

How Changing Our Teaching of Sexuality Can Change Health and Wellness for Our Patients and Can Radically Change Our Healing Encounters

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Abstract

Our allopathic system rose to prominence by competing with other medical/health systems. Consequently, it was steeped in power and control. In our specialty of Gynecology, education around sexuality and female reproduction is deeply based in a fear-based learning. Sexuality, however, is as natural and essential to the human as food and water. There are many health benefits to be gained from sexual pleasure and a healthy view of sexuality. Broadly, eroticism is a quality that causes sexual feelings or pleasure, as well as a philosophical contemplation concerning sexual desire, sensuality, and love. In our daily life, ensuring self-care and pleasure balances the stressors of life; this ensures energetic recharging. We can learn from a sex positive culture how to teach sexuality. Furthermore, modeling the same sexuality consent conversation in the exam room may lead to a greater likelihood of healing and not retriggering our patients. Furthermore, better sexual education may lower the incidence of sexual abuse and ensure our intimate healing encounters are indeed healing for our patients.

Keywords: Sexuality; Health; Wellness

Introduction

A brief history of how our medical system emerged in 20th century America: Competition. Survival of the Fittest.

This is the story about evolution that we have been told for centuries. This has been the prevailing underlying premise of how we view biological systems. The strongest wins and beats out the competition. The weakest are left alone to wither and die and perhaps not reproduce. And weakness has wrongly been associated with the female sex and the nonwhite individuals.

Indeed, as an observer of nature in the wild, Charles Darwin wrote a beautiful treatise on evolutionary biology that explained this in detail. Learning from nature is critical to advancing all the sciences, the hard and the soft. From quantum physics, what we now understand is that the observer in the experiment affects the outcomes.

Darwin was a product of his environment and he saw nature through the lens of his beliefs: the strongest, most powerful won wars, conquer lands, and advance their ideologies. The strong white male leaders of the western world were dominating the globe. His story continues to be the prevailing belief. This theory has been used to advance agendas in health, business, and family dynamics for centuries.

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And yet more recently the modern science of epigenetics and the microbiome also proves that there is merit to Lamarck's competing theory of adaptation as essential to evolution. Furthermore, even Darwin believed in adaptability: "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change".

Is science used to back up theory-or is theory/implicit bias used to interpret scientific observations? Likely both.

Can there be alternative viewpoints, alternative ways of living in a civilized society, that lend themselves to an alternative interpretation of scientific observations?

There was a time when it was thought the earth was at the center of the universe and this was proved incorrect.

Is DNA really the king of the cell, or just the ego who thinks it is. Perhaps, the cell membrane is really the critical organelle that defines a cell's viability. Is there really any ruler of the body? Or is the body a symbiotic universe of interconnected and interrelated cells: cells and organs, human and bacteria, virus, and fungi, connected energetically with each other through time and space? [1-6].

Genetics is important, but epigenetics is critical to health as well. All matter can also be observed to behave as energy.

Can a way of living and thinking, being and doing, change and evolve?

The quarantine during the COVID pandemic showed us just that-in an instant, the entire world changed how it conducted business, health care, education and family dynamics.

After the protests around George Floyd's death, the blind spots about individual vs. systemic racism were unmasked.

How the medical profession handled this pandemic crises will be discussed for years-this is not a paper to debate or discuss that.

This is an opinion piece to shed light on the fact that our medical system in the USA developed out of competition, fear, and control rather than love, connection, and collaboration. Like many of the institutions in the USA and Northern Europe, elitism, colonialism, systemic racism, and sexism were the foundation on which it was built. Furthermore, a health industrial complex developed which feeds this system. This complex is intimately connected to agribusiness and chemical companies. It became a system to treat illness, not a system to promote wellness. Despite so many medical breakthroughs, our population is now drowning in chronic illness. Cancer rates and infertility rates are rising, and life expectancy is falling. And the costs to our nation are astronomical. And trust in our beloved profession is wavering.

