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# LET'S "TALK" ABOUT **SEXUAL HEALTH**

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# Bulletproof Sex: Upgrade Your Orgasm

Sean Croxton and Dave Asprey

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**Sean:** Our next SexyBack presenter is Dave Asprey. The title of his presentation is Bulletproof Sex: Upgrading Your Orgasm. Dave uses a combination of nutrition, nervous system training, and anti-aging technologies to improve the performance of the human body and mind. He is a Silicon Valley investor, biohacker, and entrepreneur who spent fifteen years and \$250,000 to hack his own biology.

He upgraded his brain by more than twenty I.Q. points, lowered his biological age, and lost 100 pounds without using calories or exercise. The Financial Times calls him a "biohacker who takes self-quantification to the extreme of self-experimentation."

His writing has been published by the New York Times, as well as Fortune. And he's presented at Wharton, the University of California, and Singularity University. Dave has been covered on video on CNN, ABC News, Night Line, Forbes, and MSNBC. In print, he's been featured in Men's Health, Forbes, Fast Company, the Los Angeles Times, as well as Vogue.

Dave's Bulletproof Executive blog was born out of a fifteen-year, single-minded crusade to upgrade the human being using every available technology. It distills the

knowledge of more than 120 world class M.D.s, biochemists, Olympic nutritionists, meditation experts, and a large personal investment spent on personal self-experiments.

Dave's primary pursuit is finding out the answer to this question: What are the simplest things you can do to be better at everything? You can learn more about Dave at [www.bulletproofexec.com](http://www.bulletproofexec.com).

Dave Asprey, welcome to the SexyBack Summit!

**Dave:** Hey, Sean! I'm super glad to be here!

**Sean:** Very good to have you here! You're talking about upgrading the orgasm. This is going to be really, really enlightening and really fun to talk about. I was on your website recently, and I saw a recipe in a blog post that really stood out to me. It was about the "Get Some" Ice Cream. Talk about what the "Get Some" Ice Cream does and how it actually works.

**Dave:** The "Get Some" Ice Cream is a recipe from my Upgraded Chef book that's out on Amazon. And it's also on the blog, on BulletproofExec.com. What it is, is a recipe for ice cream that sends an environmental signal to your body that says, flat out, "There are so many nutrients here that are great for making babies that you should go try and make a baby right now."

It sounds kind of funny. But, you can read the comment threads on that post. It works! You eat this ice cream recipe, which is carefully made with all these different things. And we'll talk about that in a second. But, about an hour after you eat it, both people -- but very especially the woman -- just kind of feel a natural urge to gravitate to the bedroom. And this really is the cells in your body and your basic nervous system responding to this presence of amazing levels of nutrients. So, this recipe calls for raw egg yolks, which are one of the most important super foods you can possibly get. You want to get them from pastured chickens, healthy eggs, all that sort of thing.

And, you put in a ton of healthy fat. The sources of fat in this ice cream are the upgraded medium chain triglyceride oil, which is six-times stronger than coconut oil for things like fat-burning and things like mental focus. So, it actually turns up your energy levels.

On top of that, you add coconut oil. And you add unsalted butter from grass-fed cows. Butter has some stuff in it that cream doesn't. Conjugated linoleic acid levels are higher, and some other biohacker nutrients. But the bottom line is, you mix those things together in a blender along with maybe some upgraded chocolate and upgraded vanilla. These are low-toxin versions of typical foods. But when you get them without the toxins, you get

this huge boost.

You blend it up, you put it in an ice cream maker. And a little while later, this wave of, "Oh, my God. I haven't felt this kind of energy in a while. And I want to go use that energy in the bedroom."

The recipe is awesome. It's easy to make. It contains fresh, local, natural ingredients. And we focus in the blog post on how to make it on choosing quality ingredients because low-quality chocolate has toxins in it that interfere with your hormones. They're called xenoestrogens. And it's well-documented. So, you basically eliminate those as best you can. And your body responds like you just got this huge shot of happy juice.

**Sean:** I like that, "happy juice." I'm going to assume that some of the people in our audience, they're not up on eating more fats. They're not into the Real Food Movement. They still may be stuck in Food Guide Pyramid Land with low-fat diets. Can you talk real quickly about why it's so important to have fat in the diet in order to have optimal sexual performance?

**Dave:** Oh, yeah. Well, let's start out by talking about a couple real famous guys. We've all heard of Kellogg's Raisin Bran. Mr. Kellogg created that. And there's also a guy named Mr. Graham who made the graham cracker around the same time, early 1900s.

What you don't know is these guys made these low-fat foods to reduce libido. They believed that sexual desire was actually bad for people and that by making foods that made people weak, they would reduce those unpleasant desires and, thereby, improve society.

I think that's -- well, I would swear here, but I'm not sure if I'm allowed to on this recording. So I won't. --

But that's just messed up beyond belief. So, we're still doing that. As a matter of fact, how many of you give graham crackers to your kids, not knowing that it was designed to sabotage proper hormonal performance? Ugh!

So, what does fat have to do with sexual performance? Enormous amounts. Your hormones are made out of fat. In fact, they're made out of cholesterol. That's right. If you don't have cholesterol, you don't get to make hormones. So, if you want to have proper levels of progesterone or testosterone, which is important in both sexes, then you need to eat fat. And not just fat. Saturated fat is particularly good for that.

Eating cholesterol, "Oh, my God. You put raw egg yolks in that ice cream recipe. What?! There's cholesterol in eggs!" Yeah, unfortunately your cells can't divide without cholesterol. Your brain is made out of cholesterol. The lining that insulates your nerves is made out of cholesterol. So, it turns out cholesterol is not good or bad. It's a tool used in the body that your liver makes because it's vital to life.

Oxidized cholesterol or cholesterol of the wrong composition can be bad for you. But eating saturated fat, and even eating egg yolks, is not going to cause that problem. Eating carbohydrates is far more likely to cause negative changes in cholesterol.

So, the other thing to think about is the very things we think of as cell membranes around your cells are not actually cell membranes. It's called a lipid bilayer. And what it is is it's a bunch of fat molecules, including mostly saturated fat in the healthiest cells, with some omega-3 oils built in. It's actually a layer of fats that don't like water on either end of them. So, they're stuck together, and they repel water and

other things from the cell, but it's not actually even a membrane.

So, if you don't eat enough fat, your energy stores go down. Your ability to summon up enormous amounts of energy in very short periods of time goes down. And your ability to have healthy hormones go down. So, if you want to have really powerful sex as well as really powerful brain function the rest of the time when you're not in bed, you might want to increase the amount of healthy fat you eat. And you'd better be really careful about where your sources of fat are because not all fat is good for your brain or good for sex.

**Sean:** Amen! What would be an example of oxidized cholesterol?

**Dave:** Take that beautiful egg yolk you're going to put in your ice cream there and scramble it. Mix it with heat and air and light all at the same time and oxidize that cholesterol.

Better yet, hard boil that egg until the yolk is super hard and yellow and crumbly. That takes what would be normally a building block, useful in the body, and turns it into oxidized cholesterol. And it's inflammatory that way. You don't want to have large amounts of that.

So, I am a huge fan of eggs both for what they do for your brain and for your nervous system and for your mental focus. And, what you need to do there is you want to cook the whites lightly. But the yolks should be runny, so fried at low temperature like soft fried in a fully saturated fat like coconut oil or butter. Or poached or soft-boiled or just tossed around in a smoothie, which I do half the time.

But if you don't get that right, you actually are giving yourself some more inflammation, which you don't want. If you get rid of inflammation,



you'll have better sex and you'll have better mental performance. You'll get sick less and you'll live longer.

**Sean:** Let's get into the part about upgrading our orgasms. Let's talk about men. How often should men orgasm for optimal performance?

**Dave:** I ran a set experiments on this that I talked about. I've got the link up on [www.bulletproofexec.com](http://www.bulletproofexec.com) for a full talk with all the data we will get into here. But, it turns out there's an equation from the practice of Tantra or Tantric Sex. It turns out that the early Tantric Yoga practitioners from like 5,000 years ago weren't actually out for the ultimate orgasm. They were trying to create immortality. They wanted to live forever.

I give talks at life extension conferences. I run the Silicon Valley Health Institute, which is a very old, a nineteen-year-old anti-aging group. So, I'm one of the life extension crowd. I'd like to live a long time and be healthy for a long time.

So, what do Tantric guys have to say about that. And, of course, a lot of bizarre, spiritual, hard-to-comprehend things from Western mindset. But one thing that stood out to me is they had a math equation in the middle of all this. And this only goes for men, not for women; this is important. They said take your age in years and subtract seven and divide that number by four.

So, I just turned forty. Now I can't even trust myself because I'm old. But, forty minus seven divided by four is about eight. That's the minimum number of days that the Tantric guys say that I should have between ejaculation in order to maintain my health and vitality.

Now, that's kind of shocking because that means only once every eight days. But, they get a little bit more strict, you could say, because they

say if you really want to live forever and improve your health, for men, the ideal number of days between ejaculation is thirty days. Now, that kind of blew my mind because I'm like, "I don't believe that's physically possible."

But, being a biohacker, I went out and I tested that. And it turns out that, in my case, that's actually true. It turns out they're not alone either. The Tantric writings there are echoed. There's other data from Napoleon Hill who's really well-known. He's the Think and Grow Rich author who was funded by one of the Carnegies in order to study what makes the most successful people on the planet successful. He has a whole chapter on transforming sexual energy into power.

Martial artists know this. Boxers. Neuroscientists have measured this. I've spoken to entrepreneurs who flat out say they make more money and they're better business people when they don't orgasm every day. The Chinese medicine guys will tell you. Acupuncturists will tell you. And then a bunch of other Eastern's practice this.

So, there's a body of knowledge that no one talks about here because I guess they're either embarrassed or they're not biohackers. So, that's the number for men. It's your age minus seven, divided by four. If you do that, you will experience more energy.

When I ran through my own experiments, I looked at how performant am I? How good is my day? I looked at my happiness, my relationship, my job. And I actually have two full-time jobs now. My main focus is my career in security for Cloud Computing. And I have this blog where I'm helping so many people at Bulletproof Executive.

So, I looked at my satisfaction

with my family, all that stuff. And I tracked it. Well, I ran experiments on having an orgasm once every eight days, and then having an orgasm once every thirty days. And, the data is all mine, all scientific data. No weird photo images here.

And what I learned is that my quality of life is substantially better when I have fewer ejaculations, in large part because it leads to having more sex. So, it turns out you end up doing more of what's fun and you end up just being happier the rest of the time.

**Sean:** So, I want to make sure that I'm clear on this one. So, you don't ejaculate for x-number of days, whether it be 7, 8, 9 days, whatever. Or even 30 days.

However, you're still having sex at the same time, though. And so, you're just having sex without ejaculation. Correct?

**Dave:** Yes.

**Sean:** Interesting. Huh.

**Dave:** Yeah. If you have a hard time with that, I'm going to be writing up a blog post about the exercises for that. But there's a whole set of exercises from Chinese medicine that give you profound levels of control over that.

Having an orgasm is a choice. And what's happening inside your head, as a biohacker, I spend a lot of time with EEGs stuck to my head, monitoring brain waves and understanding nervous system function. And what's going on there is the part of your brain stem that you share with crocodiles and anything that has a spinal column, that's responsible for species reproduction. It's a low-level system in the body that's really fast.

Your conscious brain, which is the slowest part of your brain, but the

one you identify with -- the one that speaks and the one that kind of is your consciousness -- you'll be thinking, and then, as you get closer to an orgasm, your reptilian brain stands up and says, "Ahem. Species reproduction time. I'm going to give you a list of reasons why it would be a good time to orgasm right now." And then pretty soon, your human brain says, "You know, that's a really good reason. I think I should have an orgasm right now." And then you do it. So what you're doing is, one, you're training your body in order to allow you to orgasm on your own terms. And, two, you're training this part of your brain, actually, to understand that your conscious brain is in charge, not your reptilian brain.

This is part of becoming a more performant human, far outside the bedroom. And it's one of the core parts of biohacking. It's what I do with my executive coaching clients. Not to teach them about orgasm, but to teach them about putting the human conscious prefrontal cortex in charge of what's happening inside the brain instead of letting the mammalian brain and the reptilian brain make decisions.

**Sean:** In what way could this lead to having more sex? I would think that most guys would probably want to have less sex because they're not able to ejaculate.

**Dave:** That same reptilian part of your brain, it's going to tell you all the reasons you should have sex because if you don't ejaculate, it's like, "But, I want to reproduce the species! Come on! Come on! Let's have more sex!"

So, it's a natural thing, like, "Wow. I really feel like going to the bedroom again tonight," or, "We were there last night and again tonight and again the next night." So, in my experiments, I tracked frequency of that.

And I'm a married guy. I'm not some horn-dog. I have little kids. But, my life is really busy. But, I'm like, okay. I'm just going to look at the data and see what the data tells me. And what the data told me was, "Wow! I really am interested in sex a lot more often when I don't ejaculate." So, that's actually good for your relationship. And it's good for your psychology for the man. And it has a whole different effect on women, which is something we should talk about, too.

**Sean:** Yeah, yeah. Let's talk about the women. You said that this Tantric formula applies only to men. So, tell us about the women and how often they should orgasm.

**Dave:** Sure. For women, more often is better. And I'm sure there's an upper limit, but I haven't found any writings on that. But, when women orgasm, it increases their emotional intelligence. And it releases oxytocin. It improves their quality of life.

So, while the guy needs to be quite choosy about how often he ejaculates if he wants to have the optimum level of performance in life in general, what the woman needs is relatively frequent orgasms.

So, this style of deciding to consciously have an orgasm at the right amount for your age and experience and not squander your energy, it works. And it works for the woman because she's likely to have more orgasms because the couple will have sex more often.

And the interest level there goes up for the woman because once the new frequency of sex gets built into the relationship, it's healthy. And there's lots written psychologically about this. But, if you take that same woman and you were to put her on the male orgasm side, you're much more likely to have negative

affects from that. So, this is an area where there really is a major difference between the way men and women are wired.

**Sean:** You said that there's been a lot written about the psychology of that. Can you give us a sneak peek of what those writings say?

**Dave:** The psychoneuroimmunology is an area of interest for me where you look at what's going on in the head and how it affects immune function.

There's definitely relationships between having better immune system function and having frequent orgasms as well as tons written about oxytocin and relationships and satisfaction of life and things like that.

And the truth of the matter is that limiting orgasms for women is not a particularly healthy thing to do. But, for men, it appears to increase overall performance, virility, happiness. But, it can be a little frustrating when you first learn how to do it.

**Sean:** Let's talk about supplements and how they make sex more bulletproof. And you know, "bulletproof" is your thing. Tell us what you mean by "bulletproof," and then get into the supplements if you don't mind.

