Experience Life

Sexual Health and Well-Being

Frequently only talked about behind closed doors or in small, trusted groups, our sexual health and well-being plays an integral role in our lives.

In this special edition e-book, we're delving into some topics that are often glossed over or considered taboo, and making the case for giving them more focused attention.

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ALL ILLUSTRATIONS BY ANNA GODEASSI

How to Talk About Sex

Sex educators explain why talking about sex with our partners can be so challenging — and how to get more comfortable with it.

BY LAINE BERGESON BECCO, FMCHC

If you listened to FM radio in the '90s, you probably heard Salt-N-Pepa's "Let's Talk About Sex." It's a catchy song — just try *not* singing along when it comes over the speakers:

Let's talk about sex, baby
Let's talk about you and me
Let's talk about all the good things
And the bad things that may be
Let's talk about sex . . .

But if you've ever heeded the song's call to action — if you've ever sat down with your sweetheart and had an open, honest conversation about sex — you are one in a million.

"It's extremely common for couples to not talk about sex," says Vanessa Marin, LMFT, coauthor with her husband, Xander Marin, of *Sex Talks: The Five Conversations That Will Transform Your Love Life*.

Simply put, talking about pleasure and intimacy with a partner is hard. There are numerous barriers, including cultural taboos and fears about hurting your partner's feelings, and helpful advice is scant.

Characters in romantic comedies rarely talk about what they like or don't like in the boudoir. When they head to the bedroom, everything is magical from beginning to end, no discussion needed.

Life offscreen typically follows a different script, and good communication is central to sustaining satisfying relationships. By sharing your desires and talking openly about sex and pleasure — and listening while your partner does the same — you can unlock the gates to a richer, more rewarding, and more intimate physical and emotional relationship.

If the prospect of communicating openly about sex with your partner feels fraught, take heart. We've asked experts to share what they see as the biggest obstacles to these conversations — and their advice for overcoming them.

Why It's So Hard to Talk About Sex

Understanding the most common roadblocks to talking about sex can help you identify them — and navigate around them.

The mother of all obstacles may be the expectation that great sex should *just happen*. "When I ask people to describe their ideal sex life, the most common word I hear is 'natural,'" explains Marin. "We crave that feeling of effortlessness we've witnessed on the screen countless times. Except that's not how it unfolds in our own relationships."

Our culture supports this illusion at every turn. Few of us ever learn how to talk with a partner about sex. As adolescents, we might get the "sex talk" from our parents or a slightly embarrassed health teacher, but those conversations tend to focus on disease and pregnancy prevention. Topics like pleasure and desire — let alone how to know (and share) what makes you feel good — are rarely addressed in any curriculum.

Hollywood stories about sex and romance don't help. In many movies, TV shows, and books, physical intimacy is depicted as seamless. Vanessa and Xander Marin dub this the "fairy-tale version" of sex and relationships, in which sex always unfolds spontaneously and effortlessly, couples have instant chemistry, both people experience maximum pleasure from intercourse, and everyone is satisfied.

There are also other common misunderstandings that get in the way of discussing sex openly.

- **Talking about sex signals a problem.** One common misconception is that the very act of talking about sex means you are somehow doing sex wrong. "Part of the reason we fear these conversations so much — either beginning them or hearing our partner begin them — is because we've bought into the story that if you have to talk about sex, that already means there's something wrong," says Emily Nagoski, PhD, author of *Come As You Are: The Surprising New Science That Will Transform Your Sex Life*. "We have this idea that sex is supposed to be easy and quote-unquote natural, right? And just the fact of having to discuss it is evidence of our failure."

- **You'll hurt your partner's feelings.** Another stumbling block is the fear of upsetting your partner. "We have a tendency to assume that if we talk about something we want, or if there's something new we want to try, our partner will automatically think it's about them," says sex educator Logan Levkoff, PhD.

It's a justifiable fear. Because we grow up steeped in the fantasy that our self-worth is connected to our ability to be naturally, irreproachably amazing at physical intimacy, any hint that we're not (even if it has nothing to do with us!) can trigger our defenses.

"If you dare say something as benign as 'a little faster, a little lighter, a little to the left,' there's a risk you could hurt your partner's feelings, making them feel criticized and judged, when all you're trying to do is advocate for your own pleasure," says Nagoski.

- **We don't know what we want.** For many of us, advocating for our own pleasure is impossible because we don't really know what feels good. "I think there's a huge roadblock when it comes to believing that your pleasure and your needs matter enough," says sex and relationship therapist Carise Rotach, MA, LMFT.

Because sexual activity for pleasure and connection is rarely discussed in sex education, we may grow up believing that the pleasure part of the equation isn't worth investigating. Cultural shame around sex and pleasure takes care of the rest. We don't explore what makes us feel good because we've internalized the cultural message that doing so is wrong or bad.

- **It feels too risky.** The familiar rhythms of daily life can also get in the way. As relationships progress, routine takes hold, says Levkoff. "That's not necessarily a bad thing, but if at some point you're looking for something else, it's hard to get out of those patterns when they've come to feel so safe. And if you do work up the courage to shake up your routine, it can feel vulnerable and risky."

Any of these obstacles can discourage us from talking about sex. "The mistake most people make when it comes to talking about sex is we don't do it," says Vanessa Marin. "We wait until something is really bad or wrong or frustrating with our sex life and, at that point, it just all comes spilling out and it's very uncomfortable. If it turns into a fight, it just reinforces this idea that sex is something that we shouldn't talk about."

On the other hand, if you can find a way to communicate regularly about sex with your partner, those feelings, concerns, and curiosities don't get all bottled up and mixed with resentment, which makes them much less likely to explode. And so . . .

Let's Talk About Sex, Baby!

Almost no one starts out feeling comfortable talking about sex, not even sex therapists.

"I had a very conservative Baptist upbringing," says Rotach. "When I was training to become a sex therapist, I had to confront my own roadblocks to talking about it. I'm like the Hair Club for Men guy. The president of the club appears in their commercials and says, 'I'm not just the president, I'm also a client!' Well, that's me."

> **"Part of the reason we fear these conversations so much . . . is because we've bought into the story that if you have to talk about sex, that already means there's something wrong."**

Still, we can acquire the necessary skills to initiate meaningful conversations with a partner about sex — and then we can practice and perfect those skills. This expert advice can help you get those conversations rolling.

Get in touch with your desires. There's that classic bedroom moment: You're in the middle of a passionate embrace and your partner whispers: "What do you want?" "A lot of people will just freeze up and think, *I have no friggin' idea what I want!*" says Marin.

Until you're in touch with your own desires, any conversation you initiate with your partner about sex probably won't be productive. You're likely to approach them with sky-high expectations and zero specifics, which sets up both parties to lose.

It's OK to take some time with yourself first. "A lot of us never take the time to explore our own curiosities and interests because we feel so much shame," Marin says. "Exploring your desires is a really powerful process, even if you're not in a relationship, in order to discover more about yourself and what makes you tick."

If you feel unclear about your own desires, take some time to learn about what interests you. Use books and movies to spur your imagination. Try making a list of three things you know you like, no matter how small, and build from there.

Make a date to have a conversation about sex. Because discussing sex can bring up so many anxieties, one way to ease into it is to schedule a conversation. Simply propose the idea of talking about your intimate life together, then set up a time to do so. Having a plan allows you to ensure that you'll be in a comfortable, private place; it also increases the chance that you'll follow through.

If you feel nervous, be honest about it by saying something like, "So, I'm feeling a little nervous to bring this up, but I really value our intimate life together — I'd love to pick a time to talk about ways we could make it even better." (Here are **nine open-ended questions** to ask your partner about sex and intimacy to help you get started.)

Lower the stakes. All our insecurities, vulnerabilities, and fears tend to crop up around the topic of sex, which can make any conversation about it feel existentially risky for the relationship. It can help to make a pact with your partner before you talk. Vow that your relationship will be safe, even if the conversation gets thorny.

"One of the most important things we can do is let go of the idea that everything is at stake and remind ourselves that solid relationships do not end because of a sexual difficulty," says Nagoski. "You're not going to lose each other just because you had a difficult conversation about sex."

Simply acknowledge that you and your partner are in a sexual relationship. Just saying this out loud can be an easy way to begin your first conversation. "You're not making any complaints," says Marin. "You're not trying to solve any problems. You're literally just getting comfortable with the topic."

As you begin to have more in-depth conversations about sex, try sticking with a single topic at a time to keep it simple. If you feel yourself becoming overwhelmed, be ready to take breaks. A slow-and-steady approach can help make the topic feel less overwhelming.

Accept the awkwardness. "It seems strange, on some level, that you can be more comfortable having sex with someone than you are talking about sex with that same someone," says Nagoski. "Taking off your clothes is less intimate than having a face-to-face conversation about taking off your clothes."

The best way to deal with any awkwardness may be to expose it to the light of day. "Just own the awkwardness right from the start," suggests Levkoff. "You could say something like, 'I haven't spoken about this in a really long time, and I'm uncomfortable even bringing it up, but I adore you and I'm excited to have this conversation.'"

Frame the conversation as a way to deepen your relationship — because it is! Having the courage to initiate a conversation about sex signals how much you value the relationship and care about making it better. If your partner becomes insecure or defensive, you can remind them that you're starting a conversation not because something is wrong, but because your feelings for them are oh-so right. "If we're talking about sex, it usually means we want more of it with that person," says Levkoff.

See yourselves as a team. "One of the best things you can do for your relationship is think of you and your partner as teammates, working together against whatever is getting in the way of having the sex life of your wildest dreams," the Marins write.

Need a foe to fight against? The fairy-tale version of sex and romance is a worthy adversary — and can be a lighthearted place to begin. When you and your partner stand up against it, you'll feel a camaraderie that can help make talking easier and less fraught.

Keep it personal and positive. Because it's easy to slip into insecurity and defensiveness during any conversation about sex, Nagoski suggests using "I" statements and opening and closing conversations softly — that is, with compliments, positivity, and affirmation. Statements might be something like the following:

Here's what I really loved about last night . . .

I really love our physical connection and I'm interested in doing everything we can to make the most of it . . .

I love you so much, and I'm so attracted to you that I'd love to try something new together . . .

I trust you so much that there are a couple things I'd like to try together . . .

"Taking off your clothes is less intimate than having a face-to-face conversation about taking off your clothes."

"We are all so tender and sensitive around these issues that we need to put an effort into active kindness and buffering and making sure the other person knows this isn't personal," explains Nagoski. "This isn't a judgment of them as a human being."

Process negative feelings separately. Feeling some resentment or frustration around sex is normal, but leading a conversation about sex with these sentiments is likely to shut communication down. Nagoski suggests addressing hurt feelings in their own separate space. If you're struggling with anger or resentment toward your partner about sex, find a trusted therapist who can help you work through it.

Ask questions. Over time, we may start to assume that we know what we like, what our partner likes, and what we like to do together. But sexuality isn't static. Interests can change over time, so it's important to stay curious.

This applies to sex and sexuality, of course, but it also helps to remain interested in your partner — and your partnership — in their entirety. "We forget that there are other conversations that get us to the sexual-intimacy conversation," says Levkoff.

Try asking questions about new adventures you'd like to share with your partner — traveling or playing pickleball or ballroom dancing. Remember that play and adventure also help infuse relationships with a sense of eroticism.

Expand your definition of sex and sexuality. Mainstream culture sells us primarily one image, and one image only, of sex. "When someone says they haven't had sex in a while, we somehow all understand that they're talking about a specific act," says Rotach. "But my definition of sex is different than yours is different than your neighbor's."

What's more, as our bodies and interests change, our old definitions of sex might no longer work for us. Expanding how we define physical intimacy can make talking about it less fraught, as we realize we have a range of choices. "It can be touching. It can be taking a bath together," Rotach points out. "I encourage couples to define what sex means for them."

What might sex look like if you expand your definition of it? Well, it can look like anything you and your partner want. Even if you like the fairy-tale version, it's worth asking what else you can permit yourselves to explore.

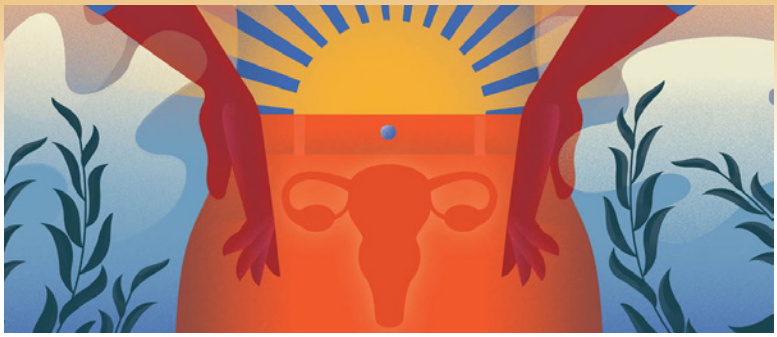
Put energy into your own social life — and encourage your partner to do the same. Whole people are sexy people. "Having a social life outside your romantic partner is really important," says Levkoff. "It's important to be able to go out and have fun and remember who you are outside of whatever life stage you're in — just going out and having a pressure-less good time." Platonic interactions and adventures also help us build self-esteem and embrace joy, two key elements in any productive, loving conversation about sex. "We bring that back to our relationship because we're feeling good about ourselves," Levkoff says.

Keep the Conversation Going

Once you've begun discussing sex with your partner, it will get easier over time. Just make sure you pace yourselves to avoid overwhelm, and don't let the topic return to the back burner. Sex and sexuality will inevitably evolve, so any good conversation about sex will be an ongoing one.

"Real, actual human sexuality is seasonal," says Rotach. "It regenerates and goes through phases. That's normal. We've been taught that sexuality is sort of an autopilot thing, and that's where we get into trouble."

LAINE BERGESON BECCO, FMCHC, IS AN *EXPERIENCE LIFE* CONTRIBUTING EDITOR.



A Functional-Medicine Approach to Endometriosis

How to address this painful condition with diet and lifestyle interventions.

BY MO PERRY

Like most of her friends, Sarah Hunter started menstruating in her early teens — but her periods were different from theirs. "They were always really heavy and irregular and very painful," she recalls.

In her mid-20s, Hunter, now a family nurse practitioner in central Minnesota, went to see her doctor with a fever and intense pelvic pain. The doctor thought she might have pelvic inflammatory disease but couldn't find evidence of an infection.

It would take another year before Hunter was diagnosed with endometriosis, at age 28.

The World Health Organization states that endometriosis affects as many as one in 10 women and girls globally, and studies show the condition affects up to half of all women who experience infertility (anyone with a uterus can be subject to endometriosis). This inflammatory condition is caused when tissue that resembles the uterine lining, known as the endometrium, starts to grow outside the uterine cavity.

Endometrial tissue can implant and grow on various organs, like the appendix, rectum, ovaries, intestines, leg nerves, and other parts of the pelvic region. In rare cases, implants have been found on the diaphragm, lungs, and kidneys.

The same hormonal changes that trigger the growth and shedding of the uterine lining to create a monthly period trigger these misplaced implants to grow and shed, or bleed. But unlike menstrual blood, the extrauterine endometrial tissue cannot exit the body. Trapped in the abdomen, it can cause severe pain, irritation, inflammation, adhesions, and scarring.

Many sufferers experience pain and other symptoms for years before discovering the cause. Some estimates suggest that, on average, diagnosing endometriosis takes about 10 years from symptom onset. "You can't definitively diagnose endometriosis with a CT scan or an MRI," Hunter notes. "The only definitive way to diagnose it is to do a laparoscopy," in which a surgeon makes a small incision in the abdomen and inserts a camera to look at the reproductive organs.

Signs and Symptoms

The most common symptoms of endometriosis include intense menstrual cramping; long, heavy periods; bloating and constipation; urinary problems; painful sex; lower-back pain; and chronic fatigue.

It's also possible to have endometriosis and be asymptomatic, notes Cindy Geyer, MD, a functional-medicine physician at the UltraWellness Center in Lenox, Mass. In these cases, infertility may be the first sign that anything is amiss.

For those who do experience pain, it's often severe. "We're talking about sometimes debilitating pain, where women might have a hard time functioning at work or need to go to the emergency room because of significant discomfort," Geyer says. Even bowel movements can be intensely painful if there are implants on the intestines.

Endometriosis can sometimes fuse the back wall of the vagina to the front wall of the rectum, seriously disrupting sexual pleasure. Still, painful intercourse is just one of the ways the condition can challenge intimate relationships.

"Pain itself can contribute to depression, irritability, and mood challenges," Geyer says. Add infertility, fatigue, and the side effects of medications often used to treat the condition, and it can have a devastating impact on quality of life.

Conventional Treatment

Birth control pills are among the most common treatments for endometriosis.

"Many women are put on powerful medications that suppress the whole hypothalamic-pituitary-ovarian axis. This completely shuts down ovarian cycling and functioning, which may give short-term relief but comes with side effects, like hot flashes and night sweats," Geyer says. "You're basically chemically inducing menopause." Shutting down ovarian function also carries a risk of bone loss.

Excision surgery, in which endometrial implants are removed, can sometimes provide temporary relief from symptoms. However, some healthcare providers have warned recently that excision surgery — often performed multiple times on the same patient over time — could make endometriosis worse by creating nerve damage that can amplify pain sensitivity.

For those with endometriosis who do conceive — estimates suggest between 60 and 70 percent of women with endometriosis get pregnant without assistance — pregnancy can provide a reprieve. This is thanks to

the high-progesterone, lower-estrogen hormonal environment it creates.

Unfortunately, the reprieve is typically short-lived. "Endometriosis tends to come back if we don't address the underlying inflammation and root causes," Geyer says.

Getting to the Root Causes

"Endometriosis is an immune and inflammatory problem that's triggered by cyclic hormonal changes and worsened by chronic environmental-toxin exposure," explains integrative-medicine physician and herbalist Aviva Romm, MD. While the exact causes of the condition remain unclear, these are some possible contributing factors.

RETROGRADE MENSTRUATION. Among the possible causes of endometriosis, Geyer explains, a primary suspect is retrograde menstruation. "The cells of the endometrium, instead of flowing outward as in a menstrual period, flow backward up the fallopian tube and end up in the abdominal cavity. Once they're there, they can take up residence and attach to the ovaries or other organs."

Still, this condition alone can't explain endometriosis. "Most women have some degree of retrograde menstruation," Geyer says. "It's actually normal."

In most cases, the innate immune system recognizes the cells as a foreign presence in the abdomen, and it destroys them, she notes. "So, what is it that defines the 10 or 11 percent of women for whom those cells end up in the abdominal cavity and don't get taken care of by the innate immune system?"

To answer that, Geyer says we need to look at "secondary imbalances that create an environment in which the cells attach, grow, proliferate, and cause a perpetuating cycle of inflammation and scarring."

HORMONAL IMBALANCE. Our sex hormones, adrenal hormones, and thyroid hormones interact in dynamic and complex ways. When considering hormonal conditions, it can be more useful to look at the balance — or imbalance — among hormones rather than at any single one in isolation. "In people with endometriosis, we tend to see less progesterone on board and more estrogen," says integrative practitioner Marcelle Pick, OB-GYN, NP.

Endometriosis is considered an estrogen-related disease because that hormone acts as a sort of fertilizer for the growth of the errant cells. Many of the conventional treatments for the condition, such as birth control pills, aim to decrease the production of estrogen and increase progesterone, which helps thin both the lining of the uterus and endometrial lesions.

