

47 - Sex From Medical and Psychological Perspectives

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: Welcome to episode 47 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we're talking about sex. Kathy and I were contacted and asked for information to contribute to somebody that's writing an article for Ebony magazine about what's normal in terms of sexual behavior. And how do you deal with it when there is an imbalance in desire for sex. Where does that come from? Are there medical reasons, sociological, psychological reasons for all of that? So we thought we'd spend some time today talking about the information we are going to send to the author of the article for Ebony magazine.

KM: And we have two different points of view. My point of view is more medical and physical and your point of view is more social and psychological.

BN: Absolutely.

KM: And after years of counseling families and couples.

BN: Yes I've been in private practice for 30 years as a family therapist. And a lot of what I've talked to families about has to do with sex in their marriage, desire in their marriage, communication about sex and desire in their marriage. People come to sexual behavior in marriage from such different backgrounds, such different perspectives. Some people come thinking it's something dirty. Some people come thinking that the only legitimate reason to have sex is for procreation. That's it's not for entertainment, it's not for joy, it's not for bonding, it's for reproduction. Some people come with biological systems that are more intentionally focused sexually than others.

KM: People who have more testosterone from the beginning, have more sexual drive.

BN: Or it they're taking anti depressants. . .

KM: or birth control pills.

BN: . . and it suppresses their sexual desire. And sometimes for couples who start off with a bang, they evolve to a place where there's no bang.

KM: And this is before they go through the 40's and 50's.

BN: Exactly, I mean it can happen at any age. So what I see, in terms of the relationship and what I talk to them about in terms of the relationship is that you have

got to have communication. Because if we don't talk it about I'm going to assume negatives. I'm going to assume you don't like me, and it's because I'm overweight, or because I'm old, or because I crunch ice when I chew, or whatever it may be, and I'm going to try to apply that and make modifications in my behavior without ever checking with you to see is that real, is that really what's going on?

KM: Or wives often are like, if he would just take a shower before we have sex. I'm not doing it if he comes home from work and wants to do that.

BN: Or why can't he brush his teeth?

KM: Yes, it can be as simple as that. And those are the hardest things to talk about. I mean to talk to your spouse. The reason it's hard I think, is because there's a big price if it doesn't work. Or cost.

BN: Well there's a thing that I teach in my classes I teach at the university for people who want to become therapists. And one of the things we talk about is something called the social process commentary. Taboo. There is a taboo that we train our children with, we say don't ever do that. You take a small child out to the grocery store or something and they see a person with a handicap and we say don't stare, don't make comments. And they say, well why is that person that way? I remember when my oldest child was young and his grandmother had come to visit. And she was getting ready to leave and she said "give me a kiss". And he said "no". And so we said, "give grandma a kiss". And he said "no". And someone said, "Well, why not?" And he said "because her breath stinks". And everybody froze.

KM: Oh that was fun.

BN: Well she was a smoker, and it did. But that's not a thing we talk about. Well if you're married to somebody you have to find a way to talk about that. If your breath bothers me, then without it being an assault or an insult, I have to be able to say "I'm having a problem with that, would you help me?"

KM: And unfortunately most of those comments come out when you're in a fight. They just flood out from your anger. And that's really not the way to tell somebody you don't like their breath or their snoring or whatever.

BN: And so those are things that happen in everybody's life. We want to focus on the sexual components of that and sexual communication. I ask couples all of the time do you talk while you're having sex? Do you talk about what you want? Do you talk about your fantasies? Do you acknowledge that you even have fantasies, and do you share them? I think those are critical components of the communication process. But even more critical a component is how you talk about what satisfies me, or that I'm not satisfied, I want more in terms of this behavior, that behavior, frequency, or whatever without having it be an assault, an insult, or complaint. It's not a criticism, I'm not critiquing you.

KM: So how do you do that?

BN: You know it's really, really difficult. Part of what I try to do is have people come into the room with the reality of the question. When there's something that's out of whack for me, do I stuff it, do I hide it, or do I learn to talk to you and say, some part of this isn't working for me? Not sure exactly what it is, I'm not saying it's you. I'm just saying it's not working, can we talk about it, can we experiment, can we try something different, maybe a different place, maybe a different position, maybe a different activity, maybe a different lead in.

KM: A lot of people come to me after they've gone to you and they've talked about it and it's still not right.

BN: And that's really important to say because it's not always that as a cause. Sometimes there are medical reasons.

KM: There are reasons when often times women who have been told sex is bad, they don't have to have been abused to have this, but vaginismus is something where they inadvertently contract their vagina and they can't have sex.

BN: Because it's forbidden. They're not supposed to so you can't get penetration.

KM: Yes, so their body follows their mind. So that is a huge issue and it takes physical therapy and it takes using dilators and it takes getting comfortable with that area of your body. When you're somebody who's afraid of sex and is afraid of that or has been told it's bad.

BN: So those fundamental messages are so ingrained and so reflexive that even if you say I love this guy and I want to be with this guy, your body won't let that happen.

