

Debunking Myths of Intimacy and Sexual Health with Urologist Dr. Kelly Casperson

Dr. Adrienne Youdim 00:03

Hi, this is Dr. Adrienne, Welcome to Health Bite the podcast where we explore all things health and wellness. Hi there and welcome back to Health Bite. I'm your host, Dr. Adrienne. This is our podcast where we talk about all things health and wellness, in which we hope to encourage you to take small actionable bites towards your better health. So today, I am really excited to have with us Dr. Casperson. Dr. Casperson is a practicing neurologist. She's also host of the podcast, you are not broken, which focuses on female sexual health. Welcome, Dr. Kelly.

Dr. Kelly Casperson 00:45

Thanks for having me.

Dr. Adrienne Youdim 00:47

Yeah, I'm excited for this conversation. Thank you for being here. So I always like to know, and particularly in this circumstance, I like to know how people come to this line of work. So you're a physician. So obviously, you're interested in your patient's health and well being, but what in particular made you interested in intimacy and sexual concerns?

Dr. Kelly Casperson 01:12

Well, urology is the surgery of the pelvis, right. And it's it is focused more on the male. And so I've always kind of had my work be in the pelvis. So I'm very comfortable with the anatomy down there. But it's actually a patient of mine who got me to this place. So about three years ago, I was taking care of a patient of mine. And she was a bladder cancer survivor. And she was crying in my office because she had a wonderful marriage, but wasn't intimate at all felt very guilty about it felt very broken about it. And I had no idea how to help her. None just kind of sit and listen. And I'm like, there has to be stuff out there. What What is there to help people who just feel so incredibly broken about it. And the more I started learning and talking to my patients about it, the more that just kept coming up, like they feel broken, they feel broken, and I would tell them facts that I was learning about female sexual response and how things work. And I just kept saying you're not broken, you're not broken. So that's how the podcast was born.

Dr. Adrienne Youdim 02:10

Yeah, such a organic generation or Genesis, right?

Dr. Kelly Casperson 02:15

Yeah, cuz as you know, we did not get taught about sexuality in medical school. And certainly, it's just part of being a human. Right. It's what we do. We all got here because of it. But we really don't get a lot of education on it.

Dr. Adrienne Youdim 02:26

Yeah, it's interesting, because that seems to be a common theme of this podcast, particularly recently as my hosts, or my guests, rather have been physicians, is that the things that really matter to people are things that are not necessarily taught to us, but they are certainly universal and part of the human condition.

Dr. Kelly Casperson 02:45

Yeah, absolutely. I mean, you can be such a specialist as a physician and you know, know about the rarest blood disorders, but it's like these things that are common, how to sleep well how to exercise how to how to enjoy intimacy and sex. It's like this stuff, we still it's so important.

Dr. Adrienne Youdim 03:02

So I'm curious, how does this come up in your practice? Is it our patients forthcoming with their I mean, this one particular person was perhaps your initial your initial patient, but do people tend to talk about this with you? Is it something that you bring up in a routine manner? How does how to issues that intimacy can arise in your office?

Dr. Kelly Casperson 03:24

The most common is, you know, anytime we operate in the pelvis, or we have disorders of the pelvis or the vulva, I always ask about intimacy, because it's part of the job that the pelvis does. And so it tends to come up that way of like, are you sexually active? And instead of just ending it there, I say do you desire to be? And so it kind of opens up the conversation of like, I actually I stopped 10 years ago, because it was painful. And what I've noticed is we're missing the ball and all these women, it's been years and years and years since they stopped being intimate. Certainly, it's a lot more work to restart after being inactive for a while.

Dr. Adrienne Youdim 03:57

Yeah. And in that particular example that you gave, it was like an organic or, like a pain was the cause of absence, so to speak, very commonly very common after menopause. Let's talk a little bit about what are those common pain points for people so pain after menopause? What are some other common examples that people give? Either physiologic or psychologic?

