



Jennifer Degler, Ph.D.
Psychologist & Life Coach

Heather Marra, PT, MPT, PRPC, PCES
Pelvic Health Physical Therapist

Saturday, March 15, 2025
Lexington, KY

Schedule

9:00 a.m.

(Jennifer)

Perimenopause & Menopause 101

9:45 a.m.

(Heather)

Genitourinary Syndrome of Menopause (GSM)
Musculoskeletal Syndrome of Menopause (MSM)
Hormone Therapy

10:30 a.m. Break

10:45 a.m.

(Jennifer)

Discovering What God Has Next for You

11:30 a.m.

(Heather)

Pelvic Floor Physical Therapy Overview

12 p.m. Lunch

12:30 p.m.

(Jennifer)

Making Sex Sizzle After 50

1:00 p.m.

(Heather)

Pelvic Health Tips & Tricks

1:30 p.m.

Q & A with Jennifer, Heather,
Alexis McAnally, APRN, and Taryn Chula, LMT

2:00 p.m.

Leave Empowered!



Jennifer Degler, Ph.D., is a licensed psychologist and life coach, working with adults and couples as the Director of the [Interfaith Counseling Center](#) in Lexington, KY. Her practical and action-oriented counseling approach emphasizes the important mind/body/soul connection. Dr. Degler's areas of specialization include reducing anxiety and depression, coping with stress, facilitating life and career changes, improving communication and conflict resolution, supporting women through perimenopause and menopause, helping wives enjoy sexual intimacy, and trauma recovery. She is a certified provider of EMDR.

She also leads women's and marriage retreats across the country and is the founder of [CWIVES.com](#), a ministry to help Christian wives make their marriages sizzle. Her books include *[No More Christian Nice Girl: When Just Being Nice—Instead of Good—Hurts You, Your Family, and Your Friends](#)* and the *[Deck of Dares: 40 Dares to Make Your Marriage Sizzle](#)*. Her blog and podcast "Tip Talk with Dr. Jennifer Degler" can be found on her website [JenniferDegler.com](#). Her educational background includes a Doctorate and Master's Degree in Clinical Psychology from the University of Kentucky and Bachelor's degrees in Psychology and Business Administration from Transylvania University.

At her church, Jennifer teaches in a women's Sunday School class and has been involved with the drama and youth ministries. She and her husband, Jeff, have two wonderful adult children, Josie and Jake, and are enjoying life as empty-nesters and grandparents to the world's most delightful granddaughter.

Jennifer brings much training and many life experiences to the table as a counselor, life coach, and speaker, but none more important than her personal relationship with Jesus Christ. He is the Author of all change, and the most incredible, extraordinary lives are lived only through the power of the Holy Spirit.

Jennifer@JenniferDegler.com

(859) 258-2060



Heather Marra, PT, MPT, PRPC, PCES, is a licensed pelvic health physical therapist with 25 years of experience. She helps women living with pain, fear, and confusion to move into freedom and confident living by showing them how their body functions best. After working with thousands of women, she believes the healing process includes spiritual, emotional, and physical factors.

Her specialty of pelvic health includes evaluating and treating women with pelvic floor dysfunction, urinary incontinence, sexual pain, & pelvic organ prolapse. These symptoms may be a concern through pregnancy, postpartum, perimenopause and postmenopause stages of life. If you would like to optimize your health, please reach out to Heather to discuss scheduling an in-person or telehealth session by email at heather@onesimplestep.today or call her at the [Interfaith Counseling Center](#) at (859) 319-8565.

Heather and her husband of 20 years have a growing family with 5 children, through birth and adoption. Life is full and she is thankful for the way God has walked with her through adventures of living around the US, as well as in China for 3 years. Her physical therapy career has provided opportunities to love others with the love of God while guiding others to health and wholeness. Heather is the author of [***Connecting With Your Body Throughout Pregnancy***](#). She owns One Simple Step, LLC. For more information, go to www.onesimplestep.today.

Licensed Physical Therapist, State of Kentucky

PRPC : Pelvic Rehabilitation Practitioner Certification

CAPP-Pelvic, APTA Certificate of Achievement in Pelvic Physical Therapy

PCES: Pregnancy/Postpartum Corrective Exercise Specialist

Education: Master's Degree of Physical Therapy, Southwest Baptist University – Bolivar, MO (1998); Bachelor's degree in Biology, Psychology minor, Southwest Baptist University – Bolivar, MO (1996)

Perimenopause & Menopause 101

Jennifer Degler, Ph.D.

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The following information is from [*The New Menopause*](#) by Mary Claire Haver, M.D.

Menopause journey or transition has 3 stages:

- Perimenopause
- Menopause
- Postmenopause

which are all caused by decreasing sex hormones as your ovaries retire.

- Similar symptoms in all 3 stages—they just get more severe over time.
- 103 symptoms of menopause!
 - Top 5 reported:
 - Weight gain/body composition changes
 - Brain fog/memory issues
 - Anxiety/depression
 - Sleep disturbances
 - Hot flashes

Perimenopause: beginning of the end of your ovaries functioning

- Irregular periods
- Fluctuating hormone levels
- Average age: 40's but can begin as early as 35
- Average duration: around 4 years, range of 2 to 10 years

Menopause: technically one day; 365 days since the start of your final period

- End of menstrual cycle and ability to reproduce
- Out of eggs
- Average age: 51, range of 45 to 55 years
- Early menopause: before 45
- Premature menopause: before 40

Postmenopause: starts the day after menopause; 366 days since the start of your final period through the rest of your life.

