

Redefining Health & Wellness

#83

Featured this episode: Shohreh Davoodi & Maxine Ali

Shohreh Davoodi: Hello and welcome to episode #83 of the Redefining Health & Wellness podcast. I am so excited to share today's episode with linguist Maxine Ali who specializes in the relationship between language, health, and culture, through a feminist lens. We had an absolutely fascinating conversation about the importance of striving to use inclusive language, the ways sexism shows up in research, how wellness culture perpetuates the male gaze, and so much more. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/83. That's shohrehdavoodi.com/83.

As a reminder, the scope of the show is expanding to include more than health and wellness content and in just a few weeks the podcast will be getting a brand new name. If you're already subscribed to the podcast, then there's nothing you need to do. When the changes go live, everything will roll over automatically. And if you're not subscribed to the show yet, consider this your reminder to go ahead and do so, That way you'll never miss an episode.

[Music plays]

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

Welcome to the show, Maxine. How are you holding up currently?

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Maxine Ali: I'm doing okay. This pandemic is a lot. Just kind of taking each day as it comes, not thinking too far into the future, but you know, also holding onto the little things that give life a little bit more meaning than just everyday being the same [laughter].

Shohreh: Yes, at this point it's just gone on for so long.

Maxine: I don't think any of us could have imagined. I think when we were first talking about lockdown and whether, you know, is this gonna be like three weeks or three months, and here we are nearly a year later! [Laughter]

Shohreh: Yes, we had big naïve dreams about this time [laughter].

Maxine: Yes!

Shohreh: Well, I have to say that as a writer and someone who loves language, I find your work in linguistics to be absolutely fascinating and I'm so excited to dig into it today.

Maxine: Oh, thank you. I'm very excited as well. I love talking about language to anyone who will listen.

Shohreh: Well, I am a rapt audience, so I'm very excited. And before we do, can you first share more about you and what led you to the work you're doing today?

Maxine: Oh, yeah. So as you said, I'm a linguist. For anyone who doesn't know, that is someone who studies language, and I specialize in the relationship between language and health and culture, typically through a feminist lens. I have a bachelor's in linguistics and a master's in medical humanities, and my work today kind of largely revolves around exploring the sociopolitical situatedness of health, and the bodily anxieties that we have, and how the things that we perceive as healthy are inseparable from ideological

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assumptions, opinions, and biases that pervade society. So a lot of my work involves research and writing, some public speaking, and I'm currently applying to do my PhD, which all going well, will start later this year.

Shohreh: Exciting on the PhD front! That must be fun for you.

Maxine: Yeah! It's, again, very weird doing all my meetings with my supervisors on Zoom. [laughs] Last week we had a call and my washing was just in the background. They're like, oh great, you're doing your washing. I was like, this is so embarrassing. [Laughter] Like, you know, researchers I have looked up to throughout the entirety of my academic career, they're looking at the washing in the background of a Zoom call.

Shohreh: The silver lining is the pets, of course, because I can't get enough of that.

Maxine: Yes! Oh my goodness, someone that I work with has like three cats and a dog, and every time we have a call, I'm like, "Oh, can you please put your pets on?" She's like, "We have work to do," and I'm like, "No, please just once." [Laughs]

Shohreh: It's like the only thing giving any of us serotonin currently.

Maxine: Sure, yeah! [Laughter]

Shohreh: Let's start with a concept that I'm very fond of talking about, which is this idea that the language we use matters. And I know this is a big topic, but as a linguist, I want to talk with you about why is that? Like, what are the actual kinds of effects that our language choice has on us and the people around us?

Maxine: Sure. I think this can kind of be a really, really big topic that a lot of people struggle to grapple with in a lot of ways. Well, basically the way that we

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speaking kind of has a huge impact on the way that we see the world. We have something called “linguistic relativity,” which is this idea that basically the words that we say, shape the way that we perceive the world. So, a lot of the research around that is sort of how we use gendered language and gendered pronouns.

So, for example, we know that in a lot of places masculine pronouns are kind of the norm. We use masculine pronouns to kind of refer to everyone. We’ll say sort of, “he” or “his” to, it’s supposedly inclusive of everyone. But what actually happens in linguistic research is we see how within societies and cultures that tend to use masculine words, they tend to have a bias towards men in the sense that we see more evidence of the gender pay gap within cultures that have this kind of masculine norm within language.

And so it’s really, really interesting, even the most subtle, like, different things within language can have a huge impact on our whole perception of the world.

