



Episode 14: Sex: A Psychologist's Perspective

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[Upbeat intro music] Disarming Disability

Nicole:

Oh hello and welcome back to Disarming Disability! My name is Nicole Kelly

Sarah:

And I'm Sarah Tuberty!

Nicole:

Sarah -we need an update on your fruit flies, please.

Sarah:

Okay, da-la-da-de-da la they are managed! You know what I last time. I talked there was definitely an infestation. It was pretty gnarly

Nicole:

Yeah, for those of you. I'm so sorry to interrupt, for those of you who missed fruit flies were the thing and and not a good way and Sarah's life. Okay. Sorry go on

Sarah:

Correct very, correct. I was you know what? This is actually kind of to embarrassing stories of associated with my fruit flies. I put up all these fruit traps every of them. Sorry their fruit fly traps like the the sticky things what are those like sticky things you hang from the ceiling?

Nicole:

Yeah,

Sarah:

So I have like four of those in my room just to try to manage everybody and I was cleaning underneath one of them and I forgot that it was hanging above me. So then I just spent four minutes trying to peel out this like sticky goo thing from my bun in my it's just with like quietly here and then I had to go wash my hair immediately and put peanut butter in it, which actually was very helpful. There's a great now. How am I

supposed to get all this goop out of my hair? So that was fun. After that was like this is we got it. We got a change and then yeah, so that actually will just share that one story.

So at that point I took all of my plants out. I kicked everybody out of my room. I repotted all of them and then I brought them back in they stayed in quarantine for a little minute. I kind of monitored everybody to make sure that there were no more fruit flies and I brought into my space. I got a cool fruit fly. I like attractor trap which was great. So the sticky things are gone. And then of course since I was repotting plants anyway, I had to go out and buy I three more plants.

So now I have an orchid. So we'll see if that if I can keep that alive. It's purple. It's beautiful and then I got this big plant looks they have like these big leaves that kind of look like Lily Pad leaves, but it's in a pot. It doesn't live in the in the water. It's got these big stems and it's just got these massive kind of heart-shaped leaves that are you know, like maybe seven inches by like five inches or so that's beautiful.

And then I got another fiddle leaf plant which can become a tree and I'm so excited for it. So yes fruit flies are no more but I will keep you updated.

Nicole:

I am so glad to hear you are fruit fly free. I this week and one of my plants noticed I was like, there's something like bright yellow- kind of in this the center in between different stems. And I was like we are what's that? And as I zoomed up like real close on it, they were tiny itty-bitty bright yellow mushrooms,

Sarah:

Interesting

Nicole:

and I was like, right and I was like internet what the heck I live inside what what is happening? And but apparently what I've learned after I asked the internet is it's actually rather pretty common these these bright yellow tiny mushrooms. Just somehow with multiple plants being in the room with people moving around in different stuff happening that yes- then you will get yellow mushrooms. So I have to work on digging those out, but they are full on mushrooms in my random plant cute rates.

Sarah:

Okay, so we are going to continue our deep dive into our sexuality chapter. We had our first episode last week that really kind of talked a lot about just sexuality and disability. And so we're really excited to continue on that conversation for this week. So we're happy that you're here joining us. And and this is just an incredibly important topic and I feel like this is one of the big barriers that people are facing in in the disability community that sort of like really reduces people down to being less than human. Right?

I think the the importance of being able to have relationships and being able to have like intimate connections to people is part of the human experience and I just feel that if we're really limiting people's on what we think they can or can't do or who they can be or who they can be with then like like I don't know- I feel like those are the things that we really need to challenge ourselves and really open our brains to because that that's what makes us humans and people with disabilities are humans.

