



## Episode 13: Sex: A Sociologist's Perspective

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[Upbeat intro music] Disarming Disability

**Sarah:**

Hey and welcome to disarming disability. This is Sarah Tuberty!

**Nicole:**

And this is Nicole Kelly. We are so excited to have you back. Yeah, welcome to this episode and I feel like we have to jump right into asking you Sarah- You just had an adventure and did some cool things would you tell us about them?

**Sarah:**

I would love too just got back from going on this really cool adventure with Jessica Cox. She is the first armless pilot that flies and Ercoupe, that I learned, I think we talked about that in the last week as well. The Ercoupe is an airplane that was made in the 40s that was sort of under the impression to be, that I think the creators of the Ercoupe anticipated anticipating that are airplanes would exist in households the way that cars do now so that like everyone would have their own airplane. So they were really working to try to make an easy to fly like safe accessible airplane. So they designed the Ercoupe which is the aircraft that Jessica flies and it doesn't have the rudder pedals. So it only needs two points of contact in order to be able to fly it which is super cool.

So we met up with a bunch of other people who fly the Ercoupe and we got to we went to Frederick, Maryland. Which is where we met up with Senator Tom Harkin and Jessica took him up in the her airplane and flew him around as a celebration of the 30th anniversary of the Americans with Disabilities Act.

And Senator Tom Harkin is so amazing and and very foundational in having that act being passed. So he was the, like lead author of it. He also was one of the lead sponsors to make sure that it, you know got passed in the Senate. And things like that and worked really hard with other disability leaders to create this piece of legislature that helped give a law that backs up people when they want equal rights and saying like this is how we can make our worlds equal which is fantastic.

So it just was neat hearing his story. He he is brother growing up was Deaf. So Senator Tom Harkin signs, and when he was on the floor advocating for the Americans with Disability Act he would also do singintoo which is really really cool.

**Nicole:**

So cool. So so cool. Yeah. I'm so glad that you just got to go on that adventure and meet that cool guy like yeah, Tom Harkin is one- if you don't know his name, he's definitely one to Google because in the disability world, he is very revered and very loved and just also is from Iowa. So I biasly think he's the coolest human that exists on the face of the planet. So so I'm so glad that you got Got to go have that Adventure. It's so fun!

**Sarah:**

Speaker 1: Yeah, he also loves you too. He and I said, you know, I that Nicole Kelly and I you know, I was like, you know, Nicole Kelly race like oh my god, of course the so he loves so fiercely that you're from Iowa as well, which is awesome. So that was really fun. So he says hi. Hey,

**Nicole:**

hey, I met him one time and I like couldn't speak. I was like shell-shocked and I was like, I'll always be a Miss Miss, Iowa won. I'm love you. Like I feel like that's probably what I did when I actually like talk and talk to him but he's just so cool. And also he's a cool politician who was who believes in the fact that politicians shouldn't be politicians for a lifetime. And so he actually has this really cool what's called the Harkin Institute at Drake and he continues to away from Capitol Hill. He's doing amazing amazing work through his Harkin Institute.

So just like deep respect for For him as a person and a human and the leader and you know, all of the good feelings.

**Sarah:**

Awesome. Do you know what else is great disarming disability podcast. So let's jump in!

**Nicole:**

Let's do it yet. Today. We are going to hop into conversation about something rather. Taboo SEX

**Sarah:**

Dun dun dun! Or actually rather, woop woop woop woop I don't know. I feel like I do.

**Nicole:**

Woo! woo! Yeah. Yeah, let's not even I mean, let's just leave it to of the Allure and actually just like pop right into the bio of who we have, of course, our guests are always incredible. So yeah, let's hop right into the bio and get right into our interview.

Today we welcome Dr. Heather Dillaway as our expert guest. Dr. Dillaway is a professor of Sociology that interim chair in the Department of Public Health program and the associate Dean in the College of Liberal Arts and Sciences at Wayne State University in Detroit.