Shohreh: It’s interesting because when you said that the first thing that always pops up to me that I always saw growing up was, of course, in religious texts, right? And this idea that, I’m not religious, but just that people have given god he/him pronouns—

Maxine: Yes.

Shohreh: —and like, what that kind of does to the brain when we do that and how that sets the tone for all these other ways that we do that as a culture.

Maxine: Absolutely, and it’s in that particular instance, as you say, you’re attributing this kind of powerful force to masculinity and to being male. So, you can imagine how that kind of really reinforces sort of gender inequality across society.

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Shohreh: Right, and then I also was thinking about, like certain professions where we default to male. Like in the U.S. for instance, “fireman,” “mailman,” these things that there are, of course, people of different gender identities doing these jobs, but we still default to putting “man” at the end of them.

Maxine: Of course. You know, there’s a lot of people who, and I come across this quite often, people think that I’m being too pedantic, as a linguist I get kind of too focused on the really minute details of language and maybe not sort of on the bigger aspects. But we do see that in those occasions, as you say, kind of the gendered job titles, you know, that can dissuade someone from applying for a job that has maybe a more masculine name just because they don’t see themselves in that language. They don’t see themselves represented and so they think that job is not for me.

Shohreh: Yes, because language also is what creates the image in our mind. So like, for certain professions, because they have been more male-leaning in the past, when you hear the word, that’s just what you immediately picture. And then you can even get into race, right, of what is the race of the person that you’re picturing when you hear certain words? And this is where language is very fascinating and also horrifying to me. [Laughter]

Maxine: Yes, and there’s almost the counter to that where you have some sort of professions that are often attributed to women, you know, like nursing is one of them, for example. And as a consequence, we almost imagine those professions to be less superior and less sort of meaningful purely because of the gender dynamics that we have within this world. It can kind of work both ways in terms of the association with a specific gender can make us perceive it as almost lesser.

Shohreh: Absolutely! And I think another piece of this idea that language matters is, of course, when we choose to use words that are hurtful, for example, both

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towards other people, and kind of the effect that that can have on them. And then when we do that towards ourself, with our negative self-talk and negative body talk and the effects that that has on us and how we see ourself.

Maxine: Definitely. So one of the areas that I worked quite a lot within is sort of body talk in particular and the way that we've almost sort of made it normal to talk to ourselves in kind of this really negative language, particularly within health and fitness, and the way that we try to motivate ourselves to do better. We end up talking down to ourselves a lot, and obviously that has a huge impact on the way that we see ourselves. We start really normalizing this idea that we are kind of a negative space and that it's something to improve, to work on, to fix. And it's just so instilled in us, there's something inherently defective that we have to work on and build towards.

Shohreh: Certainly in general, just looking at capitalism as a concept, and then when you get into health and wellness especially, this idea that we're not enough as we are right? Like, we always need to be striving to become healthier, which may also mean thinner and does for a lot of people, and how all of that kind of warps into our view there.

Maxine: You know, now we kind of see ourselves as almost a project. We almost view ourselves in these kind of really dehumanized terms because I guess that's the way that we're almost represented so much in marketing and kind of the values that are instilled in us within sort of capitalism. We see ourselves as a project that we need to be working on in terms of always improving, always kind of building on something that's by default, not enough. And I just think that's really interesting that it's so ingrained in us that we are not just someone who is living, just someone who's trying to

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get through each day, just kind of existing, but always striving to be improved and perfected.

Shohreh: Right, we've like demonized this idea of one, just kind of like, being okay with who you are and having periods where you're not doing that, and then also, rest as well. That we always need to be doing more, even if not in our work, then in our personal life, in our health, you know? And so, our days get just stacked with all these different expectations of like, here's what you have to do to be like a good, worthy person.

Maxine: Absolutely. And of course these messages, they hit marginalized people the most because a lot of the talk that comes from self-improvement discourse is about fixing yourself. It hits marginalized people the most because they're the ones that are made to feel like they don't fit in with the way that society operates. They don't fit in with the standards that society sets. There's almost not enough conversation about how this kind of language, though it hits everyone, it hits people differently.

Shohreh: Mmm, yeah. That's such an important point because these standards that we're all supposed to be working towards, these are typically white standards. These are typically dominant culture standards, so heterosexual standards, like you were saying before, this idea of masculinity. So if you do not fit into those, the idea is that you're supposed to be trying to conform, and of course the only way to do that would be to change yourself completely.

