

Transcript of S4 E7 Dan Savage on the Magic Question “What are you into?” & Dr. Ina Park on How Providers Can Help

Tammy Kremer ([00:09](#)):

Coming Together for Sexual Health engages you in shameless conversations about sex positive, identity affirming sexual health care. We keep our attention on those most impacted by STIs, HIV and structural barriers. We're powered by nationally recognized experts in sexual health at the University of California, San Francisco, in the California Prevention Training Center. All views expressed are those of the person speaking and not at the CAPTC or their employer. My name is Tammy Kremer. Let's come together for sexual health.

([00:48](#)):

Welcome to Coming Together for Sexual Health. Dan Savage and Ina Park, glad to have you both here today and welcome to our mini series on pleasure. And here to talk about how pleasure fits into sexual health, I'm thrilled to introduce you both to thought leaders. So Dan Savage is a sex advice columnist, podcaster, and author whose graphic, pragmatic and humorous advice has changed the conversation about monogamy, gay rights, religion, and politics. Savage Love, Dan's sex advice column, was first published in 1991 and is now syndicated across the US and Canada. He also hosts the Savage Lovecast, a weekly call and advice podcast that has tens of thousands of paying subscribers for premium magnum content. Both his podcast and column can be found on his website, [savage.love](#).

([01:39](#)):

And Ina Park MD is a professor in the Department of Family and Community Medicine at UCSF. And lucky for me, she's my colleague at the California Prevention Training Center where she's the principal investigator. Dr. Park is a medical consultant for the division of STD Prevention at the CDC. In 2021, she published the hilarious and informative book, *Strange Bedfellows: Adventures in the Science History and Surprising Secrets of STDs*. So welcome Dan and welcome Ina.

Dan Savage ([02:10](#)):

Thank you.

Ina Park ([02:11](#)):

Thank you. Excited to be here.

Tammy Kremer ([02:13](#)):

So I'm going to start us off with a question and then I will pass the mic to Ina who will keep the conversation going. So to start us off, how did the two of you meet?

Ina Park ([02:23](#)):

So Dan doesn't know it, but I think I met him probably more than 20 years ago because I started reading his column in college, which had probably been syndicated pretty recently. So I started reading it in this

alternative newspaper called the Bay Guardian in San Francisco. I don't know if you've ever heard of it, Dan.

Dan Savage ([02:40](#)):

Yeah.

Ina Park ([02:40](#)):

So I felt like I got to know Dan through his writing well before I actually met him in person. But when I was publishing my book, a mutual friend of ours named Peggy Ornstein said, "You have to meet Dan. You'll absolutely love him." And so she got me to introduce to Dan's producer because Dan has people, you have to get through the people so you can get to Dan. And once I got through to him, I mean, I fell in love with him even though he doesn't play on my team, but I've wanted to work with him for a very long time. And then I decided to ask him also to write together, which was really, really sweet. And we just did an opinion piece on gay men in [inaudible 00:03:18] recently. So that's my story of the relationship with Dan.

Dan Savage ([03:21](#)):

Well, luckily my people are hot, so they're fun to go through to get to me. I was given Ina's book to read and absolutely loved it, and had Ina on the show. And Ina has been so generous ever since we first had her on the show to talk about Strange Bedfellows with her expertise in sharing it with my listeners and my readers. Peggy passing the book onto me was the beginning of a beautiful friendship.

Ina Park ([03:45](#)):

Yes. So Dan, now I get to take the floor for a minute because this podcast is about sexual health and this little mini series is about pleasure. And I have to tell you, I got to make some confessions here about how I have thought about sexual health for a very long time. And being medically trained, I'll tell you, I really thought of it as very much just the absence of disease. And other components of sexual health really did not come into my purview, but I am guessing that you think about sexual health really differently and I want you to share a little bit about your probably broader definition in your mind as you've talked to thousands of people about their sexual health.

Dan Savage ([04:24](#)):

Well, the way sexual health was always framed when I was growing up was the path to achieving optimal sexual health was to have as little or no sex as possible. That having sex brought into your life risks. And if everyone could just agree to have as little sex as possible with the smallest number of people possible, everyone would be very sexually healthy. Everyone would also potentially be sexually miserable because what's fulfilling for one person, and maybe there are people out there that waiting until marriage and then having a monogamous relationship, one man, one woman for life they used to call, that is their path to sexual fulfillment and they will be blissfully happy.

[05:04](#)):

That is not, I think the overwhelming majority of people's idea of sexual fulfillment. And I think sexual fulfillment and sexual health really work hand in hand. They reinforce each other. If you are sexually repressed, if you're miserable sexually, you're likelier when opportunities present themselves to lunge at them in a way where the risk is greater than it might be if you brought into your life things you wanted to do, the people you wanted to sleep with, in a thoughtful way. And that's the kind of universal sexual

health that I have long advocated that how can you be who you are sexually, do what you want to do sexually, be with the people or person you want to be with while minimizing and mitigating those risks.

