

15 - The Universality of Beauty and the Basis of Attraction

BioBalance Podcast — Dr. Kathy Maupin interviewed [Brett Newcomb](#)

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Dr. Kathy Maupin: Hi, welcome to BioBalance podcast. I'm Dr. Cathy Maupin, the founder and medical director of BioBalance Health. Brett is here today with us, and he's going to introduce himself. Then, his subject has to do with my new book; it stimulated his creativity about the subject of libido.

Brett Newcomb: Hi, I'm Brett Newcomb. I'm a marriage and family therapist and an instructor at a local university in the counseling program, and I've been a family counselor for thirty years, now. Kathy and I met, working together for some families that were coming to see her or me and we cross-referenced. We started having a series of conversations. If you've been tracking these conversations, several of them lately have focused on the concept of cultural universals.

I saw in the news this week that Levi-Strauss had died. Levi-Strauss is a famous anthropologist, and he is considered to be the father of the anthropological concept of structuralism. And, what we had been talking about dove tails nicely with what his theories are. Basically, the theory of structuralism is that there are universals throughout the community of man that are cross-cultural. There are some mental processes that seem to be universal. And, that actually dove tails with what Piaget said about structures in the brain being universal, like Piaget and Chomsky (said); the language activation device is hard-wired. We are hard-wired to learn language in our infancy and youth.

Where this fits for us is that we were talking about universal concepts of attraction and of sexual appreciation and energy, the development of the human physiology along a timeline that fits cross-culturally, and how do various cultures adapt to incorporate those changes to the human physiology and make them acceptable within the community? For instance, one of the things that I have taught about for years is that the idea that adolescence, as a stage of life, is kind of a new thing. It may be 150 years old or less. And, that has come out of the modern industrialized society and the changes that it has required of the way families exist and the way families function. Because, we have what is called, "delayed adolescence." And, I was noticing in the book that you are writing a reference to that, exactly. As we talk about people living longer, the evolutionary changes in our lives aren't automatically matched by an evolutionary change in hormone production, and the occurrence of testosterone and its role in reproduction, in arousal and desire and so on. So, I thought that today we could talk about where those concepts come together in what we deal with; me in the therapy office and you in the medical office, as people try to adapt to the reality of living longer, and to the changes in society as a result of that, while they're still dealing with the physiology that is pretty much the same as it has always been.

KM: That's exactly what we deal with. What I deal with is people walking in and saying, "I'm not old, I'm only forty. But, I've lost this, this, and I feel old. And, I have to live another fifty years." Which is true, they probably will. We are now healthier; better water, better medicine, better longevity in this country and most European countries (not all over the world.) But, we now have to deal with the problem of what to do over the next fifty years as we age. Now, we can make a choice; as some of my patients say, "I just want to be as natural as possible. I want to come in and do nothing. If I do nothing, what will happen?" Well, then you'll get old, you'll look old, you won't have sex and you'll die. That's aging, that's natural. But, the minute that we made that first step of taking a drug, or having a surgery, or trying to make ourselves healthier, or drinking clean water, or eating well, we made that first step past normal aging. We are now the same human body that the cavemen were. Yet, we have now made ourselves live to a certain point, then we age just like they did, if they ever got there. Most of them didn't live to forty, forty was death.

BN: Yeah, and in a lot of primitive societies around the world, the life expectancy is still under 35. So, you have a statement in your book that society has changed, but testosterone has remained the same.

KM: And that is absolutely true. Testosterone starts going down. And, probably, it went down a little earlier when we weren't as healthy. But in our society, it's probably around forty. It starts decreasing in women first, then men. But, as the studies have shown, men are starting to drop ("andropause" is what we call it when testosterone is decreasing, and we start having symptoms from it,) men are starting to drop that age down into the forties. Which is not a good sign. That means that we're doing something wrong to decrease that, when we should have had a healthy lifestyle, and it should have lasted into the fifties for most men.

