Women's Vitality Summit

Dr. Keesha Ewers Interviews Dr. Shawn Tassone

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DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit, Caring for Yourself Body and Soul. This is a really exciting conversation that we get to have right now with Dr. Shawn Tassone, who is a double boarded physician in obstetrics and gynecology and the American Board of Integrative Medicine. He practicing OB/GYN, an author, a speaker, and a patient advocate as well as the author of Spiritual Pregnancy: Develop, Nurture, and Embrace the Journey to Motherhood and Hands Off My Belly! The Pregnant Woman's Guide to Surviving Myths, Mothers, and Moods. He's written and published extensively on the topics of spirituality and medical care and is an advocate for whole foods to heal the human body. Welcome to the Summit.

DR. SHAWN: Thank you very much. Thanks for having me.

DR. KEESHA: The subject of spirituality and pregnancy and how they go together and some of the ways that you talk about it are really wonderful. I think bringing women back to a place where they can live in the cycle again of life we; are so disconnected from these cycles in our world and the culture that we live in right now, yes?

DR. SHAWN: Agreed, totally. Having younger kids, you can see how disconnected we are on a daily basis, phones and things like that.

DR. KEESHA: The idea of spiritual pregnancy, I'm just going to have you start talking about that because you wrote a whole book on it and I would love for you to really talk to women about how to bring that aspect of, beyond the morning sickness, beyond the body change that's happening, beyond the human growth and developmental stages that are going on with the fetus, how is this a spiritual experience for them?

DR. SHAWN: I think the thing that is really interesting, and I think what started me on this whole process, people will ask me as a physician all the time, "Why did you go into OB?" especially for a male. I liked it and I could always say, "I liked doing it," but it wasn't one day until I did a genogram, not a

genetic genogram, but where you draw the boxes and circles for men and women in your family. I did a relationship genogram for this program that I was with, and what I noticed was that all of the maternal bonds in my family were conflicted with some sort of issue and I thought, "That's probably why I became an obstetrician was I'm trying to figure out, subconsciously, this maternal-fetal bond." As I really pondered that for a long time, I was really into Joseph Campbell at the time and the hero's journey, and I was thinking about how Campbell, a lot of his heroes are men and not women and how much pregnancy is really the hero's journey where your body is changing, your life is changing, and then you come out the other end as this completely transformed human being. I just thought, "Wow, what a great subject. Why is this not written about?" so I just superimposed the two.

For me, it's basically the only time in our lives, and men never experience this, but where you have one foot in this reality that we live in every day, but then there's this human being growing inside of you that you can't see, so you have this other foot in this mystical universe where there's something going on that your body is doing and you can't see it and it's really quite fascinating. I think that was the genesis of the book.

DR. KEESHA: That's really beautiful. I always talk about, and I think that this an experience that a lot of women probably have, is one of my biggest spiritual awakenings was when I was pregnant with my second child; I have four. In fact, each one of them, I had just huge spiritual shift. In this particular one, I was so sick in my pregnancy, throwing up, IV fluids, home health nurse, it was just terrible. I didn't know anything about functional medicine; I knew anything about any of this in those days. I had tickets to see Les Miserables, the musical, long before I ever got pregnant. I lived in Dallas, Texas and it was on tour, it was coming to my town and I was sick. I thought, "There's nothing keeping me away from this show."

My husband and I went to see the show and I wound up, probably after the second half, lying on the stairs. I had gone to the bathroom twice to throw up and I was just lying there, surrendering to this; listening to the music but not watching the show. There was this lyric that came through on the last finale where it says, "If you see another person, you see the face of God," and I just remember my baby just started moving in me. I could feel both of our energies just connected to the divine. It was this amazing spiritual awakening and this opening that I just laid there and it

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was bathed in light it was like this huge vision. I saw my child as an adult male and it was incredible.

I think that, when you have that experience of having something else, another being growing in you like that, it's an opportunity for these kinds of experiences. What a gift and what a blessing that you're talking about it. Nobody in those days, my son is now 26 years old, would have been talking about this and I didn't really share it with anyone except my husband and I've shared it with my son, but to have a book that you write, that this is indeed a hero's journey and a spiritual experience, an opportunity for evolution of own consciousness, what a gift you've given to women.

