Transcript - Therapist Sam Kendakur on Pleasure and Consent

Transcript by Rev.com

Tammy Kremer:

Psychotherapist, Sam Kendakur, speaks on how identity, trauma, and relationship structures can impact pleasure and consent. Join us for this nuance take we don't often get to hear. Welcome to Coming Together for Sexual Health, where we talk about enhancing sexual healthcare.

Dr. Ina Park:

For most of us, having sex is easier than talking about it.

Dr. Rosalyn Plotzker:

This is not related necessarily to the people who have the infection, it's related to the healthcare system in which they exist.

Duran Rutledge:

What can I do, what can I learn that impacts change for the people that are in my sphere of influence?

Dr. Rosalyn Plotzker:

This is so, so, so preventable.

Tammy Kremer:

These conversations are brought to you by the California Prevention Training Center at the University of California San Francisco. It's time. Let's come together for sexual health. I'm Tammy Kramer. All these expressed are those the person speaking and not at the CAPTC or their employer.

Welcome to Coming Together for Sexual Health, Sam Kendakur. I'm so glad that we get to chat today. Sam is a long time friend of mine and we've been friends since 2014, so it's really exciting to get to have this conversation with you about sexual health, mental health, pleasure, consent, and all these different topics.

Sam Kendakur:

Thank you, Tammy. Yes, I'm excited to be here. These are conversations that we've been having for years and years, so it's nice to bring it into this format and bridge both of our professional lives and see really all of these topics that we've already been sitting with concretize.

Tammy Kremer:

So, just to give a little context, Sam Kendakur has worked in the mental health field for the past 12 years. He is invested in creating spaces that make healing accessible and relevant to people from different realms of experience, and especially those that inhabit marginalized spaces. He says that the social structure and healthcare system have failed so many, so he tries to address and combat these shortcomings through client-centered, anti-oppression practices. And if there's anything else that you want to add about yourself, about the way that you work.

Sam Kendakur:

Currently, I'm situated in private practice, but over the years I've worked clinic settings, I've worked in university settings, I've worked in inpatient hospital settings, alternative peer support models, and it's given a good range of really seeing the deficits and cracks in the system and seeing where people are really being missed by the current care. Who's not really getting attended to here? Who are the most suffering people? And those of course are people with multiple marginalized identities, queer people, people of color, people with alternative relationship styles. They want help or need help, and yet they're coming to practitioners that can't provide that for them. So, through this progression of the field, and training, and education, and newer clinicians focusing on these things, hopefully we're closing that gap more.

Tammy Kremer:

Hopefully getting some traction.

Sam Kendakur:

Ideally.

Tammy Kremer:

Yeah. Yeah. And as you say on your website, you specialize in trauma, queer experience, gender identity, kink, BDSM, polyamory, open relationships, and the experiences of people of color. Can you share more about what that work is like or what draws you to that work?

Sam Kendakur:

Well, originally, I would say I entered the field thinking about psychiatry. And a lot of the frame was the overmedicalization of people and decontextualizing people from the vast systemic issues that are going on that in the context of the world at large, is it actually a healthy response to feel down, to feel despair, to feel these existential weight? And so, my origination point was thinking of overmedicating, medicating young children instead of really addressing like, "Okay, what are the traumas people are experiencing? What's going on in their lives? What is systemic racism doing? Transphobia, like homophobia. And so, how can we situate the individual in context and talk about how to be resilient to these things that aren't going away and yet aren't our fault necessarily, but we're suffering because of that.

I think being a part of the communities that I work with gives me a unique positioning to provide people with a little bit more of a sense of competency and safety, instead of people coming to clinicians that are very far removed from their worlds and therefore can't really speak to it in so much as one can do trainings and readings. There's really a different level where people, I think, are untrusting of the healthcare system, whether it's the way in which the comorbidities of physical health conditions and the way that they're dismissed. And we're seeing that with COVID. We're seeing more communities of color and people suffering more mortality rate, discrepancies in care. The same thing's happening in mental health. So, being able to come to the table and feel like, "Okay, someone's thinking about my needs. There is a place for me in healthcare."

Tammy Kremer:

Yeah. And can you describe how it might be different to show up in a session with somebody who is a part of their community and can relate to some of the aspects that they're sharing versus going in and meeting with someone who is not part of their community?