Most of Dr. Dillaway's research focuses on two topics. One of which is the sexuality and reproductive Health experiences of women with physical disabilities in particular women with spinal cord injuries. She has over 50 research publications within her topics of interest for more information check out the rest of her info on our website.

**Sarah:**

Okay, we are so excited to welcome Dr. Heather Dillaway. Can you tell us a little bit about sort of your career and how you came to finding the importance on studying sexuality and intimacy for people with disabilities?

**Dr. Dillaway**

Yeah, so it's kind of a windy road. I think that I started out as a person who was really interested in reproductive health. And when I was growing up in the 70s, my mom was very involved in the home birth movement. And so I I knew quite a bit I think early on about women making choices and how you didn't -so not everyone has the same choice and same experience or same idea about how reproductive health should go.

And then eventually I got into studying women's history and sociology. And I'm a sociologist now by training and you know, one of the most important areas of Sociology for me is Women's Health and specifically women's reproductive health and then aging in health. So thinking about how people are healthy or ill across the lifespan and so I have studied birth control. I've studied pregnancy and childbirth. I've studied menopause.

And menopause is definitely the other subject I study the most so women at midlife and then eventually coming to Wayne State. I realized that there were some really cool people in occupational therapy who were studying similar topics and you know, we're trying to look into the same thing.

So thinking about how different groups of women in particular, but also men kind of experience reproductive Health across the lifespan and what kinds of choices in different groups get to make and what their experiences of Health Care really are across the lifespan.

So eventually I did link up with a bunch of Occupational Therapy professors at Wayne State and we and they had already been researching individuals with spinal cord injuries and what their Rehabilitation needs were- whether they felt comfortable in their communities, whether they could live in the community, whether they were independent and really what their health care needs were.

So we teamed up and we decided to kind of research just the women in their sample and what what their reproductive Health experiences were so really the project started as a reproductive health project and we 2-3 hour interviews with 20 different women initially just to hear what it was like to try to seek reproductive Healthcare to you know have expectations for motherhood, to decide about birth control, to be menopausal post-injury. So again, we were looking at a sample of women who had spinal cord injuries, so they had different levels of injury and so very different. And so very different experiences post-injury.

And so eventually, we realized that a lot of them were actually talking about sexuality and Intimacy in our interviews, even though we didn't actually go into the project thinking that that was our primary topic but again, and again it came up and it'll end they would also bring up relationships. They would bring up, you know, whether they

had boyfriends or partners of any sort whether they had been married and whether they got divorced and so we realized how important romantic relationships or Intimate Relationships were in their stories. And so the focus kind of after the fact became both reproductive health and Sexual Health once we started listening to their stories.

**Nicole:**

I'm wondering as you kind of wound here way into this path that you weren't necessarily looking for. I'm wondering maybe what were some of the the thoughts you had going in that once you heard these stories. Maybe we maybe even stigmas the right word. What kind of like stigmas were you like? Oh, I didn't even think about that or oh, my view has changed on XY and Z? Um, Yeah. What was there anything I guess specific to the like the disability that changed for you? Does that make sense?

**Dr. Dillaway:**

Yeah. Yeah and well, I mean if you read you know before we did the project if you're if you read the literature a lot of it is about like the special complications that people with disabilities might face as they try to have babies or they try to use contraception or you know, I hadn't even about be intimate and so, you know going into the project. We maybe thought a little bit that these these women might be different than regular women, but really found out that they are are just the same as everybody else. Not that we didn't. Don't know that kind of in the back of our minds the whole time but it became out really loud and clear that that women across the board regardless of their social locations are going to have sexual desires. They're going to be attracted to people they're going to want Intimate Relationships. They want closeness. Even if they don't want intimacy, their their needs are going to change across time.

You know, that that you know, these women of course are no different than anybody else.

The other thing that I think we found out loud and clear that we didn't expect that. We probably should have expected. What is that it really depends on when you incur disability- I think so, you know, if you're born with a disability of some sort or an impairment of some sort -physical, or intellectual, or sensory that's different than if you acquire one along the way at least for determining your expectations and your the way you think you should live your life and then whether you actually get to meet your expectations.