BN: And we don't know what's causing that, but we have theories. The one that you keep talking about in our conversations is all of the hormones and steroids that are put in the food production systems. You're talking about how so much of what is in the animals and in the feed that's given to the animals gets into the water supply and the milk supply. So, we don't know how much additional hormones that we receive.

KM: We even receive hormones from drinking out of some water bottles; the bottles themselves, the plastics that we use have then gotten into our environment and acted as estrogens in our body. That's really not good for men. They think that that's one of the primary things that has kept us from achieving a normal andropause for men. Women tend to become mature earlier, and have larger breasts and more estrogenized things and then more estrogenized tumors as well from this plastic. It's not the same as when we make our own estrogen, and also not the same as when we give back bio-identical estrogen. What I do is try to combat or replace the hormones that begin to wane in our forties and fifties. So, I go upstream and find the first thing that I can control. I can't control water bottles or feed in cows, I can't control any of those things.

BN: Milk consumption.

KM: Yeah. I can't stop any of that. Our society in the west has become very dependent on those things. So, I can get to the first thing that changes which is testosterone dropping in women, growth hormone dropping in women. And I can measure it and treat it or replace it. That then stops this cascade of all of the other hormones decreasing and causing us to age by being insufficient. So, it comes down to our society. In terms of being human; we used to have a shorter lifespan because we weren't as healthy. then we got a longer life because we had all of these basic things cleaned up; immunizations and clean water and more food. So, we lengthened our life but we still have not lengthened the quality of our life. At 40, we get old.

BN: And that's what is fascinating, because one of the things you learn about children is that children think that what happens in their life is natural and happens to everybody, until they get to be in the fourth or fifth grade. And then they start doing comparative analysis; "Joey's parents let him stay up at night, I wish i could go live at his house. They get to do this." But, until that level of frame of reference changes, they just think that "this is what happens." So, what you are talking about is the thing that our culture is dealing with. We just think that that is what happens, doctors tell us that that is just what happens, "well you're just getting old, this is part of the process, you have to learn to live with this," or, "there's not a lot that we can do," or what have you. And, societally, many of us feel the same way. Like your patients that come in and just want to do it the natural way. So we have then cultural elements that don't seem to adapt to the changes in reality. One of the cultural elements is the evolution in the industrial society of what we call the "love marriage." For centuries and centuries marriages were familial negotiations or they were acts of conquest; you would go to the next village, grab all the women and take them home. So there are cultures that are structured around; this is the appropriate way to set up breeding patterns and to acquire women, when you don't marry within the tribe. You have to go get somebody from outside.

KM: You have to mix up genetics, so that is based on the scientific truism. A lot of things that we think are instinct are scientific truisms. If you marry your cousin, then you are going to magnify the genetic defects for your children. So you have to marry someone different.

BN: We learned that in Arkansas when I was a kid. Actually, I think that in Tennessee, when I was a kid, I don't know if it's true anymore (for all of those of you who are out there in Tennessee,) I was taught that in Tennessee you could get married without parents' permission at fourteen, if you were pregnant. Now, that was fifty years ago, so I'm sure that the culture has evolved. But, what we were talking about was the idea of the love marriage, because now in an industrial society where family wealth is based on wages and not on land ownership, then we support ourselves differently, financially. So, now we seek partners that we are interested in and attracted to, that match something within us. We don't just have our families arrange a marriage. So, we have successes and failures; the divorce rate is fifty percent. Why do we pick the people that we pick? Why do we have divorces? How do we come to understand the dynamics of the changes in marriage that go along with the dynamics of the changes in an individual.

Especially in terms of their hormones, their libido, their sexual drive; how does that all play out? And again, in the forties and fifties, it was very commonly said that families would stay together because they couldn't afford the divorce. Because most housewives stayed home and didn't have independent incomes, so there was abuse and there was limited opportunity and it was just a cultural standard. Now most families are "non-traditional" statistically, and it's not Beaver Cleaver; mom stays home, dad goes to work and you have 2.5 kids and a golden retriever and a station wagon. It just isn't the standard anymore, it has changed. So, how do we navigate through that, Now that women have options that they've never had before, medicine has alternatives that have never existed before? Can we learn to combine the positive things we know to help people create enduring, stable, happy relationships, or at least pursue individually happy lives for themselves where they're not trapped in a box that's a culturally defined box?