Yet endometrial implants can generate estrogen themselves, creating more fertilizer for their own growth. This is why birth control pills, hysterectomy, and even menopause don't always reliably relieve the condition.

Estrogen metabolism and detoxification are key to reducing overall estrogen load. Genetics play a role here, as do environmental toxins, which increase the burden on the body's detoxification system.

Some estimates suggest that, on average, diagnosing endometriosis takes about 10 years from symptom onset.

GENETICS. There's evidence of a genetic component to endometriosis, though no single gene has been identified as the culprit. "Endometriosis is more common in first-degree relatives of women who've had endometriosis," Geyer says. "There also seems to be an epigenetic component, in which the intrauterine environment [. . .] can influence the baby's future risk for endometriosis." (Epigenetics describes the way our behaviors and environments affect our gene expression.)

Specifically, fetal exposure to endocrine-disrupting chemicals, such as dioxins, PCBs, phthalates, and bisphenol A (BPA), is suspected of contributing to increased risk.

"If we have genetic SNPs, we're more prone to have poor methylation, or to have our bodies express estrogen in a more potent way," Pick explains. (An SNP, or single nucleotide polymorphism, is a genomic variant at a single base position in the DNA.)

Particular genes can affect our ability to break down estrogen and other environmental toxins or increase progesterone resistance. (For more on how genetic variations can influence our health, see "What Are SNPs and Why Do They Matter?")

Genes, however, are not destiny. Through diet and lifestyle, we're able to reduce our toxic load and support our detoxification processes.

ENVIRONMENTAL TOXINS. Evidence suggests that increased exposure to environmental toxins called endocrine disruptors, which disrupt or mimic our natural hormones, could be contributing to the widespread development of endometriosis. Food packaging, personal-care products, and plastic water bottles frequently contain these hormone-disrupting chemicals, which "may stimulate endometriosis growth as a result of increased chronic inflammation, increased estrogen synthesis, and altered monthly thickening and shedding of the uterine wall," explain Andrew Cook, MD, and Danielle Cook, MS, RD, CDE, in their book, *The Endometriosis Health and Diet Program*.

BPA and phthalates fall into this category, and some studies have found that women with endometriosis had higher phthalate concentrations in their blood. "BPA has a similar structure to estrogen and can behave like estrogen; however, the body takes much longer to metabolize it," the Cooks write. BPA can also disrupt estrogen signaling, exacerbating endometriosis symptoms.

DYSBIOSIS. An imbalanced microbiome and leaky gut can contribute to chronic inflammation, a risk factor for endometriosis. "We also now have studies indicating correlation between endometriosis and an imbalanced microbiome," explains Pick. In addition to the microbiome of the intestines, she adds, "we also have a microbiome of the uterus that can be imbalanced."

These microbial imbalances can disrupt normal immune function and may contribute to the development of endometriosis. Studies in mice have even shown successful endometriosis treatment using antibiotics that kill the overgrowth of hostile bacteria. Specifically, low levels of *Lactobacillus* bacteria have been linked to the disease, as have high levels of microbes related to bacterial vaginosis.

Certain bacteria even affect how the body metabolizes estrogen. "The microbiomes of the gut and uterus actually affect the entire physiology of the body, from hormonal balance to digestion," notes Pick.

INFLAMMATION. "More and more, we're starting to look at endometriosis as an inflammatory cascade," says Pick. The cascade begins with irritation and tissue damage and ends in fibrosis and scarring. Each stage adds more inflammation to the cycle, making it both a cause and an effect of endometriosis. Inflammation also contributes to the amount of pain women with endometriosis experience.

Food is a key factor. "We know that diet affects inflammation systemically, particularly a diet high in sugar and refined carbohydrates," Geyer notes. Stress, poor sleep, and overall toxic load can also lead to systemic inflammation.

This perspective offers a key entry point for treating endometriosis and relieving symptoms, Pick says. "Anything you can do to decrease that inflammatory cascade will help decrease pain and cramping."

STRESS. Stress can worsen endometriosis symptoms in several ways. "I don't think that stress causes endometriosis, but it can certainly disrupt the health of the gut lining and increase inflammation," Geyer explains.

Over time, chronic stress and pain can contribute to central sensitization, in which the central nervous system alters perception of pain. In these cases, "even a sensation such as light touch or cold temperature that ordinarily wouldn't register as pain gets perceived as pain," says Geyer. "Everything's on hyperalert."

Chronic stress can also lead to hormone dysregulation, in part by overworking the thyroid and adrenal glands. This sets the stage for the kind of hormonal imbalances that foster the growth of endometrial implants.

DYSREGULATED IMMUNITY. Impaired immune surveillance and response may play a role too, mainly by allowing endometrial cells to grow outside the uterus. "One theory is that natural killer cells aren't responding as they should and getting rid of endometrial cells," Geyer explains. "And if there's already inflammation inside the abdominal cavity, that creates an environment where those tissues are more likely to latch on and take up residence."

The peritoneal fluid of patients with endometriosis has been shown to contain unusually high levels of the molecule galectin-3. "This molecule is produced by the immune system and is implicated in every single condition that involves fibrosis, such as nonalcoholic fatty liver disease and pulmonary fibrosis," she notes.

Researchers speculate that galectin-3 not only hinders natural killer cells from detecting endometrial cells, but it allows the endometrial cells to become stickier, contributing to ongoing scarring. Drugs that target galectin-3 are currently in development.

> **"More and more, we're starting to look at endometriosis as an inflammatory cascade."**

A Whole-Person Healing Approach

A functional approach to treating endometriosis "supports an optimal immune response, reduces inflammation and pain, promotes natural detoxification of environmental toxins, and helps to balance hormones," Romm explains. These are the main pillars.

1. USE FOOD AS MEDICINE. An anti-inflammatory diet is the first critical step in healing from endometriosis. Eliminating inflammatory, ultraprocessed foods and emphasizing whole, fresh ones can help repair a leaky gut, balance the microbiome, and reduce inflammation — all of which can help reduce symptoms of endometriosis.

"Because so many people have a problem with dairy and gluten, I have people take those out immediately," says Pick. Sugar, alcohol, refined carbohydrates, and excess saturated fats can also contribute to inflammation.

"Omega-3s from fish, nuts, and seeds have an anti-inflammatory effect and help provide our immune system with what it needs to resolve inflammation once it starts," Geyer notes. Bone broth, collagen, and fermented foods can help create a healthy intestinal barrier.

And a diverse array of plant-based, fiber-dense foods supports a balanced immune system and healthy hormone regulation. "Getting enough dietary or supplemental fiber [is] essential for reducing inflammation and overall body-toxin load and eliminating excess estrogen from your system," says Romm. She recommends taking one to two tablespoons of freshly ground flaxseed daily in a smoothie or mixed into food.

Cruciferous vegetables, such as cauliflower, Brussels sprouts, broccoli, and broccoli sprouts, are superstars for supporting estrogen metabolism. Herbs and spices, including ginger, rosemary, and turmeric, also contain anti-inflammatory compounds.

Plastics are a major source of estrogen-mimicking compounds called xenoestrogens, which can worsen endometriosis, so Romm suggests avoiding foods packaged in soft plastic wrap, as well as those that are stored in plastic. Avoid microwaving food in plastic because this leaches more of these compounds into the food.

2. REDUCE STRESS. Because endometriosis can be an intensely painful condition, it is also a stressful one — and chronic stress suppresses the innate immune system, Geyer notes. This includes the natural killer cells that typically recognize and eliminate errant endometrial cells.

Research on animals shows that stress increases the size and severity of endometrial lesions. This means it's important to prioritize stress management when attempting to control symptoms.

Our bodies synthesize a variety of hormones from cholesterol, including estrogen, progesterone, and the stress hormone cortisol. "We can't live without cortisol, but we can live without our sex hormones. So, if we have too much need for cortisol due to chronic stress, the body will make cortisol at the expense of our other hormones, causing tremendous hormonal dysregulation," Pick explains.

Breath-based practices, mindfulness meditation, and guided imagery can help the body shift out of fight-or-flight mode and support the parasympathetic, or rest-and-digest, response. This can help lower inflammation, reduce pain, and ease the burden of chronic stress. Massage, pelvic-floor physical therapy, acupuncture, and myofascial-release techniques are other modalities that can help alleviate chronic pain.

A systematic review in the *Journal of Psychosomatic Research* found that mind–body interventions are useful — think yoga, mindfulness, relaxation training, cognitive behavioral therapy combined with physical therapy, and biofeedback. The study determined that

these all "show promise in alleviating pain, anxiety, depression, stress, and fatigue in women with endometriosis."

3. SUPPLEMENT WISELY. Herbs and supplements can help soothe the effects of endometriosis in various ways, including by calming inflammation and repairing tissue damage. It's always a good idea to work with a certified practitioner when adding herbs or supplements to your routine. These are some of the supplements experts recommend.

• **Modified citrus pectin (MCP)** is a dietary fiber made from the pulp of citrus fruits. "This nutraceutical has the ability to block the activity of galectin-3," Geyer says. Research on its effectiveness for endometriosis is thin, but because of MCP's potential benefits and low risk profile, Geyer still recommends it.

"Not only can it block the activity of that molecule that's driving scarring and adhesion, but it's also a gentle chelator, so it can bind to heavy metals and other toxins we might be exposed to. And it's a prebiotic, so it can support the growth of beneficial gut microbes."

• **Anti-inflammatories,** such as mushroom extracts, fish oil, curcumin, resveratrol, and green-tea extract, may help, Geyer says.

Romm adds bromelain (from pineapple), quercetin (found in apples, onions, and capers), ginger, and the herbal extract boswellia to the list. "Not only will inflammation be reduced, but these herbs also relieve pain over time," notes Romm.

• **Antioxidants** help prevent and reverse local tissue damage from inflammation, Romm adds. Resveratrol, N-acetylcysteine (NAC), pine bark, green tea, and curcumin are all powerful antioxidants available in supplement form.

A study published in 2013 found that women with endometriosis who took 600 mg of NAC three times a day on three consecutive days each week for three months saw a greater reduction in cysts and pain than a control group did, with results "better than those reported after hormonal treatments."

While endometriosis can present real challenges, it's important to know that "we have hope for treating it now, and years ago we really didn't," Pick says. She herself had surgery for endometriosis at age 19, which led to infertility. "If I'd known then what I know now, I could have avoided that. It's empowering for me now to help people understand how to do things differently."

MO PERRY IS AN *EXPERIENCE LIFE* CONTRIBUTING EDITOR.

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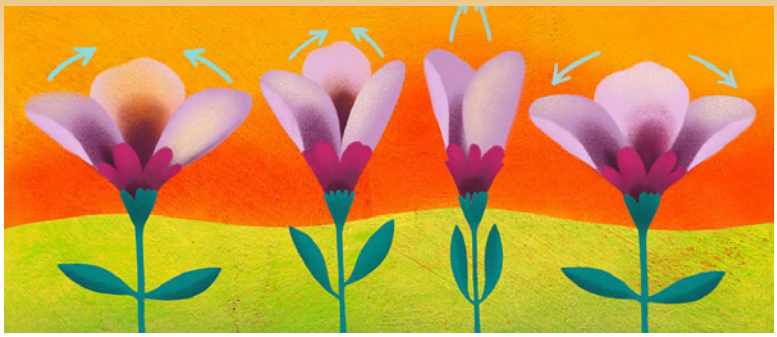

Your Fit and Functional Pelvic Floor

Pelvic-floor health is an important, yet often overlooked, component of overall well-being. Discover how to keep this group of muscles strong and healthy.

BY LAUREN BEDOSKY

When most people think about the pelvic floor, if they do at all, they often just consider its starring role in childbirth. But this hammock-shaped collection of muscle and connective tissue is key to our everyday functioning: It supports the internal organs of the pelvis and abdomen, helps control the bladder and bowels, and allows for healthy sexual function in everyone, regardless of age or gender.

"The pelvic floor is the Grand Central Station of the body," says pelvic-floor physical therapist Riva Preil, PT, DPT, author of *The Inside Story: The Woman's Guide to Lifelong Pelvic Health.* "When the pelvic-floor muscles are at a happy resting tone — when they're not overstretched and weak, or in spasm and tight — they can perform those functions for you."

For many people, however, the pelvic floor does not work the way it's supposed to. According to the Mayo Clinic, about 32 percent of women and up to 16 percent of men experience at least one pelvic-floor disorder in their lifetime. And while there is a dearth of related statistics on transgender and gender-diverse communities, gender-affirming practices and surgeries can have an impact on the pelvic-floor muscles.

Common symptoms of pelvic-floor dysfunction include pelvic pain, urine leakage, constipation, and lower-back

pain, Preil explains. The Cleveland Clinic notes that women and those assigned female at birth may feel pain during sex, and men and those assigned male at birth may struggle to get or keep an erection.

If you're experiencing these or other problems related to the pelvic floor, rest assured that there are strategies to relieve pain, weakness, and tightness, and to restore normal muscle function. And even if you're free of these symptoms, these strategies can help you prevent future issues from cropping up. What follows are experts' top tips for taking care of these often-overlooked muscles.

Pelvic Anatomy 101

The pelvic floor is where your abdominals and legs converge, and where ground-reaction forces are absorbed with each step you take, says Preil. It's a group of muscles that form a sort of hammock or sling. Sitting at the bottom of the core (which includes the abdominal, back, and diaphragm muscles), these muscles are supported by bones, connective tissue, and fascia.

MUSCLES OF THE PELVIC FLOOR

- **The levator ani** forms the bulk of your pelvic-floor muscles. It's a funnel-shaped structure that supports bowel, bladder, and sexual function and keeps your pelvic organs in place. It wraps around the entirety of your pelvis, and it forms from the confluence of three separate muscle components:
  1. **The pubococcygeus** runs from the pubic bone to the center of the perineum. It controls the flow of urine, aids in ejaculation, and helps position the fetus's head during childbirth.
  2. **The puborectalis** forms a sling around the rectum and assists with defecation.
  3. **The iliococcygeus** is a thin sheet of muscle that spans the pelvic canal and connects to the sacrum and coccyx. It provides a secure anchor point for the pelvic floor.
- **The coccygeus** is a smaller, triangular-shaped muscle located toward the back of your pelvis that helps support the pelvic organs and, with the levator ani, comprises the pelvic diaphragm.

(Anatomically correct diagrams of male and female pelvic floor muscles are available through the Mayo Clinic.)

BONES OF THE PELVIS

- **The coccyx,** also known as your tailbone, is a small triangular bone at the base of your spine. It serves as an attachment site for pelvic-floor muscles.
- **The sacrum** is located just above the coccyx. This shield-shaped bone acts as a muscle attachment site and helps stabilize the pelvis.
- **The hipbones** are located on either side of your pelvis and serve as another attachment site for pelvic-floor muscles. Each hipbone consists of three separate bones: the ilium, ischium, and pubic bone.

> **"The pelvic floor is the Grand Central Station of the body."**

The 5 S's of Pelvic-Floor Function

The "Five S's" is a mnemonic encompassing the five major functions of the pelvic floor.

Support: The sling of muscles, fascia, and ligaments supports the organs inside the abdominal cavity and the pelvis, which include the sexual organs, bladder, and intestines.

Sphincter: The pelvic-floor muscles allow for the appropriate opening and closing of the urethral and anal sphincters, ensuring successful urination and bowel movements while simultaneously preventing leakage of urine and fecal matter.

Sex: The pelvic floor muscles relax and contract, allowing for penetration, arousal, and orgasm.

Stability: The pelvic floor stabilizes the torso and allows for dynamic movement of the extremities. It plays a central role in breathing and regulating pressure in the intra-abdominal cavity.

Sump pump: The pelvic floor helps move blood and lymph fluid through the pelvis and up into the trunk of the body.

Causes of Pelvic-Floor Dysfunction

Lifestyle, age, and major life events like surgery and childbirth can affect pelvic-floor function. These are a few of the factors to consider as you strive to keep these muscles working properly.

- **Stress.** "People inadvertently hold tension and tightness in their pelvic-floor muscles," Preil says. It's like how you might clench your jaw or let your shoulders creep up toward your ears. In fact, there is a strong connection between pelvic-floor dysfunction and temporomandibular joint dysfunction (TMJ). If you notice you're clenching your jaw, you may also be clenching your pelvic-floor muscles, she notes.
- **Age.** Muscles tend to weaken and become harder to strengthen as we get older, a concept known as sarcopenia. The pelvic-floor muscles are no exception, says Megan Rorabeck, DPT, a board-certified women's health clinical specialist and author of *Between the Hips: A Practical Guide for Women.*
- **Pregnancy and childbirth.** The pelvic-floor muscles and tissues can become strained and weakened during pregnancy and vaginal delivery.
- **Hormonal changes.** The reduced production of estrogen during menopause can contribute to the pelvic-floor muscles becoming weaker and frailer, says Rorabeck. "Any issue we might have had in our younger years that we could skate by can become a big deal with that hormone change."

Anyone undergoing gender-affirming hormone therapy could see tissue changes, such as testosterone-induced vaginal atrophy, that are like postmenopausal changes in cisgender women, according to Brigham and Women's Hospital. Those changes can impact bladder, bowel, and sexual function.

- **Muscle strain.** Bearing down when going to the bathroom or excessive coughing can strain your pelvic-floor muscles, causing weakness.
- **Issues in other areas of the body.** The pelvic-floor muscles connect with the spine and hips, and any weakness, tightness, or dysfunction in these areas can affect the pelvic region. "If somebody has low-back or hip pain that isn't getting better with a traditional orthopedic approach, it could be that the pelvic floor is getting missed," Rorabeck explains.
- **Trauma.** Sexual abuse or assault, car accidents, and other physical injuries can result in pelvic pain and dysfunction.
- **Surgery.** Surgery in the pelvic region, such as a cesarean section (C-section), gender-affirming procedure, hip replacement, or prostatectomy (removal of the prostate), can cause

scarring that might attach to skin, muscle, or connective tissue, restricting blood flow and leading to pain. Such surgeries can also cause the pelvic-floor muscles to weaken.

- **Gender expression and affirmation.** Techniques that have a significant beneficial effect on quality of life and mental and emotional health, such as tucking and binding, can often also cause pelvic-floor pain or dysfunction.
- **Bicycling.** Sitting on a bike seat puts a lot of pressure on the pelvic floor. As a result, "cyclists tend to develop tight pelvic-floor muscles due to the biomechanics of cycling," notes Brooke Cates, founder and CEO of The Bloom Method, a pre- and postnatal fitness program.

Symptoms of Pelvic-Floor Dysfunction

With so many factors affecting a naturally complex region of the body, it's little surprise that pelvic-floor dysfunction doesn't look the same for everybody. In fact, Preil says, there are two broad categories of dysfunction: At one end of the spectrum is pelvic-floor tightness, or overactivity; at the other end is pelvic-floor weakness, or underactivity.

Pelvic-Floor Tightness: A common symptom of tightness is often feeling like you need to pee. This happens because the muscles around the urethra (the tube that empties urine from the bladder) are tense and overactive. "The muscles never fully relax when you're trying to urinate, so you constantly feel like there's still more urine in the bladder," she explains.

Or, you may be constipated — another symptom of overactivity — except it's the muscles around your rectum (the last several inches of the large intestine) that are tight.

Some people with pelvic-floor tightness may also notice that they can't stay erect during sex, says Preil. "Male sexual functioning is so dependent on blood flow, and if muscles are tight, it can restrict that blood flow."