**Dave:** Sure. So, "bulletproof" talks about optimum performance. So, the idea of making something bulletproof is using the bulletproof principles in order to improve something. And what you do there is you apply the biohacking kind of thinking when you say, "What are all the small components of this action, and how do you optimize each little one?"

So, when it comes to something like bulletproof, upgraded coffee, what do you do? Well, you look

at every step of making a coffee bean and how you optimize each step for human performance. I'm not optimizing for flavor. I'm not optimizing to make it cheap. I'm saying, "How do I make it best?" and best for how it makes you feel and perform.

So, the supplements that you would use to make sex bulletproof would be applied in the bulletproof process there to what goes into making sex good from a supplement perspective. And there, you want to get your mitochondria functioning very well.

Mitochondria are the power plants of your cells. If your power plants work really well, then you're going to have a better sex drive. You also want to optimize your hormones. So, you take a step back and say, "Well, what do we know about mitochondrial function? What do we know about stress levels? What do we know about hormone function? And how do we supplement those to give you the most sustained energy?" And that energy could be used on the tennis court or in the bedroom. It doesn't matter. You want to maximize the energy you have.

And then you want to look at how do I maximize my healthy hormone levels? You don't want excessive levels of hormones, even with the ones that are good like testosterone because if you get too much of those, you're going to be outside the optimal performance range. Too much or too little are equally bad.

So, when we're talking about supplements there, it definitely depends on what gender you are. And there are some that work really well for both. One that's pretty powerful for both is called maca. This is an herb from South America. And it's known for normalizing sex levels. But, one of my favorite supplements to make sex

bulletproof would be desiccated liver powder from grass-fed cows. Liver and oysters are sometimes known as foods for fertility or for libido. It's actually true.

Oysters are another thing. They're not exactly a supplement. But, the reason these things work is because they're high in minerals, particularly zinc. And copper can be particularly helpful there, as well as fat. If you're eating something like medium-chain triglyceride oil via the upgraded MCT oil, it improves your cells' ability to burn fat.

And you might say, "Well, why do I want to burn fat for energy versus carbs?" And here's the funny answer to that. People say, "Oh, carbs are good because they have less calories per gram." But, if you want to be a high-performance machine in the bedroom or in the workplace or wherever else you want to be high-performance, well, wouldn't it be nice if you burned one gram of something and you got even more calories for doing it? Because that's energy. So, if you convert your body to fat-burning by using a supplement like MCT oil and maybe if you do some mitochondrial-boosting things like D-Ribose, what happens there is, wow, all of a sudden, you have a ton more energy for the same basic metabolic amount of work. It totally works and it totally makes sense.

On top of that, there's another supplement that works well for both sexes. And that's L-Arginine. Arginine increases nitric oxide levels. And nitric oxide is what allows your microcapillaries and your capillaries to expand. So, what this does is this facilitates blood flow in all the regions where you'd want blood flow during sex. That is a particularly positive thing for both parties there.

There's another herb called tribulus terrestris. Tribulus definitely helps

with male libido. But, what a lot of people don't know is that when women take a smaller dose of it -- especially on an occasional basis, not a daily basis -- the small boost in testosterone it causes has a profound effect on the woman's sex drive.

So, it's kind of amazing what affect that can have. But watch out. If you overuse that, I've seen profound increases in desire from women who start supplementing with that, even on a "only-on-a-Friday" kind of basis. It can really change the bedroom dynamics if you have too much of that. So, just be ready for a level of desire you haven't experienced before.

I don't sell that stuff, by the way. I'm just sharing information. That's just data. That's just how it is.

**Sean:** When you say to watch out for that for the women with the tribulus, do you mean increased desire like in a really good way? Or there's something else going on?

**Dave:** It can lead to a little bit more aggression. Women naturally have a low level of testosterone. But it's there. And if they don't have any testosterone, their sex drive is too low. But, when it comes up, their testosterone, their sex drive can get much, much higher where you just really, really need it. So, you just may find a level of "I've gotta have it now" that hasn't been a part of your experience before. And for the man, that can be a little disconcerting if you're not used to it.

A lot of data comes from people who share their experiences with me. So if you want to have a very passionate bedroom experience where both parties take arginine and tribulus earlier in the day and maybe right before, it'll just be a very different experience than what you're used to.

And it's all-natural herbs. And arginine is an amino acid found in all protein. So, you're not taking drugs. It's about as far away from Viagra and those things as you can possibly get. But, it just may be a very different experience than you're used to. So, you'll definitely maximize your sexual experience. But, you may be tired when you're done.

**Sean:** Speaking of maximizing, most guys out there, I would imagine, want to be able to maximize their length as well as their girth. Is there any truth to the idea that you can actually do that?

**Dave:** This isn't something that I was planning to experiment with. Like I said, I'm in a happy relationship. I'm married. I'm not a player. I'm just a guy. Here's the thing. One of my experiments was I went for thirty days with zero sex at all, which was incredibly difficult to do. But I'm a scientist, and I did it in the name of science. And it was really interesting.

By the way, the data from that show that even that increased my satisfaction of life more than having an orgasm every day or two. So, that said, at the end of it, I was more than dismayed to notice substantial shrinkage. And that does happen. You don't exercise a muscle, it gets smaller, like probably twenty percent smaller. And, being a biohacker, I'm like, "Okay, well, if you can take it away, you can add it back, and then some."

So, yeah, I discovered a set of exercises based on ancient acupuncture and Chinese medicine and some other things that don't take very long to do that, within basically two weeks, it was bigger than it was before. So, it's absolutely within the realm of doable. You just have to understand the basics of what you're doing from an exercise perspective.

These exercises also have the side effect of decreasing sensitivity so that you have more control over orgasm. So, they tend to basically make you a better lover. But, along the way, you're like, "Oh, look! It's bigger than it was!"

I'm a biohacker. But this would have been a really bad experiment gone bad if it wasn't possible to restore that and then some. So, I'm pretty pleased to understand that our part of our anatomy can be developed just like you can grow your bicep or anything else. And it's relatively fast to do. It takes five minutes a day, kind of thing. You don't need bizarre potions, creams, pumps, or any of that kind of stuff. This is five thousand-year-old technology.

**Sean:** I know for a fact that every single man listening to this right now is going, "Give us some specifics! What kind of exercises were you doing?!"

Ya gotta tell us! Give us a couple of these exercises, if you don't mind.

**Dave:** [Laughs] You know, I compiled these. I compiled these. There's like some old Tibetan stuff. Most of them, as you would imagine, involve the male organs. And, basically you pull it in certain ways a certain number of times.

Basically, there's the male kegel exercise, which is actually really important. That's the thing that you do when, like, you want to stop peeing in the middle of peeing. You sort of tighten everything up down there.

And it turns out, just by consciously sitting at a stoplight, nobody can tell you're doing it. But you need to learn to tighten the muscles that you use to stop peeing. It's the muscles around your urethra independently of muscles in your perineum, the stuff around your anus. And just part of the whole

perineum region.

Most people -- especially most men -- think of everything as a single unit. But, if you practice Yoga or you do breathing exercises or you do these other Chinese things, after about six weeks, you learn independent muscle control there. And that's particularly helpful to understand because that lets you just focus your exercise on the right part of the body.

I can tell I need to write a blog post on this or some kind of special. I'm not in the business of bigger, stronger. [Laughs] I just get to talking on my own experiments. How do I make my performance better? But this was a really nice side benefit that came out of that experiment. So, I'll share the data. Sign up on Bulletproof Exec for the mailing list. And I will get to it. It's a pretty busy time. The Bulletproof Diet is about to come out. But, I'll write this up. I promise to do it.

**Sean:** You know after this presentation goes live, you're going to get hit with a ton of email, people asking about these exercises! [Laughs] It's going to be crazy, man!

Can you point us in the right direction? So, you're going to get these exercise written out possibly. Can you point us in the right direction? So, what would we Google search if we're looking for some of these exercises?

**Dave:** The first one to get ready for would be the male kegel. And, there's all kinds of penis enlargement scam products out there. I am so far away from that in what I do in my own life. I'm all about personal self-experimentation, gathering the data, looking at PubMed and looking at research and looking at other bodies of knowledge like Yoga and breathing and neurofeedback and all that.



So, this can run the risk of sounding scammy or something like that. It's not. Just Google "male kegel." And what comes up there is, "How does this exercise work?" And there's how-to instructions that come up on WebMD. This is real. There's various websites. Mayo Clinic is writing about it.

So, most guys, though, just never heard there was an exercise here. And honestly, if you're going to go to the gym, you should do some squats and get your core muscles strong. But if you're exercising a wrist muscle using a towel roll up exercise for some micromuscle in the body, you're better off to actually strengthen your kegel muscles so that you have better control in that part of your body than you are to go try and exercise you big toe muscle or something to get more ripped arches or whatever. Some people get really into the exercise thing. This is a part of your body that doesn't get exercised very often and you ought to do that.

**Sean:** So, Dave, is it more bulletproof to practice sex by yourself or with someone else?

**Dave:** Sean, I'm not really sure about your habits there, but I prefer to do it with someone else.

**Sean:** [Laughs] You're not alone with that one, buddy!

**Dave:** [Laughs] Just joking! But in all seriousness, if you're going to be doing these exercises, some of them involve erection. Those are exercises. I don't think you're going to go do them at the gym, so I would probably do those by yourself. I suppose having an assistant wouldn't be unpleasurable. But, the idea is they're exercises. They just take a couple minutes, and you're done.

And in terms of working on your orgasms, there's lots of research that

says that you get more relaxation and more emotional satisfaction and that sort of thing from having a partner. So, there is the question of is it healthy for men or women to masturbate?

And, the Tantric people would tell you, "Yes, as long as you don't ejaculate very often, it's fine to masturbate for men." And for women, "Yes, go ahead." So, that said, is one more bulletproof than the other, I'm not so sure that there's an answer there. But, I think most of us, if we had a choice between doing something by ourselves and doing something with a partner, that the partner would be more preferable and probably produces greater satisfaction. So, I would say that's preferred. But, neither one is bad or good. They're different.

**Sean:** I'm going with the partner. That's for sure. Dave Asprey, this has been great stuff. You've got a book out called The Better Baby Book. I believe you put it out with your wife. Talk more about that.

**Dave:** Sure. My wife and I came up with a program to optimize our own fertility. My wife was diagnosed with polycystic ovary syndrome. So, they told her basically that she wasn't going to be able to have kids most likely when she was 35. Without any fertility treatments, we went out, we had our first child at 39, our second at age 42. Exceptionally healthy children.

And, we did that using the program that's in this book. It has about 1,300 references that went into writing it. My wife is a trained physician. And this is the most detailed book that's out there about what do you do before and during pregnancy to have better genes and bigger brains in your children.

And it just so happens that the things that make you more fertile

increase your desire for sex. So, it improves your sex life, and it makes you more fertile. And she runs an international fertility consultant practice helping people get pregnant using natural techniques. So, it's real science. It's available on Amazon. You can find out more at [www.betterbabybook.com](http://www.betterbabybook.com).

I will also be posting this info about the exercises for men that definitely work. I'll be posting that on [www.bulletproofexec.com](http://www.bulletproofexec.com) coming up here. And if you like that upgraded ice cream, the "Get Some Ice Cream," that recipe is also on [www.bulletproofexec.com](http://www.bulletproofexec.com), or it's also in the Upgraded Chef book on Amazon.

**Sean:** Tell us about Bulletproof Coffee. You've got some other cool products on your site right now.

**Dave:** Nice. Bulletproof Coffee is like my baby. I gave up coffee for about five years earlier in life because I was getting cranky. I'd drink it, and I'd feel good. And then I'd get tired and bitchy, basically. So, I gave it up. And then I realized that I didn't like life without coffee as much.

So, I did this ridiculous amount of research and figured out the bulletproof process for creating coffee. And it starts with where the plant's grown, what the environment is. We optimize every step of the process to remove the toxins in coffee that make you crash.

So, what you get is a coffee that's amazing. You use this toxin-free coffee. You take it. And just drinking that, you get a burst of energy from the chemicals in the coffee, not just the caffeine by a long shot. And then, you don't crash. You just feel like yourself when you're done like four hours later. So, it's much longer lasting.

But, then, to just completely blow it out of the water, you put a tablespoon or two of grass-fed unsalted butter in the coffee, add this medium-chain triglyceride -- the MCT oil that I have on UpgradedSelf.com -- and you blend it. When you blend it, you get this amazing, creamy head of foam. And then, you drink it like the world's richest, creamiest latte.

You won't be hungry for eight hours. And it gives you a mental focus that is so amazing. I just had an author of a book about economics for artificial intelligence -- a super bright guy -- right in the middle of his book, I just blanked on it's name. But basically, right in the middle he said, "Look, I just gave up my Adderall dose in

exchange for Bulletproof Coffee".

This recipe is so powerful, I've had people with ADD, people with Asperger's syndrome, people with narcolepsy and migraines, they start drinking the coffee and it increases their brain energy so much that they either go off their meds or they just feel a kind of vigor that they haven't had in years.

So, Bulletproof Coffee for breakfast instead of toast or some other Kellogg's remove-libido kind of product, that also will serve to increase sexual desire just because having adequate fat in the form of butter from healthy animals is six times stronger extracted coconut oil, what MCT is. That combination

makes you just rock your day. And you'll probably rock your night, too, when you do it right.

**Sean:** Sounds amazing. And that's at [www.bulletproofexec.com](http://www.bulletproofexec.com)?

**Dave:** Yep.

**Sean:** Fantastic! Dave Asprey, this has been very informational. It certainly inspired me to upgrade my orgasm for sure. Thanks so much for being part of the SexyBack Summit!

**Dave:** Sean, it was a great pleasure!



# Raising Sexually Healthy Children

Carla Atherton, MA, FDN, TNC and Jennifer Wiessner, LCSW, AASECT

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*The purpose of this presentation is to convey information. It is not intended to diagnose, treat, or cure your condition or to be a substitute for advice from your physician or other healthcare professional.*

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**Carla:** Hello! And welcome to The Children's and Teen Health Summit. I'm your host, Carla Atherton, founder and director of the Lotus Health Project, LotusHealthProject.com, where we empower people to get healthy and stay healthy in mind, body, and, spirit and on the social, global, and environmental levels.

For this session of the summit, I am excited to be speaking with Jennifer Wiessner about raising sexually healthy children.

Jennifer Wiessner is a licensed clinical social worker and Maine's first female for American Association for Sex Educators, Counselors and Therapists, certified sex therapist, who's Cumberland, Maine-based private practice focuses on achieving healthy sexuality for her clients.

Jennifer's goal is to assist those with sexual dissatisfaction to experience the joys of healthy intimacy and sexual health. Jennifer currently works with couples and individuals, and provides consultation sessions for parents wishing to encourage developmentally healthy sexuality in their children.

