



**EPISODE 905**

# **Let's Talk About SEX**

**With Guests: Dr. Jolene Brighton & Dr. Rena Malik.**

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**SHAWN STEVENSON:** In the words of the great 20th century poets, salt and pepper. Let's talk about sex. Now. This episode is for mature adults only. Now, this isn't gonna be like a two live crew explicit music warning, what is not like that, but we are gonna be having some mature science and conversations about sex. So listener discretion is advised. I've got two of the leading sexual health experts in the world for you to share some incredible insights. And I'm telling you, you are gonna wanna know this stuff. This is some incredible information and you're gonna understand why it's valuable for so many areas of our lives, it's not just our sexual health.

We can't separate sexual health from overall health and our longevity and our cognitive function and more. You're gonna learn about all that stuff, but there's so many misconceptions, so many crazy things going on in the world. I wanted to make sure that you have science backed information from two of the greatest experts in this particular subject matter. And to kick things off, first up, you're gonna hear from Dr. Jolene Brighton. Now Dr. Brighton is a board certified endocrinologist, clinical sexologist and bestselling author. And in this segment she's gonna be sharing with you the truth about pleasure, the connection between orgasm and brain health. Important differences between women and men when it comes to sexual desire and how to become more, as she calls it, clitorate. All of this and much more from this first segment with the amazing Dr. Jolene Brighton. I wanna kick things off by talking about the clitoris.

**DR. JOLENE BRIGHTON:** 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 are that disconnected.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** From the clitoris. Let's talk about it.

**DR. JOLENE BRIGHTON:** Yeah. I think that's the thing that's most surprising to people is that medicine is the, what I call the clitoral conspiracy. like they're behind it.

They're behind withholding information about the clitoris. So it was removed from Grey's Anatomy, and it wasn't until the nineties that it was acknowledged, but all the media was like clitoris was discovered. It wasn't actually discovered. It was like, okay, we're finally at a place where we can like acknowledge this. And even then it's taken decades for people to get the knowledge in their hands.

And I mean, even still, I mean, the book has two clitoral diagrams. So you will see a clitoris on 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 concept because it's, it's been information withheld from us from a very long, 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 like, not even the world's like greatest daredevil could jump it.

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

**DR. JOLENE BRIGHTON:** 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, we are only deviating once that XY 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. Multifunctional, that's kind of cool, but can't be too sensitive, right. It also is involved in pleasure, which I think we can all accept the clitoris. Nothing but pleasure. That's it.

**SHAWN STEVENSON:** Yeah. And when you mentioned earlier, by the way, Grey's Anatomy, you make the distinction in the book. It's not the TV show.

**DR. JOLENE BRIGHTON:** Not the TV show.

**SHAWN STEVENSON:** You we're talking about the anatomy book.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** 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.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** And I think that in our culture, we've been kind of manipulated into, into removing pleasure from the equation. And also not even considering pleasure for women in a, in a strange way. It's just like, this is the way that we do it. And, you know, that's kind of the end of the 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 like an Oh my god face.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** 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?

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** You know, 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.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** And. Let's talk about when people are asking like, is it normal for me to have an orgasm or to not have an orgasm? Or to, is it being difficult to have an orgasm?

**DR. JOLENE BRIGHTON:** 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 BRIGHTON:** Yes.

**SHAWN STEVENSON:** And because I was in eighth grade. Yeah. I remember I was in eighth grade and it was just, it was very, very primitive in a sense, you know? As far as education is concerned.

**DR. JOLENE BRIGHTON:** Yeah. Yeah.

**SHAWN STEVENSON:** But if we would be more primitive, to be honest, it would be a lot better. But, you know, we had the banana scenario with the condom. It was a lot of fear-based information. It was framed in a way for about fear.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** And there was no acknowledgement of pleasure. It's just kind of something that you want to avoid.

**DR. JOLENE BRIGHTON:** Mm-hmm.

**SHAWN STEVENSON:** Right. So that's what I remember.

**DR. JOLENE BRIGHTON:** 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 is, 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, 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? Like, 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 a 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 penises go in 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 there it's gonna be male centered because having an orgasm, there's 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 like 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 a lot to a lot of people in the health space. I talk to a lot of people in the health space. I get. Really just like salty about the, like food is fuel and like, you know, if you're enjoying it, like you, it is just like to be fueling your body. And I'm like, disrespectfully? No. Okay. Like I don't wanna, I don't, that's not my jam. Like, food should be pleasurable.

You know, being with your partner, like being with someone else like this should be pleasurable. Like 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 like, you know, if everything is just going through the motions, you're not gonna be mindful, we're not gonna have that mindfulness, we're not going to have the full human experience. And that begs the question like, why the hell are you even here?

**SHAWN STEVENSON:** Right. Oh my goodness. Yeah. The eat to live, don't live to eat phenomenon. The thing is just getting back to like a basic perception of this stuff. We're driven to eat things because they taste good. That's like why we have taste buds.

**DR. JOLENE BRIGHTON:** Yeah. Yeah.

**SHAWN STEVENSON:** And it's a 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 wanna do the thing is that it's supposed to be pleasurable.

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

**SHAWN STEVENSON:** But, and it seems so unfair that it takes the pleasure and the education on 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 like, things like where a lot of people are learning about how to do it is from pornography, and.

**DR. JOLENE BRIGHTON:** You should see my browser history friend, like really in searching for this book, when people ask me questions, I'm like, where, why are they asking that? Like I am, you know, 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? 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 CD website like I have landed on, because that information seems really legit, the way it's positioned.

And then you're met with like non-consensual, explicit advantages. And I say it's non-consensual 'cause I didn't know what I was entering into. And then you know, they're

they're met with that like, 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, you know, back when we were growing up, there wasn't the internet to go like, find this information on. You were like, I was like Dewey decimal system. And it like going through the library being like, what the hell is going on with my period here? And there were like notebooks. I'm like looking at medical books and being like, well, like this is not explain why I'm in so much pain.

So, you know, I think at every generation we've all like want wondered like, is this normal? And have tried to like 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 their parents. Like these parents are teaching their toddlers consent and people are like, they don't need to learn consent. Like consent is sex thing. No. Teaching someone, it's okay to say, I don't wanna hug or have to ask before you like, take a hug.