- Vasomotor symptoms (hot flashes, heart palpitations, sweating) may be at their worst
- Symptoms may last for 4 to 10 years, sometimes longer.

When will I enter menopause?

- Depends on primarily genetics, reproductive history, and menstrual cycle.
- Also influenced by race/ethnicity, weight/body mass, cardiovascular health, and cigarette smoking.
- Hysterectomy (kept ovaries): enter menopause 4.4 years earlier than women w/o hysterectomy.
- Removal of one ovary: enter menopause 1.8 years earlier than women with 2 ovaries.
- Removal of both ovaries: immediately in menopause; critical to discuss HRT
- Chemically induced menopause: chemotherapy, radiation, hormone suppression therapy
 - May be temporary or permanent; critical to discuss HRT
- Premature Ovarian Insufficiency (POI): ovaries stop working before 40

What is going on with my hormones?

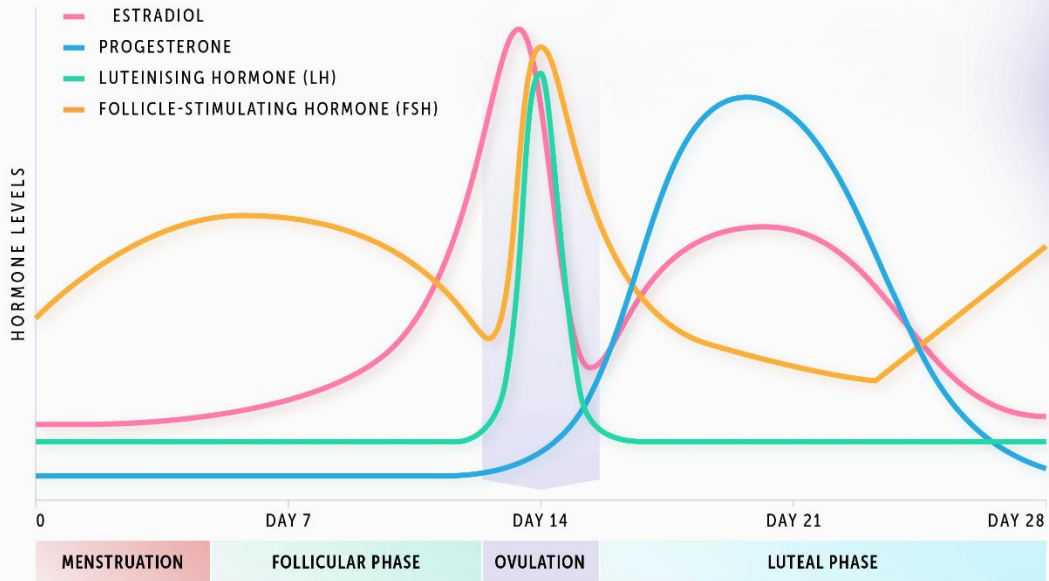
Functions of Key Hormones in Women

- **Estrogen**
 - Regulates menstrual cycle and reproductive system.
 - Supports bone health and prevents osteoporosis.
 - Maintains skin elasticity and hydration.
 - Influences mood and cognitive function.
 - Perimenopause: hot flashes, irregular periods, mood swings

- Menopause: hot flashes, vaginal dryness, bone loss, lower libido
- **Progesterone**
 - Prepares the uterus for pregnancy.
 - Regulates menstrual cycle alongside estrogen.
 - Supports early pregnancy and prevents miscarriage.
 - Has a calming effect on the nervous system.
 - Perimenopause: irregular periods, mood swings, sleep disturbances, anxiety
 - Menopause: increased anxiety, insomnia, bone loss
- **Follicle-Stimulating Hormone (FSH)**
 - Stimulates the growth of ovarian follicles.
 - Triggers estrogen production in the ovaries.
 - Regulates menstrual cycle and egg development.
 - Plays a role in fertility and ovulation.
- **Testosterone**
 - Supports muscle strength and bone density.
 - Contributes to libido and sexual function.
 - Influences energy levels and mood stability.
 - Affects cognitive function and motivation.
 - Perimenopause: fatigue, decreased libido, muscle loss, weight gain, mood swings
 - Menopause: lower libido, reduced muscle mass, weaker bones, fatigue, cognitive decline