Nicole:

What's yeah, let's do it. Very well said and yeah, let's hop into the bio of our amazing guest for this week. Dr. Amanda Tashjian minored in sexuality and gender studies at the University of Michigan. And continued to bridge into clinical and research work and sexuality and disability once she entered into her master's and doctoral work at the Illinois Institute of Technology. Now as a faculty member at the University of Arizona her research looks mostly on sexual behavior and the competency amongst counselors who work with persons with disabilities with regards to various forms of sexuality; such as pleasure, bodily function, access, dating, norms, safety, and simply talking about sex. Amanda has created and teaches a course on sexuality and disability which bridges basic human sexuality information with specifics of disability to read Amanda's full bio check out the season 2 episode 14 page on Disarming Disability's website.

Nicole:

Hello, Amanda. Thank you so much for joining us welcome. How is your day today?

Dr. Tashjian:

Thanks for having me so far. It's still morning here late morning. I would say in Arizona, you know, did the usual kind of things to get my day going. I'm very excited to be talking with both of you. This is a topic I get to cover in snippets when I'm you know in my day to day job at the University of Arizona, so it's nice to be able to talk about some of the things that I've done. And in practice and research and that really kind of piqued my interest and get me going and actually landed me in this field. So it's exciting to be talking to you guys.

Nicole:

Yeah, can you talk to us then a little bit about your history and how you kind of ended up landing where you've landed and maybe what your interest in specifically kind of cornering in on some disability topics like where that came from too?

Dr. Tashjian:

Sure. So I fell into disability related stuff- actually when I was an undergrad, I went to the University of Michigan. I was a psych major and I took a class on the sociology of sexuality and I loved it and I ended up creating my own minor- and my minor became sex and gender studies and I loved it. But then when I got into graduate school for my Master's Degree and Rehabilitation Counseling at Illinois Institute of Technology, I had no idea what Rehabilitation really meant. I applied to the program as a backup because

it had more of a medical spin and I come from a family of a lot of medical practitioners and I thought well I was going to go to med school and I fell into this and I don't know it seemed like a fit and then it didn't seem like a fit for like the first semester I wavered around had no idea what I was in for couldn't really totally grasp this idea of things being disability centric and the Big "D" disability like that big umbrella term.

It was kind of overwhelming for me, especially as somebody who really love diagnosis and pulling away from medical models. That was really jarring and different. But then when I got into my first practicum, which is when I got to work with clients for the first time, my first ever client was a woman who was probably in her- I don't know early 40s. Who had an intellectual disability a psychiatric disability, and hearing impairment. And luckily I took sign language instead of Spanish when I was in undergrad so that worked in my favor who knew but she would cry all the time and she kept talking constantly about wanting to have the baby but that she couldn't. And something clicked where I realized I was in this very clinical role trying to support somebody and these big scary topics like eugenics and sexuality and parentification became very salient.

And I had this moment in my supervision meeting and I said to my instructor "well, this just makes no sense and I'm frustrated and I know that I can handle it because I know the background on this stuff. Can I dive in?" and he said "I mean, I guess this is kind of like big stuff for a first-year student but have at it" and come to find out this woman was the guardian of the state and she had no idea that she was being given Depo-Provera which is you know, monthly birth control, and I had to really run that line of managing my own belief structure with what was in the best interest of the client and providing her with education around her body what this drug actually did, why she was being given it.

And I just had this Epiphany moment of weight my psych background my background in Sexuality, this is a thing. This is already hitting me in the face. I'm sure this will continue and it did and it continued in my clinical practice working with people with spinal cord injury, people with intellectual disabilities, autism spectrum disorder, parents other practitioners and as I got into my doctorate and started looking at research, I thought well, we're all Rehabilitation counselors were supposed to know these things.

And then I had this sinking feeling of oh wait, I don't I think we actually do and not only do we not know it we're not comfortable talking about it. And I wanted to look at comfort + knowledge + would people even do it because as a practitioner I thought well, who am I going to refer to? I can't refer every client to myself that just isn't going to work. And so I it kind of all came together naturally and very organically and I just haven't let it go.