That is okay. Like that is a good thing to be doing, arguably. But in these countries like these, these like, you know, they're, I mean, they're like teens. So I mean, to me as a mom, they're like kids. But like 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:** Just to circle the conversation back to this important aspect of human anatomy that has to do with pleasure.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** 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 kind of biochemical aspect and also the psychological, mental aspect. And how that all is married together, but we tend to not think about these things.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** It's just like, are you doing it or not? Do you feel like it's a, a chore? Do you joy, enjoy it? We have these kind of life experiences of the thing, but we're not thinking about what's happening behind the scenes.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** So I wanna 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

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** That are often occurring for women today.

**DR. JOLENE BRIGHTON:** Mm-hmm. So I have to say, so, being more clitorate, Ian Kern is a great book for all men to read. She comes first and he came up with that term. And I think it is, 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, you know, that is the key way to orgasm. So once upon a time, Freud ruined everything. And he was like, the vaginal orgasm is what every woman should to 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. Where in reality, the 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 of all kinds, and you can find that there is many ways to approach this that bring pleasure

for people. So a lot of people, you know, they're taught that right in sex ed, like that's what sex is. And then men, like, 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, like, 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 like, at the butt of jokes and, you know, it's like, oh, a man can't find the clit. Like he wants to find it. Okay, he does. But like, nobody teaches us how to even have conversations about sex. And it's like very simple of like, do you like this? Would you like more of this? How's this pressure? Like, those kinds of things. But you, a lot of people are like, I can't even, 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 gonna find the clitoris. The external part is going to be right there underneath the clit hood. And if you're stimulating that starting with, usually. So per the research, I'm gonna 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 that'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, then you start to speed up and they're like, ow, don't do that. That's not, that's just them being like, you know, 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 like 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 loop. 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 loop? And I'm like, you know what's still not enough? Because I still think, 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, 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 wanna go with hormones in that conversation?

**SHAWN STEVENSON:** Before we, before we, transition from the clitoris.

**DR. JOLENE BRIGHTON:** Okay. We can stay on it as long as we can.

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

**DR. JOLENE BRIGHTON:** Oh, yes. Okay. So do penises change? Yes. Clitoris, same thing. Tissue becomes engorged. It becomes erected. 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 like 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 in 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 like make the space a little bit larger just in case, so that it's comfortable and pleasurable so that sometimes you're like really into it, but the genitals just haven't gotten there yet. And then other times, I've had people, so once people figured out, I told them ask Dr. Brighton is anonymous on Instagram. I started getting all kinds of messages. And one of them is that I just found so interesting is like, I'm scrolling through social media and I will find that I'm really turned on and sometimes like, like I'm heterosexual, but I'm really turned on by this woman.

Am I like gay and I didn't know it? Or like, what's happening? I. And really what's going on is the brain is surveying sex. And the brain's like, Hey, that's sex. And the genitals are like, woo-hoo, sex, let's get ready. And then you're like, no, I'm not into this. You're not into this. And so the, like, 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, you know, contrary to popular belief, the brain is really the biggest sexual organ. You know, and I shared some research, we'll put it up on the screen for everybody, but this research team, the lead investigator, he spent like a couple of decades studying female orgasm.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** And it lights up like 30 areas of the brain indicating more blood flow, circulation, infusion of nutrients, all those good things.

**DR. JOLENE BRIGHTON:** 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, you know, doing some Sudoku or, you know, crossword puzzles for brain health. It lights up a couple of areas. It's something so remarkable.

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** As far as the human brain, we're talking about orgasm.

**DR. JOLENE BRIGHTON:** Yeah. And the fact that it is an act of mindfulness. Like 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 like, it's the things that like we all do. And if you're a woman, you never have done this, like, tell me your secrets. Where you're like, like, you know, I'm sitting in this position like, uh, you know, I'm, 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. Like, can they see my roles? Like, oh, like what does this look like? You're spectator, you're like leaving your body and observing what's going on. I was just

like, you know, 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 some stretch marks. Ladies like Kendrick. Okay. He's like into this like, like, 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 this like fear, right? Oh my God. Like they didn't get STI tested and your poor body like overrode you on any common sense. Like no judges on that because it was like, brain was like sex. And like you said, orgasms so good for the brain. The hormones that it releases, like literally anti-aging, like take you backwards. Like compared to all the stress hormones that we are experiencing every day, why wouldn't your body wanna seek that out? Why wouldn't your body want those things? Like that is a total normal experience.

**SHAWN STEVENSON:** Yeah. Wow. Thank you for sharing that. So in the book you also talk about some of the. Mental barriers and also biochemical barriers. Yeah. Because again, hearing all this is just like, I want that. And also even in our timeline and 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.

**DR. JOLENE BRIGHTON:** Then it's always that way, right?

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

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** And you know, 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 BRIGHTON:** Yeah.

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

**DR. JOLENE BRIGHTON:** Yeah.

**SHAWN STEVENSON:** So can you talk a little bit about, number one, let's talk about some of the psychological aspects that could be a barrier to sex and enjoying sex. And then we can talk about hormones after that.

**DR. JOLENE BRIGHTON:** Okay. So when it comes to barriers, I think, so, you know, for men it's very linear. And so I'm not a man, but I think for men, they're like, this is the way it works for me. Therefore, like, 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, like, and she should just be having sex with me. And I'm like, okay, I'm gonna give you the benefit of the doubt that 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 let, like, no matter what you do, that's yours, like no matter what.

And it's not that way for women. So, yes, we like orgasms. Yes, we like pleasure. Sometimes we have sex because we wanna bond, we wanna feel more intimate. Some women are stressed and they're like, I know this is gonna help 'cause oxytocin will be like, shut up, cortisol. Like, I'm, we're not even gonna hear that right now. So 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. So, 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. Like it's, and sex is like the same way.

So. We have to understand, which is why I put a quiz in the book, like, how touchy are gas pedals? So 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 like we're talking about heterosexual relationships 'cause that's where the orgasm gap and this pleasure gap exists. For most men, they're like, okay, roses scented candles. Get a bubble bath. You know, buy her lingerie. Like let's hit the accelerator. What women mostly need is dampening of the breaks. And so if you think about like your nervous system being like train, a 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. So 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, oh, I asked you to pick up these things at the store. Like, were you able to do that? You said you'd you'd pick that up? Oh yeah. I couldn't find this thing. So I got this one thing, but like you can, you can pick it up on your way home tomorrow. Another break. You know, she had an incredibly stressful day at work. Like everything was like, you know, falling apart.

Like so that break already existed, that had nothing to do with you, but that already existed. And then, you know, 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. But like, literally, these are things that are putting breaks in her nervous system. So the game's over, and for you, you're just like, Ooh, like she's bending over in the freezer, like getting some ice.