Dr. Kelly Casperson 04:23

Yeah, I think number one, just as far as pain goes is perimenopausal or postmenopausal vaginal dryness because of dropping estrogen. It's a very simple fix. You just give the vagina estrogen again the vulva estrogen again, it's very low dose. Those tissues became female because they saw estrogen. And with the changes in menopause, the estrogen becomes so low that those tissues get very tight, they get dried out they get itchy, basically very uncomfortable for sex. So that's number one is a very common, postmenopausal about 70% of women will have postmenopausal genital urinary symptoms of menopause. It's been new term it used to be called vulva vaginal atrophy. But people don't like the word atrophy with vaginas. So they change it to genital urinary symptoms of menopause, which is an entire mouthful or GSM. The second problem is that's very common is low desire, feeling like I want to spontaneously desire sex and feeling broken, because they don't. The most empowering thing for women there is realizing that the majority of women have what we call responsive desire, meaning they're not seeking out we're not actively seeking out sexual intercourse. But once we're involved in the

moment, that's where our desire comes from. Once we, but no women, we don't get taught that right. And certainly the men don't get taught that either. So just saying, hey, if you enjoy the party, it's okay. If you don't always want to seek out a party, somebody takes you to the party, and you have a good time. That's really what matters.

Dr. Adrienne Youdim 05:47

You talk a lot on your, on your podcast and on your website about the different kinds of desire, can you go into that a little bit more.

Dr. Kelly Casperson 05:55

So spontaneous desire is kind of your Hollywood teenager, 18 year old desire. So spontaneous desire is seeking it out, stereotypically, but not always men have spontaneous desire. But even men have responsive desire. And what happens is, as we age as especially when we're in long term relationships, the spontaneity, the newness, all the things that come with where desire comes from, goes away, because you know, all this person's secrets, right? And you're busy, you've got a career, you've got kids, you've got a to do list, so that spontaneous desire changes to a responsive or reactive desire. It's not, it's not broken. It's actually very normal. It's intended to the majority.

Dr. Adrienne Youdim 06:34

Yeah. And so this as compared to your first example, in which there is a very easy fix, you know, a topical cream, for example. It's not an easy fix. So how do you go about, you know, addressing this in your patient?

Dr. Kelly Casperson 06:50

Yeah.

Dr. Adrienne Youdim 06:51

Do you address personally do you know, refer out to a psychotherapist? How do you go about this?

Dr. Kelly Casperson 06:57

Yeah, the sex therapists are fantastic. And certainly in you know, my job. As a urologist, I don't have time to talk to people about this a lot. You know, in our long conversations, my sex therapists in town are amazing. But I think it is an easy fix. Because I say, listen, you're expecting to have spontaneous desire. And that's just not how the rulebook is written, right? Can you imagine the United States of America or the world if we all had spontaneous sex drives all the time? It'd be a freaking disaster. Like, we have to have jobs and be professional.

Dr. Adrienne Youdim 07:24

I was gonna say nobody would get any work done.

Dr. Kelly Casperson 07:27

Yeah. Nobody would get any work done. Right. There's a reason that the world is not run by 18 year olds. So to me, I just you change the paradigm and you say, It's okay, you're not broken? Do you like the party? And if you if you don't like the party, meaning you don't like the sex that you're having, that's

another conversation, you certainly can't have any desire, if the sex is painful, or if the sex is unsatisfying, so that doesn't need to be addressed. But if we just normalize and say, yeah, you know, a lot of people don't desire to exercise, right? We don't wait around saying, well, someday I'll exercise if I just get spontaneous desire to exercise. So we understand it better when we change the paradigm and don't think that sex is this kind of exceptional thing that we must have a spontaneous desire for.

Dr. Adrienne Youdim 08:08

Yeah. Can you talk a little bit about and I think that's just that awareness to your point is so important, right, it's liberating, right, just just knowing so powerful, um, talk about a little about some of the other maybe, and I want to get back to the physiologic to, because we kind of glossed over that, but talk about maybe some of the other emotional, psychological barriers that you hear about.

Dr. Kelly Casperson 08:32

Yeah, I mean, one of them, you know, to bring in mindfulness into having good sex, but women are very well up in our brain, right? We're executive functioning people in orgasms don't live in tomorrow or in yesterday, orgasms have to be in a body that is present to the current sensations and the pleasure and the experience. And a women we're planning right, especially women with kids, right? You've got to know where those kids are, are they safe, what's going on? Women have a hard time saying I'm just not focused or just get distracted. And in order to truly enjoy intimacy and sex, you have to refocus and bring the mind back to the pelvis. So it's really is a cool thing that if you start thinking about sex, as far as mindfulness enjoying the body, as pleasure to be savored, because I think a lot of people come at it, like it's this goal, or it's this target, like I just have to have an orgasm. It's like orgasms hate being instructed. You don't work that way. So it's very a cool thing to if you kind of envelop sexuality in mindfulness and learning to shut that mind off and really not care about anything else except for what's going on.

