

## **Intimacy and Pleasure**

**Guest: Dr. David Malebranche**

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### **Meagen Gibson - [00:00:10]**

Hello and welcome to this interview. I'm Meagen Gibson, co-host of The Relationship Super Conference.

Today I'm speaking with David Malebranche, a board certified internal medicine physician with expertise in sexual health and HIV, STI prevention and treatment.

He has served as faculty at Emory University School of Medicine and Morehouse School of Medicine and currently sees patients at the AIDS Healthcare Foundation Medical Clinic in downtown Atlanta.

David, thank you so much for being with us today.

### **Dr. David Malebranche**

Pleasure to be here Meagen, thank you for having me.

### **Meagen Gibson**

So David, why is sexual health an important part of conversations around relationships?

### **Dr. David Malebranche**

It's a great question. I think the way the context in this country typically goes, in the United States and sometimes globally is when we talk about sexual health we're usually talking more about pathology. So we start with the conversations about don't get an STI or don't get HIV. And that's considered a sexual health approach.

Whereas I think the reason why it's so important is because we have a challenge in front of us to actually discuss sexual health in a more positive and affirming manner as a continuum as a part of your overall health.

For instance, we talk about physical health. Now the country is getting a lot better about talking about mental health, but sexual health is also integrated in that as well. So I think it's really important if you're looking at someone holistically. And within the context of relationships, absolutely. To talk about sexual health means talking about the physical acts themselves, the fetishes, as well as just levels of intimacy that you can experience with someone else in a relationship that may or may not necessarily include physical touch.

**Meagen Gibson - [00:01:55]**

And just to ground people, let's give it an overall broad view of, like, how many people in the United States are impacted by STIs? Or even worldwide, but since we're both in the United States, let's talk about the U.S. statistics.

**Dr. David Malebranche**

Yeah. I mean, there's a huge burden, and I know you may have a graphic from the CDC. The CDC gives updates every year. They recently, some of the most recent status from 2018. And obviously, when COVID hit, usually the numbers are behind by like a year or two, and COVID really messed things up. So you're starting to see now in 2021, a little bit more information about 2019 and 2020.

What we do know is that the most common STI worldwide is actually Human papillomavirus or HPV. That's the one that's most common worldwide. There's a lot of reasons for that.

But then you see things like herpes, gonorrhea, syphilis, chlamydia obviously those are the ones. HIV has a profound impact on people. And particularly when you look at some of the numbers, they're all increasing. They've all been increasing for the past 6 or 7 years, the rates of new STI diagnoses. And particularly in marginalized communities, communities that don't have access to medications and health care as well as our younger populations. Like the ages between 15 and 24.

So when you really look at the numbers, you can see how important sexual health is just because of the burden of having these STIs being diagnosed at such a high rate. Some of it has to do with finances and budgets, both on the federal as well as the local and community levels. But you see that we really need to talk about sexual health instead of focusing on the disease process. I think it would be more productive to go a little bit upstream and talk about sexual health first.

**Meagen Gibson**

Yeah. So in more of a proactive educative, it's not even a word. Can I say educative? We're going to go with it.

**Dr. David Malebranche**

I'm going to make it a word today.

**Meagen Gibson**

Thank you. I think I appreciate your compatibility on that.

So we're talking about being well educated, having conversations in relationship, having conversations, developmentally appropriate conversations with adolescent children who are growing up, who are going to have relationships whether we tell them that they're appropriate or not. They're going to hear conversations from their friends or young adults who are getting into the dating world.

These are conversations that we have to have, and especially in those places where accessibility to resources or clinics or treatment are all less than available.

**Dr. David Malebranche**

Right. Yeah. I think one of the big phrases that I think is overused a lot in social media, like people will post something on Twitter, on Instagram or whatever, Tik Tok, and they'll say normalize, X, Y, and Z. And I think while it's overused, we do have to focus on that word because it really is about redefining what is normal and not saying that there's a cookie cutter template. But looking at it as what's normal with regards to sexual health for each individual and each relationship.