Like I'm into this. Like, 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. So, then it's that feeling of like, she's not into me, like I'm being rejected. When in reality she can't, 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 wanna get pregnant, but like, I don't have my birth control

prescription, or we don't have any condoms. And like that's gonna be a heartbreak for a lot of people where they're like, well, a lot of women, especially in the current state of the United States, are gonna be like, break. Can't do it. Like I'm too afraid right now.

**SHAWN STEVENSON:** Yeah. Wow. I love this analogy with the gas, you know, again, because for you could even again, have the intention and, and have feelings like I want to do it.

**DR. JOLENE BRIGHTON:** Mm-hmm.

**SHAWN STEVENSON:** But then the having the break on at the same time with all these other things the psychological factors. This could deter the act action of sex, but also the fulfillment..

**DR. JOLENE BRIGHTON:** Mm-hmm.

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

**DR. JOLENE BRIGHTON:** Yeah. Well, what I came across in the research and I absolutely loved was this concept of the sexual phase. So I, and I will say that in my program, in my book, I do talk about the ovulatory phase. And I'm gonna say what I love about the idea of the sexual phase is that. If you don't wanna 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, that, naming it, the sexual phase is so brilliant. So for people who are like ovulation, sexual face, 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 matters is because about three days before that LH spike, you're gonna be in the mood. You are gonna 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 gonna get some like sperm. And it like, it does not care what relationship you're in or who you sleep with.

Like 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 face, that's gonna be the peak of your sexual excitement. Women fantasize more, so there's more fantasies. This is when you might be scrolling TikTok and you're like, Ooh, 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. Like it's gonna 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 this 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, I'm not into that. You already did the egg thing. We don't need it. We don't need any of that. So 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.

Your cranky, your bloated, like your breasts 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 five to seven 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. There's like this tweet that like goes viral, like

everybody just keeps reposting it and I see it and the guy's like, why is it like one minute women are like so into us?

And then the next like she could care less about me. I'm like, that's progesterone, that's ovulation. Like prior to ovulation, she was like, I cannot keep my hands off. You, you are everything post ovulation. She's like, nah, like nah. 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:** Alright, I hope that you enjoyed that first segment. We've got so much more in store for you. Now, keep in mind that the bedroom isn't the only place that you wanna be cooking up something amazing. It's in our kitchens as well. And also, we know that our nutrition has a huge impact on our sexual health and function. Now, we can have the very best ingredients and the very best intentions in the world, but end up poisoning ourselves because of our cookware. In fact, for years, Teflon non-stick cookware has been poisoning people. And one of the most notorious compounds used to make their Teflon cookware was a chemical called Perfluorooctanoic acid, or PFOA.

And it's been found repeatedly in peer-reviewed studies to contribute to higher rates of infertility liver disease in a variety of cancers. For instance, a study published in the Journal of the National Cancer Institute concluded that PFOA is a strong kidney carcinogen with risk increasing in tandem with levels of exposure. And they only recently removed this chemical after decades of harming people's health, only to replace it with chemicals like Gen X that have been found to be similarly toxic. According to a report from the Environmental Protection Agency, these chemicals are in this class of forever chemicals that are simply not breaking down in the environment.

And for many of us, they're holding up shop within our bodies. So how can we break free from this nonsense? Cooking is supposed to be one of the most helpful things that we can do, and so for real, safe, beautiful non-stick cookware. One of my favorite gifts to give the people that I love is the cookware from our place. It's non-toxic PFAS free, meaning that it's free from those forever chemicals and it has over 75,005 star reviews on their award-winning

cookware, pressure cookers and more. And definitely check out their titanium non-stick cookware as well. Just head over to [fromourplace.com/model](https://fromourplace.com/model). That's [fromourplace.com/model](https://fromourplace.com/model), and you're gonna receive 10% off all of their cookware and their appliances when you use the code model at checkout. Okay? Remember to use the code model at checkout, and also depending on when you head over to their website, you can get hooked up with some advanced discounts as well and still use the model code for an additional 10% off. And with their 100 day risk-free trial, free shipping and free returns, you can give this gift to yourself and the people that you care about with confidence.

So again, take advantage of this right now, head over to [fromourplace.com/model](https://fromourplace.com/model). That's F-R-O-M-O-U-R-P-L-A-C e.com/model. Use the code model at checkout for 10% off. Plus take advantage of their incredible specials that they have from time to time. Check them out asap and speaking of cooking. Let's get back into the bedroom. Up next, we've got certified urologist and sexual health expert, Dr. Rena Malik. And in this segment she's gonna be sharing some incredible insights about sexual health, including why erections can be a powerful indicator of overall health, what the equivalent of erectile dysfunction is in women, additional similarities between the penis and the clitoris. More secrets to sexual pleasure, the truth about foreplay, and much more. Enjoy this next segment from the amazing Dr. Rena Malik.

**DR. RENA MALIK:** It absolutely matters. So we like to say sexual health is health, right? When you have normal functioning genitals, right. That fill with blood, that have good sensation, that respond appropriately to erotic stimuli, that tells you a lot about your overall body, right? That you have good vascular blood flow, that you have, you know, intact nerves, that you don't have anything going on in the background that might be creating an issue. And very often we're seeing it in the genitals before we see it elsewhere. So we like to say for men that erectile dysfunction is the canary in the coal mine.

So when you start having trouble with erections, or maybe you're not getting that morning erection that you used to get as often as you used to, it might be a sign that blood flow is decreasing. And you're gonna see it first there because the arteries to the penis or the clitoris for women, for example, are, you know, one to two millimeters, whereas arteries to the heart

are three to four millimeters. So you're gonna see problems manifest themselves in your sexual life before you do in your heart, for example, for chest pain.

**SHAWN STEVENSON:** Mm. Wow. So our bodies are literally giving us physical feedback. If we're paying attention. So mentioning blood flow, so would, what would be the equivalent for women erectile dysfunction?

**DR. RENA MALIK:** So it would be the sensation of a decrease of arousal. So arousal for women is, you know, having good lubrication and that's not always the case. I don't want people to feel like if they don't have enough lubrication, it's just because there's something wrong with blood flow. It could be a hormonal issue, but certainly lubrication, having that sensation of like feeling the pressure in your genitals where it's feeling more engorged. So that sort of sensation being not as prominent as it used to be, potentially.

**SHAWN STEVENSON:** Now with the blood flow correlation, and you mentioned this just a few minutes ago, is this similar? So is there arousal that's seen with the clitoris? Let's just talk about the clitoris.