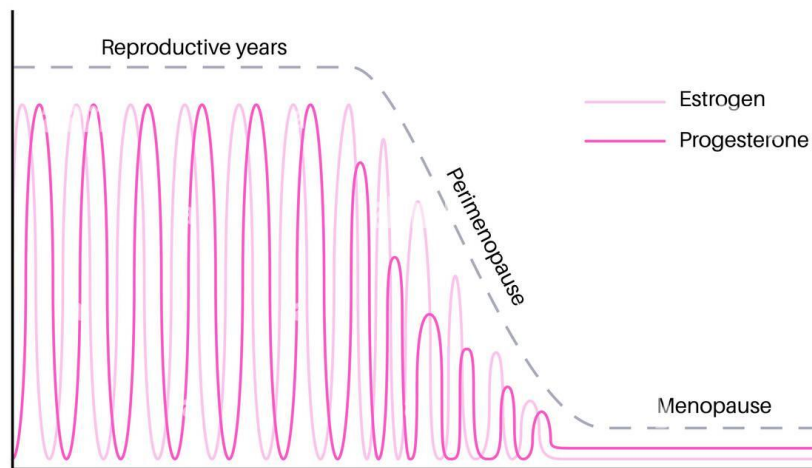
“Estrogen is an incredibly protective hormone, and when it diminishes in menopause, we lose much of this protection.... As a result of menopause, you are at increased risk for: osteoporosis, coronary heart disease, insulin resistance and prediabetes, neuroinflammation, visceral fat gain, and loss of muscle mass.” [The New Menopause](#), page 71-21.

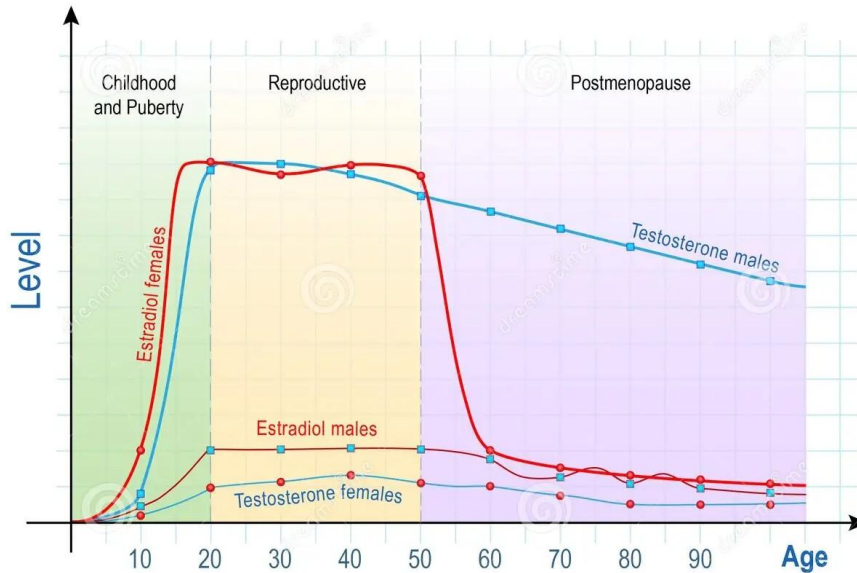
HORMONES AND MENSTRUAL CYCLE



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FEMALE HORMONE LIFECYCLE





How estrogen, progesterone, and testosterone levels change in women through perimenopause and menopause:

- **Estrogen (Estradiol - E2):** Begins fluctuating in early perimenopause, leading to irregular menstrual cycles. Gradually declines and stabilizes at a low level postmenopause.
- **Progesterone:** The first hormone to decline, leading to irregular ovulation and menstrual cycle changes.
- **Testosterone:** Declines gradually but does not drop as dramatically as estrogen and progesterone.

Hormone Level Trends Through Perimenopause & Menopause

Stage	Estrogen (E2)	Progesterone	Testosterone
Reproductive Years (20s-30s)	Cyclic, peaks mid-cycle (~100-300 pg/mL)	Peaks after ovulation (~10-25 ng/mL)	20-70 ng/dL, slow decline starts
Early Perimenopause (Late 30s-40s)	Fluctuating, occasional high peaks	Starts declining due to irregular ovulation	Gradual decline (~10-40% loss)
Late Perimenopause (~45-50)	More erratic, overall lower	Very low, sometimes undetectable	Continues slow decline
Menopause (~50-55, 12 months no period)	Drops significantly (~<30 pg/mL)	Very low (~<0.5 ng/mL)	~50% of peak reproductive levels
Postmenopause (55+)	Stable at low levels (~10-20 pg/mL)	Minimal (~<0.5 ng/mL)	Low but stable (~10-30 ng/dL)

Summary of Estrogen Trends by Life Stage

Age Range	Estrogen Level (pg/mL)	Key Changes
Childhood (0–10 yrs)	<20	Minimal estrogen production
Puberty (10–19 yrs)	20–200	Onset of menstruation, breast development
Reproductive Years (20–40 yrs)	50–400	Monthly cycle fluctuations, peak fertility
Perimenopause (40–50 yrs)	30–200	Irregular fluctuations, early menopause symptoms
Menopause (50+ yrs)	<30	Ovaries stop producing significant estrogen

Summary of Progesterone Trends by Life Stage

Life Stage	Progesterone Level (ng/mL)	Key Changes
Childhood (0–10 yrs)	<1.0	Minimal progesterone, no ovulation
Puberty (10–19 yrs)	<1.0–20	Rising levels, fluctuates with cycle
Reproductive Years (20–40 yrs)	1–25	Peak production, cycles with ovulation
Pregnancy	10–290	Very high levels, supports pregnancy
Perimenopause (40–50 yrs)	<1–10	Declining, inconsistent due to irregular ovulation
Menopause (50+ yrs)	<1.0	Ovaries stop producing progesterone

