

THE MODEL HEALTH SHOW

EPISODE 669

The Orgasm Gap, How Hormones Work, & What You Should Have Learned in Sex Ed Class

With Guest Dr. Jolene Brighten

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SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today. On this episode, we're going to be having some straight talk about sex. Now, this is definitely for mature ears. Now, if you're questioning your maturity, then you probably shouldn't listen to this one, but truly, this is information that all of us should be equipped with because we're walking around here in these really incredible bodies, but not really understanding how they work, and also in relationship to our partners and sex and what's going on there, it's just so much of our education is coming from sources that are often very misconstrued, even warped or even fear-based. And so, I think this conversation is going to be incredibly enlightening. And again, this is straight talk about sex, sexual health, and so much more.

Now, speaking of sex, sex can happen in a myriad of different places, obviously, from cars to the beach, to tree houses. I don't know. Sex is going to go down a plethora of different places. Humans are known to do it in a lot of different places. Now, obviously, where it goes down just conventionally, in the conventional perspective, is in the bed, the B-E-D. Making your bed rock. Shoutout to The Flintstones. But in truth, our bed should be a place of peace and comfort and safety. And there's two primary things that go down on that mattress: sleep and sex. Now, for both of these, what if we can add in more sensuality? What if we can add in more pleasure? What if we can add in more relaxation? Well, the sheets that you are laying on, that you're sleeping on and that you're doing it on, matters. Marvin Gaye talked about this Between the Sheets. We're going to expand this out and talk about the sleep quality that we're getting on our sheets.

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code Model15 at checkout. Again, that's ettitude.com/model, the very best sheets for improving sleep quality and improving sexy time. Go to ettitude.com/model. Now, let's get to the Apple podcast review of the week.

ITUNES REVIEW: Another five-star review titled “Thank you for Addressing Alcohol,” by LJR72. “Hi, Shawn. I've been a listener for a while, and I'm so glad you finally dedicated the show to alcohol. I've been working on quitting since last May. It is an edgy topic that so many health podcasts shows tiptoe around with speak of moderation, which is impossible for many of us. I'm proud of you for living an alcohol-free life and exploring this topic that you've seen first-hand how devastating an addiction it can be. Keep up the good work clearing up any confusion about what healthy looks like.”

SHAWN STEVENSON: Wow, thank you so much for that acknowledgment, and thank you for sharing your heart over on Apple Podcast. And, yes, we did a master class, really breaking down the metabolic impact of alcohol, the influence on the microbiome, the influence on brain health and so much more. And of course, trying to keep an open mind when the subject matter comes up, because as you said, this can be a little bit of a trigger for people and something we don't want to know about. Especially if we enjoy alcohol, we want to keep our head in the sand about it, but it's really just about informed consent and doing the best that we can with this knowledge, and also understanding that humans have a long lineage of connections with alcohol. So, we dive into that a bit as well. So, if you happened to not check out that episode, don't be afraid, check it out. I think that you'll really, really enjoy it.

And speaking of taboo topics, on this episode, we're going to be diving into some real talk about sex and sexual health and anatomy as well and just really helping to turn the light bulb on for these amazing bodies that we live in and just to get educated about it, and I'm so grateful for our very special guest, Dr. Jolene Brighten. Dr. Brighten is a pioneer in women's medicine and an award-winning board-certified naturopathic endocrinologist and sex counselor.

She's the author of the Megahit bestselling book, *Beyond the Pill*, and she's working to empower women and empower couples worldwide to take control of their health and their hormones. Dr. Brighten is also a faculty member with the American Academy of Anti-Aging Medicine, and she's been featured on a variety of major media outlets. And now she's here back on The Model Health Show for another important conversation. Let's dive into this interview with the amazing Dr. Jolene Brighten. Dr. Jolene Brighten, welcome to The Model Health Show. It's good to see you again.

DR. JOLENE BRIGHTEN: So great to be here again.

SHAWN STEVENSON: This is my home place now, before in St. Louis, and thank you so much for coming by to hang out with us there.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: But it was a studio we would use, but then P. Diddy would come and drop some vocals there or something. But to have you here at my place is really special.

DR. JOLENE BRIGHTEN: Yeah. Well, I love the studio. It's a great feel, friend.

SHAWN STEVENSON: Thank you. Thank you. Well, today we're going to be talking about a myriad of topics that are really taboo in our culture, unfortunately.

DR. JOLENE BRIGHTEN: We're going to go there.

SHAWN STEVENSON: But also at the same time, these are critical things for our health or our functionality and for our connection as a species, really. And I want to kick things off by talking about the clitoris.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: So, you actually shared in your book that the clitoris was actually taken out of a really major anatomy book at one point, like we're that disconnected from the clitoris. Let's talk about it.

DR. JOLENE BRIGHTEN: Yeah, I think that's the thing that's most surprising to people, is like medicine is what I call the clitoral conspiracy, like they're behind it. They're behind withholding information about the clitoris. It was removed from Gray's Anatomy, and it wasn't until the '90s that it was acknowledged, but all the media was like, "Clitoris was discovered." Wasn't actually discovered, it was like, "Okay, we're finally at a place where we can acknowledge this," and even then, it's taken decades for people to get the knowledge in their hands. And even still, the book has two clitoral diagrams, so you will see a clitoris in two different chapters. And my publishers were like, "Okay, so you want both of these?" I'm like, "Yes, because we need to have like, this is the clitoris on its own, and this is the clitoris as it exists in the vulva, so you can have some concepts," because it's been information withheld from us for a very long time, and it is behind so much frustration, misunderstandings, and the orgasm gap, which is a... Like I say, it's a big abyss that not even the world's greatest Daredevil could jump it.

SHAWN STEVENSON: So, in talking about the clitoris, what is its actual function?

DR. JOLENE BRIGHTEN: Oh, it only exists for pleasure. So, a lot of people, maybe they remember it from biology, but maybe you didn't have that good of a biology teacher, so no fault there. The clitoris and the penis are actually the same tissue. So, when we start off as embryos, we are only deviating once that X-Y pair gets washed over with testosterone. So, the Y in response to testosterone goes penis, scrotum, testicles, and that penis is derived from the same tissue as the clitoris, except the penis also has to ejaculate and deliver urine. Multi-functional. That's kind of cool but can't be too sensitive. It also is involved in pleasure, which I think we can all accept. The clitoris, nothing but pleasure. That's it.

SHAWN STEVENSON: Yeah. You even share in the book, which going back to my university education that I paid for, we still don't really get that downloaded or explained in a way that really makes sense when it comes to the evolution of our development when we're in the womb. And we all start off with this female template and then something happens, you get kind of an explosion of certain hormones, and then we make some changes. There are some alterations that get made. But we're basically all starting off with this template. And you put a comparison up with the penis and its associated parts, clitoris, and its associated parts, and they look eerily familiar.

DR. JOLENE BRIGHTEN: Yes, they absolutely do. And it's so funny how... I mean, when I talk about this online, people get big mad when I say we all start out phenotypically female. It's all female. And even when you have an XY chromosome, it doesn't always respond to those hormones. So just because you have the testosterone rush and all that, we still may have genitalia that's looking more female, we have more variations than just XX and XY. We teach that way because it's simplistic and it's an easy way to understand it, but...

