Sexual Disfunction, Why it Occurs and How We Treat It
BioBalance Podcast — Dr. Kathy Maupin interviewed Brett Newcomb
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In a recent interview with therapist Brett Newcomb, we discussed sexual dysfunction and some of the symptoms that bring people to my office for treatment with BioBalance bioidentical testosterone and estradiol pellets. As a therapist, Brett approaches these topics from more of a sociologic, psychologic, and as he pointed out, an anthropologic point of view.

Our conversation began with Brett explaining the anthropologic view because, as he explained, so much of our sexual perception is cultural. The definition of beauty is a culturally derived concept. There are cultures in the South Pacific where food is in short supply, and it is viewed a status and beauty marker for the dominant male to have multiple wives, all of whom are 300 pounds or more. A woman that large in that community is a walking statement about virility and sexuality and attraction. But in other communities, a woman that size is not valued by the same perception.

Some anthropologic qualities go across all cultures like healthy looking, good skin. Having a waistline, whether you're heavy or not, indicates fertility in females. Generally, height indicates a dominant male in all cultures. So, there are some markers that cross cultures. And, there are some that are specific to our culture. One of those things in our culture is to be thin, or to be "healthy thin."

Brett views some of our cultural understanding of sexual attraction a result advertising. As he explained, our marketing strategies as a culture are all around the idea of selling sex. Or, what the advertisers convince us represents sex. As we grow up, we are bombarded with those messages in ways that can be very subtle; from kids cereal advertisements to cars. There is not a car ad made that doesn't sell sex. It is not about cars, it is about sex. Not sex in the perceptual sense we are talking about it, but more of a sterile, visual, implied thing, marketed to the depersonalization of sex and the objectification of sexual activity and sexual outcomes; not a multi-dimensional, multi-faceted experience. The result of this is pornography, masturbation, orgasm for the sake of a score or a count; a marker along the way of accomplishment. None of that has anything to do with a healthy, evolved sexual relationship, or a committed, experiential relationship. It is focused on the mass marketing concept of an orgasmic culture - "get a fix and move on." There's no depth, no enhancing structure to the relationship. The couples Brett works with sometimes come in with that distortion. So, their sessions must begin with conversations about the depersonalization and the physiological aspects of that. For instance, someone has an issue with premature ejaculation; how do we understand what that represents in their life and in their relationship? And, what are strategies we can try to address that to see if there can be a change?

But, the first step when someone is complaining about that issue, or having someone complain to them about that issue, is to have a complete physiological exam, by a physician who is knowledgeable in these areas, and have the physiological aspects addressed.

That is what I require before I have anyone come see me. Men who see me for treatment with "BioBalance For Men" have to see either their urologist or their family doctor to have a complete exam, to make sure that they are well and to address those physical health issues. I want to be sure that I am really dealing with the hormonal issue, which most physicians do not deal with. Sometimes I find I have to address both a hormonal issue and a psychological issue, which is where referrals to a therapist like Brett come in. Generally, the men who see me are over 40, their testosterone levels have been marching downward for unknown reasons. That means that men are becoming sexually impaired earlier, some as young as 40. I think it is probably related to some kind of contaminant in our environment. The cause doesn't really matter; the treatment does. The magic number for men's testosterone, to be functional, is a total of 400, and a free testosterone, which is the part that works and attaches to the receptor sites, has to be 129 or above. Often, I see young men, (and I'm saying young meaning 40 not young meaning 14), with a 400, so their doctor determines that as okay. But, they are not functioning because their free testosterone which is actually working is 50. The only way to deal with that with is to make sure there is no pituitary problem and then replace the testosterone they need, bringing them back to health. Those are lab test variables can be measured and quantified in a reliable, consistent way. The dosages of different things can be manipulated to get those balances restored.

Brett pointed out that where his expertise comes into that conversation is once those levels have been determined and once those balances are in a range of acceptability, then we look at the cultural markers for sex, for attraction, for performance. We look at the issues of depersonalization and of objectification (especially with pornography in women). Historically, we have been told that men are more visual than women. But, recent research indicates that women are the major consumers of pornography on the internet.

Because of the issue of visual arousal and visual connection and stimulation, it has been said that men are more visual. The issue that comes up in marriage counseling for couples around this issue starts to be an issue for men for whom climax or orgasm has been the goal and the payoff. And the complaint is, "Well, he gets off and he's finished, and I'm not finished. Then he falls asleep." And, "This is disrespectful and discourteous." Or, "How come he doesn't take care of me, and why is it all about him?" That whole self-absorption thing that really impacts the relationship. So, we come back to the conversation we had last time about the brain as a sexual organ and the cultural messages about relationship. How do we evolve in our sexuality, beyond the concept of orgasmic relief being the end-all and be-all, so that the orgasm is part of the larger whole; a component of our connectivity and our ability to communicate that connectivity to each other in a loving and safe environment that satisfies more dimensions than just the orgasmic dimension?

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I think women have the goal of achieving orgasm, also. Especially when they are well and healthy and they are hormonally balanced. This is one of the things that women want, yet they will not talk to their partners to tell them what they need.The subject is so “taboo”.