Maxine: Mmm. And it's almost that flipping. Because you know what we're striving for when we say, you know, we put whiteness on a pedestal, thinness, masculinity, what we're really striving for is the power that is associated with those characteristics and the privilege. And it just confuses the whole message of what we really want to be doing from a social-justice space

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because really what we want to be doing is creating a space where you don't get privilege from those characteristics. We want to ensure that everyone has access to everything in their own right.

Shohreh: Yes, and that's actually a great lead in into this idea of inclusive versus exclusive language and who gets left out or whose experiences get minimized when language isn't inclusive. And I'm very fond of saying that a mindset shift that people might want to adopt is that we can view invitations to use more inclusive language as opportunities instead of impositions. Because I've seen people really want to hold on tight to language, even if someone is saying, "Hey, this is harmful, this is exclusive," because they don't like having it feel like something's being taken from them. I'm sure you've seen this in your work as well.

Maxine: Definitely, yeah. And I think, you know, we are incredibly attached to language and the kind of things that we speak in our everyday lives just 'cause it's a foundation of our identity. And so, almost, for a lot of people, when we ask them, could you maybe not say that because it's not inclusive or it can be harmful to some people, to them it feels like an assault on sort of who they are and how they want to present themselves. And they don't recognize that language is not just about the words that you say, but the impact that they have.

Shohreh: And also, I've seen you talk before about how word meanings aren't necessarily fixed. Because people will be like, oh, well, I'm sorry you heard it that way because that's not what I meant. You know, like, I meant this other definition of it. And that's kind of an excuse they'll hold onto is like, well, I don't need to change because I don't mean it the way that you're taking it.

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Maxine: Absolutely and I think the thing is we need to remember that language, it's a communicative tool. It's a dynamic of both what we say and how it is received. And so you cannot discount what people take from the message that you are saying, even if you didn't intend it to be harmful or you didn't intend it to be taken a certain way. The fact that someone did take it some way is part of how language works. And so, you can't discount that if you have had an impact on someone that's a negative impact, that is kind of part of the intent of language, and therefore, part of the intent of what you were saying.

Shohreh: And language is changing all the time. That's the thing for me is that I've really decided that I am not going to hold on tight to language and when I have those kind of feelings of wanting to do that, of just being able to say, no, like language changes all the time. There are so many words, phrases, that I wouldn't use now that I used maybe even a month ago or a few years ago. But I'm not going to say, oh, well, I'm a horrible person because I used this language that was the appropriate language at the time and it's not the right language anymore. Like, I think we all have to understand that it's changing so fast that of course there are going to be things we said in the past that don't make sense anymore.

Maxine: One of the early things that we learn in linguistics is that we cannot get too attached to language in the sense that it has set definitions because it doesn't. It is changing with the way that society changes. It changes with who is allowed to be given a voice and we learn that actually there are different ways of speaking about things. There are subcultures that have maybe been marginalized that as they are given more opportunities to speak out, their language and the ways that they talk about their experience become more well-known and that's a great thing.

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But the other thing that I think is important, and this is something that I've kind of had to work through myself because I value language so much, and I definitely have this kind of constant fear of saying something maybe not quite right or saying something that kind of could be construed as problematic later down the line. It's okay to get things wrong. It's just, what matters is the kind of being prepared to take on feedback from other people. Being prepared to learn from the people around you and the way that the world changes and say, okay, I'm not going to say that anymore or I'm going to say something differently.

I get things wrong too. I had an experience quite recently, it was quite interesting, where I was talking about social distancing on my Instagram and I got a message from somebody who was basically like, here in France—I think this person must have been from France—she was saying, “In France, we don't say ‘social distancing’ because it has these kind of negative connotations where it implies not only being distant from someone in a physical sense, but also in the sense that those with less socioeconomic privileges are being more negatively impacted by the pandemic.” And so it's almost kind of reaffirming this class divide within language. And I was like, I'd never even thought of that, and yet it made so much sense when this person said it.

But of course, you know, when someone comes to you and tells you, this is slightly problematic, maybe think about saying it in a different way, it's no use being defensive and kind of saying, “Well, here in the U.K. we say ‘social distancing’ therefore it is.” It's like, that's an excellent point and I will definitely make sure that even if I say “social distancing” in the future, I will make sure to caveat that with what exactly I mean and ensure that people recognize that there are other connotations that are also valid and deserve to be heard.

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Shohreh: Absolutely. And for listeners, if you haven't listened to episode #81 of the podcast, in that episode, I talk about how to embrace feedback and also how to give a good apology that isn't a jerk apology [laughs]. So that is a great episode if you struggle with this aspect where someone comes and gives you information or says something is harmful and you want to automatically get defensive, to kind of start learning those skills. So I'll definitely link to that in the show notes.