Pelvic-Floor Weakness: On the other end of the spectrum, a telltale sign of pelvic-floor weakness is urinary incontinence, or difficulty holding in your pee. "That's when you have those experiences of running or jumping on a trampoline with your kiddo, and you pee yourself a little bit," says Cates.

Another symptom of weakness is pelvic-organ prolapse, which occurs when one or more pelvic organs (the uterus, bladder, or rectum) drop into the vagina or bulge into the anus, causing discomfort. "Women will report a feeling of fullness in the pelvic floor, almost like a tampon is only partially inserted," Preil explains.

Cates notes that either category of pelvic-floor dysfunction could lead to the same symptoms; leaking urine, for instance, could be caused by tightness or weakness.

Moreover, Preil adds, people can experience both tightness *and* weakness at once. And it's possible that one could lead to the other (i.e., if left unchecked, tight and overactive muscles can become weak).

Your pelvic-floor muscles are like any other muscles in your body: They benefit from being strengthened and stretched often through regular movement and function.

3 Strategies for Improving Pelvic-Floor Health

There are myriad factors that can compromise the health of your pelvic floor, but there are just as many approaches you can take to lower the probability of experiencing issues. Use the following three strategies to keep these muscles healthy and functional for life.

1. Retrain your breathing.
A simple way to improve pelvic-floor mobility and function is to shift to diaphragmatic breathing. During a natural breath, "when you take a deep inhale, the respiratory diaphragm and pelvic-floor diaphragm both descend," says Meagan Corrao, PT, DPT, a certified pelvic-rehabilitation practitioner and clinical specialist with Northwell Health Rehabilitation Network. On the exhale, they both rebound to their usual position.

To breathe diaphragmatically, focus on expanding your abdomen on the inhale, aiming to fill your ribcage and back. "Imagine if you were to blow air into a balloon, all parts of the balloon expand," Rorabeck says. "When you breathe into your belly, think of the belly and the pelvic floor expanding together, like the balloon." (Get step-by-step instructions below in "6 Exercises for a Healthy Pelvic Floor.")

She recommends first practicing diaphragmatic breathing while lying in bed at night to get the hang of it. That way, you can more easily tap into this approach when you're stressed and anxious or you notice you're clenching your jaw. "To be effective at doing it in the heat of the moment when our body needs it most, we have to be able to fall back on some muscle memory."

2. Exercise to strengthen and lengthen.
Performing exercises that stretch and strengthen your pelvic-floor muscles can help you prevent overactivity and underactivity.

Kegels are perhaps the best-known pelvic-floor exercises: You squeeze, hold, and relax your pelvic-floor muscles.

Kegels can be an effective exercise for strengthening the pelvic floor, but they're often done incorrectly. "For some reason, when we train the pelvic floor, we only think *Engage, engage, engage; contract, contract, contract*," Cates says. Constantly contracting the muscles without also relaxing them can create or worsen muscle tightness.

If you're going to do Kegels, it's important to train both phases of the movement: Contract the pelvic-floor muscles, then relax them fully. "Get to a point where you can do that in a fluid motion, just like you would in a biceps curl," she suggests.

Learning *how* to engage and relax these muscles isn't intuitive for everyone. Give yourself time to practice building awareness and control, and don't hesitate to seek professional help for additional guidance. (For more stretching and strengthening exercises, see "6 Exercises for a Healthy Pelvic Floor," below.)

3. Seek professional support.
There are many types of healthcare providers you can consult — including obstetricians and gynecologists, urologists, physical therapists, pelvic-floor specialists, and gastroenterologists — for pelvic-floor issues.

Common indicators that something's not quite right in the pelvic-floor region

are pain during sex, urinary or fecal incontinence, a feeling of heaviness in your pelvis, frequent urination, difficulty staying erect, constipation, or lower-back pain.

If it turns out you have pelvic-floor dysfunction, you'll likely work with a pelvic-floor physical therapist to rehabilitate. The initial consultation may include a pelvic exam during which the therapist inserts a finger vaginally or rectally to check muscle tone, strength, and endurance, Corrao says. They may also analyze your posture, walking mechanics, breathing patterns, and flexibility and strength in your core, arms, and legs.

Using this information, the therapist develops a treatment plan. "Most patients start with a home exercise program from day one," she notes. Some may need flexibility, relaxation, and breathing exercises, while others need strengthening, core, and posture exercises.

Many people don't like asking for help with pelvic issues. Some are embarrassed to admit they leak pee or can't maintain an erection. Others haven't felt heard by healthcare providers when they bring up their pelvic issues at medical appointments.

Thankfully, the field of pelvic health is expanding. "Each year, more providers are going into this field, and it's becoming more well-known and talked about," Preil says. The more we normalize pelvic health, the less stigma and shame we attach to it.

6 Exercises for a Healthy Pelvic Floor

Your pelvic-floor muscles are like any other muscles in your body: They benefit from being strengthened and stretched often through regular movement and function.

But it's not enough to focus only on the pelvic-floor muscles — you also must train the abdominal and diaphragmatic muscles surrounding the pelvic floor. "They all relate to one another in terms of how they function," says Alyssa George, PT, DPT, a physical therapist with Motion Minnesota who specializes in treating pelvic and orthopedic conditions.

Performing a combination of stretching and strengthening exercises can keep your pelvic floor strong and mobile. The following routine was codesigned by George and her Motion Minnesota colleague Britta Gauthier, PT, DPT, who specializes in pelvic-health and orthopedic rehabilitation. Incorporate the mobility exercises into your routine daily and the strength exercises up to three times per week.

If you experience pelvic pain or you're already being treated for pelvic-floor dysfunction, consult a healthcare provider before performing these exercises. (For video demonstrations, see the online version of this article.)

The more we normalize pelvic health, the less stigma and shame we attach to it.

BREATHING AND MOBILITY: Include these exercises in your daily routine.

Diaphragmatic Breathing

This form of breathing taps into your pelvic-floor muscles and prepares them for the moves that follow.

- Lie on your back with legs extended. Place a hand on your stomach.
- Breathe in deeply, feeling your belly push against your hand as it expands.
- Exhale fully, allowing your belly to draw in.
- Repeat for one set of 10 breaths.

Pelvic Floor Contract and Release

Kegel exercises are effective for strengthening and lengthening the pelvic floor.

- Lie on your back with your knees bent and feet on the floor, arms resting at your sides.
- Aim for a neutral pelvis position (not tucking your tailbone or excessively arching your back).
- Squeeze and lift your pelvic-floor muscles; imagine there is a string drawing your perineum up and in.
- Hold briefly and then release your pelvic-floor muscles with control.
- Allow the muscles to relax fully before repeating the contraction.
- Do one set of 10 reps.

Cat–Cow

This classic yoga move increases lumbar (lower-spine) mobility, which is critical for pelvic-floor function.

- Begin on all fours with your shoulders stacked over your wrists and knees bent 90 degrees.
- On an inhale, slowly curve your lower back and tilt your pelvis up, allowing your belly to drop toward the floor.
- As you exhale, draw your belly in and gently arch your back up toward the ceiling.
- Do one set of 10 reps.

STRENGTH: Aim to perform the following exercises three times per week.

Body-Weight Squat

The glutes and the pelvic floor are buddies, George says. A body-weight squat strengthens the glutes; learning to coordinate the movement with breath can help lengthen the pelvic floor.

- Stand with your feet slightly wider than shoulder width apart.
- Inhale diaphragmatically. As you do, bend at your knees and hips and squat down until your knees are close to a 90-degree angle.
- Keep an elongated spine; don't let your knees creep over your toes. On an exhale, stand back up by straightening your knees and hips simultaneously. Repeat.
- To progress the move, hold a dumbbell in each hand, with your arms extended at your sides.
- Do two sets of 10 reps.

Dumbbell Deadlift

Coordinating your breath with this classic hip-hinge exercise teaches you how to pick up heavy objects without holding your breath (holding your breath during a heavy lift is a common precursor to urine leakage).

- Stand with your feet shoulder width apart, holding a medium-heavy dumbbell in each hand in front of your thighs. Choose a weight that is challenging for you and that you can use to perform all 10 reps with great form.
- Inhale diaphragmatically. As you do, bend your knees slightly and hinge at the hips to lower the dumbbells toward the ground. Keep the dumbbells close to your legs.
- On an exhale, stand back up by straightening your hips and knees simultaneously.
- Fluidly flow from one position to the next, trying not to hold your breath at any point. Keep your abdominal muscles engaged and your back straight during the exercise.
- Do two sets of 10 reps.

Banded Side Steps

This exercise targets the side-butt muscles that play a key role in pelvic-floor function.

- Stand with a small, closed-loop resistance band around your thighs, just above the knees.
- Bend your knees slightly so you're in a quarter-squat position.
- Slowly step sideways, maintaining tension in the band.
- Continue stepping in one direction until you've completed 10 reps. If you're tight on space, alternate sides with each rep.
- Do five sets of 10 reps in each direction.

Pelvic-Floor Devices for Training Muscles

In addition to standard stretching and strengthening exercises, there are devices that can help you train your pelvic floor. Megan Rorabeck, DPT, recommends two tools for relaxing overactive pelvic-floor muscles: a dilator set and a pelvic-floor wand.

Dilators are tube-shaped devices that come in kits with dilators ranging from small (about the size of a finger) to large, according to the Memorial Sloan Kettering Cancer Center. These can be inserted vaginally or rectally and left in place for 10 to 15 minutes to stretch the muscles. Wands are similar in that they're inserted vaginally or rectally, but they're curved to target the deeper muscles in the pelvic floor.

You can find and buy these devices online, but Rorabeck recommends first consulting a pelvic-floor physical therapist to ensure you're getting a device that fits your needs. Plus, the therapist can show you how to use the device most beneficially.

In addition to devices like wands and dilators, there are vaginal weights for pelvic floor strengthening; these tools are inserted vaginally and held in place by the muscles. However, Rorabeck does not usually recommend these. "People often unintentionally cheat," she explains. "They tilt their pelvis, clench on with their butt muscles, press their thighs together, or walk rigidly to hold the weight in place."

Instead, she prefers that her patients perform functional movements with dumbbells, kettlebells, or plyometrics (jumping exercises). (For a primer on functional movements and training, see **"Ready-for-Anything Fitness."**)

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Pillow Talk: A Q&A With Sex Therapist Vanessa Marin

Sex therapist Vanessa Marin and her husband Xander Marin help couples take the intimidation out of getting intimate.

BY EMILY EWEN

From a young age, Vanessa Marin, LMFT, was sure of two things: She wanted to help people become more comfortable talking about sex and she wanted to write a book.

"My motivation for going into sex therapy stemmed from my parents' version of 'the talk,' " Marin says. "I was 11 or 12 years old, riding in my family's minivan, when my mom looked at me uncomfortably in the rearview mirror and said, 'If you have any questions about . . . you know . . . sex . . . you can ask.'

"It was clear to me, though, that she really meant, 'Please, don't ask us anything about sex; we don't want to talk about it,' " Marin recalls, laughing.

"But I did have a lot of questions. I was very curious about sex, and I didn't understand why it was *bad* to talk about. And as I got older, I realized that moment was sticking with me for a reason."

Marin decided to pursue a career as a psychotherapist, specializing in sex therapy. "I was working as a traditional therapist, but I wanted to do more," she says. "I wanted to be able to broadly share the tools and techniques I was developing, so I started building out guides and courses online."

Marin's online business flourished, and her dream of writing a book became a reality in early 2023 with the release of *Sex Talks: The Five Conversations That Will Transform Your Love Life*, which became a *New York Times* bestseller. She also cohosts the *Pillow Talks* podcast with her husband, Xander Marin, and the couple has a loyal social media following where they share stories and advice about sex and relationships.

We connected with Vanessa to discuss her and Xander's mission to help couples build intimacy and improve their sex lives.

Q&A With Vanessa Marin

Experience Life | You always knew you wanted to work in sex therapy — and you now partner with your husband, Xander, for much of your work. How did you two decide to start working together?

Vanessa Marin | Xander saw me building my online business and started to get a bit curious, so I enlisted his help, which slowly morphed into a partnership. Originally, he was doing more of the behind-the-scenes work. But I started to get this nagging feeling that I wanted him to come in front of the camera with me.

He was resistant at first; he didn't think he was qualified. But I kept telling him that was the point. I thought it would be a nice balance to provide the perspectives of both the expert and the everyday, regular dude. It took me a couple years to convince him, but we eventually started creating content together around the beginning of 2021.

The responses were so positive, and we knew we had to keep going in that direction. Xander and I have had our own ups and downs in our sex lives, and as we got more comfortable, we started sharing more of those stories.

When it comes to sex, we have this tendency to feel alone — like we're the only person struggling or like something must be wrong with us. Hearing someone say "We've been there too, and here's what we did" can be so valuable.

EL | How did creating your online business and partnering with Xander lead to this next step in your career — writing a book?

VM | The book comes back to the idea of communication around sex. So many people find it uncomfortable to talk about sex even with the person with whom they are having sex. You might be googling secret questions, but the advice you find usually ends with "just talk to your partner," and that can leave people feeling even more lost.

I wanted to make this generic advice more practical and specific, so Xander and I boiled it down into five conversations. Readers can expect to be guided through these conversations step by step: acknowledgment, connection, desire, pleasure, and exploration. Ultimately, you'll understand why talking about sex with your partner is not only necessary but incredibly important for building intimacy.

Some of my favorite feedback we've gotten is that the book is so much more fun than people thought it would be. You might expect it to be anxiety inducing, but we worked hard to make it feel playful.

"When it comes to sex, we have this tendency to feel alone — like we're the only person struggling or something must be wrong with us."

EL | Let's talk a little more about building intimacy. Why do so many couples find it hard to talk openly and honestly about sex?

VM | We just don't see any examples of it. If you think of any sex scene in a movie or on TV, you never see characters talking to each other about the sex they're having — or not having. We can't help but think that's how it's supposed to be.

Many of us also have this idea that *If I'm with the right person, if it's really the right fit, we shouldn't need to have these conversations.* And that's so not true. We all need to have these conversations. So, it's important for people to not beat themselves up for struggling because where have we ever had the opportunity to learn how to talk about sex?

EL | What role does an individual's knowledge of and comfort with their own sexuality play in a relationship?

VM | It plays a *huge* role. That's why the entire first section of *Sex Talks* is all about you — helping you understand your relationship with sex, your desires, your curiosities, your boundaries. We need to have that knowledge of ourselves before we can share it with our partner, and so few of us take the time to do that self-exploration. *What does it mean to me to have an amazing sex life?*

So that first part is all about exploring and understanding what it is that you're wanting so that you and your partner can get on the same page and work toward that together.

EL | As a relationship goes through life changes and stages, what can a couple do to stay connected and keep building intimacy?

VM | People always ask us, "How do we get the spark back?" The early stages of dating seemed so easy and effortless, but the reality is you were likely putting in a lot of effort. You were putting your best foot forward: spending time getting ready for your dates, making fun plans, being intentional about carving out time.

Then we get into a relationship, and we completely let off the gas. So having that mindset shift is incredibly powerful. Nothing's wrong with you or the relationship if you're not feeling that spark — it's just a reminder that we need to keep putting that effort in and making time to connect.

When life gets busy, it's tempting to put your relationship at the bottom of your to-do list. But if you can focus on nurturing your relationship for just a couple minutes a day, you may find that life feels a lot easier. We get into relationships to have someone on our team or on our side to help us get through. As a team, you can operate so much more efficiently.

EL | Through your podcast and social media content, you end up giving a lot of your work away for free. Why is making this type of content easily accessible so essential to your mission?

VM | Since so few resources are available on these types of topics, it was another core value for us to make our content accessible. I believe that great sex is our human right, and one of the main reasons I'm in this field stems from my own experiences of struggling to find accurate and helpful resources.

As a society, we've started talking more openly about sex in the last five or 10 years, which is great. But at the same time, a lot of the conversations are surface level. There's still a lot of generic advice. We believe that everybody is deserving of these in-depth resources, tools, and conversations.

EL | How does your team account for and acknowledge differences in gender, gender identities, and sexual orientation in your work?

VM | We identified inclusivity as one of our company's core values early on. We've always been invested in making our content as inclusive as possible by continually learning more about different perspectives and experiences. We recognize that we're always going to have blind spots, but starting with that intention and hiring a diverse team was crucial for us. We lean on our team members as well as our community to share their diverse perspectives with us so we can integrate them into our practice.

EL | With everything you've accomplished so far, what's next for your team?

VM | I have about a million ideas in me! I just love creating guides, courses, and experiences for couples, so we want to continue building that out. We'd love to eventually be a one-stop shop for all your sex and relationship needs, helping with any curiosity, challenge, or question you might have.

EMILY EWEN IS SENIOR WRITER AND CONTENT EDITOR AT LIFE TIME.

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Maternal Health in Crisis

Learn why giving birth in the United States is more dangerous today than it was three decades ago.

BY KAELYN RILEY

The United States is in the midst of a maternal-health crisis. The country is one of the only high-income nations in the world in which giving birth is more dangerous today than it was 30 years ago.

According to the Centers for Disease Control and Prevention (CDC), more than 1,200 Americans died of pregnancy-related causes in 2021 (the most recent year for which data is available) — a 40 percent increase over 2020. This translates to 32.9 deaths per 100,000 live births. The World Health Organization defines a pregnancy-related death as one that takes place either during pregnancy or within 42 days after delivery.

The U.S. maternal mortality rate is the highest of all wealthy countries — more than five times higher than the estimated rates of Australia, Japan, and Spain.

Moreover, the CDC estimates that about 84 percent of maternal deaths between 2017 and 2019 were preventable, suggesting that there are multiple weaknesses in the U.S. healthcare system for new mothers.

Many expectant mothers encounter barriers when seeking the care and support they need, according to Every Mother Counts, a nonprofit dedicated to making pregnancy and childbirth safer for everyone. Some of those barriers include lack of insurance coverage, chronic illness, and inadequate mental health support, particularly during the postpartum period.

There are also socioeconomic and racial disparities: Black and Indigenous women are two to three times more likely to die of pregnancy-related causes than white women.

People of color are also disproportionately harmed by "maternity-care deserts," areas of the country without birth centers or obstetric hospitals or providers. According to the March of Dimes, a nonprofit focused on maternal and infant health, 36 percent of U.S. counties — most of them rural — lack these services.

The uptick in maternal mortality may be partially attributed to the

COVID-19 pandemic. The increased strain on the medical system may have contributed to the rise, and some pregnancy-related deaths may have also been linked to COVID infection.

Still, the CDC data does not yet represent the impact of the Supreme Court's overturning of *Roe v. Wade* in June 2022, a ruling many experts fear will worsen the maternal-health crisis. As obstetricians and other care providers leave states that have enacted abortion bans, those maternity-care deserts are growing: It is now more difficult for expectant mothers to access providers who can manage high-risk pregnancies, perform routine deliveries in rural areas, supply long-acting birth control, and provide treatment and screening for sexually transmitted diseases. As reproductive health care is restricted across the country, fewer people may have access to the high-quality, patient-centered maternity care they need — care that is critical for improving the current state of maternal health.

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Beyond Binary Gender Diversity

More young people identify as transgender, nonbinary, or gender nonconforming than ever before..