Sam Kendakur:

I think walking into, whether it's a therapy setting or a healthcare setting in general, there's usually an inherent power dynamic, where the provider is considered someone of authority. And you're coming to them and they're going to hand down to you this knowledge. And I think a part of my work is, especially I think in mental healthcare, is working to break down that hierarchy and say like, "Okay, you're the expert on your life. Yes, you're coming to me for a level of expertise and insight, a second set of eyes." I think one thing that's really prevalent is language, the disparities of being able to actually talk freely and feel like you're legible. So, say if someone's coming and they're part of a queer community or gay men, for instance, and they're talking about topping and bottoming and what it's like to be on PrEP or what it's like to have conversations around STI status and the stigma of HIV and different things like that, they may not be able to feel like they can either freely talk about those things or that they can freely be understood about those things, so that's one aspect.

And another way, people, they're coming in with an inherent mistrust, I think, when you're sitting across someone, especially if someone with more privileged identities. And the expectation to be able to be vulnerable when you're sitting across someone that either actively or passively represents traumas that you've experienced. Maybe I'm sitting across from a white person and I'm trying to share the way in which racialized stereotypes or traumas have impacted my life, and I'm sitting across someone that perpetuates, or I don't know how much they perpetuate but of course inherently all white people are perpetuating that or symbolic of that. And so, for me to get to that place of trying to talk about that would probably take years of work even if the desire is there, and I think often the desire isn't there. Why would someone go to talk about their experiences knowing that the person that they're going to talk to is inherently going to have a gap in understanding and in that moment likely to cause harm, even if it's the most well-meaning scenario.

I think that there are practitioners that really are trying to do the work to close these gaps, of course. No matter who you are, you're always going to be sitting across from someone where you have gaps from. But, if you're coming in with a foundation of knowing this person at least has some level of competency through lived experience, the way in which you might feel free to be vulnerable, I think, really changes where the work starts. You get to step in with a level of like, "I can start talking about my life and hopefully expect to be baseline legible."

Tammy Kremer:

I'm thinking that different kinds of providers that work in the sexual health field, there's a need to understand the diverse ways that people have relationships and also have sex, and that can be a big barrier. People end up getting insufficient testing or test for things that aren't actually relevant to their experiences. I want to ask in an open way if there are some aspects of queer or nondominant sexual expression or romantic connections, partnerships that are often overlooked by providers.

Sam Kendakur:

When I hear that question, I think a lot of initial encounters with providers. A lot of times, that can come with a sexual inventory taking, even when it starts with the paperwork or something like that, are the questions and the options of answering on this paperwork even reflective of the way that someone has sex or has relationships that a lot of the language, the ways in which questions are asked, are really

based upon, like a very typically heteronormative, cisnormativite framework. So, people might be encountering questions that do not allow space for the answers that reflect either their identities, gender, or sexuality. I think the second part that came up for me is stigma around what's normative in various communities, that having sex, whether it's having sex with multiple partners, or the types of sex you're having with partners, or whether or not that sex includes any barriers or protection, it varies so widely from what might be the typical understanding of safer sex.

So, you might be encountering a provider and trying to talk about what for you as a very run-of-the-mill in your community sexual experience or sex life. And then you might be met with a provider that's either shaming you or surprised. One thing that comes to mind is like, when providers are talking about safer sex in communities of cisgender men that have sex with men, and they're talking about maybe using barriers or something to that degree. And the expectation of what it means to be responsible is that you'll be using barriers with any partners that you are not monogamous with for all types of different sex. And it's very unprecedented, I think, in a lot of communities to be using barriers for all types of sex. And especially, that it also is not always common that you're in monogamous relationships or that you even necessarily know the people that you're having sex with or know their sexual history.

And I think the ability for providers to be able to not just understand that, but also to not come in with these implicit or explicit biases that put people off from being honest about their sexual practices. And then, in turn, being able to see PEP after an HIV exposure or they want to get on PrEP, that people I think are really scared to ask for what they need because the fear of judgment. And I think another question that brings up when providers have this checklist of, they're like, "Okay, we're going to get you a pregnancy test. We're going to get you all of these STI tests," and you get all these specific things. And depending on people's identities and bodies, sometimes they're really forced because of protocol to take tests that are extremely irrelevant to the types of sex they're having. But I've heard numerous people talk about being forced into taking pregnancy tests and then also being charged for these pregnancy tests where they're like, "Well, I'm not even having a type of sex where I can get pregnant."

Or people being pushed to get HIV testing and things like that when they're like, "Well, I'm not having a type of sex and do that," or, "This feels like a prejudice. It's foisted upon me because of my identities." And so, with the lack of thorough ability to ask the questions necessary to discern what is even needed healthcare wise, then people are having these uncomfortable encounters when they're already in a vulnerable position. And I think also around people's gender identities, and especially when you're working with people that are transgender, and then there might be questions asked about bodies and the language might be very ill-fitting or not even relevant to a person's body. And the provider may not have the competency or the language to even discuss bodies in a way that actually isn't traumatizing to someone or triggering or brings up a surge of negative experience or is even relevant to what might be going on with their body.