**DR. RENA MALIK:** Yes.

**SHAWN STEVENSON:** Let's have a clitoris masterclass.

**DR. RENA MALIK:** Yes, let's do it. So the clitoris is the hoog of the penis. So when you think about embryology or the way we're developed, when you look at a like a embryo, you have what's called a genital tubercle. And that in the male becomes the penis, and then the female becomes the clitoris. And if you take an anatomic section of the clitoris and the penis and you cut 'em down the middle, you're gonna see, they look exactly the same. They are two cylindrical bodies that fill with blood and gorge with blood and are basically a long shaft. So what you see, the clitoris, you're just seeing the head, you're just seeing the glands, just like the glands of the penis. So that's what you see visibly. But then deep inside you're, you're getting the shaft of the clitoris and then it separates to get the crura. The men have it too. It separates to the crura, and so that's sort of the exact anatomical homolog.

It's just displayed differently, right? External genitalia look differently, but the erotic tissue is the same.

**SHAWN STEVENSON:** Holy moly. And also I'm thinking about the, the hood as well.

**DR. RENA MALIK:** Yep. Like the prep use of the male or like the foreskin of the male. So, same exact thing. And interestingly, what a lot of people don't realize is that women also can sort of pull that back and clean under it because sometimes they can develop smegma or sort of dead skin cells or oils that sort of get stuck between the clit hood and the clitoris that can then create discomfort, pain, maybe muted orgasms. So we're not taught this in anatomy 'cause we're barely taught anything at all in an elementary school, right?

**SHAWN STEVENSON:** Oh man.

**DR. RENA MALIK:** But you're not really taught this. And so it's important to understand the anatomy and that's gonna be your key, right? You can understand yourself, explore yourself, and then you can explore your partner because now you, you know, the anatomy's essentially the same, it's just slightly in a different location.

**SHAWN STEVENSON:** All right. I just flashback to that middle school sex ed class that I had. And we were explicitly told that the vagina was the sexual organ. Right. The clitoris wasn't even in the conversation. And so with this being said, this being the equivalent, so this would automatically for us have a light bulb go off that this is the organ of pleasure.

**DR. RENA MALIK:** Yes, absolutely. And it's the only organ in the entire human body that's only for pleasure, right? The penis has the urethra, the urine comes out of there, so the clitoris is literally only there for pleasure. There is no other purpose of the clitoris. And so it's a shame that we don't even get taught that. That is the only organ. So the vagina, you know, is essentially underneath the clitoris, right? So absolutely women get pleasure from stimulation of the vagina because a clitoris sits right on top of it. There's also different nerve endings and things, sort of areas like the G spot or the cervix that have nerve endings that can be seen, felt as pleasurable when stimulated.

And so definitely it can be an organ of pleasure, but the clitoris is the most direct route for pleasure. So it's as if for our male listeners, if someone stimulated your scrotum, yeah, maybe it feel good, but it's not gonna feel as good as if someone stimulates your penis. So similarly sort of, that's the analogy.

**SHAWN STEVENSON:** Now with this being said and the clitoris being the hub of you said something so remarkable, exclusively for pleasure. There's no other organ in human anatomy that is just about pleasure. This is a big question here, and I know that there isn't a cookie cutter answer for this, but if we can just get into the majority conversation, how do we go about pleasuring the clitoris?

**DR. RENA MALIK:** Yeah, so think about how, you know, everyone sort of has a different pressure sensation, pressure threshold, but you need stimulation of the clitoris. So that can be light touch, that can be firm touch, that can be vibration, that can be using oral sex. I mean, a whole variety of things. But the key is communication, right? Because just like, you know, things will work for the majority of men, things will work for the majority of women, but everyone's a little different, right? And if you've had enough sexual partners, you'll know that there's someone who likes this and someone who likes that. And so you gotta talk to each other and be like, what do you like?

What, you know, and, and we need to normalize asking and also telling or even non-verbally telling, right? Like, move a little this way or move a little that way, or whatever it is. But just sort of being open to exploration and talking about it and playing, right? Because it's supposed to be fun. And so like, I think those things are really valuable and important to really figure out what is the stimulation that your individual partner likes. And it might, you might not get it right the first time or a couple times or here or there. It might not work exactly the way you want it to, but as you learn your partner and you get experience with that, then you can sort of, you know, decide what works better. And, I think always keeps some diversity, keeps some variability. You don't wanna keep serving up the same script every time.

**SHAWN STEVENSON:** Ooh. Don't want not the same rerun over and over again.

**DR. RENA MALIK:** Yeah. Yeah.

**SHAWN STEVENSON:** Now with this being said, the communication part, you know, I know people, obviously, we have very diverse ways of communicating, so I would imagine that different context would be helpful with communication. Some people it might be on the ground training as it's going down. Some people outside of the act, you know, maybe you're having dinner, maybe you're just hanging out and you're talking about it.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** Can you talk about that?

**DR. RENA MALIK:** Well, we, you know, what we say in sexual health is like, fourplay starts at breakfast, right? You're, you're not just, sex is not just the only place where you're sort of building up pleasure. You should be building up that flirtation, that discussion potentially earlier in the date or whenever you're with your partner so that there's some anticipation, some excitement going into it. But also, you know, it's, I think it's really, you know, empowering to tell somebody what you're into or even ask them what are you into?

Right? And that can be outside of the bedroom and probably it's better to be outside the bedroom, right? Because then it puts people sort of more insecure if you're doing it. You know, right before, like, you're like, oh, I'm really into this, and you were like, I wasn't mentally prepared for that. Right. So, so sort of like, actually, you know, before you get into the bedroom, maybe when you're in the car or when you're sitting at the dinner table or wherever you find it comfortable just to, you know, sort of broach the subject and everyone's gonna respond a little differently.

And if they've never talked about sex before, they may respond negatively, but I think you'll be like, look, I'm just trying to make sure that we have the most fun possible, and I'd love to know more about what you like. And I think making it a non-threatening sort of just open-ended way, and if they don't respond appropriately, maybe you try again later. Right?

But, certainly just trying to build that up so that you guys can both have a, or multiple partners for whatever, you know, whatever you're into, like can have an open discussion about what sort of you enjoy and what your partner enjoys and what your expectations are and that sort of stuff.

**SHAWN STEVENSON:** Awesome. So I, I have you here, so I'm gonna ask the question.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** Is there a certain spot on the clitoris that might be, you know, more acclimated towards pleasure, towards orgasm. Is that, is that a thing?