DR. SHAWN: I think the funny thing is, being a man, that I don't, obviously, get to experience that. A part of me says, "Thank God," and the other part of me is jealous. I think if you look at it too, what's funny is you start finding all these weird facts too. When I was writing the book, there's a book that I had read called DMT: The Spirit Molecule.

DR. KEESHA: I've read that.

DR. SHAWN: Strassman talks about how the DMT is made in the pineal gland starting at 49 days after ovulation and conception. I was reading another book, The Tibetan Book of the Dead, not that I would just read that for fun but I was doing some research, and I also saw that, in The Tibetan Book of the Dead, it says day 49 is when the soul enters the fetus. What a weird correlation. It's like when you buy a white car and you start seeing white cars everywhere. As I was writing this book, it was just more and more things that I would see that were spiritually related to pregnancy. It was really great for me, being that I do this for a living, because you get inundated with deliveries at 2 AM, and after 15 years, it's not that it's mundane, but it becomes kind of the new normal.

So for me, it was a way to also look at things a lot differently. It was therapeutic for me as well and I think, in the way that we talk about bonding, it helps me talk to patients. I always used to talk about things like the chakras and energy, but I never really had a way to voice that to somebody that might not understand it. So bringing together the different collective philosophies and spiritual practices, and there are

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spiritual practices in the book like meditation and guided imagery that are good ways to bond as well.

DR. KEESHA: I've read both of those books and I never put those two things together, so well done.

DR. SHAWN: It was just chance, I think, that I was writing the book.

DR. KEESHA: Or life purpose like that you were living, that you were meant to do this. I think that's amazing. I read them several years apart from each other, but that's an amazing connection. Really amazing.

DR. SHAWN: It's interesting. You bounce off people in your lifetime, and I'm sure you would agree with this, those serendipitous moments, the synchronous moments. I had emailed Rick Strassman, just after I read his book and because I found it fascinating, and he was nice enough to email me back and I told him about the book and he was like, "Wow, I never even thought about that." He had written it in his book, but he had put it chapters apart and he didn't even make the connection. I think it's perspective on where you're at at the time, but it's really great.

DR. KEESHA: An epilogue to the story that I told you is my 26-year-old son read that same book, he's read both of them actually, and DMT was something that he felt like he wanted to start working with as plant medicine and started doing that and then decided he didn't want to anymore. But that's fascinating because of that experience that I had when I was pregnant with him and just learning this as you're talking about it.

DR. SHAWN: As a segue to that, that was at the beginning of pregnancy and I was looking at writing a chapter called the near-life experience instead of the near-death experience. There's two points in life when you have huge releases of this DMT into your system, one is birth and one is death. The other is also intense amounts of pain; people will say they don't remember it hurting because you go somewhere else. And if you know because you've been there, women that are about 7-8 cm go through what's called transition and it's a part where they're there, but the pain just doesn't seem to be as severe. You can talk to them and it doesn't seem like they're in their bodies, also because I think the pain is so intense.

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I have this theory as I was writing the book.

A lot of the Shamans in the Amazon will talk about this concept of axis mundi, which is where you can travel to the spiritual world and meet your ancestors and learn about things and that's what happens when they take these compounds. My theory was, if the baby is having a huge release of DMT right close to birth and the mom is having a huge release at birth and we had this connection, maybe it's the mother traveling that axis mundi to retrieve the soul of her baby or to hook into that maternal archetype that runs through the world. Are we doing anything differently when we do a C-section or when we take epidurals? I'm not saying that you shouldn't, but is pain a part of that process? I got a little bit of criticism for that, but it's true, I wonder. It is a part of the process. I don't want women to hurt at the same time, but you can think about this kind of stuff forever. It's really fun.

DR. KEESHA: Let's just preface all of this by saying that you're not telling people not to do the kind of childbirth they want to do. Four kids, I've had two epidurals. The son that I've just been talking about was almost 10 pounds, I had him naturally, and the big rushes of DMT, definitely having a spiritual experience while he was being born. There is something to that, and that did not happen in my next daughter, who I had an epidural with; she was induced. She decided she wanted to stay there for three weeks past her date and came out basically looking like a chimpanzee rather than a human, lots of hair, which is what happens when they stay in there too long. But different experience altogether and I think that's fascinating, this connection you've made.

