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All right, hello, hello, welcome back. As always, we appreciate your time. Thanks for joining us. You know, I'm probably going to irritate some many, possibly a lot of you today. Because you're gonna be sitting there thinking, this is not that hard. This is just not that difficult. But let me be clear, for many people, this is that difficult. So the topic that I'm going to talk about today is sexualizing kids. And it is that difficult. And what I want to do, my hope, is that I will take you down a clinical path. This is not, I want to be really clear, this is not a religious path. This is not a political path. This is a clinical path. And I say that because what I want you to do is is to be able to get to the end of this and have real tangible, clinical understanding and reasons for why it might say, be okay to talk to kids about sex or not talk to kids about sex in different circumstances. So that's, that's what I'm hoping for. And with that, I'm sure this is going to be a tough one for some of you. But hang in there, and let's get through it. So let's start with this. Sex is normal 100%, it is normal. It is your design, it is how we were made with it biologically, we were made to have sex, period. It wasn't necessary for us to have sex toys. It wasn't necessary for us, too. You want to watch people have sex, but the design for people is to have sex. So then the question is, where do we draw the lines? When it comes to kids? That's a tough one. For some people. For me, not so difficult. For some of you out there for maybe even for many of you, not very difficult. But let's go down step by step. They're ours. And the other thing that some of you are going to probably appreciate today is I'm actually going to answer many of the questions that I asked like all of these, I'm going to give you six questions right now. And I'm going to answer all of them. And it's going to be a clear answer. Some of you are going to be like, but I don't like your answer. That doesn't mean it's not clear. That doesn't mean it doesn't make sense. All right, and the the question, that is number one on my list? Should kids be encouraged to be sexual by adults? Now I know you already go and I already know the answer to this. Hang in there. Should adults participate in anything sexual with kids? You're like, I already know the answer to this one too. Well, good. Hang in there, you're gonna get 100% on this test. The third one is what is a normal age for kids to explore sex? I'll get into that. I'll detail it. Some of you are like, well, that that might be a little different. Because I remember one kid in sixth grade and I remember. Oh, no, it seemed like most of them were around sophomore year 10 to maybe 11th grade. You know, we'll get into that. Let me explain that later. All right. Should kids be taught about marriage? Here's a good one. Oh, you're like, Oh, good. He's gonna go the moral route. Maybe. But I think I'm gonna go clinical because I already said that.

Should kids be encouraged to suppress physical desires? Ooh, that's a good question. I can't wait to get to that one. And the last question question that that is in the easy list. And then I got a couple of hard ones for you. What is age of consent? And why does it exist in law? That's the easy one. We'll knock that one out of the park. It's pretty clear and very simple. All right. So, the two most difficult questions Who? Where does body dysmorphia fit into the conversation about sex? Oh, boy, this just got heavy. Because many of you listening, many of you have experienced a bout a challenge with body dysmorphia. The idea that we don't like our body very much it there's more details than that. But that's the the roundabout, I'll get into that. And then the last question, which I have addressed a little bit in other podcasts, but now that I'm on YouTube, and rumble, I'm gonna get after it again. Because I can give you something tangible, something tangible, that you can walk away with going, huh. And you're gonna be able to see it. I also am going to attempt to attach it to the, the audio podcast as as a document, and we'll see how that goes. But hopefully, it'll be something that's very useful for some of you, if you ever have this conversation with others. And this question is, where does gender fit into the conversation about sex? Because gender absolutely fits into this conversation. But where? So I'm gonna circle back to each of these questions as we go. And I'm gonna give you very clear answers, not only the answers, but I am going to give you the why. I think it's great when somebody tells you, hey, you should believe this. Yeah, but why? And I'm gonna give you the why. So we'll start with this. What scale you use, will dictate how you answer any of these questions. Which is why I took off the table for today. Religious scales. But let's, let's take a look at what other scales there are. Because there's a bunch of scales. There's the good, bad scale, we can look at that. There's the right wrong scale, you're like, that's pretty much the good bad scale, isn't it? Maybe, maybe not. There's the healthy unhealthy scale. There's the legal illegal scale. How about the design, not designed scale? Oh, people, people don't, they don't like that one. It's like, Wait, my body is not designed for that? No, not at all. Matter of fact, there's a lot of things that people partake in today, in terms of their sexual preferences, and their behaviors that are detrimental to their physiological health, we know that. So you know, designed, not designed, and then normal or abnormal. Now in psychology, we study normal versus abnormal all the time. We're, we're constantly looking at things on scales and percentages, and all that kind of stuff. That's pretty typical in my profession. So those are all different scales. So if we order the scales, for this particular topic, we put them in a priority order from a clinical lens, this is the order that they would go in. Number one is legal illegal. Okay, that's, that's the top priority. Number two, is healthy, unhealthy.