BY CRAIG COX

If you've become more accustomed to encountering young people who identify as transgender, nonbinary, or gender nonconforming in recent years, you're not alone. An increasingly accepting culture and a diversifying vocabulary are creating an atmosphere that is starting to reflect the breadth of America's gender diversity.

A series of surveys conducted by the Centers for Disease Control and Prevention from 2017 through 2020 revealed that 1.4 percent of 13- to 17-year-olds identify as transgender — nearly double the percentage found in surveys conducted in 2014 and 2015.

But, unlike older generations of trans people, younger people may not want or need hormonal or surgical interventions to make the transition, says Angela Goepferd, MD, medical director of the Gender Health program at Children's Minnesota hospital.

"We as a culture just need to lean into the fact that there is gender diversity among us," Goepferd tells the *New York Times*. "And that it doesn't mean that we need to treat it medically in all cases, but it does mean that we as a society need to make space for that."

The trend is reminiscent of the 1990s, when coming out as gay, lesbian, or bisexual became more socially acceptable, notes University of California, Santa Cruz, psychology professor Phillip Hammack, PhD. "It signifies a new confidence among a new generation to be authentic in their gender identity."

Social media has played a key role. Indigo Giles, a 21-year-old student at the University of Texas at Austin, tells the *Times* that they realized their nonbinary identity after discovering a welcoming community on Tumblr.

"I think a big part of it is definitely the internet," Giles says. "People who have maybe been having these feelings for a long time, but haven't had the words to put to them, finally can see, in such a readily accessible way, others that feel the same."

And just as same-sex relationships gradually gained more acceptance from mainstream culture over the past 30 years, gender diversity has begun to make inroads. A 2022 Pew Research Center survey found that more than 40 percent of respondents reported knowing a transgender person and about a quarter said they have a trans friend.

"People are being more open," said one participant in a Pew focus group,

adding that it's a trend that offers a brighter future. "I think as we get more comfortable and we progress as a society, it's just going to be better. So people don't have to hide who they are. So, that gives me hope."

(For more on gender identity, see "Your Guide to Gender Identity.")

Some Key Statistics:

0.7% Estimated percentage of U.S. teens identifying as transgender in 2014 and 2015.

1.4% Estimated percentage of U.S. teens identifying as transgender in 2020.

24.4% Estimated percentage of U.S. transgender population made up of 18- to 24-year-olds.

44% Percentage of U.S. adults who say they know a transgender person.

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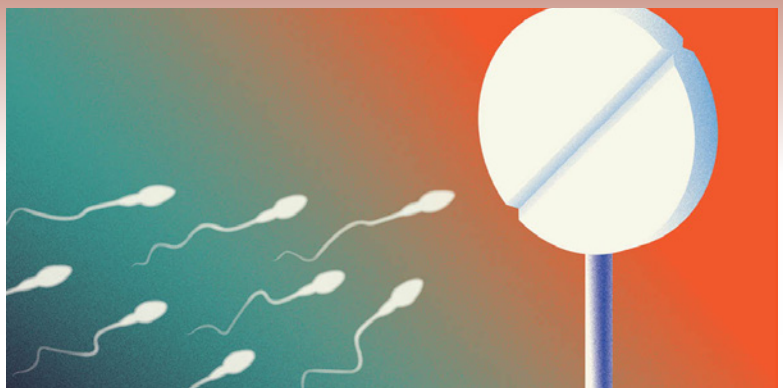

"The Pill" for Guys?

An array of male contraceptives are under development — including a nonhormonal male birth control pill.

BY MICHAEL DREGNI

More than six decades after the U.S. Food and Drug Administration approved the first birth control pill for American women in 1960, work to create a male pill may finally be coming to a climax.

Clinical trials of male hormonal contraceptives began in the 1970s, but an oral pill has never reached market. Today, men have two choices for birth control: condoms (which are single use and have an 18 percent failure rate) or a vasectomy (which is not reliably reversible). These options account for only 30 percent of contraception used, leaving the remaining 70 percent of birth-control methods to women.

Many people decry the lack of contraceptive equality and responsibility. Yet, according to the National Institutes of Health (NIH), developing contraception for men versus women is not the same — and is, in part, a numbers game: Women typically release one mature egg a month, and a pill can focus on that monthly cycle.

"The challenge with creating new contraceptives for men is the high rate of sperm production. Men produce several million sperm per day — about 1,000 per second. To prevent pregnancy, all of these need to be stopped from reaching an egg," notes the NIH.

In the 2010s, a male hormonal contraceptive seemed to be looming on the horizon at long last. As part of a clinical trial with backing from the World Health Organization, the procedure used injections every two months to reduce testosterone production and sperm count. It tested 96 percent effective in preventing pregnancy.

But during phase II, study participants reported myriad side effects, including acne, weight gain, and myalgia (muscle pain or tenderness), as well as depression and other mood disorders — side effects hauntingly similar to those connected with the pill for females. The trial was halted by an independent review board.

Now, trials of a new, nonhormonal male birth control pill are underway. In March 2022, the research groups of the University of Minnesota's Gunda Georg, PhD, and Columbia University's Debra Wolgemuth, PhD, unveiled a pill that has proven 99 percent effective in preventing pregnancy in mice; follow-up studies showed a similar efficacy in monkeys.

The contraceptive targets a protein (retinoid acid receptor alpha) that receives vitamin A, which is involved in sperm production and fertility, and no side effects have been reported in the animal studies. The pill, now called YCT529, has been licensed to the company YourChoice Therapeutics; it's currently awaiting approval for clinical trials.

Other types of male contraception are also under development, including the following.

• **sAC inhibitor** is an on-demand pill that "a man would take . . . shortly before sex, only as needed," say developers Jochen Buck, MD, PhD, and Lonny R. Levin, PhD, at New York City's Weill Cornell Medicine. The pill is based on a compound called TDI-11861 that inhibits soluble adenylyl cyclase (sAC), which is essential for sperm motility and maturation.

The pill would make men temporarily infertile; full fertility returns the next day. As of February 2023, the NIH-funded research needed more work before starting human trials.

• **NES/T** is a gel applied to the back and shoulders and absorbed through the skin. It contains the progestin Nestorone, which suppresses sperm creation. The Nestorone/testosterone gel, funded by the NIH, is undergoing clinical trials at the Lundquist Institute at Harbor-UCLA Medical Center. The gel was developed by the Population Council research group and the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

• **ADAM** is "like the IUD, for men," explains developing biotech company Contraline. A hydrogel is injected by needle into the vas deferens to block sperm; the sperm is then reabsorbed into the body. One injection is believed to maintain infertility for a year, after which the hydrogel liquifies and the barrier dissolves. Trials are currently underway in Australia.

• **RISUG** is an acronym for Reversible Inhibition of Sperm Under Guidance and has been compared with a reversible vasectomy. RISUG is a copolymer of styrene and maleic anhydride that is injected into the vas deferens to block sperm. (It's also being studied as a female contraceptive injected into the fallopian tubes.) The polymer can be flushed out to reverse the contraception. Phase III trials are currently under way in India.

• **IVD** stands for Intra Vas Device; it's also known as the Shug, a nickname for the silicone plugs that are surgically inserted into the vas deferens to dam sperm, which is then reabsorbed into the body.

• **Contraceptive vaccines** (CVs), or **immunocontraceptives**, have so far only been tested on animals; the vaccines induce an adaptive immune response that cause the animals to become temporarily infertile. A CV is currently under development in India.

• **Nonhormonal pills** of different types continue to be studied. At the University of Minnesota, Georg is experimenting with a contraceptive based on ouabain (pronounced wa-bay-in), a plant extract that has been used as both a poisonous dart in some parts of Africa and as a treatment for congestive heart failure.

• **Hormonal pills** are still being researched despite failed tests. Current pills under development include dimethandrolone undecanoate (DMAU, a.k.a. CDB-4521) and 11β-methyl-19-nortestosterone (11β-MNT). Both are experimental progestogen medications that suppress testosterone, which in turn lowers sperm production. Still, as with the halted pill trials, DMAU has triggered some problematic side effects, including lowering levels of "good" HDL cholesterol, which is key to cardiovascular health.

One question remains: Will men take the pill? Several studies say yes. A 2022 British survey reported that 58 percent of male respondents would consider using a contraceptive pill. And a 2019 survey by the U.S. Male Contraceptive Initiative found that 85 percent of participants want to prevent their partner from becoming pregnant, and 60 percent of those men said that taking responsibility for birth control is the primary reason they would like a new male option for contraception.

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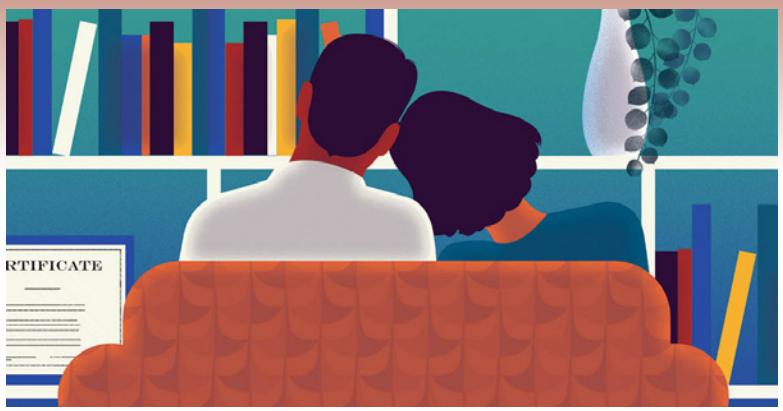

The Case for Sex Therapy

Here's how individual or partner therapy can help you understand your desires and boundaries, improve communication with your partner — and better enjoy sex.

BY ALEXANDRA SMITH, MA, LPCC

Other than eating and breathing, sex is probably the most universal human experience. Yet many of us feel uncomfortable discussing sex and avoid communicating sexual needs with our partner (if we're even fully aware of those needs in the first place). As a result, disconnection and dissatisfaction fester and, over time, may turn into resentment, which ironically can make intimacy even more challenging.

Enter sex therapy. A distinct specialization within the mental health field, sex therapy provides safe opportunities for both partnered and nonpartnered people to understand their desires and boundaries, improve communication and connection, and, well, enjoy great sex.

To be clear, there is no standard definition of "great sex." Some couples are content to have intercourse only once in a while, some thrive on frequent sex, and still others feel satisfied with other, purely affectionate forms of intimacy. So long as both parties feel safe communicating their needs and voicing their consent, great sex can mean whatever you want it to.

Why We Need to Talk About Sex

We absorb all kinds of messages about sex. Depending on when and where you were born, how you were raised, and what kinds of religious, family, community, and media influences you were exposed to, you may have learned to see sex as something sacred, dangerous, shameful, not to be discussed in polite conversation, or some combination of the above.

And while gender stereotypes (and the concept of gender itself) have been evolving, pernicious stigmas remain. Women may learn to view their sexual selves as a mysterious collection of parts "down there," and are taught little of their anatomical atlas (let alone how a partner should navigate it).

Men may learn to view sex as a casual act, or through a quantitative lens — how many inches they boast, how many minutes they can last — which may lead to a goal-oriented, performance-based mindset rife for spurring feelings of inadequacy or, at worst, for harming others.

Given the fraught relationship so many of us have with our own sexuality, it's no wonder things get complicated when we enter a relationship. Not only are we merging two (or more) sets of sexual attitudes, histories, and preferences, chances are we aren't discussing them.

"Sex is a loaded subject in our culture," says relationship and sex therapist Renée Divine, LMFT, CST, CTMH. She believes that many couples expect sex to simply "fall into place" without talking about it.

To be clear, there is no standard definition of "great sex."

"People often think they don't need to discuss sexual compatibility with their partner," she contends. And when the topic does arise, Divine explains, insecurities, fears we might hurt our partner's feelings, or simply a lack of sexual vocabulary render the conversation inadequate.

That's where therapy comes in.

What Sex Therapy Is — and Isn't

Like sex itself, a range of stigmas and stereotypes accompany sex therapy.

Let's start with what it isn't. Sex therapy is not like physical therapy — there is no physical contact of any kind between client and therapist. Sex therapy is also not a quick-fix tutorial in beneath-the-sheets techniques. It takes time, largely because the causes of sexual dissatisfaction tend to be highly personal and complex.

Which brings us to another thing sex therapy isn't: couples counseling.

Couples counseling helps partners identify unhealthy patterns, repair rifts, and communicate more effectively. While such work can certainly improve sexual intimacy, couples counselors may not be trained to address sex-specific issues. And this is why sex therapists obtain distinct training and accreditation, and why couples counselors may refer their clients to a trained sex therapist like Divine.

"Couples come to me primarily because they're experiencing discrepancies in desire and they don't know how to talk about it," she says.

Divine helps couples honestly acknowledge those discrepancies, which often means exploring how and why one or both partners are experiencing low sexual desire. Underlying causes may be related to physical issues, such as erectile dysfunction or vulvar pain, or psychological concerns, like performance anxiety or past trauma.

Victims of domestic violence, emotional abuse, and other types of relational trauma can struggle to feel physically and emotionally safe with another person. Past experiences of sexual trauma may be particularly pernicious. (For more on how sex therapists approach sexual trauma, see "Sex After Sexual Trauma" below.)

Unlike couples counselors, sex therapists may work exclusively with individuals rather than with pairs. This is especially common when addressing issues related to physical pain or dysfunction, but it may also be appropriate if an individual wants to change their relationship to sex in a more general sense. This could include individuals with a history of compulsive or out-of-control sexual behavior, or those who find it hard to relax and enjoy sexual experiences no matter their partner.

So How Does Sex Therapy Work Exactly?

Just as they would in traditional psychotherapy, sex therapists start by gathering information about clients' histories, concerns, and goals. What sorts of personal, social, and environmental experiences have shaped their views toward sex? What does their current sex life entail? What isn't working? What is? Are they discussing this? If so, how do those discussions play out?

The sex therapist is not only working to understand their clients but to help them better understand each other. "First and foremost, the couple has to listen to and validate each other's sexual needs," says Divine.

Validation is not the same as permission, however, and understanding what isn't on the table is just as important as understanding what *is*.

Divine often has her clients click through a series of sex-related statements and label each as a *want* (as in, "I want us to do this"), a *will* ("I'm open to trying it"), or a *won't* ("No, thank you!"). This helps couples identify opportunities to expand their sexual repertoire while still respecting each other's boundaries.

Crucially, a couple's sexual repertoire should not be limited to intercourse

alone. Physical intimacy exists along a spectrum, and we often need affectionate forms of touch, such as hugging or hand-holding or more playful interactions — think flirting or PDA — as much as or more than intercourse. Helping couples recognize and meet these less obvious needs is a key component of sex therapy.

Because so many individuals struggle to identify and express their sexual needs, sex therapists often assign homework aimed at helping a client tune in to what feels good and letting their partner know it.

Sensate focus therapy is one such approach. Couples engage in a series of progressively sexual touching exercises, focusing entirely on the sensations that accompany their partner's touch. During the early stages of sensate focus therapy, the couple purposely does not allow touching to lead to sex. This removes performance pressure and enables each partner to focus on the here and now rather than on a preconceived outcome. It's one tool among many that couples might add to their intimacy toolbox to better help them express their desires.

There are many reasons we feel embarrassed talking about sex, but the truth is, we shouldn't be embarrassed. With a willingness to listen, communicate, and experiment — and maybe with a little professional guidance — we can all enjoy great sex.

Sex After Sexual Trauma

Rape, assault, and other sexual violations can leave survivors feeling disconnected from their bodies and unable to feel physically or emotionally safe with their partners. Sex may be more closely associated with hurt, degradation, or shame than with pleasure, which means that knowing what feels good — let alone asking for it — can seem entirely foreign.

For individuals who have experienced sexual trauma, treatments such as Eye Movement Desensitization and Reprocessing (EMDR) or somatic experiencing — both of which entail reprocessing past traumatic experiences so that they no longer hijack the brain and body — may need to precede sex therapy. Some therapists have a stable of trauma specialists they refer to when clients need additional healing.

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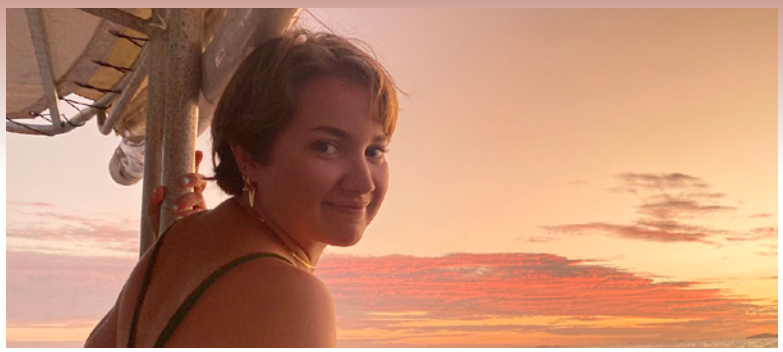

Mental Health and Hormonal Birth Control: Katie Lemon's Story

A woman experiencing adverse side effects from hormonal birth control finds relief when she pursues another option.

BY KATIE LEMON

While dating my first serious boyfriend, in 2014, I decided to get on the birth control pill. I visited a clinic near my university, where the doctor asked a few questions and checked my weight and heart rate. I picked up a prescription later that afternoon.

I remember feeling excited that I could protect myself from pregnancy by taking a pill; like it was a miracle. And it was purportedly easy to use, safe, and noninvasive.

As the spring semester progressed, however, my mental health took a nosedive. One day I'd be crying and shaking through a panic attack, and the next I was glued to my bed, completely unmotivated to shower or even eat.

Over the next year, I tried everything I could to feel better. Despite my best efforts, my symptoms only got worse.

The Stress of a Student, or Something Else?

My research and chats with friends about their experience with oral contraception

had led me to believe that I'd avoid the more dire side effects by choosing a progestin-only pill, which contains only a synthetic form of progesterone. So, when I made the decision to start a contraceptive, I specifically requested that option — I liked that it had just one hormone, as opposed to the more popular combination pill, which also contained a synthetic form of estrogen.

I'd read about links between certain combination pills and an increased risk of blood clots or mood-related changes. I hadn't heard of progestin-only pills causing the same issues, so when I started experiencing symptoms of depression and anxiety, I didn't connect them with my birth control.

Over the next few months, I tried different tools to soothe those symptoms. I exercised. I meditated. I did yoga and established a regular sleep schedule. I experimented with herbs I had read about, such as nettle leaf, oat straw, and chickweed. I began taking magnesium and combinations of vitamin D and B vitamins. Nothing worked.

I struggled to hold it together through the next two semesters into the fall of 2015. When winter break arrived, I was thrilled to go home and relax after an exhausting week of finals.

But the anxiety and mood swings didn't stop. The pit of dread remained in my stomach, even when I woke up on Christmas. That's when I knew something was really wrong.

That morning, I sat up in bed, struck by a moment of clarity. This wasn't the typical stress of a high-achieving college student. Throughout my childhood and early adulthood, I'd been a curious, energetic, and relatively happy person. But now, I'd felt like a shell of myself for more than a year. Most days, I was barely hanging on. Something wasn't right.

On my drive back to school after break, I was listening to an episode of the *Stuff Mom Never Told You* podcast about women suffering from anxiety. I was only half listening until I heard a line that grabbed and shook me by the shoulders: "Postpartum depression is due to an increase of progesterone in the body after giving birth. . . ."