And the funny thing is when I was an undergrad my interest in sexuality had nothing to do with disability, but it had everything to do with function and pleasure and why people do what they do and how they learn about these things and experimentation

coming into their own. And I found that once I pulled in that disability lens those questions and that interest became magnified because this was a large group of people who didn't have the same access as every other neurotypical able-bodied "normal" person and I thought well this makes no sense and I don't like it. And so I'm going to ruffle feathers and that's kind of how I ended up here and I haven't really let it go and I don't think I ever will.

Nicole:

We need you!

Sarah:

Yes, we do and it's and it's so important and so necessary and I know in my own life and my own narrative, right? Like I believed that I was broken like I believed there was something wrong with me- so it's like why would anyone want to be with me? And I remember being like so dramatic and like 14 listening to like Maroon 5 in my bedroom, just like crying being like I would never be loved and like just really really feeling those things because why would anyone want to be with me if they could be with somebody who has two hands right? And just like really believing those things as a fourteen-year-old is rough.

Dr. Tashjian:

Yeah, I mean kids are I didn't really so kids to this day as a practitioner. They freak me out- It's a really sensitive group of people and there's parental involvement. And what I found is it's like you have to take both perspectives into account. Otherwise, you're missing something because you really do need the parent buy in because they might not have the same experience as the kid who has the disability. And experiences those nuances that the parent may or may not experience at all. And even if they're experiencing it they're experiencing it from a parent's lens, which is typically very protective. And it really brings up- these ideas, not ideas myths I would say about who should have access to what what that looks like. I mean you talked about the idea of love and will I be and then my worthy of compared to somebody who has something that you don't have - and yet, you know, the idea is shouldn't we all have access to the same things in some capacity regardless? And where do we shift those barriers? Because there's a real reality in those barriers. When I worked with kids who have autism they're missing social cues and social norms and parents are going "while I don't want my kid to end up in a dangerous situation and it doesn't matter because they'll never have an opportunity to date."

Well, this isn't just about sex and physicality- this is about human connection and what that means and just because it looks a certain way or a scripted for one group of people doesn't mean it looks like that for everybody. That's just how boring is that?

Nicole:

how worrying is that? And you're in like that kind of veer of a seed is speaking directly to something that I rant about a lot parent perspective being so different than the child's experience and you know, I think I think exactly what you said in kind of having to have the parent buy into the experience and trying to get them to understand is a huge barrier and can be a huge barrier.

Not that that parents opinion shouldn't be respected- but just know that there are a lot of conversations also kind of in the disability political community that that are having those conversations also and and hopefully ways to kind of wake up the parents to to the Big "D" disability ideas much sooner and the fact that that can be okay and the fact that you're right like that would be so boring if everyone is the same but what are your options and who are the experts that you're looking to help you kind of guide and make those decisions and to change those ideas.

Yes. I don't know if that made sense, but I felt like it also needed to be said. So, can you tell me here? I'm going back down- So you kind of started to talk about it surprised you that this woman, she herself who you first kind of had your connection into the disability Community with didn't know that she was on birth control. So what can you talk to me? Maybe a little deeper or talk to us a little bit deeper about how did you navigate kind of yeah your professional role and kind of being the medical advocate but also the educator but also, how did you how did you kind of silo those different things and actually move through those issues?

Dr. Tashjian:

That was yeah totally and truth be told at the time. I think I was like, I don't know I finished my Master's Degree when I was 23. So I must have been 22 and my experience with disability was very narrow and very specific. So this was like, well, I'm going to figure it out. And frankly, I still have that perspective today about a lot of things. I'll just figure it out. It'll be fine. As long as I you know, keep certain parameters in mind.

I knew that I had to be really careful with her because of the guardianship issue. So it didn't matter so much what my opinion was and it didn't matter what I did in terms of advocacy outside of helping her ask questions to her case manager. So I knew I had an in because I knew who the the players were.