Tammy Kremer:

Yep. How do we provide information in ways that are more inclusive? Also share information and trust people to make decisions for their own bodies according to what matters to them.

Sam Kendakur:

Right. Allowing people to prioritize what actually makes sense given their life and their needs as opposed to these are automatically the things that are important. You're coming in and you're hoping that you're sitting across from a healthcare provider that knows the basics about what might be going on with your body. But so often, even providers that are specifically working with queer populations or trans populations, I think, because the framing can sometimes be steeped in a very cisnormative

anatomical framework, providers, even if they know that the language might be fallible, they're opting into operating from speaking from a way that's most comfortable to them.

And they're often thinking very clinically, which can be dehumanizing from the emotional aspects. And then people are sitting and being like, "Well, if you're going to speak to me that way..." They might experience retreat or feeling like they need to correct their healthcare providers. People, I think, find that very challenging. And then instead, they maybe opt for not getting care. And then you find these higher rates of really any medical malady in communities that are disenfranchised because it's almost not worth it for people to seek care because it's more painful than just dealing with whatever you're going through.

Tammy Kremer:

How do we support people who want to provide this kind of care to get through school, to get the education that they need or the training that they need in order to then be able to provide cares to the communities that they wish to serve?

Sam Kendakur:

The majority of providers are wanting to provide competent care, but do they even have the resources to do so based on the systems at play that just allow people from coming to the table, which I think speaks to bigger obviously systemic issues about education, and funding, and resources, and whose voice carries legitimacy, so that the people that might be best able to help educate and further this are the people that are most often the farthest from the conversation.

Tammy Kremer:

Mm-hmm. Yeah. One thing we wanted to talk about today was the internal relationship with self versus relationship with others, how we experience pleasure, different nuanced aspects of consent, like, how entering into a sexual encounter can be different for people based on their experiences and identities.

Sam Kendakur:

I think one of the earlier bullet points that you had sent me was about the internal versus relational aspects of pleasure. And I found myself initially feeling a little bit ambivalent about the question because they sit together. My instinct was to say, "Well, the personal internal experience comes first," is foundational. Before you can really translate and transmit how you like to experience pleasure with a partner, my instinct is definitely to say, it starts at home. It starts with self knowledge, especially if you think about people that have often been stigmatized or subdued in their sexualities or things like that, that it can take a lot of work to work through internalized homophobia or if we think about undesirable politics, to be able to see themselves as desirable, to be able to see other people that have identities as them as desirable, and to work through also just certain shames that come up when we're situated in a culture that is passively or less passively really reinforcing stereotyping.

And, on the one hand, I think that most people that I work with have so much internal stuff that's inhibits them from having their own robust free. I mean, I don't know how uninhibited any of us can get. It takes work for all of us to get there. But I think specifically when you're coming to the table with these identities, all of these aspects of pleasure are so fraught and having pleasure with oneself and being able to feel freely into your pleasure and feel like your pleasure is acceptable and feel like it's not perverse. Clients talk about feeling disgusting or feeling predatory in their pleasures. And if you have this internal weight, it's going to be hard to access pleasure. And then, on the other hand, when saying, "I felt ambivalent," I was like, so much work can also be done relationally. There can be so much healing that

can be had through being able to commune with a partner in a way that feels safe, in a way that feels like there's legibility in a way that there feels like there's the ability to explore.

A lot of people interested in kink and BDSM, I get people in saying like, "Well, I'm interested and I want to be able to talk to partners about these things." And there might be a lot of anxiety and there might be so many things inhibiting them from even knowing what they want to explore. So, I think we have these two things working in tandem, that the individual cannot have satisfying, fulfilling sex with a partner if there's so many internal barriers. And yet, how can we work through some of our internal barriers without some kind of relational aspect. It's an order of operations question: where the depth of your work is situated? And I think that's also a little bit of a personality style, like, I have people that are dealing with pretty intensive unpacking of their internalized homophobia and anxieties around that, or in certain people, legible markers of potential queerness shows up quite young.