Summary of Testosterone Trends by Life Stage

Life Stage	Testosterone Level (ng/dL)	Key Changes
Childhood (0–10 yrs)	<10	Minimal production
Puberty (10–19 yrs)	10–70	Sharp increase, sexual development
Reproductive Years (20–40 yrs)	15–70	Peak levels, supports libido & muscle mass
Perimenopause (40–50 yrs)	10–40	Declining levels, symptoms appear
Menopause (50+ yrs)	6–20	Significant drop, low energy & libido
Post-Menopause (60+ yrs)	6–15	Stabilized at low levels

Benefits of Hormone Replacement Therapy (HRT) in Women

1. Menopausal Symptom Relief

- **Reduces Hot Flashes & Night Sweats:** HRT effectively alleviates vasomotor symptoms like hot flashes and excessive nighttime sweating.
- **Improves Sleep Quality:** By reducing night sweats and stabilizing hormones, HRT can help improve sleep duration and quality.
- **Eases Vaginal Dryness & Discomfort:** Estrogen therapy helps maintain vaginal tissue health, reducing dryness, itching, and painful intercourse (dyspareunia).

2. Bone Health & Osteoporosis Prevention

- **Reduces Fracture Risk:** Estrogen therapy improves bone density and significantly lowers the risk of fractures, particularly in postmenopausal women.
- **Prevents Osteoporosis:** HRT helps slow down the loss of bone mass, reducing the likelihood of osteoporosis-related fractures.

3. Cardiovascular Health Benefits

- **May Reduce Heart Disease Risk (in Early Menopause):** Some studies suggest that starting HRT within ten years of menopause may lower the risk of heart disease by improving cholesterol levels and blood vessel function.
- **Maintains Arterial Health:** Estrogen helps keep arteries flexible, which may reduce the risk of atherosclerosis (plaque buildup in arteries).

4. Cognitive Function & Brain Health

- **May Lower Risk of Dementia & Alzheimer's (in Early Menopause):** Some research suggests HRT may protect cognitive function if started soon after menopause.
- **Reduces Brain Fog & Improves Memory:** Many women report improved mental clarity, focus, and memory retention with HRT.

5. Mood & Mental Health Improvements

- **Reduces Anxiety & Depression:** HRT, especially estrogen therapy, has been shown to improve mood and reduce the risk of depression in menopausal women.
- **Enhances Overall Well-Being:** Many women report an improvement in quality of life, energy levels, and emotional stability.

6. Skin, Hair, & Joint Health

- **Improves Skin Elasticity & Hydration:** Estrogen boosts collagen production, reducing wrinkles and maintaining skin moisture.
- **Prevents Hair Thinning:** HRT may slow down hair loss associated with menopause.
- **Reduces Joint Pain & Stiffness:** Some women experience relief from joint pain due to estrogen's anti-inflammatory effects.

7. Sexual & Urinary Health Benefits

- **Increases Libido & Sexual Satisfaction:** Estrogen and testosterone therapy can improve sexual desire and arousal.
- **Supports Urinary Health:** HRT can help reduce urinary tract infections (UTIs) and decrease urinary urgency and incontinence.

8. Longevity & Overall Health

- **May Lower Risk of Type 2 Diabetes:** Some studies suggest estrogen therapy improves insulin sensitivity, reducing diabetes risk.
- **Potentially Extends Lifespan:** Some research indicates that women on HRT may have a lower risk of all-cause mortality compared to those who do not take it.

Considerations & Risks

While HRT offers many benefits, it's important to consider potential risks. Women should consult with a healthcare provider to weigh the benefits and risks based on their individual health profile.

Empower Your 'Pause

Heather Marra, PT

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Hormones to Consider

Key Hormones:

- Progesterone
- Estrogen
- Testosterone

Other Important Hormones:

- ◆ Follicle-Stimulating Hormone (FSH)
- ◆ Luteinizing Hormone (LH)
- ◆ Insulin
- ◆ Cortisol
- ◆ Thyroid

Menopausal Signs & Symptoms

Check off where applicable:

- Estrogen Deficiency
- Estrogen Excess
- Progesterone Deficiency
- Progesterone Excess
- Testosterone Deficiency
- Testosterone Excess

COZEAN PELVIC DYSFUNCTION SCREENING PROTOCOL

INSTRUCTIONS: CHECK ALL THAT APPLY

- I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable
- I can remember falling onto my tailbone, lower back, or buttocks (even in childhood)
- I sometimes experience one or more of the following urinary symptoms
 - Accidental loss of urine
 - Feeling unable to completely empty my bladder
 - Having to void within a few minutes of a previous void
 - Pain or burning with urination
 - Difficulty starting or frequent stopping/starting of urine stream
- I often or occasionally have to get up to urinate two or more times at night
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out
- I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica
- I sometimes experience one or more of the following bowel symptoms
 - Loss of bowel control
 - Feeling unable to completely empty my bowels
 - Straining or pain with a bowel movement
 - Difficulty initiating a bowel movement
- I sometimes experience pain or discomfort with sexual activity or intercourse
- Sexual activity increases one or more of my other symptoms
- Prolonged sitting increases my symptoms

**IF YOU CHECKED 3 OR MORE CIRCLES,
PELVIC FLOOR DYSFUNCTION IS LIKELY.
CALL HEATHER (859)319-8565 FOR MORE INFORMATION.**








Genitourinary Syndrome of Menopause (GSM)

 *Portman, et al, 2014* [Genitourinary Syndrome of Menopause \(GSM\)](#)

Did you know? The symptoms you may be experiencing have a name:
Genitourinary Syndrome of Menopause (GSM).

