Elliott.

Shohreh: That in general, I mean, like you said, you skipped over a lot of things because of course you have to, this is a podcast, but I was thinking just about pleasure in general and how, in particular, especially marginalized bodies are really taught that they should not be allowed to feel pleasure in their bodies. And that's not only sex. But I work with a lot of people on food, and exercise, and things like that. Things that people often use for punishment in their lives or that other people have wielded against them. And so, the idea that pleasure is okay and that we can learn to be accepting of pleasure instead of afraid of it, is really hard for people at first.

Todd: Yeah, it's a big risk. And most of the things that we're talking about today are risks.

Shohreh: Yeah. Well, and we've covered a lot of topics over the course of this time. So, thinking about everything that we've discussed, if you could give

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listeners one takeaway, one thing that you want them to walk away with and consider, what might that be?

Todd: I'm going to have multiple things. [Laughs] Question everything! Not in an all-or-nothing way, but in a way of trying to make more meaning. Be curious about yourself. And take more sexual risks.

Shohreh: Fuck yes to curiosity. That is the philosophy that I preach to so many people. Like, if we can just get curious with ourselves, we can learn so many things.

Todd: Yeah, which is why I try to get away from the label thing. 'Cause once we start with a label or a judgment, it kind of closes and limits the conversation. So we really just want to open it up, and we want to create more meaning, more curiosity, and appreciate some of the complexity.

Shohreh: Yeah, we want more space. We don't want to be shoved into these boxes! Alright, so for our final question, which I ask to all of my guests, I would like to know how do you define health and wellness for yourself at this moment in your life?

Todd: Oh god, I don't know [laughter].

Shohreh: Feel free to think about it.

Todd: I'm going to have to journal about this one. I've had so many experiences throughout my life where I've really felt awful. And so now, I don't necessarily think about my health, which is interesting, for myself. As long as I'm feeling content and comfortable in my body, so not anxious or super stressed, I feel healthy. And as long as I'm moving my body, I feel healthy. And so that's really my daily aims, is to really try to honor the things that I'm experiencing in my body as opposed to just staying in my head.

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So if I'm noticing that I'm feeling stressed or if I'm sore, I'll stretch. If I'm stressed, I'll go for a walk. If I'm constipated, I will drink a lot of hot water with lemon [laughter]. You know, I really try to pay attention to my sensory experiences and increase the pleasurable ones and do everything I can to decrease the experiences that I'm having sensory-wise that I don't like. And for sure, sometimes I can't do that, but that's like my major push, and I've done it for so long that it just kind of comes automatically.

So that's, I guess, how I try to think about my health and feel healthy.

Shohreh: Yeah, and that really comes back to what we've been talking about this whole time about turning inward and getting curious with yourself. Where you have these guideposts that you're getting from your body and they give you information about like, oh, well if I'm feeling a lot of anxiety and stress, that's not where I feel my most healthy, and so, let me examine that and see what I want to do with that, which is awesome.

Todd: Yeah, and I guess a big component also that I'm talking about is that I'm not in my head as much as I used to be. Because I notice the more time I spend overanalyzing things that I literally have no control over, that the more stressed I am, and the more tense I am, and blah-blah-blah-blah-blah. So, I really try to do that in a time-limited way.

Shohreh: Yeah. Ooh, I love the idea of having a time-limited way for that. I work with a lot of clients on getting back in their bodies, and yeah, thinking about it with a time limit, it's like, sure, you can be in your head and you can think about these things, but we don't want to spend all of our time in there.

Todd: No! And also, it's not helpful. I'm literally not going to be able to think my way through a problem. Like, it's just literally not possible. So like, I'll think about it for a period of time, I'll stress out about it for a period of time, and

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that will suck, and then I have to move on. Because it's just, I know that it's literally going to do nothing for me.

Shohreh: [Laughs] And a lot of people don't know that. We're really taught that we can just logic our way out of anything.

Todd: I know. We can't.

Shohreh: So it's, having to learn to be in our bodies. It's hard work, but it's definitely worthwhile.

Todd: It is, yeah.

Shohreh: Well, thank you so much for being here, Todd. How can people find you and what is the best way that my listeners can support you in your work?

Todd: Thanks for having me. If you want to find me, you can find me on Instagram, @yourdiagnonsense, or on my website, which is www.toddsbaratz.com. But Instagram is the best way to find me, come check me out. Also, if you are interested in learning about your sexuality, I do have an online sex therapy program that includes courses, a workbook, monthly group webinar sessions with me, and a bunch of other things. So you can check out that course on my website, which if you can't spell my name, go to my Instagram and then click on my website. But the sex course, it's a really great course. You get a lot for it.

Shohreh: I will link all of that through in the show notes so that people don't even have to mess with trying to spell your name if they do not want to.

Todd: Thank you. I don't know why I didn't pick an easier website. I wasn't thinking.

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Shohreh: Well, if you've seen what my name looks like, that's also my website, and I can only imagine—

Todd: We've gotta change it!

Shohreh: Yeah, how many people go to some other weird-ass websites that are not my name [laughs]. So, I get it, I get it. Well, thanks again Todd, This was wonderful. Everyone go follow Todd on Instagram. You will not regret it.

Todd: Yeah, thank you so much for having me. This was fun.

Shohreh: And that's our show for today! If this podcast has taught you anything or helped you in any way, I hope you'll consider supporting me in my effort to keep it going. You can join my Patreon community and receive members-only perks by going to shohrehdavoodi.com/Patreon, or you can tip me for my work through the payment links located at the bottom of the show notes for each episode. I would also encourage you to subscribe and submit a rating and review through your podcast provider of choice. I love hearing from listeners, so feel free to screenshot from your podcast player, post on social media, and tag me. Finally, if you're looking for more information on what I'm all about and how to work with me directly, head over to shohrehdavoodi.com. Hope to see you for the next episode.