So, you know, some of the women that we ended up talking to, you know, they got injured as early teens, right? In motorcycle accidents or falls or you know mostly motorcycle accidents or motor vehicle accidents along the way and you know, those women might not have had sexual experiences at any intimate experience before they they were injured. And so they didn't have a pre-injury experience to compare two or to guide them.

And then we also have women in the in our research that got injured in their 30s and they had young kids they had babies. There were two separate women in our our research who were pregnant at the time of injury and lost their babies. And then there were plenty of women who got injured in their 20s and 30s who went on to have babies but hadn't had them before.

But all of these stories are really different and so there isn't a really uniform set of things even doctors need to know or rehabilitation. it's need to know about how to talk to women about what their injuries might mean or whether they're going to be able to lead the sexual and reproductive lives that they wanted to lead the whole time because it's so different depending on when you might get injured and also how and how the -- extent of the injury so if you know, depending on whether you're Injured from the waist down or injured much higher on your spinal cord, it's going to be extremely different.

So so I think one of the things we definitely realized is how important the timing is, if you're acquiring a disability sometime in the life course and how depending on when you get it. Your experience could be very different.

**Nicole:**

So Sarah and I were both born with our disabilities. And so we do spend you know, we've spent A substantial amount of time kind of talking about the difference between what it's like to be born with verse acquiring and and so but also what I hadn't thought about in, you know until talking about your study and reading your study and doing doing yeah looking at the work that you've done is the fact that will force if you have an injury, you know, when you're 15 years old, you might not have had a sexual experience and have have no idea what's to come versus. You know, I'm 30. Years old and already a mom and and have had sexual experiences and then what that does to your psyche on top of no all suddenly your body is changing and how how you read that.

What what generally were the findings or the conversations had around who maybe who I don't know if coping is the right word, but who kind of how did they individually cope? You know, like I haven't had sex yet versus I have had sex.

**Dr. Dillaway:**

Yeah, so I think that in the cases, so I guess some of the women who were injured really early on like in there their teenage years- I think they're the main folks that were around them at the time where parents and health care providers and so in some ways if you're injured at that point in time, you almost have a less chance for people around you to support to support you and kind of help you through negotiate what it all means. And and what what your expectations should be.

Whereas if you're, is because especially since you know as a teen, you know, your peers might almost go away for a while. If you all of a sudden get an injury, right? You're not



around them. You might not have as much access to them. And so you might lose some forms of support as a teen, if you're incurring an injury then.

But then if you are a little older you might have more built-in networks that are separate from parents and just schoolmates that might end up helping you in the long run and those could be existing Partners, it could be adult friends, it could be a different set of family relationships. You might also use support groups differently. Some of the women we interviewed definitely had become friends with other adult women with disabilities in support groups.

And maybe you'd also be more independent in terms of accessing Community Resources and being willing to go out in the community, even though you are in a wheelchair if you were a little older.

So I think parents sometimes are protective of people who are young younger and acquire a disability so I think in some ways that it was a disadvantage. BUT some of the people that were injured late in their teens who already had boyfriends who you know had had some sexual experiences ahead of their injury were really in a different space, you know, they they kind of knew what it was like it wasn't like they were trying not to find relationships for the first time or you know, they had already decided in their head that maybe they were sexual beings that they did like intimate relationships and it wasn't across the board. But at least among the women that we interviewed.

I think it was more likely that if you had a sexual experience or had some sexual relationships ahead of injury that you were more likely to continue them afterwards. So just you know, the - not only the pre and injury experiences, but I think maybe the contact with different groups over time makes the the experience a little different for women injured at different times in life.

**Sarah:**

What I'm thinking of what types of barriers did any of the women talk about whether it's in this particular study or just through your experiences of being the person that you are and the things that you're interested in studying and researching - what are some of the barriers that the women face when they're sort of like or suppose like social barriers when they are developing their sexual identities, like do people talk about any of those barriers do they feel like they're very real? Is there anything consistent between different experiences in that?