Proposal

We can stand by and do nothing, or we can be creative and evolve and change for the better. Through influence and power, and the singular Flexner report, allopathic medicine gained hegemony over a plethora of competing health systems. The youngest of all the healing systems, allopathic medicine, denounced all other healing systems as nonscientific. We didn't have the science to explain these other systems, so they were discarded as useless/alternative: now we are starting to develop the science to understand ancient healing systems. Like an angry teen who could not see the wisdom of their elders until fully grown, our medical system is finally starting to age. With aging, humility and even frailty may emerge. From this new lens, perhaps we can develop the willingness to once again be curious, nonjudgmental, and open minded like a child. This childlike curiosity really defines evolution-the child is evolution in real time. Perhaps now is the time to collaborate with other more ancient healing systems and practitioners. Certainly, it is time to move away from fear and invite love into the healing encounter.

Love exists when 2 individuals see themselves as co-creating equals.

Love exists when 2 individuals listen to each other to understand the other, not to be heard nor to be right.

When competition drives the relationship: when one wins, the other loses and by necessity the relationship fails.

The converse is collaboration: together the individuals form a team who work together for the healing of all involved.

Healing happens within the body, we all heal alone, but by mirroring neurons connections invite in healing.

Healing is the goal, curing is a side benefit-the two are not mutually exclusive.

Love exists when 2 individuals see conflict/disease/discomfort as the ocean waves in front of both (not as a mountain between them, blocking out each other's point of view). Together, they must find a way to swim beyond the waves to the calm of the ocean's other side.

Death and illness are a part of life.

From birth, we are always living and dying simultaneously-how we choose to represent that reality is ours alone.

As healers, we likely prefer to help our clients/patients choose life and living but if we are truly nonjudgmental, then we must accept the patients autonomy to choose stagnation, illness, and dying over evolution, creation, and life.

From this vantage point of love and life, can we reintroduce sexuality into the discussion about health and wellness?

The allopathic medical system of healing was meant to be based on science, but there also was an undercurrent of power dynamics and fear.

Fear of the strong white male and his control over women and nonwhites

Fear of death

Fear of sex

Fear of illness and disease

Fear of microbes

Fear of others

Fear of not following the rules

With fear, comes judgements.

This system of healing was based on dissociation and separation.

The doctor knows the science of the body and the treatments.

The patient is a recipient of therapy-not an active participant.

The doctors tell you what to do, you must do this to get better.

The doctor heals you; you don't heal yourself.

The patient is passive, childlike, less than.

This system of healing singularly focuses on healing the physical body-organ system by organ system. Individual diagnoses leave no room for the interaction and interconnectedness of the mind and thoughts with the body. Nor is there study of the interaction and interconnectedness of the emotions with the mind and the body. Moreover, allopathic medicine has traditionally ignored the interconnectedness of the environment on the human. But we know for a fish in a fishbowl, their environment, water, is essential to the fish's existence and the corollary must be true for humankind.

As a specialty, Gynecology can be the specialty that leads the way to bring wellness back to the physician's office. We are a specialty of polarities (and complementary opposites exist together, they are two sides of a magnet, and it is our emotional charge and our personal perspective that keeps seeing them as separate). Once we dissolve the emotional charge and change our perspectives, we can be free to choose our representation/our narratives. The dissolving of energetic charge frees up energy so that life can be lived with more ease and less dis-ease.

The many polarities unique to gynecology:

- We started as a specialty designed by men but for women.
- We are a specialty of primary care and specialty care.
- We are charged with taking care of the young and the well (well woman exam and obstetrics) and the older woman with acute and chronic illness or the pregnancy with complications.
- We are accustomed to caring for both the individual and a team (mother and baby/egg and sperm).
- We specialize in life and death (obstetrics and oncology).
- We are the specialty for all things sexuality and yet, only in this polarity-we are not trained equally in both sides of the polarity-we are only trained in the fear of sex, not the joy of sex. Sexuality and pleasure can be a secret ingredient to help our patients, and society, return to wholeness and health.

Allopathic medicine came to life in the 1800s, and was a system designed and raised by men. For centuries, the Christian view that sex is evil, dirty, and not to be discussed in public ruled. Moreover, beliefs that women's sexuality can be equated with the devil led to imbalanced teachings about sexuality and reproduction. Our medical schools and gynecology curriculum teach about sex from the polarity of fear.