[\(05:50\)](#):

I long ago identified this weird tick when it came to sex as a human activity, as a potential pleasure center, where with this one activity, no risk at all was the only acceptable degree of risk. And if there was any risk inherent in the sexual activities that you were enjoying or indulging in, that was irrational. Which is a weird standard because we apply that standard to no other human activity. Dinner comes with risks of foodborne pathogens

Ina Park [\(06:22\)](#):

And choking on a big piece of meat.

Dan Savage [\(06:24\)](#):

Choking on a big piece of meat. That's not just a risk for dinner, that's a risk for [inaudible 00:06:28].

Ina Park [\(06:27\)](#):

It's a risk for sex. Yes.

Dan Savage [\(06:31\)](#):

Yeah, it's a risk for sex, but people have a chicken salad for lunch and die of salmonella poisoning. We say to people, cook that chicken, don't eat the raw chicken and you'll be less likely to die from chicken salad for lunch. But we don't tell people not to eat chicken salad, not to go skiing. Sonny Bono, Cher's first husband, slammed into a tree skiing. Dead from skiing. We don't tell people that if their pleasure can be found climbing mountains, even though some people have fallen off mountains and died, that they shouldn't do that. We tell them hopefully how to do that safely. Backcountry snowboarding is something I've done, that's inherently risky.

[\(07:04\)](#):

And we're fine with those risks. There's a risk benefit analysis, the pleasure, the risk, what you can do to minimize or mitigate the risk, but while still pursuing the pleasure. But when it came to sex, we said, oh, there's risk there, so you can't or shouldn't do that. And if you do choose to do that, that's not rational. And to me, that just seemed crazy because it wound up with people being sexually repressed and then bursting out because sex is powerful. We pretend we're in charge of it when it's in charge of us. We are a product of millions of years of evolution driven by sexual intercourse. It's building whatever comes after us. And I had seen in my own life people who attempted to pretend that they were negotiating with sex from a position of power. They were in charge of sex. No, sex is in charge of you.

Ina Park [\(07:51\)](#):

Right.

Dan Savage [\(07:51\)](#):

There's lots I'd like to change about sex education, but one of the things we tell kids is one day you'll grow up and have sex. And what we need to tell kids is one day you'll grow up and sex will have you.

Ina Park [\(08:00\)](#):

Well, and that we are somewhat beholden to what we enjoy and what we find pleasurable, because that's what drives us and that's what we seek. And all of us on some level are pleasure seeking. So I think pleasure, it sounds like for both of us, did not enter the conversation until later when we started thinking about sex. And it's funny because the World Health Organization, which I don't think of necessarily as the most sex positive organization, even mentions pleasure in their definition of sexual health, which I thought was great and safety and having the absence of coercion and violence as important for sexual health.

[\(08:37\)](#):

I think the whole pleasure topic and the fact that pleasure and sexual health can be intertwined is something that, from the medical standpoint, I'm really not used to. And it sounds like you have evolved, Dan, to be able to integrate those two ideas finally, in your own mind.

Dan Savage [\(08:55\)](#):

When you think about it, pleasure is why we have sex 99.99999% of the time we've had sex for fun, intimacy, connection, to create community, whether that's a community of two people in a relationship that's exclusive and long-term, or a community of friends or lovers who are sexual. That's what sex is for. And we walk around pretending sex is for reproduction. When we look around and we see what sex is actually doing in the lives of our friends, our lovers, our partners, our communities, our cultures, and it's doing something so much more than just making more humans. And that's the complicated part, the pleasure part. And it's hard for people to talk about because there's still this lingering sense that sex for pleasure is somehow illegitimate.

[\(09:41\)](#):

I'm 58 years old, I'm old enough to remember a time when it was a kind of culture war, roaring debate about reproductive sex and sex for pleasure. And sex for pleasure was held up as illegitimate somehow. Procreative sex, recreational sex, those were the words I was searching for. Those were the terms applied to it in the '70s when I was coming of age. It was procreative sex and recreational sex. And I think the emergence of large communities of openly gay men and lesbian women really did call the question for straight people, not about whether they could put up with us or tolerate us, tolerate knowing that they knew that we existed as opposed to knowing us without knowing we existed. But our lives really demonstrated what sex actually did, which was create couples, create thruples, create communities, create bonds, create pleasure. But not just in our lives, in straight people's lives too.

[\(10:37\)](#):

It was very dislocating for me as a kid, as a gay kid, to be told constantly that there was something wrong with the sex I was having or wanted to have because it couldn't make a baby, when all I saw in my life were straight people having sex, desperately trying not to make babies. Getting abortions, getting their hands on condoms, getting onto contraceptives, having sex, and then in a white-hot panic that they might have gotten pregnant or gotten someone pregnant. And it seemed to me like if procreation was the whole point and it made straight sex morally superior to gay sex, why were you straight people that I knew always in such a white-hot panic about-

Ina Park [\(11:15\)](#):

About getting pregnant accidentally. It's true.

