12 - Origins of Our Sexuality
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: Welcome to the BioBalance Health podcast. I'm Dr. Kathy Maupin, Founder and Medical Director of BioBalance hHealth located in St. Louis. Today Brett Newcomb and I will discuss anthropology, my favorite subject; the origins of our sexuality, what we're hard wired to do and to think, and the type of thing that has been with us since we were cave men.

Brett Newcomb: That is such a loaded terminology and you and I have had this conversation repeatedly because we come from different training sets. I tend to be focused on the cultural impacts and you tend to be more focused on the physiological structure of the organism and the sources of sexual arousal, sexual desire, sexual attraction from a physiological stand point. And I look at it from how does culture modify it, or modify itself, (the culture), in order to accommodate the physical demands of sexual energy. So, we're going to have a conversation about all of that today.

KM: I like to look at it like well, we're hard wired that way. And we spend so much energy in society taking that out of our set of talents or set of activities. We try to change how we're hard wired. I look at what to make it efficient, what can't we change.

BN: I look at it like from the standpoint of we try to dominate our biology. You know I want to eat all this incredible stuff that tastes good but it's killing me. It's putting cholesterol and fat. And I love things with gravies and sauces and cheeses and I'm not supposed to eat it. So how do I dominate my physiological hunger for some of these things? And what can I learn? Where is the distinction between physiological hunger and psychological hunger? Whether it's for food or whether it's for sex.

KM: Same thing, hunger for a different thing.

BN: It's absolutely the same thing. So why am I attracted to what I'm attracted to? Does stress in my life affect my awareness of it? Does it affect the instigation of it or the resolution of it? Whether we're talking about hunger for food objects or whether we're talking about a hunger for sexual objects? I think it was Judy Bloom, forgive me for not having this quote available, it just popped into my head. But once somebody said something, and I think it was her, about adolescent males have a sexual thought about every 8 seconds. And I thought "Oh my God." When I was young that certainly was true for me.

KM: And that's hard wired. No one's going to be able to change that, which is our problem with teenage sex, teenage children out of wedlock. Because it's our strongest instinct to have sex and have sex early to help fill the planet. That hasn't gone away.

BN: So that comes from what you call the procreative urge.

KM: Right.

BN: The physiology kicks in when we go through puberty.

KM: And testosterone is at its highest, growth hormone it at its highest, and that makes our brains very highly sexed.

BN: All systems are firing and they're all firing at the target of procreating. So physiologically there's an imperative that impels us to be aware to recognize or experience hunger and to seek some level of satiation to quiet that physiology down. So then we develop all kinds of behaviors, I say we develop them but they just occur. I mean babies will masturbate. Young kids will masturbate.

KM: Yea I've done ultrasounds of babies; boys in the womb are masturbating.

BN: In utero.

KM: Masturbating is kind of a natural thing, you can't stop that, you can't take it out of being human.

BN: So when a father says to his son, get a grip on yourself, he's actually months too late.

KM: Yea.

BN: But get a grip on yourself, in terms of you have to learn socially appropriate responses to those urges that are adaptive to the culture that you live in and they are different in different cultures.

KM: That's true and no matter how smart we get or how socialized we get this part is the part that's not going away.

BN: I once had a couple come in and see me. They had a 4 or 5 year old son that they had just put in school. And they were concerned because he constantly sucked his thumb and fondled his genitalia. And they were worried about, you know "what should we do about that, what should we do about that?" And there are things that you begin to teach them that are not shame based and are not physical punishment based but you have to teach them to control the physical release or the physical outlet of the urge. But what I told them is don't worry about it, I taught high school for 20 years and I never saw a young man come in and do those things that didn't intend to do those things. It's not a compulsion that you can't learn to masturbate. And part of the

challenge of our lives is to ride the rhythms of those physical urges in socially appropriate ways.

KM: And live within our own society.

BN: And live within our own society. Absolutely. And it is such; I mean a lot of what I deal with in counseling revolves around accommodations that people have made about sexual issues in their life, desires that they have, fantasies that they have, things that their religion tells them is forbidden or are only acceptable in certain restricted parameters. And then as a physician you have people coming to you, I would think, from the other end of the same stick. To say "okay, this happened to me and I want some help with it in some way." So maybe you can speak to what you know about sexual arousal, sexual energy, procreative urge, from the physician perspective.