Common Symptoms:

-  Vaginal dryness & atrophy
-  Pain, burning, or bleeding with intercourse
-  Decreasing libido
-  Vaginal wall prolapse
-  Urinary urgency & leakage

Musculoskeletal Syndrome of Menopause (MSM)

 *Wright, et al, 2024* [Musculoskeletal Syndrome of Menopause \(MSM\)](#)

5 Key Changes:






- 1 **Increased Inflammation** – Joint pain & frozen shoulder
- 2 **Sarcopenia** – Loss of muscle mass
- 3 **Decreased Satellite Cell Proliferation** – Impaired muscle recovery
- 4 **Osteoporosis** – Posture changes & fracture risk
- 5 **Arthritis** – Joint stiffness & discomfort

Treatment Options





- ✓ **Do Nothing**
- ✓ **Intentional Lifestyle Choices**
- ✓ **Supplements** (Consult for specifics)
- ✓ **Hormone Replacement Therapy / Menopause Hormone Therapy** (Consult for specifics)

Intentional Lifestyle Choices








Sugar Freedom Tips

-  Sugar is inflammatory!
-  **Set a goal:** < ____grams per day>
-  Choose **savory over sweet**
-  **Hydration:** 8 oz of water per hour
-  Shift your mindset: "How will this make me feel?"

Heather's Favorites:

-  **Sweet Cravings:** [85% dark chocolate](#), peanut butter/bananas, protein balls, nuts, Trident cinnamon gum
-  **Coffee Options:** Flat white, Lattes, heavy whipping cream, full-fat coconut milk
-  **Water Enhancers:** [TRUE Lemon/Lime](#), fresh mint, lemon, blueberries, cucumbers
-  **Recipe Tweaks:** Pumpkin bread, cocktail sauce, ketchup, oil/vinegar salad dressing

Sabbath Tips


-  **Book Recommendation:** *24/6* by Matthew Sleeth (BlessedEarth.org)
-  **Marra Family's Sabbath Journey:** [Watch Here](#)
-  **Guiding Principles:**
 -  You are a human *being*, not just a human *doing*
 -  Don't be legalistic—if it feels like work, skip it!
 -  Start small—even half a day counts!
 -  **Put your phone away!**

Sleep Tips


 "Every disease has strong links to insufficient sleep." (p.17)

 **Recommended Read:** [*The Women's Guide to Overcoming Insomnia*](#) by Shelby Harris, PhD

◆ **Consistency is key!**

 **Goal:** Sleep well most nights (85% of time in bed should be asleep)


 **Identify disruptors & take action!**

 **Helpful Aids:** Temperature control, noise reduction, lavender, magnesium, progesterone

Exercise Tips

 Avoid **pain, pressure, leakage**


 **Balance activities** to prevent falls & fractures

 **Resistance Training** – Maintain muscle mass

 **Weighted Vest** – Pros & cons

 **Pilates & Core Strengthening** for pelvic floor health

Dr. Ellie Campbell, Integrated Medicine

 *"If you don't smoke, eat healthily, exercise, and manage weight, sugar, and blood pressure, you can..."*

✓ **Reduce cancer risk** by 51%

✓ **Reduce heart attack risk** by 88%


✓ **Reduce diabetes risk** by 89%

✓ **Eliminate kidney failure risk** by 100%

 **Your health is in YOUR hands!**

GSM Treatment Options

For Vaginal Dryness & Sexual Comfort:

 **Vaginal Lubricants:** pH-balanced & glycerin-free (e.g., Slippery Stuff, Good Clean Love, Uberlube)

 **Vaginal Moisturizers:** Hydrate & restore (e.g., Ah!Yes, VMagic Vulva Balm)

 **Vaginal Estrogen Cream:** Prescription-based solution

 **Pelvic Floor Therapy:** Strengthens muscles & improves comfort

MSM Treatment Options

 **DEXA Scan** – Osteoporosis screening (>65 years old, or high risk at 50+)

 **FRAX Tool** – [Assess fracture risk](#)

 **Key Supplements:**

 **Vitamin D3**

 **Magnesium**

 **Vitamin K2**


 **Creatine**

 **Collagen**

 **Increase Protein Intake**

 **Engage in Strength & Balance Training**

Final Thoughts

 Small, intentional lifestyle choices = **Better health, vitality & longevity.**

 Start where you are & build sustainable habits for a healthier future!

 **You've got this!** 

Discovering What God Has Next for You

Jennifer Degler, Ph.D.