I mean, so all of that's complicated. I can understand why people get upset with that because they're like, "No, gender is just binary, like it's very simple," and I'm like, "Biology is rarely ever simple." But the idea that men are a deviation from women, speaking of sex is, that, I think, really challenges people because if we go back to medicine, medicine has historically always taught like the male body is the archetype, like the male body is the standard of being.

And then we have this inferior version that sometimes bleeds, and it comes with these baby making accessories called the female body, and that's really how it's been treated. You look at anatomy textbook real estate and how much goes to the penis and to male genitalia and the pelvis and then to female anatomy. It's like, "You're in a couple of pages." And you're not seeing the clitoris being well represented even now in medical schools, which is kind of frightening given that there's procedures being done that doctors weren't trained to fully understand the clitoris.

SHAWN STEVENSON: Yeah. And so just to make some of the comparisons, we see, for example, the testis drops down, whereas in the original template, they would be the ovaries.

DR. JOLENE BRIGHTEN: Yes.

SHAWN STEVENSON: And so again, we don't really think about that. And also, the opening of the vaginal opening that essentially get sealed up in a sense, and that's that long line that you might notice for the male reproductive parts, but I think that... Well, I know this because I used to think that. I was like, "This must be a circumcision scar," but it's not from that. That's where everything kind of sealed up.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Crazy.

DR. JOLENE BRIGHTEN: It is super crazy. And that's exactly why I put that in the book, 'cause I was like, "We need to have that comparison," so people just understand. And I think like... You know, as an author, words are great, but when you start talking about some of these more complex things, it's like we need to have images. We need to have things there. And when you can't go to a lot of anatomy textbooks and actually find these images, I'm like, I actually hired an artist to hand-draw the images that are in the book, so they are one of the kinds drawn so that people can really understand, and it's not this gate-kept thing anymore.

SHAWN STEVENSON: Yeah. When you mentioned earlier, by the way, Gray's Anatomy, you make the distinction in the book. It's not the TV show, we're talking about anatomy book. And there was a time period where the clitoris was just taken out of this text, and it's so unfortunate because again, as you mentioned, this is an aspect of pleasure. And I think that in our culture, we've been kind of manipulated into removing pleasure from the equation and also not even considering pleasure for women in a strange way, just like, "This is the way that we do it," and that's kind of the end story. But let's talk a little bit about the pleasure aspect when it comes to the clitoris and just sex in general, because you point out so many of the questions that your patients have had over the years.

And I showed you the emoji. I drew an emoji of an, oh my God face in the book, and I was just... I had my jaw dropped at so many points throughout the book, just riveted with the information, but they're asking essentially, is this normal? Is the way that my clitoris looks normal? The way that my vagina looks, is that normal? And you also talk about... So, number one, let's talk about pleasure, and let's talk about when people are asking, "Is it normal for me to have an orgasm or to not have an orgasm or is it being difficult to have an orgasm?"

DR. JOLENE BRIGHTEN: Yeah. Well, let me ask you, what do you remember from your Sex Ed?

SHAWN STEVENSON: Oh my. First of all, wildly uncomfortable, right?

DR. JOLENE BRIGHTEN: Yes.

SHAWN STEVENSON: Because I was in eighth grade, I remember I was in eighth grade, and it was just... It was very, very primitive in a sense as far as education is concerned.

DR. JOLENE BRIGHTEN: Yeah, yeah.

SHAWN STEVENSON: But if we would be more primitive, to be honest, it would be a lot better. But we had the banana scenario with the condom. It was a lot of fear-based information. It was framed in a way about fear, and there was no acknowledgement of pleasure. It's just kind of something that you want to avoid. So that's what I remember.

DR. JOLENE BRIGHTEN: Yeah, well, you're spot on. That's, the majority of people, they get a fear-based education. And what has been found through the research is that when you actually have pleasure-based education, you see lower incidences of STIs, people, they delay when they have their first sexual activity, they're more monogamous. They report that the first time is pleasurable, the first time is fun. In the United States, we don't have that, we have that fear-based, and so what people often report is that the first time they felt pressured, they regret it, they felt coerced sometimes, and they felt like they did something wrong like a lot of shame around it.

So, there's other countries that are doing that more pleasure-based focus, and even the World Health Organization, they have statements where they're like, when we teach pleasure first, like sex can be fun and safe. People are more safe when sex is fun. And when you ask people what the condom on the banana, people are like, "I remember the condom on the banana. I don't know why. Why do we put a condom on a banana? Why do we wear condoms?" Because that fear-based approach basically starts shutting you down. You can't take in information, you're just like, "Oh my God, sex is the scariest thing."

The other thing we see is when pleasure is the focus, so like in the Netherlands, Germany, they have done a great job and we have had generation basically go through this that now we have young adults who have had that education. So, I think that's phenomenal. We're getting these outcomes. They also have less frequency of unintended pregnancies compared to the United States, which has 18 states offering medically accurate sex education, very few are giving consent as part of that, and almost no one is talking about pleasure. And especially when it comes to the female body, the conversation is usually like, "Vagina, that is where blood and

babies come out and penis is going," and everything is very male centered, because male pleasure results in ejaculation, ejaculation results in babies, and the only reason you should have sex is so that you have a baby.

If that's the thinking, then it's going to be male centered, because having an orgasm... There is an up-suck theory I talk about in the book, but having an orgasm for a woman, that's not necessary for baby making. Like she just has to retrieve sperm, like sperm has to just make its way into the canal. I would actually say like, no, pleasure is very important in the baby making experience.

But with all of that, I think what people miss out on is the concept that life should be pleasurable. So, you talk to a lot of people in the health space, I talk to a lot of people in the health space, I get really just salty about the like, "Food is fuel," and like, "If you're enjoying it, it is just to be fueling your body," and I'm like, "Disrespectfully no." Like, "I don't want to... That's not my jam. Food should be pleasurable." Being with your partner, being with someone else, this should be pleasurable. As humans, we are wired to seek pleasure and to have these pleasurable experiences, and that is about quality of life, that is going to have a major impact on your health, whereas if everything is just going through the motions, you're not going to be mindful. We're not going to have that mindfulness, we're not going to have the full human experience. That begs the question like, "Why the hell are you even here?"

SHAWN STEVENSON: Right. Oh, my goodness, you have to eat to live, don't live to eat phenomenon.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: The thing is just getting back to a basic perception of this stuff; we're driven to eat things because it tastes good. That's like why we have taste buds.

DR. JOLENE BRIGHTEN: Yeah, yeah.

SHAWN STEVENSON: And it's an important part of our life and our evolution. And the same thing with sex, we just see it as like, "This is why we're born, is to procreate, keep the species going," but what drives us to want to do the thing is that it's supposed to be pleasurable.

DR. JOLENE BRIGHTEN: Yeah. You're supposed to like it. Imagine that.