And the other part of this just to keep in mind is we're talking about three disabilities and those disabilities intersecting and intersectionality is a very real thing. None of us are one facet of anything, we all have many facets. And how those facets intersect make us who we are and for her her disabilities made her a very complex person in that. In fact her case manager didn't use sign language. So things that I ended up relying on had to do very basically with *who* can she talk to and *how* can she talk to them?

And then the third big piece was what questions could she ask where she could actually start to understand what was going on and why because for her remember it was I want

a baby. It didn't matter if she had a partner. It didn't matter if she had the means to provide for an infant. It didn't matter about housing like all of those foundational basic needs that we all have those things weren't on her radar. They weren't on her radar for herself and they weren't on her radar for another person.

So this was super simple about really her own body and her own autonomy in some of these decisions. And at the very least somebody needed to say to her while in fact, you don't have the this autonomy and this is why. And so what we ended up doing was siloing in that way and looking at communication and who to communicate with first and so it started with actually her supervisor at her day program, which is where I was working and hey, can we have access to her case manager through the state and then hey can we have access to her physician. And I pushed and I was a nagging, you know, practicum student of well, I don't know the rules- I kind of played stupid a little bit because sometimes you have to do things that work in your favor to advocate for your client because I knew Answer was going to be "no, you can't talk to the physician unless there's consent from the state."

And so I was Savvy and I helped her to ask questions about it was really about what is this medication? And what does it do to my body so that she can start to make those baby steps to understand what that looked like- and mind you this is a really small example of things I came across.

I worked with several other people with intellectual disabilities in particular where it wasn't about birth control and and physical autonomy, but it was about autonomy with regards to engaging in sex practices and managing money, and condom use and why I had no one got over safe sex practices when we knew for a fact that a lot of the men that we were working with that this agency were taking their very small stipend of money and finding sex workers and not using protection. And that's a problem and that's a barrier and we know it's happening and yet not having conversations about that?? There are some just very basic things that should happen.

And so I don't know if that answers your question. I think it's put me into a little bit of a rabbit hole of I think I just got frustrated enough to know that I think I said, "well, what would I want if I were in her shoes?" I just wanted the man so she just wanted answers she wanted clarity and as a woman and somebody who experiences, you know, getting a period and having dealt with birth control myself- that's a frustrating process for any woman in a lot of ways. Let alone somebody who doesn't know what being given our why it's like if I said to anybody, okay, I'm going to medicate you I'm not going to tell you for what for why but you're just going to take it what would your response be? And everybody looks at me. Like are you out of your mind Amanda? I would never let that happen. And that's my catch. That's my point. But it does happen. It did happen. It happened right in front of me. I couldn't I couldn't let that just happen without her having knowledge or at least being able to say, you know what? I don't like this or tell me why this is happening.

Sarah:

Well, we work through like medical options just because I see that like, maybe maybe the so hypothetically maybe the birth control was the best option for her. I don't know whatever but so let's say maybe that was the best option but she doesn't she's not in that space where she gets to choose that best option for herself, right that like even if Healthcare professionals know that like, okay ultimately like this is going to work best for this person situation. I still think it's like giving that agency and and I know an occupational therapy - I went to school to be an occupational therapist. I just graduated my program we talked about Self-determination a lot and sort of like people being able to make their own decisions and make the decisions they can with the information that's delivered to them or communicated to them in a way that is accessible for them. Whether that's like through language itself, but also like using words that are accessible for people regardless of sort of where you know, they're their cognition is- I suppose. But that it's really important for people to be able to make decisions for themselves as much as they can right and I know that maybe that's takes longer or maybe you know, we have to slow down or think differently to be able to communicate things in a way for that to happen. But I believe that that's so important and I know an occupational therapy, we talked a lot about choice and sort of like using that in our therapies too.