Dr. Adrienne Youdim 09:38

Yeah, I mean, it's, this is another interesting point that comes up in every podcast, practically, you know, how much mindfulness which is really just paying attention, right? is so key to all these health behaviors and to our well being.

Dr. Kelly Casperson 09:58

Yeah,

Dr. Adrienne Youdim 09:59

the repeated theme,

Dr. Kelly Casperson 10:00

we almost we almost sometimes overthink the complexity of sex, right? We're like, just give me the eight point plan. And you're like, actually, orgasms are dumb and happy. Like, they just want to not be thinking they want to just be totally about pleasure with no stress, like I have to within 10 minutes. That's not gonna work. Like it's really kind of the getting all the expectations out of there. And certainly getting tomorrow and yesterday out of the bedroom.

Dr. Adrienne Youdim 10:25

Yeah, man, I think expectations is probably a big point. And also the way that it's played out, you know, for good or for bad on TV and how it's romanticized. And, you know, hollywood eyes if that's the right word, but

Dr. Kelly Casperson 10:39

100% that women and men, you know, it specifically speaking in a heterosexual example with Hollywood, is that women and men should have orgasms at the exact same time. The other big myth that Hollywood again is spontaneous desire, right? The other one is that sex ends when the man has an orgasm. How often do people believe that's the truth, right? Instead of thinking of sex as a as an entire experience, where both people should experience pleasure, and it doesn't end just because one person predominantly male is done with the experience.

Dr. Adrienne Youdim 11:10

And I imagine, this has always been true, but particularly Now, given that we're in the midst of this pandemic, and there's so many stressors and depression has gone up and anxiety has gone up. And depression and anxiety being a barrier to you know, good sexual health. How are you seeing COVID and Coronavirus, and pandemic play out in your practice in this regard?

Dr. Kelly Casperson 11:36

Yeah, there's a big debate whether or not there's going to be a huge baby boom or not. Right, he's baby boom, because people are around each other more but less of a baby boom, because of the economic uncertainties of the time. So it'll be interesting to see how it ends up playing out. What I say a lot is it's what people make of it, right? Like, enjoy what we have, what we have is our this absolute moment that we're in, and if you can celebrate that, and one way to celebrate that is with sexuality, instead of a lot of people are spinning their minds thinking about tomorrow, because it is so uncertain, and it is so stressful.

Dr. Adrienne Youdim 12:09

I think it's not only the uncertainty and the worry about finances or health, but I also think a function of cohabitating. You know, working from home and being from home wives are not used to having their husbands are on 24. Seven, they're not used to working from home and managing children that, you know, so there is that and and I know there's a increase in the incidence of discord as well as the incidence of abuse over the course of the pandemic. So that also plays a role, obviously,

Dr. Kelly Casperson 12:42

Yeah, it's really learning how to be with somebody in a whole different way, right? Because all everybody's schedules are different.

Dr. Adrienne Youdim 12:48

So what do you think about some of the other maybe physiologic barriers, and that tie in maybe is alcohol as your as we were talking about pandemic? And I think there was a Jama study saying that routine alcohol use went up a little bit over 17% over this timeframe. And that, of course, has an impact as well on sexual drive, and sexual health in a way that people don't expect, right?