SHAWN STEVENSON: And it seems so unfair that it takes the pleasure and the educational pleasure for women out of the equation and so much of what we've been taught as a people, even when we are going outside of the kind of textbook education which is so unfortunate,

but then looking into the world of things where a lot of people are learning about how to do it is from pornography.

DR. JOLENE BRIGHTEN: You should see my browser history, friend. So, like, really, in searching for this book, when people ask me questions, I'm like, "Why are they asking that?" Like, I'm... Because as a doctor, it's like, I know where I got this information, I have this information now. But like, "Okay, so I'm not a doctor, where do people... Where do they get these ideas?" And so, I set off to Google, I actually had to reconfigure my office because a number of times I would land on a website and it looked legit, and it had text starting out and I was like, "This is reading really well." Like, "Good job, SEO team or whatever." And then, I would scroll down, and a video is playing and I'm just like, "Woah, woah, woah, woah! I did not consent to this."

So, having children in the house, I'm like, "My desk needs to be against a wall so that if I'm ever on something and my child walks in, I don't have to have that conversation before his time. He's only 10, he's not using Google in this way." But it is... Like, this is a big reason for the book as well, is that I want parents to have this information, to learn this and then be the expert in their own house, so that their children come to them before they go to a seedy website, like I have landed on.

Because that information seems really legit, the way it's positioned, and then you're met with non-consensual explicit images, and I say it's non-consensual 'cause I didn't know what I was entering into. And then they're met with that, and they're not ready, maybe, for that, that's overwhelming to see those images and the things that are going on. And I think back when we were growing up, there wasn't the Internet to go find this information on. You were like... I was like doing decimal system in it, going through the library being like, "What the hell is going on with my period here?" And there were like no books. I'm looking at medical books and being like, "Well, this does not explain why I'm in so much pain." So, I think at every generation, we've all wondered like, "Is this normal?" And have tried to covertly seek out that information, 'cause we feel so ashamed, and I'm really hoping this book is going to help people get their questions answered, but also prepare them to be the expert in their own house.

Like we see in these other countries that are having better outcomes. Like, these children have open communication with our parents. Like, these parents are teaching their toddlers, consent. And people are like, "They all need to learn consent. Like, consent is a sex thing." No. Teaching someone, it's okay to say, "I don't want to hug." Or have to ask before you take a hug, that is okay. Like, that is a good thing to be doing arguably. But in these countries, like, these... I mean, they're like teens. So, to me, as a mom, they're like kids, but they're young adults. They're having open conversations with their parents, which is what is helping lower their risk and making sure that they're staying safe. So, it's this open communication, this pleasure first

and moving out of that fear-based state that's having the best outcomes of what we really want as parents.

SHAWN STEVENSON: It's so silly, the way that we act and try to hide things in taboo, and I was just... I can't help but think about other species. You know like, they're not like, okay...

DR. JOLENE BRIGHTEN: They have an anus out in the open. Like, what is going on there?

SHAWN STEVENSON: But just thinking about this, we have a way to make it anthropomorphic. Things, we're putting like, clothes on animals and things like that, and just like, when is it appropriate to have such and such conversation? For the most part, what happens is we don't have a conversation, right? And then our... And there's this quote from my mother-in-law that she shared with my wife, which is, "If your mother doesn't teach you, the world will." Right?

DR. JOLENE BRIGHTEN: Uh-huh, yes! That right there.

SHAWN STEVENSON: Or "If your parent doesn't teach you, the world will." And is it framed in a way that's helpful, if the world does? Because our world is... I mean, today, more than ever, it is bat sh*t crazy.

DR. JOLENE BRIGHTEN: And manipulative.

SHAWN STEVENSON: And manipulative, yeah.

DR. JOLENE BRIGHTEN: Like, there's somebody out there trying to manipulate you for a means to their end, and that is like... I mean, like said, I ended up on these seedy websites, but then there's also things like, women being shamed and the jokes that go around. Like, whenever men are like, "Oh, her vagina smells." And I'm like, "tell me, you know nothing about the female body without telling me. Like, literally, the jokes on you, sir." But this shame kind of based thing, you see women going and Googling that and what they're finding is the marketing for all of the douching, feminine hygiene products, they know. They know what you're searching for, and so they're going to land there and they're going to be the ones to educate you first to say, "You should smell like a Clementine or vanilla." And I'm like, "What are we making, cocktails or pie? What is happening here?" And so, it's even things like that which people can be like, "Oh well, that's benign," until we start talking about the increased incidences of infections and all of the issues that can come... Like, you're messing with the vaginal microbiome, something we just started studying and we know.

Okay, so back when I was getting my Nutrition degree, the microbiome was just a bunch of free-loaders that made a little bit of B-12 and vitamin K, like, don't worry about them, they're

just a bunch of bacteria and stuff. Now, what do we know? Now, we're like, "Oh man, we said what?" And I'm like, "The vaginal microbiome is likely going to be that way as well, as we study it more and more, we're finding out." Like, it is phenomenal, it is so important for health. It is important for the health of the future of the human race that is birthed through that canal. There is so much more to it. And so, I think we should be taking all of this very seriously.

SHAWN STEVENSON: Yeah, you shared in the book some... Again, I had so many moments, I'm like, "Oh my God!" Like, Lysol being used for basically cleaning the vagina. This was like a real thing, like a 100 years ago.

DR. JOLENE BRIGHTEN: Well, what they were doing is that you couldn't have birth control, 'cause only promiscuous women have birth control and like, again, policing women's bodies and always reducing them to their reproductive capacity and trying to keep them pure, like, whatever the hell that means. And so, feminine hygiene was a code word for basically like, "Don't get knocked up. Like, use Lysol, that's going to kill the sperm." It's going to kill a lot of things including some of the people that it killed, but when... Then we had the introduction of contraceptives, they had to pivot. The feminine hygiene peeps, they had to pivot. And they pivoted to, "Let's just shame women." And there was... Oh my God! There was this old marketing that you'll see where they're like, "If you want to keep your husband at home, then you need to make sure that you're clean down here." Or like, "If you don't want him to leave you, you need to be douching." And I'm like, "You're the douche. Like, what is going on here?"

SHAWN STEVENSON: Right. Oh my gosh, summer breeze, you should smell like a summer breeze. So, we're going to come back...

DR. JOLENE BRIGHTEN: Yeah, what does that even smell like? Okay?

SHAWN STEVENSON: We're going to come back and talk about that. But first, I want to conclude, which, we can't really conclude this conversation, it's endless, it's the never-ending story. But, to get more clitorate, as you call it, just to circle the conversation back to this important aspect of human anatomy, that has to do a pleasure. And so, with that being said, you also go through the spectrum, in the book of people's concerns about their ability to experience pleasure, and you talk about the biochemical aspect and also the psychological, mental aspect, and how that all is married together, but we tend to not think about these things. It's just like, "Are you doing it or not? Do you feel like it's a chore? Do you enjoy it?" We have these kind of life experiences of the thing, but we're not thinking about what's happening behind the scenes.

So, I want to talk about number one, the how. I want to talk a little bit about the how to give pleasure through that, through being more clitorate. But also, I want to talk about, the resistance or the barriers to pleasure that are often occurring for women today.