So normalize talking about sexual health before you talk about STI's. Normalize talking about different variations in sexual identity, sexual behavior without it being laden with prejudice and judgment and stigma.

Those are the kind of things we can talk about. And normalize talking about sexual health and starting with the word pleasure.

So, for instance, the CDC, where they train medical providers to take a sexual history, they instruct us to do the, what are called the 5 P's. And I know you've probably heard about these. Not one of those P's is pleasure.

**Meagen Gibson - [00:05:37]**

For people at home who don't know what the 5 P's are, would you just mention them for me?

**Dr. David Malebranche**

Yeah. And I'm probably going to blank out one or two of them because I'm always substituting pleasure in there. It's talking about pregnancy plans, it's talking about previous STIs, it's talking about sexual partners, and there's a couple of other ones, but they're all around a biomedical template of what you're actually doing.

And so none of it has to do with pleasure. And so it's always curious to me that when we focus on the sexual history, we actually don't talk to patients in a way that normalizes, like, hey, tell me about your sexual health. Tell me about what you do sexually to enjoy sex. How do you enjoy sex? And with whom? Who are the genders of your sexual partners?

Like, asking general questions like that really helps out a lot. But I think medicine is kind of a reflection of society. So it's not just that medical doctors are always uncomfortable with this. Yes, we are, as are nurse practitioners and physician assistants, but the country is uncomfortable. So the medical community is kind of a microcosm of the country.

The problem is that when you're trying to get somebody adequate prevention or screening for STIs and HIV, the best approach is not the kind of conservative, judgmental United States approach to sexual health when it comes to a clinical setting. So we do have to normalize and talk about these things in a little bit more affirming and a positive manner.

**Meagen Gibson**

Right. In the aspect of, let's have a conversation. Not so that I can judge you, but so that we can talk about what the best preventative measures are. Consent and things like that. How are we protecting you? And what gives you pleasure? What do you enjoy in a partnership?

**Dr. David Malebranche**

It could also be in the nature of the questions you're asking. It's not the tone or anything. But when someone starts with, are you married? Or if you're seeing someone that you know identifies as a man and saying, tell me about your wife. And there's an assumption there.

Or people say questions that are laden with judgments, like when they say, oh, I'm having sex with two different people. And then the provider says, you're using condoms, right? Or this, that and the other rather than just exploring. Well, how often do you use condoms? Or tell me a little bit about the dynamics when you have oral sex or vaginal sex or anal sex? What's the rate of condoms used? Does it depend on your partners? Tell me a little bit about that.

And it's almost like more of an exploratory, curious thing rather than okay, this is my norm, and this is the norm of the medical community. And I'm going to impose that on you and make you feel uncomfortable and possibly lie to me or twist the truth a little bit because you want to tell me what you think I want to hear.

And that becomes a problem, because when there's no truth in these interactions, then the patient can't feel comfortable actually talking about what their real sexual troop is. And therefore the provider is probably going to miss some opportunities to give some good counseling, do some good advice and screening for STIs, and then ultimately treat them and have them be able to reach their best sexual potential.

**Meagen Gibson - [00:08:51]**

Yeah. And know the treatment is something that they won't hesitate to seek out or get if they're afraid that they have something that they need to have treated right?

If you don't have that kind of a relationship with your provider, or if you're in that game of like you're not asking and you're not telling, then if you have some sort of risk factor, or if you think you might have had an interaction that would cause you concern, you're going to wait, or you're not going to seek the help that you want because you're not sure how that's going to be received.

So I can understand completely where you're coming from and personally know people who have suffered from that kind of dynamic. Not knowing if their provider was going to be comfortable with that conversation.

**Dr. David Malebranche**

And it goes back to relationships, too, because whether your relationship is kind of a primary partnership, whether it's monogamous or open, or whether you have casual partners, there may be moments where individuals don't feel comfortable discussing all their truths, whether it be sexual or relationship with one partner or another.

And so they think, well, I'm going into this space where there's a trained medical person that's not going to judge me. They're not going to stigmatize me. And then that's all they get. Then people kind of go back into a shell.