In addition, Jennifer has participated in advanced trainings in sexuality, including being a participant and only therapist of the inaugural class of the Sexual Health Scholars' program for medical students,

conducted by the Medical Students Association in 2010. This six-month intensive program focused on sexual health, education, and awareness for medical students.

Jennifer is passionate about educating the community and conducts local workshops on raising sexually healthy children for parents, educators, and providers. Jennifer is a wife and mother of two young boys. Welcome to the summit, Jennifer!

**Jennifer:** Thanks so much, Carla. It is such a pleasure to be here with you with the Lotus Health Project. Thanks for having me.

**Carla:** Awesome, Jennifer! I'm so glad to have you. Well, we've maybe touched on the topic of sex and sexuality a little bit in some of the other topics we've touched on the summit and previous summits. But honestly we have never gone into sex and sexuality like we're going to today. And I am just excited to be able to blow this whole topic wide-open and be able to have a frank discussion about it.

**Jennifer:** Ooh! You're talking to the right person because I'm as passionate about it and as excited as you are today!

**Carla:** Awesome! This is going to be great. Okay, so first, I'm going to ask you what do you do? What is a sex therapist?

**Jennifer:** Wow! It's a lot! I wear a lot of hats being a sex therapist, couples therapist, and presenter on childhood sexuality. And, as you mentioned, I'm certified through AASECT. And I'm a licensed clinical social worker, as well. And before that, I worked with adolescents and children and families.

And then, I had an epiphany at a workshop where the speaker was talking about the connection between sexuality and spirituality. First of all, I never knew that they could connect, just realized whatever she was doing, I had to be doing it. And there happened to be a sex therapist there, the only one in the state at the time. And he just said, "Someday I'll retire. How about you take this all over from me?" And in that moment, I was working towards becoming a sex therapist.

And so in that work that I do, I work, as I said, with couples, with individuals.

I help them really work on configuring how to improve their sex lives, communicate better, work on trauma, infidelity, desire discrepancy. And then couples who come in that need to reinvent their sex lives after cancer or illness or individuals, who want to discover their own passion. And I consult with physicians on a client's behalf to really connect that physical and emotional piece of sexuality.



And I work with transgender folks. I work with kinky folks. And we live in a sex-negative culture. So there's a lot of shame. So we work with that, too. And really, I want to use my space and my skills as a permission-giving space for people to share their sexual selves and gain some understanding about that. And really the answers exist already in the people that I see. I really just help them to bring that out.

**Carla:** That's a massive amount of things you do.

**Jennifer:** I didn't get into the raising sexually healthy children part.

**Carla:** Oh, my gosh! And then that's huge in and of itself, because we're going to get into that right now. But just all those things you covered. And then the children and all that whole piece about growing. Oh, that's just huge! So let's get to it.

So let's first start with some definitions here, okay, Jennifer. What is the difference between sex and sexuality?

**Jennifer:** Well, when we talk about sex, especially if we're talking about it with kids, we're just talking about first the difference between male and female members of the species. So we have that. Then, we also have secondarily. It's intercourse or a coitus. Or the last thing when I talk about sex is we're talking about the things that we do or the activities that we engage in. And then it gets a little grayer when we go into sexuality.

And sexuality, that's something that we are. It's much more than what we do and with whom. It's really that inside of us, what we are. And it's intrinsic to us. It's intrinsic to our being. It's a fire that burns within. It's our birthright. You can't separate it out. I have some clients who come in and talk about that. They think that they put their sexuality on the shelf,

and take it out when it's needed. And it's not like that. It influences everything! And then, it's also those feelings of attraction for other people and our sexual preferences and our thoughts about sexuality.

And I wanted to just throw in one more definition in there because it's that even further grayer area for people. And it's sexual expression. And that's how we then express that sexuality. And that can be influenced by, and involves so many different things. It can involve how you dress, the things that you buy, the way that you interact with people, your spirituality, your culture, your education, how you act with all people. It's that gray area. And it really permeates everything that we do and experience. So I'd like to throw that in there, too.

**Carla:** Yeah, like how you move, what you might say, the language we use.

**Jennifer:** Yes, how we roll!

**Carla:** How you roll! Okay. So we're talking to parents here. And so why is sex education important?

**Jennifer:** Oh, it's as important as breathing. And I bring that up and I have a quick little story to share.

When my son was five, I took him for swim lessons. And he did not want to get out of the car. It was a new teacher. He was crying. And I went out to the teacher. And I said, "Look, I know we don't know each other. But sometimes I can be pretty tough. And I just want to know, should I be pulling him out of the car and bringing him to you?" I said, "How important is this?" And she looked at me point blank and said, "It's as important as breathing."

And I really took that to heart. And I went back to the car. I pulled him

out, and from that day forward, he loved swimming. But I feel the same way about sex education. Because not only will what we teach them about sex and sexuality last them for their whole lives, it can also mean life or death.

It's really important that they get education because sexuality, it's an integral part of who we are, our identity. And that sexual health is a lifelong learning process. And we as parents and guardians are those primary sex educators of our children. But messages are also fed to our children from so many other sources: media, peers, organizations, the Internet. And not all of them have a positive impact.

And so as our primary contact and person and teacher, it's really important that we can be those parents on sexual health. School helps support sexual health education, where there is comprehensive sex education. But we don't want to rely solely on that. We don't want to bring our children late to the game and potentially have them be unprepared for what they experience.

So it's really important that they have that experience from the time that they're born up all the way up until when we send them on out into the world, of having a healthy foundation of sex education.

**Carla:** Well, wouldn't you say, too, that in school, it just depends on the teacher, as well? It might not be that full education that you're looking for and that you're advocating for. It might just be, "Well, that's how they go in. And that's how they come out. That's how babies are made. And that's it," not talking about the spiritual aspect or the connection or sexuality really. It might just be talking about sex, too. So it may not be enough. Right?

**Jennifer:** You're right. And also if

it's starting, at least here where I am, it starts in fifth grade. And it's taught by the nurse. And it is that nuts and bolts. But in fifth grade when your child is 11 or 12 years old, they already have a lot of, both information and misinformation by that time.

And so they give the nuts and bolts. It's really up to us to bring all of the filler, but also our values. Our values are the one thing that we can give our children that nobody else can. So if we want to do that, we really need to be starting much younger than that fifth grade time.

**Carla:** Okay. Awesome. Okay, so, Jennifer, we're talking about healthy sexuality like a sexual health, that kind of thing. So what is the difference between healthy sexuality and unhealthy sexuality?

**Jennifer:** Whenever I talk about healthy sexuality, I love to borrow from the World Health Organization because I think they really have covered it all. And when they talk about sexual health, they talk that it's a state of mental, emotional, physical, and social wellbeing in relationship to sexuality. And not just the absence of disease or dysfunction, but it also talks about pleasure and safe sexual experiences, free from coercion, discrimination, and violence.

And for that to happen, all the rights of all people must be respected, protected, and fulfilled. And so I like that definition. I think it encompasses all aspects. And so a lot of parents will ask me, "Well, how do we know what healthy sexuality means for our children?"

And when I talk about healthy sexuality, I like to come from a positive angle. And I talk about how, if we teach children from the time that they are born, that their bodies—these amazing creations—belong to them. And they are

valuable and worthy of care—all parts equally—that children will develop this intuitive understanding of how wonderful their body and sexuality is.

And so when they are faced with something that feels coercive or uncaring or dangerous or manipulative, they already have an intuitive sense of what healthy sexuality is. And their alarm systems will go off because they already have a positive frame of reference, when it comes to their bodies.

And so if we were to throw out some of what is unhealthy? Well when I think about when sexuality, I think about when sex is hurtful or when it's devoid of connection or it's deceitful or exploitive or unsafe or shameful.

**Carla:** And that can mean a great many number of things. But the basic how do you feel about it? It can sometimes be something that you can't really put your finger on. But this just does not feel good.

**Jennifer:** Exactly! And that's what I think. If we can help children build that muscle of understanding what health is, when they feel that feeling of, "This doesn't feel right," we want them to be able to trust that.

**Carla:** Okay. Yeah. Okay, so, Jennifer, can you give us a brief overview of sexual development from birth to teen, just the highlights? What do you see in kids—their development?

**Jennifer:** Sure, because otherwise we could write four books on it.

**Carla:** Oh, you totally could! And you might have already.

**Jennifer:** But, yeah, the reality is that we are sexual beings from the womb. And how we show our babies love and how we touch them, how we encourage them,

how we allow them to engage in self-touch and exploration really sets that foundation from birth on the way up.

So the things that we see, basically birth to about three years is we see when boys will get erections. They'll get them in utero, even. And girls, we see they have evidence of girls that they even lubricate in utero. And so these things continue to happen [from] birth to three years.

And we want to let them know that that's normal. And how you do that is that you don't want to slap away their hand. You want them to be comfortable with doing that. Your child may also engage in pelvic thrusting or rocking, manual stimulation, touching themselves. Again, it's all normal. All normal. We want them to know that.

And they're going to be curious about their body and differences between male and female. And we want to have them to be able to begin asking questions about sex. Allow them to do that. That's a normal thing.

So then we can jump to three to five year olds. That's such a fun age. They start to dress themselves. They undress themselves. They get curious about their body parts. They will engage in touching themselves. Most children do. And we want to make sure that we are remembering that this is not coming from a sexual place, but from a place of basically comfort and nurturing themselves, and so keeping that in mind.

It's a really good time from three to five years old to talk about safe versus unsafe touch. And that's the update from good and bad touch because what people were seeing is that some touch for children may have felt good, but it was unsafe touch.

So now we call it safe and unsafe touch. And this is a good age because your children are start to be out in the world more. They're probably at a daycare or staying with other people for short periods of time. So we want to make sure they know that. They're going to get really interested in bodily functions. Everything is poop and pee. And there's going to be all kinds of interest in that.

And what I always recommend from this age all the way up—because it happens all the way up until 10, 11, and 12—but potty talk. Give them a place to do potty talk. Some people will shut it down. But I say, "You know what? They're going to want to do it. And some of them are going to burst with it. Tell them that the place to have potty talk is either in their room or in the bathroom and when there's no younger or older kids around." So I try to give them a place to do that.

You really want your kids at this age to really be able to know their body parts and be able to name them. This way, again, when they're out in the world more, if someone were to touch them inappropriately, you want them to be able to say what body part was touched, and be able to communicate with a medical professional.

And three to five, playing doctor is common during this time. What you do is you just set some boundaries around that. "It's okay to play doctor. But we do that with our clothes on. And if you have questions or you're interested in seeing bodies, we can look at a book together. Let's go get a book. And I can show you what bodies look like, if you're curious."

And they get very curious about where babies come from. They love to know about babies in the belly. And so giving them the basic understanding at this age of what do I say at this point to a child at

this age? You give them the basic nuts and bolts of what happens and how a baby gets there. And we can probably talk about that later.

**Carla:** Okay. I'm just going to interject just for a sec before you move on to the next stage. When you said "naming parts," and how important that is, would you say, Jennifer, that it's also something like if you say "wee-wee" or "woo- hoo," and all that stuff, it's like giving the message that it's secret. And you shouldn't really say those words. And so when you actually use the right words, and you can be very objective about it, "It's a penis. Big deal." So that gives them a different feeling about their body parts, as well?

**Jennifer:** You are 100 percent correct! You would never call an elbow a bendy. But yet, you would call a penis a pee-pee or a fire hose or a Johnson or something else. And what does that say? That's not respecting that body part. And it's also not normalizing that body part.

So we want to make sure that that's the reason. We don't want to create secrecy, like you said, or taboo around these things. This body part is as important and as valuable as the other body parts.

**Carla:** Okay. So next phase of development.

**Jennifer:** About five to seven years. Now, your child's going off to school! And if your child rides the bus, you'll just be shocked at all the things they hear on the bus. So they have that increased contact with the outside world. So new ideas are coming home. And you may even start talking about sex at this age because they may be hearing about it from the outside world. And it also depends on what your child is exposed to with regards to television, movies, etcetera, older siblings.

So the literature suggests, as do I, that at this age, from about seven years old, is a time when they should know the basic nuts and bolts of sex. And so again, we'll probably come back to this later. We can get into that.

But at this age, too, they may want to start being private around dressing and toileting. And some are. And some are still running around completely naked—free as a bird. But knowing, let your child lead around that. Your child will let you know how much privacy they have. But you need to set those boundaries. If their nudity or how they're behaving out in the world needs a boundary, you set those boundaries for them. Again, that toilet and potty language keeps coming in. Again give them a place for that.

And there's more interest in male and female differences now. And they're starting to notice that boys and girls look differently. They may even act differently. I like to say focus on the ways they are similar. And at this point, too, they're going to continue to touch themselves. We want to normalize that and continue to educate about private behavior.

They may have questions. But sometimes during this age, the questions decrease. There becomes an inhibition. They suddenly are, "Oh, I don't want to talk about that." It doesn't mean you stop talking. It means you just, again, roll with them, but continue to give information.

And the last one I like to talk about is they will start to, again, keep doing that opposite gender curiosity. So they may be kissing. They may want to give you sloppy wet mouth kisses. They may want to play show me games or roleplay.

Again, all very natural, they're



figuring themselves out, and at the same time, just require you to help them with boundaries.

And one little factoid I like to add in is that children who learn about sex from their parents at an early age are better protected from child abuse. And the reason that is is predators will prey on children who are naïve. And those children, who know their bodies, that can discuss sex and sexuality with their parents, are more likely to be protected. They're more likely the ones, who are going to say, "Don't touch my vulva!" Or, "It's not okay to touch me!"

**Carla:** Jennifer, I'm just jumping in here. Sorry. I just wanted to know how much do you see of that, of child abuse and sexual abuse? We can be sheltered in certain places or communities or in our families. But is this really a huge issue?

**Jennifer:** And that's one reason I like to talk about with the people that I work with about stranger safety versus stranger danger. And the reason is is because what we know is that most perpetration tends to happen by people that children already know. And so we can't have our children being afraid of everyone. But, again, if we're laying the foundation of what is healthy, that will give them an idea of what isn't healthy and how they should react and what they should do when happens.

But there is certainly reason to be concerned because what we also know is that 15 percent of sexual assault and rape victims are under the age of 12. And 29 percent are the ages 12 to 17. And so that's a significant number. And that's not, for me, it's not meant to put fear into us. It's really motivating us to make sure again that we are providing them with the developmentally appropriate sex education that they need.

So. Okay. Seven to nine years, boy! Boys and girls start to look different. And by the end of this age, some girls may even start the early ages of puberty. It can begin as early as eight or nine for girls. And when I say the beginning of puberty, I'm not talking about menarche or their first period. I'm talking about breast budding because that's actually what comes first. And so once breast budding happens, you have almost two years before they should get their period, approximately give or take. But they can start that early. And you have the early signs of sexual development.