Dan Savage [\(11:18\)](#):

Avoiding conception. Right.

Ina Park ([11:19](#)):

Well, and I feel like anxiety and fear are one of those barriers, you know what I mean, to actually experiencing pleasure. And I wanted to ask you actually about that because I know you've talked to thousands of people about their sex lives. And I'm curious, what do you feel like are the most common things that you hear that are getting in the way of people experiencing pleasure?

Dan Savage ([11:39](#)):

Fear of rejection. People will often wait. They're dating someone and they don't tell that person who they are or what they want. Often with women who are so socialized to bury their own desires under caring for others, nurturing for others, meeting men's needs, women often don't realize until long into a relationship what their own desires are. They surface for women, I think, often later in life. And people get into this corner where the stakes are now so high, if I tell you who I really am, what I really want, I've made a huge emotional investment. Maybe we're married, maybe we have kids, and so you leaving me now because of who I really am sexually, whether I'm bi and I never told you that, whether I have kinks that I've never told you about is scary. And so people withhold that information.

([12:27](#)):

It's often the case that you hear from people who are devastated that their partner went to see a sex worker and were more honest with the sex worker about who they were and what they wanted than they had ever been with them. And I always reassure these people it was because they don't care about the sex worker. They didn't do that because they don't care about you. They actually care very much about you. That's why they're afraid to tell you.

([12:49](#)):

I do think though, when we talk about sometimes in sex positive spaces, communities, we say fear and anxiety are the enemy of sex. And I think a certain degree of fear and anxiety is appropriate, because as you know, working sexual health, you're a doctor, sex can fucking kill you.

Ina Park ([13:07](#)):

Right, it's true.

Dan Savage ([13:09](#)):

I once gave a talk in this college and a young woman stood up and said that she was very nervous to be speaking, but she was a virgin at 22 and was terrified of sex and wanted to learn how not to be afraid of sex so she could finally have it. And I looked right at her and said, "You should be afraid of sex." I'm afraid of sex. I've had a lot of sex. It's figuring out what you're afraid of, making sure those fears are rational and then eventually you have to bungee jump. Eventually you make sure the rubber bands are connected to your feet and the boots are really strapped in before you bungee jump, but eventually you have to throw yourself off that cliff and that fear that you're overcoming is part of the arousal. So not only don't you want to eliminate it because you want to make sure you're taking steps to protect yourself, you also don't want to eliminate it entirely because it would make sex less exciting.

Ina Park ([14:05](#)):

Right. Well, and I'm wondering, do you think gay men are better at this because you have to have some conversation about what are you into. If you've got two penises, what role are we going to assume if we're going to have anal sex, for example? And I'm wondering if you feel like queer community folks are

better at having these conversations, are less afraid of rejection than folks that you've met that are straight, that are not able to be honest with their partner about what they're really into?

Dan Savage ([14:29](#)):

Well, if you told your mom you suck dicks when you're 16 years old, telling your boyfriend at 26 you want to get peed on doesn't seem as scary. Or telling your girlfriend in a same-sex lesbian relationship that you want to have an open relationship or that you're a dyke identified bi woman and occasionally you would like to have an experience with a male. Those conversations with your same sex partners are a lot less scary than just the simple fact of telling mom and dad or your friends that you're gay or lesbian.

([15:02](#)):

I do like to say especially to straight audiences that gay people are better at sex, we have more sex and we're better at it. And it's not because we're magic. You use the four magic words. What are you into? When straight people get to consent, they usually stop communicating about what's going to happen because consent with opposite sex partners is vaginal intercourse. Whatever else might be built around it a little bit is foreplay, but that's what we've consented to and we can stop having a conversation now.

([15:30](#)):

When two men get to consent the first time they go to bed together, sometimes the sixth or seventh time they go to bed together, somebody has to say, what are you into? And at that moment you can rule anything in, anything out. It was tremendously empowering for me as a teenager the first time a guy said, "What are you into?" And wanted me to answer that question and needed me to answer that question because nothing could happen if we couldn't have that conversation.

Ina Park ([15:56](#)):

That's right.

Dan Savage ([15:57](#)):

And that made us better at sex. Like Dr. Ruth, everybody who's a mainstream sex advisor says, "Nothing makes sex better than communicating." Gay people communicate because we must. Straight people often avoid communicating because they don't have to. I don't think gay people were morally superior because we have these conversations, we're compelled to have these conversations that we might avoid, like straight people do, if we could.

Ina Park ([16:18](#)):

Yeah. Dr. Ruth always said your most important sex organism between your ears and not in between your legs. And I don't know, I mean there's something to that, but I mean I think as well, something that I've seen in your column over and over again over the years is just the importance of communication and getting over that fear of being afraid of being seen and being judged for what you're into. You know what I mean? And it's a huge barrier.