How do you match rhythms? The analogy Brett often uses is playing a piano. “If I pay attention to the notes of the piano, then I can make a beautiful melody. But, if I don't pay attention, I'm just banging on the keys. And, noise is coming out. So, how do we create an interactive symphony if we're not communicating? Much of that communication is nonverbal. We can teach each other, we can encourage and support one another to pay attention to that. But a lot of it has to be verbally discussed; What do you like? What pleases you? What arouses you? What am I willing to try? What if that embarrasses me? Will you think I'm nasty? Will you think I'm ugly? Will you think I'm stupid? If I tell you my secret fantasy, will you think I'm a despicable human being? So, I have all of those mental blocks that threaten me in my okay-ness, if I take my mask off and offer that part of who I am for your examination, knowledge, or participation. When I talk to couples about sharing fantasies, they say, ‘Oh, we don't have any.’ And I know better.”

That is the world we have been given and how we have been brought up. To discuss it brings on that feeling of judgment and fear. But, sometimes there is a reason for people to feel like they would be judged, having been reinforced psychologically.

People have to be taught how to talk about and address those issues. And, to talk about the fact that, sometimes, it is not about orgasm at all. It is about intimacy. And, there may not even be an orgasmic result. Sometimes, that might be okay. Sometimes, that is a blood pressure issue or a testosterone issue or some other physical component that can be worked on over time and adjusted. But sometimes, it is not about getting off, it is about getting close; about holding or hugging or kissing mouth to mouth. It can be about stroking and being gentle and feeling safe and nurtured, but does not lead to "wham-bam-thank-you-ma'am."

Women's roles tend to be such that they are always nurturing everyone else. The one place that they can be nurtured is by their husband. Often, that doesn't happen because that is not one of the things that they built into their relationship in the beginning.

And, generally, in our culture, men are not taught those nurturing strategies. Even that they exist or that they would be a good, desired goal, is not a thing that men teach their sons in this culture. Our marketing messages in a larger community do not message that as masculine behavior, either. So, we get the situation where women have to teach men to be the lovers that they want them to be, and we are back to the issue of communication.

And, hormones. If you don't have proper hormonal balance, you are not going to be an effective teacher. Because you are not getting it, you are not feeling it. Pain can occur if you have estrogen, then any interaction, (even if it is not for the purpose of having an orgasm), is painful because of the dryness and lack of blood flow going to the pelvis. But, when we give estrogen and testosterone the blood flows back. And, generally, my patients start being more responsive in the ways they used to be more responsive.

So, we are back to talking about the chemical messengers that we were talking about last week. Those are essential; those chemical messengers are the fundamental pathway that create the opportunity for healthy, mutually satisfying relationship things to come to fruition.

Many of the women I talk to are uninformed about their own bodies. As in the Victorian theory of, "I am not touching myself, I don't know where anything is. And, I have to go through anatomy lessons."

Brett said this caused him to laugh because “I talked to a woman the other day who is a sex therapist. She gives talks to women, and she says that the audience comes to a screeching silence when she asks her lead question, which is, ‘What is the nature of your relationship with your vagina?’ And the silence is deafening.”

It is true. We are not taught that our vagina is a good thing. But it should be - because it is a part of our bodies, and, we should be able to know how it reacts. I have to admit that, until I read a recent study, I did know that there were three different nerve loops for orgasms; three different types of orgasms that women have. One is clitoral, one is g-spot and one is the cervix. Which is why I have always left the cervix in my hysterectomy patients. In popular literature, two of the three of those would be what are called, "vaginal orgasms." But, they're really not. They're separate and distinct processes within a vagina. They have different loops to different levels of the spine. So, their neurologic feedback is totally different. And, the cervical is also totally different. Even with different levels of spinal problems, like a spinal severance, it is still possible to have one of the types of orgasms.

If they are different neuronal loops in the same general area, is that what we mean when we say that someone is “multi-orgasmic?”

Not necessarily. You can be multi-orgasmic in one area. It is an unusual woman who even knows which area that is, or could differentiate between them. More like an "Oh, wow," and the brain stops attempting to sort it out. I don't even ask that question anymore because people look at me like I have just lost my mind. It is really not a component of my therapy to ask if a person multi-orgasmic, either. In general, women believe it is a myth because they have never had that experience. But, I have seen lots of women who just bring it up and explain it to me. In their mind, that is a possibility for everyone. However, it is one of those things that is relational and not something that should necessarily be a goal, because it is hardly achievable in everyone.

According to Brett, “the goal I think would be to help individuals find a definition of that experience that pleases and satisfies them.” Not an external marker, like money in the bank or jewelry on your wrist. This is about the quality of the relationship. And, at the end of the day; do you feel satisfied, do you feel cherished, do you feel tended to? What are the things that I can find to make that harmony on this piano play for you? And what are the things that you can find to make it play for me. And together, do we make beautiful music?

While I am not sure that is the goal of every couple, it probably should be; harmony in their relationship.