And the children may not see them that way. They just might be embarrassing for them. So you do have that awkwardness beginning to happen. By the end of this stage at nine, you can have some children, they start to get odorific.

But they also are curious about sexuality as they begin to go through these physical changes at the end of this grouping. And they still at this age may play doctor or show me or be curious. Or when they're in the locker room for sports, they're looking. And, of course, they are. They want to know also, "Am I normal? Do I look like other kids?"

And it's also again, I'm going to keep saying this every stage, it is normal for them to be touching themselves and to be exploring their bodies is something we want them to do. I like to say we want our children to be their own best sex experts. In the long run, we want them to know their bodies, instead of having someone else down the road be teaching them about their body.

The other thing that can happen during this age is, oh, name calling and showing others what they know and acting bossy. Again, they're just exerting their independence,

getting to know themselves. And again, we just put boundaries around those things. And they have a better understanding between the seven to nine age group of what behavior is appropriate in public versus private. But we still want to keep hitting that home. So that's the seven to nine.

And then we have that older age group—the puberty. That's a tough one! That's a big one! I do like to look at puberty, though as a timeframe for kids that is really can be, and for parents, it is an amazing time. There is no more growth in our lifetime that's happening more rapidly than during that time.

And so really the key element to successfully navigating this is really letting them know that everybody develops at their own pace. And that everybody gets through it and that the anxiety and confusion that is caused by puberty is not permanent. It's temporary.

So I recommend even talking to them about what's going on in their brain, so they understand when they're feeling a little out of control or they're feeling like they're just really not feeling congruent with themselves, that they're not alone with this. And it's actually something that's going on in their body. They're in this transition.

And so with their body and emotional changes, so for girls, we have breast development. Again, we have menarche, their first period. The hips are widening. The hair is growing under their arms and in their genitalia. We have the growth spurts, the skin changes.

And one of the really hard ones for girls, too, is sometimes that relationship quality changes with their friends. And that's really hard for them, so really supporting around that. And they can have the feelings of awkwardness and that

emergent sexual feelings that are coming. That's a lot to navigate for kids.

So again, having those facts, developmentally appropriate info can really help reduce the burden, not only for them, for you, too, so you know what's going on for them. And it can really be helpful for parents to remind them of the exciting things that are happening. They're maybe making their own money, getting a job. Maybe they're starting to date. Maybe they're taking drivers ed. They're having less supervision. This is all exciting stuff, too.

And boys same things—rapid growth, awkwardness, body hair, testicle and penis growth, nocturnal emissions or wet dreams. I highly recommend you let your son know what that is beforehand because you can imagine if they wake up in the morning and they're, "What just happened to me? I'm 12 or 13 or 14 years old. And I just wet the bed." It can be really scary.

And so having them know what that is. They're getting body odor. Their voice is changing, and again the emergent sexual feelings. So for a moment, I'd ask parents to just try to remember all these things happening to you. It's daunting. It's daunting. And you have a son.

**Carla:** I do. It's an interesting thing, too, for moms talking to their sons about wet dreams. You've got to get worked up to that conversation.

**Jennifer:** You do. And what I can say from my own experience is if you scaffold these talks from the time that they're really young, literally it's nothing to them. It's, "Oh, yeah, you know that thing we read in that book, the Robie Harris book? And it talked about nocturnal emissions, that may happen to you at this age." And you're, "Oh, yeah. Okay." It was a nothing. But as they get older,

yeah, it's more daunting. But I have some tips around that we can talk about that later.

**Carla:** Okay. Good.

**Jennifer:** And the other last thing about the teens in that 9 to 14, is they can get really caught up in what is normal or am I normal? And they have a lot of wonderings. And some things they often, like a comment, a couple of things they wonder about is again, is it okay to masturbate and sexual orientation. And again, they should understand that masturbation is healthy and normal. And some choose to do it. And some choose to not do it. But it's something they do in private to learn how their body works.

And with sexual orientation, how I explain it is they need to know that sexual orientation is not a choice. And the only difference between homosexual people, bisexual people, and heterosexual people, is who they are attracted to. And it would also be wise to share that transgender people are people who do not feel their birth gender is congruent with their gender identify, how they view themselves.

And I feel if we want our teens and tweens to really respect difference, we should clue them in to this amazing kaleidoscope that is our planet and how each color just enhances the view, instead of looking at the way the difference detracts.

**Carla:** Uh, huh. Love that.

**Jennifer:** So that's the overview.

**Carla:** Okay. Okay, so that's the overview. Okay. So we're talking about these things with our kids all along about their own development. So what are some of the common myths around approaching the topic of sexuality with our children? What are things

that we believe about that that we need to debunk right now?

**Jennifer:** Yeah, there are some popular ones. And it's interesting because there are several. And they prevail. They continue to prevail. Even though, we have information to the contrary. But what we want to remember is that those myths really keep kids from getting the information they need to navigate their environment.

So the first one that I hear all the time is, "My kids are too young." And my response in my head is often, "For what?" And what I have to remember is that parents often think that talking about sexual health is the same as talking about sex. And, it is. But it's not.

And there's a time and a place for talking about actual sex. But talking about boundaries, healthy body, privacy, stranger safety, and the language around their body, that's the building blocks of being ready to talk about sex with their children.

And remembering that the reality is when your child is young, your kid comes to the conversation without all that we know about sex. So they come with curiosity and this openness that we have gotten far away from. But they haven't. And so if you start early, they find puberty and all different kinds of families, pregnancy, and sex really interesting. The other one I hear a lot is innocence is lost. And I often say, "Well, innocence is lost when kids get information from older kids or strangers or playgrounds or the bus."

And back to that values piece, you can protect their innocence by talking to them in an open and factual manner, with your values onboard. And so that's that time that you really you have them. You want to get that stuff on board. And there are just some kids—and we all

know our kids—there are just some kids who never ask questions. So there's that group.

But then, there's also some kids who are shy. But also, there are kids that can read you, as a parent, and say, "Ooh, I don't know if these questions are okay. It's uncomfortable." And so do you really want to rely on that? So I would say no, it's best to be proactive. And so just because those questions haven't been presented, it doesn't mean that they don't need to know the information. They just haven't asked.

And I like to always touch on special needs is that that's really important with youths with special needs, too, because they may not know the questions to ask. Whether it's because of they don't, whether they're not able to come up with the questions or the environments that they're in, they just haven't come up yet. But we want to be proactive and let our child know, especially one with special needs that you are capable of having these conversations because you being proactive, may assist them to coming to you in the future.

And if you want, I can take a second to talk about the steps to be that askable parent. I don't know if you want me to talk about that right now?

**Carla:** Well, sure, let's do it.

**Jennifer:** Well, okay. The askable parent, I talk a lot about that because that's really when some parents get all hung up about, "Oh, my gosh! What do I say? And I'm so nervous about this." And I say, "Really? The most important thing is that you are someone, who's giving them permission to come to you with questions. And that they see you as someone who feels confident in giving the answers that they need." And so to be that askable parent, the great way to do that...

There's four steps here is:

One, you want to approve. You want to approve of that child's right to ask you. So you can do that by saying, "Wow! Sally, that's a great question. I'm glad you asked." Or if you're taken off guard and your chin is on the floor, you can say, "Whew! That's a goodie and a toughie. How about I get back to you after we finish dinner?"

The second step is you want to find out, finding out is really important. And you want to find out, "What are they asking me?" So they may be saying, "What is sex?" But really, what they want to know is, "What is a penis?" So you want to say, "What do you think about that? Can you tell me more about that awesome question?" And let them tell you what they know. And then, you'll know better how to respond.

And then the next one is accept what the child says. And then you can correct misunderstandings. What you don't want to do is say, "Well, that's not right!" Or, "No, that's not how it is." Just accept what they say, hear them out, and then correct. Correct what isn't correct. So, for example, you could say, "Well, Johnny yes, you're right. Many people do call it a pee-pee. That body part is called a penis. Let's name all your body parts and see if we know them all." And get them engaged in that. And so you've affirmed them. But you've also corrected.

And then the last step is you want to always answer honestly, simply, and listen. So for the child, who's asking about breastfeeding, you might want to say, "Yes, mommy's breasts produce milk for babies. And some babies get milk from their mothers breast. And some drink from a bottle. Does that answer your question? Do you drink from a bottle or from mommy's breast?" And so in that way,

you've given a basic amount of information. And you've answered honestly. And then, you're looking for their feedback.

So those four steps are you want to prove the child's questions, right to ask. You want to find out what they're asking. You want to accept what the child says and then correct any misunderstandings, and then just answer honestly, simply, and listen to what the child has to say.

**Carla:** Okay. That is great! And the answers that you give, I'm just, "Well, that was easy!"

**Jennifer:** Yeah. Yeah.

**Carla:** We go through this in our own mind and go, "Oh!" And we could come up with all this and that. Really, it's quite simple. Just lay it out nice and simply. Nice. Okay.

So I think that you've covered a little bit about this next question that I have for you. But what should they know and by what age? And I know you said that younger than you think and that kind of thing. But are there some parameters that you have for that? What should they know, and when?

**Jennifer:** Sure. I would say by the age of five, they should really be using the correct terms for all their body parts, including their genitals and reproductive organs—inside and out. So they should know all that. And Robie Harris' books, her series of books are wonderful for that because she shows them all, caricaturally drawn.

But they're so informative. Kids love them. And it gives them a way to look at the science of it all, but also what's going on for the person in that body. So I love her books. So that would be a great one to help with the terms for the body.

**Carla:** I think we've got those. What



are they called again?

**Jennifer:** Sure, those are called, the first one for the, I think four-year old, birth to four is It's Not the Stork! I believe. Yes, It's Not the Stork! And then for the seven-plus years it's, It's So Amazing! And the ten-plus year old book is It's Perfectly Normal. And so those are the books. And I think there's one even after that that's older. And I forget—I'm sorry—what it's called. But I know it's something like Let's Talk About Sex or something like that. Her books are fantastic! They're my favorites.

So the other thing that, again you want to teach that safety about their body that their body belongs to them and no one else. And they have the right to say no to unwanted touch. So hugging, kissing. So keep in mind, when you make your child hug Aunt Minnie when she comes, and they barely see her, and they really don't want to do that, don't send them the mixed message by making them do that. If we're telling them their body's theirs, don't make them do things with their body that they don't intuitively feel good about.

**Carla:** Oh, Jennifer, can I just tell you something about that? I just have a quick little thing I want to share with these parents here. One of my children once had a real issue in the doctor's office. And just at that age where just uncomfortable with other people looking and all that stuff. And the doctor was very insistent in saying, "Your mom brought you here. This is what you're here to do. Blah. Blah."

And I said, "Look, this is this person's body. And it's up to them to decide." And so to that doctor's chagrin, I advocated on this kid's behalf that this was up to that person. So even that, it's not necessarily an inappropriate touching, but would you say that any discomfort with their body whatsoever could qualify here?

**Jennifer:** It could. And I love that story that you just told because the last thing we want to do is then coerce that child because we may be then creating a small little trauma around this. Maybe it's best to go home, have a talk about it, and then find out what's bothering the child.

Again, you may find out it has nothing to do with what's going on that day. And so going home talking about and trying another time. I think, really again trusting your child's intuition. Unless, there's a life or death situation going on here, let's not make them do those types of things with their bodies that they don't want to.

**Carla:** And what's it saying to them, too, if you do? It's saying that they don't...Then you're saying, "Oh, you do have control over this. This is your body." But really, unless someone else who has a higher authority than you says it's not.

**Jennifer:** Exactly. And that's why I do also recommend that children by the age of nine are really fully toileting and taking care of their bodies and washing themselves and explaining to them that the only time that we as parents will be touching their bodies is if they're sick, or need help or if a doctor is involved. Those are really the only people that should be touching their private areas of their body.

Okay. So back to the by age five, they should know that sex is not for children. And yeah, we can get into that more later, too. But they need to know that.

And they should know where babies come from, and about pregnancy and birth because they're going to be seeing that as small children, all the time.

And the last thing is important about boundaries and when

another child says, "No." And right now, it's a really good time to be teaching our children, at this age, about positive consent and touch because the world is switching to a no means no to a yes means yes. And so college campuses are moving to that that everyone has to be in consent. So I've been actually teaching my boys that yes, no means no. But if somebody hasn't said yes to your question that you can either engage with them or touch them, you don't.

So by age nine, they should be using appropriate words to talk about their body parts and those of the other sex. They should have a basic understanding of what intercourse is. And that's something that there are scripts around that. But again, I think it's really important that parents really search themselves about their values and thoughts about what they want to teach about intercourse because you have to think about, "Am I taking what I learned as a child and giving it to my child? Is that what I want?" If it was great? Great. If it wasn't, really sit through what you want to teach your child.

They should also have a grasp on the different types of family constellations. They will see these at school, on television, and in the world. It's really important that they know a family can look different than their own.

And the gender roles start to come out at this age. And again, I really like to look less at the differences and really let them know that there are very few activities that are limited by one's sex. And so let's focus on difference and more on similarities. And again, as I mentioned earlier, toileting and washing, if your child isn't doing those things independently by age nine, they really need to be doing that.

And the last thing is sexual behavior is private, including self-touch, sex, sex talk, and understand what is a PDA and what behavior should be at home or in the bedroom. The other thing I'll throw in here that came up in one of my workshops, and I use with my family is if there is a discussion that has anything to do with private family business or sexuality or bodies, we call it an FBO—a Family Business Only thing. So it's a great little acronym to say, "Oops! Guys, that's FBO." And they know, "Oops! We don't talk about that out in public." So you can just use maybe a little code with your kids.

**Carla:** I like that.

**Jennifer:** Yeah, one of my participants brought that up. And I stole it because I absolutely loved it.

Okay. So the last one, by the age of 12, they should know—and moving forward from there—they need to know all about the changes of the body during puberty for both boys and girls. I get that question asked. "Should they just learn about girls? Should they just learn about boys?" And I say, "No, they need to learn about both."

For a couple reasons, one, at some point, statistically they will be with someone of the other sex. And then also, let's have some compassion for what goes on in each other's bodies and understanding that. And so we can again, reduce shame and have less embarrassment.

Now, this is where some parents, their hair starts to curl. So here we go! Literature really suggests, and I do agree, that they really at by age 12, and again going forward, that they should know the basics of birth control, including condoms and pills and how one gets these. They should know about STIs, how one can acquire these germs and how to protect themselves.

And a good way to explain that is like the flu, we can get germs in our genitals if we do not protect them when we are having private sexual time with someone else because some parents are, "How do I explain STIs?" And it's no different than any other germs. It's just in how it's contracted and help them to understand that.