And so, from a young age, especially people that are coming from smaller towns, more rural towns, and conservative spaces, religious backgrounds, they've really been taught to suppress all these things and a lot of fearfulness even from admitting certain things to themselves. And so, we can't always get to a straight shot to this sexual piece. We're working from a place in which they're like, "Well, I'm just trying to let myself hold my body in a way that's natural to me, because from the age of three, I was told, 'Well, you look like a faggot'. And I retreated into my academic life to avoid socialization in general." And so, in that sense, we can't say like, "Okay, well let's talk about what you like in bed," because this person is suffering from a place where they're saying like, "I'm not even comfortable sharing my opinions or showing myself at all."

I think the other thing that also comes to mind when I'm thinking about this is sexual trauma, and the ways in which that really sits alongside so many people's ability to experience pleasure and to experience pleasure with partners, even when they really deeply want to. I've worked with clients saying, "Well, I've really spelt out to my partner exactly what I want sexually. Like, I told my girlfriend, 'When I walk in the door, can you push me up against the wall and kiss me, or something like that?'" And a client might be sitting there and saying, "Well, why isn't this happening? I don't know what else I can say." And the issue sometimes being the other individual is working through so many of their own experiences of where they're inhibited in their ability, even if they want to, to access and perform certain types of sexuality, certain types of sexual behavior. And how do we then talk across and through trauma and with that and experience pleasure when for so many people, sex has really been associated with pain and suffering.

And I think that also can give people a lot of pause in terms of thinking about their sexuality, where they're like, "Okay, what's my trauma and what's my sexuality? What's my sex drive? Is this about something that's inherent to me or is this about my experiences, is the reason why it's hard for me to access sexual pleasure?" If you think about a lot of cisgendered women and the idea of the cultural and societal norms of not focusing on the pleasure of cisgender women and really having it diminished and having many women experiencing cisgender transgender otherwise, so much sexual harm. And then also being told that their pleasure is not possible or not prioritized. And then you're sitting in this place of wondering like, "What's me? What society? What's the other person? What's my trauma?" And I think as clinicians, it can be a very delicate balance of really wanting to honor what someone knows about themselves and their sexuality, and also shed light or unpack the ways in which our experience is inflect our sexuality.

And that doesn't negate the language or the identity or the sense of self that someone's arrived at, but that gives a richer understanding of why they might have arrived there. And yet, when we're sitting next to a provider that is not going to say, "Well, actually, you're not asexual, you just have X, Y, and Z traumas." So, that's a very invalidating and untrue statement. And yet, how can we talk about this

experience of sexuality and sex drive and sexual desire next to something like trauma and say like, "Yeah, all of these iterations of sexuality are valid."

There's many people that identify somewhere along the main sexuality spectrum, and that is who they are at their core, and it has nothing to do with experience. It has something to do with the makeup of person. And then people with experiences outside of that are going to be like, "Well, if I talk about my sexuality and then I talk about my trauma, the automatic assumption is going to be like those two things are linked, or even with queerness." And so, many people have suffered certain childhood sexual abuse. And then, the fear of, "Oh, my queerness is going to be seen in that light." And how can we delicately parse what inflects each part of our sexuality without negating anything about what feels right and true?

Tammy Kremer:

I appreciate so much the nuance that you're speaking into. There's I think a tempting trope to fall into of the nature-nurture trope and just sidestepping that.

Sam Kendakur:

Right. The ways in which get people desire to connect them. And that question of, "Well, does it really matter where our desire comes from?" They're saying like, "Okay, I desire to sleep with significantly older men." And people are like, "Well, this person just has daddy issues or something like that." And I think so many people are coming in and being like, "Well, is my relationship and my attraction, is that because I had X, Y or Z experience?" And sometimes the answer is yes, sometimes the answer is no, sometimes the answer is like, "Well, we don't really know because we haven't seen you without that experience."

All of our attractions are usually based on something that went on in our family systems or upbringing, something within us, and some combination of factors that be the mystery of it all that comes together. Being able to say, "That's my attraction, and can I allow myself that?" And how to work with that self judgment that may be internalized, the external judgment, and moving away from a framework that's more of nature or nurture. Like, what's the antecedent or what's the reason? In the same way, as so many people are talking about like, "Well, why is someone gay? Is it a choice?" And it's like, "At the end of the day, what's behind that question?" I think an attempt to assert some framework of normativity.

Tammy Kremer:

Yeah. An idea of, "We can work it out. If we work out the source of this, then maybe you'll be different."

Sam Kendakur:

Right. The question of like, "Well, if we say it's a choice, does that make it more valid? If we say it isn't a choice, does it make it more valid?" But I think so often, there's a level of a questioning to understand, to legitimize, which I think is really helpful.