DR. SHAWN: I think the other thing, too, is that one of the reasons of writing the book was how you can bond with the baby. Because women were saying, "If I have a C-section, I'm not going to bond as well," and I just didn't think that was true. There are ways you bond with your baby before you even deliver. So part of the book is your baby can taste what you eat, and I talk about studies that have shown that the garlic, they actually tested, goes into the amniotic fluid within 24 hours of eating and that the baby will actually swallow more after garlic is consumed and they think it's because they can taste it. That concept of what you're eating goes to your baby is true with certain foods and it is a bonding process. If you meditatively think about what you're eating what you're pregnant and that food going right to your baby, that's fairly spiritual to me.

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DR. KEESHA: Very much so. My daughter wants to conceive in the next year and I'm going to be a grandma in the next couple of years probably, hopefully. I'm trying to pass a lot of this on and make sure she gets a copy of your book because this is stuff that I never thought of. I was not in functional medicine in those days and was just stumbling along my own spiritual journey. This is a really interesting thought, to say you're actually feeding your baby before your baby is on the outside and that you can sit down and eat together, keeping your focus on the baby and making good choices about what you eat as a consequence of that.

DR. SHAWN: They can hear arguments, they can hear music. I have women ask me, "Does my stress affect the baby? Is the baby to be stressed?" No, we all live in the world and we have our stressors and we release endorphins and release epinephrine and things of that nature, but if it's a chronic thing and you're in a bad environment where you're getting yelled at or abused, obviously the baby can hear that and it's not good for you. Also, it might help you if you are stressed. We see the Baby Einstein stuff where you can put the headphones on your belly, and that stuff has been shown to work because babies can hear it.

DR. KEESHA: I do psychotherapy as well as medicine. I can't tell you how many people I have had to take back into preconception places in their work, as well as in utero and the pre-birth and the birthing process itself; it all has a deep impact on our adult psyche. That has started to play out in science now where a lot of people knew it in other cultures, but now we're starting to understand that, yes, this all actually does make a difference.

DR. SHAWN: You probably know the work of Stan Grof with the Holotropic Breathwork and every time people would do the breathwork that they would go back to their birth. Not every time, but a majority of the time. It's funny because I thought about doing some work, because Stan was at the University of Arizona and I was like, "Wow, that's really fascinating and I'm going to try it," and then I remembered my mom telling me that I was born with forceps and I'm like, "I don't know if I really want to do that." Then I started thinking about maybe that's why I get migraines. Who knows what kind of impact birth can have on us? I'm not saying that moms should feel guilty about anything, but I think we downplay this life experience, that not just the mom but the baby has, and we can, just like you said, with the therapy, you can get back there. You can go back there.

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DR. KEESHA: I've done this holotropic breathwork in a hot tub before with a snorkel and a mask and it was so cool because you are instantly back into your intrauterine experience, floating around in your amniotic fluid sac. I think it's a really powerful experience to do that. The good news is that, even though you experienced forceps at delivery, you can actually redo that for yourself and then migraines can go away. I've seen it happen so many times. Just to put that out there for you.

DR. SHAWN: I might have to fly out. Where are you?

DR. KEESHA: In Seattle.

DR. SHAWN: I don't mind visiting Seattle.

DR. KEESHA: It's beautiful.

DR. SHAWN: I can see the background, it looks really nice.

DR. KEESHA: This is actually San Juan Island. We have a home off the coast of Washington in San Juan Island, so that's where we are right now.

DR. SHAWN: I probably should go there then.

DR. KEESHA: I think so. You talk about the dual chambered umbilical cord and the spiritual significance of that, and I talk about this too. I want to hear your take on it because I'm excited to hear what you have to say.