KM: When people came to me when I was just GYN or OB, it was an unwanted pregnancy or it was a sexually transmitted disease they got by being sexual and they viewed it as a punishment. And it's hard to explain, give them grace and say this is a natural urge and you've succumbed to it. So now, yes we have to deal with this, and then you're going to have a baby. Even if that wasn't your plan. But that they're really okay. They made a mistake, humans all make mistakes. In terms of societal rules usually they're based on the things that are hard wired in us, the urges that are hard wired in us and giving my patients grace about that and being able to accept it and move on, let's deal with the problem at hand, is usually how that's dealt with. Now I'm dealing with people who, even though they have all these instincts, instincts are dependent on having all your hormones present. And if they don't have the hormones present, they've lost the desire to procreate, probably because they're menopausal and they weren't meant to procreate at this stage. But when they get their hormones back, then they get their sex lives back. I have a whole different kind of problem now. It's not oh you've made a mistake generally or you have a problem in your marriage. It's you have a problem in your marriage because you're not having sex with your husband or you wife, because you don't have that urge anymore, because your bodies changed.

BN: Because your bodies changed. So we're not talking about the more extreme fertility interventions of a 60 year old woman carrying a fetus.

KM: No in fact I don't, actually I've never had to deal with something like that.

BN: You read about those things in the news media and because they're so unusual they're treated as really, really bizarre. And so then you get into conversations about these issues and automatically seem to stand at the edge of the mainstream.

KM: Well and you think logically, logic is your thing, but logically we shouldn't die before our children are mature. So having a baby at 60 something and dying in your 70's, they would not be mature in our society.

BN: And that's a real concern. In any culture how do we sequence our birth population to fit what the resources in the community are and the ability of us to feed them and house them and supply them but also as parents to take care of them. To that end you and I have had some conversations and there is literature out there that talks about the differential approaches genetically for men and women in terms of these issues of attraction and procreation and the urge to nest, to create families, to have monogamous marriages. Is monogamy a cultural situation or is it a physiological situation.

KM: Monogamy actually is not instinctual. It is something that we've developed in society.

BN: So then is any form instinctual. Is polygamy instinctual or is polyandry instinctual.

KM: Define.

BN: Well polygamy where one man has several women. Polyandry is where one woman has several men.

KM: That's why you go back to anthropology and say what was wired for us.

BN: There are cultural reasons for both of those patterns that you can go back and identify.

KM: When we were all in Africa where the origin of our species or humanity is then there was plenty of things to eat and our job was to have babies. We were meant to populate the earth.

BN: Go forth and multiply.

KM: And so women can only populate one baby at a time. But men can bring about multiple pregnancies.

BN: So as you go up the ladder among mammals as mammals become more complex, the breeding strategy for those mammals changes. Instead of having litters they have one or two offspring at a time. And the same thing is true for human beings.

KM: Right, humans were made to have one baby at a time.

BN: So outside of I guess physical accidents where the cells subdivide and you get twins or triplets or quadruplets or those accidents that occur because we're playing with the systems in term of fertility treatments, you now get some situations where some people have a litter, John and Kate make 8. But most of human kind throughout most of human history has had one baby at a time.

KM: Yes. But it's the woman taking care of the baby after impregnation, so what anthropology tells us is that generally a man would stay with the woman he

impregnated originally for an 18 month period, because that got her through the attachment, the pregnancy and a few months of breast feeding. But then she's not fertile for the rest of her breast feeding so generally they would change partners or they would have multiple partners at the same time. With the purpose being fill the world with people. And children died early. So there was a great death rate in babies and children. And to get an adult from a couple of two people would maybe take 6 or 8 children.

BN: To have one reach adult hood.

KM: So you have to make more children than those two people to make the population grow. The goal would be to have three or more actually reach adulthood so that they could then have more babies. However adulthood was 12.

BN: So those things adapt. You talk about hunting and gathering societies you talk about agricultural or Gregorian societies and industrialized societies as the methodology for survival changes. Then the statistics for women dying during childbirth, women living through childbirth, how many babies an average woman would have or attempt to have; all of those things begin to change because the culture has changed.

KM: Absolutely.