**Dr. Dillaway:**

Yeah, so I mean we definitely went in to study those barriers from the beginning so and we knew that we were going to hear about barriers, but I would say that the barriers fall in a couple of categories. So first of all, just Sigma alone, right so, you know others, you know, anyone from strangers to healthcare providers to friends and family members think that it's a little weird that people with disabilities would still want to lead sexual lives and will still want to to have reproductive expectations post-injury.

And so it's so you know that Sigma came out loud and clear in interviews and it came out on all fronts. There were a couple of women who were trying to decide a post injury whether to have babies or whether to adopt and a lot of them talked about how they knew that others would think of them as unfit parents and that they shouldn't be mother's.

There were lots of women that told stories about how right after injury the doctor wouldn't doctors would tell them right away, you know, you can still get pregnant. So you should be using contraception. You should be a you should be protecting yourself. You should not be getting pregnant in this moment.

And then over time when they would say, well I do want to be mom or I do want to be sexual they would get some pushback about what kinds of contraception they could use whether they should use a long-acting kind so that they definitely couldn't get pregnant. So some of the stuff that you know, the idea is that we and that people have had about disability for decades if not centuries right? about how people with disabilities or should it should be seen as Asexual non-reproductive. If you know that they shouldn't be parents that I think those those ideas still definitely came out.

The other things I think that came up as just you know, doctors and other medical providers just worrying about whether a woman could handle a baby or could handle pregnancy and whether they needed extra monitoring whether they really should be on birth control- because of side effects and and such as questioning whether women should it should engage in the process, even though they knew that technically these women *can* engage in all of these things. So just a little bit of discomfort and uncertainty about just how to approach these topics and these conversations with individual women even when they weren't really against talking about these subjects.

It's so a lot of an uncertainty from healthcare workers. And I think even from family members and at that happened as well, right.

**Nicole:**

You know, I hear that stigma. And again, this is something I feel like Sarah and I talked about well quite a lot since we've been doing sexual episodes recently, but just you know, the asexuality that people assume and then also just the history of discrimination that we've faced were just kind of the societal view is is that kind of weeded it out type type idea and whether we went nobody ever has blatantly said to me you're not somebody who should reproduce but I have had people say to me. Oh is that genetic? Oh is that, you know, like they've asked me leading questions where you know what they're getting at and and so you feel that.

And it is very real and just in trying to come into adulthood and navigate, you know the normal things that you try to navigate you kind of add that layer on top and and it's hard if you don't have a support system or somebody saying to you guess what? the world, you know, the world society does see and feel and make you feel this way. And and so let's talk about how ridiculous that is.

**Dr. Dillaway:**

Yeah, exactly. Yeah. Yeah. I mean even just questioning whether you should have that role at all. Like really you're a partner of someone? Really you want to be a mom? Really you can handle that? And like it just the lack of trust and the questioning around the edges and I think first just like you're saying some of the women that we interviewed, you know, they'd say that doctors and even family members would kind of beat around the bush and not ask the question exactly. But say well, can you really afford that? Is this really the right time do you really want to do that? There's a lot of other things you could choose in life? Just to kind of, you know, get them off track from expectations that they had.

**Nicole:**

And not doing it in the way exactly that that person does it- makes it for whatever reason bad or wrong way to do it.

**Dr. Dillaway:**

Yeah, exactly.

**Sarah:**

And they think that - like all of our parents need supports like the I don't feel like there's any one person that raises a child solely, right like it's a village in that sense that there's tons of supports and strategies and and all of these different things and all these

different places that it bit like anybody needs those support. So I just feel like if somebody is like, okay, so maybe I need this different set of supports, but that doesn't mean that I will be unfit as a mother. It just means that I need some different things and that that's still okay because we as mothers, as parents, all need things in order to raise our children, right? So so I feel like just because it's a slightly different set or maybe I need these these whatever additional components that doesn't mean that it's not accessible or capable, but like we all I need things and yes,

**Dr. Dillaway:**

yeah, there's some really cool research about how much we try to normalize things and and especially things like motherhood or you know how to be a good partner. You know, like there is one right way to do any of that. Yeah.