So, again, it's just kind of continuum where you see people are expecting folks who have medical degrees or PhDs just because of the book smarts that they're street smart, for lack of a better phrase, and that they'll actually have some compassion and a non judgmental approach. And to their surprise, they often encounter the exact opposite. So that can be traumatic, right?

**Meagen Gibson**

Because medical professionals are also just human beings that bring in their own cultural biases and personal biases and experiences into the examination room, whether they can help it or not.

How do we best address STI stigma as individuals in society and culture as a whole?

**Dr. David Malebranche**

I mean, it's a tough question. It's multilayered, obviously. I think I see a lot of things that are happening on social media and in culture in general that helped to, as I use the phrase before, normalize sexual health, and what can we do to improve these conversations that reduce the stigma?

The example that comes to mind immediately is this organization called Something Positive for Positives, and they talk about herpes. And when you hear positive, most people immediately go to HIV. But this is actually a support group and a podcast that's on Instagram. They're on Twitter. And

they put out different podcasts led by a few different people. I think the brother that leads it his name is Courtney, but it's Something Positive for Positives.

And they have a great podcast where they talk about issues of if you get diagnosed, what does this mean? What does disclosure mean? How do you tell your sexual partners? What do you do for treatment? And how awkward is this conversation? And how do you address stigma in relationships when somebody finds out or you tell somebody that you've been diagnosed with genital herpes before? And then what are the next steps?

And also, it gets to be a support group where people who have been diagnosed, particularly with genital herpes or herpes type 2, they can talk to other people or communicate with other people who have actually been through that and said, okay, this worked for me. This is what I did.

And so I think social media plays a huge part. In some of these cases I rarely look at the medical profession to lead a progressive change in this. Like, I usually look at the community because our communities are really on the cutting edge of what needs to be done. That's not to say that all medical and health care professionals are not good at talking about sexual health. But I do get a lot of stories from patients that I see and friends of mine that have been to see providers where they've been treated with a lot of disdain, a lot of stigma, a lot of judgment.

And so when you go on social media, there are organizations, there are groups, there are YouTube channels, there are other things that really promote sexual health as something better. So I think collectively, all these things can really normalize how we see things. And people will feel more comfortable talking about these things.

Or when they go into their medical providers office, they'll feel more comfortable saying, okay, I know you have to go over X, Y, and Z today in these 15 minutes, but I want to talk about my sexual health today.

Because, again, you think about medicine and health care becoming so business oriented and consumer, like a consumer product. So we're actually on that road, and we've already been on that road for a little while. Then the consumers need to be empowered, as if you were going into a car service or a dealership and either buying a car or getting your car serviced, except the service is on your body.

So you get to dictate sometimes. The provider is going to have a checklist of what they need to do, what they're supposed to do in those 15 minutes. But if you come in guns are blazing and you're like, hey, I want to take these 15/20 minutes and talk about my sexual health. The provider has to kind of go back and say, all that other stuff is great. But can I come in that for a later time? I want to talk about this now.

A good provider will say, let's talk, and I'm all ears, tell me what's on your mind. Because that's your priority. Obviously, you're coming in and saying that that's important to you. Let me just sit back and listen.

Now, some providers may not do that because we tend to like to be in control and there's a power dynamic there. But I always encourage community members, my friends, my family members, anyone at large in our communities to bring up the topic yourself. If you wait for a medical provider, which is a very conservative profession, our healthcare profession, if you wait for them to bring up sex, you may be waiting a very long time.

### **Meagen Gibson - [00:14:43]**

You made excellent points. And also, if you've got any hesitancy around your sexual health, I imagine that walking into an exam room and stating that as the thing that's a priority to you is really going to tell you a lot in that first interaction if this is the provider for you and if they can handle that kind of conversation.

I imagine if somebody has to move to a new city or they change jobs and their insurance changes, if they're lucky enough to be fully insured in the U.S, and you've got to find a new provider. And that's the kind of conversation that you can have immediately, that will tell you if this is the person that can handle that conversation.