DR. JOLENE BRIGHTEN: So, I have to say, so being more clitorate, Ian Kerner, is a great book for all men to read, 'She Comes First', and he came up with that term. And I think it is one of my favorite terms ever, because it is exactly what everybody needs to get to that pleasure. So, if you are not a vulva owner, you are likely not familiar with where the clitoris is. And the best way to approach pleasuring your partner, is to ask them what they like. And so, in the book, I do show like, "Here's where the clitoris is and how to find it." And then I go over, that is the keyway to orgasm. So once about a time, Freud ruined everything, and he was like, "The vaginal orgasm is what every woman should aspire to, because the clitoral orgasm is very infantile." What he was really saying is, "I'd like to put my penis in there and you should enjoy it no matter what, if you are like the star woman," right? Like, if you have achieved these things.

So again, very male-centered when in reality, majority of women are not going to have an orgasm via penile penetration. So, the way most people think of sex, they're like penis and vagina. There's a whole chapter of sex-able kinds, and you can find that there is many ways to approach this that bring pleasure for people. So, a lot of people, they're taught that, in sex-ed. Like, "That's what sex is." And then, men, they have so much pressure on them, I think this doesn't get talked about enough about how they're supposed to be a stallion in the bedroom. They please women. They should go forever.

The research is actually like, women don't want you to go forever, they just want you to love up the clitoris. This is what they want. And men don't get taught about the clitoris, and I think it's really unfortunate that they are always at the butt of jokes. And it's like, "Oh, a man can't find the clit." Like he wants to find it, okay? He does. But nobody teaches us how to even have conversations about sex, and it's very simple of like, "Do you like this? Would you like more of this? How is this pressure?" Like, those kinds of things.

But a lot of people are like, "I can't even say that in the bedroom." So, finding the clitoris is first, if you start at the top where there may or may not be hair, but the mons pubis, there's a little pouch usually up there, like, it's a soft spot, and you come down, you're going to find the clitoris, the external part, it's going to be right there underneath the clitoral hood. And if you're stimulating that, starting with usually... So, per the research, I'm going to say this is per the research in general, but you have to ask your partner, because they know their body best. Imagine that! It's actually starting with a rhythmic motion, it's about medium pressure, and most women prefer a back and forth or circular motion. And it's very easy to get excited.

So, anybody listening, if you do get excited and you start to speed up and they're like, "Aw, don't do that." That's not... That's just them being like on the tarmac. Like, "This way. That way." They're just giving you instructions, it's nothing personal, and it's normal to get excited and then to speed things up. So, asking them, checking in with them. So, that's the way that you approach that.

The other thing I would say is, lube. There's so many times in the book that... I was reading the audio book and I'm like, "How many times do I say lube?" And I'm like, "You know what? Still not enough." Because I still see things like on TikTok, there's this bro, he's like, "If she's not wet, she's not the one." I was like, "Uh, well, arguably, you're not the one, sir. I don't think you understand how this works." But also, it's normal, especially based on certain times of our cycle or where our hormones are at, for things to be a little more dry. So, that's the clitoral component, you wanted to talk about hormones as well, so where do you want to go with hormones in that conversation?

SHAWN STEVENSON: Before we transition from the clitoris...

DR. JOLENE BRIGHTEN: Okay. We can stay on it. As long as you're...

SHAWN STEVENSON: Yeah, we can, yeah, yeah, yeah, let's do that. Alright, so before we leave this area, with that stimulation, can the clitoris change?

DR. JOLENE BRIGHTEN: Oh, yes. Okay, so do penises change? Yes. Clitoris, same thing. Tissue becomes engorged, it becomes erect, that, and it's important to understand that sometimes there's a disconnect between brain and genitals. And so, this is known as Arousal Non-Concordance, the research is like, "Wait a minute, brain is lighting up, like, I love this. I'm like, this is pleasure. And the genitals are not on board just yet, like, what's happening?"

Sometimes there's a disconnect in that memo, so things won't get as wet, maybe the clitoris is not getting as engorged yet, maybe tenting hasn't occurred yet, that's when the vagina makes way. It's like, "We might have penetration, so let's just make this space a little bit larger, just in case, so that it's comfortable and pleasurable." So that sometimes, you're really into it, but the genitals just haven't gotten there yet. And then other times, I've had people... So once people have figured out, ah! I told them, ask Dr. Brighten is anonymous on Instagram, I started getting all kinds of messages and one of them is... That I just found so interesting, it's like, I'm scrolling through social media, and I will find that I'm really turned on and sometimes... Like, I'm heterosexual, but I'm really turned on by this woman. Am I like gay, and I didn't know it? Or what's happening?

And really what's going on is the brain is serving sex, and the brain's like, "Hey, that's sex." And the genitals are like, "Woohoo, sex! Let's, get ready!" And then you're like, "No, I'm not into this, you're not into this." And so, the end all, be all, of this story is, is that the genitals are not in charge, the brain is in charge, so consent is either yes or no, and if the genitals are saying, "Yes", but the brain says, "No", it's still no.

SHAWN STEVENSON: Wow. And also, contrary to popular belief, the brain is really the biggest sexual organ. And I shared some research, and we'll put it up on the screen for everybody, but this research team, the lead investigator, he spent a couple of decades studying female orgasm, and it lights up like 30 areas of the brain indicating more blood flow, circulation, and infusion of nutrients, all those good things. And so...

DR. JOLENE BRIGHTEN: Exactly why you can live longer with more orgasms.

SHAWN STEVENSON: And it so outperforms anything else that we're doing for brain health, like doing some Sudoku or crossword puzzles for brain health, it lights up a couple of areas, it's something so remarkable as far as the human brain when we're talking about orgasm.

DR. JOLENE BRIGHTEN: Yeah. And the fact that it is an act of mindfulness, you have to be so present to be able to achieve orgasm. This is where it can be so difficult where women are like, "I'm in the mood, I'm aroused, and then I'm not." Like really common to have that happen, and if it's happening, usually it's the things that we all do, and if you're a woman, you never have done this like, "Tell me, your secrets." Of where you're like I'm sitting in this position. I'm thinking about, how does my body look? You're in sex, and you're like, "Oh, are they noticing my stretch marks? I'm in this position right now, can they see my rolls. Like, oh, what does this look like?" You're spectator-ing, you're leaving your body and observing what's going on. I was just like thinking I was actually listening to Kendrick Lamar and he's like, "Show me something real, like an ass with some stretch marks." And I'm like, "He wants an ass with the stretch marks, ladies." Like, "Kendrick. Okay, he's into this."

Okay, so he's into this, and most people who are having sex with you, they're lucky enough to be having sex with you, they're not even thinking about that, their brain is flooded with all these things that they can't pay attention. So, it's really easy to fall out of arousal and be very frustrated and unable to orgasm because you're running all of this like fear, right? "Oh my God, they didn't get STI tested." And then again, your poor body overrode you on any common sense like, no judges on that, because it was like, brain was like, "Sex!" And like you said, orgasm's so good for the brain, the hormones that it releases, literally anti-aging, like, take you backwards compared to all these stress hormones that we are experiencing every day, why wouldn't your body want to seek that out? Why wouldn't your body want those things? That is a total normal experience.