And they should have a basic understanding of oral and anal sex and your values about these behaviors. I had one parent almost basically throw up during a workshop when I said that. She said, "Why do they need to know about oral and anal sex?" And I said, "Because, first of all, I hear about it on the bus and other parents have told me that there are blowjobs happening on the bus in the fifth grade."

**Carla:** Fifth grade?!

**Jennifer:** Yes! And so that's number one. But the real reason is kids, because of the media and also the talk around town—meaning just kids in general—is that oral and anal sex is not sex. And so we don't want to be creating or perpetuating that idea that, "Somehow if I do that, that's not really having sex. And that I don't need to be protected the way I would if I was having intercourse." And so that's why we want to, again, we want to be one step ahead in giving them this information so when that comes around, they know that the kids are wrong. So there's that.

**Carla:** Awesome point!

**Jennifer:** And also how to protect against sexual assault. Who they can confide in and how to get help? Again, back to those statistics I mentioned earlier about under the age of 12 and 15 percent of sexual assaults happen to kids under 12. And so we want to be sure that if anything were to happen to them,

who do they speak to and how do they get help?

Another thing, you should have a script or a code with your child. If they are in a situation that doesn't feel safe to them, you want them to have a way to contact you. And you also want to let them know that they have amnesty, meaning that if they are in a situation where they don't belong, you would rather them be safe. And they will not get in trouble. What's more important is their safety. And you'll have a talk about it afterwards. But you really want them to make sure that their safe.

And so the script would be—again this came from another someone that was at my workshop, but basically, was—"I forgot to lock the door." And that was the key phrase. When he called up a parent that let the parent know that there's something really bad going on and that he needed a pick up that moment.

And so then he could get off the phone and say, "You know what? My parents are such jerks. They told me if I didn't lock the door that I was going to lose my privileges of being out tonight." Blame your parents. Let them know they can throw you under the bus to keep themselves safe.

**Carla:** Yeah, because we could say, "Well, you need to buck up. And you need to be able to be strong in what you need and want in front of your peers." But sometimes, it really is very difficult for them to do that. And in the moment, they may not make the right decision that's for their own health or their own safety. So I like it. Fine. I guess us parents are used to being thrown under the bus. Aren't we?

**Jennifer:** Yes, we're used to. We have the tread marks on our face.

**Carla:** We're big! We can deal with it.

**Jennifer:** Well, and you just brought up a good point, Carla, is that remember that the brain at this time frame is wired for risk taking during puberty. So they need assistance with developing their decision-making skills. And so they may not always make the best decisions. But you want to make sure that they have a place to go with amnesty and that they can get home without getting in trouble and be safe because that's really what's more important.

And so with that, we also want to let our kids know, I'm thinking about my 10-year old, he really doesn't know what peer pressure is yet. He's not experiencing it in his realm yet. But that doesn't mean I don't talk about it. I need to stay one step ahead. And so letting him know what does peer pressure look like? What does it sound like?

That's an important discussion to have with him. You can bring up stories from your own childhood of what it was like. Maybe you got picked on or bullied or those types of things. That's a good thing to bring up with them.

And so again, by age 12, they should know about, and this is again really hard for people to hear, but, of course, masturbation, but also abortion, rape, kidnapping, and sexual abuse, back to that statistic again. We should let our kids know, not from a place of fear, but letting them know that there are people in the world, who do do these things.

And we are safe when we follow certain behaviors and guidelines in our life. Meaning, if we're walking home from a party, we would never walk home without a friend. If we're going to the mall, we want to make sure we have someone with us, but just ways that they can keep themselves safe.

**Carla:** Yeah, while we're talking you just mentioned abortion. I just have to ask this of you. One of my daughters asked me about this. There's this big cross that we drive by quite a lot on the side of the highway. And a lot of people don't know what it's about. But if you drive up to it, it's actually a Pro Life thing. And so my daughter asked me about what is that for again?

And I was just didn't really know how to address what it was about because I would have to explain abortion. And quite frankly, I kind of talked about it a little bit. But I didn't really get into what it was. And so I'm finding that topic really a difficult one to tackle because do you just explain what happens when someone has an abortion?

**Jennifer:** Yeah. Sure. And that could be a very involved conversation because you're explaining what Pro Life is versus Pro Choice. Then that's an involved conversation. But again, I notice I'm not at all minimizing it. But you can break it down into simple components that there are people who believe this. And there are people who believe this. And at that point, you may want to share with your child what you believe.

And then, when you're explaining abortion, I defer to Amy Lange, Birds, Bees, Kids. She's got some great information. And she'll give you scripts you can use. And one of them is on abortion. And the gist of it is that she'll say that sometimes a woman becomes pregnant. And she decides she doesn't want to or can't continue the pregnancy.

And that abortion is a medical procedure for ending a pregnancy, soon after the woman becomes pregnant. And they may say, "Well, what do they do?" And then you can say, "She goes to a doctor and the pregnancy is ended. She has a surgery or takes medicine that causes the embryo or fetus to come

out of her body. And sometimes there is pain and cramping when a woman has an abortion." That's it!

And that's when you would say, "Do you have any more questions about that?" And they may ask you, "Well, what side are you on? Or what do you believe?" And again, that's where your values come in. And they're looking to you to say, "How do I navigate this world?" And the best thing you can do is to keep that conversation over so it's not a lecture is to say, "What do you believe? What are you thinking? What are your thoughts about this?" to a child. "What are your thoughts about what I just told you?"

**Carla:** Yeah. Awesome! Thank you, Jennifer. Yeah, because sometimes you just need some words. You know?

**Jennifer:** Yes. Yeah, that's the hard part.

**Carla:** That's the hard part. You're good at that. So is there anything else that you want to finish up about what they should know and by what age?

**Jennifer:** Yeah, I'm just going to throw out two quick things. Again, that values, they may want to know when it's okay to become sexually active. I have had parents who have told me, "I've told my child not until they're 18 or not until they go to college or not when they're in our house."

So if you have an idea around this, you want to consider that ahead of time and how you're going to share that with your child and also be realistic. If you're going to say, "I don't want you to have sex until you're 50," you might want to consider the ramifications of that.

And the last thing I'd like to throw out there is that talk to them about the media. Talk to them about how



the media is a huge influence that they are really there to get you to buy things, to persuade you, how you think about your clothes, your relationship, sex. Let them know this.

So you can use commercials that you see that are doing that. And say, "Wow! What do you think they're trying to sell us here?" Or, "Wow! Do you think they're portraying women in a positive light in that commercial?" Do things like that. Get them thinking with you. And so you can hear where they're at. And then, they can hear your values around things.

**Carla:** Okay. Well, speaking of that, so let's get into a couple of little more specifics topics. So one of them I would really like to ask you about is the topic of pornography. And because it's so readily accessible through the Internet.

And you see it on the shelves. And it's all over. Even maybe some parts of movies can be considered pornographic. But the convenience stores, you see the magazines behind the shelves. Even some kids may encounter pornography inadvertently through just by accident. Dad's got them or something like that happening. So what is your opinion about pornography?

**Jennifer:** Well, one thing I can say before I even go into my opinion is that we can all agree, as you just said, that porn is easily accessible. And it's not appropriate for children. And one thing I read recently in the Journal of Pediatrics, I was really shocked, is that 40 percent of Internet users ages 10 to 17 have viewed pornography.

And the initiation to porn is typically between 10 and 13 years old. So it gives us the idea of we really need to be talking to them. That's really important.

And so you're right. They can see it accidentally on a computer. They may see it just from basic curiosity. They may Google breasts or penis or sex because they're curious. And you can imagine all the different things that'll come up.

And so that's why the Internet, you need to think of it as a place. It's a place where they go like the mall. And if you wouldn't let your eight-year old go to the mall by themselves, then don't let them go to the Internet. And so you want to realize that it can be an unsafe place. And it sets kids up—pornography doe—for an unrealistic idea of sex.

And as I mentioned earlier, we want them to be their own best sex experts. And we also want them to learn on the job, not from the internet. Meaning, we want them to experience their first kiss, their experience. Not seeing something happening on the Internet.

So some really important things to know about porn is that let your kids know that it's scripted. And it's performed for entertainment. And really all it is are the highlights put together like in an ESPN—the highlights. That's really what it is. And it's also often unhealthy aspects of sex. And you can tell your teenager or your younger child, as well, that if they were to see it, it is not what will most likely happen in a regular teen relationship.

And so letting them know that the images out there exist. That there's this thing called pornography. And people take videos or pictures of themselves and put them on the Internet and that this is not something that's for kids because their bodies, their minds, their hearts are not ready for that kind of thing because their bodies, minds, and hearts are not ready for sex.

And then, you can say to them

that if they have questions or they want to see pictures or they have curiosity that you can get them some books that are more geared to their age group that can help them understand. And, also, it's really important, have a plan with them. Have a plan with if they were to see something on the computer that they didn't feel good about, that they were scared of or that they knew wasn't wrong, again amnesty, that you're going to let them know that it's totally normal to see them. If you were to see them, you didn't do anything wrong, that amnesty again.

And also that if they had feelings about it or they had sexual feelings—if this is a child, whose in puberty or beyond—that that's normal. They're not perverted. That is a normal occurrence. But it is not something that's healthy for them.

And so when you ask me if I have any qualms about porn or what are my opinions, I have no qualms with porn that maintains the rights of all people involved if it's consensual. And I feel if it's sexually safe for adults, I don't have any issues with it. But as with most things, moderation is healthy. And that approach to using porn and for couples, really it can aid in fantasy building. It can bring some spice to a relationship. And, for me, I prefer to be educated about porn versus fearing it or judging it.

**Carla:** Okay. Okay. So and then how do we keep our children from being exposed to pornography? And then what do we do if they happen upon it? I guess like you said we discuss it with them. We give them our values and talk about what that is that they're seeing. So you explain it, demystify it, and then correct it. But these ideas about sexuality that they may have seen in these pornographic materials and then the exposure part, again you said treat it like a place, watch what

they're doing on the Internet, that kind of thing?

**Jennifer:** Yeah, you want to know what they're watching and also the same with television. There are some shows that so many young girls are watching. I used to think about Glee. And it's very adult-themed. But a lot of young girls are watching it.

And I say, "You know what? You're not always going to be able to keep your kids away from it. But what you want to do is watch with them. Ask them questions." Again, I said earlier, "How is that girl being portrayed? Or how are they treating that girl? Does that see like it's something that's kind or good?" those types of things. Be involved.

And the other thing you can do to protect, actively protect them is by putting monitoring software on your devices at home, all of your devices. There's one program called Qustodio, which is Qustodio.com. And that's a monitoring software that you can put on all your devices. And not only will it tell you where your child is, it will also block certain key words and certain sites that will keep them safe from that. And it's not very expensive. And so that might be something you can check into.

And what I suggest is at some point though, you'll want to take that off their devices, meaning if you've put it on when they're 10 and you've been talking to them about safety and how to keep themselves safe and what's healthy and what's not, maybe around the age of 13 or 14 or 15, you'll want to take that off because at some point, you want them to be able to start making healthy decisions for themselves.

You want them to start to flex that muscle that I need to make healthy decisions for me. And then, if they end up going over the line, you

help them figure out, "Where did I go wrong here? What are the consequences?" But we want to help them develop that muscle building.

**Carla:** Okay. So next topic then. So we hear the term sexy all the time. It's on television, in movies. Every single song says sexy. "I'm sexy. You're sexy," whatever, in the media. So can you speak to the impact this has on children? And why we should be careful and selective about the language we chose to use around children? Or what they hear all the time?

**Jennifer:** Sure. Sure. What I know for sure is that it's very difficult to explain the word sexy, if you haven't explained sex to your child. All the more reason...Again, we see some of these children who are three and four years old with onesies that say PIMP on it. I actually have seen that.

And so we want to make sure again that, although we may think it's funny, it has an impact. It has a bigger, larger impact that's contributing to the media and all the way that we objectify our children. And so we want to make sure that we are having a mindset of thinking about these things and also, again then letting our child in on their own body and what sex is at an early age.

And so we live in a highly sexualized society. And yes, we see the sexy ideal as one to be emulated. And so if we can focus our children on their virtues that come from the inside of their bodies and minds, instead of the outside can really cut down on that self-criticism, the negative body image and sexualization before they are ready for it.

So do children at three years old really need to be going and getting manicures and pedicures and their hair done and doing these things that really would normally or it used

to happen much older? We have to think about again how these things impact and what are they really ready for. Are we putting that on our children? Or is it something that they really want? So thinking about that.

It's like the girlfriend/boyfriend thing. They don't even have a conceptualization of that. And yet, we put that on them from the time that they're young if you see two children of the opposite sex together. And so really thinking about that as parents. And we need to acknowledge that our children will see things we wish they didn't. But this is all the more reason we need to make them aware of what healthy sexuality is, be aware of what they are viewing and listening to.

And I was one who did this. And I put this in here in my presentations because instead of being curious, I was starting to bash and judge. "Why are you listening to that song? That's not a good song!" I really needed to check that at the door and get back to saying, "What is it about that song that you like?"

So you mentioned earlier about having the words. So what you may want to have a question for your child would be, "What do you want people to think about you if you wear that top that is see-through? What are you trying to tell people?" Or to your son, "Have you noticed in that video game you play with the female warrior, that her body is unrealistically proportioned? Why do you think they do that? Do you think that's fair to women?"

Those are the types of questions that we can start because they're not going to be thinking those things. But we can help them start to think in that way.

And so, for parents, again, starting young. And if you explain to a seven

year old, who's using the word "sexy," if you explain to them what sex is, and you say to them that sexy has many meanings and means many different things to different people, and what it really means is being sexually attracted to another person. And being sexually attractive has to do with attracting a partner for sex. And the word "hot" is the same thing. And again going back to the kids' hearts and minds are not ready for sex and therefore not ready for being sexy.

So we want to validate those feelings that they're having, but without shaming them. And so if kids know what sex is, and then you tell them that it's attracting a sex partner, they're probably going to be very much less likely to use that word once they know what the definition of sex is.

**Carla:** Yes, they'll know themselves they're not ready for that.

**Jennifer:** Exactly!

**Carla:** "I'm not into that. I'm going to go play now. Thanks. Okay."

Okay, so, Jennifer, there are two terms here that people can use interchangeably sometimes. But what is the difference between adolescence and puberty? There is a difference, right?

**Jennifer:** There is. Puberty is that process during adolescence that relates to all the physical changes and the ability for the body to sexually reproduce. And so that's puberty. And we talked about this earlier, the onset for girls is basically seven to thirteen, and with an average of around ten and a half. And for boys it's generally between that ten and fourteen, with about eleven and a half being the average.

And then adolescence, and again I love the World Health Organization.

So I love to take what their definition, which is that adolescence is the period in human growth and development that occurs after childhood and before adulthood from ages 10 to 19.

