Sexual Disfunction, Why it Occurs and How We Treat It
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Kathy Maupin: This is the BioBalance health podcast. Epsisode 22. I'm Dr. Kathy Maupin, founder and medical director of BioBalance Health. With me is Brett Newcomb, a presenter and trainer, and a marriage counselor, family therapist and teacher. We're about to talk about orgasms for women. And, what the road blocks are so that our patients can hear about other patients and their problems and maybe focus in on some of the things that have happened to them or to their wives.

Brett Newcomb: The roadblocks issue is across a multiple spectrum. You have physiological issues which are the main issues that you deal with. You have psychological and sociological issues which we both deal with. In any conservative culture women grow up getting the message that their sexuality is meant to be a reflection of something that is created by their partner and it's not something that they own or have for themselves. And so they are discouraged, they are shamed, they are given caustic messages about self expression, self exploration, and that inhibits for many of them their openness to experimentation, exploration, looking at the issue of self satisfaction. And so that causes some of them to be what we call anorgasmic. They never quite get there. They are a vessel to serve their partner but they're not an independently functioning vessel.

KM: Right. Or they just think it's bad and they never get over it. They have had it drummed into their mind and soul that sex is bad, and you should never think about it and you should never do it. And even in their marriages, they can't quite get over it.

BN: It's dirty and shameful. I have had a lot of women through 30 years of practice come into my office with issues of sexual dissatisfaction in the marriage and often they will say well my partner is dissatisfied with my performance, frequency, responsiveness whatever it may be. But then they'll go on to say that they don't particularly care. They don't necessarily feel those desires. They're only doing it as a chore. It's just like doing the laundry. It's one of those things I have to do

KM: Sadly. They're really missing out on what life was supposed to give you.

BN: Yes, it's really sad. And I'll ask them, "do you fantasize, do you masturbate, do you do anything for yourselves away from this relationship?" And they look horrified. And they [answer] "Oh my god! No. You're not supposed to do that. That's a sin."

KM: In younger women as well.

BN: In younger women, no. The cultural messages are changing.

KM: Because most of my patients are over 50 have that problem. Below that they [say] "Yeah, I have a rabbit." I have to tell the older women, women my age, "At drugstore.com and you can order a rabbit and it will come in a brown box, you don't have to go to a sex store, and it looks like a prescription. So you can have one - you don't have to go to some place."

BN: Some dirty store and embarrass yourself.

KM: Yes. In that way I notice there's a real break in the women that are 50.

BN: And younger women are much more open in talking about their sexuality and exploratory behaviors and their achievements of orgasms.

KM: So those of us who grew up in the 70's as adolescents are now teaching our children a different way to look at sex.

BN: I sure hope so.

KM: I hope so too. I still think there is still a lot of negative talk about sex and that's how society actually controls young women so that they keep their fertility or they keep themselves for their marriage.

BN: It's not our discussion for today but our culture is so over-sexualized in terms of media exposure; videos, movies, advertisements sell sex. And yet our adolescent teenagers who have crossed into puberty and are sexually functional get all these messages about shame and guilt and repression of desire, repression of natural function, and they don't get clear messages about intimacy, about love, about recreational sex; whether it is okay, when it is okay, who it is okay with, what is okay about it, or not, depending on the value system of the family. But their access level to information is so great that they are bypassing a lot of those familial messages and developing their own little subset which is leading to some real concerns for schools and parents about sexuality as it i s expressed in very young teens.

KM: My poor daughter. When she was 2, we took her to a catholic preschool. She told everybody that girls have vaginas and boys have penises. And that girls could have babies so boys weren't as cool. I didn't want her to have envy.

BN: So you guys were Lutheran after that?

KM: She was locked in a closet. It was the worst day of her life and mine as well. Because you know my practice is talking to people on the phone at home during call hours. And I have to talk about anything and she was there and I couldn't have her leave the room every 5 minutes.

BN: So do you talk about masturbation with the women that you see? Does that come up as a conversation point?

KM: Yes, it comes up. It comes up when it needs to come up. If someone needs advice on that than I look for cues in their history. If they say they're anorgasmic. I mean one of the ways to see if you can actually trust yourself enough. Because trust is part of it, you have to trust your partner to let go and have an orgasm. But we try to have people self-stimulate, have them masturbate, so that they can see if they can actually achieve an orgasm.

BN: So a large part of the research says that that's about giving yourself permission to relax, to experience, to be aware, to explore.

KM: Trust.

BN: And there have been so many cultural messages that say don't give yourself permission. So it is problematic then when there are also physiological impediments because they are going to make the assumption that the problem is psychological or psychosocial; that it is religious, it is guilt, it is shame. And they're may literally be a physical block of some kind. Like lower testosterone, higher estrodial or some other issue, low thyroid, what have you, that would impact their functionality.