Dan Savage ([16:43](#)):

And it really helps if people just embrace rejection as a possibility. If you tell somebody who you really are and they don't want to be with you, were you really going to be not who you are for 50 years? You want to dig through the 7, 8 billion potential partners for you on the planet to find people that will work for you, not the person. There's not the one out there. There's lots of potential ones. And

if somebody's really wrong for you or you're wrong with them, the sooner you figure that out, I don't think over the appetizers on your first date, you start blurting out who you are sexually. You want to feel each other out. You want to demonstrate like a high emotional intelligence. Sometimes you get to know somebody and they have a sexual interest or there's something about them that you've never really thought about before. And sex negativity really primes us to be like, ew, yuck, no, if it's not something you've ever thought of. I always encourage people to, instead of saying, "No," say, "Oh," which means tell me more.

Ina Park ([17:37](#)):

Tell me more. Exactly. Maybe I'd be into that.

Dan Savage ([17:39](#)):

My husband just got back from Folsom Berlin, which is a big gay mother festival in Berlin, and I always say there's two kinds of guys you meet at Folsom Berlin. You meet the guys who were tying themselves up when they were 12 years old, and you meet the guys who fell in love with those guys. And some people grow into kink or certain sexual activities or pleasures because they fell in love with someone who had them. It didn't leave them feeling shattered, it didn't make them feel dehumanized, leave them curled up in the fetal position on the floor in the bathroom afterwards crying. And their sexuality grew to encompass their partner's sexuality. And that can be a beautiful thing.

Ina Park ([18:16](#)):

Yeah, I mean I feel more often what I hear is that people, especially I talk to a lot of straight women and that people really suppress or they put their pleasure secondary to their partner's pleasure. And so then therefore if you actually get into a pleasure conversation, you hear things like, "I don't enjoy sex." And if you get further into it, I'll tell you a common thing that I hear. "I don't enjoy sex. I find it painful." And so for me, Dan, that sets off a whole list of medical conditions that this person could have. Maybe it's vaginal dryness because they're post-menopausal, maybe they have an STI, maybe they have vaginismus, that just sort of a clamping down of the vaginal muscles. There's so many things that I think of on the medical list, but then there's also a lot, Dan, that I'm sure your readers have told you about past trauma or issues that have led then to inability to enjoy sex.

Dan Savage ([19:15](#)):

Yes, people get hurt, people have bad sexual experiences, people have positive sexual experiences that the relationship goes south and in retrospect, they feel bad about the sex they had. It sort of reframes and recasts the sex. And then in the context of a long-term relationship, there's just a lot of resentments that build up and there's a lot of power dynamics at work. And one of the ways that people can subconsciously retaliate against their partners is to withhold sex. And sometimes people withhold sex because their partner isn't concerned about their pleasure, it's not pleasurable for them. Their partner is selfish and doesn't care. This is particularly problem with men, there's an orgasm gap and it's not men who aren't having orgasms in a lot of the sex they're having with women. It's women not having orgasms with men.

[NEW_PARAGRAPH]And we know this is a men problem because there's no orgasm gap when it comes to lesbian sex. Even lesbian sex among young lesbians and experienced women by women who are having sex with same sex partners for the first time, there's no orgasm gap. So it's not a woman problem, it's a man problem. And what do you do, what do you do.

([20:26](#)):

Also in long-term relationships, sex is painful or it's emotionally painful because people are just bored. And I often find myself explaining to people who tell me that sex was exciting at the start, now it's not exciting. And they've identified that as a problem with the relationship. It's a misidentification, I think. It's a miss categorization because sex was adventurous, it was exciting, and now it's boring. Something's wrong with us. And what you need to really keep in the forefront of your mind is at the beginning of a relationship, you're the adventure they're on, they're the adventure you're on. 10 years in, they're not a mystery to you anymore. Risk, danger is not built in, that adrenaline pumping. Even cortisone, the fear hormone pumping at the start Gone.

[\(21:14\)](#):

And if you miss that, you need to link arms as a couple and go on an adventure together, because you are not the adventure either as on anymore. And that is impossible after a decade together. You will never be the adventure again. But there are adventures out there you can have together. That doesn't mean you have to open the relationship if you're monogamous, it just means you have to get out of grooves and ruts and surprise each other, which presumes that you're still sexually attracted to each other or ever were.

[\(21:40\)](#):

Now, some people partner up or marry and aren't interested in sex and then they do their best to kind of dial it down and cut their partner off. That's just emotionally and sexually cruel and unfair. We have to be realistic about that. We talked to couples about their sex lives as if we can just set the dials, they'll be having lots of sex because of course they both want to. Sometimes the case that one person is pretending they want to or ever wanted to and just trying to run out the clock on the way to now we're 70 and we don't have to anymore.