Dr. Tashjian:

Yeah. I mean, I never got what I started later in my career. I had already gotten my associate level license. I want to say I was in my first or second year of my PhD at this point. I was working at a therapeutic day school and there were two schools meant for kids who had emotional and behavioral disorders, somewhere psychiatric related things, but then we had one school that was really intended for kids who are all on the autism spectrum. The psychologist who ran that program is a genius, she's brilliant, her name is Charlotte Edwards. I respect her implicitly. She really shaped my perspective on autism and really had to work with. The whole system and when I say system, I mean all people who are involved in working with a kid who has ASD. She kind of said we've got these kids they engage in these behaviors and the communication and social barriers make it really challenging- is there a way you can provide sex education to the parents and the kids in a way that salient and meaningful and makes sense?

I think that like what you said reminds me of it doesn't really matter how you communicate it it matters that we do it in a way that's appropriate for the individual that we're working with. And I think that's true both from a paternalism standpoint and working with guardians about their perspectives and opinions about their child who may have a disability. But also making sure that, language, and frankly language gets you half way by really beneficial even for adults even without disabilities like it's amazing.

I did a presentation called it the bidirectionality of assistive technology and sex I was really talking about sex toys and the idea of pleasure, but I had to make it sound very academic for it to be accepted right because that's kind of a out there topic but it's amazing that you can take these Technologies and it kind of speaks to Universal Design,

but how you describe what they look like and what options there are comes across far better in a picture than it does using words.

And I found that that's really true for certain groups of people. When we're talking about not just sex is pleasure, not just your body is your body, and autonomy, and agency but communication around these topics and just kind of learning to digest. Nobody learns in one singular a way. That's not Universal at all. And in fact, we all take an information really differently and it's about matching the person matching the parent and trying to get everybody as closely on the same page as possible- so that things like agency and self-advocacy be tangible and real- all these verses perpetuating myths and lack of resources and access and I think that that's what happens when we don't have these more open dialogues about things like sex.

Sarah:

Can you speak a little bit on and I know that this was a research article that came up particularly in people with disabilities that were doing like outdoor type activities. So it's just like theory or this concept or the or this like stigma I suppose that people with disabilities have risky bodies and then they're engaging in Risky activities and we can't let people, you know do risky things because they have these risky bodies, but then we're denying them the same risk opportunities that other people are able to engage in that perhaps are more able bodied. So that makes me think of just sort of that that talk about like consent and like risk in consents. Can you speak a little bit on that as far as the things that you've experienced in like learns and sort of developing perspectives around what consent looks like?

Dr. Tashjian:

Sure and you know, like this might sound like a little bit of a smart-alecky response to your question. I don't mean it directed at you, but I'm a professor. I work on a college campus. There are 40,000 undergrads at this campus- and I went to Michigan big undergrad campus. Lots of tailgates.

I would argue an able-bodied typical undergrad is in a more risky situation with regards to consent than most people with disability who have -again that quote-unquote "risky body" "risky environment" "risky, etc- For a number of reasons.

I think that consent is something that frankly impacts every single person who engages in any type of romantic physical emotional type of situation consent isn't just about sex as a physical thing, right? It's about exposure to our emotions and our bodies and what that means and looks like my feeling on consent is that it should be something and I've gotten a lot of pushback with this being an Arizona with school systems- but the younger we start with education around what consent means and how we consent and that consent is revocable- the better that often is for everybody regardless of disability- with disability without because then there's practice involved in it.

It doesn't have to be about sex per se but it's about engaging in certain activities, even right? the idea of asking "may I do?" to somebody -if they are the authority figure. and the authority figure having, you know some room to say actually "no, you can't" or "yes, you can and here's why" "if we're going to do it, it's going to look like this."

I think what we put disability into the mix -the idea is not just to give somebody the language to understand what consent means and what it looks like -but it's to have practice in doing so. Because I think the challenge is for the lack of access to practice those skills makes it a little bit more distant for a lot of people who have disabilities who may or may not even want to be engaging in those types of situations where consent is relevant. I think the challenge with disability is the idea is while consent is not necessary because they're not going to be engaging in it and that's the fundamental myth and problem because I can't tell you one person that I've worked with who has a disability doesn't have an urge to do something.