KM: Let me recap, we have inborn things that are common to every society, we have in born needs to merge, to have children, to have somewhat of a stable family to bring up children. That is common to every society; we were meant to populate the earth. That's what we're here for. That's hard-wired in our brains, that we should do that. And except for a few exceptions, that happens.

BN: Well, in primitive societies, they structure themselves to accommodate that. When you go through puberty, and you become capable of getting pregnant, having children, and therefore making demands on the resources of the community; someone has to feed and shelter and protect your child. Then, you have to be held accountable as an adult. So, they separate the boys and the girls and they have what are called "rights of passages" which are introductory ceremonies of one kind or another, that then qualify you, and they mark you with a tattoo, with filing your teeth, with whatever, so everyone who sees you will know that you are an adult and are therefore responsible for the choices and actions that you make, and for the responsibilities that society expects you to satisfy. If you don't have those marks, you're a child so there are a lot of latitude and forgiveness because you're a child. In our culture, we have rolling access to the rights of adult status, you get a drivers license, you get a high school diploma you get your first job.

KM: Become 21 and you can drink.

BN: Absolutely, the old argument in Vietnam, when i was a child, in the vietnam era; we could go off to war, and we could fight and die, but we couldn't order a beer.

KM: Yeah, I know. I lived through that, too. And that seemed pretty ridiculous.

BN: So the culture changes. So we have a phenomenon now where children in the 6th, 7th and 8th grade who are physiologically becoming sexualized. But with cultural messages that say "no, no, that's awful, don't do that." We haven't figured out how to teach that and moderate that in a consistent way in our society, and yet these children live in a media community where they have access to really hardcore sexualized stimulation.

KM: Even if they didn't, their bodies are sexualized And that's still another thing, a common thing for every society; once you get testosterone, which happens first in girls, too. Boys and girls both get testosterone. Testosterone is what brings the body odor thing in junior high and hair under the arms, and your feet stinking. And that's the first thing that happens before breasts, before growth spurts, before periods for girls. And then boys stay on this locomotive that keeps becoming a higher and higher testosterone level which causes them to become mature. But it all starts early, earlier than our society wants it to. but that doesn't mean that it's not happening.

BN: It's reality. And the culture has to adjust to the reality and find social accommodations that work for the greatest number of people.

KM: But where we are is on the other end of that, we're on the other end where our hormones are going away too early for our lifespan.

BN: Which is also part of that cultural adaptation; how do we adjust our society to accommodate that, or does that have to happen; can we prevent it, can we regulate it in a new way; the physiological adaptation? And that's where your science comes in and compliments what I do, and that's going to be the focus of our next conversation, Because we're running out of time for today, and what we're going to talk about next time is where you have identified the hormones that begin the events of cascade of events of aging, and what we know about how change them in safe and consistent ways, so that people don't have to be Cinderellas; you know, it's midnight and the clock strikes and the carriage turns into a pumpkin, and it's over.

KM: That's exactly what I deal with every day.

BN: Yeah, and there's twelve more hours in the day. So, that's what we'll talk about in our next conversation, and I hope people come back and listen to that.

KM: Thank you very much. I appreciate your anthropologic and psychological input into this very difficult problem. Next week, we will talk about how aging begins when testosterone drops in our forties and fifties, and the impact that has on us and what we can do about that. If you have any questions or comments about our show or about bio-identical hormone pellets, please email them to podcast@biobalancehealth.com. We also invite you to visit our website at biobalancehealth.com and learn about all of our services, including supplements, skin rejuvenation and our complete line of botanical skin care products. You can call my office at 314-993-0963. You can also read my blog at drkathymaupin.com. I'm also writing a book, and part of that will be on the blog. So, thank you for listening, for Brett Newcomb, I'm Dr. Kathy Maupin.