**Sarah:**

I really appreciate that phrasing to that the the situations that impairment sort of put us in or set us up for I think that that's really important too that it's like woke how can we collectively access I mean ultimately I would love for the world to be so accessible for all of us and all of us can ever meets not right like that would be amazing.

And I know that we're far away from that for a lot of people who are living here sort of here with us. So I mean it just that idea that sort of having an impairment and then living in the society that we have that that creates different situations and and you know had we had things that were different to be able to better address that I just really appreciate that phrasing because I think it's super important.

**Dr. Dillaway:**

ya cuz it's never the impairment that's creating the situation in my opinion and and there's plenty of people who theorize about disability in the social science literature that I think make this point pretty clear to like it's never the actual impairment. It's all of the

social meaning we attached to it. It's the stigma. It's the the social relationships that you have with other people about the impairment- that's when disabilities created. It's not that I'm in itself. And then on top of that Society structures the world in certain in certain ways to make it even worse, right?

So nothing is set up for for for people to be able to navigate well, you know, no one right everything is hard everything from grocery aisles to doctors offices to houses stairways, doors, everything right, but then yeah the relationships everything. Thing it's that it's never the impairment that shapes the life by itself. Never

**Nicole:**

Thank you for saying that so like straightforward yet very eloquently because again kind of harkening back to like what our experience has been and the reason that we're doing this podcast. And the reason that we have such kind of a flame in our belly specifically for disability was because we grew up feeling like like the situations that we were in where we felt shame or we felt bad- at least we felt like it was our fault.

And the second that we started to understand- Oh, no, these are stigmas. These are outside forces of the world kind of coming out on us. That's that's where you see people cross this bridge in kind of into their disability pride and really everything about their attitude shifts.

And and so Sarah and I are two of those people who are like we wish we would have found that sooner. So now we're just going to like yell it into the void and as hard as possible. Possible because not these things are not quote unquote "Our fault" right like Society is set up in a way where we are. We are not always being set up for success and there are ways to fix that if we start to understand and realize that we have the power to do that. So yeah, thank you for saying that so eloquently that was not a question. But thank you.

**Dr. Dillaway:**

Yeah. Well, it's so important and you know, I, you know personally and especially since I research women, yeah most of the time you know personally, I think it's also about gender, you know, we sort of internalize these ideas about how you have to be *perfect*.

You know, not that men aren't doing the same thing in different ways, you know veterans with disabilities are definitely, you know, thinking certain things because of what they've internalized about what it means to be a man, but I do think sometimes you know, not being perfect is it feels really damaging to to too women.

**Nicole:**

Just not again on a personal note just a little tidbit of my story that you need to know is the reason that I came to this space that were in is because I literally went and competed in pageants went to Miss America and it was while I was at Miss America that I was world news for being the girl with a disability and that crushed me because nobody had taught me my disability Pride, but what was I doing? I was literally trying to masquerade as I am like every other girl look at these girls that I'm standing next to me that I but so it messed with me very deeply but it ended up being in a good way. Yes, like personally that's where it comes from for me. So yeah.

**Dr. Dillaway:**

It makes sense. It makes sense. Yeah. Yeah. Yeah, I mean it the society will try to redefine you as your disability for all time, you know, it's going to keep trying at it's not okay. But yeah, it's it is interesting how just rules about how things are supposed to be take such precedents.

I mean, it's a very long time ago when I was first starting to teach about gender- I used to show students a video about women firefighters and how they could never get

through all of the entrance tests because you know ladders were too heavy and they couldn't climb the walls as well as the men and the same thing has been said about women in the military, but that the experts came in and said, you know ladders are too heavy just in general. It's not about women not being able to be firefighters. It's it's the fact that the equipment we've made is bad for everybody. So let's just make the ladders a little lighter and and everyone will be able to be a better firefighter and so like these with these rules and the way society has been set up to disadvantage certain groups needs to be rethought because it's the world that's the problem. It's not the people with any kind of difference.

