

Hormone Imbalance and Intimacy

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

Recorded on May 11, 2011

Podcast published to the internet on June 17, 2011

Published on drkathymaupin.com and biobalancehealth.com on June 17, 2011.

Dr. Kathy Maupin: This is episode 36 of BioBalance Healthcast and I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and today we are continuing the conversation about hormone imbalances and the survey Kathy has on her website for you to take before you come in and see her. That survey talks about symptoms and in the last conversation we had about it we were talking about the fact that frequently in my business, which is family therapy, people come in and they complain of some of these symptoms being relational issues in their marriage or in their relationships. So we were talking in previous conversations about if the body gets better and the aging process is reversed in terms of its impact on hormone balances than where does that leave you in terms of relationships. And what's going on there and what if anything still needs to be fixed. And so one of the things that we had come up to in our conversation was the issue of definition of terms. How do you know that your relationship is normal? A question I get asked daily is what's normal? In terms of sex, in terms of desires, in terms of thinking about sex in terms of behaviors that are sexual and so on and so forth. How many times a week? How many times a month? What is normal?

KM: I keep trying to think if they're trying to. . .

BN: Brag?

KM: Come up to the [normal}.

BN: To meet a standard.

KM: Well they ask me that too. There is no real standard and the people that answer surveys that go out about that, I'm not sure they tell the truth. So I'm not sure the average is really average.

BN: Oh they lie. People lie. That's what Doctor House says, "Everybody lies."

KM: That's what they teach you in Medical School. Never trust a patient. Which is a terrible thing to teach us.

BN: Oh that's interesting. Well in terms of definition of success. That leads to a discussion of how do you define success? What do you want what fits for you, what's normal for you. And we were having that conversation and you mentioned a study, Harvard, was it Harvard that came up with this result? I'd like you to share that so we can start from there as a discussion of what's normal.

KM: I take care of men as well by replacing testosterone. We've talked about that. But Harvard came up with a study, actually, it was the American college of OBGYN through researchers at Harvard, and they came up with a study talking about impotence and what is normal.

BN: Don't look at me when you say that, look at the camera.

KM: I'm not, I'm sorry. I apologize. So they were looking at what is normal for the time of an erection. And here's what the amount of information basically was to give doctors what's normal. What they should consider is normal and what they should consider is abnormal when a patient comes in and says "I want Viagra, I only have an erection for (blank)". They told doctors all over this country that four minute erections are normal. Now, I mean for women, I can't imagine that that would be absolutely normal. I don't think most women would think that was a good thing. They would think that was abnormal. And I don't think that most men in their youth would think that was even close. I think that they're really just trying to make us think that aging is okay.

BN: You know, the saying goes "time is fleeting" and erections are even more so apparently. But they don't have to be. There are two things I want to say about this. Number one is good sex and healthy sex in a relationship is not dependent on the length or duration of an erection.

KM: That's true.

BN: That is a contributing factor and it is important but it is not the critical piece. And part of that I would say to you because of a conversation I had with a friend of mine whose son is getting married. He said that my friend's wife called him aside and said 'talk to your son about men and relationships'. And he said "Well I don't know what you mean." And she said "Yes you do." Her point that she wanted communicated was that it isn't satisfying sex and it won't enhance the relationship unless and until the woman is also satisfied. And you would think that would be conventional wisdom and that people would know that and that they would say of course it's a balanced process and we should both be satisfied. But there are tons and tons of women that I have seen and you have seen that report that they are inorgasmic that have never had an orgasm in their life. And they think they're broken in some way, that they're not like other women, they're not normal. And much of it has to do with the skill set, the orientation, the willingness of the male to make sure that that happens.

KM: Now that's not always the case.

BN: That's not always the case. There are other issues.

KM: I've seen women that are inorgasmic that have husbands that are trying very hard to accommodate them and make them happy and they're very dismayed that they can't. So these women often times never had enough testosterone. Because when I

replace them they come in and go “I had one.” They’ve been married 30 years, they’re in their 50’s and they go “I had one.” And how do you know you have had one? Because, you know it when you have one. So they’re very happy about that. Their husbands are happy about that. I imagine it decreases the time spent on having intimacy and it doesn’t need to.