And number three, is normal, abnormal. So for our purposes today, those are the scales that I'm going to be using. Or you're going to see them play out differently as they go, or as we move through these. But I want you to be I want it to be really clear that those are the scales, the other scales that there are, you know, the religious, not religious, the good, the bad, the right the wrong, the you know, those things, they matter. But in the clinical world, they they are they are not the primary focus, so I'm not going to have them as my primary focus. Using these scales, lets us answer a couple of questions right off the bat. So we're just gonna get some of these easy things out of the way. Question number one, which was should kids be encouraged to be sexual by adults? Well, it's legal. I mean, adults can encourage child, not child pornography, children to use and to explore sexually, they could do that that's not actually illegal. Is it healthy or unhealthy? Well, it's unhealthy. And it's unhealthy. Because there is a massive power differential between men and women, between boys and men, between girls and women. And these power differentials have to be accounted for you like it don't like it, I don't care. Like, I'm not here to say, I believe this or that, in this particular moment, when I'm telling you is healthy or unhealthy, because of the power differential that can exist. It's unhealthy. Even if you do everything in your power to negate the power differential, because they are children. The power differential cannot be negated. It just can't. Okay, and is it normal or abnormal, it would be abnormal. That's not within the typical range that we would find in clinical work. So if it's

legal, but unhealthy and abnormal, I'm going to suggest the easy answer is no, they shouldn't. Okay, number two, this is question number two said, Should adults participate with kids? Now you're I'll go and I already know the answer, you already went over it good. It is illegal. Number one, we don't even have to go on in the scale anymore. But let's go ahead just for our purposes and stick to the same pattern. It's illegal. It's unhealthy, because physically, you know, adults and children are, are different. And, you know, adults being involved with children could be hugely problematic physiologically, emotionally, because of the power differential because of, you know, the, the ability to manipulate is totally different. A kid will see it as genuine and authentic, no matter what, even if it's not healthy. So that's a problem. And it is abnormal, meaning it does not fall within the normal spectrum of what we would consider to be healthy physical contact. So it is illegal, unhealthy, abnormal. That's a no question number six, I'm jumping down that I told you earlier, which is, what is the age of consent? Let's just get that out of the way. Because that's an easy one. Also. The age of consent, in 34 of the 50 states, the age of consent is 16. So you're like, oh, that's that's pretty young. Yeah, that's pretty young. You know, some people think that it's, it should be younger. But what do the other states think there were six states, when we look up the laws, six states where the age is 17? Got it? Okay. And there are 18? I mean, 11 that say, 18? You're like, wait a minute, that math doesn't add up? That's 51. Yeah, because we have, we have laws in all of our states. And one jurisdiction, I don't remember how it works out, but so they they record them all. And what that means is that pre 16, according to the law, there should be no sex that involves an adult with one of them. And you can probably get into trouble for doing that. That's really bad. I say really bad in terms of the law, really bad. stuff. So before I go on, I'm going to say something here in a moment that it's going to concern many of you like we've just clarified some things so that you know where we're going and what's how this is going to look. But here is where things can get more challenging. The law talks about age of consent. In the clinical world, we talk about pre pubescent and post pubescent so in the clinical world, you are either of age where the body is designed and prepared for sex or you are not. And that can actually come on much earlier than a 16 Which is why some people are you for earlier. But that doesn't account for the mental and emotional capacities of a child. Though the body may be Ready, we know that the mind, the heart, their spirit, their, their, their being, is not exactly prepared. So, sorry about that. So we're gonna, I really want that to be clear, because I want to be true to what the clinical world tells us. There's people who are, you know, are turned on by pre pubescent adults, adolescents. There's, there's, there's a name for that in the mental health world. And that is that becomes problematic, whereas the law says it's by age. So there's a clear difference. All right, I've set that stage, here we go. We must know our design. And we must know it in reality, not in fantasy, right? There's this time, age that we're in right now, there are so many people who are struggling with this reality fantasy thing. In reality, what is the design, by design, we are made for sex, biology, by design, we are made for relationship, psychology, sociology, culture, they all come from relationships. If that's the case, and we know are designed biologically, which, biologically, whether you like this or not, I'm giving you the information as a clinician is to look at this, biologically, the male anatomy is matched up with the female anatomy, that's by design. Anything outside of that is not by design. That doesn't mean it can't be done. It can be done. But it's not by design. According to the biology. Okay. So question number three, says, what is normal, the normal age for kids to explore? Well, we have to ask the question, what is the design, biologically, psychologically, and I kind of went into this a tiny bit, a little prematurely because I do that sometimes, but developmentally ready for sex. In biology, it means post pubescent Okay. relationally. It's going to be at the age in which the individual has both the biology on one side, and the relational ability to understand their comfort, their discomfort, their boundaries and ability to set boundaries. And let's be real, when does that happen? It is not happening at 12 and 13. It's just not. It's going to be much later than that. 16 There are quite a few 16 year olds who can probably handle that. Would I say that? It's most No. Because relationally especially nowadays, I actually think we're going backwards. In terms of