Ina Park [\(22:11\)](#):

And as you know, literally, so that is absolutely occurring and relationships, and then this actually is a really great segue because I've been thinking a lot about this is that when you do get to a certain age, there can actually be legitimate medical dysfunction. Like you have erectile dysfunction or let's say folks who've been through menopause or have had childbirth trauma or whatever and literally can't have penile vaginal sex, for example, anymore. And I'm curious if you've had your audience come to you and say, I literally can't do X, Y, and Z anymore because of whatever medical issue. And sort of how do you tailor your advice based on people coming to you and saying, I can't do what used to be pleasurable for me.

Dan Savage [\(22:56\)](#):

That's why everyone needs to get into a time machine and return to their late teens, early twenties and not have sex just be one thing or always terminating in one thing. If sex is not just PIV or not just PIA or PIB like to call it because it rhymes, PIV, PIB, PIT. If you have a broad definition of sex and you regard oral sex, mutual masturbation, fantasy play, forage, toys, vibrators, outer course, if you regard all of these things not as sad, tragic consolation prizes because vaginal wasn't on the menu tonight, but also really rewarding fun sexual activities that you can enjoy together and the person who might be penetrated typically isn't, whenever you begin to be intimate, fearing or expecting that they may disappoint you if they can't do penetration, if you have that broad definition of sex.

[\(23:49\)](#):

If, because of a traumatic childbirth, PIV is off the menu for a while or permanently, then you have all these other enjoyable mutually sexual activities that you can engage in. But if you've framed them for 20

years as sad constellation prizes, not really sex or not anything you do. I think if I was a marital counselor for straight people, and I kind of am, I would assign them like three months a year, you have to take PIV off the menu and have a lot of sex.

Ina Park (24:19):

Do something else and here's what else is on the menu. A lot of us don't even know what else is on the menu. So I think you have to spend some time exploring that, but that would be great. Just say you can't do this.

Dan Savage (24:28):

Right. And I also wish I could tell straight guys if every time you said yes to sex, your ass got fucked, you'll say yes to sex a lot less often than you would otherwise.

Ina Park (24:39):

There you go.

Dan Savage (24:40):

Being the penetrated person, and I say this as someone who penetrates and is penetrated, the penetrative role is always emotionally and physically more taxing. Even if it was pleasurable, the knock on effects are more taxing. And so if you want your partner to be up for sex more often, you should make sure that some of the things on the menu, on the repertoire, are not taxing in a way for your penetrated partner that they aren't for you.

Ina Park (25:08):

I'm wondering, because we were talking also about taking PIV off the menu and sort of expanding our definition of what sex is. When you're talking to a straight guy, you obviously have this party line about getting your ass penetrated, but I'm just wondering because you have folks from all different communities approaching you to talk about sex and sexual pleasure, do you approach conversations differently if a person is queer versus if they're a straight person? In terms of when you're giving advice out.

Dan Savage (25:45):

Yeah, I mean sometimes I incorrectly assume a queer person might be a bit more savvy. And I don't think that's always the wrong assumption to make. If you're not straight, you spend a lot of time thinking about sex, and women think more about gender, people of color think more about race. If you're the default sexual orientation or the majority sexual orientation or race or religion, you feel it less acutely than you might otherwise.

(26:12):

But yeah, sometimes I have to be careful with queer people. The assumption that it's not always penetrative sex, what are you into. I've certainly met young gay men who now seem to carry the same attitude that gay sex means ass-fucking because porn kind of normalizes ass-fucking as the everything. And I have to tell them, oh my God, don't do that. You're leaving your superpower by the side of the road, being that sex is all these other things too, potentially.

Ina Park (26:46):

When certain things aren't working, like if literally your penis is not working or your vagina can't accept any sort of penetration, then you should use all of those other sensory organs and get creative. And one of the things that I've seen sometimes that happens with some of my older patients, and I was going to ask you a question about this because I take a sexual history on everybody regardless of age, but some people, especially if they're close to my parents' age or a little bit younger than that, they look at me with surprise because they're like, "Nobody asks me if I'm sexually active anymore." And I feel like we have a bias in our society in thinking that past a certain age people just don't have sex or not interested in sex.

Dan Savage (27:27):

Because we don't want to think about them having sex. And I say that as someone who's almost 60, right? Everybody, even people who are almost 60, seems to enjoy picturing people in their twenties being sexually active and not so much even themselves being sexually active.

Ina Park (27:43):

Do you get questions from older audience members and do you feel like you have to vary your advice at all, based on someone's age?

Dan Savage (27:50):

Yeah, there's a lot more sort of practical, logistical issues that an older person can confront having sex. Positions that worked and were comfortable, even just missionary position. For the guy who is up on his knees and elbows and the hips in a certain position to make anal or vaginal missionary work, that position when you're in your forties or fifties can be a little more challenging and less comfortable. And there's something about erections in your fifties, forties, fifties where a hiccup can send your erection going. It flees. And so that position for many guys can create a hiccup. It's a very comfortable position I think for the person being penetrated, male or female, because anal missionary is actually a thing, but it can be a challenging position physically for the person on top.