JenniferDegler.com Jennifer@JenniferDegler.com (859) 258-2060

***What REGRETS will you have to ACCEPT,
RESENTMENTS will you have to RELEASE,
and
FEARS will you have to FACE
to
DISCOVER what God has next for YOU?***

Start with this question: What am I avoiding?

- Avoidance causes suffering and keeps you stuck in an outdated story you tell yourself about yourself.

The Troublesome Trio: Regrets, Resentments, & Fears

Regrets: something you did or failed to do that stirs up feelings of sadness, disappointment, or repentance.

(**Note:** Accepting regrets doesn't mean approving of what we did or failed to do. It means we accept that it happened and forgive ourselves rather than getting trapped in a destructive cycle of wanting to punish ourselves followed by ruminative, self-contemptuous thoughts.)

Resentments: something you experienced that stirs up feelings of being disrespected, devalued, humiliated, disempowered, or treated unfairly.

(**Note:** Releasing resentments doesn't mean approving of what happened to us. It means we accept that it happened, forgive others, and release them from whatever we think they owe us rather than getting trapped in a destructive cycle of wanting to punish other people followed by ruminative, contemptuous thoughts about them.)

Fears: something you anticipate that stirs up anxiousness and agitation because you expect it to be painful, dangerous, overwhelming, or disastrous when faced.

Today, I regret:

Today, I resent:

Today, I fear:

Naomi's Stale Story from Ruth 1: 1- 22

Her regrets

Her resentments

Her fears

Her stagnant story

What's your story of you?

Compassionately Curious Questions to Ask About Your Story of You:

- Is there life in this story? Or does it feel stagnant or stale?
- When do I speak this story over myself?
 - Estimate your age when you started telling yourself this story about yourself.
 - About _____ years old.

- Estimate how many times in your life you've spoken this story over yourself in your head or aloud.
 - About _____ times.
- When I repeat this narrative about myself:
 - What do I sense in my body (tightness, heaviness, nausea, pain, etc.?)
 - What emotions do I feel (mad, sad, glad, afraid, etc.?)
 - What thoughts or images come up, positive or negative?
- What, if any, parts of this story are what other people have said about me but maybe that's not really me? Or maybe not all of me?
- Are there parts of this story I want to continue living?
- Are there parts I don't want to continue living?
- What might it cost me if I keep living this old story? What might it cost others?

Discovering what God has next includes wrestling through the Troublesome Trio because:

- unaccepted regrets
- unreleased resentments
- unfaced fears

keep us stuck in outdated stories.

TIP: If you can't figure out what to do with the second half of your life, start with working on the Troublesome Trio with a counselor, mentor, friend, group, and/or in your quiet times with God.

GOOD NEWS! Accepting regrets, releasing resentments, and facing fears gets us UNSTUCK and ABLE to envision an UPDATED story for the second half of our life!

Discovering what God has next for you requires you to identify and own what is truly important to you = your VALUES.

- Values are what you think is vital.
- It's the WHY.
 - It's MOTIVATING to connect with/touch on the WHY you do something before you do it.
 - Gives us courage to wrestle with the Troublesome Trio.

In the second half of your life, what is truly important TO you and FOR you?

TO ME, it's vital **that other people** over the next few years:

- Do this: _____
- Don't do this: _____
- Know this: _____
- Start this: _____
- Stop this: _____

FOR ME, it's vital **that I** over the next few years:

- Do this: _____
- Don't do this: _____
- Know this: _____
- Start this: _____
- Stop this: _____

Exercise: If you were to keel over today, choose 2 positive and accurate sentences people will probably say about you at your funeral.

1) She _____.

2) She _____.

Now, let's discover. Assuming you live to be 90, what would you LOVE for people to be able to accurately say about you at your funeral? For example:

- “In 2025, she stopped _____
and started _____
instead. She became _____,
and it was amazing to see. “

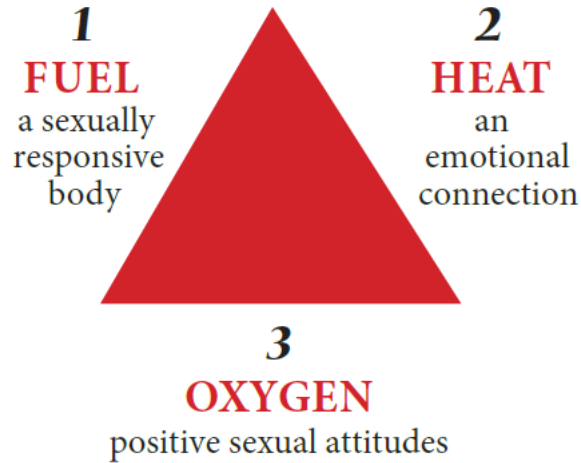
TIP: Do your emotional and spiritual growth work NOW so you are the kind of old lady that people will WANT to visit.