But that is such a good point, and I think this comes back to my idea of looking at this with curiosity. Seeing it as an opportunity instead of letting that defensiveness get the best of you. I am thankful at a point in my own social-justice journey where now when people bring feedback to me or they tell me, "Hey, this is harmful," I want to listen. And that doesn't mean that I don't have those, sort of, human feelings that come up of like, oh shit, I fucked up and I hate this. I do because it never feels good to hear that. But I'm at a point now where I can say, yes, I have these feelings, I need to process those, *and* I don't want to harm people. That's such an important value to me of not causing any more harm than I have to. So if someone is coming to me and saying, "Hey, this is some information that you might want to have," then I want to give that it's due and fully explore that.

Maxine: For sure, and I think it's exciting. I think it's exciting to learn something new from a completely new perspective, and—

Shohreh: Thank you! It is!

Maxine: —it's not something to feel threatened about, it's something to really just embrace wholeheartedly.

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Shohreh: Yes, and this comes back to some of these ideas that we have, especially in the U.S. as a culture, of like, if you do something “bad,” then you are a “bad person.” And this is where people tend to get really stuck in this area.

Maxine: For sure, and I talked about this quite recently. It’s that distinction between guilt and shame where, you know, you feel guilt for doing something wrong, but then you kind of manifest the shame because you think that doing something wrong is a reflection on your character. And you know, it doesn’t have to be. If you’re prepared to change your behavior or just rethink the way that you approach things, then that is just a signal of you are a good person, you want to do good, you want to do right by other people.

Shohreh: Right, and this is that perfectionism thread of white supremacy culture of like, we cannot make mistakes, we have to be perfect all the time, which is a standard that absolutely nobody can live up to.

Maxine: For sure, yeah. I mean, perfectionism, it’s such a big component of, so many of us struggle with our day-to-day living and the way that we exist because we’re always striving to meet these standards that just are impossible.

Shohreh: Mhmm. So let’s get into some of your specialty in terms of language in health spaces. Specifically, you have talked about how metaphor can be used in this space.

Maxine: So, I love looking at metaphors ‘cause I think people love to think that metaphors are this thing where they just elucidate the way that the world works and they’re not really literal, they’re just a nice demonstration of things. But what I’ve found in my work is how almost rooted in reality metaphors can be.

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One of my master's assignments was looking at sort of the way that we present health and how power almost manifests in representations of health through metaphors versus when we talk about illness, we tend to almost link it to less powerful language. And as a result, we often end up coming up with these tropes where we see in society that those who have chronic illnesses and disabilities are often left without power and they're not given a voice and they're not given space to exist and accessibility. And I think metaphors are really important in that they show us what we actually perceive the world to be in this really, really beautiful way.

One of the other things that I've talked about in terms of how we have this language of illness where it comes and it's like an invasion, and you see this almost undercurrent of sort of racism within this language of illness. It's really, really interesting. And you think because you're talking about an illness it's not actually impacting a real-life vision of marginalized communities, but it is.

So there's a book called *Illness as Metaphor* by Susan Sontag and it basically explores how metaphor manifests in the language of cancer, and she later goes on to look at AIDS and its metaphors in that as well. And she talks about how illness is often represented as a loss of your space, of your home, and an invasion on your way of life. And I think that's really interesting because of course, these are the kinds of things that we associate with a loss of power. One of the other things that she talks about is, again, tuberculosis and the way that metaphors for that show up in terms of, they're almost romanticized in a way.

Shohreh:

So when we have these kinds of metaphors and this idea that something is being taken away from us, I can see what you're saying about how this can affect, for instance, the disability community, because then we

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automatically have this idea in our heads that if you are not at peak health, whatever that means, that you are weaker, you are lesser, something is wrong with you. And so again, we're holding up this idea of a certain body and a certain level of health is the norm and what we need to strive for, and everybody else becomes other in that scenario.

Maxine: Absolutely, and I think disability is represented as sort of departure from health and normality. We often imagine health to be something that is just the norm. It's just the standard state of being. If you are healthy, then that's just the way things are supposed to be. But you know, reality is, life is messy and, you know, disease happens, illness happens, and it is part of human nature. It's not a reflection on whether someone is doing the right thing, if they're abiding by the norms of what they're supposed to, it's just a way of life. But of course, we also know that those who are in marginalized positions, marginalized communities are more exposed to conditions that may lead to illness. So it's almost kind of like this language of power manifests itself in a lot of ways.