Tammy Kremer:

I'm thinking about a set of terms that's new to me from the book, Polysecure. I'm not sure if that's the source of these terms, but thinking of poly by orientation or poly by choice or by curiosity, but that differentiation. It's not meant to be compared to sexual orientation, I don't think, but just in terms of a framework of what our society asks, like, "Is this really who you are or is this just what you're performing?"

Sam Kendakur:

Right. I think that's an interesting point that you bring up in the way of the thinking about people that are non monogamous or polyamorous. And some people conceptualize themselves in a way where they're saying, "This is my identity. This is who I am." It's moving away from the idea of this is the choice. In some people's conceptualization, they're saying, "This is the way my sexuality works. Without this, it doesn't feel right." And I think there's some people that are saying, "I could be monogamous, but I don't want to be." I think also in the way in which monogamy is very lauded in our culture, and there's a lot of religious antecedent to it, and a lot of built in expectations about what's maturity, what's self control, and moving away from viewing non monogamy as almost a moral failing or a hedonistic, and being able to say, "Well, the pricing of monogamy in our society is relatively arbitrary/based in a lot of religious rootings." The arbitrariness of it being the prevailing favored lifestyle choice or rewarded lifestyle choice.

Tammy Kremer:

Can you give a summary of a few different ways polyamory might look or just what polyamory is?

Sam Kendakur:

I would say that probably some kind of non monogamy would be the umbrella. It's like anyone that's engaging with sexuality and relationships in the context of more than one partner. And that under that umbrella of non monogamy, there's a lot of different ways that people might identify or practice that. And I think in older, more historical one, that people might be aware of is the idea of swingers. And that's one culture of doing it, where it's oftentimes married couples that come together with communities of other married couples and they have sex outside of their prescribed couple. And there's open relationships where they might have what some might call a "primary partnership" or a "nesting partnership," someone that they're giving a certain commitment to or concretized their life together in a certain way. And then they might have other partnerships outside of that, but they might be purely sexual and not dating relationships, or they might have certain parameters.

And a lot of people can do a lot of negotiation and have various setups of what's agreed upon. And then polyamory, which there's so many different ways that people might consider polyamory, but I think some of the substance of that idea of having multiple relationships of different kinds, which doesn't necessarily mean they're all the same level of robustness of partnership with same type of commitments. And I think within that, there's certain people that might practice something more akin to a hierarchical form of polyamory where one relationship is relatively prioritized amongst others or some people might be engaging in a non-hierarchical polyamory where they're saying like, "Okay, there isn't a relationship that is getting more or less weight or considered more important." There's relationships of different kinds, and it can be a little bit more of a lateral structure. And then there's solo polyamory where there is no necessarily primary relationship. It's someone that's saying, "I can have multiple relationships with a lot of people, but at the end of the day, I'm operating as a solo person engaging in these relationships."

Tammy Kremer:

Yeah. So, many different ways that people express their sexuality and romantic desire.

Sam Kendakur:

Well, I'm realizing I also left out the multiplicity of relationships that are not about two people. There might be triads or with three people or more people or a polycule, where there's combinations of

different people that are involved in relationships that might be connected together. And also I think those are oftentimes relationship style that can be stigmatized as well. And I think how you're coming to the table with your providers where you might be trying to talk about your sexual health or sexual practices. And the receiver is sitting there trying to figure out who are you with, who are you fucking, who's important? Someone might be coming in and trying to talk about this and I'm not be the one to give that to their providers, and they probably shouldn't have to ideally. And yet sometimes, of course, we have to give something, but we want our providers to have a working foundation, so that we're not spending a good portion of our time educating our providers. Time's limited, and it costs money.

Tammy Kremer:

Absolutely. And finding ways for clinicians to educate themselves. Hopefully, this is one kind of a medium for people to learn and attending trainings and reading. But there is stuff I talk about at the very beginning of this recording, there's also only so much that someone can do to educate themselves to truly be able to take somebody else's fullness, and if they don't have that lived experience, so being in that kind of duality of moving forward to be able to connect more and also recognizing the limitations.

Sam Kendakur:

And I think being able to talk about those limits in clinical work being important too, because there's some people that are very explicit and they're saying, "I only want to see a provider that has at least X, Y, and Z shared identities as me." And then some people are like, "Okay, it might be impossible to find that provider, because there might be two of them or zero of them." That they're willing to work with providers or they're forced to work with providers that don't share their identities, but they're like, "I want to see someone with that has specialized competency in these areas." It's a complicated thing to say, you just can't do this work if that's not you, because we want people to be able to help and support people because of sometimes the size of community, sometimes the resources of communities, and marginalization, like, who has access to becoming a provider.