DR. SHAWN: I gave a talk a while back to a bunch of psychologists that do birth psychology. I was trying to think of how do I explain this? Maternal bonding just sounds kind of boring. I remembered my cousins and I, when I was younger, we used to play with those cans with a string attached and we would talk to each other. So I looked at you talking to the baby through the umbilical cord and I called it the two-way umbilical cord, where you're basically sharing the world through your umbilical cord. That doesn't mean just taste or smell or anything, but the placenta that we have is such a powerhouse and mammals are the only ones that have placentas. It does waste, it does HCD production, it does progesterone production, and it's just that whole communication system; it's like its own little environment and it's that patch between you and the baby.

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For me, it's not just the physicality of it, but, I'm sure you're familiar with heart rate variability, heart math? When you do heart rate variability and you see your heart rate going up and down, and the more it swings, the better your heart rate variability is, which makes you more healthy. If you look at a fetal monitor when you're in labor and we put on the monitors, we're looking at fetal heart rate variability and a baby that's healthy does the exact same thing as mom. I've watched it a couple times where we've guided mom through a meditation and we've watched her heart rate variability and the baby's sync and that's really fascinating. Heart math is amazing, but I don't think we've looked at it in pregnancy. I look at that as that communication factor in, not only are you sharing food and hormones, but I think there's an energetic sharing that goes on there too.

DR. KEESHA: I was doing therapy with a woman one time, who was a little older and grandchildren and she was upset, as I have seen sometimes lots of moms expect their children to behave in certain ways. Her kids weren't behaving in the way that she wanted to as adults. She was really, really upset in my office and I said, "Let's take you back to this whole umbilical cord thing that first connected you to this baby before they came out. It has two chambers, and one is to receive nutrition and one is to get rid of toxic waste. That is the baby dumping their toxic waste and you giving nourishment."

The way that I describe this now to women, in terms of not expecting their children to caretake them, is that we are here to take care of our children, to guide them, and to move them out into the world to be productive citizens, to live their life path and their life purpose and give them those tools and they're going to dump toxic waste back to us periodically. That's just how it goes. That's the way the whole umbilical cord system is set up. And that you have to find a place to dump yours, and it's not to your child.

We have this Mother Gaia, the earth, that will take that waste and make it into vegetables and flowers. You can actually, instead of dumping that into your kids, you can go outside and Mother Earth will take that readily and happily and it won't hurt her. You can just vomit as much as you want of toxic crap, swear, lie on your stomach and have a temper tantrum, do whatever you need to do and just give that back to Mother Earth and she'll make flowers out of your shit. That helps keep that relationship

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functional between you and your child as their growing up so they're not taking on developmental levels that they're not prepared for. I was wondering if that's where you are going with this umbilical cord thing. I think it's a powerful metaphor for how to be mother and child together.

DR. SHAWN: We always talk about maternal intuition. That umbilical cord that you're talking about, that energetic connection, that never goes away; you always have it. We always say, "You've got to cut the cord." My kids are older, I think I've said that to my wife about our 15-year-old a couple of times. What we found, just a couple of years ago, they found that women who were in their nineties that had passed away, they did bring biopsies, and they actually had fetal cells in their brains that were still alive at the time of their death from their children. You have actually your children's DNA in your body at all times that's alive and living. That's not something men can ever experience. I wonder if that's not some reason why women are naturally the nurturers and have that sense of what's going on with their kids, that maternal intuition. I don't think that ever stops. I think that that's when it starts, but you as a mother can attest, you have that connection with your kid no matter what.

DR. KEESHA: That's what I'm saying is that that's appropriate that you have that intuition and you're there as a guide for your child. I actually believe that we sign up for our parents before we get here and that that's the agreement you made before you got here, that that's what you were going to be for them, and that you don't make them your therapist. If you're having relationship problems, you don't dump on your kid about their dad or their stepdad or the other sibling in the household. You just don't do those toxic kinds things; the umbilical cord doesn't go that direction. If you need to do that, you go borrow a therapist brain and let them guide you through that process, go out to Mother Earth, get it out of you, but you don't dump that to your kid. I think that's a really great way of keeping the umbilical cord for what it's used for. That's your relationship forever with your kid; it's exactly that.

DR. SHAWN: That's true, and unfortunately, as you probably see, that isn't usually the case.

DR. KEESHA: Lots of therapy on kids that have inappropriately been put into roles they're not meant to be in in family dynamics. And of course, we learned

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that at the knee of our own parents. But the good news is that you can learn new skills.