Shohreh: Mmm yeah. You also talk a lot about how sexism shows up in research and I'd love for you to share some of the ways that you've seen that.

Maxine: Sure. So I think the thing to remember is we like to imagine medicine as this unbiased space that's rooted in science and evidence-based information. But we also need to remember that there are people behind the science. There are people shaping it. There are people who are writing the research, designing what it looks like. And we know historically, and this has been a lot of, kind of quite big in conversation recently, that a lot of what we understand as health and the medical definition of health is white, male, heterosexual, and cisgender.

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So obviously one of the things that's manifested in that is a gender bias within medical language. I call it "linguistic sexism." It's got a number of names in the research. But it's really entrenched within the language of medicine in particular. There's a lot of androcentric assumptions that kind of produce these common depictions of women or people in female bodies as naturally passive and that men play a more biological role than women, supposedly.

And we see this a lot, obviously, as it would happen, in reproductive language within science. This tendency to see reproduction as more driven by men's anatomy. We quite often see sperm described as pioneering [laughter]. It's so interesting. You kind of see these really masculine, sort of beefy metaphors for sperm, and conversely, you see the egg is supposedly like this passive thing. It's entered, or it's fertilized. It's penetrated. It just sits there and doesn't really do much. Like, just chillin'! [Laughter] And of course, you know, this isn't the reality. We kind of know that reproduction is a two-way street [laughter].

But I think that's one of the really, really obvious ways that we see these gender biases within medical language. And you can imagine this has had a huge impact on how anyone who practices medicine within reproductive health kind of approaches what they do, is they place so much emphasis on men and males being the pinnacle of strength, and if anything isn't working, it's often perceived as oh, it has to be the woman who's, there's something wrong with her. It's like, has she got a faulty reproductive system, you know? [Laughter]

Shohreh:

I also, this is something I will always bring up because I think a lot of people don't realize just how recently it was that women were actually even allowed into studies and that there's still so many studies that don't

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include women because there's this whole idea of like, oh well, we don't know how the hormones are gonna affect the research. And I'm like, how have we not figured that the fuck out yet, though?

Maxine: But also, if you don't know how the hormones are going to work within the research, then you need to study it because otherwise we are never going to know. And women still need to seek healthcare, they still need to use drugs. So if we don't even know how those work on women, then what are we doing?

Shohreh: Yeah, it's very concerning. I have to find the book, but I know there was a book that just came out that was like entirely about how the ways that the world has basically been built around men and this was a big piece of it. Like, even down to things like seatbelts were only tested on men.

Maxine: Yes, it's Invisible Women by—

Shohreh: Thank you!

Maxine: —Caroline Criado-Perez.

Shohreh: Yes.

Maxine: It's a great book! She talks about how iPhones are modeled to meet male hands and then kind of me sitting there with my iPhone was suddenly like, so that's why I'm constantly dropping it on my face in bed.

Shohreh: Yeah, this is why PopSockets became a thing and why pretty much all of the women I know have PopSockets and why men don't. And I'm like, oh, this explains why the men in my life are like, well why do you need that? And I'm like, because it's hard to hold the phone! [Laughter]

Maxine: Yes.

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Shohreh: Oh my gosh, that's so interesting. But yeah, this is an issue, especially in healthcare when we only look at certain bodies in the research and this is true, even going beyond sexism, where we, for the most part, only study thin bodies.

Maxine: Yeah.

Shohreh: And we don't look at the effects in fat bodies.

Maxine: Exactly, and of course then that manifests as weight stigma within the medical setting. You're having people being told that, oh, we can't give you treatment until you lose weight. And it's like, that should not be the way, you should not be discriminating on who gets treatment because of someone's body weight or size. Absolutely not!

Shohreh: Right, just because you didn't bother to study it in a wide variety of weights.

Maxine: Exactly.

Shohreh: That sounds like a you problem.

Maxine: Yes, absolutely!

Shohreh: Well, and then of course, this expands out because we have healthcare as a medical profession, research, but then we also have the wonderful spin-off of the health and wellness industries and that culture. And all the ways that the male gaze influences what we see as being healthy and being well too.

Maxine: Definitely and I think a lot of people are now coming to terms with the fact that wellness is quite a dangerous area because it's kind of almost a repackaging of diet culture, you know. It's a repackaging of all of these

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things that have been around for a long time suddenly being presented as oh, this will make you super healthy. It's not about weight loss, it's about getting healthy. It's not a diet, it's a lifestyle. But it's all the same messaging. And of course, a lot of that comes down to sculpting people's bodies to meet this ideal that is designed for the cishet gaze obviously, the cishet male gaze.