Indoctrinated in the fear of sexuality, we are taught that sex can lead to the spread of infections, unwanted pregnancies, the death of the mom or baby (miscarriage, stillborn, neonatal death). Sexuality can be misappropriated and used as a weapon of power and control-there can be sexual and emotional abuse around sex. Pain can be associated with sexuality-disease can show up in the genitalia and reproductive organs and this may negatively affect a human's ability to tap into pleasure and connection with themselves or a partner. Sexuality can lead to conditions such as STIs, unwanted pregnancies, ectopic pregnancies, pregnancies with abnormal babies and miscarriages. Rape and sexual abuse are common. Sexuality can increase the risk for cervical cancer. The woman's reproductive system is feared because it might develop fibroids, endometriosis, cysts, polyps. The breasts are dangerous and at high risk for developing breast cancer, and ovarian cancer is deadly. Prior to the PAP smear, cervical cancer was the number one cancer death in women. The association of cervical cancer with early age of sexuality, number of partners, and cigarette smoking shamed women. We now know that HPV is the culprit. How many of those young women contracted HPV from a nonconsensual, unwanted sexual act? Or perhaps from a partner who contracted HPV because they had multiple sexual partners? How many women continued to smoke to stay thin, because Madison Avenue glorified skinny women and modern food and diets were devoid of antioxidant fruits and vegetables which may have counterbalanced the dangers of tobacco.

Contraception and contraceptive research as well as IVF and fertility advancements have empowered numerous women to make reproductive and lifestyle choices that were unheard of a century ago. And yet, the consequences of birth control on long term health

and on the microbiome or mental health is just starting to be studied. Similarly, with the advent of ART and egg freezing, so many women can proactively delay childbearing-but whether this insurance policy is always in their long-term best interest we do not yet know. (And allowing women to delay and delay --never forcing them to decide may drain their mental energy which may limit them of their maximal life potential). Fear of infertility is now top of mind for every woman over the age of 30. And sex and the consequences of sex, are now being used as a weapon politically to disenfranchise women and autonomy over their own bodies.

And while all of these are true and while our society is making advances daily in improving treatments for all these dangers of sex, we have forgotten that we all entered this world (except for the small percentage conceived thru IVF) from sexuality. Sex is as natural as eating and drinking and as necessary for the survival of our species as food and water.

As a specialty that deals with genitalia and reproduction, sexuality is at the core/heart of our field. And yet, we don't study it as a healing. We don't study it or teach it from the lens of love; instead, we spend so much time studying it from the lens of fear.

What can we learn from sex positivity and a positive sex culture? It has become evident, that "the ongoing and burgeoning experience of pleasure can alter and heal pain. Through a deeper understanding of their own bodies, especially the trusting and flowering experience of pleasure, women with sexual or vulvovaginal pain will be able to gradually heal themselves" [7]. When we understand sex as adult play-we can teach how to play with love and care. We can teach setting up a true consent container. We can teach patients how to better engage in fulfilling consensual safe sex and how to accept and love their bodies.

What if instead of being taught to fear sex, we were reminded that sex is

1. Physical intimacy-It is both a physical exercise and it lowers immune cytokines-it improves body chemistry. It is a way to connect fully to the body and the sensations felt in the body with or without story. It is a way to celebrate your body, to fall in love with your body, to get to know your body rather than fear your body. Sexuality can be a somatic way to feel sensations and combat pain through pleasurable sensations.
2. Emotional intimacy-Opening of the heart, accepting numerous sensations in the body can help us stay connected to self and others. It is a way to connect deeply with the heart-self-love and/or love of another. Sexuality can be a somatic way to move emotions, up and out.
3. Mental intimacy-Your thoughts can stay open with loving thoughts, sexual pleasure can help you stay focused on body sensations rather than obsessing over your thoughts, and this can lead to mindfulness and mental calmness. Sex is a way to let go of the left brain, and experience being, truly just being, in the right brain. Alternatively, sex can also be a way to create new stories, a way to process old emotions through the body. Sexuality can include role playing and fantasy play; this can help humans heal inner wounds.
4. Spiritual intimacy-Sex can be transformative, via extreme pleasure or via energy play, humans can experience altered states of consciousness and a connection to a deeper presence.