It's not always the people with these marginalizations. So, we need people even that are not a part of the community to be able to have some dexterity. And I think part of that is being able to name the limitations. And I think that is a way of creating safety across these kinds of diads to be able to check in and be able to ask someone, like, you're talking to about these things and this is really vulnerable content. And as you know, these are not experiences that I share. And how is that talking to me about this? And then also, doing one's due diligence outside to make sure you're not causing harm and you're bringing forward a level of foundational knowledge. And also, how can you account for places where you do miss the mark. I think that allows people to come to providers that may not share their identities and at least know that there's a trust that the accountability is there.

Tammy Kremer:

I'm going to take us back a few moments in the conversation to talking about defining polyamory. I think another piece that sometimes can be confusing to folks that haven't been exposed to those kinds of relationship structures is, people are familiar with polyamory and non consensual ways, but not necessarily in consensual ways where people who are supposedly monogamous have sex outside of the relationship. And just thinking about the kinds of tools that the poly community and also the kink, BDSM community has developed in terms of language and conversation around consent that I think can be more nuanced maybe than some of our broader cultural conversations about consent. And yeah, I'd love to hear your take on that.

Sam Kendakur:

One of many reasons why there might be stigma towards people that are engaging in non monogamous relationships is that, it's a way to justify cheating. I think the moralization of monogamy is so entrenched that there's a way in which it can be viewed as like, "Are you accepting that because your partner won't do anything else?" A lot of times in a heteronormative framework, the idea that men will cheat, and that's just what's to be expected, and that if a woman is having sex with other partners, that that's like disrespectful. There's also these gender roles imbued that women are perceived to be almost like monogamous, and chaste, and devotional by nature, and men are philandering, which steps into apologetics for rape culture. Men have these sexual drives that need to be satisfied, so they will do what they are going to do. It takes a lot of work to excavate those ideas within ourselves.

And even as providers that are working this field and wanting to have competency and dexterity, we're also living this society where we have absorbed all of these things. And so, I think part of really being accountable to that as providers is being like, "Okay, what parts of these things still live inside me?" None of us are immune to this package of biases that we're born into. We also don't want to go on the other side of maligning monogamy and assuming that anyone that wants monogamous partnership is not evolved or something like that. But, I think, we know that the frequency at which people cheat is quite high. That can happen for interpersonal reasons, but that can happen also because not everyone is really desiring monogamy. And so, I think a lot of the conversation around non monogamy was the idea that there can be ethical ways to be with multiple people, and that's really based on foundations of what you're agreeing upon in your partnership.

Another misconception is that if you're non monogamous, you can't cheat. And that I think is a very fallible point because a lot of people have agreements in their non monogamous relationships in, to be honest, there's as much cheating in non monogamous relationships as there is in monogamous relationships. There's a lot of conversation and processing that it takes, I think, to have a very successful or even moderately successful non-monogamous relationship. The more people that you have commitments to, there's the possibility for these commitments to hit up against each other to be able to understand like, "Okay, what are we agreeing is ethical within our relationship?"

Tammy Kremer:

I'm also wanting to talk about consent. Thinking about how difficult it can be to, for all kinds of reasons, know what one wants to know that internally and then to communicate about it.

Sam Kendakur:

Consent, I think, is an ever confounding topic. I'm often working with people, which is, it's not a bad thing, but are very afraid of ever doing anything to accidentally transgress consent. And that's a valid fear. We don't want to transgress consent. And at the same time, I think that there's a lot of people that assume that if they do everything right, they will never harm someone around consent. And I'm of the mind that, if you're having sex at all, it is almost relatively impossible to not inadvertently, as opposed to directly transgressive assaultive rape behavior, but it's very easy to accidentally step on someone's toes, and cross the lines, and do something someone didn't want to happen at that time.

Tammy Kremer:

I want to just take a breath with that. I think there's so much in communities, and especially in people that really care and want to do the right thing, where there's this expectation of like, "I will never do something against someone else's consent." But to hear you say, "The most likely thing is, if you're

having sex at all, you will at some point, even if you don't want to, inadvertently do something that someone didn't actually consent to."

Sam Kendakur:

I almost had prefaced that with being like, this may be a little bit of a left field opinion, but for me feels a very true statement and something that I say quite often, because it is very harmful to miss the cues or be misattuned on consent. And it is illegal in some ways. It is also deeply painful. It can be deeply traumatizing both for the person who's consent has been breached and sometimes also for the person that has breached it. And I think it is, as you said, something to take a breath with and sit with, that in the same way as the older slogan of being the only safe sex is no sex. When you're engaging sexually, we're talking about the fallibility of communication, and also misunderstanding of cues, and also the ways in which it can be very difficult, if not, impossible, for some people in some moments and instances to express clearly where their boundaries are at.