Progesterone was linked to depression? I felt an icy stab of recognition. I'd spent the last year taking pills with a synthetic form of progesterone. Could there be a connection between my birth control and my deteriorating mental health? I didn't want to believe it, but I began to consider the possibility. I pulled over to do a cursory search online.

Although many articles were careful not to draw a causal link between birth control and anxiety or depression, I found forums filled with women experiencing the same symptoms as me, which made me feel less alone.

Searching for a Solution

I made an appointment with the student health clinic in January 2016. The doctor nodded along as I talked about my anxiety, not looking up from her computer. I was adamant about my concerns regarding birth control. After I finished, she asked whether I was sexually active. When I confirmed that I was, she cautioned against relying on nonhormonal methods like fertility tracking and condoms, citing their lower efficacy rates. I felt unheard.

I walked back to my apartment, cold and hopeless. What other options did I have? I was a 20-year-old student with no desire to get pregnant anytime soon. I needed to be on birth control.

I did some research and found a nonhormonal method the doctor hadn't mentioned: the copper IUD. Copper creates an inhospitable environment for sperm cells and keeps them from reaching an egg.

In February 2016, I visited a different clinic near my school, hoping the staff would be more helpful. I fought back tears while sharing the symptoms I'd been struggling with. The nurse seemed to shrug off my concerns. She asked whether I was drinking too much or taking drugs, explaining that many college students suffered from the depressant effects of both. I was struggling to respond when the doctor walked in and asked me the reason for my visit.

Unlike the nurse, the doctor validated my concerns and said that my experience wasn't uncommon. I felt comforted, yet I wondered: *If this is something that happens to other women, why hasn't anyone told me about it?*

Knowing that hormonal birth control could be contributing to my symptoms was all I needed to hear. I decided to get the copper IUD. Although the nonhormonal device comes with its own set of potential side effects, including irregular periods as well as increased and more-intense cramping during periods, I believed the benefits outweighed the risks in my situation.

The insertion was painful, but the procedure took less than five minutes.

When I got up to leave, the doctor handed me a card with the dates of insertion and removal. I couldn't believe the latter: February 2028. Twelve long, beautiful years of hormone-free birth control lay ahead of me. I almost broke down with relief.

My suspicions were confirmed over the next couple of months as my depression and anxiety symptoms began to resolve. I felt significantly better after one cycle, then dramatically improved after two. And even just knowing that the pill had contributed to the way I had been feeling was a comfort.

Whenever I felt anxious or depressed during the first month, I was able to put distance between myself and my emotions, especially as more and more information validated my experience. In November 2016, months after I got my IUD, a comprehensive Danish study found that women taking hormonal birth control were 23 percent more likely to need an antidepressant. Progestin-only forms were found to create an even greater propensity for mood disorders.

Aviva Romm, MD, an integrative practitioner and author of *Hormone Intelligence*, emphasized the Danish study's connection between the pill and depressive symptoms. She cited findings that women who had started taking birth control pills were having to go on antidepressants — many for the first time.

Hormone-Free and Happy

It's now been more than seven years since I got the copper IUD. My periods are predictably heavy, and sometimes I have to take pain relievers for my cramps, which are worse than when I was on hormonal contraception. But regaining my mental and emotional health has been worth it. The IUD has given me the stability I needed. I feel like myself again: sometimes a little anxious, but with mental clarity and a sense of calm I couldn't access while taking the pill.

Birth control is an incredible invention that I feel lucky to use. Many people take the pill or use other forms of hormonal birth control and find that it works for them. But using hormones to protect oneself from pregnancy is a big decision — one with potential consequences for physical and mental health.

After experiencing some of those consequences myself, I'm grateful I was able to find and access an alternative that was better suited to my body.

We deserve to know what we're putting in our bodies and how it might affect us. Our sexual health shouldn't have to come at the cost of our emotional well-being.

Katie's Top Three Tips for Success

1. Trust your gut. When Katie heard that progesterone was linked to postpartum depression, she followed the gut instinct that told her the progestin-only birth control she was taking might be doing the same thing to her body — and mind.

2. Get another opinion. Doctors are experts, but that doesn't mean they all agree or that they have all the information. If you're not getting the care you'd like from one healthcare professional, Katie recommends seeking a second (or even a third!) opinion.

3. Knowledge is power. Modern medicine can be practically miraculous, but that doesn't mean healthcare solutions don't have drawbacks (or that you can't ask your healthcare providers some questions). Katie considers all aspects of her health and is a careful consumer. She still takes the doctor's orders, but she educates herself on potential physical, mental, sexual, and emotional side effects of any prescriptions or healthcare advice she receives.

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October Challenge: Take Your Libido-Supporting Supplements

If your sex drive has waned, consider giving these key vitamins and herbs a try.

BY *EXPERIENCE LIFE* STAFF

WHY

Even worthy efforts to eat a whole-foods diet can leave us short of certain nutrients, and nutrient deficiencies can contribute to a variety of health issues, including decreased libido. Supplementing with a good multivitamin, vitamin D, and fish oil can be helpful for everyone, while adding zinc, B vitamins, flavonoids, and certain herbs to your routine can support a healthy libido.

HOW

Zinc and B vitamin supplements are generally safe and can benefit most people, but your healthcare practitioner can test blood, urine, or saliva to ascertain the best approach for you. Herbs such as ashwagandha, shatavari, Tribulus, and shilajit can be useful, but because many herbs work collaboratively or can interact with other medications, it's highly recommended to partner with a licensed herbalist to receive a personalized selection.

TAKE ACTION

Want to learn more about libido-supporting nutrients — and other lifestyle tips to improve your sexual health? Find resources and advice in the articles below.

[How to Use Nutrition to Improve Your Libido]
[4 Aphrodisiac Foods to Increase Your Libido]
[How Stress Affects Your Libido]
[Boost Your Libido]
[On Sex and Health]
[How to Balance Your Hormones]

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The Sensuality Workout

These playful moves engage your muscles and your senses, helping to prime you for intimacy.

BY MAGGIE FAZELI FARD, RKC, MTF-1, ALPHA

Regular exercise has been shown to help stabilize hormones, increase blood flow, ease stress, and build confidence — factors that, over time, can support both sexual desire and performance. And while working out can't magically deliver all the elements required for a satisfying sex life, certain types of activity can help boost sensuality.

"Typically, when we hear 'sensuality' or 'pleasure,' we automatically jump and connect it to sex," says Minnesota-based trainer Madden Zappa, CPT, a sensuality coach and Life Time studio lead. "However, sensuality simply refers to enhancing joy and pleasure in your life using your five senses."

Enhancing sensuality, she explains, depends on self-awareness and intention. "When you understand your own body and who you are as an individual — have awareness of how your body moves and operates, as well as what feels good and what doesn't feel good — only then can you really dive deeper into how [sensuality] relates to sex and desire."

One way to enhance sensuality and, in time, enhance your sexual experiences, is through intentional physical activity. "There are a number of areas you can focus on," says Zappa, who is also a certified life coach. These include the following modalities.

Cardio: Pick any activity you love that elevates your heart rate. "Just don't overdo it," advises Zappa, noting that pushing the intensity too hard has been linked to lower libido, especially in men.

Hip-opening strength moves: These include variations of the squat, glute bridge, and hip thrust, which build strength and mobility through the hips, core, and lower body.

Core-strengthening exercises: Moves that engage and support the pelvic floor in particular help support healthy sexual function.

Breathwork: "Awareness of the breath and being able to slow the breath down have been shown to enhance pleasure and lower our stress response," says Zappa.

Zappa designed the following workout to help those who want to "gain greater body awareness and greater confidence."

You can perform this routine solo or with one or more partners. Zappa has included notes to help you modify some of the moves (e.g., med-ball sit-ups and seated breathwork) for partner work. None of the exercises require direct contact or replication of any sexual acts, so feel free to run through the moves at your favorite health club or in the privacy of your home.

Before you begin, consider what you hope to achieve. Do you want, for example, to reconnect with yourself? Bond with a partner? Build awareness of how your muscles move and engage? Or simply have fun? Whatever you choose, hold this intention with you as a gentle guide through the workout.

WARM-UP

- Cat–Cow x 30 seconds
- Barrel Roll x 30 seconds
- Pelvic Tuck on Stability Ball x 10 reps

THE WORKOUT

Repeat this circuit two to three times.

- Med-Ball Sit-Up x 30 seconds
- Butterfly Glute Bridge With Band x 30 seconds
- Half-Burpee With Kettlebell Deadlift x 30 seconds
- High Plank to Pike With Ankle Tap x 30 seconds
- Froggy Crunches x 30 seconds

COOL-DOWN

- Seated Wide-Legged Fold x 60 seconds
- Supine Twist x 30 seconds per side
- Seated Breathwork x 4 rounds

MAGGIE FAZELI FARD, RKC, MTF-1, ALPHA, IS AN *EXPERIENCE LIFE* SENIOR EDITOR.

How Exercise Makes Sex Better

For the science behind the many ways that physical fitness can enhance your sex life, see "4 Ways Exercise Makes Sex Better."

More on the Moves

For full exercise descriptions and video demonstrations, visit "Sensuality Workout."

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4 Ways Exercise Makes Sex Better

Physical activity can bolster sexual desire, performance, and satisfaction.

BY ANDREW HEFFERNAN, CSCS

Among the myriad benefits of regular physical activity is one you don't hear much about. Sure, exercise can make your muscles stronger, bones more resilient, digestion more regular, sleep more restful, and mood brighter, but it can also enhance your sex life.

First, we know sex is complex. A fulfilling sexual experience requires a multifaceted blend of psychology, physiology, and that elusive ingredient, chemistry — the complete package of which cannot be delivered by exercise.

But, with time, exercise can certainly have an impact on and potentially improve all aspects of your sex life, from desire to performance to satisfaction.

Below are four ways that a sustainable, consistent workout routine can make sex better.

1. Exercise boosts your body image. Aesthetic changes associated with exercise may drive feelings of confidence and, well, sexiness. Yet research shows that exercise gives self-image and body confidence a boost regardless of those external changes.

A 2010 study found that the primary predictors of sexual satisfaction are not objective measures like weight, muscle tone, or body-fat percentage, but subjective indicators of body image — your mental picture of your own body. "High body esteem" and "low frequency of appearance-based distracting thoughts during sexual activity" determine the degree to which participants derived satisfaction from sex, the study concluded.

In other words, how you feel about your body matters more in the bedroom than whether you wear a size zero or sport pecs of steel.

And you don't need to spend hours in the gym to get the positive effects; even a quick workout can bolster body image. A 2017 study found that just 30 minutes of moderate-to-vigorous exercise immediately improved perceptions of body image in college-aged women who exercised regularly and were prone to body-image concerns. (Check out this short and sweet sensuality-focused workout.)

2. Exercise busts stress. When a stressful event occurs, the sudden blast of fight-or-flight hormones — adrenaline, norepinephrine (a.k.a. noradrenaline), and cortisol — gives you the focus and energy you need.

Under ideal conditions, those hormones diffuse shortly after the stress has abated, and your nervous system returns to a relaxed, parasympathetic state, which is necessary for things like digestion and creative work — and for sexual activity.

Too often, though, life feels like an unending parade of crises, and your cortisol gets stuck in overdrive. This can cause adrenal dysfunction, says functional-medicine practitioner Marcelle Pick, OB/GYN, NP. While too little cortisol comes with its own host of concerns, too much cortisol can overpower the key hormones responsible for sex drive and function — estrogen, progesterone, and testosterone — essentially killing your sex life.

To help combat this damaging trend, regular exercise can reduce cortisol and boost sex hormones in the short term and improve your response to stress in the long term.

Working out can also increase oxytocin, colloquially known as the "love" or the "cuddle" hormone, which spikes when you're near people you like and trust and is essential for positive sexual experiences, Pick says. Some activities that are particularly good at boosting oxytocin naturally are running, yoga, and dancing. Social dancing styles, like ballroom and salsa, she notes, are great ways to get close to people in a non-threatening environment, increasing oxytocin and thus laying the groundwork for sex.

A caveat: Exercise itself is a stressor. Although it's often considered good stress because of its ability to balance hormones and brighten moods, it's pos-

sible to get too much of a good thing. Prolonged, exhausting workouts can simply make you too tired. In the long term, overtraining can lead to injury and burnout and can deplete your libido, says Pick.

So, when it comes to improving your sex life, be sure to prioritize sustainable routines and active recovery. (Learn more about overtraining at **"4 Signs You Need to Take a Fitness Break."**)

3. Exercise improves sexual function. Sexual function is a physiological marvel. When the mood strikes, your sensations, imagination, and emotions stimulate changes in blood pressure, circulation, and other autonomic responses, channeling blood toward your sex organs and preparing your body for the main event.

With so many moving parts, it's no wonder that things can sometimes go off-kilter. A 2020 study estimated that about 33 percent of men and nearly 46 percent of women experience some type of sexual dysfunction, including erectile dysfunction and low sex drive. While there are many factors that can affect sexual function, one is general fitness.

"Poor sexual functioning is often — though not always — an indicator of poor fitness," says Pick. When fitness is improved, she notes, sexual function often improves as well.

Take, for example, a 2018 study in which men with erectile dysfunction saw improvements in symptoms with four weekly 40-minute sessions of moderate-to-vigorous cardiovascular exercise.

A separate 2018 study found that in women, exercise was shown to indirectly enhance sexual satisfaction by improving the flexibility of the autonomic nervous system, which in turn enhanced cardiovascular health and mood. In both cases, fitness improved sexual functioning.

Working out can increase oxytocin, colloquially known as the "love" or the "cuddle" hormone.

But you don't have to wait until there is a problem with sexual function to enjoy these benefits; working out can help support and maintain your current functionality. Exercises that bolster pelvic-floor health (which, notably, often double as strength-and-mobility exercises for your abs, back, hips, and glutes) can be incorporated into your existing workout routine as prehabiliation.

4. Exercise tunes up your metabolic function. Your metabolism may seem unrelated to sexual function, but the body's ability to take in fuel and process it to support life is inextricably linked to sex.

One of the biggest factors in metabolic function is blood sugar, which has "a massive impact on sex hormones," says Life Time dietitian and master trainer Samantha McKinney, RD, CPT.

When blood sugar is too high — a hallmark sign of both diabetes and prediabetes — sex-hormone levels can go haywire. "These hormonal shifts not only impact the physiology and performance of the reproductive organs," explains McKinney, "but they also make you physically *feel* terrible." Not a great recipe for a romantic evening.

Physical activity can make a huge difference in the body's blood-sugar regulation — especially when you include weights in your training mix.

"Strength training, which helps build muscle tissue, is one of the best ways for optimizing blood-sugar levels," says McKinney. The extra muscle mass you build serves as a storage unit for blood sugar after you've eaten a large meal. So instead of hanging around in your bloodstream, wreaking havoc on hormones, that circulating energy can get stashed away by muscles and burned between meals or the next time you hit higher intensities during a workout at the gym. (For more fitness tips to maximize your metabolism, visit **"3 Fitness Practices to Support Your Metabolism."**)

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Is Sex Exercise?

To determine whether sexual activity checks the workout box, researchers at the University of Almería and University of Murcia in Spain analyzed the results of 18 studies on the topic.

It turns out, the results are murky — not least because the studies primarily involved committed, usually married, heterosexual couples. In some studies, couples wore trackers (such as a heart-rate monitor); in others, the couples were filmed. The subjects' sexual exertions were usually observed in a lab, but occasionally the acts took place in the subjects' homes. Duration was defined as starting with foreplay and ending with the male orgasm.

Despite the varying methods, the researchers found some notable patterns. Their results, published in 2022 in the *Archives of Sexual Behavior*, showed that a bout of carnal activity *potentially* burns up to 100 calories per session and raises the heart rate up to an average of 90 to 130 beats per minute — roughly what you'd get from a nine-minute moderately paced cardio session.

That said, those numbers varied widely depending on factors like health status, intercourse position, and activity duration.

All in all, "sexual activity can cause physical demands of moderate or even vigorous intensity," says José Muyor, MS, PhD, a professor at the University of Almería's Health Research Centre, who led the review.

The keyword here is *can*. Just because a bout of intercourse can raise your heart rate almost as much as a jog doesn't mean it will — nor does it mean you should equate the two.

Our advice? Don't worry about logging sex as exercise (as tempting as the "start a workout" function on your smartwatch might be) and enjoy the experience for what it hopefully is: pleasurable, passionate, and maybe even a little goofy.

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What Is Vitamin P?

How taking real pleasure in food supports your health.

BY JILL PATTON, FMCHC

Picture yourself sitting down to a beautiful table full of the foods you love most. Take your time (close your eyes if you'd like) and imagine:

What do you see on the table in front of you? What do you smell?

What's the space around you like? What do you hear in the background?

Who's with you?

How do you *feel*?

If your breath slowed and your mouth began to water during this exercise, congratulations: You've dropped into the pleasure zone of eating, if only in your imagination.

"Eating, like procreating, is designed at the most primitive level of the nervous system to be extremely pleasurable," explains Marc David, MA, founder of the Institute for the Psychology of Eating and author of *Nourishing Wisdom* and *The Slow Down Diet*. "Pleasure at its core is primal."

Even the physiology of eating rewards enjoyment. Savoring food aids digestion, helps regulate appetite, and supports overall health — largely by helping us chill out. Taking the time to create and enjoy a sumptuous meal can catalyze our body's relaxation response. This moves the nervous system into its parasympathetic, or rest-and-digest, state, David explains.

Eating with delight triggers the secretion of hormones, neurotransmitters, and enzymes that help optimize digestion and the absorption of nutrients.

When we're relaxed, we're also likely to feel more satisfied, adds nutrition therapist Jenna Hollenstein, MS, RDN, author of *Intuitive Eating for Life*. And "depending on where you are on the spectrum of not at all hungry to the hungriest you've ever been, somewhere in the middle is where you're wired to find food the most appealing."

If you're missing this state of gustatory bliss — in which you enjoy meals, your digestion hums along, and you find it easy to feel satisfied — it may be that pleasure is deficient in your diet.

Paradise Lost

For many, pleasure in eating has become secondary — or irrelevant. Rather than prioritizing meals that are satisfying, sensual, and relaxing, we may be preoccupied with health, disease management, or weight loss, says Hollenstein.

We might be afraid to eat our favorite traditional foods because they seem unhealthy to us. Or we're holding on to values of self-denial and restraint from our cultural or religious upbringing. Or we're so pressed for time that we snarf down food on the run, hardly tasting it.

Add to this mix a pervasive and toxic diet culture that equates slenderness with social acceptability, and the very act of eating can become shrouded in anxiety.

"Fear, guilt, and shame cut us off from pleasure," says David. "When we feel ashamed of our body, when we feel it's not a safe place, we disembody — which means we don't feel our emotions, and we certainly don't feel pleasure."

If anything, we may try to restrict pleasure in the service of self-discipline.

"People fear that if they eat for pleasure, then they'll go off the deep end. The pendulum will swing out to some extreme end of the spectrum, and they'll lose control," says Hollenstein. "If you're approaching things with control above all, that doesn't leave a whole lot of space for joy."

A solely restrictive attitude toward food also leaves little room for satisfaction and satiety, she notes. Paradoxically, this can trigger eating more food . . . without pleasure. "You can get full on baked chicken and steamed broccoli. You can feel the distention in your belly, but you may not be satisfied."