BN: And intimacy issues. You know so much of intimacy has to do with paying attention. It has to do with caring and communication. If you are self absorbed you are not participating in an intimate behavior. I mean it is self absorbing. It’s overwhelming. It’s a positive experience. But somewhere in all that, you also, in a good relationship, if it’s not just a biomechanical function and release, you know, a sperm delivery for pregnancy.

KM: And that’s what the 4 minutes is.

BN: That’s what the 4 minutes is, yea, I need to make a delivery. If it’s about a relationship and if it’s about strengthening and enhancing a relationship, then it’s about paying attention. It’s about caring and it’s about giving. And you can’t just always be receiving. So when I see couples that maybe have had a hormone imbalance and I send them to you and you take care of that and then they come back, then we talk about things like how do we reinvent the wheel? How do we rediscover the intimacy that we had.

KM: And sometimes that’s very necessary. It’s not just a hormonal thing. You have to come back to square one.

BN: Oh it absolutely is. People start to drift apart. When the hormones begin to decline and sex isn’t working or intimacy isn’t working the that way it once was. I find so much of my business has to do with people that either don’t know how or are not willing to take the risk to communicate.

KM: Well they get angry and anger kind of stops the communication right there.

BN: Absolutely, and so we self explain. So if I’m signaling all over the house and my wife doesn’t see the signals, then instead of saying am I not doing this well, or is there a concern or is there a problem? Because, men are not going to do that. I’m not going to come home and feel the tension in the air and say is there a problem sweetheart, do we need to talk? I’m going to say “I think I’ll go work in the basement.”

KM: That’s a very dangerous question.

BN: Exactly, you never know where that’s going. So, what happens is that I interpret that data. Make my own conclusion, I get angry, I get hurt, I defend myself, I build a wall, I separate out. And she does the same thing if I’m not picking up her signals whatever they might be. And so we build walls and we start to separate. And maybe we

find other interests in other activities. And we say well we're going to take this energy and convert it into charity work or my golf game. Or I'm going to rebuild a car.

KM: But the truth is women don't always want to tell their husbands what they want.

BN: Why?

KM: Because their husbands are supposed to know. They're supposed to read our minds.

BN: Well, yes that's stupid.

KM: They're supposed to read our minds. I'm just telling you what everyone is telling me.

BN: And what comes to mind is women that say "he won't say he loves me in the way I want him to."

KM: Right, so what is that?

BN: But what he says is "how can you not know I love you? I don't feel around, I come home every day.

KM: I cook dinner.

BN: Yeah, all that stuff. So part of what I ask them to do is, which is really news to them, is to say ask her, I mean cause I know what I think I can do that says I love you. So I'll do that. And if you're not speaking that language, if I bring you roses and you don't really care about roses then I've said "oh I love you, I love you" and you're saying "oh you brought me roses."

KM: You're speaking Russian; it's a whole different language.

BN: If that's an imbalance issue in our relationship what has to happen is you have to tell me. If you really want me to feel 'oh he loves me', then bring dinner home from Gourmet to Go. And I'm thinking, 'well that's dumb.'

KM: But it's her love language.

BN: But it isn't dumb if it's what you want.

KM: There's book on love languages by Chapman and it's very easy, there's only 5 of them.

BN: There is a book. Chapman has a book on love languages. So we have to learn to speak the language. We have to pay attention. And we have to experiment once damage has been done, once we've built a wall and separated out. I see couples that have become so angry and so wounded that they are afraid to risk intimacy. So the

description I often use is a fence post hug. You hug me good bye and it's like "Bye, have a nice day." A little peck. And I ask them to take 5 minutes. Go somewhere in the house close the door so the kids don't interrupt or the TV is not on or the phone isn't going to disturb them. Take 5 minutes by the clock and just hold each other. Breathe. Be in your body. Be in your skin. Be aware of aware of your partner. See if you both can relax and connect. Don't be sexual; it is not a lead into sex. And I tell them quite frequently that this is not about having sex so don't try to have sex. And then they'll come back and say "oops we screwed up that assignment". And that's a positive outcome. But you that pressure on them and you say you do this and you do this and you'll have a success and then they don't.