So I guess going back to what is the male gaze, it's basically this idea that women are normalized as sexual objects that exist purely for the pleasure of men. And it's kind of less about the way that women are actually perceived and more about a representation of their perceived diminished power in the world. They're kind of seen as just there in existence for men, essentially.

And we see this all the time, of course, in wellness. We kind of see the way that what's presented as pursuing health is all about sort of shaping and sculpting your body, emphasizing certain aspects while kind of diminishing others. And it's all about making yourself physically and aesthetically pleasing as opposed to taking care of yourself, nurturing yourself, looking after your well-being. That just doesn't seem to actually appear within a lot of health messaging particularly in the wellness space.

Shohreh:

And I think about, I was a personal trainer for a period of time, and so I think about fitness culture and what has become popular over the last five, maybe even a little longer, years. Like glutes are the big thing. Like, oh, we need to build glutes. And it's like, people will put it in this language of like, oh, well, strong glutes are important. And they are, but that only goes to a point where you reach this point of diminishing returns and it's not actually about having strong glutes anymore, it's about having a shapely ass because that's currently what's popular with the male gaze.

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Maxine: For sure. And at some point, it will be something else. It will always be kind of trying to appease this male gaze. And the wellness and fitness culture, in particular, they will try and spin it in so many ways to make it seem like you're doing it to empower yourself, you're doing it to kind of make yourself the best version of you you can be. But the best version for who exactly? Because I don't know many people who achieved the best ass in the world and [laughs] were the pinnacle of health all of a sudden.

Shohreh: Yes, exactly. These different things that we think are "healthy" but in reality, have very little to do with a person's health. And in general, just how we put health on a pedestal. I mean, we talk about that on this podcast a lot. About how like this is this thing that we all have to be achieving and all the different reasons that go into that.

Maxine: Yeah, for sure. We almost see it as this kind of like moral space that people who are healthy are not only better in physical and mental health, but also, just like, they're more successful, they're more productive. Again, it's feeding into capitalism and this kind of almost fetishization of those who can constantly work and be constantly doing things while those who are not are kind of seen as just less worthy because they're not being so productive and not so kind of creating more and more within the space.

Shohreh: Mmhmm. And it perpetuates this fantasy that our health is like 100% within our control.

Maxine: For sure, and absolutely we know that that's not true at all, and it's just so incredibly misleading. And I had a whole thing earlier this year, Twitter storm as it is [laughter], you've just made me think of it. But it's the middle of the pandemic and I was seeing these wellness bloggers online just being like, it's really easy to stay healthy during the pandemic, just make

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sure that you buy your food delivery subscriptions, and do your workouts outside, make sure you meditate before bed.

I was, at the time, living with three other people and there wasn't a lot of space to navigate around and I was just like, kind of had enough of their shit. [Laughter] So took to Twitter, as you do, just one of those off-the-cuff tweets and was basically like, stop confusing privilege for a healthy lifestyle. Having access to an outdoor space to do exercise is a privilege. Having access to food is a privilege, you know? All of these things you're talking about are not reflective of health, what they're reflective of is having privilege to make certain choices for yourself. And that privilege obviously will translate to other circumstances in your life that enable you to have better access to healthcare and better access to things that will foster your health.

But I put up this tweet on Twitter, as you do, and it blew up. [Laughter] Ended up getting a lot of people in my mentions being like, you're crazy, people work hard for these perks, you're just being jealous. And—

Shohreh: God!

Maxine: —it just was one of those things where I was like, okay, I need to put my phone down and not look. And my partner was like, oh, but you know, you've got like 40,000 likes, and I was like, wait, what? I thought it was at like 10,000 likes yesterday [laughter].

What gets me about these things when people talk about privilege is the assumption that if you're able to talk about privilege, it must be because you have none. And they assume that any discussion of privilege stems from a bitterness towards those who have privilege. And of course, that's not it at all.

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I have a huge amount of privilege. I recognize that. I am someone in a thin body, I'm passing white, I'm college-educated. I'm not talking about privilege because I'm bitter towards anyone who has it, but more, I just don't think it's fair that we have these unearned privileges. And as someone with privilege, it is our responsibility to advocate for those without.

Shohreh:

Yes, and when we paint health, like in the language of privilege, this is another thing that creates shame, which is something we already talked about. Because some people, just literally by virtue of who they are or their circumstances, will not be able to live up to those standards. And so when you have the people with privilege saying, "This is your fault. You're just not trying hard enough. You just don't want it badly enough," this is going to breed shame. And then of course, that shame is what causes people to spend money, and time, and energy on all of these health and wellness things, chasing this pinnacle that they've been told that they want and is the best thing for them.