Dr. Kelly Casperson 13:14

Totally. I actually this is like alcohol is my new favorite topic to talk about. Because we are being sold a stress reliever that's actually dangerous to us, right. But we've been taught to think that alcohol is safe, and it's only certain people that can't tolerate it. But truthfully, alcohol is a neurotoxin. That's what it is. It really disrupts people's sleep, right. And studies have shown that if we have poor sleep, especially we see this in shift workers a lot. If you have poor sleep, your libido, your sex drive goes way down your body prioritizes. And your body's like it's not time to reproduce or think about having fun when I'm exhausted. If you have one glass of alcohol, your sleep doesn't normalize for three to four days afterwards. So even these people who say oh, I you know, I only have a little bit alcohol, but my sleeve is so bad, it's like there's might actually be something to even that small amount of alcohol that you have. Also, alcohol is not super friendly with erections. You certainly can see more erectile dysfunction with that. The other thing that where alcohol can be good. So again, I'm just I'm not saying alcohol is great. But what alcohol does to get people in the mood is it trains the brain to not worry about tomorrow or yesterday. So alcohol really focuses the human in the present moment, which is why we're most more spontaneous washers, wire inhibitions are down, which is why we're like, Sure, let's jump in the sec, because our inhibitions are down and we're not thinking about consequences on either end of it. So how alcohol works is why alcohol is also hugely related to the hookup culture in our youth. Also sexual assault, because of the inhibitions and kind of our normal social, social constructs or, you know, being warned that maybe you shouldn't go down that down that path or have another drink with that guy. So alcohol is high related with sexual assault.

Dr. Adrienne Youdim 15:01

Yeah, I'm glad that you brought up that point of the disinhibition because I think that that is a big point at which it facilitates or in people's minds facilitates the sexual interaction. But to your point in men, and in women, it affects well in men, the erection but also orgasm.

Dr. Kelly Casperson 15:23

Yep. Also orgasm. So yeah, it's a kind of a fine line between like, a little bit might make you in the mood. But more than that, you're going to have trouble or with an orgasm. Yeah. Because it's alcohol is a depressant. Right. And so it that's how it works on the function of decreasing orgasmic ability.

Dr. Adrienne Youdim 15:40

Yeah. What are some other physiologic barriers that you make that you come across?

Dr. Kelly Casperson 15:48

Anything that inhibits blood flow, right, so we think we think of erections and blood flow pretty easily in the male population, anything that inhibits that for them, so diabetes, smoking is it I swear, if they put this might cause erectile dysfunction on cigarette packages, you'll see you'll see smoking go way down. But it does the same thing to women. Our clearances are, for all intents and purposes, small penises. And anything that could inhibit the blood flow in a penis can inhibit the blood flow in the clearest, you need good blood flow for arousal, for the, for the nerves to be healthy, and to really enjoy that pleasure.

Dr. Adrienne Youdim 16:21

So you talk a lot about how health I guess impacts intimacy, right, or sexual health. So like, you know, circulation and cardiovascular system and smoking and alcohol. Can you also talk about the reverse? You know, how does intimacy impact health?

Dr. Kelly Casperson 16:44

Yeah, well, there's tons of studies. So it releases wonderful neurotransmitters, and oxytocin and the bonding, kind of the bonding hormones that make you feel closer to your partner. It helps with sleep. So people who have orgasms have better sleep, there's some data and again, sex data is kind of like, you know, diet data, like it's not always great data, but anecdotally, it helps with sleep, it helps with stress relief, lots of people use sex for stress relief. So it's it kind of just lets the body have like a release. And the same thing of what's healthy for sex. So I want to have a healthy sex life. What should I do is get adequate sleep, don't smoke cigarettes, limit the limit or don't have alcohol and then exercise cardiovascular fitness. Also, weightlifting increases testosterone, which is great for desire and sex.

Dr. Adrienne Youdim 17:34

Yeah, let's talk a little bit about the link between exercise and and sexual health. Talk about that a little bit more. Because also, I think, you know, the healthy people, I think it was 2010 said that, you know, 10, even 10 minutes of exercise, there's all this data very short bouts of exercise prolong life, right. And so I think when you're young, you know, you don't care about prolonging life from from 85 to 87. But maybe if they put that label of good sexual health and exercise.

Dr. Kelly Casperson 18:05

Yeah, exactly. They should just link everything to sex. It's it would, it would work better for marketing. We know that cardiovascular fitness is good for blood flow, they can reverse erectile dysfunction by getting a guy to exercise and lose weight. And then again, building testosterone naturally, because testosterone really is the hormone of desire. If somebody's like, I really want that kind of that go get them desire. That's more testosterone than any of the female hormones, and weightlifting way more than cardiovascular exercise has been shown to increase testosterone. Also poor sleep lowers testosterone, alcohol lowers testosterone,

Dr. Adrienne Youdim 18:40

And in both men and women, because I think a lot of women don't recognize that testosterone is a healthy and active hormone in females as well.