As a therapist, Brett’s goal is to encourage people to have that harmony in their relationships. His challenge is to get partners to communicate to each other what the level of connectivity, release, nurturing, cherishment is that they require in order to feel okay in this relationship. And, "is there a chance that we can find that together?"

And I lay the groundwork with someone else. The Primary doctor does the physical, I do the hormonal basis. And if we still are not successful in returning people to their prior function levels, they are going to require the type of couple counseling that a therapist like Brett offers.

Let me better define that concept of "prior function." Last time, we talked about trying to define that as how people that come in for answers report that they once had a quality of relationship that satisfied them and have lost it for any number of possible reasons. They want to get back to that quality of relationship. Even though we measure the chemistry components and have lab results that point out, "there are so many of this, and so much of that," we still have to find a way to frame it in a whole that includes the entire experience.

I frame it by the by the number of flowers and cards that I get from husbands; and how women walk in glowing and happy that they have their life back again in the bedroom. They usually know the goal. They usually know what they want when they get there.

“So, your approach is the physiological, hormonal component and methodology. But the goal is the flowers and the satisfaction and the glow?” Brett asked.

Well, the flowers are to me as a thank you for the restored relationship. But the other romantic stuff is what husbands and wives do for each other. The way that couples give you the message of, "we're really happy."

My favorite testimony, one of my happiest moments, is the story of being at a Bible study where five of the men stood up and toasted me for giving them their wives back. That was purely a result of replacing hormones.

So, how does the word get out that this is a place to begin. When the couple or one part of the couple is able to say, "I'm not happy, and I don't want to abandon the relationship

or be unfaithful, or go find other alternatives. I want to address this issue, where do I go?" Because, Brett explained, so many of the women that he has talked to, especially women 40 and beyond, will come in to his office and say, "I'm starting to have these problems. I went to my gynecologist, I went to my physician, and they say, 'it's all in your head.' Or, 'you're getting old and tired.'"

How do we spread the word to couples who would be interested; to say, "there's a place to go."

Women have an underground, and they talk to each other and that's my best advertising. I know men don't talk about their diminished sexual performance, they talk about everything else. but, sometimes the underground “surfaces.” so to speak. I have gotten calls from sorority sisters who were out to dinner with their husbands, or five couples who are having dinner and talking about pellets for testosterone, or how good their sex life is. Then all these women and men are coming to me saying, "I want that back." Generally the women are treated first because we approach it younger. Then we get healthy and back to normal. And, we generally marry men older than we are, and rarely younger men. By the time the men get to the stage where they are not functioning well, most of my patients tell them. I am not sure that is the healthiest way; "Hey, you need to go get fixed." I don't agree with that because it's not that easy. And, Viagra isn't the answer.

And, I don’t advocate the attitude of "If you don't want to get it fixed, I'll just hire a new pool boy." But, I do hear that every once in a while. Most women who see me want their relationship back, and they want it back in a big way. And, they want their husbands to be healthy and well; back to their old selves. Because when they lose testosterone they get depressed, too. So not only are they not functioning as well, sexually, but they often develop an unhappy mood, a poor self-esteem.

Brett added, in his experience men get depressed and also angry.They are mad because life is passing them by and they are losing their status, their virility, their dominance. They are losing their security. “If I have always defined myself as the alpha male, and I am no longer feeling like I can perform that way, and my wife is giving me messages that say that I am no longer performing that way, then I am threatened and at risk.” And that does cause some men to go out and have affairs; to test themselves, to see if maybe if it is "you," or if it is "me." Because, it is a whole lot more comfortable to believe it is "you."

Actually, that is an inadequate test because there is an 18 month rule that is physiologic, based on anthropologic studies. The 18 month rule is that once a male and female human come together, there is a different neurotransmitter that is not dependent on testosterone that holds the male and the female together for 18 months. Then the "new" wears off, and if they had no testosterone, it is gone. That is when their wives think, "Hey what's going on?" Because, they are happy and things seem to be going well. Then it drops off, they lose their interest in their other partner because the problem is still there. They were deluded into thinking it wasn't them for 18 months. The study indi-

cates the relationship was based on keeping a man around while the baby was conceived and delivered until they could get up to two breeding cycles. They could get up to speed. And then, the man could find another partner.

Brett brought up a Harvard sociobiologist named Edward Wilson, who wrote a book called "Sociobiology." And in that book he argues that the breeding strategies for men and women are different. And, of course they are. They were meant to be different. Men are genetically programmed for promiscuity. And women are not.

But, now we are at a higher level of development. We are not cavemen anymore. One hopes that we are not just our biology. Perhaps we started that way, but that's not how we should have morphed at this point. We should now be be able to control our instincts to a higher level.

Knowledge is power; if you know that there is the “18 month rule” which is inherent, you can combat those feelings. As people enter new relationships, they generally replicate the old.

Brett explains that a fifteen year old boy on the computer looking at pornography attests to the argument: the animalistic physiology is there. But, the cultural overlay also needs to be there, where we recognize that we are beings with choices. And, what we are talking about is working with couples from both the anatomical, physiological issues and the cultural, relational issues to say, as couples, "how do we make choices that nurture and enhance the quality of our relationship so that it endures?"