SHAWN STEVENSON: Yeah. Wow, thank you for sharing that. We've got a quick break coming up, we'll be right back. Few people know that regularly drinking coffee has been shown to help prevent cognitive decline and reduce the risk of developing Alzheimer's and Parkinson's disease, this attribute referenced in the journal, Practical Neurology is yet another reason why intelligent coffee consumption makes the list of best neuro-nutritious beverages. Another study featured in the journal, Psychopharmacology, uncovered that drinking coffee has some remarkable benefits on mental performance. The research has found that intelligent coffee intake leads to improvements in alertness, improved reaction times and enhanced performance on cognitive vigilance task and tasks that involve deep concentration.

Now, why am I stressing, intelligent coffee intake? This means acknowledging the true U-shaped curve of benefits and not going ham on caffeine. The data clearly shows that some coffee, a cup or two a day, and the accompanied caffeine is a great adjunct for improved mental performance, but going too far, starts to lead to diminishing returns. So, we want to make sure that we're getting an optimal intake of coffee, and again, not going overboard. But also, coffee is best if it's not coming along with pesticides, herbicides, rodenticides, fungicides.

These chemical elements are clinically proven to destroy our microbiome terrain, so destroying the very microbiome that helps to regulate our metabolism, regulate our immune system, the list goes on and on. Obviously, you want to make sure that those things are not coming along, with the high-quality coffee that we're trying to get these benefits from. And also, what if we can uplevel the longevity and neurological benefits of the coffee by combining it with another clinically proven nutrient source?

Well, that's what I do every day when I have the organic coffee combined with the dual-extracted medicinal mushrooms from Four Sigmatic. And if we're talking about optimal cognitive performance and the health of our brain, the protection of our brain, there are few nutrient sources like lion's mane medicinal mushroom, that pack these kind of benefits. Researchers at the University of Malaya found that Lion's Mane has neuro-protective effects, literally being able to help to defend the brain against even traumatic brain injuries. It just makes the brain more healthy and robust. So again, this combination of medicinal mushrooms plus organic high-quality coffee, is a match made in nutrient heaven. Go to foursigmatic.com/model that's F-O-U-R-S-I-G-M-A-T-I-C.com/model to get 10% off their incredible Mushroom Elixirs, Mushroom hot cocoas, and Mushroom coffees. Again that's, foursigmatic.com/model. And now back to the show. In the book you also talk about some of the mental barriers and also biochemical barriers.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Because again, hearing all this is just like, I want that. And also even in our timeline, in our story, maybe you were with somebody and at the beginning of your relationship you guys just couldn't keep your hands off each other then...

DR. JOLENE BRIGHTEN: It always that way, right?

SHAWN STEVENSON: Kids happen, life happens, all the thing is... And now it's become something other than.

DR. JOLENE BRIGHTEN: Yeah, yeah.

SHAWN STEVENSON: And I saw this one particular line that you shared. It was, you were quoting one of your patients and basically, she said, "I want to go back to that."

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: And it's just kind of like a fantasy. It's like, but it's so distant because of life stuff.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Can you talk a little bit about number one, let's talk about some of the psychological aspects.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: That could be a barrier to sex and enjoying sex. And then we can talk about hormones after that.

DR. JOLENE BRIGHTEN: Okay. When it comes to barriers, I think for men it's very linear. And I'm not a man, but I think for men, they're like, this is the way it works for me. Therefore, this is the way it should work for you. And whenever I start talking about this information, somebody rolls in and they're like, this doesn't take into account what I do every day. And I go to work, and I work so hard. So, when I come home, I shouldn't have to do anything else. And she should just be having sex with me. And I'm like, okay, I'm going to give you the benefit of the doubt that, yeah, what you're not intending to say, but what you are saying is that you're entitled to her body. You're entitled to sex and no matter what you do, that's yours. No matter what.

And it's not that way for women. Yes, we like orgasms, yes, we like pleasure. Sometimes we have sex because we want to bond, we want to feel more intimate. Some women are stressed

and they're like, I know this is going to help. 'Cause oxytocin will be like, shut up cortisol. Like we're not even going to hear that right now. There's a lot of reasons why women will enter into sex and there's a lot of reasons that can shut down a woman wanting to have sex. There's a great model, these researchers came up with a Sexual Excitation and Inhibition model. And in the book, I talk about inhibition is basically the brakes. And then we have the gas pedal, which is excitation. And if you've ever tried to drive a car and maybe you have done this with your foot on the brake and you're pushing on the accelerator maybe it goes, but it doesn't go the way, it's not smooth. It's not an easy glide.

And sex is the same way. We have to understand which is why I put a quiz in the book, how touchy are gas pedals? Maybe you're someone who's just like sex on the brain all the time and how touchy are the breaks and what most men tend to focus on. And we're talking about heterosexual relationships 'cause that's where the orgasm gap in this pleasure gap exists. For most men, they're like, okay, roses, scented candles, get a bubble bath. Buy her lingerie, let's hit the accelerator. What women mostly need is dampening of the brakes. And if you think about your nervous system being like train track. And the train is the sex train likes getting to the brain saying like, "Hey, sex time."

So, the brain can like receive that package and be like, let's go. It's the things that are outside the bedroom that become barriers, maybe she had a really hard day, and she wants to talk to you about that. And you're like, yeah, not now the game's on, I'll talk to you later. Break. And then she had asked you like, I asked you to pick up these things at the store, were you able to do that? You said you'd pick that up? Yeah, I couldn't find this thing, I got this one thing. But you can pick it up on your way home tomorrow. Another break. She had an incredibly stressful day at work. Everything was falling apart. Like so that break already existed that had nothing to do with you, but that already existed. And then she goes into the bedroom and it's the end of the day and she's super tired and she's like, "Oh my God, I just slipped on a pair of his underwear because he couldn't make it into the laundry basket again," break.

Now this feels like sometimes to a man hearing this, like you're just harping on me about all of that. Literally, these are things that are putting breaks in her nervous system. So, the game's over and for you, you're just like, she's bending over in the freezer, like getting some ice, I'm into this. Let me rub up on her 'cause that's all it took for you. You try to send that sexy signal and that train cannot get through all of those barriers. Then it's that feeling of, she's not into me, I'm being rejected when in reality, she can't process that. She can't pick it up. Like her brain has to clear those blockades before she's able to actually get that signal. And so those are just some of the relationship breaks. I mean, we can also have breaks like, I don't want to get pregnant, but I don't have my birth control prescription, or we don't have any condoms. And that's going to be a hard break for a lot of people where they're like, well, a lot of women,

especially in the current state of the United States, are going to be like, break. Can't do it, I'm too afraid right now.

SHAWN STEVENSON: Yeah. Wow. I love this analogy with the gas, again, because you could even begin, have the intention, and have feelings like I want to do it, but then having the break on at the same time with all these other things.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: The psychological factors. This could deter the action of sex, but also the fulfillment of sex as well.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: So, we've got this part. Now, let's talk a little bit about what can be happening with our biochemistry, especially at different times of our lives. When I say our, I'm including myself in in teen women right now, but different times in women's lives and also different times of the month.