DR. SHAWN: You learn things as you parent. I'm 49 and we have four kids, 23 to 12, and I was joking with my wife the other day I was like, "I think the whole basis of parenting is if you can get your kids into adulthood without giving them your pathologies."

DR. KEESHA: Exactly. And even if you do, you're giving them the raw materials to create the diamonds of their own wisdom. Because then they spend the rest of their lives making that coal into something beautiful. You're never going to be a perfect parent, there's no child left behind when it comes to getting some of the trauma and drama and rejection and all the things that go with being a human child. Your kid is going to experience it and that's part of being human. And not taking that on that you have to protect your kid from all of those things, because they need to learn how to do it. Really important.

DR. SHAWN: Quite a learning process, I will attest. Hardest thing I've ever done.

DR. KEESHA: I think parenting is the fast track to enlightenment. Parenting and marriage, you put those two things together it's a great crucible.

DR. SHAWN: Two of the hardest things to do at the same time. You look back with your spouse and you're like, "Holy cow, how are you still with me? Because we've been through all of this stuff together and yet here you still are." You try to look back and we were just talking about one of our own pregnancies, our third child, and you can remember. "Remember when we were eating and your bag of water broke and you didn't want to go to the hospital?" You remember those things and then you tell the kid those things and they really loved those stories because the other ones will be like, "Tell me about mine." It's fun, it's like the highest of highs and the lowest of lows.

DR. KEESHA: I agree. As you're working with women in your practice, there are some very common complaints that women will have went they're going through hormone cyclical things that sometimes can go awry like PMS or hot flashes through menopause. I would love for you to shed some light into how women can transition to some of these hormonal adventures a little more unscathed.

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DR. SHAWN: It's funny, I had to send a list of the top things that I see to somebody also in a group that we're in together. We were talking about, "What do you see," so I actually have, interestingly enough, in front of me probably the top 10 or so things that I usually see in practice that are hormonally related. Probably the biggest, my wife calls this one the biggest plague of the 21st century is decreased libido.

DR. KEESHA: That's exactly what I deal with all the time in my practice, is the libido piece.

DR. SHAWN: Huge. Pelvic pain, endometriosis, polycystic ovarian syndrome. I put birth control it with the hormonal imbalances. We use them all the time for hormonal imbalances, but I think it's like putting gasoline on a fire sometimes.

DR. KEESHA: Also, we now know it decreases libido.

DR. SHAWN: Yes, it sure does. Irregular periods are huge, ovarian cysts, fibroids, menopause is obviously a hormonal issue, and most women right now, a lot of 35 to 45-year-olds, are dealing with perimenopause and the number one thing I see there is estrogen dominance, even combined sometimes with progesterone deficiencies.

The thing that's interesting about what I've done over the last 10 years is I got the fortunate circumstance of being put in two of Suzanne Somers books about 10 years ago, so I've had a lot of women from around the country come to see me for hormone stuff. Over that time, I initially started just using hormones, because silly me thought that you just fix it with the problem, as an allopathically trained physician, and not deal with the root cause but just deal with what's in front of you. Over the last 10 years, I've developed this program that I call SHINES, because how fun are acronyms.

Basically, what it is, I talk to women about a spiritual practice, what is your spiritual practice? I talk about hormones, I talk about Infoceuticals, which is, if you think of energetically the body with acupuncture meridians and things like that, it could be that your Chi or your energy is blocked in certain areas, which can affect hormones, so talk about that.

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Definitely talk about nutrition, that's a huge one, exercise, and proper supplementations.

What I do is, and I have a book coming out in June that's on a holistic hormone health, what I've done is I've taken the top 12 hormonal imbalances that I see in my office and I've labeled them as hormonal archetypes. Let's take estrogen dominance for instance. In women that are estrogen dominant, I try to explain this through the aspect of an archetype I call the queen. There's good queens and there's bad queens. Some queens are, "Off with your head," estrogen dominance can certainly make you crazy, emotionally unstable, irregular periods and all of these things. And then how do you tame the queen? How do you pacify the queen? There's different ways of doing that depending on what the issue is.