(28:45):

And then I say to people, have you considered, do you have an extra room? Did your kids move out? Do you have a basement with beams in the ceiling? Because you know what works really great? A sling. And then people, a sling is for the sex perverts at the mine shaft in the '70s. But a sex sling is actually a really great toy, tool, for older people where you can stand and fuck in the missionary position in a way that if you don't have a kitchen counter at exactly the right height, and the kitchen counter, if you do have one, isn't comfortable for the person laying on it, a sling is a great thing to invest in if you want your sex life to continue into your fifties and sixties. Says the 58-year-old man, from experience.

Ina Park (29:28):

Well says the 50-year-old woman who, guess what? I don't want to lay down on the hard kitchen floor. A sling sounds like a great idea for relieving pressure points. I like this.

Dan Savage (29:39):

They relieve pressure points and you can rock back and forth. The person in this sling can actually control the movement by just rocking a little bit and slide up and down on the deck, if that's what they want to do. Slings are... they should be in every suburban home.

Ina Park ([29:57](#)):

I feel like this is such practical advice that I feel like every physician should know about this, and yet I have never given this advice to anybody and I need to start doing it. This is sound medical advice from Dan Savage.

Dan Savage ([30:10](#)):

It's a very comfortable position to get fucked in.

Ina Park ([30:13](#)):

Yeah, I love this idea. But can I also just tell you that this is such a refreshing conversation and I'm going to tell you that as a physician, I sometimes have my own discomfort around having a conversation like this with a patient, even though I bet you if we go there, I'm sure they deeply appreciate it, but I, myself, am kind of afraid to go there sometimes.

Dan Savage ([30:36](#)):

You should be able to recommend a sling to people. Your gay friend or your crazy gay sex advice columnist, podcast host can recommend it because it's hot, but a doctor can recommend it because practical. There's a kind of practicality to it as you age that makes it more like, I think a doctor could talk about the way some doctors talk about bolsters and pillows that people get to prop themselves up during sex helps a lot for larger folks to have those kinds of bolsters. I've seen people who were very large in slings who seem very comfortable in them, so maybe there's a practicality way to approach it and you should talk about it. Providers should talk about them.

Ina Park ([31:18](#)):

Yeah, you have a sling. If you need an assistive walking device, you have a cane, you have a walker, you have a sling, you have all the accoutrements.

Dan Savage ([31:25](#)):

Yes.

Ina Park ([31:26](#)):

Well, I am feeling empowered to be able to recommend bolsters and slings and other assistive devices. But I feel like I very comfortable talking about STIs, vaginal dryness and what might be causing that. Or if there's erectile dysfunction, but when then people are getting into dynamics between them and their partner, I just feel like that's really the realm of maybe a sex therapist or an advice columnist. Do you ever have moments where you say, I really think that you need to see a sex therapist and I actually don't feel like I can give you advice?

Dan Savage ([32:00](#)):

Well, I sort of play the drive by sex therapist in my column. I take one shot, I have the information they gave me, I take one shot, and I often recommend that people get into couples counseling or see a therapist to dig deeper. What I do, the reason you've been on my show so much and in my column so much is I, when it's a medical question, I think I demonstrate that you go to a doc, you go to the authority and the expert on that.

Ina Park (32:28):

Right. Then I think what I'm going to do as a provider and what I'm telling other providers to do is trying to create, not creating more trauma for patients when they come to you discussing sexual concerns, because I feel like the norm out there for many of the clients that have come to see me in the sexual health clinic is that at some point they've been judged or reprimanded or been given a look by a provider. I mean, I'm sure that's happened to your audience too, Dan.

Dan Savage (32:55):

So many providers are in that mindset of the way to have a healthy sex life is to have as little sex as possible with the fewest number of sexual partners. And I can see, if you're a doctor and the same person has come into your office every two months with gonorrhea or syphilis for two years, I could see that that would get frustrating and you might carry that frustration into the room with your next patient who's only gotten gonorrhea once in two years. Sometimes people's sex lives create problems and the easiest sort of place to go is like if you weren't having sex, we wouldn't have these problems. You wouldn't have these problems if you weren't having sex. And that just doesn't recognize the imperative in most people's lives. Shout out to the asexual folks out there.

Ina Park (32:55):

Totally.

Dan Savage (33:44):

But in most people's lives it's a really strong imperative to be sexual and to have sex. And if doctors could be just a little bit more zen about it.

Ina Park (33:53):

I agree.

Dan Savage (33:54):

People eat foods that they enjoy. People eat ribs and barbecue knowing that for some people that's going to result in colon cancer down the road. And doctors don't really police people's diets in that way, because they recognize that there's a pleasure to those kinds of foods, that certain kinds of foods are culturally important to people, emotionally important to people, and why can't we have the same attitude toward sex and its inherent risks, just like we have towards food and its inherent risks depending on your diet.