Sexuality can be play as just described or sexuality can also be used as work-as work to create a desired outcome (for good or bad)-to control another human, to create a new life, to escape the drudgery of an unhappy life.

Sex in its broadest sense is that which brings you love and pleasure of mind, body, and spirit. Eroticism comes from the word eros, which is all about love. Eroticism and Pleasure therefore are a quest for living, for love, for creation, for continual evolution. In the broadest sense, eroticism is what brings one pleasure and turn on. And as energetic beings-we need to plug into source routinely to recharge.

Knowing how you access pleasure is like knowing if you run on gas, diesel, or electric power. One may experience pleasure through all five senses (taste, touch, smell, auditory, visual), through kinesthetics and movement, through interconnection with nature, through creativity and the mind.

Sexuality is a mindful experience-it is about going inward and finding safety first in oneself and allowing the self to let go of the mind, let go of the “to do” list and work -to truly experience the pleasure of just being present to being and not doing. Through sexuality, one adult human can connect not only to themselves but also to another human. Together they can play with touch and connection, with mind and body to simultaneously experience embodiment and spirituality.

And yet nowhere in medical school or in gynecological training is there teaching about the pleasures and health benefits of sex. Education about sex should be balanced with both the dangers and benefits of sex. If we learned more about how to talk about sex and pleasure-rather than about work and achievement and all the negative connotations around sex, we might have a secret tool in our exam rooms to help women (and their partners) get healthier and have less disease.

If we can teach our patients how to have a conversation about sexuality with a partner, we can empower them. This might help women ensure their sexual practices are truly satisfying and healing.

What is a consent conversation? How do we teach this?

If sex is adult play-we need to think back to childhood and remember how children negotiate play.

In kindergarten, we learn:

- We discuss rules of play.
- We discuss how and what to play-what games, what toys.
- We may discuss who leads and who follows, the order of play.
- We listen to each other-and if a friend doesn't listen or is demanding they get labelled a bully and often are not re-invited over to play.
- And each episode of play is a new novel encounter and rules may change.

Consent conversations include the following basic tenets:

- Compassion-empathy, I don't know what happened to you.
- Curiosity-nonjudgement please (see compassion above).
- Confidentiality-please no talking about it to friends or social media, no posting pictures.
- Care-self-care, know your boundaries, don't be pressured into doing something that is beyond your limits, and don't pressure others.
- Contact-please stay connected to me-eye to eye, heart to heart.
- Consent-unsolicited advice is not warranted. Or welcomed.

Sample consent conversation:

1. We are about to get together and “have sex play”-just as when I was a kid and negotiated on a playdate, I think we can do this when we are together.
2. What's your definition of sex? How do you like to play?
3. What's on your yes list and on your no list? (No can never turn into a yes in that scene)
4. Do you use toys? Or games? Which ones?

5. What sensations do you like?
6. How would you like to climax or finish and end today's session of play?
7. Are you sober to give true confirmed consent?
8. What are your goals, if any, for today's game? What are your long-term motives?
9. Are we aligned or not---what do I expect from you after this encounter?
10. Am I touching you for my pleasure or yours?

Are you giving me your body for my pleasure or for yours? [8].

Using these guidelines, we can begin to learn and teach about sex from love not fear. As physicians, our medical education may not have equipped us to be experts in this field and so it is reasonable to partner with sex educators, sex therapists, sex coaches, sexological body workers and others in this field to improve our curriculum in residencies and to invite them to work with us in our practices with patients.

Simultaneously, we need to realize that our gyn exams are by necessity very intimate communications between doctors and patients. Like any intimate encounter, these encounters can either be healing or traumatizing to the human female.

The patriarchal medical system taught us how to have a conversation based on power dynamics: doctor- patient, master-slave, teacher-student, parent-child. The authorities tell you what is wrong & then how to get better. But all too often those conversations lead to emotions of shame, feeling small, not heard, feeling broken, and not good enough or smart enough.

If instead, we model our communication between doctor and patient on the sexual consent container presented above, we can have a more dynamic and connected communication about health and wellness.

The healing encounter might be better served in a collaborative model:

"What happened to you? Not, what is wrong with you?" [9,10].