**Sarah:**

And the beautiful thing is like we oh my god, guys we can change it! And when we do it makes it better for all of us. We have lighter ladders, then our men and our women and our people who identify with whatever gender there wherever they are on that can expend less energy carrying these things around like why is it making you that safe and like do our jobs better? Like wow, that's incredible!

**Dr. Dillaway:**

Yeah when we were doing it right after we did all these interviews with women with spinal cord injuries. They told us so much about going to to OB/GYN offices and not being able to get up on the tables and things like that that we went on a search all around Detroit trying to find the doctors offices that had exam tables that would lower down. You can kind of crank them down or lower them down by a so that people would be able to get get on them more easily from a tear just because we thought that it was our duty to kind of come up with a list of doctors offices that could actually accommodate women who were in wheelchairs.

And we did find a few but it was am it's amazing how few offices have those and since then I think more offices have gotten them just because it's easier for everybody. It's



easier for pregnant women. It's easier for elderly. It's easy. It's just easier for doctors to be able to lower and raise a tables.

But yeah, I mean it is amazing how many things just are prohibitive for all kinds of activity.

**Sarah:**

Right? Oh, so beautiful. That makes me so excited. We can change it!

**Dr. Dillaway:**

You know, you *can* change it.

**Sarah:**

Yeah long and slow.

I don't this also, I feel that this has been a theme this that I keep thinking in my head this year for lots of things. I'm like, it is 2020 like these are things that should be figured out by now. Like I should not be having Wi-Fi connection problems it right? I think like dial-up speed things like it is 2020!! Like we the technology for this nothing whatever about that. It's like okay, like I feel like just because I know these things then everybody should know them and we speak to them because we have the capability to and here's all the information so it's just so funny to me to be like, okay. Well, yes, I realized things are big and hard and complicated. It takes a long time to change them. But also it's 2020!!

[Laughter]

**Dr. Dillaway:**

I know that's so true. So true. Well, I keep wondering how much all of the this you know. COVID stuff is going to change the world. I mean, there's going to be a lot more online teaching forever more -I think because of this and and you know, maybe there will be

supply chain problems for lots of goods from now on. Maybe we'll decide we don't need certain things in our lives?

And you know there's all kinds of things that will change but I did read a really interesting article the other day actually about disability and this whole crisis situation and how people are experiencing on a mass scale what individuals with with disabilities experience a lot- like this lack of connection this lack of access to lots of different physical spaces, a different kind of sense of time and how things are a little slower and that that might be okay and that they have to come up with different ways to get get the things done.

**Nicole:**

There's been a little bit of a twinge of "i-told-you-so" and a little bit of sassiness within the disability Community with actually this COVID-19 happening and the big I would say the like number one fight that like politically is being fought is just unemployment for Disabilities and so much of the Discrimination that's come out of that is work from home is something that's really important.

And so So it's some really funny conversations coming out of that. We're we're like, well we can do it now we figured it out. Okay, we are all employed.

**Dr. Dillaway:**

Yeah. I mean it's if that is a positive change out of this. I mean, that would be wonderful.

**Sarah:**

Yeah, right. We want to be mindful and respectful of your time to I'm do you have any last sort of like parting thoughts of topics that we didn't really get to that you think would be really important for anybody to sort of like think about about and understand in relation to sexuality as a whole.

**Dr. Dillaway:**

So one of the things that didn't mention it I think is pretty important to keep in mind is that you know, at least in our research and maybe we didn't realize this in the beginning either but in our research women made it clear that being intimate and being sexual meant a lot of different things and so they weren't all looking for new partners that would stay by their side, but forever more - some of them were looking to save relationships from before injury and we're looking about looking to figure out how to do that.