Making Sex Sizzle After 50

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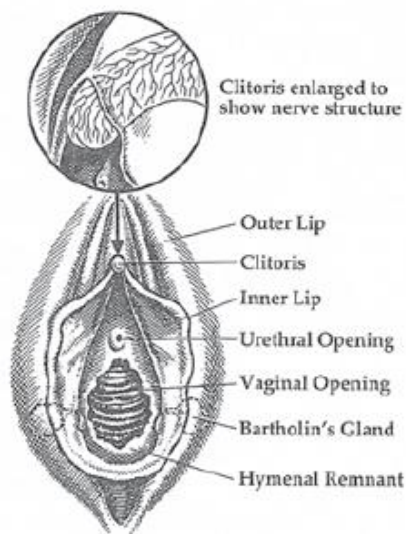
The Sexual Fire Triangle



See [Fan the Flame: A Wife's Guide to Igniting Sexual Intimacy in Marriage](#) taught by Dr. Jennifer Degler and available on video.

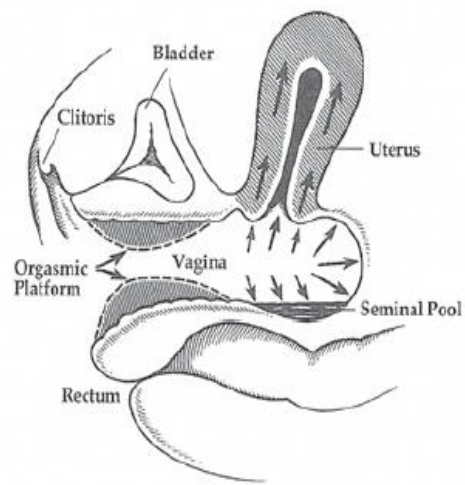
Female External Genitalia

Figure 8-2



Orgasmic Platform/Seminal Pool

Figure 6-3



Update Your Sexual Attitudes

- Do you see yourself as a sexual person?
- Do you see sex as something you do for your husband, not for yourself?
- Do you think sex is good for you at every age and stage of marriage?

- **“Sex has to be as good for her as it is for him if it is going to be good for them both for a lifetime.”** Dr. Cliff and Joyce Penner, [*Enjoy: The Gift of Sexual Pleasure for Women*](#)

- Are you settling for “it was good for him?”
- Maybe you aren’t interested in sex because the sex isn’t good for you.
- **PRIORITIZE YOURSELF DURING SEXUAL INTIMACY.**
- You are 100% worthy of the time it takes for you to get fully aroused.

- **“Think of arousal on a scale of 1 to 10. If you aren’t at an 8, don’t penetrate.”** Dr. Kelly Casperson, [*You are Not Broken: Stop “Should-ing” All Over Your Sex Life*](#) (this is not a Christian book; it is helpful but read with discernment and disregard what doesn’t line up with biblical principles).

Make Friends with Pleasure

- **To overcome barriers to sex feeling pleasurable and fun, be compassionately curious about your relationship with:**
- Pleasure itself
- Your body and your spouse’s body
- Your relationship with each other / your emotional & spiritual connection
- The idea that older couples still enjoy sexual intimacy.
- Curiosity is a powerful aphrodisiac so TALK ABOUT IT with spouse (Use **Passionate Intimacy Questionnaire** at end of outline)

Change your focus to pleasuring each other VS “having sex”

- Could I make you feel really good tonight? VS Can we do it tonight?
- Pleasure-focused and connection-focused VS genital-focused
- Journey of exploration (outercourse) VS focused on intercourse
- Mind/body/spirit experience VS orgasm-focused and often ends with husband’s orgasm and ejaculation
- Erotic vs procedural (EROTIC does not equal SIN)
- Wanting, yearning, building up of arousal desire VS Male-centered sexuality pattern seen in media and porn

Make sex more fun and playful

- Novelty stimulates dopamine
- [CWIVES.com Dare of Month newsletter \(FREE!\)](#)
- [MarriedDance.com](#) sex toys (use code DRJENNIFER for 10% off)
Around 50% of women use vibrators—normalize it.
- Sexcations
- Priceline for same city hotel
- Read Christian sex book in bed together, like [A Celebration of Sex After 50](#) by Dr. Douglas Rosenau
- Pray together

Get creative for sex after 50

- Think outside the vagina.
 - God put the clitoris outside the vagina.
 - If every sexual experience with your husband end with a penis in a vagina (PIV) intercourse, you are programming yourselves to believe “only PIV is sex.”
 - Only 20% to 30% of women orgasm with PIV.
 - The more erogenous zones stimulation you get, the more intense an orgasm can be. (clitoris, vulva, vagina, breasts)

- You have testosterone receptors on genitalia, nipples, underarms, and in BRAIN (largest sex organ).
- Erectile dysfunction (ED) doesn't have to end the party.
 - Great sex can happen without an erect penis.
 - Don't make ED mean something negative about you as a wife.
- Focus on sexual intimacies, not just PIV and orgasm.
 - Bathe or shower together.
 - Lie naked together.
 - Kiss passionately.
 - Recall memories of erotic times together.
 - More romance to cue erotic arousal.
- Body confidence is more about your thoughts more than your looks.
- Lack of energy affects both of you sexually as you get older.
 - Morning or afternoon sex may be more successful than evening sex.
- Use it or lose it (kind of).
 - Increased blood flow brings nutrients & oxygen to genital area.
- Add a vaginal moisturizer (different from a lubricant) like [Ah! Yes Vaginal Moisturizer](#).
- Add a vulvar cream to hydrate like [VMagic Organic Vulvar Cream](#).
- For intercourse after vaginal atrophy, try the double glide technique: generously cover vagina with water-based lubricant (like [Slippery Stuff](#), [Good Clean Love](#)) and apply oil-based lubricant to penis (like [UberLube](#)).