And also, I put myself in the position, as we're talking about relationships and dating and sexual health, and sexual health is health care. And it's part of being a human person if you're sexually active, for sure. And I just imagine myself, the respect I would have for somebody that can have a respectful, mature conversation with me about sexual health in the same way that they would talk about saving money, retirement plans, scheduling calendar things for the next year. This is part of our life. This is part of my life. Let's have a really frank conversation where this doesn't have to be like a thing.

### **Dr. David Malebranche - [00:16:10]**

Yeah. I think you hit on a huge point. I think so many people get anxiety over it because it's so stigmatized that people, if they have things that they enjoy sexually, they may be worried that their partner doesn't like that or can't fulfill that.

And I'm a big verbal communicator. So I'm always encouraging people to say what's on your mind. And if you are in a relationship or relationships and you have partners, you have to speak what you like. You have to speak what gives you pleasure. You have to speak up on what you need. If you don't do that, nobody is a mind reader, and they won't be able to figure it out.

And although it may seem kind of mechanical, I know some people think, well, so and so should just explore my body and figure it out. Or they should trial and error figure out what's going on. Sometimes it does take some people if they're not used to that or the previous relationship, sexual pleasure involved a certain set of behaviors. And then now you're telling them, hey, this is what really turns me on, and this is what I want to talk about. Those conversations are grown up conversations, and some people are ready for them. Some people aren't.

And I think at the end of the day, the best you can do is communicate honestly with your partner or partners. And then if they don't satisfy you the way that you need or that you desire in your sexual health or your sexual life, or they may not be in agreement about getting routine testing for STIs, then you have to discuss for yourself, okay is this a deal breaker? Is this something, is the rest of relationship really solid, that this is something I can live with? Or are they comfortable? Some people do open relationships, and we'll say, well, this person gives me all these wonderful things, but this is the one thing that I don't fulfill.

I've seen relationships where one partner would be like, babe, I know I can't give you this, or I don't enjoy doing this, and I know how much you enjoy it, so I won't take it personally if you get your freak on and do something else with somebody else.

### **Meagen Gibson**

Go get that need met.

### **Dr. David Malebranche**

Yeah. Go get the need met. And it is one of those things where if you can have that conversation that's a really grown up conversation without getting angry at somebody, without saying somebody's bad or awful or doesn't understand or just isn't a good person or doesn't care about you. Instead realizing that we're all flawed, we're all human beings, we're all limited, but we do know what we like, and not everybody is going to fit everyone, and that evolves over time.

So sexuality, sexual behavior, sexual likes and dislikes, and therefore sexual health is not a static concept. It's fluid. It evolves over time. And as you grow and evolve, so do your sexual health needs. So do your experiences. All those things evolve. So it's not a static thing.

You could have a couple that's together at one time, and then someone becomes more sexually adventurous than the other. And that could be a big problem if the other person is not ready to make that leap. So I think you have to be prepared that it's going to be a fluid journey and just kind of buckle up and be prepared for the ride.

### **Meagen Gibson - [00:19:10]**

Exactly. And that's kind of tying into what I was saying earlier about having those conversations and the maturity that it takes to have adult conversations about adult acts. It's that if somebody receives that initiation of that conversation with a rejection of just a difference or something that they don't know anymore or don't know anything about, they're not familiar about it, they haven't had those conversations before, you're the first partner that's ever spoken in that way about these things, then there's so much shame associated with the rejection of their interpretation of your difference, right?

When really they're just rejecting something different that they've never experienced before. But if you can get a partner who if they experience something different, that's new for them, that they're curious. It doesn't mean that they're accepting or engaging and consensual about that thing. It's just like, wow, I've never had one of these conversations before. Can you tell me more? Can you tell me why this is important to you? Like, that's the kind of person that can ride through life with you, through all of the changing and adapting and growing. And that's the kind of person that even when you're not identical, you can grow together and really listen and meet each other.