When we continually resist giving ourselves permission to eat what we want — say you want a peanut butter cup, but instead you go for sugar-free hard candy — we're likely to make up for the diminished qualitative experience by eating more, Hollenstein says.

Pain and Pleasure

Anxiety about eating can make us physically sick. "When we're tied up in knots at the plate and eating with fear,

it activates the stress response and disrupts the enteric nervous system, which governs your gastrointestinal tract," explains nutritionist Kathie Swift, MS, RDN, LDN, cofounder of the Integrative and Functional Nutrition Academy. "I see this as one of the reasons so many people have irritable bowel and other GI issues. It's a factor that's often ignored, and it's a very important piece."

On top of our general anxiety about eating, what we want from food may often look less like pleasure and more like pain relief. "We use food to soothe pains other than hunger," says David. "Stress is a pain. Boredom is a pain. Anxiety is a pain. Anger occurs to us as pain."

Eating emotionally, for comfort and distraction, is something we all do from time to time. "And that's fine, because we're emotional beings," he adds. "The problem is when food is our only, or our No. 1, way of regulating uncomfortable emotions."

And self-shaming while eating can trigger the release of stress hormones that blunt the body's receptors to pleasure. "The more cortisol you have circulating in your system, the less your body has the ability to feel pleasure," he explains.

Get Your Vitamin P

It can help to think of pleasure as a nutrient, a source of nourishment as important to health as nutrition itself. This can make pleasure easier to prioritize, especially if you're health-minded. These are some useful guidelines to keep in mind:

- **Pleasure is personal.** You might relish a crunchy, fresh red pepper, while your friend might pick every last sliver out of her salad. No two people are going to have the same dietary preferences when pursuing pleasure.
- **Pleasure is contextual.** You may love eating the pumpkin pie your father makes at Thanksgiving and feel indifferent to pumpkin pie during the rest of the year.
- **Pleasure is associative.** We often enjoy certain foods because we link them to positive memories and relationships. "My grandpa was so in love with popcorn he would buy 100-pound bags of it, and every time we went to his house, he would send us home with a milk jug full of popcorn," says functional nutritionist Jesse Haas, MS, CNS, LN. "That's a deep core memory and deep connection with people I love and people I miss."

Cultivate Your Pleasure

"People say wine is an acquired pleasure, or seaweed is an acquired pleasure," notes David. "So, how do you acquire a pleasure? You get curious, you sense it, you try different things, and you notice nuances."

Many coaches, dietitians, and therapists recommend a mindful-eating approach to help cultivate more pleasure. Slowing down and becoming more conscious about food can help us break a pattern of stressed, reactive, or anxious eating and tap into delight.

> **"Eating, like procreating, is designed at the most primitive level of the nervous system to be extremely pleasurable."**

Imagine how it feels when you slow down enough to notice the details of a food experience: the aroma, taste, and mouthfeel of the meal; the temperature in the room; the appearance of your surroundings; how you feel emotionally. Attending to sensations activates the cephalic phase of digestion, which contributes 40 to 50 percent of your GI tract's digestive power, says David.

Mindful eating can also protect you from falling prey to diet culture, says Ingrid Wolpert, MA, MSc, a coach who specializes in food freedom and body confidence. "Mindfulness can help you notice the thought of, *I shouldn't be eating this.* It helps you detach and recognize this as just a sentence in your mind. Then you're more likely to enjoy your food."

The practice of actively savoring takes mindful eating into full appreciation mode, kicking up the pleasure factor even further. "Savoring is about extracting the pleasure from the act of eating," says integrative psychiatrist Henry Emmons, MD. "You don't need to get more sweetness or more flavor or more quantity, because you're really getting what you need from your moment-to-moment experience."

Choose Pleasure

It can be easy to get stuck in our heads about our food choices and lose touch with our bodies altogether. Cultivating a more mindful, intuitive eating style can help bridge that gap.

"Let's say you're feeling anxious," says Wolpert. "If you've been practicing mindfulness, you'll recognize the experience and the thoughts that go with it."

You can then make choices about how to respond to those anxious feelings rather than react habitually, she explains. Maybe you'll comfort yourself with a hug, or go for a walk. Perhaps you decide you really do want to eat a piece of cake for comfort. The difference now is you're doing it with intention, rather than as an automatic, mindless reaction.

"A big part of intuitive eating is giving yourself unconditional permission to eat and not putting foods on a moral hierarchy," says Hollenstein.

Choice and pleasure go hand in hand, she adds. When we seek external validation for our choices, it can feel like we're not in charge of our own lives. "There's a part of us that feels deprived, limited, and controlled, and humans don't really like that — particularly when it comes to our bodies," she adds.

When we stop restricting our choices — restricting our pleasure — we may unlock the ability to enjoy unexpected dishes. We can make choices based on what feels right and sounds good in the moment. That may be a piece of cake, or a plate of fresh garden tomatoes and basil drizzled with olive oil.

When we practice listening, our body will learn to guide us to the foods that feel best in every way. "Being well feels good," says Haas. "We think more clearly. We have energy to accomplish the things that we need to do, and we enjoy the things that we want to do. We're more present in our relationships."

Still, she adds, it's important to enjoy the journey. "If we're not experiencing pleasure in our health and in the ways that we care for ourselves, what's the point?"

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Pleasure in Sickness and in Health

So, what if a health condition requires that you limit or eliminate certain foods? How can you find pleasure and avoid fear if eating your favorite foods can truly make you ill?

It may be as simple as finding substitutes that are enjoyable in themselves. "Nowadays, there are a lot of good options for people who need to avoid gluten, for example," says integrative psychiatrist Henry Emmons, MD. "Many things still taste good, have the right kind of texture, and bring back at least some of that sense of pleasure."

But finding a deeper, more satisfying pleasure in food again may require some curiosity and creativity, adds functional nutritionist Jesse Haas, MS, CNS, LN. "If we think about seeking the pleasure of feeling well in our body — and [food] restriction is a requirement to care for our unique body — then we shift the focus from what we're eliminating or limiting to what we get to invite in. We make space for something new. And perhaps that can be pleasurable."

This takes some mindset work for many. "Sometimes we need to rethink what breakfast is if we're not having toast anymore," says Haas. "Could soup be for breakfast? Could stir-fry be for breakfast? The sky's the limit — what sounds *fun*?"

Kathie Swift, MS, RDN, LDN, a nutritionist who often works with people whose health conditions require food restrictions, says many balk at the idea of pleasure in eating — they associate it with all the foods they can no longer have. "So, I'll bring in the theme of gratitude," she says. "Most people can relate to that. They can tune in to the connection between what they can eat and how they feel physically and emotionally," she says.

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How to Increase Your Testosterone — Naturally

Men are confronting an unprecedented decline in testosterone. Consider these 11 lifestyle-based tips to protect your T.

BY CATHERINE GUTHRIE

Most adult men have lower testosterone (T) levels than their fathers and grandfathers did at their age. And, like many touchy health topics, the online discourse about "the why" is riddled with misinformation blaming everything from soy to masturbation. But, as is often the case, the truth is much more mundane.

A common risk factor for low testosterone is being overweight. Testosterone plummets in the face of obesity, and more than a third of American men are obese. A recent meta-analysis, in which researchers crunched data from 68 studies that included nearly 20,000 obese men, found that 43 percent of participants had low testosterone.

"Men have gotten heavier, and obesity confers a decrease in health biomarkers, such as testosterone," says Bradley Anawalt, MD, an endocrinologist and the chief of medicine at University of Washington Medical Center in Seattle. "Testosterone is the canary in the coal mine; it's an indicator of your overall health."

Age is also a factor. On average, testosterone drops just over 1 percent a year starting around age 35 or 40. So, by the time a man turns 70, he has roughly 30 percent less testosterone than at his zenith.

The health impacts of long-term low testosterone vary by age, but, in adults, low testosterone can weaken bones, decrease muscle mass, and lead to low libido.

The good news — aging aside — is that low testosterone can be reversible. According to the Massachusetts Male Aging Study, a large, random-sample cohort that scientists have been tracking for decades, lifestyle changes alone can increase testosterone levels by as much as 15 percent.

"Many times, when men eat a little better and move a little more, their testosterone goes up," says Anawalt. "I'm not saying it's easy, but it can be done."

The Rise of Testosterone Replacement Therapy

The collective decline in testosterone is likely behind the escalating use of testosterone replacement therapy (TRT). In the past two decades, TRT prescriptions have jumped by up to fourfold. That growth is fueled in part by direct-to-consumer (DTC) advertising.

According to a study published in 2021, the number of unique visitors to six major DTC men's-health telemedicine services grew 1,688 percent (not a typo) between 2017 and 2019; on average, 5 million men a month visited the sites, and 86 percent of visitors said they were worried about low testosterone.

Some men's health platforms are legit. Others, not so much. A recent study, published in *JAMA Internal Medicine*, found that 85 percent of men's online health services involved in the study offered TRT to patients who didn't meet criteria, and the sites often failed to provide accurate information about its risks.

That's a big deal because the risks of TRT are not small. The Food and Drug Administration (FDA) issued a safety warning in 2014 and a black-box warning in 2015 for TRT after two studies pointed to an increased risk of stroke, heart attack, or death in men taking TRT. "Unfortunately, there is a big profit to be made by providing sham healthcare," says Anawalt.

Ranjith Ramasamy, MD, director of the reproductive urology fellowship program at the Desai Sethi Urology Institute at University of Miami's Miller School of Medicine, underscores the risk of infertility that can come with using TRT without a doctor's oversight. "Your testicles have two jobs: making sperm and making testosterone," he says. "They function like a light switch controlling multiple light bulbs, so you can't stop one and maintain the other. Taking [supplemental] testosterone tells your testicles to stop trying to produce testosterone, and as a result, they stop making sperm, which may never be recovered."

"If you have bona fide low testosterone, the benefits [of testosterone supplementation] to your health, your muscle function, your bone health, sense of well-being — the benefits far outweigh the risks."

Men's online health services already exist and aren't likely to go away anytime soon, Ramasamy adds. "As such, maximizing the safety of these clinics is where we should focus."

Online health platforms increase access for men who may not be comfortable seeking care in person, says Ramasamy. That's an important caveat, especially for transgender men. A 2020 survey by the Center for American Progress found that nearly one in two transgender patients reported being discriminated against or mistreated by healthcare providers in the prior year.

And a 2020 study found that one in four transgender adults avoids healthcare due to anticipated discrimination; transgender men are twice as likely as transgender women to postpone care.

And there is a real need for TRT, especially among transgender men and cisgender men with a clinical diagnosis of low testosterone (hypogonadism). Roughly 2.4 million middle-age American cisgender men have hypogonadism, often caused by a medical condition, such as a failure to produce testosterone because of genetic problems, or by damage from chemotherapy or an infection. A diagnosis of hypogonadism is made when validated lab tests, from samples measured on at least two separate mornings, confirm low testosterone.

For these two populations of men, FDA-approved testosterone products — most frequently in the form of a gel or an intramuscular injection — are a lifesaver. "If you have bona fide low testosterone, the benefits [of testosterone supplementation] to your health, your muscle function, your bone health, sense of well-being — the benefits far outweigh the risks," says Anawalt. But he adds that those who don't have a deficiency are risking their health for no clear benefit.

11 Tips to Boost Your Testosterone

If you're concerned about your T, here's some solid, evidence-based information on testosterone and what you can do to raise the hormone. Given the risks of supplementation, lifestyle changes are a great place to start if you are feeling depressed, have difficulty concentrating, or have a loss of libido, all of which can be signs of low testosterone. After all, many of the realities of modern life — lack of exercise, poor nutrition, too much stress, and exposure to environmental toxins — that contribute to other health conditions can also cause low testosterone. No one says these changes are easy, says Anawalt, but the benefits are real and meaningful, not just to testosterone levels but to overall health.

1. Lose the visceral fat. The science is clear: As body fat goes up, testosterone levels go down. We're not talking pinchable back fat or squishable love handles. We're talking visceral fat, which nestles deep in the abdomen amid the organs. It's tenacious, dangerous, and hormonally active.

Visceral fat makes aromatase, an enzyme that turns testosterone into estrogen. "I tell men who want to know that if they don't address their

belly fat, their testicles will shrink, they'll lose their erections, and their libido will disappear," says John La Puma, MD, author of *Refuel: A 24-Day Eating Plan to Shed Fat, Boost Testosterone, and Pump Up Strength and Stamina*.

Although body mass index, or BMI, is a common metric for obesity, many experts believe it's problematic because it does not differentiate between muscle and body fat and does not distinguish among the various types of fat — including visceral fat — in the body.

Instead of focusing on BMI, Anawalt asks his patients to focus on small successes that make a real difference, like setting a goal of tightening their belts by a notch or keeping an eye on their phone's pedometer to break out of sedentary habits. "If you are overweight, you typically need to lose 5 to 7 percent of your body weight to significantly increase testosterone levels," he says.

But Anawalt also notes that weight loss doesn't have to be that dramatic to improve well-being. "I just saw a man who lost 6.5 pounds over six months and raised his T levels from just below normal to within normal range, and he feels fantastic."

2. Do high-intensity interval training. Studies show that short bursts of timed intense activity — known as high-intensity interval training, or HIIT — nudge the body to make more testosterone than a less-than-intense aerobic or endurance exercise. Spurts of HIIT-like activity stimulate the testes and also lead to the release of hormones produced by the adrenal glands, says La Puma, both of which tell the body to make more testosterone.

In a small, oft-cited study, researchers recruited 30 active men: Half did an hour of HIIT training three times per week, and the other half did non-HIIT physical activity. After eight weeks, the men in the HIIT group saw a 37 percent increase in testosterone, while their non-HIIT training peers saw a 6 percent increase.

"If you already work out and can throw in HIIT a couple of times a week, you'll see a significant benefit," says Anawalt. "And if you are sedentary, doing any kind of exercise is going to be good for your testosterone."

3. Choose healthy fats. Most likely, you know that some fats are bad for your heart, but did you know they also affect your testes? Turns out that both trans-fatty acids and refined omega-6 polyunsaturated fatty acids — think soybean, corn, and sunflower oils — build up in the testes.

Researchers have also found that trans-fatty-acid content in semen is associated with poorer sperm quality and lower sperm concentration. Regularly indulging in trans- and omega-6 fatty acids, in combination with a reduction in omega-3 intake, is also linked to lower testosterone levels and lower testicular volume, an indicator of Leydig cell damage. Leydig cells are those in the testes that are vital for making testosterone.

"If you already work out and can throw in HIIT a couple of times a week, you'll see a significant benefit. And if you are sedentary, doing any kind of exercise is going to be good for your testosterone."

When researchers in 2017 examined the diets of 209 healthy, young male university students in Spain, they found that the more trans fats the young men ate, the lower their testosterone levels dipped. So, to maintain T health, choose healthy fats. Excellent sources include fatty fish (think salmon, sardines, and trout), olives, nut butters, chia seeds, and avocados.

4. Get better, longer sleep. Think of your testosterone like a toddler — to be healthy, it needs a structured sleep routine with as few disruptions as possible. Most of a person's daily testosterone release happens during sleep. Studies show a strong link between sleep loss or disruption and low testosterone.

Yet one in three American adults says they don't get the recommended seven to eight hours of sleep each night. Some common reasons include too much time spent on screens at night, feeling stressed or anxious, or a bedroom that is too hot or too cold.

In a small study published in 2011, 10 young, healthy men underwent one week of sleep deprivation, sleeping only five hours a night (the average amount of sleep that 15 percent of working U.S. adults were getting at the time of the study); they saw their daytime testosterone levels drop by 10 to 15 percent. In essence, skimping on sleep reduced the men's T levels by an amount that is equivalent to a drop caused by aging about 10 years.

"Sleep loss, poor sleep, and even sleep apnea will suppress your testosterone," says Anawalt. "Sleep is a big deal."

5. Seek relaxation. Good sleep and learning how to relax go hand in hand — and both boost testosterone levels. The body's control centers for testosterone and cortisol, a stress hormone, are deeply intertwined. Cortisol acts like kryptonite to testosterone. Physiological stressors, such as overexercising, can lead to increased cortisol and decreased testosterone.

So, the more stress you're under, the lower your testosterone. Prioritize doing at least one activity per day that can help you unwind, whether that's listening to your favorite comedy podcast during your commute, practicing deep-breathing techniques, or getting out to spend time in nature.

6. Cut down on alcohol. Science shows that alcohol damages Leydig cells (those cells in the testes vital for testosterone production). Alcohol does this by derailing the conversion of progesterone into testosterone. It also introduces free radicals into the system, which can gum up the gears of hormone production.

Last but not least, excess alcohol consumption can jump-start the conversion of testosterone to estrogen. "Alcohol has a toxic effect on the testes and on testosterone production," says Anawalt. He advises limiting alcohol to no more than two units a day. (The National Institutes of Health defines one unit as 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of hard liquor.)

7. Ditch processed meats. The connection between testosterone and a diet heavy in processed meats, such as sausage, bacon, and hot dogs, is indirect, but the connection to sperm health is direct. And what's good for sperm is often good for testosterone.

Processed meats are problematic on several fronts. For starters, studies show that men who eat higher quantities of processed meats have abnormally shaped sperm compared with their peers who eat higher quantities of fish. A small study in Spain found that among men with abnormal sperm, intake of processed meats was 31 percent higher than in the control group of men whose sperm was considered normal.

Processed red meats are also known to have higher concentrations of hormone residues compared with other meats. In the United States, most cattle receive a cocktail of anabolic sex steroids, including estrogen and testosterone, for two to three months prior to slaughter. The science is inconclusive on whether those hormones affect the health of the people who consume the beef. It's worth noting that the European Union banned the practice decades ago out of concern for human health.

La Puma advises skipping highly processed meats in favor of whole cuts from regeneratively, organically raised cattle and bison, and eating more wild-caught fish, such as Pacific salmon.

8. Get more zinc. Not only is zinc vital for testosterone production, but it also blocks aromatase, the enzyme that converts testosterone to estrogen. And in a recent meta-analysis, zinc supplementation was shown to increase the quality of sperm in infertile men.

Unlike most minerals, zinc doesn't have its own storage spot in the body, meaning you must eat foods with zinc every day to keep things thrumming. Zinc is found in many foods but is more bioavailable when it comes from animal tissue. Ounce for ounce, oysters are by far the best source, with eight times more of the mineral than beef, the next-best source (that's 32 mg versus 3.8 mg per 3-ounce serving). But a heck of a lot more people eat beef on the regular, which is why beef is responsible for 20 percent of the zinc in the American diet.

Other zinc-rich foods include whole-grain cereals, pumpkin seeds, sunflower seeds, and legumes. Adults should get between 8 and 11 mg of zinc daily.

9. Up Your vitamin D. Leydig cells inside the testes have receptors for vitamin D, which hints at the vitamin's importance in making testosterone. That relationship bears out in studies showing that men with low vitamin D have significantly lower testosterone levels than men with adequate vitamin D.

Eating a diet very high in protein and low in carbohydrates may trash your testosterone. A 2022 meta-analysis found that men on such high-protein diets had as much as a 37 percent drop in testosterone levels.

About one in four Americans doesn't get enough of the vitamin. Along with low T, a vitamin D deficiency can contribute to weak bones, heart disease, and depression.

A healthy vitamin D concentration is at least 20 nanograms per milliliter (ng/mL), according to the National Institutes of Health. Many functional-medicine practitioners recommend more: between 50 and 80 ng/mL. Below 12 ng/mL is the danger zone. The best way to find out where you stand is to have your doctor order a blood test.