BN: So now we're in a situation in our culture where we live longer as a group, as a population, than anybody ever has. And our bodies are still functioning according to imperatives that are tens to thousands of years old. So our cycles are constructed to have us go through the curve and die off at 35 or 40 but we're living to be 80 or 85. So what happens to the sexual urge, what happens for sexual outlets? I mean if I'm in the nursing home is there going to be a way for me to have any kind of sexual energy or any kind of sexual intimacy that maybe nurtures me in ways that are not specifically sexual functions but that are part of that process for me?

KM: There are some very active nursing homes. But having said that, because we've changed and we've become intellectualized and we've changed the norms for our society and society has become more intellectual and we've found ways to live to 90 or 100, now we've figured out how to get there. We haven't figured out how to have a quality life that way. So what happens is we were supposed to die off like all other mammals after we were able to make babies. Since we didn't make babies anymore, than our life span should be over because our job was over. Now we've extended our lives so much with medicine, clean water, immunizations, all of those things, yet we haven't been able to successfully extend our productive lives because we haven't embraced the fact that to get past this change at 50 or 40 where we lose our hormones, we actually need them back to live a quality life as we know it. Our quality of life is not just serving and living in a nursing home for 20 years at the end of our

lives. It's actually living and producing creative work. All the things that you can do once you've retired from the job that fed your children.

BN: Yes, I don't want to be parked at the end of hall waiting to die.

KM: That's actually one of the major goals of my practice. Is to let people have a quality life or guide them to have a quality of life their whole life. And not be in a nursing home or not lose their mind or their body. Usually people lose one or both. But they're still alive, their heart's beating.

BN: So I may have a retirement age for social security in terms of my working life. But I don't have to have a retirement age in terms of my partner and an attraction or a sexuality.

KM: Right, and as long as two people in a couple are willing to embrace the fact that they both need their sexuality.

BN: So you have couples in their 70's who come and see you for treatments to maintain their ability to still have an active and functional and regular sexual experience and you're successful in that.

KM: Yes I have a couple that's 85 and 87. And they're smiling all the time.

BN: 85 and 87? And they're still doing it? That's hopeful.

KM: Because part of this whole thing is that we're wired to be sexual beings. It makes us healthier, it makes us feel better. We get endorphins; we get all kinds of perks from having sex that make us feel better, less depressed, more secure.

BN: That's kind of serendipity. Those are ancillary benefits. In our last podcast we were talking about hormone replacement therapy and the physiological benefits in terms of aging, osteoporosis, heart disease and so on. But there is an ancillary benefit of the intimacy and the relationship strength that comes from having a compatible, physical, satisfying relationship.

KM: Absolutely. And you know people who are married live longer, both men and women. Part of that has to do with just cohabiting and taking care of one another. But the rest of it has to do with having a satisfying emotional and sexual relationship.

BN: So if I make a commitment to a woman to ride the river as they used to say in the frontier days.

KM: What does that mean?

BN: To ride the river with her? To take the journey to the end of our lives together, I don't have to lose the saddle. So to speak.

KM: So to speak. I've actually never heard that one before and I've heard a lot of them. You don't have to lose that and that's something that, even though we are trying to control those instincts, we've had from day one. We control them, we try to keep them in a very societal safe place. We shouldn't have to lose everything. We shouldn't have to lose our safe place. We shouldn't have to lose our sexual desire. We shouldn't lose our sexual gratification or fantasies. But when our hormones are gone, people lose all of that and the saddest problem is when people are monogamous and they are married and one of them loses their hormones and the other does not. And then one or the other replaces their hormones and sees the values in it and the other does not. Then we have a very inequitable position and that's when I send them to you, because I don't fix that kind of problem. I can only replace their hormones. That takes a lot of counseling and negotiating.

BN: Right. Yes, the mentality of perception and awareness and the willingness to make the effort that's involved or take the risks that's involved to try and restore that relationship or restore that balance is a psychological issue. You're dealing with the physiological aspects of that, and what you've told me is that sometimes, and it varies according to couple, but sometimes the physiological restoration is enough but sometimes it is not. Now the body may restore but the relationship may need some work.

KM: Yea, or the relationship needs to come to you before both partners will be replaced and will be able to think about having sex again.

BN: Because they're hurt or they're angry, they're tired, or they figure it's too much work, or they even think that it's the season of life so we're beyond that so just get over that.