**DR. RENA MALIK:** Well, generally the visible part of the clitoris is very , sort of the most sensitive part, just like the glands or the head of the penis is very sensitive. So yeah, that tends to be the easiest and most reliable route to orgasm now. The G spot, which is sort of in the vagina, but also is part of, it's not a spot. Let's reframe. It's a erogenous zone. It's misnomer called the gpo. It's an erogenous zone, so it's an area where it's underneath the clitoris, so you're getting some stimulation of the clitoris.

There's also the skene's glands, which are the hamalog, again, that same word to the male prostate. And so that has some nerve endings that are pleasurable. And then the distal third of the vagina has the most nerve endings. So basically it's about two to three centimeters in the vagina on the anterior wall. And so that area can be quite pleasurable for some people, but it's not always gonna be as reliable. And not everyone's gonna have an orgasm with stimulation of the G zone, but it is something that you can experiment with.

**SHAWN STEVENSON:** Okay. So to break this down, all right. So the, the G spot IE, this erogenous zone, correct. The general location of this, you said the anterior side. So this is the belly side.

**DR. RENA MALIK:** The top. Yep.

**SHAWN STEVENSON:** Right. And two to three inches in.

**DR. RENA MALIK:** Mm-hmm.

**SHAWN STEVENSON:** And so I would imagine there are a variety of ways that you could interact with that area. Yeah. Like how should, what are some ways to go about that?

**DR. RENA MALIK:** So it can be obviously through manual stimulation is probably what people talk about most. Sort of like introducing some sort of digit and then manually stimulating that area. It can be with a toy, it can be.

**SHAWN STEVENSON:** I love how you said digits.

**DR. RENA MALIK:** We gotta make it medical, you know? So, so yeah, it can be with a toy and there's toys that are sort of like shaped in certain ways to stimulate that area. It can be with your, you know, your PHUs and so a variety of different ways. But again, experimenting and vibration is always a really great tool. It actually has been shown to improve orgasmic intensity to improve satisfaction. And so it's great to bring accoutrements to the bedroom if you feel comfortable.

And, you know, I think it's sort of fun to experiment with different types of things and it may allow for more pleasure. And if you are really someone who enjoys seeing your partner have pleasure, then that may also be a great way, and they can show you too. You can watch them stimulate themselves to decide what is actually really enjoyable for them. So then you know how to emulate that.

**SHAWN STEVENSON:** Amazing, amazing. I want to talk about this because, you know, a lot of the conversation regarding health, especially in conventional medicine, is focused on the, the male and erectile dysfunction.

**DR. RENA MALIK:** Mm-hmm.

**SHAWN STEVENSON:** And it's ridiculous how this isn't discussed. And, and this is why your work is so remarkable because you are addressing these issues and talking about women's health and sexual health and sexual dysfunction.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** So I'd love to talk a little bit about some of the common issues that women deal with regarding sexual dysfunction and of course talk about some solutions as well.

**DR. RENA MALIK:** Absolutely. So the most common one that we hear about is low sex drive, low libido. And actually when you look at survey studies or studies where they've, you know, inquired about how many percentage of women have low libido, it's up to 40%. So that's pretty high, but it's not that all 40% of those women are feeling bothered by it. Right? It's usually about 12% that experience some bother associated with low desire. And there's other buckets of sexual dysfunction too, right? There's difficulty with orgasm or maybe not having an orgasm at all.

There's difficulties with arousal, which are less common, but they do occur. So we see it a lot in men, obviously with erectile dysfunction, but with women, it's a, it's usually less common. We typically end up focusing on libido, orgasm issues. There can be pain issues that occur, you know, with intercourse and pain is never normal. Let me just say, you should never be told to go drink a glass of wine or relax or whatever. That's, if it's painful, it's not right. And that should be addressed. So, those are sort of the common buckets that we're seeing. And they all have sort of different causes and treatment options, but a lot of it, you know, and then a lot, there's a lot of, it's sort of bio-psychosocial, so it's not always just a biologic problem.

Right. And I think I wanted to mention that earlier too, that the reason sexual health is health is because it's a huge part of your mental health too. So we spend a lot of time thinking about sex part, maybe participating in sex, wanting sex. And when you have a problem in the sexual department, no matter who you are, it affects your brain. So I tell everybody, it doesn't matter if you're just having an issue because your hormones are off or because your blood flows off, you're still gonna have a problem in your brain because it's stressful, right? When you, when something's not working the way it should, and you're seeing people on the media like have orgasms within minutes and having this amazing sex, and you're like, man, why is that not me?

Right? And what's wrong with me in I broken? Like, that's in your head and that's gonna affect your ability to perform. Stress affects your ability to have sex, stress and anxiety and depression. They all affect your ability to have normal sexual function. So that's what we say. It's a biopsy psychosocial model.

**SHAWN STEVENSON:** Right. Wow. And it feeds into each other.

**DR. RENA MALIK:** Absolutely.

**SHAWN STEVENSON:** That becomes a vicious circle. I don't think that it is so obvious, but it's not talked about enough. And I know that a lot of couples experience this and how stress, especially for women, can suppress that desire, right? Absolutely. And just like. I have a friend of mine who's been on the show multiple times, Shalene Johnson. And she, she had some analogy of like, if I've got piles of laundry and, you know, the kids need to be taken to such and such, and this other kid, we got an appointment at this time and I got a, and I haven't even taken a shower and all the things. How on earth am I gonna be wanting to, you know, full on, have sex and be interested in sex when I've got all this mental stuff that's weighing me down?

**DR. RENA MALIK:** Absolutely. And the thing about it is interesting because women look at stress. I mean look at sex as a another burden sometimes or as another chore, whereas men tend to look at it as a stress relief. And so there's actually data that shows that. And so that's a real challenge is like, how do we get. People in the mind frame that sex is supposed to be fun and enjoyable, and a time to relieve stress, not a chore. Right? And so there's actually really excellent work by Laurie Brato who's a sex researcher in Vancouver, looking at mindfulness and how that impacts libido and overall sexual satisfaction. They found that women who do participate in mindfulness and men have better sex drives and overall improved quality of life because of that. And so it's a huge problem. Right. And the stressors are just getting more and more, right? Because I think like when you and I were growing up, I didn't do a ton of sports and activities, you know, one thing, right?

And, and I didn't have, my parents didn't worry that much about it 'cause they're like, oh, she's doing fine. But I feel like now there's like all these pressors, you have kids, you gotta take them to this activity, that activity, this activity, keeping up with the Joneses, whatever it is, right? And everything's on social media.

