

06 - Mismatched Desire and how to deal with it

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

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Hi. Welcome to BioBalance Podcast. I'm Dr. Kathy Maupin, founder and Medical Director of Bio Balance Health. Today Brett Newcomb and I will discuss mismatched desire and how to deal with it. Brett, tell us about what you do.

Brett Newcomb: Well, I'm a family and individual therapist; I'm a Licensed Professional Counselor. I've been in private practice in Missouri for 28 years and I've been teaching counseling courses in the university setting for at least 24 years. I also do workshops for corporations and groups that specialize in the area of communication issues, dealing with difficult people, family relationships, those kinds of things. What about you? You specialize in helping your patients to do what?

Dr. Kathy Maupin: My patients are generally coming from a problem of aging, which causes their hormones to dissipate. Usually, the first hormone, (for both men and women), to go is testosterone. And, that brings on a multitude of sexual problems as well as health problems. But today we're going to talk about sexual issues.

Oftentimes, when my patients come in, I hear about what sexual disparity they have with their partner, their husband or their wife, and then I attempt to normalize hormones so that we can give them the basis for getting their relationship back together. I don't counsel them, that's your job. I usually will send them to you or someone like you to get counseling. But, when I see them for the very first time, generally they are way off base in their own desire department. They aren't the same person they used to be. And, their spouse is the same person he used to be; generally it is the woman who has the problem first. So there is conflict there. So, when I bring the woman back to normal with hormones, she goes back to her old self. Oftentimes the second visit that we have is that her old self didn't have the same desire as her husband to begin with. Maybe it's more, maybe it's less. Then we have to deal with mismatched desire. She's well, she feels good, but now they have an age-old problem in their relationship.

Brett Newcomb: Listening to you talk, I'm mindful of a client that I had when I first started practice 28 years ago. It was a woman in her fifties who came in to see me. She'd had a brain tumor and had surgery. After recovery from that surgery, what she became aware of was that she didn't have any sexual desire. Didn't want to have sex with her husband any more. So she talked to her physician about it and he said 'Ummm, uhh, it's all in your head.'

Dr. Kathy Maupin: And it was.

Brett Newcomb: Well, but not the way he meant it. But, she was aggressive in her determination to say 'I want to get that back. I want to do something about it.' So she came to me, (and she had actually been to two or three other therapists), trying to find somebody that could help her get a handle on how to reinvigorate her sex life or how to change her perception about having sex and the way that having sex felt. And, at that point, I was abysmally ignorant on these topics. I did not have the experience that I have now, and I referred her on to other people who specialized in this. Masters and Johnson was where I had sent her. I don't know what ever happened to her, but listening to what you are saying, I suspect that had you been around then, you could have helped her. Because it sounds like the kind of thing you are talking about.

Dr. Kathy Maupin: I haven't had that exact circumstance with a patient, but I have had patients with other illnesses that have inhibited their sexual desire. Oftentimes, replacing what's missing, like I do with hormone pellets, with estrogen, testosterone, and I manage thyroid, and every other hormone that can be abnormal or out of balance, when I get them into balance, then they get their sexual self back. They get fantasies and everything.

Brett Newcomb: But, its the sexual self they once had.

Dr. Kathy Maupin: It's what they used to have. That's what it's supposed to be. A few patients get a little more sexual interest than they had a long time ago. Rarely do I have people who have less. Very few, maybe 5% of the patients don't respond to this.

Brett Newcomb: Do you think that's the 'honeymoon effect'? You know, the relief and the excitement of recovery, then it peaks and it will diminish back to whatever their normal was before. Or do you think it's a new normal?

Dr. Kathy Maupin: I think it's a new normal. I think there are some cases where women were deficient in hormones to begin with. Oftentimes when we get married, we go on the birth control pill. So we become different sexually from the birth control pill than we were maybe prior to marriage in some circumstances, because when we go on the birth control pill, it shuts down our testosterone. It works well that way, so it makes you not want to have sex, but that's not what we want to have birth control for. And, rarely do doctors talk about that. But, when we become the wife in our marriage, what happens is all of a sudden, we are not as interested in sex as we might have been prior to that.

Brett Newcomb: Just like the old joke that we tell that what kills a woman's sex drive is wedding cake.

Dr. Kathy Maupin: Ha! Exactly. But, not quite true.

Brett Newcomb: But medically, there is a reality that sometimes leads to change, and what I am doing is what a lot of people do. When they are wounded, when they are hurt, when they are scared, they make jokes, or they get angry, and they don't communicate honestly. They don't have the ability to do that because they have never been trained to

do that. And, they have never been able to take that part of their life out and look at it and talk about it in the context of a relationship. So they try to deal with it unilaterally; they try to deal with it by feeling guilty, or feeling angry, or psyching themselves out to say 'if I got my hair fixed, if I played the right music, if I remember to fix his favorite dessert, then things will be better', instead of sitting down and talking about what are my desires, my fantasies, my needs; what do I know about myself in terms of my sexuality and my sensuality. And, that is not a thing that we are raised to talk about.