KM: It's all about communication. And that's what we do most poorly.

BN: Yes.

KM: I mean all of us in every area of life, are generally poor communicators, except for you. But it's very difficult to communicate.

BN: Well I can do it on the road you'll have to talk to my wife about whether I can do it at home.

KM: And that's where the stakes are higher. It's much harder to do that.

BN: It's a bigger risk. And we are afraid. And so part of the challenge is can I make you safe. Can I make you safe enough to take your mask off? And that is one of the definitions of intimacy. If I have an intimate relationship, and I'm not talking sex, I'm talking about friendship, love, caring, extended family, best buddy. If I have an intimate relationship with you what that by definition means is that I take off more of my masks in your presence than I will anywhere else in the world because I trust you not to hurt me with what you know about me. And if I trust you not to hurt me and I show you who I am, that is an intimate moment.

KM: That's important. That's right. And we don't view it as intimate we view intimacy as sexual. But you have to have that first to get to the sexual.

BN: So we come back to the definition of terms. Or not, but you're not going to have a good relationship if the sex is just 'wham bam, thank you maa'm'. If it's just a self absorbed, self release mechanism. Or some other script in your head. You know if I have an image of myself as John Holmes and I'm trying to perform to my own you know, satisfaction, then I'm not having a relationship with you and it's not an intimate relationship.

KM: The more men become concerned about whether they can have an erection and that kind of thing; that's why testosterone helps with that generally. We give them testosterone, they're less insecure about that. They don't have to worry about it. They

don't have to rush to the end. So they have more of a relationship then because they're more secure in their performance.

BN: Their less like Ziggy. There was a cartoon. I don't know if you're familiar with it, Ziggy, that is a little character and the scene was Ziggy was communicating with his best friend and he had his pant pulled down and he was looking down. That level of self absorption.

KM: Yeah, that should be over by the time you're 21. Don't you think? Maybe?

BN: I would like to think sooner than that. Sooner than that, I would hope.

KM: There's variations in normal. I mean you never know. I didn't want to be judgmental in that cause possibly that's a great thing for some people. But in general from the woman's side it wouldn't be great.

BN: So from the woman's side in terms of intimacy, in terms of openness to sexual contact. Talk about this thing called foreplay.

KM: Foreplay is just basically coming into contact, getting eye to eye contact. Communicating, communicating without words, or with words, touch.

BN: Both.

KM: That kind of thing. Yes. Just knowing what makes the other person feel good. Sometimes it's just simple touch. And sometimes it's much more clothes off stimulation of certain areas, that may be clitoral, may be just the back of her neck.

BN: Whatever works for her.

KM: Whatever works for her. You have to pay attention.

BN: That is saying "Relax, take your mask off, be safe and be open."

KM: And be with your partner right then. Don't be thinking about something else. Or let's get this over so I can go play golf.

BN: Yeah. I've got 3 minutes before tee time.

KM: That is very destructive to this whole process. So when we're talking about foreplay we're talking about touch, we're talking about talking, we're talking about looking straight into somebody's eyes. We're not talking about, you have to have candles all over the room. Although that does work sometimes.

BN: For some people some times. So all of this is a really complex issue and we have continuing conversations about it. So if you have questions about this conversation or any of our continuing conversations you can reach us at podcast@biobalancehealth.com, you can read my blog at brettnewcomb.com.

KM: And if you'd like to know more about BioBalance Health or bioidentical hormones than visit our website at biobalancehealth.com or call 314-993-0963.

Copyright © 2011 BioBalance Health | St. Louis, MO 63141 • 314.993.0963
Produced by [Davis Interactive](#).