So you feel this, like this desire to have some visual aspect to your life, which is stressful. And everyone's stressors are different, right. But there's financial stressors. There's a whole bunch of things that people are dealing with that make it really hard for them to then enjoy this moment, which is supposed to be intimate and pleasurable. Yeah. And then that creates discord between relationships. And nobody wants to address that discord or talk to their partner because they feel shut down or they feel upset, or they feel not heard. And so there's a lot of it that comes from relationship issues, and it's a real, it's a real challenge.

**SHAWN STEVENSON:** All right. I'm gonna ask you the biggest question of our day.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** How do people deal with all this stress so that they can have better sex? I'm just gonna throw this out here. I've been a big proponent because I'm aware of this. I proactively look for ways to take things off my wife's plate.

**DR. RENA MALIK:** That's awesome.

**SHAWN STEVENSON:** Like I find little creative ways to.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** The only thing is like challenging myself sometimes to not say it. Yeah. That I'm doing the thing like, babe.

**DR. RENA MALIK:** It's hard.

**SHAWN STEVENSON:** Hey, I need some points. I'm about to go do this. Whatever, you know, adding up the points, you know. We jokingly she'll, you know, deduct points from time to time. But, you know, just knowing that, you know, today there's just, like you said, there's so much going on, so many new stressors and you know, her just wanting to be able to focus on her own wellness and just like proactively as a partner, just finding ways to help to support her in her having the conditions where she can de-stress, process things, you know, have a moment to herself. All these things I've picked up on doing over the years.

**DR. RENA MALIK:** Absolutely. And that's one of the ways, right? Like I think whether you can or can't do those things, you can certainly try to support her in other ways. So say you don't have the time to do certain chores or certain activities that your partner's doing, or you just don't find them as valuable. So I'll give you an example. My husband will be like, you wanna take the kids to do this activity? I don't think it's necessary. Like, that's, then that's your responsibility. And I, I will respect that, right? So it depends on where you're at. But I would say that in terms of. Figuring out ways, innovative ways to make things easier, right?

So whether it's buying a Roomba to like vacuum the floors that does it by itself, right? Or hiring someone once a month or once a week or whatever to come clean your home. Whatever it is that you can afford, that's reasonable. Or, you know, go having her, her family or your family come over and watch the kids, whatever it is. But taking off some of that responsibility is absolutely helpful. And I, I joke with my husband, there's like these, you know, we share memes on, you know, social media and some of the memes that women relate most to are when they see an attractive man doing household chores. And we all joke, that's so hot, right?

Because it's like, that's really what gets women excited. It's like, yo, you're helping out. It's not that the chore is really that exciting. It's the fact that like someone's recognizing you, seeing you, and doing that chore for you. So, that's part of it. Other things can be actually prioritizing intimacy, right? It's really hard to do that. But think about we prioritize everything as we prioritize brunch, we prioritize meetings that probably don't need to be meetings. We prioritize a whole bunch of stuff that doesn't need to happen. But we don't ever prioritize

intimacy. And I'm not saying sex specifically because it doesn't always have to be penis and vagina sex, right?

It can be being intimate. So what that could look like is scheduling instead of date nights, scheduling intimacy time, right? So you drop the kids off, you have a babysitter, whatever it is, and the goal for that time is to connect intimately. So that could be cuddling together that could be lying together naked. That could be whatever it is that you enjoy without the pressure of saying, we're gonna have sex, we're just gonna be intimate. If sex happens, that's great. But then making that a scheduled thing and actually going through with it. And you think about like when you used to date when you were younger, right?

Like you were excited to go on that date and you were like, oh, we might have sex. It's gonna be fun. You didn't know there was gonna be sex for sure, but you're like, we might, so I'm gonna be prepared for it and I'm gonna be excited about it. And so it's sort of the same thing like you, you go in with no expectations except for the fact that you're gonna connect with each other, not just go to dinner and talk, but actually physically connect with each other.

**SHAWN STEVENSON:** Before we move on, I want to talk a little bit more about orgasm.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** All right. And not just, again, we can look at this in a kind of a superficial lens. Like, oh, that's good. You know, I want some of that, that it's fun. It's, it's yummy, whatever the case might be, but why it's so good for our health. And also, you know, in, in the discussion earlier in talking about the clitoris, how much of that, as far as maybe is there a percentage on how, how much of like, or orgasm comes from clitoral stimulation versus other stuff?

**DR. RENA MALIK:** Absolutely. So let's start with that question 'cause that's easier to answer, quicker to answer. So we know that about 85, 80 to 85% of women need some form of clitoral stimulation in order to achieve climax. Now some of them will need it with vaginal stimulation or will like both, but 80-85% will need clitoral stimulation in order to reach an orgasm

And many women, that's the only way they can and that's completely normal and completely okay. So that's, you know, the thing, and I think a lot of people, because they're not taught that, don't know that, right? Yeah. And so if you don't explore yourself or you don't tell your partner, you're, you may never have an orgasm.

**SHAWN STEVENSON:** Yeah. And there are some men that are just like, what is a clitoris? You know?

**DR. RENA MALIK:** Exactly.

**SHAWN STEVENSON:** Like, there it, it, it is out there. All right.

**DR. RENA MALIK:** Yeah. And you know, I teach, I used to teach medical students and you'd be shocked at how many medical students try to put a catheter into the clitoris and not the urethra, which is the P tube. So even very educated, very smart people don't know. And so I think because you learn about it, right? But actually looking at it and seeing it in real life, it's shocking, right? So that's really important. In terms of the health benefits of orgasm, there are many, right? So we know that it, it actually reduces, it brings your, once you're after the orgasm, your heart rate goes down, your blood pressure goes down, you have better mood, better sleep.

So in the short term, orgasms are really good for overall those sorts of things. But we also know that orgasms in general. Are, you know, are related to, can, can also be effective in terms of reducing pain. So if you're having pain or discomfort, having an orgasm can often reduce your pain, you know, your pain or heighten your pain threshold. So that is valuable for sometimes people who may be having pain in their body somewhere. So there's a lot of benefits to having orgasms. And so when people talk about, you know, they sort of get, get upset about masturbation. A lot of times that's the only way someone's getting an orgasm and they're, that's the only way they're reaching those benefits of orgasm.

And so, in my mind, you know, as long as you're, you're, whichever way you're getting to orgasm, as long as it's healthy, meaning you're not spending an ordinate amount of time trying to achieve orgasm related to other things in your life, right?

And you're doing it with consent and you're doing it, safely, that's great. You know, because there are so many benefits to orgasm.