DR. JOLENE BRIGHTEN: Yeah. Well, what I came across in the research and I absolutely loved was this concept of the sexual phase. And I will say that in my program, in my book, I do talk about the ovulatory phase. And I'm going to say what I love about the idea of the sexual phase is that if you don't want to have a baby for whatever reason, it's a way of looking at your cycle that doesn't just reduce you to your reproductive capacity. For my program, I wanted people to actually understand ovulation and understand all of the hormones. But that naming it, the sexual phase is so brilliant. So, for people who are like ovulation, sexual phase, what are we talking about? Let's break it down. So, there's a hormone called luteinizing hormone. It leaves the brain, and it hits the ovaries and says, ovulate that egg.

So, and then what happens is about 24 to 48 hours later, an egg is released. That's ovulation. Which by the way, you only ovulate once in a cycle, and it only has about 24 hours to live. So, you can only get pregnant one day of the month, but sperm can live five. And why this matter is because about three days before that LH spike, you're going to be in the mood, you're going to see libido going up. This is estrogen and testosterone. They're scheming, they're like, there's supposed to be an egg and we're going to get some sperm. And it does not care what relationship you're in or who you sleep with. The biology, the ovaries are like, we have an agenda, like this is what we're doing. So about three days before that LH spike the day of the LH spike, and then about a day or two after, that's the sexual phase, that's going to be the peak of your sexual excitation.

Women fantasize more, so there's more fantasies. This is when you might be scrolling TikTok and you're like oh, they look so good. Or you're on the grocery store checkout line and you're like on the magazine, like, my brain is registering sex. It's going to be higher at this phase of your cycle. Easier to get aroused, orgasms happen quicker. They can be a lot more intense, and multiples are easier to achieve during this phase of the cycle. This is why it's the sexual phase of the cycle. Now, why it's about one to two days after the LH spike. Once you ovulate, there is a structure, it's a temporary endocrine structure left in the ovaries called the corpus luteum. It produces progesterone. And progesterone is like, you know what, let's get into some sweatpants rather than getting into their pants. Like, I'm not into that.

You already did the egg thing; we don't need it. We don't need any of that. You might be more inclined to like cuddling, make out sessions and like maybe less inclined to be seeking out sex. However, you still can have sex during that time. And it's important to have that progesterone up because if it's not estrogen comes up, you become more critical of your partner, you're cranky, you're bloated, like your breast are tender like that. None of that is sexy time. And this is also going to be one of the driest times of your cycle, so as you leave ovulation, you're entering the luteal phase. And then as progesterone is rising about 5-7 days afterwards, now down there is feeling a lot more dry. It's harder to... Maybe it takes you longer to orgasm. It's taking you longer to get aroused.

You're not self-lubricating. That's all normal because that's how the hormones are operating and that's how they're designed. This is also such a common time where men are like, you said... There's like this tweet that like goes viral, everybody just keeps reposting it. And I see it and the guy's like, why is it like one minute, women are so into us and then the next she could care less about me. I'm like, that's progesterone, that's ovulation. Prior to ovulation she was like, I cannot keep my hands off you, you are everything. Post ovulation she's like, meh and like that's all normal. And so, it just requires understanding your body, understanding your partner's body and having open communication around that.

SHAWN STEVENSON: Wonderful. So, what about during the period itself. When the blood flow takes place?

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Is there a shift over with estrogen and progesterone in that period right there?

DR. JOLENE BRIGHTEN: To have a period we have to drop the hormones. And so, progesterone goes away, that triggers the endometrial lining to shed, which is a period, this is a time where people will be like covertly like, I really love having sex on my period. Or I'm like, really in the

mood? Is that weird? Not weird. Totally normal, progesterone left testosterone's like, bye. I'm here now. And so, it's a very common time. It's also right before your period and the first day of your period, low, low risk of becoming pregnant. If you're someone who has that fear, that fear is removed, you're like, I'm bleeding right now. There's like, no one can set up shop in my uterus, I'm good. And then not to mention that period sex, if you're having penetrative sex, that's an internal massage that can be lovely for the uterus and orgasms. They're going to release endorphins that's going to help with pain. So, lessen period cramps. And there has been some research showing it may even shorten the period. Not like it's going to drastically shorten your period, but it just speeds things along, "All right, let's move this out and like get it over with."

SHAWN STEVENSON: Amazing, amazing. This is so fascinating. What about the taboos around having sex on the period? It's just like that is, it's so off-limits. It's not even a concept for a lot of people.

DR. JOLENE BRIGHTEN: Yeah. And it's, it really is. Some of it is religious. It was interesting because I was corresponding with a Jewish couple online trying to figure out, she was like, I have to go away like this part of my cycle and I can't, he can't even touch me on my period. And I was just trying to figure out, well, what if you like ovulate on day 10? And like, you know, just like... And they're like, what? We've never even thought about that. I'm like, well, then you would you think you're infertile, but you're just missing ovulation 'cause you have to wait for this period of time and I'm not going to tell you what to do. And there is like this religious component where it is very taboo. And I definitely respect that, but there is nothing really taboo about it from a scientific perspective.

People are like, you're going to get an STI. If then your partner has an STI, you're going to get an STI, it doesn't matter if you're bleeding or not. Some research is like, there could be a higher risk, but it's, if there's a risk, there's a risk. Why are we debating, do you like wait until she's done bleeding and still have unprotected sex? No, no, no, no, no, we're not doing that. But it is a very taboo thing. And I think a lot of that comes back to the root of shame. Periods are icky, women should be feeling shameful about it. It took until my 30s to stop smuggling, tampons up my sleeve going to the bathroom. I had a moment sitting in a restaurant. I was like in Proud Mary in Portland, Oregon. I remember sitting there and being at a table with my father-in-law and family and I go to put the tampon up my sleeve, and I was like, what the hell are you doing?

And I'm in my early 30s and I'm just like, this is dumb. Why are you... Why are you doing this? You bleed, you have a child. He knows this, everybody knows this at the table. And it was like the first time I walked to the bathroom with a tampon out and I was just like, people know what I'm going to do right now. It is definitely this psychological moment. But I was like, when does this end? When do I stop being a tampon smuggler? When does this end? Because the

mental burden on me to keep other people comfortable because I was on my period that they don't know it and don't feel. I think like when I just talk about that piece now take it to the period sex level and people are often surprised when I'm like, look, once my office door closes, there's a lot of men who are like, I'm really into that. I'm really into this. And it is one of those things that people are like, they love to shame people about fetishes. Sometimes it's a fetish or sometimes it's just hot of how into you, your partner is during that time, and they also don't have the fear of pregnancy.

SHAWN STEVENSON: Now in the book, of course you go into more than just the cycle itself, but also our overall life cycles and how hormones can change. And just again, becoming more aware of this.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: 'Cause everything is unfortunately taboo, but you're blowing the doors open on these conversations and it's so amazing. But it's something that you've said several times through this episode. You mentioned lube.

DR. JOLENE BRIGHTEN: Oh yes.