Dr. Kathy Maupin: In fact, we are raised not to talk about it.

Brett Newcomb: Absolutely.

Dr. Kathy Maupin: And that's a shame.

Brett Newcomb: Well, it's a shame-based message in many communities and many families.

Dr. Kathy Maupin: Right.

Brett Newcomb: 'It's nasty; it leads to wickedness and temptation; it's evil; sex is for procreation only.'

Dr. Kathy Maupin: And, in fact, it's the biggest gift we have. It is very much God-centered. It is something that is within us and that is supposed to be shared. Unfortunately, life crashes in. We aren't trained to deal with it, and then we have hormonal influences that decrease our sexual desire.

Brett Newcomb: So, when a couple or an individual comes to see you, (and I would if they first came to see me), insist that before we begin to have extended conversations about the psychology and the relational issues, I would want a physical check-up by somebody that knew what they were looking for and knew what they were doing. So, if somebody comes to see you and you determine that there is a hormone imbalance, you have the system for addressing that and restoring that balance, and they can recover their sexual energies and sexual awareness. At that point then, it's like the old Melanie song, 'You've got a brand new pair of roller skates, I've got a brand new key' so, now what are we going to do with that? How do we begin to look at that, especially if the pre-set reality that we experienced was that we did have a mismatch in desire? Because we are not replicants of one another. We don't all have the same amount of desire that we experience in the same way just because we both grew up in Kansas City. It's an individualized process. How then do we sit down and start to talk about what if your desire is more intense than mine, or your need for frequency is more intense than mine? One of the questions I get most often is what's normal? People come in and they just blurt it out - "how many times a week, a month, a year, are we supposed to have sex, if we're normal?" That's a hysterical question. For me, it's a hysterical question.

Dr. Kathy Maupin: You know, I took several courses with Masters and Johnson when they were here doing that sort of thing, and I love their analogy. Their analogy was sexual desire is like appetite. Some people love to eat a huge meal and love to eat all the time. Some people eat tiny little meals and don't enjoy their meals very much - that's just not important to them. So you have to take the two appetites just like you would in a household when you are cooking, and find a middle ground.

Brett Newcomb: Find a balance for them. And that requires respect and communication.

Dr. Kathy Maupin: And rarely does it lead to that.

Brett Newcomb: Right.

Dr. Kathy Maupin: Because usually patients are very, very upset and the worst comes out. They're upset, their husbands are upset. Or their husband's had the problem and now their wives are upset because they're more normal. It can be on either side. I have lots of gentlemen that come to see me and I give them testosterone to bring them back to normal. Not if they don't need it, but if they are deficient in it. Oftentimes, they overshoot what their wives wanted them to hit and then their wives aren't pleased. So we have to deal with getting back to the middle. And that type of counseling is your specialty, not mine.

Brett Newcomb: And we start by recognizing that the mismatch is real. That it does exist, and that there are ways to respectfully address it. You can't power demand it. You can't use sarcasm or anger. You can't make dismissive statements. You can't cast dispersions at somebody - 'well, you know my other partners could do this', or 'I heard that so and so can do that', and therefore, you are 'less than'. And, they don't say it specifically, but they give messages of tone, of eye contact, of non-verbals, that are very aggressively disrespectful. And, that's damaging. That's not going to help me to volunteer to come in and say 'you know, this is kind of where I am, this is what I feel, this is what my pace might be' if either the male or the female then are aggressive, dismissive, sarcastic. We have to start with the idea that 'okay this is real, and in the fundamental holding environment, we care about each other - we want this to work.' And that means we have to have enough trust that we can start to be honest.

Dr. Kathy Maupin: And not keep silent about it. On the complete opposite of this silence, I have a couple who I see both of them. Both of them required hormonal replacement. They're in their late sixties. They both came to me with no desire. I treated both of them and then managed several other hormonal imbalances that they had that made them feel bad. Even if you have a sex drive, if you feel terrible, you are not likely to want to have sex because you are just too tired or too miserable to do that. One of the patients had an auto-immune disorder. She was in pain all the time and the testosterone solved that problem. She doesn't have to take as much drug and she is not in pain. However, they were both fixed in terms of getting their hormones back. But, they

were out in my waiting room and this poor guy was just sitting there, and his wife was badgering him. I mean attacking him about how he couldn't perform like he used to, and he should be able to, and there were people around.

Brett Newcomb: The term we use is emasculating.

Dr. Kathy Maupin: Emasculating. And, she is a lovely woman. I couldn't believe she did this.

Brett Newcomb: And, wasn't aware she was doing it.