Maxine:

Sure. And the thing is, that never actually manifests itself in health or what we perceive to be healthy. Part of my background in all of this is that I was diagnosed with a chronic illness and I spent over a decade trying to look for what it was that had caused this illness, what it was I was doing wrong. Maybe I would just find something. And in doing all of that, ended up falling into the wellness culture and all the toxic things that come with it before realizing that I couldn't fix myself in these ways and ultimately came to realization that it's not my fault and that health is just something that we just don't have that much control of. Even in the most privileged of situations we still don't have total control over our health.

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Shohreh: No. And even when we consider what we view as health, like, I'm thinking, I read that recent article that you had about periods, for example, and how we talk about periods, and even though literally the majority of the population of the world experiences periods, we talk about them in this sort of hushed tone, sweep-it-under-the-rug way, even though this is actually a huge piece of healthcare. Or should be.

Maxine: For sure. I mean, the period language is just so shrouded in so much mystery. It's almost bizarre to think that so many of us have periods, will have had periods—you know, not just women, but non-binary and trans people as well; like, it is not an uncommon thing by any way you frame it—and yet, it's just shrouded in so much weirdness and secrecy.

Shohreh: Blue water being spilled onto pads [laughs].

Maxine: I mean, it's so hard to believe. I remember, I think, I can't remember which company it was, it was in one of those adverts for, I think it was This Girl Can, and they showed a woman's tampon string in the advert. And everyone was like, this is revolutionary! And this was just last year. The fact that, you know, before that we hadn't even seen a tampon on screen before.

Shohreh: And I'm sure there was a ton of backlash over it and people being like, that's disgusting, I don't wanna see that.

Maxine: Definitely! So we just had a great thing here in the U.K. They finally removed the tax on menstrual products, on tampons.

Shohreh: I did see that, congrats!

Maxine: It's brand new, it's way overdue. I can't believe it took so long. But some of the responses I was seeing to even that was just like, this is absolutely

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obscene, why would you do this? It's like, what is obscene? I don't know, maybe because I work in such a space where I love being literal with language in the sense that I feel like the only way we can sometimes banish these taboos is by speaking them really plainly and honestly. So, for me, I don't see anything obscene about talking about your body as plainly as you can, and I just find it so funny that there are people who find that offensive [laughs].

Shohreh:

Yeah, and I'm not surprised by all these people who think it's obscene because that is the messaging that has been pounded into all of us from when we were young. If media even talks about periods, it is often like a negative storyline, right, of like, oh, maybe we're gonna have this storyline of like, oh, this person got their period and it's embarrassing, right?

It's not just talked about as like, oh, this is a thing that a ton of people deal with every single month for the vast majority of their life. It's like this secret thing. It's dirty. When you grow up, if you have a period, you quickly learn all the things you need to do to minimize that in other people's eyes. Like when I was an attorney, hiding a tampon up my sleeve because god forbid that anybody see that I have a tampon my hand, you know. How embarrassing would that be? And when you really think about it, that's ridiculous, but it's the norm.

Maxine:

Yeah, I mean, it is like a lesson in etiquette. We learn all these things about different ways to manage, and there's like almost this sort of code of etiquette around periods and the way you have to behave. Like hiding a tampon up your sleeve, just all the different things. Even the whole concept of menstrual hygiene itself. Like what is so unhygienic about a period? But that is the language that we've been taught all our lives. It's

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the products that we pick up every day. We'll go to the menstrual hygiene or feminine hygiene—

Shohreh: Yes, “feminine hygiene.”

Maxine: —section in a store, you know? No one will just say the word “period.” It has to all be tied up in these euphemisms to make it seem as kind of pure, and wholesome, and delicate as women are supposedly meant to be.

Shohreh: Yes, and you know, somehow period blood is different from someone scraping their arm and bleeding, right? We're taught it's different, it's dirtier, it's gross.

Maxine: Right, exactly. And to be honest, I've done a little bit of research into this, but even I can't even pinpoint where this came from other than misogyny trying to find other ways to silence women's bodies, you know, in the same way that they'll do with forcing women to lose weight and to stay thin. And then of course you've got waist cinching and all of that. All of these different beauty norms. I think it's all just one and the same in terms of just minimizing women's capacity to take up space.

Shohreh: These ideas, I think, have been around for so long and then we just have these modern variations of them.