The nice thing about the SHINES method is you can choose any one of those six aspects, you can choose all of them. Some women do not want to do hormones, some women might want to try DIM, which is a supplement to bring down estrogen levels or just eat more cruciferous vegetables. If they don't want to exercise, which is usually part of it, then we can try other things. But I come at it from a different aspect of energy because I think hormones are a huge energy system in the body, and if you're going to fix things rather than just taking progesterone, say, we need to work on all the aspects of it.

DR. KEESHA: Actually, in my libido cure webinar, I use Suzanne Somers' book as a no-no for just focusing on hormones.

DR. SHAWN: I was going to make the comment that it was either fortunate or unfortunate that I was put in the book.

DR. KEESHA: There's a protocol that came out of that that requires women to take a tremendous amount of hormone replacement, and that will stop working as your body gets used to it and we become hormone thirsty and have hormone hunger. So then you have to go up and up and up and it's not solving anything at the root problem. So I often use it as the example of what not to do.

The thing of it is it's not just about hormones, but hormones can't be ignored and I love your acronym because I'm always telling women that

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the universe actually do demands of us to shine our brightest into the world. It's what's holding the grid of the universe together is everyone showing up in their brightest light and being able to put that nurturing energy that is the feminine, which is getting quite tilted towards masculine energy as we have been moving into this very fast-paced world.

DR. SHAWN: It's fascinating that you say that because I am always in an environment, literally always, where I am surrounded by women constantly so I have a very, and I'm not afraid to say it, I have a very feminine energy because I'm around women all the time. It's funny, if I'm at a party, you know how parties usually segregate and the men are over here and the women are over here? I usually end up, and I don't mean it to be this way, but I'm always the ladies, like 15 women and me. It's really fascinating that that happens, but I can totally see what you're saying in the sense that there is a different energy there. And even in my field, which is a very feminine oriented field and there's more women in OB/GYN almost now than men, even though women that are in the field tend to be very masculine in their energy because they are doctors and they feel like they have to act that way. It's really interesting to come at it like that. I like that.

DR. KEESHA: I think in the year that we live now, it's wonderful because we're starting to start to see there was this first wave of feminism and then there was a second wave of feminism and now this third wave, the third-generation, can look and say, "Now let's try and balance this energy a little bit," and we're starting to see that we're demasculinating a lot of the men in society and blaming them for a lot.

In fact, a lot of the next generation, my kids' generation and your kids' generation, are starting to even play with this idea that there's not gender specificity in the way that we've always demanded so a lot of these gender stereotypes have been played with. I think that we're starting to get to this place where we're trying to balance it, and I think it's very important for women to not overstress and overschedule and keep themselves so overwhelmed that they lose the nurturing aspect that this world really needs of themselves. I think I'm seeing more of that returning back to what does it mean to be a woman and be able to meet my goals and do what I'm supposed to do in the universe and be a mother and be feminine. Of course, for every woman that's individual, but I think it's a great conversation to be had.

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DR. SHAWN: Yeah, men, obviously, we don't have to worry about that. Then you've got women now, like my wife who works 40 to 60 hours a week, and I will gladly admit she makes way more money than I do, that's why she is my sugar mama and I'm good with that. But then she's also got the family issues that you can't just turn that off. You can't just say, "I'm going to be the masculine energy and I'm going to go sit on the couch and have a beer." I see it all the time and it's really fascinating. I think that's where men need to be educated. I think one of the that's funny, too, about hormones is that what's happening right now, you talk about this masculinization, and maybe it's a reflection of this demasculinization of men, but look at all of these testosterone clinics that are popping up everywhere; every guy in America now is on testosterone.

So what does this do now? You now have men that are taking Viagra and testosterone that are 60, 70 years old and they're wanting to have sex with their 60, 70 year old wives all the time and she's probably like, "Hell, no. I don't want to be doing this." So what did we come up with last year? We came up with a women's Viagra called Addyi, which I never prescribe.

DR. KEESHA: Flibanserin.

DR. SHAWN: Yeah. I never prescribed it because it's an antidepressant. So we're saying that men's virility is related to hormones, but women, it's all in their head. It's the weirdest thing I've ever seen. I'm a guy and I was offended about that medicine when it came out.