Ina Park (34:29):

I think you said it really well just now, just be a little bit more zen and relaxed about the fact that people are doing things, infections are going to happen. And I don't have to make that connection for people to say, the more sex and the more partners you have in this particular sexual network, the more often I'm going to be seeing you. They get that message themselves and they come to me and they're like, "God, I'm seeing you again. This is the third time in the past several months." And I'm like, I say, "I'm here for you whenever you need me."

Dan Savage (34:58):

And then they should come to me for the judgment.

Ina Park (35:01):

But they're coming to get tested, Dan, so they're being responsible, okay.

Dan Savage (35:04):

They're being responsible. But when the monkeypox outbreak began, I did an intro to my show where I said, look, there's a reason every time we read about a sexually transmitted infection, we see the phrase disproportionately impacts gay and bisexual men. We have a lot more sex because we're men having sex with men, and our sex partners aren't negotiating sex with us from a position of fear and terror as women negotiate sex with men. So we have a lot more opportunities.

(35:32):

When straight guys say to me, why can't women be more like gay men? I tell them because of you, because of straight guys and the way they treat women. And so we can't pretend that our sex lives don't up our risks, and we have to take responsibility for that. I just interviewed one of your colleagues about doxy pep, another way that people with a lot of sex partners can take responsibility for their sex lives. But if somebody comes to me and says, "Oh my God, I have..." And I've had friends come to me and say, "Oh, I can't believe I've gonorrhoea again for the third time in six months." I look at them, if I know what they've been up to sometimes and say, "I can believe it. I'm surprised it's just been three. You were telling me last week that you'd had sex with 20 guys last weekend. You went to two orgies and you had three hookups." At a certain point just odds kick in.

(36:29):

And I think that's something gay men who are going to have to be adults and have adult sex lives and a lot of sex partners have to be able to hear. Like, come on. It's cosmically unfair that my straight brother in a monogamous relationship hasn't had an STI in 25 years.

Ina Park (36:44):

Well, he's never going to have one. He's not going to have one in that sexual network. He just won't.

Dan Savage (36:49):

I know. I know. And my straight brother is envious of my crazy sex life and I'm envious sometimes of his safety.

Ina Park (36:57):

Yeah.

Tammy Kremer (37:01):

Let's take a brief break to revisit an earlier episode we did on pleasure. In season three, episode 13, we heard about the National Coalition for Sexual Health's new toolkit for providers about sexual pleasure.

Speaker 4 (37:14):

A satisfying, pleasurable sex life is really a key element to sexual health and wellbeing for most people. So our sexual history, taking questions really should reflect that. Why aren't we asking about pleasure? Why aren't we asking about problems? Why aren't we asking about support for one's gender identity and sexual orientation. Consent and intimacy and relationships, which we know are so crucial to improving health and wellbeing, again, it's not just disease prevention.

Tammy Kremer ([37:43](#)):

You can find the toolkit on talking with patients about pleasure at nationalcoalitionforsexualhealth.org. And now, back to Dan and Ina.

([37:55](#)):

I think that for folks, it can be challenging to figure out who can help them with certain kinds of issues with pleasure. So I will say, I'm in my mid-thirties and I have a number of friends around my age group who have vaginas, who struggle with vaginal pain, with all different types of things. And people have explored long paths of seeing an OBGYN, seeing a urologist, seeing a sex therapist or couple's therapist. It's pretty striking to me and wondering if you have a sense of how do you figure out where to start with these issues?

Dan Savage ([38:27](#)):

I think you have to start by being honest. People will go see sex therapists and lie their faces off. They'll go see a sex counselor and they'll still keep saying the things they think they're supposed to say, talking about the things they think they're supposed to want, including their partner, which they may not always be the case.

([38:44](#)):

One of the things I talk about often in my column, and I think when you talk about more companionate relationships, and the fact of the matter is if you get people to be really honest, after a few decades together, almost all marriages are companionate. Nobody looks at a picture of a couple that's been married for 70 years, they met in their twenties and their nineties they're still holding hands and think, oh, those guys are fucking. They think at some point that couple stopped fucking, I wonder when that point was. And that comes and then what do you do with that? Do you craft a reasonable accommodation? Do you turn to blind eye if your partner cheats, technically, even though sex isn't a component of your relationship anymore. How do you navigate what is an inevitable transition to a more companionate, less sexual relationship with someone who may still be your romantic partner, your life partner, the most important person in your life.

([39:37](#)):

And that's a hard thing to talk about because we feel like we are failing or being failed by each other, when actually the longer you live with someone, the more like siblings you're going to feel. What do you do about that? Get two apartments in the same building. Don't technically live together, have a lot of alone time, go on vacations separately. There's lots of advice.

Ina Park ([39:59](#)):

Bring in a third person. I mean, there's many things people can do, but yeah.

Dan Savage ([40:03](#)):

Or a fourth, worked for me and Terry. There are things that you can do if sex is important. And if the sex goes away and it's not a sexual relationship anymore and neither of you is interested really in sex with other people or each other and everybody's happy, it is not a problem. There is not a certain amount of sex a couple needs to be having to prove to each other or anybody else that they're in love or still a couple or still committed.