### **Dr. David Malebranche**

It's someone who may be willing to try certain things. And that's not to say they're going to like it, or they're going to want to do it after trying. But maybe they're like, babe, I really care about you, and I love you. And so this is not something I'm typically interested in or this is not something that turns me on, but I'm interested in turning you on. I'm interested in your pleasure, and you're my baby. So I'm gonna make sure that I'm pleasing you. So I'll do this. That goes a long way, and that means a lot.

And who knows? It maybe something that you just do for your partner, but then you find out over time, like, hey, I kind of like this. And then before you know what, you're evolving as well. So it can be a win win for parties involved in relationships.

### **Meagen Gibson**

Yes. We have this idea of compatibility that means that we're identical, and it's just not the case. We have all kinds of different likes and needs and preferences between the TV we watch or the sports we play or the food we eat. And your sex life should be no different. It's being able to have those mature, honest, adult conversations with your partner that leads to long-term happiness, I imagine.

### **Dr. David Malebranche**

I think over time it does if you can just communicate honestly. Like you said, the other things, like, say, taxes or retirement or plans for the future, trips you're going to take, those things you expect to communicate honestly about within a relationship. Why would you not talk about sex or normalize getting tested for STIs?

And if you do get tested for STIs in the context of a monogamous relationship, that is not the indication that you do not trust your partner. You're just getting your regular checkup.

So, again, it's kind of, you know, I think the thing that came to mind as we were speaking was that book, *The Four Agreements* that used to be big and one of the tenants is don't take things personally. And that's something that you could use in life is that when someone says something to you like that, it's not necessarily a reflection of your deficit. But maybe it's just an incompatibility, like you said, that they may not get the same pleasure out of certain behaviors or sexual intimate behaviors that you do.

And so you really have to cope with that a certain time instead of taking it personally and thinking that it's some flaw on your person.

**Meagen Gibson - [00:22:34]**

A rejection of you and who you are and what makes you, you.

**Dr. David Malebranche**

Right.

**Meagen Gibson**

Yeah.

So as a healthcare professional, I'm going to ask you what more can people in your industry do regarding the treatment and diagnosis and prevention of STIs?

**Dr. David Malebranche**

Yeah. I think it's a good question. And I think a lot of patients feel safe in environments and want to feel safe in clinical environments that they can have these discussions.

So I think it's about creating a context or an environment for that. So it starts with the clinic or the setting itself. So if you put up brochures about sexual health, or sometimes they have video monitors showing videos. And it could talk about high blood pressure or heart failure on one end, but then throw in a sexual health educational things. So people will be sitting there and they'll hear those things. You have pamphlets that represent the diversity of your community there.

And then you maybe set up a structure where providers can see patients for sexual health concerns or let patients know. You could even put up a sign and say, "have a sexual health concern? Ask our front desk for...". You could create a sexual health appointment. And so someone could say, oh, I didn't know I could come in to talk directly about that with a provider. That would be great.

And those are institutional things that you can do in a setting but then on a one-on-one level, I think it just has to do with style. And what we call the art of medicine.

So, speaking to someone in a gentle manner. Preparing them that you're going to ask some very detailed questions about their sexual history. Start with saying things like, we're going to talk a little about your sexual health. Tell me about the things that give you pleasure sexually. Or tell me a little bit about your sexual partners.

And use very open ended or non binary terms like that, so the patient can actually describe what they're doing.

So if you look at someone that's phenotypically or you've already judged them that they're a woman standing in front of you say, well, do you date any men? What men are you dating right now? And you're assuming that this woman is dating a man and she may not be. So again, use non-binary terms to do that. Tell me a little bit about your sexual partners. Tell me about what you do sexually that gives you pleasure. Tell me how you protect yourself against STIs.

And then that way they get to tell that narrative instead of you giving them a framework and they're trying to fit what they're doing in there. I think there are ways to do that. But again, it goes back to the patients knowing that it's a safe space for that. The patients knowing that you're going to take the time to listen and address some of their concerns, which on some institutional levels can be done with a practice manager if the group or the practice is actually geared to do that. But a lot of it is going to be one-on-one comfort and everyone's not going to be comfortable with every provider.