SHAWN STEVENSON: Now could lubrication just run of the mill. One of the things in the book that most blew my mind, like I had to yell into the other room, babe, did you know? that... You were sharing some of the things that people end up in the ER for, for putting up there. All right?

DR. JOLENE BRIGHTEN: Yes.

SHAWN STEVENSON: And one of 'em was like Pop Rocks.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: The candy.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: And I was just like, people, what they're doing, what, one of them was like animals.

DR. JOLENE BRIGHTEN: Yes.

SHAWN STEVENSON: I'm like, "Babe, there's animals." And then it's just like, yeah, of course. But I want to ask you about safe lubrication.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Is any lube like is chocolate syrup, you know what I mean?

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Because again, we think about these things, you're literally going through and sharing like, okay, these are green light things.

DR. JOLENE BRIGHTEN: Yeah, yeah. There's green light.

SHAWN STEVENSON: That are suitable for the vagina. These things are red light.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: And when I saw the chocolate syrup and the whipped cream, all these things, I'm just like, that sounds like RNB music video right there.

DR. JOLENE BRIGHTEN: I know, right?

SHAWN STEVENSON: I thought that you know what I'm... That was sexy, right? But this can cause some serious damage to the microbiome of the vagina. So, let's talk about safe lubrication.

DR. JOLENE BRIGHTEN: Totally. Food always seems like a good idea until you've got like a yeast infection and you're, what was I doing? Are BVs taken over and you're like, oh, my life right now. And it is something that people, they see this in the media. RNB videos, all of this stuff. I'm just like, tell me that men were on the set. 'Cause there's even like vaginal melts now where it's like, just tastes like a creamsicle. And I'm like, I can't get how that's kind of fun but also not necessary. Not necessary at all. There's not... The Pop Rocks thing I have to say on, that I've seen... I've heard a lot. I'm like surprised 'cause I'm like, sometimes I hurt my mouth as a kid.

I mean some people are adventurous. So, when we talk about safe lubes, no food is going to be a safe lube, sans like coconut oil. That's going to be one of those things that it, it's also controversial 'cause people are like, but it's antimicrobial so it's going to disrupt like, it could kill off the yeast and potentially, but the lubes that are being made with coconut oil, I've never had a patient have an issue with it. And in fact, I've had patients who switch away from the

glycerin-containing lubes to the coconut base and their yeast problems go away. People understand if a vagina develops bacterial vaginosis, which is the bacteria that causes the fish like odor after sex or develops a yeast infection after sex, that's because a penis went in and disrupted her microbiome in there.

The vagina should be acidic, semen is alkaline. It has to be, it's the only way to make them survive. And so, it's a disruption of the pH. People often are shaming women of like, this and this about your vagina. But in reality, it's like, yeah, but he did that. And if you had a good time, could you just stop shaming about it? So that's like the piece we would get concerned about with lubes is like disruption of the microbiome. Having things like spermicide in your lubes may disrupt the vaginal microbiome. There tends to be a threshold that if you're doing a lot, which could be reapplying, reapplying, reapplying, that could be disruptive and be problematic. You know, the run-of-the-mill, small amount of spermicide not as problematic, but we still just want to be mindful of that.

That's when people are like, let me put some spermicide and combine it with the lube in there. There are endocrine disruptors in lubes. We have to be mindful of those things. You want to be looking for paraben-free. I get people who are like, well, it's not that much of a dose. I'm like, we deliver hormones into the vagina. If you're postmenopausal, we put it in there because it's a mucus membrane. The vagina shares the same tissue as your inner cheek. So, anybody who's listening, who's like, what does a vagina feel like? Just reach in your mouth. That's what it feels like inside. Same tissue. That is a highly absorbent tissue, right? We can put medications under the tongue, we can put medications in the vagina, they can be absorbed. Endocrine disruptors are going to get in. And for people who are not familiar, I have to get people asking like, well, I mean, do they... They're not that problematic for hormones. I'm like, I didn't name them. Someone named them endocrine disruptors. It was not me because they do disrupt your hormones.

We want to watch out for those things. And if you are using lube, the other thing is just making sure that you're using like the right kind for the job, a lot of them that you'll see are water-based. You have to reapply those. And it's not great for anal sex. You can have a lot of friction tearing, the anus is not self-lubricating. That's when, and it's not great for shower sex or any kind of water, sex, please nobody have sex in hot tubs. Those things are just nasty. Like hot tubs, no good. But you see that in movies? They had hot, hot tub sex. And I'm like with everyone, cells in there like no, hot tubs are gross, they're just gross as it is.

And no shame to anyone who's done that, just like, take care of your vagina, please. But in water-based sex, anal sex, like silicone, that's going to go the distance. If you're like, "I don't want to have to re-apply this silicone." And then we have the oil-based lubes, which can feel really hydrating and lovely, and people enjoy those. But if you're using condoms, it's going to

break those down. If you're using the standard latex condoms, pregnancy risk, STI risk, so they're out.

SHAWN STEVENSON: Amazing, amazing. There's so many things... Again, there... Today, we live at the time with the greatest availability of choices. But especially when it comes to the human body, there are certain things that are just kind of tried and true, and I think simplicity is important here. You mentioning coconut oil, it's like a one ingredient thing, which might be a little bit better than this 10-ingredient, whatever this thing is. But also, you've got to honor, you said it and not just immediate thought, that should go on a t-shirt, take care of your vagina, it's going to be unique because all of us and every woman is unique and honoring that and so experimenting, but also erring on the side of intelligence, so important. Now, this brings me to this uniqueness, you really cover this in detail as well, because of our programming and the way that we are unfortunately mis-educated in a sense. There's this thing about how is it "supposed to look."

DR. JOLENE BRIGHTEN: Oh, yes.

SHAWN STEVENSON: Right. And you really bring... Shed light on this subject. And also, you... When you mention your browser history, going and actually studying, like what are the stats here with the way that vaginas look and the way that they're "supposed to look." So, let's talk a little bit about that.

DR. JOLENE BRIGHTEN: Yeah, so... Well, when you're saying vagina, we're talking about the vulva, so it's the exterior of how are things supposed to look. What's really interesting is that... Okay, so we've seen a rise in labiaplasty, and that is when basically it's making the vulva look more aesthetically pleasing. To whom? I don't know, I think it's maybe to yourself. But this is something that you'll often see marketed as like, "Oh, men like it," and "If it looks more like this or you have an ugly labia." And it's honestly ridiculous, and I'm going to get to why. So, we see this, there's this rise. And teens were having it, whose bodies weren't even developed. For a while, there, they were the top receivers of this. And it's problematic, because altering a body that hasn't finished maturing, that's problematic. But also altering an area where medicine hasn't really done this due diligence in understanding the clitoris, literally at the end of 2022, they finally had a study showing that, hey, there's about 10,000 nerve endings in the clitoris based on a human. Before then, had been based on a cow, everything was being based on a cow. This was the first time we had that information.