relational maturity, their ability to handle the real life, rewards and consequences of sexual interaction, because it's both biological and relational. It's Question Number Number four. So was should kids be taught about marriage?

And you some of you probably thought I was gonna go all moral on you here. No, I'm not going to what I'm gonna do is go clinical on you. In terms of clinical work, the answer to that is yes. The reason being, is because we have to look at biology, psychology, sociology, and that kind of stuff. And when we look at kids, and we look at their biology, we say, Huh, marriage or at least minimum amount of sexual relationships possible equates to much lower risk. That's a reality. You're going to be less likely to get STIs STDs you're going to be, you know, less likely to be exposed to harmful patterns. It doesn't mean you can't be but you're less likely to be if your number of partners is low. Low to none. Okay. relationally The question then becomes, are we designed to be in one intimate relationship our entire life? Well, that's a tougher question. Should we talk about that? The answer to that question? Absolutely. We should absolutely talk about it because it sets, it sets moral parameters around relationships of, do you want to be the kind of person who has deep meaningful relationships? Or do you want to be the kind of person who has more superficial quantity of relationships, and I can't tell you sitting here, that one is perfect for you or not perfect for you, you have to figure that out. But we can tell you from a psychological standpoint, from a biological standpoint, that to talk about marriage and relationships, in light of the consequences, the risks, the rewards, the benefits, is absolutely essential to the sexual life of a grown up. That's that's the clinical, the clinical model suggests you got to talk about that kind of stuff. So yes, talk about it. We are going to switch gears a tiny bit now I want to go what the into what's the psychology behind suppressed sexual desire. The psychology behind it is is really there's there's a couple of pieces that I want to highlight here. Number one, suppressed emotion. And I want to talk about the you know what happens with that. And then I want to talk about suppressed physical needs, we have physical needs. And when they're suppressed, what happens when we suppress emotions across the board. This is what happens. They eventually explode. That's right. unresolved emotions will bubble over. If you haven't gone and watched or listened to my emotional regulation podcast, you probably should. It's, it's not the greatest in the world, but it's good, and it paints this much clearer. But what I'm getting at is eventually those cups if you followed me, they bobble over. And they fill up the anger bowl. And next thing, you know, you explode. Now that happens, regardless of the emotion. And regardless of what's being suppressed, if it's a need, if the release is a need, it's a need. It's not a want. And there are some needs that need to be released. Right? And those are emotions, oftentimes, what if we suppress the physical need? What happens when, when you can't breathe? That answers this question. When you can't breathe. You fight like heck to get a breath. If you suppress physical needs. In other words, if you withhold air, food, water shelter, if you suppress physical needs, eventually, it gets really, really ugly. So then the question becomes, is sex a need? Or is it a want? Well, that's a great question. The, the reality is it is our design. So the argument could easily be made, that it's a need at a certain level. But do we have to engage in sex with another person? Not necessarily, because we're all designed, you know, to have other means of engaging in sex. Now don't go all animalistic on me. I'm not going down that path. Thank you very much. That's for a different podcast a different time. You want me to go down the religious path or you want me to go down that path? I can talk about them. But right now I'm going to stay on my my track. So now we jump in to the tough questions, the really hard ones. And I this, this is going to be good, and it's going to be hard. We know the body dysmorphia, disproportionately impacts kids. And it's slightly more prevalent at least here in the United States and women. So for those you who are watching, you're going to see me reach over I'm going to pull out my trusty DSM, I'm going to flip to page 242 And I am going to To get a little bit more detailed on what body dysmorphia is, so hang in there with me body dysmorphia, I'm giving it to you right out of DSM, just because you have these diagnosis by the way, you can get these on Google or whatever. But that