And I love this piece because I mentioned it earlier. It represents one of the critical transitions in the lifespan. So much is going on. And the process of adolescence is a period of preparation for adulthood, with all of these key developmental experiences occurring.

So yes, you have the physical and the sexual maturation. But also you have social and economic independence, development of identity, the acquisition of skills to become an adult. And so that's all the things that are happening in adolescence.

**Carla:** And it goes on beyond those years that you might think that it would. Right? It happens into the 20s.

**Jennifer:** Yeah. Exactly. If I'm correct, I believe that the pre-frontal cortex isn't even fully developed completely until the age of 26.

**Carla:** Right. Wow!

**Jennifer:** That's a long time.

**Carla:** That's crazy. So for everybody listening, so Jennifer and I decided...Well, actually I asked her if we would go and do an extra-long interview for this one because we could have done everything about the young kids or just about the teens. And I just felt there was so much information she had to share, I wanted to roll with covering everybody.

So this is going to be a little longer. So you might want to hit pause and go get some water because we have a couple more things that I would

really love to pick Jennifer's brain about. So we're going to go a little bit longer with this interview. Be forewarned, but get ready. It's juicy!

So, Jennifer, so the next thing that I would love to ask you is that what is happening to the brains and bodies of our teens during puberty?

**Jennifer:** So much amazing stuff!! I've really found it helpful and empowering to really start to shift our cultural view of puberty, which is this in adolescence, this period of time of dread. And they pray that their teen lives through it, this holding area or weigh station, to a view of puberty as this transformation station that's full of creativity, excitement, and discovery for these children who are rapidly growing. And the brain, as we talked about earlier, is growing so fast and quick. And at the same time, the body is pruning away what the brain no longer needs to make room for this new brain development.

And I like to think of it as house construction! It's messy. And it can be messy. And this construction, because it's pruning away, it allows that primal brain, our amygdala, that place for fight or flight and emotional response, to be more active. And then, the pre-frontal cortex, that place of reasoning is that big boss that is there, is not able to effectively reason and assess consequences.

And this is why we sometimes feel, "Help me! My teen has been hijacked!" And this doesn't mean that our kids get a hall pass on their behavior. But it does give context for what is going on at the wheel. And it helps us to realize that we need to be calm and at the wheel when our adolescents cannot.

And so I really feel it's helpful to let teens in on this, too. Let them know what's going on in their brain. Let

them know when they're feeling a little out of control, what's going on for them. And that really your brain is just under construction. And that this, too, shall pass.

And I want to do a little shout out to Dan Siegel, his work on brain development, illustrating the points that I just mentioned. But I love his brief videos on the brain in the palm of your hand brain that explains what I just mentioned. You can find that online. And his books, *The Whole Brainchild* and *Brainstorm*, they're really great resources on the brain development.

**Carla:** Jennifer, I've got to say, I interviewed him for the first biannual summit.

**Jennifer:** I saw that.

**Carla:** Did you see it? It was good.

**Jennifer:** I did. Yes.

**Carla:** It was good. So whoever wants to listen up, go back to that first summit.

**Jennifer:** It's just such a great context to know why are they behaving like this? It's not that they're being irresponsible or they're not listening, it's what's going on inside this major construction. So it really helps lay some context for this.

And then when we talk about what's going on for their bodies, again we talked about all the physical things that are going on, their changes. But we want to keep in mind that every child is different. They're all going to have different questions. They're all going to come to puberty at some point.

But if you ever feel that your child is too young for puberty or their too old, you're wondering it hasn't happened yet, always check with your physician. They can give you

some peace of mind around that and put your child at ease, as well as you. And giving your child that support through all these changes, and their body size, their emotional shifts, their awkwardness, and these stirring sexual feelings, look to your child for what they need versus telling them what they need and what they need to do.

I love to let the child lead. And they'll give you some clues. And if they're not, you can always ask for clues. But it's best not to tell them what's going on for them. You can let them know that puberty can be exciting and challenging, go back to those perks I mentioned earlier.

And let them know, yeah, it's going to be hard for them at times. And it's hard for you, too. But you need to have these talks about puberty because of how much you love them and how much you want them to be safe in the world and have a healthy sense of sexuality.

And the last thing I just want to say about that is again, so critical because if they can't come to you now when the stakes are higher, when they are having sex and having relationships, they're not going to come to you. So you really want to make sure that you're open with them.

**Carla:** Awesome! Okay. So support. Right. So we're there to be a support for our children through this time. And how do we support boys, in particular, during puberty?

**Jennifer:** I think for boys, a good way to support them is through information and also giving them some tips on how they can be okay with their bodies in the world. So one thing I love to mention to parents when I'm doing my workshop is we think that some things that they should know. "Well, of course, they should know this." Well, don't go by this because

remember their brains are under construction.

So, for example, for the boy who is having these uncontrollable erections during school, in biology, or at a pool party, you want to give them information about, "Hey, this could happen to you. And so I want to give you some tools about how to handle this." So, for example, you may say, "Look, this may happen to you. Make sure you always have a sweat jacket tied around your waist or that you're carrying a book with you in front of you or if you're at a pool party that you sit down when all the girls come out in their bathing suits."

Just having some tools and letting them know that these sexual feelings that they're having are totally normal. Making sure that they have, whether you're their support, but also having a friend, at least a friend to be support, to have somebody that they can feel they connect with.

I mentioned earlier about having a script that if he wants to save face, then he can throw you under the bus and keep himself safe. And helping them with their awkward bodies, they're growing so rapidly. Helping them, whether it's through their clothes or helping them feel comfortable in their own skin.

**Carla:** Yeah. And the same would go for girls, I suppose, that same kind of openness. And anything, in particular for girls?

**Jennifer:** Yeah. A few very specific things for girls is I mentioned a little bit earlier, and I can talk a little bit more about it is the friendship changes with the opposite sex. This happened to my son, but not so much for him because he didn't notice it. But his friend did.

He had a friend, who was a girl from the time they were one. And



then they hit that nine years old. And he just forgot that she existed because he was so invested in all of these boys and sports. And she was crushed. And he didn't even notice it. So I would clue him in gently, not to shame him, but to let him know that this might be hard for her and that you're still friends and that to include her in certain things. And so just noticing those friendship changes.

And they can change with girls, meaning if there are girls who are maturing much earlier, sometimes it's harder for them to relate to the girls, who have not yet at all changed. And so sometimes the friendship change dynamic changes. And you want to help support your daughter.

Specifically, for girls, you want to—I don't have girls. But I hear this all the time—that choosing to buy a bra is a big deal.

**Carla:** Yes, it is!

**Jennifer:** I've heard the stories of girls who are two years from even breastfeeding. But they have to get a bra. It's really?! Supporting that. Letting your child lead with that. The other thing that's important for girls, organizing a period package. So you never know. If your girl has breast budded, and it's anywhere between nine months and two years post-breast budding, you want to make sure if she's away from you...

I actually had this just happen with my friend. Her daughter got her period when she wasn't with her. And I don't think she was very prepared. And that can be so scary. And so making sure that if she's going on a sleepover, she always has something that she can tuck into a bag, that she has everything she needs.

**Carla:** Sure. Brilliant! I don't have one. My girls need a period package.

Okay, that's on the to-do list.

**Jennifer:** Okay. And this is another one. Some of these come from actual real life circumstances I've heard about. You also want to make sure that your daughter understands that she cannot get pregnant from kissing or touching. So again, this is why they need to know how pregnancy works, how you get pregnant, and sex because I heard a story of a young girl who kissed a boy and got her period late. Well, meaning she hadn't gotten it. And it was delayed. She thought she was pregnant, and so letting them know that. So again, even that idea of letting girls know, who are new to getting their periods that can be very erratic for a while, so they don't go through those fears.

**Carla:** Yeah. Yeah. Nice. Okay, I just want to touch really quickly on the gender independent children. And then we'll move on to the last question that I have for you, Jennifer. Thanks for toughing it out.

**Jennifer:** Sure! We've got this! We've all got this. Actually, I have just a tiny thing to say about gender-independent or gender-variant kids.

**Carla:** Yes, please.

**Jennifer:** And what it is...First I'll just say what it is. And that's children, whose gender identity or their gender expression differs from what others expect of their natal sex or their gender. So if they're born a boy, you would expect they would dress and behave and express themselves as a boy. And in gender-variant children, that's not necessarily so.

And historically this was even pathologized. And what we know now is that we don't want to pathologize this. We want to accept the child for where they are. We want to follow the child's lead. And we don't want, as parents, to

impose our own preferences because the last thing we want to have them do is pressure them to conform a certain way that doesn't feel intuitive and then have them hide their own identity.

We don't want our children to hide themselves from us. And really, let our children to unfold the way that they are going to unfold. And it could be just a phase. It could be just how they chose to dress. Or it could even mean that they are transgender.

**Carla:** Okay. And so how do you support these children?

**Jennifer:** Supporting these children is, again that idea of creating support around them, so educating the school, educating other families, finding a support group around that, again following the child's lead. If your son wants to wear a tutu to school, why can't we let him do that? And if your daughter wants to play football and wear boys' clothes and wear boys' underwear, why can't we let her do that?

But you may need to talk to school sometimes. You may need to talk to camp or organizations that they're involved in to make sure that they understand that really the way to handle this is supportive.

**Carla:** Okay. Awesome! So now, we've got so much information, Jennifer. That was just awesome! So in order to be able to talk frankly, to actually employ all this advice that you've been giving and be open about sex and sexuality with our kids, it requires that we are comfortable ourselves. We need to be able to actually let the words pass through our lips and be comfortable with doing that with our children. So what advice do you give parents to prepare for these conversations?

**Jennifer:** It's such a good question

because it's really a void out there. You just said we want to be able to have those words pass through our lips. And what we really need to start with is first we need to let them start and move through our hearts. And unless, we really know ourselves and know what we want to pass on to our children, we're not able to do that.

And when I started working with clients as a sex therapist, I realized just how much shame people bring in. And when I talk about what were your early messages about sex, either, "I got nothing. Or it was negative. Or it was taboo." And so a lot of that gets brought into our adulthood, into what we share with our kids.

And so when I was listening to that, I realized, "Well, there's lots of books out there about what exactly to say. But there's really no information out there about, 'Well, how do I get there?'" And so as a result of this, I created what I call The Touch Document, which is a white paper on what a parent can do to get in touch with themselves before engaging with their kids.

And it's basically simply an acronym-style document that helps parents and caregivers have a template of how to begin conceptualizing their own thoughts, their own feelings and values before beginning to talk to their kids about sex and sexuality because we want to be able to lay that healthy foundation of beliefs, attitudes and values for our kids because they will carry them all the way through their lives.

So it is so important to know thyself. And so this document that I've created talks about the "T" stands for talk. Talk! Begin to have that conversation with yourself and with your partner, if you have one. And underneath that, there's all these bulleted questions that you can ask yourself to get you there.

And the "O" stands for own your feelings. What about your feelings about sex and intimacy? Are there past feelings that are influencing you? And there is some more there.

And then the "U" stands for understand and acknowledge that this is not going to be easy. And it may be awkward. But you can do these things that I list here, to get you there.

And then the "C" stands for create an environment of openness for yourself and for your partner and for your child. And so it talks about what are the ways that I can create that environment of openness.

And then lastly, the "H." Honesty is the best policy with yourself, your partner, if you have one, and your child. And so if you're struggling with feelings or a lack of consensus with your child's other parent, if you have one, be honest with yourself and seek guidance. Go to someone where you can sort out these feelings.

**Carla:** Okay. And you can get that document where?

**Jennifer:** They can get that document. I have it. And we can give them that today if we want to do that.

**Carla:** Sure. Well, we'll sort that out, folks. Okay. So, Jennifer and I will sort that out. And there'll be information for you here. As you're listening to this that will be all set up for you. So we'll figure that out.

Okay. So, Jennifer, is there anything else you'd like to share with our summit participants about any of your current projects, where to find you, how to get more information, what you're up to?

**Jennifer:** I can share with that. And I just wanted to give you this, Carla, in case for your older child

because we didn't talk about that today. There's a great website and a couple of great books out there for the older set. So do you want me to share those?

**Carla:** Yes. Yes. Yes. Please!

**Jennifer:** Oh, sure. So for the older teens, your 16 to 20 year olds, there's an edgy teen site called Scarleteen.com. And that has actual up-to-date sex positive information. And I say it's edgy, meaning it's really for that 16 to 20 year old, not for the younger kids. They'll talk about everything under the sun.

And the founder of Scarleteen, Heather Corinna, she's a fellow sexuality colleague. And she also writes a book called S.E.X.: The All-You-Need-To Know Progressive Sexuality Guide to get you through High School and College. And it's a really sex-positive inclusive book about sexuality and relationships for high school teens and beyond because a lot of sex education doesn't talk about relationships. And that's one of the things kids really struggle with the most. So I just wanted to throw that out there.

And you had asked me what am I doing or whatever?

**Carla:** What are you doing?

**Jennifer:** What am I doing? Well, I'm doing this, which is such a wonderful experience because I can imagine how many people we can reach and sharing this information with them and really helping parents to become askable parents. And that's always been my passion and mission.

And so I do my Raising Sexually Healthy workshops in Maine for people that are in Maine or New Hampshire. I have people come from all over. And I also do both in person consultations and Skype

consultations. For parents, who want their own special time, I do 75-minute consultations for you to come with all of your questions so we can talk about them and I can help you sort out some of those things that might be roadblocks to getting you to talk to your kids.

**Carla:** Oh, yeah. Very nice. And so what's your website again?

**Jennifer:** My website is...It's a long one.

**Carla:** That's okay.

**Jennifer:** It's [www.HopeCounselingServicesMaine.com](http://www.HopeCounselingServicesMaine.com).

**Carla:** Okay. So [HopeCounselingServicesMaine.com](http://www.HopeCounselingServicesMaine.com).

**Jennifer:** Yeah, like Maine, like the state.

**Carla:** Yes. Got it. Okay. Awesome, Jennifer! Thank you so much for your time. We went to an hour and 20-something minutes.

**Jennifer:** Whoa!

**Carla:** Oh, yeah. This is epic! This is epic and just chockfull of awesome stuff, Jennifer. I so appreciate you being part of the Second Biannual Children's & Teen Health Summit. And you have yourself a wonderful day!

**Jennifer:** Thank you so much, Carla. It's been wonderful!



# Sexual Function and Your Heart

Steven Masley, MD, FAHA and Anna Cabeca, DO

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**Dr. Masley:** Well, welcome to the Healthy Heart Summit. I am your host, Dr. Steven Masley. And this is your chance to learn how to prevent and reverse heart disease from international experts.