Tammy Kremer:

Or even to know what those boundaries are and what they truly want.

Sam Kendakur:

Right. Yes, definitely. I think you're speaking to like, there's places where we might be ambivalent. There's places where we might not know. There's places where we might feel in a gray area between yes or no, which is scary, I think, for a lot of people, both the person that feels that way and then they might feel responsible if they get harmed. And then I think the partner or partners in that case to be sitting there and being like, "Well, what do I do with this gray area? I want a yes or a no, so I can be good. I can do the right thing." And it's a very moving target, consent. Sometimes it's reduced to this idea of get consent, get enthusiastic consent, but what happens when we're exploring with a new person or we're exploring a new thing and we don't know if we're going to like it, where we may want to try it with one part of ourselves and we might be terrified with another part, or we may want and not want at the same time.

And what do we do with that and how do we express that, I think is very complex. And I think that in terms of the way some people have concretized to negotiate that like BDSM or kink is people's soft limits and hard limits. People might have a set of things that they're like, "I'm not a hundred percent sure that I'm going to like this. I'm not a hundred percent sure that I'm going to want this, but I'm curious. These are my maybes." And then we get to a soft limit where it's like, "This is like, could be a no, but I'm also open depending on the context." And then we have these hard limits where it's like, "This is a no." And so many people and so many relationships aren't set up to necessarily discuss sexual desire in that way.

And there's all of these worksheets that you can fill out with check boxes and all of these different types of sexual acts and how I like to be touched, what words I like to be used, what words are okay, what words are like an absolute no. I think that's a beautiful tool, but it also doesn't work in every relationship. And I think being able to often have these conversations outside of the moment of the sexual encounter is important, but I don't think that that's what we're... I mean, also makes me think of certain things like what's found erotic. There can be paradynamics or eroticism in and that are situated around consent, which becomes complicated because it's like, "Well, is this part of sexual play or is this a part of boundary setting?"

Even things like situated in BDSM or kink context, but like consensual non-consent, where people are saying, "I am consenting because I find it arousing or desirable to have sex when I'm saying no or not

asking for it or letting someone have license to have that control to decide when we're having sex," which is predetermined and pre agreed upon. And sometimes people use certain things such as safety words or code words or different kinds of things like that to negotiate that there are all of these ranges, places where it's not cut and dry, and how do we negotiate and how do we communicate across that, even being able to say, "I'm not sure."

Tammy Kremer:

It's a lot of pressure. There's a lot of pressure to consent well, a lot of pressure to hear consent well. Again, I'm just having this image of someone going for testing or what have you. You get these questions and it's like, "How do I answer that question? I'm not actually sure what happened." And trying to find space for that ambivalence in a structure that our legal system, our all kinds of policies are really hopefully attempting to protect people, but also then creates this narrowing of how we can talk about something.

Sam Kendakur:

Mm-hmm. There's just so much nuance to it when you were saying, "I'm not sure what happened," of the level of, "Did I say yes, but I didn't really want to? Did I feel pressured to say yes? Did I not say no?" I think distinguishing between was there consent or no consent to, at the end of the day, was there harm? And I think sometimes the uncomfortable truth is that you're not sitting with, "Did I get consent and did I do the right thing?" Because even if you get consent, there can still be harm. But I think that the ways to often look at this is how am I accounting for breaches and fallibility and communication and consent both on the person that's trying to give it and on the person that's trying to read for it.

Tammy Kremer:

And that is just such a different question to ask oneself or to ask somebody else, like, "Was there harm?" It invites so much more of the experience as opposed to needing to label something as one thing or another.

Sam Kendakur:

Right. Sometimes in this consent model, kind of this locus of where's the blame? Where was the transgression? Who fucked up and when? Whose fault is it? Or going back to the place of, "Well, you said yes," or even all of these other pieces that are connected to different rape apologetics, rape culture of like, "Well, you invited me up. You made out with me. You let me take your clothes off. And you said, yes, yes, yes, yes." And then the experience that at some point there was a disjuncture and these circumstances as you're saying, where we might be unsure in the moment or we might be halfway in the middle of a sexual act and realize that actually it's a no now or it was a no and I didn't know it. And how do we communicate that and be able to allow for the fact that, yes, maybe my communication was not clear and maybe it's not always possible to have clear communication.