doesn't mean you automatically know how to diagnose because it takes a lot of training, actually, to understand the nuances of these things. And to be able to pick up on things like I don't know, when people are not being truthful, and stuff like that. So just because the diagnosis fits, doesn't mean it is your diagnosis, necessarily. Go see an expert, professional, somebody who knows what they're doing. preoccupation, I'm gonna, I'm gonna adjust this a little bit so I can see it. preoccupation with one or more perceived defects or flaws and physical appearance that are not observable, or appear slight to others. Okay, why am I bringing that up? Because most Body Dysmorphia that we deal with these days, we're looking at things like bulimia anorexia, and it doesn't have to be those. It just doesn't. It could be somebody who's, you know, not feeling good in their body and has a gender identity issue. By definition, it could be, but there's other classifications and clarifications that we would have to get into. The next point says at some time, or at some point, during the course of the disorder, the individual has performed repetitive behaviors, mirror checking, excessive grooming, skin picking, reassurance seeking, or mental acts like comparing his or her appearance with others, in a response in response to the Appearance concerns, so those concerns have to manifest themselves into something that is a distraction to your daily world. That doesn't mean you're washing your face every night, that's totally different. The preoccupation causes clinically significant distress or impairment in social, occupational or other important areas of functioning, you're often going to hear clinicians talk about, oh, well, what areas of your life is this affecting? Is it affecting your relationships? Is it affecting your education? Is it affecting your your work environment, your home environment, like we look for those kinds of things, because they're significant? If these kinds of things transfer from one category to the other, in other words, they affect you at home and at work. And in your education, then we have a major impairment, we have a major issue, if it affects you in one category, but not in the others. It's even though the issue may be big, in terms of managing it. It's a little bit in many cases simpler because it only affects one area, which means the distress is typically not as heavy. Not always that way. It's not always that way. So don't, don't hold me to that. But you know, that's where a good professional will get in there and, and sort things out with you. And the last thing that it says here is the appearance. The appearance, preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for eating disorders. Who do you notice that? That is why the anorexia, bulimia and all that stuff? It doesn't apply? It doesn't apply there. That's an important thing, because some people think, Oh, hey, it's the same thing. No, it's not the same thing. That's why the gender stuff can fit in this category.

All right. So hang in there. The mean age of what I just described, the mean is 16 to 17 years old. The median age is 15. And the most common age is 12. To 13. These stats by the way, come right out of this this manual, so if you need to find them, they're in there, two thirds, onset before the age of 18. That means 66% of all body dysmorphia stuff happens before the age of 18. And then what happens in general, not 100% but in general, it begins to dissipate. Oh boy, there's my setup. Because this is all clinical on you here now. The setup there it is right there. The setup for what for gender, we're doing these these these gender transformations early. And my question my body dysmorphia question was where does? Where does it fit in the conversation? That's why it fits in the conversation. So far, I'm answering all the questions feeling good about this. All right. Making body decisions between 12 and 18. Not a wise idea, the body is changing a lot. We have distorted views of our body in general, between the ages of 12 and 18. We just gave you the information. So to go through a change before that would be, what would it be? Would it be illegal? In some places? It's illegal, go back to our explanations, legal or illegal? Well, in some places, it's legal. In some places, it's illegal. Would it be healthy or unhealthy? It's unhealthy. Would it be normal or abnormal? Abnormal, why? Because it's a small percentage of folks that deal with this, that doesn't mean they're not important. I want to love and care for everybody as a therapist, but it's a small percentage. And for the vast majority of them, the onset is between 12 and 18. And then what tends to dissipate, doesn't mean it