And by something I even mean consent and this is a kind of not great example, but there's a little bit of almost consenting with yourself to know and love your own body and touch your own body. And I can't tell you how many women I've worked with and they've never seen their own vagina. Like that's wild to me and yet that's a very real thing for many people with her without disability and so this idea of consent needs to be a larger conversation with everybody about what your body is and what parts of your body are sacred or safe or shouldn't be exposed or can't be exposed or you have Choice around that. Versus yes to sex or no to sex that's not that's not consent. That's not consent for anybody.

But what I found in especially certain populations with regards to disability is we just don't even go there period. Because again it's not going to happen- so why talk about out and I think that's the biggest mistake I've ever it's kind of like the idea of well, they're never going to work. So let's just do this but that makes that's not true either right that totally fundamentally goes against the Rehabilitation Services Administration. People have a right to the very least attempt to be independent and work and participate in everything and anything that anybody should have access to. Education is another one just because it looks different doesn't it shouldn't be so.

Nicole:

beautiful just because it looks different doesn't mean that it shouldn't be so yes! Well, I'm Doreen what I'm a very black and white thinker and I think in steps what what do you kind of see as the big broad stroke steps that we need to take in order to kind of move society forward in a way where these stigmas are kind of falling away and we are able to openly engage in and the conversation around sex and disability and consent and autonomy and all of these things. How do we move forward into that?

Dr. Tashjian:

So I'm a little bit in a silo because I'm on a college campus where we have a pretty killer disability resources center and that's super cool and I would say we're lucky and that's not the case throughout the whole country. There are some schools in the midwest in particular who have some really cool programs and they do really incredible things.

But sometimes the landscape dictate, that sometimes the political climate of where you're at dictates that. You know, there was the big shift in this beef with politics around what was going on around 2016 and people reacting and sensitivity levels skyrocketing in this idea of minority group standing ground and so on and so forth and it's interesting to me that you have a majority group. Like literally the biggest minority group is disability as a whole right and yet I don't hearing so much of a voice from that particular group with regards to politics and things like this.

And I don't mean this in a joking way, but the idea of coming together regardless of those differences. So again, parsing out those fragments of intersectionality and bringing them together but saying "hey, we are a big group" I think is a step in the right direction.

I think that there is some great opportunity with regards to technology. So Instagram, Snapchat, all of these modalities that I think can go in the opposite direction and actually be really detrimental to people's functioning and support and they can be really scary platforms because people can just spew whatever they want in response to what you post. But there is this idea that we can publicize something that looks different and looks different that's great and shows where something was really challenging and yet somebody did it.

I think that's a place to start frankly and I don't think that this conversation is ever going to go away and I don't think there will ever be equal footing. I don't think that there's equal footing on many issues or topics that you know, when we talk about sex I could tell you that they're still not equal footing with regards to how we even view normalized sexual behavior.

And the joke is I always tell people you want some stats to kind of blow your mind. If you look at people who engage in BDSM from a psychological standpoint, they actually screen is being more stable and healthy than somebody who's not engaging in those "risky, scary, odd" behaviors.

So I think the first part is getting messages out there are challenging and show the opposite of what that lay perspective is or what that stereotype looks like.

That's the first thing the second thing is coming together from a big agency standpoint and what I mean by that is again, I'm spoiled. I'm lucky. I have a great disability Resource Center. Well that disability resources center does a lot more work when they partner with public health for example, and so and social health trainings aren't just you know

to the general You know sorority and fraternity or whatever populations we deem as riskier. It's to everybody. In fact, I speak in a human sexuality class and it's the foundational level course because we wanted to pull disability into the mix now that we actually have a lot of students who do have disabilities and they don't get the specific knowledge that might pertain to their bodies and the issues they're coming across.