I saw a whole bunch of patients yesterday and two of them yesterday, this is the first time in, like 6 months I've been working at this clinic, they were both kind of upset that they weren't seeing their primary nurse practitioner. And usually I can smooth it over. And I was asking questions, like trying to get more details and be conversational, and they were very much like, I just want to go by the book. I came here for this. Why are you asking me all these questions?

And I had to stop myself. I was like, oh my God. They're not the person for that. So you have to realize it is like going to see a therapist or going to see a car mechanic or a barber or someone who takes care of you who does your hair. It may not always be a perfect fit, and you may have to do trial and error to find that person that's going to be a good match for you.

### **Meagen Gibson - [00:26:09]**

And that's okay. And I love normalizing that. That not every provider patient relationship is going to be a good fit.

And our, not necessarily comfort, but our ability to be honest, our ability to take care of ourselves and take advantage of the medical expertise of the person that we're seeing is what's the most important.

It's like if you go to marriage therapy and just lie to your therapist how are you supposed to get any help here?

And something that you said reminded me of just the conversations and when we can begin them. I know that my children's pediatrician talks to them about where are the private parts of your body and who's allowed to touch them? And what context is anyone allowed to look or touch your body? She's talking about consent with 4 year olds. As soon as they can have a conversation, she's talking with them about that.

And that's what normalizes this conversation about these are my body parts. Here's who's in charge of them. Up and down from birth to death I think that we should be having these conversations and seeking out these trustful relationship with providers.

### **Dr. David Malebranche**

And I think your point is such a good one with the pediatrician. The earlier it happens, the better.

A lot of people will fall on that old adage. Oh, they're not thinking about sex yet or they're not talking about that. But all of us know you've been with cousins where you've kind of been curious about your private parts, and I'll show you mine, you show me yours. That happens all the time with young kids because they're curious about it, they're kids.

So as adults we hide behind this adage that, oh, well, they're not going to be able to handle it. They're too young for this. I was like, actually, no. If you normalize it and bring it up and if you give the energy, then it's not a big deal, then it won't be a big deal. The kids are going to reflect that by you.

But if you make it this big ambiguous thing or don't do this or don't do that or this is really awkward to talk about, and that's your lead into it they're going to feel awkward with it. Surprise, surprise.

So the more you can normalize and just have these conversations as if you're passing bread at the Thanksgiving table, the better it's going to be for the kids growing up.

And that's why you see with each generation that goes along from baby boomers, Gen X, Millennials, Generation Z, you see that the comfort when talking about sexual things, as the generations pass on, I'm amazed, I'm a Gen X'er, and I've worked with all these different generations. And I was speaking to someone who's a younger millennial, borderline Generation Z, and I asked them to tell me some details of their sexual history, and they went in. And even for me, I was like, oh, that's a lot of

information. I was like, okay. He was like, that's probably too much information. I was like, no. I actually appreciate you being that graphic and descriptive, because that helps me do my job better.

But I could see how comfortable he was with it. He was probably only, like, 24, 25. And I was looking at him. I was like, wow, things have really changed. And this is a good thing.

**Meagen Gibson - [00:29:15]**

Yeah, absolutely. And there's a difference between having a sexual health conversation and having something sexualized. And I think that's an important context when you're talking to kids about their bodies or anybody, you're not sexualizing it, it's just a part of sexual health is health, as we've said.

Fantastic conversation.

**Dr. David Malebranche**

It's been great.

**Meagen Gibson**

Thank you Dr. David Malebranche.

If people want to hear more about you or your work, where can they do that?

**Dr. David Malebranche**

So, I'm on most social media outlets. My name, [David Malebranche](#), I'm on Facebook, I'm on Instagram [@dmalebr](#). And then I'm also on [Twitter](#) at D, my first initial, and then Malebranche, my last name Malebranche, with the E on the end.

I'm not on Tik Tok or Snapchat, I'm Generation X, so not really a big Tik Tok or Snapchat person, but [Twitter](#) you can definitely find me.

**Meagen Gibson**

We'll give you that.

**Dr. David Malebranche**

Dr. David Malebranche thanks for being with us.

Thanks Meagen.