Vitamin D comes from sunshine, food, and supplements. Fair-skinned people can up their vitamin D by exposing their bare skin to sun for 10 to 15 minutes, and those with darker complexions might need anywhere from 30 minutes to three hours more.

You can also get vitamin D by eating whole-food sources, including cod-liver oil, and fatty fish, like sardines and canned salmon; choosing foods fortified with the vitamin, like dairy products; or by taking a daily supplement.

10. Curb your high-protein-diet enthusiasm. Turns out, eating a diet very high in protein and low in carbohydrates may trash your testosterone. A 2022 meta-analysis found that men on such high-protein diets had as much as a 37 percent drop in testosterone levels.

Researchers are still noodling over the exact mechanisms at work. What they do know is that amino acids (the components of protein) contain nitrogen, and that excess nitrogen must be converted by the body before it can be excreted. The rate of that conversion may be influenced by hormones such as cortisol and testosterone, according to Joe Whittaker, MSc, lead study author and a nutritionist.

Whittaker notes that the eye-popping drop happened when participants were on very high-protein diets — 1.59 grams of protein per pound of body weight per day. In other words, 40 percent of the men's calories came from protein.

"Realistically," he says, "no one would eat that amount of protein for a substantial length of time." Still, if you're a fan of high-protein diets, Whittaker adds, keeping protein at or below 1.36 grams per pound of body weight or 30 percent of your calories is ideal.

11. Consider your environmental exposures. Many factors can disrupt our endocrine systems and lower testosterone levels. Among them are air pollution, pesticide exposure, certain medications and cancer treatments, and personal care products that contain phthalates and parabens. Although it may be challenging to avoid air pollution or chemotherapy, for example, try to steer clear of shampoos, aftershave lotions, and other personal care products that contain endocrine-disrupting chemicals.

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5 Meals for Postpartum Parents

Nourishing food is an important element of postpartum healing and lactation. These healthy, whole-food recipes are designed to support new mothers.

BY KATE MORGAN

When my daughter was born, I was ready for the sleepless nights, the mountains of laundry, and the joys of new motherhood. I was not at all prepared, it turned out, for the intense hunger and nutritional demands of recovering from childbirth and breastfeeding my newborn. Eating plenty of wholesome, nutrient-dense food became a crucial element of my postpartum journey.

These recipes, designed to meet the needs of both mother and child, are loaded with foods known as galactagogues — like legumes and grains — which are believed to boost milk production. These meals also provide lots of what the postpartum body (and baby!) needs most: healthy fats.

Ingredients such as extra-virgin olive oil, grassfed butter, and ghee are excellent sources of vitamins as well as omega-3 and other fatty acids. A diet rich in these healthy fats can lead to nutrient-dense breast milk and a happy, growing baby.

My senses of smell and taste were heightened in the weeks after delivery, so flavorful dishes like these were a welcomed treat. Better still, most of them can be made or prepped ahead of time, so even the busiest new parents can eat well with ease.

Bone Broth Ramen Bowls

Makes 4 servings
Prep time: 30 minutes
Cook time: 12 hours

For the broth:

- 2 large grassfed beef marrow bones
- 4 large carrots
- 1 yellow onion, cut into wedges
- 1 head garlic, halved lengthwise
- 2 tbs. extra-virgin olive oil
- 2 celery ribs
- 3 bay leaves
- 3 cardamom pods
- ¼ tsp. anise seed
- ¼ tsp. ground cloves
- 1 gallon water

Preheat oven to 375 degrees F. Place the marrow bones, carrots, onion wedges, and garlic halves on a large sheet pan, and drizzle with the olive oil. Roast for 40 minutes.

After roasting, place the contents of the pan and the remaining ingredients in a large, heavy-bottomed pot or Dutch oven. Let simmer over very low heat for eight to 12 hours.

Using a fine mesh sieve, drain the broth into a bowl and refrigerate until the fat solidifies on top. Carefully remove the fat and reserve it for another purpose.

For the bowls:

1 package ramen noodles (or rice noodles of choice)
10 oz. fresh lion's mane mushrooms (or oyster mushrooms)
½ tsp. sea salt
¼ tsp. freshly ground black pepper
2 tbs. grassfed butter, divided
1 green onion, minced
1 baby bok choy, cut into 1-in. pieces
½ cup mung-bean sprouts
¾ cup pickled daikon
¼ cup chopped parsley
2 soft-boiled eggs
1 lime, cut into wedges
Gochujang to taste

Place broth in a pot on the stove to reheat. In a separate pot, cook the noodles according to package directions. Cut the mushrooms into ½-inch-thick slices and season with the salt and pepper. In a medium sauté pan, melt 1 tablespoon of the butter over medium heat until it just begins to brown. Cook the mushrooms until deeply golden, approximately two minutes per side. Remove from the pan and set aside.

Add the rest of the butter, the minced green onion, and the bok choy to the pan. Sauté for five minutes, or until tender and fragrant.

To assemble, arrange noodles, mushrooms, greens, and sprouts in bowls, and ladle 1 cup (or more) bone broth over each. Top with pickled radishes, parsley, a halved soft-boiled egg, lime wedges, and gochujang sauce to taste.

Pregnancy prep: Make a large batch of bone broth, divide into 16-ounce wide-mouth jars, and freeze.

Essential elements: Bone broth is a hydrating, nutrient-dense post-partum food that provides collagen, minerals, fatty acids, and vitamins crucial to healthy lactation and postpartum recovery.

Lion's mane mushrooms contain beta-glucan, which can help increase prolactin, a hormone that supports milk production. Lion's mane may also help reduce anxiety and improve sleep.

Amaranth and Oat Breakfast Muffins

Makes 12 muffins
Prep time: 10 minutes
Cook time: 18–20 minutes

- ½ cup amaranth flour
- 1 cup oat flour
- 1 tsp. baking soda
- 1 tsp. baking powder
- ¼ tsp. ground cinnamon
- ¼ tsp. ground cardamom
- 1 mashed banana
- 1 tsp. vanilla extract
- ½ cup oat milk
- ¼ cup melted butter
- 2 tbs. pure maple syrup
- 1 egg
- ¼ cup chocolate chips (optional)

Preheat oven to 350 degrees F and grease a 12-cup muffin tin. Mix the dry ingredients together in a medium bowl. In a separate, larger bowl, mix the banana, vanilla, oat milk, melted butter, maple syrup, and egg. Add the dry ingredients and mix until just combined. Fold in the chocolate chips, if desired.

Spoon the batter into the prepared muffin tin. Bake for 18 to 20 minutes, or until a toothpick inserted in the center of a muffin comes out clean. Serve warm with your favorite nut butter.

Pregnancy prep: These muffins will keep for months in the freezer. Double the batch and thaw them in the toaster oven one (or two!) at a time.

Essential elements: Amaranth may help stimulate milk production and reduce postpartum hair loss.

Oats are a galactagogue food loaded with calcium, iron, and other minerals.

Bananas contain magnesium, which may help relieve postpartum depression, and vitamin B6, which supports energy production in the body.

Crispy-Skin Salmon With Brown-Butter Quinoa

Makes 2 servings
Prep time: 5 minutes
Cook time: 20 minutes

For the quinoa:

- 6 tbs. grassfed butter
- 1 green onion, minced, greens and whites divided
- 1 cup quinoa, rinsed
- 1 tsp. sea salt
- 2 cups low-sodium vegetable broth

Cut the butter into several pieces and melt in a medium saucepan over medium heat, stirring frequently, until it browns and begins to smell nutty. Add the minced whites of the onion and the dry quinoa. Sauté for approximately two minutes to toast the quinoa. Add the salt and the vegetable broth and bring to a simmer. Turn the heat to low, cover the pan, and cook for 10 to 15 minutes, or until the liquid is absorbed and the quinoa is tender. Fluff the quinoa with a fork, top with minced onion greens, and serve with the salmon.

For the salmon:

- 1 tbs. white miso
- ½ tbs. honey
- ½ tbs. extra-virgin olive oil
- 2 fillets skin-on, wild-caught salmon
- Pinch sea salt

In a small bowl, whisk together the miso, honey, and olive oil. Pat the salmon dry and season the flesh with sea salt. Lay the salmon skin-side down in a cold cast-iron skillet. Turn heat to medium and cook the fillets, undisturbed, for seven to 10 minutes, until they are almost cooked through and the skin is crispy — you'll know it's

ready when it releases easily from the pan. Brush with the miso-honey sauce, flip with a fish spatula, and remove from heat. Leave the fish in the hot pan for one to three minutes more, until the fish flakes easily, then remove it from the pan and serve with the quinoa.

Pregnancy prep: Make the quinoa ahead of time and store in the freezer for up to six months.

Essential elements: Salmon is a great source of DHA, a type of fat that benefits a baby's nervous system, and EPA, an omega-3 fatty acid that may help relieve postpartum depression.

Quinoa is high in protein and iron, which can help replenish blood levels after delivery.

Miso, though salty, is rich in vitamins and minerals, including copper, magnesium, zinc, and vitamin K. The fermentation process that produces miso may help boost digestion and bolster the immune system.

Slow-Braised Beef Breakfast Burritos

Makes 10 servings
Prep time: 20 minutes
Cook time: 4 hours

- 1 tbs. ground cumin
- 1 tbs. smoked paprika
- 1 tbs. dried oregano
- 1 tsp. ground coriander
- ½ tsp. ground allspice
- ¼ tsp. ground anise seed
- Chili powder to taste
- 3 lb. grassfed beef chuck roast
- 2 tbs. extra-virgin olive oil, divided
- ½ yellow onion, chopped
- 2 garlic cloves, minced
- 1½ cups beef stock or bone broth
- 1 bay leaf
- 1 dozen organic eggs
- 1 bell pepper, minced
- 1 cup minced fresh cilantro
- ½ cup shredded pepper jack cheese
- 10 large flour or grain-free tortillas

Mix the cumin, paprika, oregano, coriander, allspice, anise, and chili powder in a bowl. Use 2 tablespoons of the mix to coat the chuck roast.

Heat 1 tablespoon of the olive oil in a Dutch oven until shimmering. Quickly sear the roast on all sides, then remove and set aside. Add the onion to the Dutch oven and cook until fragrant. Add the garlic and sauté for another 30 seconds, then deglaze with the stock or broth.

Return the chuck roast to the Dutch oven, add the bay leaf, stir in the remainder of the spice blend, and cover. Reduce heat to low and simmer for three to four hours, or until the meat begins to fall apart. Shred using two forks.

In a cast-iron skillet, heat the remaining 1 tablespoon of olive oil over medium heat. Scramble the eggs with the bell peppers and cilantro.
Pile meat, eggs, and a pinch of cheese on a warmed tortilla. Fold in the left and right sides, then roll tightly to form a burrito. Repeat with the remaining tortillas.

Pregnancy prep: Make these burritos ahead of time and allow the ingredients to cool completely. Wrap the burritos individually in aluminum foil, and freeze.

Essential elements: Beef is a rich source of iron and zinc — and beef from grassfed cattle contains more omega-3 fats than beef from grainfed cattle.

Eggs are one of the best food sources of choline, a micronutrient essential for brain development. Organic eggs contain higher levels of nutrients overall, especially of omega-3 fats.

Rosemary Roasted-Vegetable Hummus With Semolina Fry Bread

Makes 12 servings
Prep time: 20 minutes
Cook time: 40 minutes

For the hummus:

- 2 sprigs rosemary
- 1 large sweet potato, peeled and chopped
- 1 large carrot, peeled and chopped
- 2 parsnips, peeled and chopped
- 1 large golden beet, peeled and chopped
- 1 medium head cauliflower, cut into florets
- 6 cloves garlic, smashed and peeled
- 3 tbs. extra-virgin olive oil
- ½ tsp. sea salt
- 2 15-oz. cans chickpeas, drained and rinsed
- Juice of ½ lemon
- ½ cup tahini
- ¼ cup low-sodium vegetable broth
- 3½ tbs. grassfed ghee, divided

Preheat oven to 375 degrees F. Remove rosemary leaves from the stem and toss the leaves into a baking dish with the vegetables, garlic, olive oil, and salt. Roast

until tender, about 35 minutes. Using a large food processor or a bowl and immersion blender, purée the vegetables. Add the chickpeas, lemon juice, tahini, vegetable broth, and 3 tablespoons of the ghee, and blend until thick and smooth. Drizzle the remaining ½ tablespoon of ghee on top, and serve with pita or crackers, or try our fry bread recipe.

For the fry bread:

- ¼ tsp. active yeast
- 1 tbs. sea salt
- 1 tbs. cane sugar
- 3 cups all-purpose flour
- 1 cup plus 3 tbs. semolina flour
- 1½ cups warm water
- 1 cup extra-virgin olive oil, divided
- ¼ cup grassfed butter or ghee, melted

In a large bowl or the bowl of a stand mixer, combine the yeast, salt, sugar, all-purpose flour, and 1 cup of the semolina flour. Add the water and mix until a shaggy dough forms. Knead by hand for 10 minutes or in a mixer with a dough hook attachment for five minutes, until the dough forms a smooth ball.

Use a teaspoon or two of the olive oil to coat a baking sheet. Divide the dough into 12 equal balls, place them on the baking sheet, and cover them with a tea towel. Let rest for 10 minutes.

Pour 3 tablespoons of the olive oil into a shallow bowl and use another tablespoon to oil a cutting board or countertop.

Working with one at a time, dip a dough ball into the bowl of olive oil, then use your hands to stretch it into an oval shape as thin as possible without tearing and lay it on the prepared cutting board or countertop. Brush the dough with melted butter or ghee and sprinkle with a pinch of the remaining semolina. Fold the left side into the center, then fold the right side to the far left edge to form a long rectangle (similar to the way you would fold a letter in thirds). Brush again with butter or ghee and sprinkle with another pinch of semolina. Fold the top into the center, then fold the bottom to the top edge to form a small square. Repeat with the rest of the dough.

Heat the remaining olive oil over medium-high heat in a cast-iron or nonstick skillet. Stretch each piece of folded dough between your fingers until it's roughly five inches on each side. Fry, turning and flipping frequently, until the outside is golden and crispy.

Pregnancy prep: The hummus and fry bread will both keep in the freezer for several months. Make them ahead of time and store in lunch or snack-size portions. Thaw hummus overnight in the refrigerator, and crisp the fry bread in the oven or a toaster.

Essential elements: Rosemary has anti-inflammatory properties and may help soothe anxiety.

Chickpeas are a great plant-based source of iron, fiber, and crucial vitamins.

Semolina is rich in protein, iron, and folate, which is crucial for brain development and can help support healthy cell growth.

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7 Ways to Make Your Bedroom More Intimate

Creating space for intimacy is an important part of your overall wellness. Feng shui experts and sex educators offer their top strategies.

BY ELIZABETH MILLARD

We design a lot of spaces in our homes to support our health efforts. Think of a kitchen with a brimming fruit bowl, precut veggies in the fridge at eye level, maybe even fresh herbs on the windowsill. By the front door, you might keep your running shoes, a bike helmet, or perhaps a packed gym bag at the ready. The living room is the epitome of destress coziness, with handknit lap blankets and soft lighting.

But the bedroom? Dirty laundry is piled in the corner, library books you swore you'd return last week are stacked on the nightstand, and your phone charger is draped over the dresser.

Unlike other rooms in the house that are intentionally designed and functional, evoking feelings of uplift and wellness, bedrooms often feel like a rest stop — not exactly conducive for sparking desire and creating greater intimacy.

"Environment plays a significant role in how we feel, which is why the bedroom should feel like a sanctuary for relaxation and pleasure," says certified sex and couples therapist Lee Phillips, EdD, LCSW, CST. "When a space is designed for greater calm and intimacy, our bodies model that environment. We're less anxious, much more present, and more able to feel aroused."

The good news is that you don't need to renovate and build a pleasure palace to make your bedroom more intimate — unless that's your groove — because there are some simple, straightforward strategies you can use to elevate your current space. Most likely, that will be a bedroom, but Phillips says you could revamp any space in your home that feels like a good fit.

Keep in mind that although these tips are geared toward sex and intimacy, that certainly doesn't mean you need to be coupled up or enjoying occasional sexy time while dating to appreciate them. Fostering a space that's geared toward pleasure is just as important when you're flying solo. No matter your relationship status, consider these strategies for creating a setting that will put more life into your sex life.

Shift Your Perspective

The first step toward a sexier bedroom is recognizing its importance, suggests Krystal Holm, feng shui consultant, interior designer, and founder of Designed Life Studio.

"The bedroom is typically our charging station where we absorb the most energy," she says. "If the feel of the room is off, not only will that lower your energy for having sex in the moment, but it can turn off your desire in the future."

Let your intentions guide your design decisions. If you're sharing the bedroom or space with a partner, it's best to talk about changes together, adds Phillips. He says you might be happily surprised at ideas your partner suggests for how to create a more intimate space. Most of all, that communication makes it a shared project that can bring you closer together.

Unlike other rooms in the house that are intentionally designed and functional, bedrooms often feel like a rest stop — not exactly conducive for sparking desire.

Warm It Up

Color, temperature, and lighting can play a major part in sparking intimacy, says Holm. Basically, if you want to get hot, try warming the space up first — that means rich, expansive colors throughout the room.

"A bedroom finished in a deep burgundy or another luscious color feels incredibly luxurious and sensual," she notes. "That tends to feel more intimate than one that's light and bright." Consider warm paint colors — for the walls or even the ceiling — and dark colors for accents like throw pillows and curtains.

Air temperature is more dependent on personal preference, and Holm notes that cooler temps tend to be best for sleeping. She suggests experimenting with different thermostat settings and staying aware of what "just right" temp fosters intimacy in your space.

The same is true for lighting. Dim, soft lighting via lamps can create an atmosphere ripe for relaxation and closeness.

App-controlled mood lights can also be fun, notes Vivian Green, PhD, a sexologist, sex educator, and advisor for the pleasure-product brand Sexsi Toys. "Being able to have full control over the color and brightness of your room is wonderful," she says. "Many can be set on timers, and you can automate them to change depending on your preference."

Cut the Clutter

Those dirty clothes tossed over the chair, random magazines on the nightstand, and various papers on the dresser? They're killing your sexy buzz, says Holm. Clutter stagnates the flow of energy in a space, lowering your libido in the process.

That includes any decor items that feel like they're crowding the room, Holm adds. Even stuff under the bed can affect the energy in the room, she notes.

For some people, creating a space that leans toward being impersonal can be wildly liberating. "It's no surprise some of the best sex happens in hotel rooms, because they're devoid of clutter, memories, and any objects that remind you of a to-do list and responsibilities," says feng shui consultant Suzanne Roynon, author of *Welcome Home: How Stuff Makes or Breaks Your Relationship*. "If the bedroom at home has the same energy, it's going to boost opportunities for pleasure."

Tap Into the Power of Two

For those in a couple, a feng shui principle to keep in mind when you're designing your room is "pair energy," says Roynon. To support a balanced and harmonious relationship in a bedroom, that means buying two matching decor items — for example, matching nightstands and lamps.

"Create symmetry on the bed with pair energy as well," she adds. "Match the number and appearance of pillows on each side, usually also in pairs."

Togetherness also extends to photos in the bedroom. As a rule, Roynon suggests removing any photographs of friends, in-laws, and children and keeping only those of you and your partner. "Basically, remove images of anyone you would not want to see you naked," she says.