Some of them were realizing that they didn't want to be in a relationship anymore and we're perfectly happy with that there was one woman and if you read that article Sarah, then you would remember this- But in that article we talked about one woman who basically said not everybody wants sex -like some people just want cuddles and just want touch like sometimes individuals with disabilities don't get the chance to just hug and and and touch other people it's not always about sex. It's not always about long-term relationships. It's about contact with other people.

And not necessarily always sexual contact, but it could still be intimate contact and then other people are looking to establish new marriages and new other kinds of partnerships and you know, it really set up shop with a with someone for a whole lifetime and have babies and you know live long lives together, but it's not the same for everybody and like being mindful that just being intimate and being in relationships and being sexual isn't the same thing for every person I think is important. I mean that was a good reminder for us that you know, you could be sexual and just want hugs and you could be sexual and want intercourse and babies and that could be happening at the same time. Write for different kinds of people.

**Sarah:**

So that made me think of a story that I had. I had a partner who was holding my left hand and my left hand is the one that like, I don't have fingers to be able to hold my hand back. So I'm sort of dependent on on him or her or whatever my partner whoever it is they're to be able to hold on to my hand and we were at the store and he let go of my hand and I was like, you know, why? Why did you let go? He's like, well Sarah you let go it's like but I can't like I can't like go and that like I but in and just sort of think of that like if then I think of that being like a larger part of my body that it's like I but I want this like I want you to hold onto my hand, but I'm not able to initiate that hand-holding or I'm not able to like initiate that that type of physical touch or be able to like reciprocate it back in that space. Like I wasn't able to hold his hand back with my left hand. Right, but just that like then but now I'm dependent on him and sort of like his decisions on the length or duration that he wants to hold my hand, but I just thought that that was that was really interesting sort of thinking of that on a larger scale that it's like maybe maybe individuals like are not able to to or that it looks different in that like but still but still want that.

and to be able to communicate that to Partners and and say like no I want you to be able to interact with me these ways and this is what this interaction is going to feel like and it's really important for me and you know, I'm reciprocating back in in my like thoughts and feelings and and then tension with the movements that I can do and then this is what that that aspect looks like as well.

**Dr. Dillaway:**

Yeah and communicating all that is so brave. I mean, we have a hard time talking about sex and Intimacy in general but being able to communicate all that to a partner. I mean, I think it's you're right like you'd have to be able to talk it all out in order to really get what you want and be really mindful of what is going on. That is so hard. Like I can't do that with my husband that- like who can do that?

**Sarah:**

And important I think. Yeah, there's there's a lot of value in that too. And yes, I like I appreciate the term brave. Yes, and and and like vulnerable and scary and but important because then our needs are being able to be met in that space- and I think our needs are are worthy of being met right? and maybe worthy is not the right word- but like our needs are deserving- I don't even like deserving?

**Dr. Dillaway:**

I think deserving is a good word.

**Sarah:**

Are needs are deserving of being met.

**Dr. Dillaway:**

Yeah. Yeah. Yeah

**Sarah:**

wonderful. Great toys been such a pleasure talking to you. Thank you so much for taking your time to talk. Yes, and I just really appreciate the work that you're doing and I think it's really important that you're thinking about these topics that you're creating literature that then exists for for all of us to be able to access or whatever, you know for people to be able to access in and integrate into their practice. Right?

So so hopefully that all of the medical professionals that are interacting with those of us that have different disabilities like aren't uncomfortable having those conversations and and do have just - can be like, hey, we're people and we can talk about these things. I don't fight that there isn't necessarily this like arsenal of things that we have to be able to say and you'd like need the special certificate to get this like special arsenal of things like no it's where people we can talk to each other like people and you think more

important than these are needs that we all have and in yes, so I just appreciate that. So thank you.

**Dr. Dillaway:**

Well, I appreciate that you you're doing this podcast that's pretty neat. It's that I wish more people would do this kinda stuff.

**Sarah:**

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

**Nicole:**

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