Then we have the question of like, is there substances involved? What's the expectation in terms of how the transaction around power? Or what's the way to approach someone sexually? Some people I hear talking about being put off by an over-emphasis on consent. They'll be talking about maybe a sexual experience and they're like, "Well, the person asked before they did every single thing and it felt like too much." And I think wanting to operate from that place in which we can control for not causing any harm, and also what people find sexy at the end of the day. Where, it's like some people are like, "Well, I don't want to be asked in the moment if you can take my shirt off, I want you to take my shirt off." And some people are like, "I need that." Geared towards also providers, I think this is also very delicate terrain of

how do we affirm someone's experience when there is harm and also keep that space open for understanding what the harm was, how it occurred, what was the transgression, was there a transgression, or was this a more murky situation?

A lot of times when we've experienced a lot of trauma, we can have a situation that wasn't non consensual, and then we can feel badly about it. We can be triggered. And it can feel very much violating even if nothing happened at the surface that was explicitly violating. And how do we attend and care for, and affirm, and validate that experience of violation and work with someone to understand that. I mean, it's not always possible to eliminate that feeling of violation. Sometimes there's a lot of deep trauma work to be done. I've talked to people that are saying, "I felt like I was saying no," or like, "In my head, I felt so triggered that my head was screaming like, 'Don't touch me. Get away from me.'" And then because that voice is so strong, the counterbalance is the way that the boundary comes out is very soft for people that are conditioned to please other people.

They aren't encouraged to say no. They've had traumatic experiences, which they were just allowed from saying no. And then people wondering, "Well, did I put up a boundary or did I not put up a boundary?" Or someone feeling like, "I felt like I said five times that I wasn't interested." And these can also happen in the context of relationships that are loving. And so, I think that's a confounding variable where you're don't necessarily want to think about your partner in a way that posits your partner as someone that might be abusive or problematic. And I talked to people where they're saying, "I thought I was saying no, but it wasn't working, so I had to pretend to fall asleep." The best way that someone has sometimes to put up a boundary is these kind of opting out of conversations. Stories like that, you hear that and you can feel the pain in it as providers being able to listen to that and being able to validate and affirm, because someone that isn't approaching this with enough dexterity might say, "Well, you didn't say no," or, "You should be able to say no."

And that, I think, very much misses that there's something that goes back far before that moment where, yes, of course, we want someone to be able to indicate their boundary and at the same time, you can't take it from A to B and say, "This is how it should work for you to get your needs met." That, in a way, is disregarding all the complexity of what goes into that moment of why someone might not be able to speak out in that moment. The limits to that based on emotional experience, and power dynamics, and gender dynamics, and desirability is very fraught.

Tammy Kremer:

I going to bring this great conversation to a close with one final question. So, as you know, this podcast is called Coming Together for Sexual Health. And I like to ask people, what's one thing you hope we can create by coming together for sexual health?

Sam Kendakur:

Thinking about this conversation and who's the audience. I think a place in which geared towards medical providers is really important locus of disseminating knowledge. I think having an informal way to access this information that feels maybe more accessible, maybe a little bit more engaging or something like a podcast is something you can put on in the background, your cooking dinner. If you're like me and you're working probably too much and you're trying to have your life outside, you're trying to stay on top of learning different things, and the things you actually have to do for your job, there isn't always the time and the energy and the space to get all of the types of knowledge and trainings that you want. My hope is that these kinds of conversations allow people to get insight into things that may not be their niche area of practice or interest.

I'm working with specifically populations that are disenfranchised and are working around sexuality, and gender, and relationship styles. But even any random provider, you're going to have someone walk in the door. It's not siloed to niche communities. And so, I think a lot of people might think, "Well, that's like outside of my realm of practice." But I think more and more, it's not really outside of anyone's realm of practice. My hope is that this knowledge becomes more of the general rubric of what's understood is competence. And this is a way for people to get that without feeling like, "Okay, I have to do the deepest dive into this educational experience."

Tammy Kremer:

Yeah. Oh, I certainly hope that this does reach people who are looking forward in that kind of way. So, on that, thank you so much. I really appreciate everything that you shared and all the work that you have done for so many people over the last 12 years, including for yourself. And I care about you. And I'm just so glad to get to share this space with you.

Sam Kendakur:

Well, I care about you as well. And it's been lovely to have this conversation and move from personal to the political to the professional and think about how do conversations that we've had as friends and colleagues, we have these shared endeavors, and seeing those points of connection and how it can come together, I think, is a very beautiful and enriching thing.

Tammy Kremer:

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