goes away. There are people in their 30s still struggling with this stuff. It doesn't go away for everybody, I get that. But when we're doing our scales, we got to look at that. Okay, so two of the three categories, I'd say, Well, probably not a good time. So let's, let's move forward, some of you're probably getting a little irritated with me right now. But hang in there. Where does gender fit into the conversation now, is when I get to give you the tool that I put together just for you today, and I've got to pull it up, it's gonna take just a moment. And for those of you who are watching on YouTube, or rumble, you're gonna see this, it's gonna be fantastic. Well, I hope it's gonna be fantastic. I am going to see if I can shrink it down a little bit, so y'all can see it. Okay. Or adjusted? Well, going back to shrinking it down. All right, you can see it now, the, the what I want to paint here, and I'm going to attempt to do this as best I can verbally as well. But what we have here is a scale or a spectrum, a spectrum from feminine on one side, to masculine on the other. Okay, and there is overlap in the middle. And you can see that because on the the little sheet that I made here that for those of you who are going to be able to access, it should be a PDF when I get it attached. For those of you who are watching, you're seeing where it says typically, biological women, typically biological men, you can see there's some overlap in the middle, which by the way, creates some social confusion at times, and it has in the past. And I can see on here that there are some words that are cut off a little bit, I'm going to see if I can fix that a tiny bit. Perfect, okay. What we have is the masculine and feminine scale is determined by social norms. Hello, we insert problem right here. So anybody who's saying systemic, this systemic, that systemic, this systemic, that they're talking about social norms. Now, social norms are critically important, critically important, okay? Because if we don't have social norms, we end up with complete anarchy, chaos, and it's not safe. We have social norms for safety purposes. That is really important to understand. Does that mean that everybody falls into the social norms? Absolutely not. If you're, if you're watching, you can see the space where it says typically biological women, right? I'm gonna go ahead and I'm just going to stick a little a little dot, we'll see if it lets me do it. Yep. Okay. Okay, if right there. There is a woman that's up there in the part where it's typically biological men. Does that mean that that woman is less woman? Because she's more masculine? Absolutely not. Absolutely not. So what does that mean? That means we have an outlier. Outlier makes them no less biological women. But they are an outlier. They don't fall within the norms. Does that make sense? I'm hoping that all makes sense, folks. So what do we do? So I wrote some questions down here. So what happens if a person desires to actualize as I hold on? I'm gonna go back and timeout. What is the gender of an outlier? Before I move on to the next one? The gender of an outlier? Well, the gender, biologically, is what they were born as a male or a female. Pretty simple question. Pretty simple answer. If they were born a male, or they were born a female, well, what if? What if they are an outlier, and they change their biology? That is the question we are having to wrestle with. Right now. This is the time in which we have to wrestle with that, because it's the first time in human history, that we have been able to even get close to changing somebody's anatomy. And we still can't do it. I don't care how good the doctor is, they still cannot do it yet. Will they ever be able to? I don't know. I don't know. There's there's decision points, there's things that they can do for sure. But there's other things they still cannot do. And every single one of the things they can do comes with a certain level of risk, you'll have to go see a doctor if you want to know what those risk levels are. What happens if a person desires to actualize the traits over the biology, the traits being the feminine, masculine social norms, those would be traits. And they want to actualize the traits over the biology, which means they want to change their biology. Can they do it? That is the crux of what's happening right now, in our culture. You're all probably going, huh? That's really interesting. Hopefully, you're, you're thinking about this in a new, different way. Not because I want you to change your stance, although many of you probably will. Is sexual identity impacted by the masculine and feminine? Yes. If you are a masculine female, there is a greater tendency toward desiring desiring a partner. Now, that doesn't mean it's always across the board kind of a thing, but to desire somebody with some some more of those feminine traits. So yes, we do see a correlation, what we don't know yet is how significant the correlation is. But we do know, a feminine male will be more attracted, not always, but more attracted to a masculine male, if they're, if they're homosexual, that

kind of thing. So we do have some information about it, but not a ton. Because remember, in our history, or on our planet, our history does not have that much data on this. Like it was, I remember, even in the 80s, your being a homosexual was still like, it was like really criticized and it's still at times is today, because of this stuff that we're talking about right here today, right now. The masculine feminine to social norms, the biology.

So what should our culture normalize on the masculine and feminine scale? That is different than what we have now? Like, is it should it be normal for women to to go to the gym and do muscle training, like heavy muscle training? CrossFit, a lot of a lot of women I know do CrossFit. CrossFit is about bulking up being able to maximize the the exertion into short bursts. Like it's it's a big thing. Should we normalize that? I mean, why not? If their body can do it? Should we normalize? Men, biological men, swimming against biological women in competition? I think these are all questions we have to ask. If we want to do a hey, one, like one competition. All people are available to come in and compete. But here's here's the problem that we're going to have. We just went through this entire transition of creating new social norms where women get the same amount of sports and colleges get the same like Should, we are gonna have to undo a lot of that stuff. If we want to go down this path and create new social norms? Can we do it? Of course, we can create new social norms. Absolutely. But at what cost? That's what you've got to ask yourself, folks. I didn't come here to answer every question. But I came here to answer a bunch. And we did. And with that, I'm hoping you have new questions that you're thinking about. And if you do, and you liked this podcast, send me a send me an email, send me a note. Let me know what questions you have because of this. And we'll get after it. I love that interaction. Thank you so much for joining us. Have a great day. We really hope you enjoyed this episode. Please take a look at our website at WWW dot healthy perspectives. With a dash in between the healthy and the perspectives. Make sure there's an s at the end.com So again, www dot healthy dash perspectives with an s.com