"You are not broken-you didn't do anything wrong but:

"You may want to change behaviors or foods or ways of living or ways of thinking to help your body get back to equilibrium and on the road to recovery. There are numerous ways to start this-where and how do you want to proceed? Don't forget that perhaps we also need to change societal and environmental conditions to help you as well. Public health is not separate from individual health".

When we begin to get comfortable speaking openly about sex and anatomy and pleasure, we can teach sexuality in a healthy fashion to the next generation. Hopefully, this will minimize the harmful abuse of sex as a power tool or weapon. Furthermore, when we are better at these conversations, we will be less likely to reinjure our patients in our gyn encounters.

What if our gyn encounters followed our consent model above:

Now imagine you are with a patient for the first time.

- 1) We are about to get together and have a healing encounter- rules negotiated on a playdate, --what are your goals for today, how can I help you, how can I touch you, to not retraumatize you?
- 2) What's your definition of an exam? /What has happened in the past-past experiences, history?

- 3) What's on your yes list, your no list, (remember NOs can never turn into a YES in that encounter) As your physician I will do an exam: it might include speculum, digital, and rectal, and ultrasound, and colpo or biopsy.... -what are your yes or no?
- 4) Are you sober to give true confirmed consent-consider: no pelvic exams if intoxicated- unless life or death.
- 5) What are your long term and short term goals? Birth control, pregnancy, post-partum, heavy menses, pain relief...
- 6) What toys do you like to use? This becomes a discussion about the exam today.
 - a. Are we using fingers, speculum, ultrasound, biopsy?
 - b. Should we rediscuss how often the pelvic exam should be done?
When is the digital pelvic exam necessary?
Should the bimanual be replaced by the ultrasound?
When is the rectal exam necessary?
 - c. Can we use an ultrasound rather than a digital exam-is having that distance between physician and patient more comfortable for the patient and does it increase accuracy?
- 7) What sensations do you like-becomes... how would you like me to touch you-do you need to insert the speculum yourself. Do you need to watch or to be told step by step what is happening?
- 8) How do you like to climax, finish-becomes...I hope this does not cause you pain, I will do my best to have this exam be a neutral experience. If I am going to do a procedure-I will let you know and alert, you that it might be associated with discomfort.
- 9) What are your goals if any for today's exam? Why did you come to the office today?
- 10) Am I touching you for my pleasure or yours? Are you giving me your body for my pleasure or for yours? -becomes: I am touching you because you asked me to help you ensure your health and wellness, I am doing this for you-so you have autonomy and can direct the show. The doctor is touching the patient for her benefit-the patient gets to say what is okay and what is not.
- 11) Can physicians become knowledgeable about the variety of sexual activities to which people practice so that they can listen without judgment. The only way we can truly offer complete care is through honest sharing of information to ensure that the appropriate tests are ordered.
- 12) Finally, we need to reconsider that "against medical advice" simply is a reflection that true consent was not obtained. There was no mutual agreement on the treatment plan.

For us to usher in a comprehensive system of wellness, we must accept that sex is an important part of the adult experience. In caveman times, stress meant you might be prey-certainly not the time to stop to eat or to fornicate. Although we are living with different stressors these days, our body's nervous system has not changed. When we set aside time for pleasure, our body learns that we are not fighting for survival. Reminding our doctors and our patients to schedule pleasure into their life can be a significant first step toward healing. The body can then move back to homeostasis and utilize repair processes to heal.

It is incumbent upon our specialty to address how we teach and preach about sexuality. Sexuality is normal human behavior. Sexuality is adult play. Sexuality can be a modality that helps the adult remember themselves back to wholeness. Sexuality is about safety and love-pleasure tells the body it is safe to live in this body, in this world. Pleasure reminds the human to live in the now and celebrate life and living.

"Almost everything will work again if you unplug it for a few minutes. That includes you" Anne Lamott.

So as gynecologists

- Let's recreate our specialty to always be centered on the best interests of our patients, women.
- Let's be a specialty based on love and care.
- Let's be a specialty leading the struggle to promote true wellness and radical self-care and not just providers in a system putting band-aids on dis-ease and illness.

Conclusion

As gynecologists, we need to balance our education about sex and include sex positive teachings. This has the power to improve total wellness for our patients and improve our healing encounters.

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