We have surgeons out there, had... And someone's going to come and be like, "I'm a surgeon. It's perfectly safe, it makes sex better." Like ACOG is like, "No, it doesn't." There's a lot of authority that says, "No." This is... If you need to have this procedure done because of hypertrophy of the inner labia, so the labia minora or people call the inner lips, if you need it

because of hypertrophy or because psychologically you are really struggling with this, that's a different story than being like, "You need to look like a Barbie." And no joke, that is literally what the top procedure was called, the Barbie, who doesn't have genitals.

Barbie has no genitals, but that's what women were aspiring to look like, because that's the marketing, that's the marketing that was happening. Now, as all of this arose, I got really curious, because doctor are always like, "It's porn. Porn's the problem. Porn is why." Porn may be why women want to have no hair down there, but I also think some women just don't want to have hair down there, and we don't have to make it an issue of porn. But for labiaplasty, I got curious. So, I was like, "Let's go look, let's go look."

As it turns out, PornHub had men vote and they were not voting for innies as people call it, where the labia minora is inside, they were not just voting for innies, which is what women are told like, "That's what you should aspire to be." They were voting across the board, there was so much vulva variation, I was blown away at men are into all of these different things. In fact, I don't even know if they even really care so much what it looks like as much as what its function is. So, I was like, "Well, what's really the problem?" After looking at this... How people voted and those outcomes, I go, and I open up my Netter's anatomy textbook. It's a white body, it's uniform in color, it's symmetrical, and it's an innie. It is all of the things that women are aspiring to be. So, then I was like, well, let me get on some of these medical websites. Same. Who's the problem here? Medicine is the problem. We don't... And it's just like, "What?" In 2020, we started to get bodies that were with melanin present in... And even still, it's not well-represented in across medical teaching.

So, with that, really, when I looked at where do you Google and find this in... You find it on these medical websites, and it's not accurately representing what things look like. And now there's a whole vulva database where you can go and look at all these different vulvas to know that all of these variations are normal. There's a lot of different ways that vulvas look like. As doctors, we know that. But the information that's being put front-facing, it doesn't look like that. I also talk about in the book how not only the size of the labia, but women being very concerned about it being darker down there or their anus being darker. And I'm like, "Yeah, it's full of melanocytes, they make Melanin, they make pigment. It is a highly pigmented area; it's supposed to be that way. And as you age, as you have hormones, like the color variations are going to change. As you get pregnant, there's more blood flow, there's more hormones, it's going to get darker down there." But then we've got people marketing being like, "Bleach your butthole! Bleach like your labia! You should do that." I'm like, "And you may end up with scarring and no longer having sexual function. Can we please put pleasure and function first and aesthetics take a seat."

SHAWN STEVENSON: Wow. So even having that bit of information for both men and women, melanin being more... It's one of the spots on the body where it's more concentrated.

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: On the reproductive organs, the vulva, and also for men, the penis and scrotum, and...

DR. JOLENE BRIGHTEN: Nobody's... Nobody's bleaching scrotums though.

SHAWN STEVENSON: Right, that would be crazy.

DR. JOLENE BRIGHTEN: You notice that.

SHAWN STEVENSON: Look at these colors cascade.

DR. JOLENE BRIGHTEN: We're not telling men like, "You should bleach down there."

SHAWN STEVENSON: But here's the thing too, it's just like if we've ever wondered like, why is this part of my body darker than the rest of the other parts, if anybody's ever thought about that or a different color, when this is like, this doesn't even see the sun. Why is it so dark? Or why this? Melanin is the reason.

DR. JOLENE BRIGHTEN: Yeah, absolutely. And getting busy is the reason, your body made no mistakes, it's like, you can find it. It's not going to be hard. This is the area, right? Because we're walking around with clothes and we're not on all fours anymore. It's also, as I talked about in the book, I had the question as I got into the breast chapter, why do we have breast? No other mammal has breast also not taught to me in biology. Yeah, as it turns out, what they believe is that as we evolved, we never longer had swollen anuses, now we were bipedal and we needed to have something that said, "Hey, I can actually reproduce. I'm of reproductive age," and so that's why we're the only mammal that retains our breast. Personally, I'll take that over swollen anus like, I'm going to call that winning, good job evolution.

SHAWN STEVENSON: There's so many incredible insights, I think this is... Again, it should be a manual at this point, and you had the audacity and passion to put this together, and I think it's just super special, and I want everybody right now to go and pre-order this book, we want to make sure that this is a huge best seller, and to get this into people's hands, and we can start to have these conversations because we can't teach what we don't know ourselves as well. And so really becoming enlightened and empowered about our bodies and our partners bodies and just... If something in our lives, if it matters to us, we need to make it a study, and again,

unfortunately, we're taught about so much in our reality that we don't really use. We live in these bodies, 24/7, and so to get educated about them is super important. Can you let everybody know where they can go and pre-order the book right now?

DR. JOLENE BRIGHTEN: Literally anywhere that they sell books, you can grab it, and even if you are sitting in the UK, Australia, a bunch of countries are going to have this book available as well, which I'm super excited about, and I can't wait to see how I make the UK counterparts blush with some of this.

SHAWN STEVENSON: Amazing. So, share the book title.

DR. JOLENE BRIGHTEN: It's called, Is This Normal?

SHAWN STEVENSON: Is This Normal? Judgment free, straight talk about your body, and I just appreciate you so much. It's always so enlightening talking with you, and this is one of the, again, just a handful of books where I'm just. I'm turning the page; I don't want to miss a thing. And I'm turning the pages, I'm just like, "Oh my god, why do we not know this?" And/or, why, for example, "Why don't I know this?"

DR. JOLENE BRIGHTEN: Yeah.

SHAWN STEVENSON: Right? And so, it's just super incredible. Is there anything else that you want to share with people that they can look forward to in the book?

DR. JOLENE BRIGHTEN: Oh well, we didn't even get into the 28-day program, which is mapping your hormones and your sexual life, there are all of these really cool exercises that come from my training and sex counseling for you to employ throughout your menstrual cycle based on where your hormones are at, to get to know your body even better and really determine your hormone. What's your normal? How to get those balance and then when it comes to sex, like what's my normal? Because we've all been inundated with all these messages about like, this is what it's normal, this is what orgasm should be like. This is what your desire should be like in reality, there's a normal for you, and it's just a matter of tuning in to figure that out and that's exactly what I'm going to help people do.

SHAWN STEVENSON: Wow. Incredible. Is This Normal? Pick it up, pre-order it, like right now, Dr. Jolene Brighten, I appreciate you so much.

DR. JOLENE BRIGHTEN: Oh, I appreciate you, thank you so much for having me.

SHAWN STEVENSON: Of course, Dr. Jolene Brighten everybody. Thank you so much for tuning into the show today, I hope you got a lot of value out of this episode, please share this out with a friend and/or a family member that you think would get a lot of insight and value out of this information. Again, it's so important to make these subjects more empowering and easily accessible and stop with this taboo nature of sex and health and our bodies, because again, this is where we live. And so being informed and empowered within our own bodies is such an important part of creating a healthier, happier culture. I appreciate you so very much for being a part of this mission and tuning in, make sure that you're subscribed to The Model Health Show on your favorite platform. You've got some epic conversations coming away very soon that you do not want to miss, take care. Have an amazing day. I'll talk with you soon.

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