KM: That is true. Some people have never had a very good testosterone level. Men and women. Men often, if they've had undescended testicles, or if they've had trauma to the testicles, don't have a really good testosterone level even when they're young. Women generally it is hard to tell, because being hairy or something like that doesn't mean you have high testosterone level it means you have a very high receptor sites for DHT, which is a metabolite of testosterone. It doesn't always mean your testosterone is higher than other people. So just like everything else in humanity there's a bell curve. There are some people who have a lot and some people who have very little. And we're talking today about the people who have very little. That could be one of the causes of anorgasmia or orgasmic problem because there's always a normal level of testosterone that is required for your brain to actually make oxytocin, so that you can actually feel an orgasm or actually want an orgasm. Some people don't really have that desire. Testosterone gives you desire and it also stimulates oxcytocin so you can feel the orgasm and that's the hormone that causes the dilation of all the vessels, the flush, [what] we call it pelvic engorgement but it's pelvic blood flow for women, which is necessary.

BN: And lubrication.

KM: And lubrication, which is necessary for having an orgasm. So in terms of that, testosterone is a much more important hormone to have than estrogen. And it can take over for estrogen. Sometimes even if we don't have estrogen, if we have our ovaries removed and no estrogen is given, testosterone causes the vagina to be wet, and stretchy and more like a young person's vagina. So we need that base, we need to have a normal health, generally, to have orgasms. So it's about health, it's about

genetic or diseases that cause low testosterone. But genetic low testosterone, or some problem with ovaries.

BN: Aging.

KM: Or aging that causes decrease in testosterone. Then, for women, we go to estrogen, you have to have that as well. Then thyroid, because thyroid can cause your ovaries to malfunction. So, if your thyroid is off, if it's low, you can have anorgasmia from that. Obesity also sometimes causes anorgasmia because it changes all the hormones in the body. Then we have to look at neurologic function. Do we have all the nerves to our pelvis?

BN: Part of the message that, as people have aged, these problems occur because of drops in testosterone and estrogen, that are like dominoes falling over that lead to other problems like vaginal dryness or poor blood flow or what have you.

KM: And then heart disease and then Alzheimer's and then all of those other things that we associate with aging.

BN: It has become a thing that culturally and medically doctors would say "well you're getting old, that's just part of getting old, you need to deal with it, that's gone, find something else to do, take up knitting." And your message is that now that we can sort of separate out sexual process and sexual functioning from procreation and we're beyond procreative concerns or years no longer mean we have to lose that sexual energy and sexual experience that hopefully we had as youths. And so you can do some things to remedy that and put people back at that point where physiologically they can function like they did 20 or 30 years ago.

KM And they do, I have a really good success rate with that.

BN: Well and there's a story about an anorgasmic women that you told me that I want you to talk about in a minute. But what then becomes the issue to be resolved, if you have taken care of the physical components, is to talk about the psychological, social, intimacy components of how you express yourself to one another, what your expectations are, what your desires are, and whether or not you are open to exploration and growth. Are you willing play around, to experiment, to do some things that maybe you didn't do before because now you can. You can do it without the fear of getting pregnant, without vaginal pain or vaginal dryness, you can deal with your erectile dysfunction. There are so many things that medicine can do now to offset those.

KM: But it can't fix the risk taking that it takes to show your entire self to somebody else. To take off the mask that you talk about often; take off all your masks.

BN: That's right. To be willing to do that, to take that risk. To do that is a risk to get hurt.

KM: To be out of control. And that is a risk even within a marriage. Even as a marriage progresses, there are more things to be hurt about because there is more time to have been hurt and so people tend to pull back.

BN: It's like baseball when they say some you win some you lose some, but you have suit up for all of them. You have to get in that position to be able to win or lose. If you don't take the risk, you lose by definition.

KM: So you have to be hormonally intact and psychologically intact to be able to bring this to fruition. Now, people who have never have had an orgasm, and I see them in their 50's, generally I guess I wouldn't know if they didn't tell me. But the story that you are referring to is that I had two women in one day and [their appointments] were back to back. They both sat in my office for a follow up visit. They had already had their testosterone pellets. They already felt better, they said their energy was back, they told me all those things. And then the first one said "And, guess what? I've never had an orgasm and now I have. Now I know what they're talking about." And she didn't tell me she was anorgasmic. Forever.

BN: That hadn't been part of the discussion.

KM: Her entire life, she had been married over 25 years.

BN: Wow, that's really sad.

KM: It is sad. But now she knows what it's like. She says "I'm playing catch up. And now I get it." So she had either been on the pill which had shut down her testosterone or she had been pregnant which sometimes shuts down your testosterone. And then she went into menopause. That's what happens.

BN: Strike three you're out.

KM: She had never really had good testosterone level. When we gave that to her everything else fell into place.

BN: Is that what you would call secondary?

KM: That's primary because she had never had an orgasm.

BN: Because the literature says that 22-37% of the women are anorgasmic. But you told me that that's secondary anorgasmic.

KM: That's generally secondary. Meaning they've had orgasms their entire life and they hit 40-something and they go away when their testosterone drops.

BN: And that can be caused by the physiological decline or it can be caused by some emotional or sexual trauma.