**SHAWN STEVENSON:** All right. Let's, I've been keeping it together. All right. Now I'm curious, obviously you, you talked a little bit about the different ways of stimulating the clitoris. What about, are there any ideal sexual positions that would maybe, you know, that would kind of automatically happen as well? There's a lot of positions out there on streets. All right. I remember I saw this like Kama Sutra poster one time. It's just like, there's a lot of ways to do this.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** But are there certain positions that can kind of just defacto stimulate the clitoris as well?

**DR. RENA MALIK:** So, typically, and there's actually been data on this, so there's studies where they've looked at different positions. They've looked at like. They've, they've given them names like rocking, angling and a variety of different names. But essentially what they found is that with the woman on top one, that allows her to sort of position herself in a way that may allow for more clitoral stimulation. So that sometimes is more likely to lead to orgasm.

The other one, sort of like rocking or angling your body in such a way where you're penetrating, but also sort of stimulating the clitoris can be helpful. Sometimes these stim, these positions take some practice, right, because it's sort of like you, some of them you actually both have to move in a certain way. There's one called the coital alignment technique, which is like, you know, you're both moving in a rocking position and you're like positioned in a way where it's directly on top of the clitoris. And it actually takes a little bit of sort of, you know, coordination and..

**SHAWN STEVENSON:** Very dancing.

**DR. RENA MALIK:** So you gotta sort of practice, right?

**SHAWN STEVENSON:** Patrick Swayze.

**DR. RENA MALIK:** Yeah, yeah, yeah. So you gotta sort of practice and, and that's okay, right? Because if ultimately the goal is to have a enjoyable sexual experience, like, so what if one time sex is not so great? You're just trying to figure it out so that the next time can be even better. And I think that we put a lot of weight on like, oh, you have sex with one person one time, and it sucks. It's not meant to be like, you know, I'd rather have bad sex and then amazing sex than have good sex once and then, you know, be like, oh, that's the one. And then the sex, the sex starts sucking because they stop trying so hard, you know?

**SHAWN STEVENSON:** Oh, wow. So hard. Trying so hard. All right. I've been holding back on those. Okay, let's shift gears now and talk about men's sexual health a little bit more. Talking about male sexual health and erectile dysfunction has, oh my goodness. It's like this is a multi-billion dollar industry now for pharmaceutical companies. There's all kinds of stuff. But these are oftentimes bandaid solutions, right? So these are not treating the underlying cause of the erectile dysfunction. So what is at the root? Why is erectile dysfunction on the rise? And you see, I said on the rise, all right. I couldn't help myself.

**DR. RENA MALIK:** Erectile dysfunction is on the rise because of the rise of comorbidities, right? We have more diabetes, more high blood pressure, more high cholesterol than we've ever had before. And you know, this, you're a nutritionist, like this is routed in inactivity and poor nutrition, right? The large majority of these issues are coming from that. Now there's hormonal issues, certainly low testosterone, is a very small percentage of reasons for men to have erectile dysfunction.

It's about 3%. So when people are like very concerned about their testosterone, there are a multitude of benefits to testosterone. But just because you are low doesn't mean that fixing that is gonna fix your erections all the time. And if you're not low, then there's probably some other reason that you're having issues. Now there's also probably more psychogenic erectile dysfunction, meaning people are more stressed, more anxious. And so they're developing psychogenic Ed. You think about it as a young guy, if you have an issue with an erection one

time, that is so stressful, right? And then you go to your next encounter and you're stressed, am I gonna get an erection?

Am I gonna get one? Is it gonna happen? Of course you don't because you're stressed and then you like, something's wrong with me. Right? And then it just, it's horrible. It's a horrible experience. And the other thing that's very infrequently talked about is pelvic floor dysfunction. And so that is, we all have a pelvic floor. It's these bowl of muscles that sits in our pelvis that holds everything up. It's actually a part of your core. And what happens is sometimes due to certain stress, anxiety due to sort of mobile issues with the function of your pelvic floor due to maybe trauma due to maybe sitting for long periods of time.

We're seeing people develop what's called high tone pelvic floor. And what that means is your pelvic floor is essentially super tense. So it's like your bicep is stuck like this. And so one, it can't relax and it also can't go through its full range of motion. It's sort of stuck here. So you could think that if this happened for long periods of time, you're now not getting good blood flow to your muscles. You're not getting good blood, you're getting pain maybe in your elbow, your shoulder, your wrist, a variety of different areas that are not even related to the bicep, right, or not even directly related.

Right. So similarly, when you get pelvic floor dysfunction, it could present in a whole host of different ways, one of which is erectile dysfunction, but it can also present with pain with erections, pain with ejaculation, it can present with maybe changes in sensation, constipation, back pain, hip pain. So a whole host of different things. But you know, that is another thing that I'm seeing a rise of, particularly during COVID. I saw a lot of it 'cause people were sitting and stressed. And so, you know, that that's a big part of it. But, so these are all the reasons that erectile dysfunction is becoming more common, and we're also living longer. So you're gonna see more erectile dysfunction because 50% of 50 year olds are gonna have ed, 60% of 60 year olds, 70% of 70 year olds, and so on and so forth.

**SHAWN STEVENSON:** Holy moly. Alright. You know, this really goes back to something very practical, like our lifestyle and, you know, being chair bound and sedentary and the rising comorbidities and, you know, and for us, because and then the, again, it's a vicious circle,

right? It feeds back into itself. But the thing that stood out the most in that is the psychosocial connection, right? Just how much our thoughts influence our sexual function, because that's really what it is. It's based on our thoughts, our perception of things, and whether we are turned on or not.

And it can be, of course, like subconscious things happen on accident in a way, of course. And, but still, it's what's governing how your body's responding for men and women. And so really like how are you dealing with the stress in your life? Like what is your perception about your own wellbeing? And like you just said, like being, you know, kind of having like a psychological turmoil based on a sexual experience. Right. So my question is the same thing holds true with men. What can we do to better manage our stress, to feel better about ourselves, to feel better about our bodies, and thus have better erections?

**DR. RENA MALIK:** Yes. So I think when you're in a long-term relationship, it's a little easier because as long as you partner's on board, you can work together to sort of, sort, you know, step back, right? So if it's the, it's starting to like be present during sex, like we're talking about being present in a conversation, but it's also being present and enjoying the sensations, right? Like enjoying the feelings, enjoying the, and not thinking about what your body's doing or not doing. And so very often when you see a sex therapist, the first thing they'll say is, stop having sex and actually do something like sensate focus where you just get naked and you just touch each other and you just touch each other everywhere except the genitals.