Dr. Kelly Casperson 18:48

Yeah, our ovaries make testosterone as does our adrenal gland, we actually have women have 10 times the amount of testosterone than estrogen in our bodies, we just don't know that. It's incredibly important. And it also goes down with menopause, not as quickly as the estrogen and progesterone. But it also does go down

Dr. Adrienne Youdim 19:08

There any data around the amount of exercise that's necessary in order to maintain those testosterone levels at an optimal level for good sexual health.

Dr. Kelly Casperson 19:21

I'm probably just what the, whatever the high end of the national guidelines are. But if you read the national guidelines, like it's not a little bit of exercise that our bodies are made to move, we just created this environment where we sit around all day long, right? In our natural environment, we have bodies that move

Dr. Adrienne Youdim 19:39

It's very variable, you know, in terms of whether we're looking for health or whether we're looking for weight loss, which is of course, you know why most people want to exercise I always say I wish weight loss and exercise would get a divorce because there's so many benefits of exercise that far surpass weight loss.

Dr. Kelly Casperson 19:57

Oh, yeah. I mean, the anti depression and anti aging data coming out from exercise is absolutely astounding. And if you want to talk about longevity, the often neglected organ of longevity is muscles, especially in women. Yeah, so we should be lifting weights, just because we want to be, you know, looking good preventing fall risk, really aging well, muscle also plays a role in insulin resistance. So supporting our muscles, building our muscles, and working them really helps women especially as we get older,

Dr. Adrienne Youdim 20:28

Right, as well as kind of frailty and things of that sort, which, which also pertain to sexual health. If you think about it.

Dr. Kelly Casperson 20:36

Yeah, and then exercises role in, you know, reversing or treating depression, anxiety, because depression, anxiety is linked to having poor sexual interest or poor sexual life.

Dr. Adrienne Youdim 20:49

I like that you brought up oxytocin. I love oxytocin myself, particularly because, you know, I practice nutrition and weight loss. And I've always found it so fascinating that the hormone that nourishes, or gives sustenance to a baby. So the oxytocin is what causes release of milk from and allows mothers to breastfeed is also the same hormone that creates that bond or interconnectedness, and secure attachment between mother and child is it's fascinating that like food for your body is the same as food for your soul. And oxytocin is the link of that.

Dr. Kelly Casperson 21:36

It's cool. It's a you know, it's a nice reward. One of the awesome benefits of having sex, we just think about sex is kind of this frivolous thing, right? But it's like evolutionary, we needed to reproduce, our body kind of created these bonus points for being sexually active.

Dr. Adrienne Youdim 21:50

Yeah, and I think that the reason why I think oxytocin, oxytocin in particular was important because is because a lot of us may attribute that we know about it because of babies and because of

breastfeeding. But I think a lot of people don't realize that oxytocin is still a hormone that is released in the bloodstream, as well as kind of a neurotransmitter in the brain, and it's still in adulthood, will facilitate these connections. And so kind of the act of sexual engagement is also helping, in a very physiologic way, create this interconnectedness between the individuals that are involved. Yeah, it's very cool. It's very cool.

Dr. Kelly Casperson 22:34

And they tend to, you know, they tend to say, also in that kind of oxytocin thing of like, the more you do it and enjoy it, the more you want to do it and enjoy it. I think another myth about you know, especially female sexuality is you only have so many orgasms a month, and Heaven forbid you like run out, or you use one just with yourself, because they all have to be with your partner, right? And we think of it as it's like the scarcity thing. And it's like, it's not actually very scarce. The more you do it, you're the more your body is comfortable with it, the more you're curious with it, and the more kind of rewards you get from that oxytocin and stuff like that.

Dr. Adrienne Youdim 23:03

Yeah, I know that a big part of your podcast and kind of your mission is debunking certain myths. So what are some of the myths that you come across some of the big ones.

Dr. Kelly Casperson 23:16

That women shouldn't orgasm as fast as men, right? Nobody knows that men take three to five minutes in a vagina to have an orgasm. And women can take 30 to 50 minutes to have an orgasm. Totally normal, you're not broken. That's just the way our bodies are built. And then you can always tell that we think about sex in a very male centric way or male centric society, because people think that it's a bad thing, then they're like, well, how come we have to take longer? And I'm like, Why is that a bad thing? Like, we just get 30 minutes of massage, you know, we get this long, wonderful thing. So even the way that people think that that might be bad, tells me that they're really trained to think about sex in a very male centric way.