KM: Well, generally people who have been sexually abused in childhood never have orgasms. They protect themselves by not letting go that much and that's something that you would have to deal with in counseling, or that some people would have to deal with in counseling.

BN: Yeah.

KM: People who have been emotionally, or any kind of abuse in a marriage, are going to not want to let go. So often times that's a sign.

BN: They disassociate, often, especially if they are physiologically intact, they just go away and their body does what it does but it doesn't belong to them.

KM: Or it doesn't.

BN: Or it doesn't, and they're not aware that it hurts. They just go away until it's over.

KM: So abuse is part of it, hormones is part of it, relationship is part of it, society is part of it.

BN: But, there is help for all of those issues and the most critical piece is the physiologically piece, make sure that your neurology and your blood flow, and your lubrication are all in tact the way that they should be. Then if there are problems, get help elsewhere. Because there's therapy, there's cognitive behavioral training. There are all kinds of things.

KM: There's even physically therapists that help women who don't feel comfortable touching their vaginas or their vulvas. They don't' want to touch that area, they can't use tampons. They have an aversion to that for some reason, something happened and they have an aversion to it. Or it's from before they can remember. But there are physical therapists that will help with that and will train patients to actually be able to do that.

BN: I met a sex therapist PhD in psychology at the national counseling convention last year in Philadelphia. And she's a very young girl, young to me, she's in her mid to late 20's, and she said that one of the shock value comments that she does when she runs women's groups is she introduces herself and the topic and so on, and then she says "I want to go around the room and I want you to tell me what you like best about your vagina". She says the silence is deafening.

KM: It works.

BN: But it goes back to what you were saying about the younger generation is so much more comfortable with discussing this issue, with exploring this issue, than are the people we typically see.

KM: When we grew up with [the attitude] you shouldn't show your belly button in public, for goodness sake.

BN: Especially if it didn't have a diamond in it.

KM: Yeah. Like now, or a ring in it. But, so many of my patients really desire to have their orgasms back. They don't have these other issues. They come to me generally because they've lost it and they don't' know how to get it back. And, their doctors have said, you're old, forget it. I'm not giving you hormones or anything else, because young doctors, say well who needs to have sex after 45?

BN: Or their partner is saying I miss that part of you and it's really creating problems for me. Maybe they are more positioned to say 'well it is what it is, and I am where I am, and so I just have to move on' because they don't understand that it can be treated and it can be fixed.

KM: I think the worse part, for me, is when patients tell me that they're just too afraid to take "hormones" because what the press has done about cancer.

BN: Cancer.

KM: Which, testosterone doesn't cause any kind of cancer, especially in women. That's just not its role. And they're afraid to take testosterone because they consider it a hormone. Well so is thyroid and so is insulin and you know, but that wouldn't stop them from taking those hormones.

BN: Well, once again we've wandered all over the map.

KM: Well, not really. Honestly I think that this is stuff patients need to hear. I think they need to hear the side, the other extreme as well. This is just kind of something that I ran into when I was at Susan Burmans talk in Chicago a few years ago. It's the other extreme. She believes, and I have to say that I don't believe this, (and my Nurse Practitioners and I were sitting in the front row of course); she believes that every girl should be given a rabbit vibrator when they're 10. 10!

BN: Oh my gosh. That would set off a cultural fire storm through most America.

KM: The DFS [Department of Family Services] would be called as far as I could tell. But she and all of the other experts were young people, they didn't have children, (I asked), they didn't have children over the age of 7.

BN: Yea I think that there are secondary parenting questions that would come up around that issue.

KM: So I went home and asked my daughter who was then 20. And I said "just tell me what you would have done." She said, "I would have called the police". So, I said "okay".

So I mean I'm not off on that. So I think that's the other extreme and I don't think that that's healthy to go there. I think that's kind of dangerous.

BN: Good for her. Well that's one of the problems with causes. They get extreme, they see one page and they want everyone to be on that page. What you're talking about is balance and recovery by looking at all of the different elements and exploring the possibility of getting your life back. That it doesn't have to be gone, but it remains your choice.

KM: And a disclaimer. I love this woman. She's awesome. This is the only part that I thought was so extreme that I couldn't agree with.

BN: Well and it's a real shock value statement.

KM: Yea otherwise she educates women very well about the psychology of the sexual response. I like her books. But this was just a little extreme. And I don't think she would have said it in a non-medical group. However I just want to make sure that that's not considered normal because I don't believe it is.

BN: Well what should people do if they have questions or reactions and need more information for some of these things that we're talking about.

KM: Well you can go to my website at biobalancehealth.com, You can call my office at 314-993-0963 and we'll send you a packet to get evaluated for your hormones and come in. Generally I'm dealing with the hormonal part of it and not the psychological part of it. That's your area.

BN: So as the Chinese say, the journey of a thousand miles begins with a single step. So pick up the phone, get on the internet and you may discover this journey is not so long.

KM: Absolutely. I have great success with this.

BN: Great, thank you.

KM: Thank you very much, Brett. This is Dr. Kathy Maupin and this is my 22nd podcast. Come back next week.