So now you're not focused on your genitals, you're just remembering what areas. That you touch feel good and you're experiencing that. And then as you start feeling more confident with that, you then go to starting touching genitals. And then after you start feeling comfortable with genitals, you can then consider doing penetrative sex. But sort of like taking a stepwise approach to then get you back to feeling comfortable in those scenarios so that you're not thinking about, am I gonna have an erection or not? And also sometimes just saying it right, like I'm worried about my erection. And if your partner is like, I don't care, like if it like, as long as they know it's not them that's causing you to lose your erection, then they're gonna feel okay about it, right?

They want to, if you're like, I'm still committed to it, making sure you have pleasure and I still would like to have pleasure, like then you guys can work through that together. You know? And I think that the big misconception comes from when people are not talking about it and they start feeling like, oh, it's me. They're not having an interaction 'cause it's my fault. And now you feel embarrassed and then you're like, oh, I, you know, it's, this is not gonna work, or whatever the situation is.

**SHAWN STEVENSON:** Wow. Yeah. This goes back to, you know, this has been a thread throughout this conversation, which is just talking. You know, having communication. It's so funny, like we say this stuff in culture, you know, communication's the key, but really like actual. And I think this goes back to another issue, which is just having the time or creating the time, allowing the time for you to have that communication with all the craziness going on in life. And that's another thing that's lacking today for many couples. I want to ask you about, so if getting an erection isn't the issue, but the quality.

**DR. RENA MALIK:** Mm-hmm.

**SHAWN STEVENSON:** Right? If people are wanting to improve the quality, and I would imagine this is rooted in having good blood flow.

**DR. RENA MALIK:** Mm-hmm.

**SHAWN STEVENSON:** What are some of the things that people can do to improve that? The quality of their erection?

**DR. RENA MALIK:** Absolutely. So it's the same things that we talk about in general, right? What is good for your penis is good for your heart. What is good for your heart, is good for your penis and good for your brain, and good for like, you know, all the important organs, right? So exercise, eat right, those sorts of things. But beyond that, so that's first and foremost, like don't go searching for treatments until you've like really fix those problems. Right? And then in terms of, you know, we talked about psychogenic issues. The other thing that I find that helps sometimes is giving someone a bandaid, right?

Giving someone a low dose of tadalafil, for example, a medication for erections. Just so they can get their confidence back in terms of like, oh, I can get an erection and it's working great and things are great again. And like you get that confidence back and then you can go off it and see how you do, right? And so it sort of like helps break the cycle sometimes. And so that can be an option in terms of, you know, if you are seriously having psychological issues now, if you want the quality to be better absolutely is things that improve blood flow, which would be increasing diet, increasing exercise.

Over time you're gonna see that your erection quality is gonna get better too. In fact, they did a study where they compared men who did exercise to men who took a Viagra, for example, and they saw the improvements were the same. So actually doing something completely natural, like working out or doing exercise doesn't have to be actually going to the gym, right? Any sort of form of exercise will improve erections. So that's one. Two is, you know, there are of course medications I've talked about that can help. And these work by essentially creating more blood flow to the erection. So they're bandaids, they're not fixing the issue. And nothing you take at least orally as a pill right now is gonna reverse the issue.

Even if you take a supplement or something like that. It's just increasing the, the body's way of getting blood flow to the area. But the second you stop taking it, it goes away. Right? So those are sort of. And then there's other options, right, that are, that are more invasive, that I wouldn't recommend if you're just trying to improve the, the maintenance of your erection, right? You have an erection already. I wouldn't probably go overboard. Now, in terms of things that are available that are, you know, sort of you're hearing about in terms of like reversing ED or increasing blood vessels in the penis, for example, one of these is shockwaves. So it's using acoustic shockwaves to the penis that creates like this mechanical trauma to the erectile tissue that your body then sends growth factors in to create new blood vessels.

And so basically it's responding to this trauma by actually then going in and sending growth factors to create more blood vessels. So this is actually in theory, reversing the condition. Now this is still considered experimental in the United States. It's in the Europe, it's accepted now as formerly in the guidelines in the us I think we're getting there soon too.

We have about 10 years of data on shockwave therapy, specifically focused shockwave therapy, not radial shockwave therapy. And that has shown to improve erectile dysfunction in mild to moderate erectile dysfunction. Meaning that you can, either your erection's not as great quality or you lose it too soon, or you maybe respond to medications but you can still get an erection. And so in that category of men who have problems with blood flow, not other issues, right? Not hormone issues, not pelvic floor issues, not psychological issues, but specifically they also have blood flow issues. You're seeing in that group of men where you're seeing about a 70% success rate at three months, meaning that people are getting better erections.

And at a year that goes down to about 50%. So probably whatever's causing that blood flow vascular problem is continuing even though you've done this and so you probably, there's some maintenance that needs to be done. But ultimately that's the one I would say that has the best data 'cause it has about a decade of research. Now there's other things that people will talk about, like, PRP injections and stem cells where the data is pretty immature yet. And I would say that it's not as compelling in multiple studies. That's positive. So there's mixed reviews and stem cells has very little review. So I would say at this point, those are not things that I would say everyone agrees are pretty good, but they are, there are emerging areas. So this is something that we're looking at in terms of in urology and ways to reverse the problem rather than just use a bandaid.

**SHAWN STEVENSON:** This has been fantastic and. I was just saying I've got like 20 other topics that I wanna ask you about, so we definitely have to have you back again and I just appreciate you so much for deciding to turn that camera on and to start sharing this content and information with people. It's a big part of our lives and you know, it's just unfortunately not a lot of education about this. And I just really do appreciate it because you saying yes to doing that is helping so many people, so it's pretty amazing.

**DR. RENA MALIK:** Thank you. Thank you. Thank you so much for having me. This was so fun.

**SHAWN STEVENSON:** Alright, I hope that you enjoyed this powerful sexual health masterclass. If you did, I'd appreciate it so much if you share it out. With the people that you

care about. And also this is a great opportunity to connect with these two amazing teachers. Dr. Jolene Brighton has some amazing books and incredible social media content. Dr. Rena Malik is one of the most viewed people on YouTube and social media overall when it comes to sexual health education, so you can get more on those respective platforms. But most importantly, this is about being proactive in your education for all areas of human health. And number one, of course, applying what we've learned and also sharing the education because as we've discussed, so many of us are lacking education or miseducated.

About this particular subject matter. So I appreciate you so much for hanging out with me today. We've got some amazing masterclasses and world class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon. And for more after the show, make sure to head over to the [model health show.com](http://modelhealthshow.com). That's where you can find all of the show notes. You can find transcriptions videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome and I appreciate that so much and take care, I promise, to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.