DR. KEESHA: Here's the thing about that, though, is that whatever you say it's the pink Viagra, it's the female Viagra, Viagra is not about libido; it's about erectile function. So when you say female Viagra, we don't have a penis. This doesn't make any sense, that comparison in the media. I'm always saying, "This isn't a female Viagra. If you're talking about women's libido, that's their desire." The word desire is a Latin word that means "from the stars." This is your birthright to have the desire and the energy to live your passions in your world. Not necessarily having a ton of sex, but having the energy to make that choice. I've got enough vitality that I can live how I want to, full out, out loud, living my life purpose and being the best version of me that I can be, and that does not come from a pill.

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In fact, the studies that were done on that pill, the reason it never got past the FDA for the first three tries was because, when Sprout Pharmaceuticals was doing research on it, it didn't raise female libido. What they were asking women to do was journal how many sexual interactions they were having, were they more satisfying, and basically they were saying to women, "Do your homework, notice."

The outcomes were that there was one more sexual interaction per month taking this pill that actually acts like you've just had four alcoholic drinks in your body. It's crazy. Of course, they had one more because they were actually trying to do their homework, it didn't have anything to do with the stupid pill. So it really is kind of crazy how we think about trying to reach for a pill to have what this gift from the stars is, which is desire for your life. That doesn't come in a bottle.

DR. SHAWN: My wife is a great teacher and she's taught me about sex in the sense that she said, "There are certain rules. Rule number one is I don't have sex with jerks. So if you're being a jerk, you're done. Don't come up and kissed me on the neck and think I'm all of a sudden going to get in the mood. But tell me, 'I'll do the dishes, you go sit down and take a load off.'" When I have women who come in for decreased libido, they always want testosterone. First of all, their husbands are sending them in; it's usually not them.

DR. KEESHA: Telling them that there's something wrong with them. With that message, "Something is wrong with you. Go get fixed."

DR. SHAWN: "You're broken," and that's exactly what I say. The first question I ask with libido patients, "Are you coming in because you want to or because he's telling you there's something wrong?" 9 out of 10 times, it's the husband, unfortunately. It's because they're all jacked up on testosterone and they're feeling like a million bucks.

Even menopause. You're not broken if you're in menopause. I have women come in and say, "I want to do something totally natural." And I'm like, "Menopause is natural. That's normal, that's what your body's doing." It might suck, but it's normal. If you want to fix it, we can definitely come at it from many different ways, from maca and all of these other things, to eventually replacing your hormones. But you're not broken.

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I think women always get this message from society that they're broken I remember, when I was younger, my mom was probably 38 and she had a hysterectomy. Whenever she would get mad at me, I would say, "Hey, Mom, did you take your pills yet?" because she was on Premarin I'm sure. It obviously wasn't me that was being an idiot, it was my mother's fault because she was hormonally imbalanced. Really, I was probably just being a jerk again and she was mad at me, but we always think that everything a woman does, whether she's mad or happy, it's hormones. It's part of it, it's part of the picture, but it's not the whole reason.

DR. KEESHA: I can see my husband start to count the calendar on his fingers, if I'm mad at him, about where I am in my cycle, and he just gets the eyebrow raised like, "Do you really want to go there?"

DR. SHAWN: No, don't go there.

DR. KEESHA: That's right, because this can go easy or it can go hard. You get a choice right now. Menopause, I'm always telling my patients and students this, it has the word "pause" in it. Again, we live in this culture that's full bore, full out, high-speed, productivity oriented, no rest. Menopause demands that you take a pause. It's a cycle change; it's the time that you're moving into being a wise woman elder. It's the time that you're evaluating what the last stage of your life has been about so that you can formulate what you want the next stage of your life to be about. You can't do that in 30 minutes, you can do it in five minutes; you actually need to take time out and really, really sit with this and check in with your spiritual practice and make it very intentional. The absence of having ceremony around this in our culture, I think, has really not benefited us at all. Hot flashes are going to be a result of adrenal burnout, as you have approached the menopausal line without any intentionality, none. Just drain those adrenals dry and now you have no progesterone left and here you are.