And today I have a very special guest, long-time colleague, professional speaker. This is Dr. Anna Cabeca, who's an Emory University-trained and board-certified gynecologist and obstetrician. She's also board-certified in antiaging and regenerative medicine. And she's an expert in functional medicine in women's health.

She specializes in bioidentical hormone replacement therapy and successful menopause and age management medicine strategies. In addition to her private practice, she's a frequent national, international speaker on restorative and women's health issues.

I'm really glad to have you today here with us. Dr. Anna Cabeca, thank you for joining us!

**Dr. Cabeca:** Oh, thank you, Dr. Masley. As always, it's a pleasure to be here with you! I love the mission that you're putting forth in the world. And I've heard you speak professionally and love you personally. So thank you for having me!

**Dr. Masley:** So I want to focus today on cardiovascular health and sexual function because they're so intimately related. But first you have a very interesting background. And can you explain for our listeners how you went from more of a standard GYN practice to one that's in integrative and functional medicine?

**Dr. Cabeca:** Yeah. Well, it's been a rather windy road. But so I grew up pretty much with food as medicine. I grew up within the United Nations, basically.

That's what it felt like. Both my parents are multi-lingual, spoke 4 languages fluently. My mom said there's a food for every ailment.

And then I trained at osteopathic medical school, then allopathic residency training at Emory University in women's health, just really passionate about seeing women empowered with their health. Where at the time now, 25-years ago, most of the research we were basing women's healthcare on was based on men's research. So I continued to just be passionate about it.

And then I had personal trauma myself. And I went from wearing 5 different hats: being a busy mom and a wife and a researcher and a doctor and having 2 clinics and a medical spa and, too, we suffered a personal tragedy. And

I was devastated. My family was devastated. We made no sense of it spiritually or otherwise. And physically, my health declined, as well. And I always think of Aristotle's quote. He says, "When the soul suffers, the body ails. And when the body is suffering, the soul ails, as well." And that is so true so the connection of that.

And I think of that. Really, there's such a big heart connection with what we go through in our lives. And I would say, especially, especially as women and especially as moms. And so with going through an early menopause at age 38, we tried to have a child. Then we were told we would never be able to have another child. I failed all invasive procedures to have a child.

And my husband and I were depressed. So, I left my practice. We actually took a year off and went around the world. And I was looking for answers, but serendipitously met with indigenous healers. So with this love for food, a love for medicine, a love for healing, people, traditional wisdom, world's leading scientists just fell into my life. And I learned from them, too.

And so when I came back from our journey and I was pregnant with my beautiful daughter Ava Marie, just a gift from God and a body physically that was healed, I learned to implement these physical changes—the physical health and



the physical connection. But what I didn't learn to heal was the spiritual connection—the relationship connection.

And so as I created my programs, I recognized that it's important to heal your body [inaudible] important to heal the relationship. And that heals the spirit. And there's nothing like it when you ignite a couple—a health—you're a physically healthier person or physically healthier couple. But when they get that spark, that twinkle back in their eye, that for me is true health. That's vitality and living to the fullest.

And so that's why I created my Sexual CPR program to bring that connection piece in, which stems into a healthy body. But it's that soul-body-spirit connection. And that's been an integral part of my practice and why I created the programs I did and why I do the medicine I do now.

**Dr. Masley:** Well, it sounds like really that experience has transformed both your life and your medical practice. So thank you for sharing that.

Now, there might be listeners out there who've had...Some of them may have had heart disease. They might be afraid of intimacy and sex. So how about if we start with why is sex and romance so good for your heart? Because I don't think a lot of people appreciate that.

**Dr. Cabeca:** Okay. Well, there's so many reasons, too. The heart, first of all, I feel like one big connection we need to make is the heart-healthy hormone oxytocin. So oxytocin...Can we talk about this here?

**Dr. Masley:** Yes, we can.

**Dr. Cabeca:** Oxytocin is that hormone of love bonding connection. Women maybe first are exposed to the concept of oxytocin when they're in labor giving

childbirth and they're getting IVs of Pitocin to make the contractions come stronger. But it's naturally exuded during this time period abundantly to make our uterus contract. And that fosters this imprinting, right, this mother- baby bonding, this connection you have with the baby.

**Dr. Masley:** Right. Bonding. Bonding hormones some people would call it.

**Dr. Cabeca:** Absolutely. The cuddle hormone, the bonding hormone, the feel- good hormone. And what's really fascinating, what research has shown is that the heart's a neuroendocrine organ. Not only does it have receptor sites for oxytocin, but it also has the ability to produce oxytocin. And so we see this heart healthy hormone connection that's key.

Many people feel heartache. And you think, "Okay, does your heart physically ache?" And there is a connection there with oxytocin. There's receptors in that feeling of true heartache. And it's also when you're head over heels in love, that sense of heart fullness and how that feels.

So those are a couple of things.

**Dr. Masley:** I think your point is when we have romance and sex, a big hug, intercourse, any of those, we release oxytocin. We get a surge of it in our bloodstream.

**Dr. Cabeca:** Yes. And it helps the heart cells regenerate so it can actually heal...Science has shown that it actually helps with antiaging effects on the heart, on the muscle. And your heart's your biggest muscle.

**Dr. Masley:** And on the arteries, our blood pressure improves. It lowers cortisol. We've actually spent quite a bit of time talking about stress.

Cortisol goes up and how bad that is for the heart. Well, with romance, oxytocin goes up, lowering cortisol. And that's really good for our heart, I think is the point you're making.

**Dr. Cabeca:** Yes. Yes. It's absolutely super good for your heart. And it's good in many other ways, too. It also helps release nitric oxide. Nitric oxide is a natural Viagra. So we have that benefit. But not just intercourse, hugging. We know kissing, but just petting, massage, playing, being kind, charity.

I have my favorite ways to increase oxytocin. And I can get your listeners to take our oxytocin quiz at the end of this call and see how their oxytocin levels rate. But that's one key reason why heart health is so important to intimacy and sexual health is so important to heart health.

**Dr. Masley:** And as you said even a massage will work. So let's look at the contrast there. So if romance is good for your heart, what happens to your romantic life when you improve your circulation?

**Dr. Cabeca:** Well, now when you've improved your circulation... Now we've talked about one of the early signs of heart disease is erectile dysfunction number one. And I think that's a huge important connection to make for people because here it's like our standard medical care. Someone's coming in with orgasmic dysfunction, lack of interest in sex or response in sex, especially 35, 40, and above and also erectile dysfunction for men or decreased orgasm for women or inability to orgasm for women.

And we think of these. That's a huge point to make. That this is a sign of cardiovascular disease. This is a vascular issue. And we need to improve nitric oxide. So again, here we tie in oxytocin and other things that we use in our armamentarium

of natural ways to improve nitric oxide that we want to incorporate into a healthy heart.

**Dr. Masley:** But when we improve someone's circulation, let's talk about women first. You were talking about orgasmic function. Lubrication is important. This whole sense of receptivity, all of that is dependent on circulation, right?

**Dr. Cabeca:** Yeah. That has a huge component to it, especially as we get older.

And as far as vaginal health goes, lubrication is so important. And, Steven, you know I'm passionate about vaginal health. I'm on a mission to rejuvenate all vaginas naturally as much as possible. Vaginal dryness does not need to exist.

And there are ways we do it, certainly improving circulation. We have to have good healthy cardiovascular function to improve circulation. We need healthy omegas onboard. I use nutrients that produce nitric oxide or a derivative of to also help balance hormones and decrease inflammation. The maca, for instance, which also has arginine as a large component, which is great for nitric oxide formation, I use my mighty maca combination in that for sexual health.

But vaginal rejuvenation's so important, too, for receptivity. If you have pain, ladies, I just want to emphasize this. If you have pain from dryness every time you have sex, why would you want to have sex? It's just so important to look and see, "Okay, what are the underlying reasons for the disinterest?"

And vaginal dryness, in and of itself, can really be a really big factor. So DHEA, which is a heart-healthy hormone can be used vaginally by your doctor to help

with rejuvenating the vagina very quickly, much better than estrogen because it also increases the muscle walls, which increases vascular health, stronger muscle, increased blood supply, increased elasticity, increased lubrication to the vagina.

**Dr. Masley:** So all those things are part of a...

**Dr. Cabeca:** Typical things that you'll talk about on your summit!

**Dr. Masley:** Yeah, what you're pointing out though is it goes hand in hand. The same things that are going to be good for your circulation are also good for women's sexual health. I think it's more obvious with men because if men have romantic dysfunction, we have meds for that that are probably more thought of and more commonly treated like Viagra and Cialis. But the key is if a man has erectile dysfunction, the number one cause of that is cardiovascular disease, decreased blood supply. So we can help men and women as you just described.

But I've got to say often times with the men in my practice, if we help them change their lifestyle, they won't need those romantic meds anymore. They don't need them. As their arteries improve, their function comes back. It's really pretty remarkable. And so not only are we helping their romantic life, we're helping save their life at the same time, I think is a critical point.

**Dr. Cabeca:** That's well said. Not only are we helping the romantic life, but we're saving their lives, hence sexual CPR is all very important.

**Dr. Masley:** So, yeah. And that's not something to forget. So too often if a guy has sexual dysfunction, the doctor just puts them on a pill. But that may not do anything to us that says, "Are you growing

plaque? What's your plaque load? What could you do with nutrition, with food, with exercise, with stress management to totally reverse that process so you wouldn't need those medications?"

**Dr. Cabeca:** Well, it's not only that we don't need the medications. It's so empowering to have your own personal sexual response, right?

**Dr. Masley:** Yes.

**Dr. Cabeca:** Your own personal sexual curb. And this is where I'm so emphatic to our listeners to women and men. The point is that you create your own reality. Don't look for outside realities: anti-porn, anti-device, for instance. We want to really create our own reality where a husband, wife, couple plays together. You know what I mean? They just learn to experience what works for them versus what the media says is a turn on.

What is your own specific turn on? I will say the foreplay for me is bringing me coffee in the morning. That's huge! And women get that. We're all over the place. Our female response curve is nothing like the male response curve.

**Dr. Masley:** Well, how about that? I think that's a good thing maybe to explore because often times guys think of...You could be fighting battle and jump immediately to romance at the same time. But for women, that fight or flight isn't really a romantic thing. Could you talk a little bit about that?

**Dr. Cabeca:** Yeah, I know. Exactly, we don't have that drive of the fight and flight driving up testosterone creating an immediate response, immediate interest. The men are on the autobahn (German freeway drivers), ladies, they want to get from point A to point B as fast as you can get there, right. For them, it's that climax, the goal. And it's direct.

For women, it's the romantic route. It's sometimes you're here. In Germany, the romantic routes are like the country roads. It weaves back and forth. Sometimes you stop on the side of the road to look at the goats playing down below. Seriously, we can be all over the place. But that entire experience should be labeled as the orgasm versus looking at that 3- to 10-second climax, which is a reboot, but looking for that as the end success of sexual intimacy.

Which, in fact, for women it's the cuddling. It's after sex. The caressing, the cuddling, the holding, that nurturing of oxytocin that's flooding our bloodstream at that time where we're getting that positive reinforcement from our partner that says, "I love you. I'm bonded with you." And we get that. And that reinforces our desire for intercourse.

Unfortunately, that same hormone making women feel all yummy, cuddly, cozy is making the man roll over and go to sleep. He's done. He's tired. He's out. Guys don't do that, give us 2 minutes, talk, chit chat, cuddle, positive reinforcement, loving, encouraging, positive, caressing words, and light touch is fantastic to, I would say it's the number 1 secret to get your woman to want to have more sex.

**Dr. Masley:** But it's also, all that romance bring...Doing things for someone all day long, that gradual winding road, you said all that is essential to women's health. It's not just about achieving more romantic relations, which it would. But I think more important is when you add romance to a woman's life.

That's how women romantically respond to life. And that's what gives them oxytocin all day long and gives them good cardiovascular health. So I see your whole line of thinking there is adding more romance to my wife's life will be good for the guys romantic life and at the same time

the guy should think of it as going to improve a woman's cardiovascular health and helping prevent her from having heart disease.

**Dr. Cabeca:** It's a win-win situation, guys, right? It's a win-win situation. And that courting, the constant positive encouragement, the positive coaching, the reinforcing and not taking for granted the most valuable person in your life. And that's in your relationship.

**Dr. Masley:** So what nutrients that we can think of that would improve both cardiovascular function, circulation, and romantic function because as we've been pointing out, there's a strong relationship between romantic health and cardiovascular health. So what are the key nutrients you like to focus on that are good for both?

**Dr. Cabeca:** Well, definitely, you know I'm a big fan first and foremost of maca, which is a root, a tuber, a root very similar to the radish. But it grows in Peru above 11,000 feet. It's indigenous to Peru. If you've been paying attention to the New York Times and some, there's controversy because China's stealing the maca product, is illegally taking seeds, and is trying to grow it substandard. So I have a love for maca. It's one of the foods that I use to help me when I travel around the world.

In Peru, they call it the Peruvian Viagra. But if there's a sick child, take maca. If you're tired or infertile, take maca. If you're in the menopause, perimenopause, andropause, your hormones are off, then take maca. It's what the ancient Incas used to take before they went out to battle to give them more stamina and energy. And so that was one of the ingredients that are used in combination in the formula that I love called mighty maca. But it's just one of the ingredients. And the reason is

because it increases nitric oxide.

So with that, in looking at my sexual health triad of nutrients, I use mighty maca. I use omega-3 fish oils, a good healthy omega fish oil. And I use sometimes a good healthy dose of arginine supplementation, as well, to increase nitric oxide. I always dose arginine twice a day. I think that's important.

And it's also important to note that high doses of arginine may create herpes outbreaks if you've have herpes, like cold sores. So we would counter that if we needed to or back down on arginine. It doesn't happen often. But I always like to warn.

**Dr. Masley:** At least yeah, if someone has cold sores, usually people with cold sores take lysine. Now, let's clarify what arginine is. Arginine is just a very simple amino acid. It's a protein building block just like lysine. So arginine is a protein molecule, basically a protein building block. You're looking at about, if someone has 80 to 100 grams of protein a day, we're talking one or two grams of arginine to have the effects you're talking about, right?

**Dr. Cabeca:** Absolutely. Yeah. Well, at least a gram twice a day.

**Dr. Masley:** So a gram twice a day. Two grams out of the 100 grams of protein we're already ingesting is just a specific messenger. But I think your points were really good. It's one of the precursors to make nitric oxide with. And if you have nitric oxide, your arteries dilate. That's the whole point of drugs like Viagra is to enhance nitric oxide levels. So one way to do that naturally is to use arginine. And that's the fuel your body uses to make nitric oxide with.

**Dr. Cabeca:** Mmm hmm. Yeah. Absolutely. And I think it's really important. So the combination of natural anti-inflammatories, which

are so key and hormone balancers. The other reason I love the maca combination I use is because it improves DHEA. And we know that DHEA is a heart-healthy hormone. It naturally declines from the mid-30s as we age.