- Add a vaginal estrogen cream available by prescription.
 - EVEN if you are single. Your vagina isn't just there for sex. You aren't taking care of it just for a husband. It belongs to you.
 - Can decrease UTI's by 50 to 60%.
- Older people may be on several medications. Investigate their sexual side effects like dryness, loss of libido (sex drive), or difficulty achieving orgasm. Discuss with prescriber.
- Consider hormone therapy, including testosterone and progesterone.
 - Sleep impacts testosterone levels and sexual desire and arousal. Progesterone helps you sleep better.
- Two prescription meds available to treat low sexual desire in **premenopausal** women who previously were interested in sex. [Addyi](#) and [Vyleesi](#).

Strengthen PC muscle tone with Kegel exercises.

- Should be able to tightly squeeze one finger as tight as a clenched fist.
- Improved PC muscle tone can make sex less painful and more pleasurable.
 - More toned PC muscles allow for more intense orgasms.
- Kegel exercises: 10 second contractions, repeat 15 to 25 times a day.
 - Contract PC muscles repeatedly prior to and during intercourse to enhance sex.
- Consult pelvic floor physical therapist (like [Heather Marra, PT](#) at the [Interfaith Counseling Center](#) for online or in-person consultation).
- Emsella chair for strengthening pelvic floor muscles.

“Passionate Intimacy for Couples”

Knee to Knee Questions to Help Couples Have a Sex Life Discussion

Dr. Jennifer Degler, <http://JenniferDegler.com>

Each person should complete the questions individually, and then when both husband and wife are done, share your questionnaires. Discuss items where someone indicated a desire for change and how you, as a couple, can incorporate these changes.

Indicate below on each of the following statements the amount of change **YOU** would like in your sexual relationship:

1. My spouse showing understanding and consideration of my daily emotional needs (not necessarily as a way of leading to sexual intimacy).

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

2. Creating a romantic atmosphere, such as bringing flowers, candlelit dinner, surprises, etc.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

3. Sharing affection and tenderness as part of our daily lives.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

4. Spending time hanging out together as a couple.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

5. Allowing time for foreplay and caressing.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

6. Gentle caressing of sensitive body areas, in particular my _____.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

7. Preparing our bodies for intimacy by showering, shaving, brushing teeth, etc.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

8. My spouse verbally expressing during sexual intimacy what is more or less pleasurable.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

9. Myself verbally expressing during sexual intimacy what is more or less pleasurable.

Much more ***More*** ***No Change*** ***Less*** ***Much Less***

10. Experimenting with sexual intimacy at different times—noon, middle of night, morning, etc.
Much more **More** **No Change** **Less** **Much Less**
11. My spouse being sensitive to my moods and feelings during sexual intimacy.
Much more **More** **No Change** **Less** **Much Less**
12. Achieving a satisfactory orgasm myself.
Much more **More** **No Change** **Less** **Much Less**
13. My spouse achieving a satisfactory orgasm.
Much more **More** **No Change** **Less** **Much Less**
14. Changing the frequency or number of times sexual intimacy occurs.
Much more **More** **No Change** **Less** **Much Less**
15. My spouse taking the initiative in flirting, affection, and sexual intimacy.
Much more **More** **No Change** **Less** **Much Less**
16. Stimulating my spouse by using my hands.
Much more **More** **No Change** **Less** **Much Less**
17. Stimulating my spouse by using my mouth.
Much more **More** **No Change** **Less** **Much Less**
18. Being stimulated by my spouse with his/her hands.
Much more **More** **No Change** **Less** **Much Less**
19. Being stimulated by my spouse with his/her mouth.
Much more **More** **No Change** **Less** **Much Less**
20. Varying positions of sexual activity. (A position I might want to try is _____)
Much more **More** **No Change** **Less** **Much Less**
21. Heightening the sensuality and eroticism of sexual intimacy (lingerie, candles, massages, etc.)
Much more **More** **No Change** **Less** **Much Less**
22. Continuing love play and repeating sexual intimacy after first orgasm.
Much more **More** **No Change** **Less** **Much Less**
23. Expressing tenderness and affection after sexual intimacy.
Much more **More** **No Change** **Less** **Much Less**

24. Verbally expressing love after sexual intimacy.

Much more **More** **No Change** **Less** **Much Less**

25. Exploring and talking about the spiritual dimension of our sexuality as a couple.

Much more **More** **No Change** **Less** **Much Less**

26. Praying together either before or after sexual intimacy.

Much more **More** **No Change** **Less** **Much Less**

27. Reading and discussing biblically-based books about enhancing our sexual relationship.

Much more **More** **No Change** **Less** **Much Less**

28. Planning for “together times” in the future, away from family and normal routine.

Much more **More** **No Change** **Less** **Much Less**

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