Dr. Kathy Maupin: She didn't even know she said these things. So, I pulled them both in to my office and I sat them down and I said "Okay, what's the problem, is he really having a problem?" And, he said "I don't have a problem." And in the end, he really doesn't. It was stage fright. He was okay.

Brett Newcomb: And, what you're describing is part of the therapies. You say you don't do therapy and you don't counsel them, but you do in that respect.

Dr. Kathy Maupin: Well, I have to in some circumstances because I see them ruining their lives and they could have an awesome life, sex life, emotional life.

Brett Newcomb: But one of the harder things to do sometimes in therapy is to reflect back to someone what their non-verbal messages are, and to get them to hear that. I talk to couples all the time about, say, in my relationship I do things that for me say "I love you", but for you they don't register on the radar because that's not what the message of 'someone loves me' is to you.

Dr. Kathy Maupin: That's the languages of love - the love languages. The book. . . I'm not remembering the author. Those are very good because I know that I personally have a whole different love language than my husband. It's like he is speaking Russian.

Brett Newcomb: So knowing that is helpful because then you can say "alright if you want to do something that says to me you love me, this would be it". You know, buy me a rose, massage my feet, cook dinner for me, whisper sweet nothings in my ear. Whatever it might be. And, I might look at you and say "well, that's ridiculous". But, the point of the communication is that you are telling me how to give you what it is that I want to give you so that it actually hits the mark.

Dr. Kathy Maupin: To make it more obvious to our audience, words is one of the languages, another is acts of love like doing something like making a meal, one is quality time, another is touch, and I'm blanking on the last one. Really isn't one of my languages. But, those are the type of things we are talking about.

Brett Newcomb: And what you just said matters too. Because if it isn't one of your languages, then what we want to try to discover is what languages do you share so that we can maximize the connective experience.

Dr. Kathy Maupin: I've often asked patients to read those books, because it has helped them to communicate better if I can't get them in to see you or someone else.

Brett Newcomb: Part of that process is to help people become more comfortable in recognizing that feelings are. And, that they feel afraid of or ashamed of certain feelings. And, one of the feelings that is so uncomfortable is anger. If there has been a sexual mismatch, if there's been an imbalance, or if there's been a loss, there is going to be woundedness. Part of that woundedness is going to be anger. 'I am hurt, and I am angry with you because of what happened between us' or because of what didn't happen. Part of what I try to help people do is discover that anger is original issue equipment. You come with it. And, you can't not be angry. So when you are angry, you are not responsible for being angry, you're responsible for what you do with the anger; for how you express and deal with the anger so that you work it through. In that respectful holding environment, it has to be hearable. Part of the process is that I need you to hear and to acknowledge that I am angry because of my wound.

Dr. Kathy Maupin: Most people really want unconditional love in return for that.

Brett Newcomb: But the way they try and get it is they keep score, they make deals - I did this for you, now you owe me that.

Dr. Kathy Maupin: And, that isn't unconditional.

Brett Newcomb: No. That's not at all unconditional.

Dr. Kathy Maupin: Learning unconditional love is one of the most difficult things. It would take years in therapy even.

Brett Newcomb: That's one of the things we are talking about next week when we talk about how to reenter a sexual relationship after coping for a long time with a disconnect or an imbalance. Once you get the hormones reestablished, once the people are receptive to reestablishing that relationship, how do you do that? Because it doesn't just magically happen. It's not like throwing on a light switch and you get lights. So, we'll talk about the dance of partnering once again in our next conversation.

Dr. Kathy Maupin: Just to wrap this up, I think the messages are that a couple who loses their sexual drive, one of them loses sexual drive, they need to have at least the hormones to get it back, and everybody needs a little different hormone level and what I'm talking about is testosterone in both men and women, it's all chemical. And then if that doesn't bring the couple back to equality in their desires, then they have to go through counseling or follow the steps that you discussed which are talking to one another, saying the truth, not trying to hurt someone else, and like you would want to

have it said to you and then looking inside and realizing that the other partner's who you're trying to please, come to an agreement, and then somehow play this out in real life and learn what pleases the other person.

Brett Newcomb: And it's part of recognizing that if one of us has an imbalance, both of us have a problem in our relationship with each other. It's not about blaming, it's about solving, it's about a commitment to care, and to navigate troubled waters together.

Dr. Kathy Maupin: Thank you, Brett. Next week's show, we will deal with how to re-enter a relationship after coping for an extended period of time with a partner's diminished interest. If you have any questions or comments about today's podcast, please e-mail them to podcast@biobalancehealth.com. And, if you'd like to know more about BioBalance bioidentical hormone pellet therapy or the other services we offer at BioBalance Health, visit BioBalanceHealth.com.

Thanks for listening. I'm Dr. Kathy Maupin