So there are some really small simple changes. If every human sexuality instructor, if every, you know, sex ed instructor from eighth grade, through graduate school included a chapter, a dialogue, something on disability. Can you imagine how many people that would impact just out of like basic level? Like that's a lot! Everyone wants to take human sexuality, it's a fun course!

Sarah:

Yeah, yeah, yes.

Dr. Tashjian:

Yes. So I think broad stroke is to get in where you can and ruffle feathers not be afraid to do so. And I understand that that takes a lot of courage, but I think until - I say this this backwards. Everyone has the question- they don't want to ask it. So what's a safe place to ask it, or what's a place where you can broadcast the answer without somebody having to just like "hi, I do have the question."

So I think it goes both ways. Frankly. The responsibility is on us. If you have the knowledge, it's kind of your job to share it even if people don't want to hear it. At least it gives them something to think about.

Sarah:

Just being like this is a conversation that we need to have like hey, we've recorded this episode on our podcast. Right? And I know that like this isn't all inclusive of all the things we do talk about there's millions of things that we didn't get to cover on this episode, but just being like hey, this is something that we all need to talk about in the world.

Dr. Tashjian:

Right

Nicole:

and it's there's just kind of I thousand percent agree with all of the things that you said and you touched on a lot of I feel like really a lot of nuances that we talked about a lot. I Sarah and I have had hours long's of conversation talking about social media and how how you know, this really is the first time where we are able to give messaging about ourselves to kids who are younger than us and what a responsibility that is.

And so how do we know that we're giving the right messages because really we were raised as able-bodied people and that internalized ableism is something we're still trying

to come to terms with. But you know, but still like how do we give the correct messaging and connect with those people and use it - use it in the right way, but also that's a lot of responsibility. Then you know getting actively involved with the political things that may be going on in our areas, you know, I actively am and just understanding that like what you said the Disability Community is so many different shades and how do we all get onto one page and get active on one page and really push together on one platform and it's just it's a lot of big questions.

But I feel like there's I feel like there's hope in the things that we were saying just because they're these are the conversations that at least I feel like I'm having so if I'm having them hopefully other people are trying to have them or trying to seek out the answers or trying to find the people who are doing that work or you know, I feel like I – I don't know I'm trying to feel hopeful I guess is the ending of what I'm saying

Dr. Tashjian:

Totally and I think hope is a really good place to kind of round out. The other thing I would say is I don't know that we all have to be on the same page necessarily but it is a it should be in my opinion and in an opinion is an opinion- but my opinion is you don't have to agree with me, you don't have to like what I said, but I ask that you listen not just that you hear me that that you *listen* and I'll do the same.

I think if we all took a stance of actually listening to each other whether change happens or not. It's kind of inevitable because then there's at least safe space for those messages to be sent versus Blockade before the message is even being heard.

Sarah:

Right? Right. I love that.

Nicole:

Well, thank you so so much for joining us. This has been such an amazing conversation. You just like having you have such knowledge. And for real. I wish we could pick your brain forever fun. I'm sure this will be the end hopefully I've a relationship here and and really just thank you so much for bringing your expertise to the table for us today. It's really appreciated.

Dr. Tashjian:

Oh my gosh, thank you. This is So much fun. I this is a blast I really liked it. This is great to talk about this stuff and I agree. I would love to continue this relationship with you guys.

Nicole:

Thank you so much, and I hope we will talk again soon.

Dr. Tashjian:

Okay, sounds good.

Byee!

Sarah:

Thank you for spending part of your day with us. We want to give thanks to our Network Public House media. And for intro beats Jason Barnes with cybernetics for logo art. We want to remember Patrice. You can find his work at [normal person's.com](http://normalperson's.com).

Nicole:

Be sure to follow disarming disability on Facebook and Instagram. and lastly be sure to check out our website [disarming disability.com](http://disarmingdisability.com) where you can find all 13 Episodes of Season 1, links to resources, transcriptions, and discussion questions for each episode. Check out our blog where we feature amazing Disability Advocates.