Dr. Adrienne Youdim 23:55

And also sorry to interrupt but a goal oriented way, right?

Dr. Kelly Casperson 23:58

Very exactly a very goal oriented, like, Why do I have to spend 30 minutes to have an orgasm, it's like you get to write, just don't end your event because the guy can, you know, be done in three minutes. And that's another myth. Right? Another myth is that sex ends when the guy orgasms, who made that rule? Why are we Why are we all following that rule that's not satisfying 50% of the population, right? And then another myth is that women should have an orgasm with penis and vagina sex or penetrative intercourse. Also, a way that we are trained to think about sex is that sex means a penis in a vagina, where we know there's lots of couples that don't want don't have a penis, or don't have vaginas. Right. And we kind of, we talk about sex in a very narrow way, especially in heterosexual relationships. Instead of opening it up to say this is about intimacy and pleasure for both partners equally. But once women women think they're so broken because they don't have orgasms, just by putting something in

their vagina, the vagina is not the pleasure organ of the female the clitoral is. If you neglect the one organ designed purely for pleasure, you're not going to be as successful with having an orgasm.

Dr. Adrienne Youdim 25:07

As I'm mulling over all of your, all of you,

Dr. Kelly Casperson 25:12

I've either blown your mind or have scared you, I'm not sure.

Dr. Adrienne Youdim 25:15

No, no, not scared, you know, what I, what I really enjoy his. And I enjoy and all these conversations is really bringing all these different pieces of people's health. I mean, I don't think people think about sexual health or sexual interactions or engagement as a health and well being function. And so I actually, I love this, I love to be able to bring that kind of piece to it, and have people think about it in a different way. And also to tie in all of these other aspects of well being that we always talk about, like good food, exercise, sleep, mindfulness, and to see how relevant it is totally. Even this, right.

Dr. Kelly Casperson 25:59

Yeah, when I started learning about it, I'm like, Oh, no, I'm gonna have to tell people to like sleep well exercise, manage their stress, and be mindful in order to have good sex. And I'm like, yep, that's part of it.

Dr. Adrienne Youdim 26:10

So with all of this, that you have all this knowledge that you've acquired in this area, what are some main tips? And maybe maybe you've gone through them? You've gone through some of them already. But are there is there anything that you haven't shared that you think is valuable for people to take away from this conversation?

Dr. Kelly Casperson 26:28

I think what's very helpful for a lot of women is, number one, realize what your limiting beliefs are, right? Or what's holding you back. Because a lot of times, especially with sex, we have all these like, thoughts that we think are absolute facts, right? Well, I can't do this because of bla bla bla, or my religion, or my society, or I grew up not being able to talk about it, it doesn't mean you can't move forward and grow. I mean, a lot, a lot of intimacy and sex is personal growth, right? learning about your body, learning about what you enjoy learning about what society told you and how it doesn't serve you anymore. So really, there's a huge opportunity for personal growth when women start realizing kind of what's been holding them back. The other thing is women prioritizing their pleasure, right? What else do we do in our day that is pleasurable? Do we take the time to savor that pleasure, right, whether it's really enjoying a shower or listening to the birds outside, and then that kind of all leads into intimate touch with ourselves or intimate touch with other people is, if a woman can just start enjoying pleasure in general, it's going to bring so much more to her life and intimacy than just turns out to be one little piece of that.

Dr. Adrienne Youdim 27:36

Yeah, I love that. And I think that's a great place to kind of end with, again, back to presence and mindfulness, right, being able to be in the moment and to really savor it. Well, thank you for this conversation. Where can people find you if they want to learn more about what you do? And well, of course, there is your podcast again, which is you're not broken. So I imagine that's on iTunes and all the other places in which we're podcasting so we can certainly download your podcast. But where else can we find you?

Dr. Kelly Casperson 28:07

Yep, my podcast is my baby. I released an episode every week. I'm most active on Instagram, Kelly caspersen, MD. Also, my webpage is Kelly caspersen. md. And I'm working on a book this year. So come and follow me so you can learn about the book later on.

Dr. Adrienne Youdim 28:22

Awesome. Well, thanks again for your time. This was enjoyable and educational, and we hope to talk to you again soon.

Dr. Kelly Casperson 28:29

Thank you for having me.