Maxine: For sure, yeah. And the other thing that really gets me about periods, and I quite like now that there are some companies that are doing a little bit better, but the fact that the language of periods is so feminized.

Shohreh: Yes.

Maxine: Women aren't the only people that have periods, and also, some women don't have periods. But there needs to be a space for us to talk about non-

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binary and trans people having periods that really right now I think is just still so silenced and misunderstood.

Shohreh: I think this goes back to what we've been talking about with the male gaze and how it influences health and wellness culture in general because that is also assuming a gender binary, right? It's assuming both a gender binary and then also that everyone is heterosexual. Because the idea there is that well, if you are a woman, then everything you should be doing should be to impress men around you, never mind if you don't like men. And also, then where does this leave non-binary people—

Maxine: Exactly, yeah.

Shohreh: —who don't even fit into that, like, and the pressures that are on them of like, okay, what do I do for health and wellness when I can't meet these requirements without going against my gender identity.

Maxine: Exactly, and what happens is that those who don't meet these sort of norms and requirements just get cast as unwell. And while I definitely don't buy into the hierarchy of health being this, putting it on a moral pedestal and I don't believe that health is an obligation for anyone, obviously I do think that everyone should be allowed the space to negotiate health on their own terms and be able to find a definition of health that aligns with who they are and what they believe and just how they present and exist within the world.

Shohreh: Yeah, instead of this all or nothing that gets set up of if you don't do it this way, you know, don't do anything at all, that casts people out and makes them feel like, well, why should I even try, even if it's something that they want for themselves.

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Maxine: Definitely, yeah. There's a huge problem with that and there's so many different things that we could talk about within that in terms of just the different ways that if people don't see themselves represented in sort of definitions of fitness, they think, well, fitness isn't for me and so I can't participate. There's a fantastic disabled blog, @sophjbutler, she's just written some really, really great posts about, there's this whole discourse in fitness at the moment of oh, yeah, fitness is for everybody. But of course, if you don't create the space where disabled people can see themselves in fitness, where they can have access to equipment and facilities, then fitness is not for everybody. And just because disabled people don't align with the way that we see health positioned, does not mean that they cannot craft a space for themselves within health spaces.

Shohreh: Mmhmm. And yet, then we still come back to this message of like, well, it's your fault if you're not doing it [laughs].

Maxine: Exactly! And that's just it, right? It's just whole putting the blame on the individual instead of questioning why society is structured in such a way that it would not allow people access to spaces that are designed to promote health. If you are truly dedicated to promoting health and promoting well-being for all people, then you should be doing your absolute utmost to make sure that your space is welcoming for everyone.

Shohreh: Mmhmm. So given all of these different biases that we have in the language of health and wellness and how we think about it, do you have any suggestions for what people can do to try to counteract some of this for themselves?

Maxine: I think if you are in a position of privilege yourself, the first thing that you can really do, the most effective thing you can do, is listen to people with less privilege than you. Listen to what they're saying. If you only listen to

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one version of things, which is the version that, you know, the version that is prominently presented within society, it will only ever kind of reinforce these biases and messaging. So as I said, there are some great people online who are talking about maybe we haven't considered aspects of health that are not accessible to other people.

And I think just making space to listen to something that probably confronts your entire belief system about what you think health is. I think that's the best way to approach it. And of course, it's difficult because you never want to say that the onus is on marginalized people to advocate for themselves. The onus is on people with privilege. But of course, the way that we start is by just listening and being open to taking on new ways of speaking, new language, new ways of understanding the world.

Shohreh: Yeah, and if marginalized people are doing the emotional labor and the difficult thing of advocating for themselves, the absolute least we can do is listen.

Maxine: For sure, yeah. I mean, that is the bare minimum.

Shohreh: Thank you so much for being here, Maxine. Seriously. I just love nerding out about all this stuff, so I really appreciate your time. How can people find you and is there anything my listeners can do to support you at this time?

Maxine: Aw, well thank you so much for having me, this has been so much fun. In terms of supporting me, you can just find me on Instagram. My handle is just @maxineali. That's where you'll find most of my stuff. I have a blog as well, but I'm not so up to date with that, so Instagram is probably the best spot to find me, yeah.

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Shohreh: Perfect. Then I will make sure that your Instagram is linked in the show notes. I've talked about a couple of your articles and different things throughout the podcast as well, all of that will go in the show notes so everyone can find it. And I highly recommend that everyone who is listening goes and follows you because your account is awesome.

Maxine: Oh, thank you.

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.