And it's responsible for healthy bones, healthy breasts, healthy brain. And often, we can use...We want to have good healthy levels of DHEA. So producing that naturally by using supporting nutrients and a supportive lifestyle that supports the adrenal glands, will help us get that healthy DHEA production.

**Dr. Masley:** And DHEA, that's something as you said our adrenal glands make to help us manage stress. And if you're constantly stressed out, exhausted, usually your DHEA levels tend to drop. So then you're tired, worn out. It is associated with increased cardiovascular risk. And I know that you've used it in your GYN practice to help women with vaginal discomfort, with issues for muscle tone, for dryness, all those things. But that form comes in a prescription on what we're talking about. But using maca would help raise DHEA levels naturally?

**Dr. Cabeca:** Yes. We are again being very careful about the sources of maca now because of the piracy issues that are going on with it. So, yeah. So definitely good healthy combinations.

**Dr. Masley:** How about the whole concept of bioidentical and natural hormone for women after menopause. There's been all this discussion on how does hormone therapy impact cardiovascular health. Would you like to take that one on for us?

**Dr. Cabeca:** Oh, yeah, I absolutely would. And when I was at Emory, I actually was one of the researchers on an arm of the first study, which

was the Heart Estrogen Study. It was abbreviated HERS. And so that was looking at cardiovascular risks in women on estrogen replacement therapy. And so what is really key and I think this is an important component, as a physician who I myself regularly prescribe bioidentical hormones and I really don't look at your age as a number. I want to know that we've got you onboard as far as our lifestyle and we're detoxifying hormones regularly and safely and that we're using a healthy bioidentical hormone in a way that's non-toxic to your body so usually transdermally or through the skin as a topical cream. But I usually will put it around the vulva or labia alternating sites, or as a troche or a vaginal suppository. So it's a sublingual through the mucous membranes versus a pill that we're popping.

And there are other ways, too. But I think those are the most common ways at post-menopause to start with a transdermal estrogen and very rarely do I actually use estrogen. I use progesterone, DHEA, and testosterone. I think when we looked at menopause, when the researchers as a scientific body looked, "Okay, women and menopause, what's the woman hormone? Estrogen. Oh, well let's replace estrogen."

Well, let's think higher up as physicians and replace the higher up hormones. Progesterone, DHEA, testosterone all convert to estrogen. So then do we really need estrogen that much? Usually, very little, if at all. So in the post-menopause, I'll typically use bioidentical progesterone in a cream or a troche or DHEA and testosterone.

And I think as I train physicians around the country and around the world in bioidentical hormones is you want to start low-go slow. And each patient is individual. But we

start with a little and always have to incorporate those lifestyle changes. We have to nail down those lifestyle changes because that makes the biggest difference in the long run.

**Dr. Masley:** Well, the biggest risk with estrogen is probably related to inflammation, clotting risk. But as you said using it topically cuts that risk already right there by a third.

**Dr. Cabeca:** Right. Right, by a third.

**Dr. Masley:** And if you add all the lifestyle issues, you lower your inflammation risk even further. So yeah, I think one of your points was if you have a very unhealthy lifestyle, you eat lots of sugar, you eat bad fat, you don't exercise, you're overweight, you'll be much more inflamed. And for that person, can I speak for you and say that person would be at elevated risk using hormone therapy?

**Dr. Cabeca:** Yeah. Absolutely.

**Dr. Masley:** And the healthier you are, the lower the risk? Is that fair to say?

**Dr. Cabeca:** Yeah, more risk of clotting and, especially oral estrogen therapy. So I think early premenopause in the early 40s, very, very early 50s starting estrogen therapy at that point is very safe, unless you have cardiovascular disease established.

Well, if based on lifestyle, risk factors, heart-healthy risk factors, we would think as a physician, this person's at high cardiovascular risk and doing carotid artery intimal thickness, you could look at that and see that they're at risk, you wouldn't want to use oral estrogens in that client. You would prefer to use transdermal or troches or something that is absorbed through the skin.

**Dr. Masley:** And as you said if



you use progesterone, DHEA, and testosterone, which really are bioidentical progesterone, we should clarify. We're not talking about progestins like medroxyprogesterone or Provera. I assume you're only talking bioidentical progesterones, correct?

**Dr. Cabeca:** Totally. Only. Absolutely.

**Dr. Masley:** So bioidentical progesterone, micronized progesterone, DHEA, testosterone, those aren't really associated with much, if any, cardiovascular risk. So that would be where we end up with women with more higher risk cardiovascular issues were to start?

**Dr. Cabeca:** Mmm hmm. Yeah. Yeah, the progestins, however, have high association with cardiovascular risks. And we saw that in a few different studies. And so including the...

**Dr. Masley:** Progestins being these synthetic forms that are out there. And they're actually biochemically very different from natural progesterone.

**Dr. Cabeca:** Right. We're not speaking CME here. So I can say Provera and Norethindrone, all of those have higher risks. So PremPro was the biggest culprit in the studies and also in the Women's Health Initiative trials, which raised such controversy. And we looked at a large study that looked at over 100,000 people that was conducted in Europe by Dr. Fournier, looked at the type of progestins used versus progesterone.

And progesterone had no increased risk of breast cancer, no increased risk of blood clots. So it was a well-designed study that looked at breast cancer risks and progesterone. Whereas, progestins had a 2- to 3-fold increased risk—hugely different, not the same.

But, unfortunately, in the press and the medical literature and our doctors' offices, the progesterone and progestins are lumped into this category that is without discernment.

**Dr. Masley:** So what other issues impact romantic function for women that impact their overall health? What other things come to your mind that should be brought up here?

**Dr. Cabeca:** Definitely relationship, for sure. When the upper lips don't speak, neither will the lower lips. That's for sure. So I think it's relationships. In my program Sexual CPR, I say that we want to get to the ABCs. For CPR, you talk about the ABCs of CPR—Cardiopulmonary Resuscitation. They're your ABCs, call 911.

So in the ABCs of Sexual CPR, it's A is to accept yourself, accept yourself for where you are. Again, who you are, where you are, how you are. Don't use outside media, other things, where you think you should be or how you should act or how you think you should respond to influence, how you are responding. And that is so important that we nail that down.

I tell women...I had a woman who was married for 20 years. And she goes, "I just never want to have sex anymore. He always thinks playing with my breasts are a turn-on. But it hurts." I said, "Well, did you ever tell him you don't like it?" "No!" So that's really about...

**Dr. Masley:** Communication. Please communicate.

**Dr. Cabeca:** B is be present and C is communication. So B, be present means we can't be off doing our grocery list. We have to honor being present, honor being really focused, and even being present with our voice, our sexual voice and talking

through what we're feeling in and outside the bedroom. That's crucial for women and men for sexual intimacy in a relationship and C absolutely communication.

**Dr. Masley:** Well, that's interesting. And it's not, as we've said here, not just about romantic function. Because in the longevity trials at Harvard and John Hopkins, when they looked at what predicts your ability to live into your 90s in good health, to be independent, one of the strongest predictors was the quality of your marriage. The quality of that...If you have a life partner, a spouse, you rate it very highly.

And the better you communicate, the stronger that bond, the more likely you'll live into your 90s in good health. That was more important than some things like exercise and food intake and other markers. So it's really powerful how important that is for all aspects of health for couples to communicate well, in addition to the romantic benefits.

**Dr. Cabeca:** Mmm hmm. Yeah. Yeah. Absolutely. Those are key.

**Dr. Masley:** So what are the more common symptoms you see in your patients when they come to your office? What's typical for you and the things...You have mostly obviously gynecologist women-oriented practice. You are board-certified in age management. So I know you'll see a few men. But I'm guessing it's predominantly women. What are the common things you see in your patients and how do you help them with their overall health?

**Dr. Cabeca:** Yeah, that's a great question. Mostly what I see patients come in for are tired. They're just tired, out of balance. So their chief complaints are often just, "I'm tired! What's wrong with me? I'm gaining weight. I'm depressed. I'm moody. My cycles are all over the place. Or I'm having crazy hot flashes. I have

no desire to have sex anymore. I don't love how my body looks or feels anymore. Sometimes I'm foreign and there's a foreign alien in me that comes out in angry bursts."

So I see these symptoms. And really when we look at the underlying, underlying issues, it really comes to balancing hormones, supporting the adrenals, and decreasing inflammation." So I call that, "We've got to conquer the devil's pitchfork" because imbalanced hormones, inflammation, and adrenal fatigue will kill us very quickly, very quickly. It doesn't take long.

As a physician and I see these conditions, I was like, "Well, what do I prescribe? What do I cut out?" And that doesn't solve the underlying, underlying issue.

**Dr. Masley:** No, that's fine for a surgical emergency. But it doesn't work well for your average patient, does it?

**Dr. Cabeca:** No. No. And especially when it comes to women's health issues, the underlying, underlying issue. And so when we work to balance the hormones, decrease inflammation, support the adrenals, I didn't need to do surgery anymore. It was really key. So bioidentical hormones, detoxifying, appropriate nutrient supplementation, all those things can make a huge difference.

**Dr. Masley:** How is that compared to what's in conventional treatment today?

What do you usually see that "fix them syndrome" that we have, make a quick diagnosis? What's the difference from what most people experience when they go to the doctor?

**Dr. Cabeca:** Yeah, that's a great point. And I've seen it over the lives of my patients, too. But for say for example, a person comes in. They're

coming in with very strong, I call it estrogen dominant symptoms. Your progesterone's declining. Your down level hormones are declining and you're out of balance. And so you're swinging: mood swings, irritability, irregular cycles, bleeding, etcetera.

So the first thing we do as physicians, our standard care is to write you birth control pills. "Well, okay, you don't need birth control anymore or you may or may not. But let's go ahead and get you on some birth control pills, shut down that period."

Well, the woman comes back and says, "Hey, doctor, I'm still having some breakthrough bleeding. I'm still having PMS symptoms. And I hate taking the birth control. And now I'm gaining weight. And I'm continuing to have really heavy period each month and severe cramping." So they're like, "Okay, well, let's go ahead and do a hysterectomy."

So we take out the uterus. If you're over 35, you'll be lucky to save your ovaries. And then she comes back in and she's still complaining of these symptoms. We pile on a prescription of Prozac because now it's all in your head because we've taken off the uterus. We've eliminated that symptom. So let's go ahead and write you on some antidepressants. And the underlying issue's still not resolved.

The woman's coming back now with memory issues because she's probably on estrogen, no progesterone, which is brain healthy at the time. So she's got brain fog, can't remember when she had sex. And it's not for lack of trying and lack of interest, continues to have issues with depression, anxiety, etcetera, maybe having some heart palpitations, calling the divorce attorney on her phone, drinking coffee all day. And what

have we done to help this? "Well, I have to refer you on to the psychiatrist at this point now for additional medication."

It's really sad where our standard tool bags are. Now, I may be exaggerating a little bit here, but not much, honestly, sadly to say. It's what's in our tool bag...

**Dr. Masley:** You've probably heard too many stories that were similar to that when women came to see you is the reality.

**Dr. Cabeca:** Mmm hmm. Yeah.

**Dr. Masley:** But I think the encouraging this is we can turn that around. If someone will take the time to add healthy food to get more active, to manage their stress, to get the nutrients, make sure you meet these key nutrient needs and replace them. And if you're really unbalanced, do a hormonal assessment and look not just wildly treat someone, but measure and look at blood levels. And it's amazing the potential that you could offer patients when you offer those tools.

**Dr. Cabeca:** Yeah. Yeah. Absolutely. And I would just say to women who are struggling with vaginal dryness, talk with your doctors about it. Talk about a DHEA prescription. And, again, I want to encourage everyone to take my oxytocin quiz on my website because also I'll be coming out with a product specifically to help vulvar rejuvenation in the near future. Top secret, but we'll be out in the next few months.

**Dr. Masley:** So if you wanted to summarize any key take home points on how people could enhance their romantic function and at the same time improve their cardiovascular health, what would be the key take home points you'd want to make and summarize?

**Dr. Cabeca:** One is that sexual health is good for your heart health. It's good for your body. It's good for reestablishing connection in your relationship. It builds the bonding hormone. But maybe your relationship is desperately needing right now. You're feeling disconnected. And I want to emphasize that because when cortisol is high, oxytocin is low. When you're feeling burnt out stressed out, you're disconnected. And it is no joke, higher rates of divorce, higher rates of job dissatisfaction, higher rates of burn out, not to mention all the physical consequences.

So doing things that, again, putting your oxygen mask on, doing things that naturally bring up your oxytocin, that naturally put oxytocin in the winner's circle is hugely important. And we do that through just again the establishing intimacy, the non-sexual intimacy, reestablishing that, reestablishing play, and getting in the mindset that says, "Okay, I may not be interested right now, but once we start the hormones will kick in. And I'll be good to go and trust in the process, and trust in it. So that's number one.

Number two, if there's something that's holding you back, let's talk about it. And if you're having trouble

with vaginal dryness, it can be restored. I swear in 2 weeks, it can be completely restored with vaginal health and vaginal healthy hormones. So there's something to say about that.

And the third thing I would say a take home point is using nutrients. I love my mighty maca greens. I could show you that. So for your audience that's watching, the mighty maca combination is just from my world's healing journey in a can, basically, forty-two ingredients of foods that you talk about so much, Steven, that's resveratrol, quercetin, turmeric, the natural anti-inflammatories, and the green alkalizing ability of a superfood, which is great. But as Dr. Masley shows in his great cooking and food recipes, etcetera that food is such a healing source. And we want to really make sure that we're nourishing our body as the third key point.

**Dr. Masley:** Okay. So romance is good for your heart and then having that is just wonderful for the whole body. So I'm glad to hear that. So yes, it goes both ways. When we take care of our heart, it improves the romantic life and our romantic life will take care of our heart. So that's a nice continuum there.

Well, if people would like to get more information, you've just touched the tip of the iceberg on some of these topics. If people would like more, Dr. Cabeca, how could they get that? Do you have a website or something that they can go to learn more from you?

**Dr. Cabeca:** Yeah. Absolutely. So my website is CabecaHealth.com. And right there you'll see on the homepage a secret hormone quiz. And so that is the oxytocin quiz. It will assess your oxytocin levels, which is fun. And then I have a lot of good information on the website, too, a lot of good free information out there for all your listeners.

**Dr. Masley:** Well, thank you so much for joining us today and helping clarify this relationship I think is very important for not just heart health, but overall health and quality of life.

So thank you for joining us, listeners, to the Healthy Heart Summit, your chance to tune into international experts on how you can prevent and reverse heart disease. I've been your host Dr. Steven Masley. And I look forward to you joining us for our next session.



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