KM: Right and now is the time to talk to people about how they talk to their children. By saying sex is terrible and not a gift from God that binds two people together and is a wonderful communication, then we're giving our children the wrong message. We're telling them something that is going to then ruin their marriages in the future if they actually embrace it. Some children aren't listening. But lots of children are.

BN: And that's a family responsibility. It's something that in our society school's also attempt to do but it's so politically challenging, and religiously challenging for schools to try to teach it even though most of the community will try to say well "there's a certain base of information that needs to be available and schools a fine a place for teaching it but we want to know what are they teaching, and who's teaching it. Do you have some pervert up there telling my daughter or son that they need to be behaving this way? It's a complex problem and what I would say is that families need to talk to their children about things sexual, especially about information.

KM: It is much more appropriate.

BN: You can teach the biology of the mechanical parts of the body but you don't teach how to nurture somebody how to listen to somebody, how to love somebody and to attend to somebody when you're trying to communicate with them on that channel.

KM: Many women talk to me about the fact that once they are having sex then it is very dissatisfying because their husband is disconnected. Their husband is not like attending to them, they are somewhere else. And that to woman is a kill, because that's not what they're perceiving sex as. They are perceiving it as a bonding and he's somewhere else in his head and that's not real sex.

BN: He's pretending he's in the video that he watched.

KM: Right, or something like that, God forbid. I mean, you know, that's not even, I'm not trying.

BN: No but guys that are honest will sometimes say that's what I do. I facilitate myself with her. I'm not really having connection to her.

KM: Right and that doesn't work in a marriage, or any relationship. But my job is to make sure there is nothing physically wrong with either man or woman. And once the physical is fixed I make sure they don't have stage fright. Because either one of them could have stage fright. Because one of them is functioning, and the other one should be functioning, has normal testosterone levels and is physically normal and then just can't function. It could be the male or the female. That's because the other partner is going "why can't you do this?" I mean that's not a good way to get sex.

BN: You know classically power weapons in relationships have been money and sex. So access to money and access to sex as a reward for satisfaction. If I'm pleased with you, if things are going well for me, then I'm more open and receptive to spending money or having sex than if I'm not. And classically women will say "I'm not in the mood." And they make jokes about how men always being in the mood. But actually often times men are not in the mood either because they're angry or they're hurt.

KM: Well they have a lot more obvious, women can fake it and men can't. I mean really.

BN: Right, so I'm told. Well that brings us to a point that I wanted to touch on too. A lot of women are anorgasmic when they come to see you. And there are sometimes physical reasons for that and sometimes psychological reasons for that. But you've talked about that in previous podcasts and you can do some things to help with that. But we go back to the communication and information. There are different ways that women can have orgasms. There are clitoral orgasm, vaginal orgasm, and anal orgasm. But whatever works for a particular woman she has to be able to communicate that to her man. To be able to say these are the things.

KM: Because he's not going to read your mind.

BN: And he's not necessarily going to notice.

KM: And he's somewhere else. This isn't everybody, but in general what women tell me, is that we're very centrally located. Right at the moment, right there. And men tend to be, they don't remember what happened, they don't remember what they did, they're not going to learn a lesson at that time about what makes you happy really.

BN: Yes they're pretty focused at that point.

KM: But their brain is just on having an orgasm, generally.

BN: Well that's particularly true for younger men. As men age they begin to become available for more of a focus on intimacy and less of a focus on orgasm. It's not about get on and get off. It's about having a connection and a relationship that is satisfying. And one of the things that men discover with some surprise is that sometimes they have sex and they don't have orgasm which frightens them it's like "oh my god, that's never happened before, something's wrong."

KM: And that's very normal.

BN: It is very normal, but again you have to teach them that. You have to ask them to embrace the refocusing on intimacy and on mutual connectedness rather than on the bottom line.

KM: The women that come to me that are anorgasmic, I started to put that on my interview sheet because no one would tell me that without my asking that. And when I asked that, have you ever, or do you now have orgasms or do you have orgasms with sex, or just by yourself, because often time's women can stimulate themselves, they know where everything is and how to do that.

BN: And I've talked to women who tell me they won't do that, don't do that because they're ashamed or religiously they've been told it's forbidden. So that limits their options.

KM: And that limits my options in teaching them, first you have to teach yourself how to be orgasmic, then you have to teach your husband how to make you orgasm.

BN: How to share the gift.

KM: But frankly most of the women that come to me start off with no testosterone. So they're not going to be orgasmic. But when they get the testosterone, it's possible. And most people are orgasmic after they've been treated. So happily they go "that's what that is, I've just never, I wondered what it's going to be like." And they're 50 years old.

BN: And that's really sad.

KM: It is.

BN: But it is happy that finally it is happening.

KM: It is happy that they get it back. There's another half of their life.

BN: This is such a complicated topic and such an intense part of what we both do professionally that we'll probably have other conversations about it. But if you have specific questions about this or any of the other topics that are available on our podcasts you can contact us directly at podcast@biobalancehealth.com. You can read my blog about some of these issues at brettnewcomb.com.

KM: And if you want more information about bio-identical hormone pellets and my treatment visit BioBalanceHealth.com or call my office at 314-993-0963.

BN: Thank you for visiting with us today.