I just think that just telling women this, "As you're getting closer and closer to menopause, you've got to start treating it with the respect that it deserves." It's not a medical diagnosis, the way that we want to make it we have an ICD 10 code for it, for heaven sakes, and yet, it's a natural part of life, like you were just saying. You've got to take a pause and use it for what it's meant to be, which is where's your place in society? How are you now going to turn and hold the hand of the people that need you to

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come forward from behind? I have intentionally set out, when I was a young mother, looking for older mothers to help guide me through this next stage, and I just say to women, "Please do this." As menopausal women, if you're in that wise woman stage of life, which I'm just entering, then take that moment and say, "How is this going to look? How am I going to be of service? How can I do this next stage of life in my life purpose and my life path?" I just think that conversation isn't had.

DR. SHAWN: It's funny you say wise woman because the archetype that I used for menopause is wise woman. Somebody suggested that I use crone and I'm like, "Hell, no I'm not going to use crone."

DR. KEESHA: You can use matron.

DR. SHAWN: Even matron sounds bad, but wise woman, at least you have that wisdom. And wise women, they're not feeling great all the time, but if you look at the generations, my grandmother, who's 95, I was talking to her one day about 10 years ago and I was talking to her about menopause and she was like, "What's menopause?" She's these older time women that did everything and she said, "I don't even remember going through menopause." It was probably because, everybody's different, but suffering wasn't allowed. It was part of life and you did you your thing. Hormones, we didn't use them all the time; it wasn't like we used Premarin like water. I tell my kids this all the time, we don't want any discomfort, nothing. We don't want any discomfort whatsoever and hormones fix the discomfort immediately for the most part. Hot flashes, night sweats, irritability, it goes away and you're covering it up. What happens is it's a personality enhancer, menopause. So if you have a rough relationship or you're mad, it just makes it worse because you're irritable, you're not happy. But we sometimes have to learn to live with that a little bit. I'm just as guilty of that as anybody else, but looking at cell phones, everything is instantaneous. Everything is right now. Like you said, nobody wants to wait, nobody wants to pause. Do we sound old saying that?

DR. KEESHA: Maybe. I hope so. I hope I sound a little wiser than I do when I was 20 and that is going to mean I sound older; I'm good with old.

DR. SHAWN: I'll look at it that way, that's good. I like that.

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DR. KEESHA: Oh my gosh, I would not go back to 20 for anything. I really did not know anything.

DR. SHAWN: You did probably.

DR. KEESHA: I look forward to being 75 and 80 because when I think about 52, what I know today, I think, "Wow, that's exciting. It's just getting better as I get older." I would really just say to women, "Please, pull that in as the way that you stand on this planet because it's going to happen anyway." If you get stuck in the princess archetype and you are in wise woman elder stage of life, it's not pretty. It's not pretty to look at women who are spending thousands of dollars deforming their faces with plastic surgery in the pursuit of the fountain of youth when nobody gets out of this alive. I think it's an important thing that you're doing by putting these archetypes in. I'm excited to read your book.

DR. SHAWN: Thanks, I appreciate it.

DR. KEESHA: Do you have a last bit of wisdom you want to share with our participants here?

DR. SHAWN: I think the main thing is, and I think you hit on this, if you can, to plug into that maternal energy in the family, to tap into those that have gone before you, if you will, whether it's pregnancy or wise woman stage or whatever it is, in hopes that you have the availability. But if you don't because your mom is gone or you don't have older sisters or aunts, then find a group; there's groups everywhere, friends or whatever. Because I think what happens is we try to do this alone. Women especially, I see they feel like a failure if they can't grit it out or if they can't tough it out. Sometimes some of the hardest judges are other women because, "I didn't need hormones. I didn't need an epidural," and it's unfortunate. But it's all about finding a support, and that could be a doctor, it could be your acupuncturist, whoever it is that you can find, or friends, but just don't do it alone.

DR. KEESHA: I agree. Find a role model that's done it really well and tap into that wisdom that they have and use it so that you can get through without the struggle that you don't need to have. Great wisdom.

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Your bonus material that you are offering and a way to connect you is on the speaker's part of our website, so I will let people go there and find you. Thank you so much for even this little bit of wisdom that you've shared with us in this short amount of time. I appreciate it.

DR. SHAWN: You're welcome. Thank you for having me.

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