Create Some Seclusion

Another way to channel the feel of a hotel room is to shut yourselves in.

Locking the door provides a sense of comfort and security, says Roynon.

Add in some blackout curtains and you're basically nestled into a little get-away-style cocoon. "With curtains like these, or at least some way to reduce the early morning light, it makes languid morning sex and fiery afternoon-delight intimacy enticing in a whole new way."

Leave Work Outside

Maybe you think just checking your email *one more time* will allow you to be fully present. Or you simply want to put a meeting on your calendar for tomorrow before you forget. But those 10-second moments add up. Even worse, says Phillips, they blur the line between work and intimacy.

Making sure to turn off your cell phone and computer — even better, putting them in another room — is ideal, in part because it keeps you from bringing work into your conversation, says Nina Nguyen, sex educator and cofounder of the site Fraulila, which provides information about sexual health.

"No work or shoptalk in the bedroom," she suggests. "Separating work and relaxation spaces can help maintain a clear boundary between professional and personal life. This distinction allows you to relax fully and be present with your partner without being constantly reminded of work-related tasks."

If a bedroom also doubles as a work-from-home space, find a way to hide that part of the room when you've clocked out, suggests Suzannah Weiss, sex educator and sexologist for the pleasure-product brand Biird. For example, a freestanding room-divider screen in a warm color can create a visual and mental boundary.

Consider Your Other Senses

Much of your design and many arrangement shifts will be visual, but remember that sex is an all-senses experience, so what you incorporate should be too. "Put on some music, and integrate aromas that enhance the mood as well," says Holm. "That might be essential oils, massage oil, scented candles, or even some fresh flowers."

Nguyen suggests going for posh bedding — the kind that makes you feel sensual and pampered the moment you slip into bed. "It's hard to overstate the effect of high-quality bedding and how it can enhance intimate experiences," she says. "Soft and luxurious sheets and pillows promote relaxation, and that's key for desire."

Whatever decisions you make about refining your space, remember that the goal is to increase your comfort and satisfaction (as well as your partner's, if you're coupled up). Ultimately, cultivating that energy is an investment in your overall well-being.

"However you choose to be intimate, making the effort to create a relaxing, sensuous space helps you be more present, in both body and mind," says Roynon. "A space that supports your desire and arousal can be a huge part of feeling healthy."

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The Promise of Permeability

How to soften your defenses so you can let feelings in — and out again.

BY HENRY EMMONS, MD, AND AIMEE PRASEK, PhD

You don't often hear people described as permeable, but we are. Just like the rest of the natural world, we breathe, we eat, we suffer injuries and illness, and we heal. In nature, you don't see healthy organisms wall themselves off from their surroundings — at least not for long. It's the constant give and take that makes life possible.

Our emotional lives are similar. We are not designed to be impenetrable

fortresses or to shut ourselves down and avoid difficult emotions indefinitely. Yet we all do this from time to time, and some of us may even make it a way of life.

We do this unconsciously, usually when we feel hurt, scared, or betrayed. Closing off may even be a healthy reaction when we're overwhelmed by stimuli, or when someone is being hurtful toward us.

The point is that it's OK to shut down sometimes, just not for too long. If we try to protect ourselves from uncomfortable feelings by closing ourselves off permanently, it ends up hurting us more. It makes it impossible to let in more excitement, joy, and other positive emotions.

Think of the permeability of photosynthesis: how a tree's leaves take in carbon dioxide and water, transform it into oxygen, and then release it back into the air. This is how they breathe and grow.

When we embrace our permeability, we allow ourselves to feel a more dynamic range of emotions. We may feel more intense sadness, but we may experience more intense joy as well.

As we learn to let in and process the full spectrum of emotions, we can absorb what serves us and release what doesn't. We can also learn to be more intentional about what we offer and how we affect the world around us.

Vulnerable vs. Permeable

Vulnerability and permeability are not the same thing. When we overshare to disguise our vulnerability, as some of us are prone to do, our worries about not being accepted often prevent us from recognizing the effect our words and energy have on others. We might not hear what they have to say or notice their expression.

In this mostly one-way interaction, we're letting a lot out but not letting anything in. This can be nerve-racking because we don't know how we're being received. We might feel like we just laid our fears and dreams on the table to be dissected and criticized.

The concept of permeability offers a more even ground for exchange. It also gives us options beyond clamming up or spilling our guts.

As permeable beings, we take in both the good and the bad in our surroundings. We are also able to release whatever comes at us. We can let life move through us without holding on too tightly. We're not walled off, nor are we passive recipients of whatever comes our way.

We're part of the whole arrangement, with our own role to play in giving and receiving. We can be more deliberate and thoughtful about the ways we show up in the world.

None of us will ever be able to create a world for ourselves that's easy every minute of the day. We can, however, decide to give and receive as much as we're able in the time that we have.

Intentional Systemic Mindfulness

As most of us know, repressed emotions don't conveniently disappear. They circle inside us, affecting our health and our relationships. An approach called intentional systemic mindfulness allows us to readjust those feedback loops to support self-regulation.

This model involves setting intentions for improving our health through mindfulness, with the understanding that we are permeable creatures connected with the larger world around us. It might seem like a subtle shift from self-regulation, goal setting, or mindfulness practices, but bringing more awareness and purpose to the "why" and "how" of our lifestyle changes can help set us up for success.

For example, let's say that our intention is to lose our temper less often. One way we might accomplish that is by attending to others with the mindfulness quality of lovingkindness. When we attend to someone with love, we don't respond with rage when they insult us. The experience moves through our system, and we release the negativity; it does not get stuck or congested the way it does when we attend to someone with distrust or hate. In effect, we're able to keep cool more easily.

Permeability is not only our natural state; it is a tool we can use to improve our world. Within our own bodies and between all systems, things are in constant exchange. Being receptive is more difficult when we're dealing with negative emotions and experiences, but it's important to remember that what we let in doesn't define us. It does not constitute who we are — it is simply how we experience the world. And we can control how we process our emotions and experiences (what we let in), as well as how we react to them (what we let out).

Let It All In, Let It All Out

So how do we come to terms with the fact that being open and permeable means that we will encounter more intense joy but also more intense sadness? The great poet Rainer Maria Rilke suggests remembering that nothing lasts forever. His advice: "Let everything happen to you: beauty and terror. / Just keep going. No feeling is final."

None of us will ever be able to create a world for ourselves that's easy every minute of the day. We can, however, decide to give and receive as much as we're able in the time that we have.

Don't push away the stuff that makes you feel bad. And don't hold too tightly to the stuff that makes you feel good. Just allow it all to be there. Inhale, then exhale. Let it all in, and then let it all go.

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How to Talk to Your Kids About Sex

It's time to do away with the traditional idea of The Talk. Parents can teach kids about sex in a way that empowers, rather than simply embarrasses, the younger generation.

BY JON SPAYDE

Talking about sex can feel awkward, especially when talking with kids. Yet families who openly communicate about sex and relationships set their kids up to make healthier and safer choices as they grow.

And Melissa Pintor Carnagey, LBSW (who uses she/they pronouns), has good news. The sex educator and licensed social worker, parent of three, and founder of the Austin, Texas–based organization Sex Positive Families, says that The Talk as it's traditionally understood — a big-deal one and done — needs to go. Instead, make an ongoing commitment to "creating a space that feels safe for a young person to come to us and to be curious."

This involves real work and, notably, multiple talks over time. Carnagey has some suggestions for making these talks easier and more natural than the fearsome one with a capital T.

Stress Sources

You feel awkward, nervous, or embarrassed. Historically, much of the messaging and communication about sex has conveyed that it's bad, taboo, or awkward. Even if you know sex is none of those things, the discomfort is difficult to shake.

Carnagey points out that many of us did not have adults in our lives with whom we felt comfortable or safe talking about sex and relationships when we were younger, so we don't know what that conversation looks or feels like.

You're worried your kid will feel awkward, nervous, or embarrassed. "There's a stereotype in our society — research shows that it's a mistaken one — that young people don't want to talk to their parents about sex," Carnagey says.

You don't know how old your child should be before you can start talking to them about sex. Will you baffle, alarm, or inappropriately "sexualize" your child if you start too early?

You don't know how much to tell them. You might worry that your kids will be overwhelmed if you load them with information — or that you could harm them if you venture into territory you've been taught is "inappropriate."

You don't know when or how to start the conversation. The idea of announcing that you and your child are going to sit down for The Talk raises cortisol levels, doesn't it? But if that's not the way to get the ball rolling, what is?

Strategies for Success

Educate yourself. "Many of us didn't grow up with any sex education, or [we grew up] with sex education that was shame- or fear-based," says Carnagey. "It's hard to pass on good, healthy, appropriate knowledge about sex if you didn't receive it yourself."

A wealth of resources can help parents find information and support, Carnagey says. Ultimately, it is not about becoming an expert or following a script; it's simply about being open and holding safe space for your child's curiosity. If you don't know something, you can always tell your child you will look into it and get back to them, or you can look it up together.

Learn what's taught in schools. Though it seems fair to assume your kids will learn about sex in school, the information they receive is likely insufficient — and could be inaccurate. Speak with your child's teachers to find out what instruction will be provided so you can prepare to fill in the gaps and correct any misinformation.

Create a family atmosphere of openness. "The moment a child enters our world, they are getting messages about sex and relationship issues from the culture and from the values held by their family," Carnagey says. Establishing that questions about sex are not just OK but welcome will build a foundation for easier conversations.

"If you let them know that it's great that they're curious and that you're

there to support them, then the door will stay open for communication and you may end up learning more about what's going on in their world," they add. "And that can help keep them safe."

Call things by their names. Using euphemisms — wee-wee, flower, etc. — for the sexual organs reinforces the idea that sexuality is taboo, says Carnagey, "and that there's something weird or wrong about it." With young children, you can use bath time to identify these parts of the body. You can note that they may not hear other kids or families using the same language because other families may not be having conversations at the same pace.

Give up the idea that you have to cover everything at once. If you've established openness, your kids will be more likely to come to you with questions, Carnagey says, which you can respond to as they arise. Be honest and compassionate, and consider what is most relevant to your child when providing responses. A young child who wonders where babies come from can hear about how egg and sperm come together and the baby grows inside the mother; you can save describing the role of intercourse until they're a little older.

Initiate conversations in a casual atmosphere. There's a temptation to wait to discuss sex-related topics until a child asks a question about it, Carnagey notes, which sometimes leads to tweens and teens never having had important conversations about bodies, puberty, consent, or sex. Yet just as we initiate education about other subjects, like math and science, it's important to ensure body literacy and sexual health are part of a child's education.

To this end, Carnagey suggests starting these conversations in the context of a stress-free activity. "I recommend doing this when you're engaged with your kid in something they enjoy," they say, like playing with LEGOs or taking a family walk.

Use resources. "Especially with younger children, you can incorporate books that relate to topics like bodies, where babies come from, identity, or consent," Carnagey says. "Having an age-congruent, visually engaging resource like a book to reference means you won't feel the pressure to get all the words right." (See the list below for a start.)

Lead with curiosity. A good way to initiate a conversation is to refer to your own past — especially if you were confused about sex. Carnagey suggests a gambit like: "You're approaching puberty, and I barely knew what that was when I was your age. I'd really like you to be better prepared so you know what to expect. Let's make more space to talk about it."

You'll build more trust if you're honest about the aspects of sex that still puzzle you or make you nervous. A conversation like that may lead you and your kid to a book or to a video you can learn from together.

Teach boundaries. One of the pernicious myths about sex-positive parenting is that it's about teaching children how to have sex. "But that's not relevant to children," Carnagey says. "Children's questions aren't often about the mechanics of sex. One of the key things to convey to children is that sex is an activity that adults and some older teens who feel ready can do — sometimes for pleasure, sometimes to make babies. It's not something children do because children can't consent to sex. This is a boundary that is related to emotional and physical maturity, and children understand boundaries like this. For example, they understand that at 10, they're not going to drive a car."

As part of this understanding, kids should know that they can and should set boundaries when it comes to their bodies. If they don't want to be tickled, that boundary will be respected. If they don't want an adult — even a relative — to hug or kiss them, that's all right too.

Encourage authenticity and acceptance. Most children have a sense of their gender identity by age 4. Early on, give children permission to express themselves authentically. As they grow older, let them know that gender isn't binary, and that a person's gender identity and expression don't need to align with norms associated with the gender they were born into.

Kids should know that sexual orientation is similarly fluid. You might tell them that some people fall in love with people of a different gender from their own and that some people fall in love with people of the same gender. This will help them realize that not all families look like theirs but that all families are just as valid.

"And the crucial thing in helping them understand all of that," says Carnagey, "is making sure that you really believe it yourself."

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Educational Resources

These resources can help set the stage for healthy, open communication about sex and relationships.

Amaze.org: Lively animated videos provide high-quality, medically accurate information.

Everybodycurious.com: Leading sex educators answer kids' questions about sexuality and healthy relationships in a video series geared toward viewers ages 9 to 12.

Sexpositivefamilies.com: Shame-free, comprehensive, and pleasure-positive sexual-health resources.

Sex Positive Talks to Have With Kids by Melissa Pintor Carnagey, LBSW

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Romantic Escapes

Leaving regular life behind for a getaway or vacation can be hard, but it's worth it for the health of your relationship.

BY JILL PATTON, FMCHC

My husband and I scanned the calendar for a weekend to make our late-winter escape. After months of Minnesota ice and snow, we were ready to get away — just the two of us. But with a busy teenager and a new puppy at home (and no immediate family nearby to help), we felt our options were limited.

A long weekend in the tropics was out, we conceded. But perhaps a quick trip close to home would spark a little romance.

We agreed that our teenager and pooch could stay home alone for two nights. With neighbors standing by for emergencies, we booked a stay at Grand View Lodge, just a few hours away in Nisswa, Minn.

Grand View's pine lodge is on the National Register of Historic Places. And though the resort's primary website image shows it in the height of summer, I could easily imagine it cloaked in white, fireplaces roaring. Adding to the cuddle-up vibe of the place, the dates we chose happened to be the resort's annual de'Vine Wine and Culinary Weekend.

Soon we were booked for a six-course dinner paired with Italian wines on Friday evening, an afternoon of food-and-wine seminars on Saturday, a "Grand Tasting" event on Saturday night, and a champagne brunch on Sunday.

We wouldn't have much alone time with this package, we realized. But we love food and wine, and we enjoy socializing and meeting new people. So, we agreed to be each other's dates and looked forward to whatever the weekend held.

> **"Going on vacation, even a weekend getaway — even a one-day getaway in your own city — releases chemicals in your body related to newness.**

That anticipation is a key ingredient in a romantic getaway, notes Maggie Reyes, a marriage coach and author of the book *Questions for Couples Journal*.

"Just putting a trip on the calendar and saying, 'We're going away now,' gives you something to look forward to together," she says. "There's research that shows planning and anticipating a vacation creates as much positive emotion as being on vacation."

And though my husband and I were no longer anticipating an adventure sans coats and gloves, we did look forward to a change of scenery.

"We get into our routines — we go to the same place for dinner, the same movie theater, the same bowling alley. We stop doing new things," says Reyes. "Going on vacation, even a weekend getaway — even a one-day getaway in your own city — releases chemicals in your body related to newness. Heading out as a couple is a way to re-create that initial connection physiologically."

What's in the Way of Your Getaway?

Though we travel a few times a year to visit family, my husband and I seldom vacation by ourselves. We could argue that we're busy with work, that we're on a tight budget, or that we can't just abandon our obligations. But beneath such logistical problems lie unexamined and unchallenged

beliefs about what's most important, argues Reyes.

"Very often we prioritize our careers or our children or our commitments, and we forget to prioritize our relationship," she says. "But when we take care of ourselves and our relationship, then we have the energy, the love, the generosity, and the kindness to deal with all the other commitments."

Reyes says some partners resist planning a vacation if there are unresolved issues between them. But lingering drama doesn't mean you can't enjoy each other, and the getaway might actually move your relationship forward.

"So many people stop themselves from having fun today because they have some big thing they have to solve from yesterday," says Reyes. "One of the things that could help you get through whatever you're struggling with is spending positive, unstructured time together."

Make Your Getaway Great

There are no rules for a romantic getaway — you and your partner get to decide what turns on the romance and brings you closer together. That said, consider some of these suggestions for planning a getaway that may be just right for you two, right now.

EXPLORE SHARED PASSIONS.
When planning your getaway, talk to your sweetie about the things that interest you both. Are you golfers? Art aficionados? Mountain-bike adventurers? Sci-fi lovers? Organize at least part of your escape around these shared interests.

Though my husband and I chanced upon our culinary weekend getaway, it worked out great in this respect: He's a foodie and I'm a grateful eater of his cooking, so we hung around after presentations to ask the chefs about ingredients and techniques. I had fun watching him geek out a bit, and I'm excited about new dishes that may appear on our menu at home.

GIVE EACH OTHER SPACE.
A romantic getaway doesn't have to mean one-on-one time for days on end. "There's nothing wrong with doing something on your own during the day, and then having a special dinner where you share your day with each other," says Tamara Lidbom, owner of Anytime Travel Agency. Lidbom often works with newlyweds, and she encourages them to explore individual interests on their honeymoons. "There are many times in life when you'll have to navigate separate time," she says. "It's a good building experience to do something on your own and then come together and share with each other."

"So many people stop themselves from having fun today because they have some big thing they have to solve from yesterday. One of the things that could help you get through whatever you're struggling with is spending positive, unstructured time together."

EMBRACE SPONTANEITY.
Don't feel pressured to plan every moment of your itinerary. Sometimes the most memorable moments are unscheduled. My husband and I spent two weeks in Taiwan for our honeymoon (evidence that we can make farther-flung vacations happen if properly motivated). The afternoon we just walked around Taipei visiting the places my Chinese-major husband had lived, worked, and studied (including his favorite noodle houses) was a honeymoon highlight.

Looking back to our jam-packed wine-tasting weekend, we might have done spontaneity better. Next time we'll leave an afternoon open to explore the resort or check out nearby towns.

LET GO OF PERFECTION.
"Thinking that a getaway has to look a certain way before you can have fun is one of the biggest traps you can fall into," warns Reyes. You might miss a flight connection. You might not get the suite you booked. Your favorite museum or restaurant might close. It might rain on your cruise. "We went on a cruise for Christmas that we'd looked forward to all year, and it rained every day except one," recalls Reyes. "Most of the ports were canceled and we couldn't be at the pool, either."

In these situations, Reyes recommends asking yourself, What's here for me to enjoy?

"We decided, 'Hey, we're on a ship! It's a beautiful place, and we're with each other. Let's enjoy this!'"

THINK SMALL.
Two nights at a resort close to home may seem short and sweet, but you can eke out an even shorter (but still enjoyable!) getaway in or near your own town.

Take an afternoon off or block a couple hours on the weekend to indulge in a spa day or a bookstore date. Rent bikes and pretend you're out-of-towners. Go on a brewery tour or visit a museum. Pitch a tent in your own back yard. Once you start looking for novel experiences, it becomes easier to reignite those relationship sparks and welcome the romance.

While much of our getaway was spent in the company of others, my husband and I were indeed able to reconnect. If anything, the busy, social nature of the wine-and-dine weekend made alone time each evening a kind of homecoming where we could appreciate how comfortable we are together and how much fun we can have when we set the daily obligations aside for a while.

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