Ina Park ([40:26](#)):

Right.

Tammy Kremer ([40:28](#)):

I want to ask you both, what's something that you have learned about pleasure over the course of your career that surprises you?

Ina Park ([40:35](#)):

I think when I first started practicing and seeing patients in San Francisco, I was just not fully awake to the range of kink and all the varied activities that folks engage in, and it's been a wonderful experience just to know the kinds of things that turn people on and I feel gratified that people feel comfortable telling me. Because they're coming in because they're presuming that they probably have some infection or disease. Most people are coming in a little bit anxious and nervous, so when we get into practices and people are open with me about how much they enjoy fisting, for example, or any type of kink practice, that's been great for me.

([41:17](#)):

And then sometimes certain piercings that I look at and I'm like, that looks like it hurts so much, and they're like, no, it's wonderful. They're like, no, I love the piercing. And so that's been a surprise and delight, I would say, for me as well.

Dan Savage ([41:33](#)):

What surprised me really, because I came into this, I came into my adult sense of my sexuality as gay, so things I thought were pleasurable, my brothers didn't, and vice versa, but also as kinky. And so I was like, yeah, that's a weird thing to be turned on by. And so there's probably, I can infer lots of other people out there turned on by things that are weird or that I might consider weird and it's all okay.

([41:58](#)):

What for me was surprising to learn really was about asexuality. That I had a really hard time wrapping my head around, not the like, it's a vast and broad spectrum to the point of meaninglessness, which actually annoys me when somebody says, I identify as asexual, but I have a lot of sex and I feel desire and I want to have more sex than I do. And it's like if we want asexuality to mean something, there being an umbrella that's just so vast that somebody who is a sexual person can come under it, which is not... some asexual people, I know a lot about it now, have sex, enjoy sex for the intimacy and the gift they're giving their partner, but no real desire themselves. That's I think a more legitimate form of asexual identity.

([42:38](#)):

But people who are truly asexual and aromantic, that to me was, not a hard thing to accept, I listened to ase people and a aromantic people when they began to yell at me, because I got it wrong initially. That was a surprise because sex and desire had always been such a driver for me that meeting people who didn't have that internal combustion engine constantly idling inside them that I did, that was a shock. I was really surprised.

Tammy Kremer ([43:12](#)):

And to close off our conversation, I like to ask our guests to activate their imaginations. And I'd like to hear one thing you hope we can create by coming together for sexual health.

Ina Park ([43:22](#)):

When I become queen of the world, which is going to happen any day now, I just envision a world in which people can seek out healthcare for their sexual needs in an environment free from judgment. And I feel like to be in a real sort of partnership and relationship with your provider so that we can actually work together towards making you sexually happy and fulfilled and healthy, I just would love that. I think there's far few providers who are actually having those kinds of relationships with their patients.

Dan Savage ([43:58](#)):

I want to live in a world where everyone has a provider like that. I have a provider like that. I'm going to say his name, Dr. Peter Shallot here in Seattle is my internist and he's great. I also want to live in a world where everybody has a really close friend who knows them and knows who they are sexually, but isn't a sex partner or an object of desire, that they can talk to and really open up to about what they're doing, who they are, the risks they're taking.

([44:25](#)):

Here's something I did once that no MD could do. I had a friend, this is back before prep, back before protease inhibitors in the cocktail, when HIV was still a death sentence in the early nineties. I had a friend come and tell me that he had unsafe sex and did this thing, and I had literally just been at a funeral for a friend who died of AIDs. And I had the September issue of Vanity Fair in my hand, which is a brick, and I hid him with it hard on the head like, what the fuck are you doing? Right?

([44:55](#)):

This is me saying everybody needs a friend like me, I guess. But everybody needs that person, and I've had that person in my life too, who pulled me up short who could say to me, "That's dumb and ridiculous, and you're being an asshole," to yourself or other people, and I think that's as important. A little bit of judgment. Someone whose judgment you trust so that when they, in a loving way, judge you and find you lacking or point out some blind spots, something you weren't seeing, that you can take that from them.

([45:27](#)):

A doctor you see once or twice a year, that kind of judgment. But a friend who's always there for you, who loves you through thick and thin and who can say to you, "Don't," or hit you with a rolled up September issue of Vanity Fair on top of the head to get through to you how dangerous and stupid that was. I was like, literally, the next time you're about to do that, I want you to remember getting hit on the head. You're going to think, I got smacked for this.

Ina Park ([45:54](#)):

And then there goes your erection. I got hit on the head and now I can't.

Tammy Kremer ([45:58](#)):

Some new neural pathways there. Well, thank you both so much. Thank you particularly Dan for coming on. I really appreciate it, and Ina always wonderful to have you on as well.

Dan Savage ([46:08](#)):

It was absolutely my pleasure.

Ina Park ([46:09](#)):

Bye, Dan.

Tammy Kremer ([46:12](#)):

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