KM: My favorite thing is "I just want to be all natural; I just want to let nature take its course". So I say "Okay, so you're going get wrinkled, dried up and die. That's nature." Now, because we've already made that first step to defy nature, we've cleaned our water, cleaned our environment, made things safe. We've done all those first steps. You can't just go "oh I'm not playing anymore" because now if you don't replace your hormones then you are just going to, not just die for 30 years God forbid or 40 years, you may have to live crippled, not being able to think or not being able to move or having arthritis that's so bad you can't function. But worse yet not having your normal instinct to have sex and have the benefits from it.

BN: And the primary benefit of that being intimacy, the connection, the anchoring connection to another person that makes the spice in terms of quality of life and life worth living. Not for everybody but for many people. That's the hunger that we have is to find somebody to ride the river with, to partner with, to always count on and be anchored to. And the sexual intimacy is one of the adhesive bonds that makes those relationships work.

KM: When you have a monogamous relationship, you cut a deal. You go into it cutting a deal that these certain things are going to happen within this relationship. And it's dishonest and unfair to just pull out of the deal, and say "sorry, not doing that anymore." I mean that's not the deal.

BN: Right, you leave somebody abandoned and rejected. And you can hang it on the hook of 'well, that's just the way life happens.'

KM: But that's not good for relationships. I don't think.

BN: It's not good for relationships at all. And the marvelous piece of this conversation is that you offer an alternative. There is something out there that can be done if people are willing to look at it. So there is hope.

KM: But you can't be forced to do it. I've had couples bring their spouse in and say "fix her" or "fix him." I can't do that part. I have to have the person want to have their lives back and that's a big jump and that's a psychological jump. But part of the point of talking about the progress that we've made from cave people to now is that we have now intellectualized everything. Sex is no longer sex. It means something else. It means intimacy or relationship. We are now, our society has now allowed us to be much more elevated in terms of our goals and what we want. Sex isn't just an urge that you then satisfy.

BN: What was that Walt Disney movie that was out 2 years ago, 3 years ago about the robot. The world had been destroyed and there was this little robot that was harvesting the trash.

KM: My daughter is 25, I just missed that one.

BN: Oh, well I still have a young child and we went to see it. All of the people lived in a space ship interacting through computers. They didn't talk to each other, they had physiologically, they were all fat, they couldn't walk, they couldn't stand, they didn't use their muscles. They just existed and consumed, connected through technology. And the whole point of the movie was rediscovery of the earth and regeneration of the earth and the people finally had to get out of their chairs and start to walk and function and see each other and have relationships again.

KM: And that's part of being human. None of this says that when we first were made, we were alone. We weren't alone, life is about relationships. However those relationships may be constructed dependent on society. It's about relationship with someone else. It's about touching, it's about holding, it's about nurturing, it's about being nurtured. All of those things are needs that human beings have and those are needs that need to be satisfied.

BN: So again the consistent message through all of these podcasts is that there are two critical ingredients in happy and successful relationships. One is the

communication and commitment of the relationship and the ability to talk about things and solve problems, discuss problems, compromise. The other is the physiology and the changes in physiology that naturally occurs but can be counter balanced by new medical research and new medical technology which is the component that you offer. People who feel anchored in their relationship but recognize their physiology has changed need to come and see you or contact somebody in your office about the treatment protocols that are available. If they are not anchored in those relationships, but they recognize that the physiology has changed and they come and see you and the physiology responds, and then they want to come see someone like me to work on the relational issues. All of those options are out there for the hungry consumer who needs these things in their life and has become aware of it.

KM: That's a wonderful summary and that's exactly what we wanted to talk about today. Thank you.

BN: Great, You're welcome.

KM: Next week we'll discuss the anthropology of beauty and what beauty has to do with attraction and how aspects of beauty are universally attractive.

BN: You need to tell me because it's like the old saw "I don't know art, I just know what I like". I don't know beauty but I know what I'm drawn to.

KM: They've dissected this. There are actually people who study this.

BN: Well I'll certainly be here next week.

KM: Okay. If you have any questions or comments about this podcast, email us at podcasts@biobalancehealth.com or for more information visit BioBalanceHealth.com on the web. You can call us at 314-993-0963. Thanks for listening.