

Ep #326: SEX with Dr. Sonia Wright



Full Episode Transcript

With Your Host

Brooke Castillo

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You are listening to *The Life Coach School Podcast* with Brooke Castillo, episode number 326.

Welcome to *The Life Coach School Podcast*, where it's all about real clients, real problems and real coaching. And now your host, Master Coach Instructor, Brooke Castillo.

Brooke: Well hello my friends. I have a special treat for you today. I have the one and only Dr. Sonia Wright with me today, and we're going to talk about sex all day. Welcome, Sonia. So I thought we could start with just you introducing yourself and telling us a little bit about you.

Sonia: Sure. I'm Dr. Sonia Wright. I'm a medical doctor, a sexual counselor, and a life coach and I bring that all together. I am The Midlife Sex Coach for Women. In terms of being a medical doctor, I am a pediatric radiologist, so I'm the one that reads the x-rays and CTs and MRs. And then I decided I was going to do sexual counseling and life coaching and brought it all together.

Brooke: Yay. Oh my gosh. Okay, so I want to hear more about how you got here. Is that cool? Can we talk a little bit about your story? So tell me about - let's start in high school.

Sonia: Oh, my goodness.

Brooke: So did you always know you wanted to be a doctor?

Sonia: No. Not at all. My plan was to go into economics and to go into business. That was my entire plan. And so I went to school in Massachusetts in a really small town called Ashland, Massachusetts.

Brooke: Okay, this is for high school?

Sonia: This is for high school, right.

Brooke: Okay, so tell me about that. How was high school for you?

Ep #326: SEX with Dr. Sonia Wright

Sonia: High school, you know, that was a good experience for me. I was one of the few Black kids in the whole school so it had its challenges. It definitely had its challenges, but I also learned a lot. I'd say that being Black is part of my superpower so I can figure out how to get along with a lot of different people and had a sense what's going on, the dynamics and the situation, things like that. So I learned a lot of those skills during high school, I would definitely have to say.

Brooke: That's awesome. Okay. And then so you're in high school, you want to go into economics, and is that what you originally went to college for?

Sonia: I did. So I was in high school. We didn't have a lot of money. And so I knew if I was going to go to college, I would have to figure out a way to get there. And so for me, my sister went into the military. I'm not military material, and so I had to figure out another way.

So for me, it was academics. So I excelled at academics and I got a full scholarship to Stanford University, so I went to Stanford.

Brooke: You got a full - that's so awesome. Good for you. So you went from Massachusetts to California. How was that?

Sonia: That was a shocker. A different culture. Completely different cultures. Stanford University, it's so beautiful. It's like landing in Disneyworld. It's just gorgeous. I had never really seen a new car in my life. We never had a new car, we didn't have that type of lifestyle.

And so I suddenly was in a different environment. It was completely different from the way I had grown up, but it definitely took me some time to adjust. But at the same time, I'm so grateful for Stanford University because it gave me that opportunity.

Brooke: Were you there for four years?

Sonia: I was there for four years, yeah.

Ep #326: SEX with Dr. Sonia Wright

Brooke: You were there for four years. And did you have a good college experience?

Sonia: I did. You know, I grew a lot during that time. I had to learn, you know, you're the big fish in the small pond, and then suddenly you become the little fish in the big pond and you have to adjust to all of that. And so I definitely had to learn how to be in a new environment.

But by the time my four years were up, I had gained some great skills. I had a great education. But I still was not planning to be a doctor. I actually didn't go to medical school until 10 years later.

Brooke: Oh my gosh.

Sonia: So I graduated a long time ago, in 1988. And it's funny when I look back at my time at Stanford, I was involved in the conscious active information center. I ran the diaphragm clinic on Wednesday afternoons, and so that was kind of my fun thing to do at that time. But still, I was really interested in healthcare and economics, and I thought that the HMOs were going to save the world.

So when I left college, I went and I worked for an insurance company for a while. Then I switched over to working in hospitals with financial accounts. Actually, went overseas for a while to England. I was born in England so I wanted to go back there and see what life was like.

Then I came back to California and it was during that time that I was managing some accounts in San Francisco that I realized I think I actually want to be a doctor. So by this time, I was about maybe 28 years old when I decided that I actually wanted to go back to school and become a doctor.

Brooke: What? Okay wait, wait, this is so great. So a lot of people may think when they're 28, oh, I should've been a doctor, I should've went to school to be a doctor, but you're like, no, no, that's what I'm going to do. And so then what was the next step?

Ep #326: SEX with Dr. Sonia Wright

Sonia: Well, I didn't have the prerequisites for medical school, so I had to go back to college. So I went to San Francisco State University and I loved my time at San Francisco State University. And for me, I got all my prerequisites that I needed but I also - that was when I started giving back.

I saw that I had been lucky enough to go to Stanford University, and there's a lot of opportunities available for me there. And when I was at San Francisco State, I realized that the students didn't have the same opportunities there. And a lot of these students were working full-time and supporting family members. They were doing a lot of other things besides just going to school.

And so I thought, well I'm there, I'm going to make a difference. And so I ended up starting this organization called Students of Color in the Pre-health Profession. So I started mentoring students while I was there, going through the process myself.

And my goal was to get the information out there so that students of color would have an idea that there's opportunities for them that they could go into medicine, they could go into physical therapy. But what prerequisites would be and what kind of thoughts that they would have to have.

But I don't know, I just put it all together and I ended up running that organization and then running the overall umbrella organization, and also working with the post back students in pre-health. So I ended up doing a lot of mentoring, and that's kind of where my mentoring started, and I continue to do that to this day.

Brooke: Wow, that's awesome. Okay, so you got all your prerequisites done. Did you know where you wanted to go to med school?

Sonia: Well, I was like, I would go anywhere. But my heart was in San Francisco at that time, and so I wanted to stay in California, at least stay in California. But my goal ultimately, I decided that - I looked at all the years it was going to take me to do prerequisites and med school and residency and realized I was going to be about 40 by the time I finished everything.

Ep #326: SEX with Dr. Sonia Wright

And I thought to myself, well, I could be 40 or I could be 40 with an MD degree, so I'm going to go for it anyway. So I decided that I was going to go for it. And then of course, I got into medical school. I was 32 when I got into medical school and I was thinking, I was married at that time and I was thinking, yeah, my eggs are kind of getting a little bit old.

Then I was like, I'm going to need to figure out when to have a baby because I decided that my end goal was to be a mother and to be a doctor by the time I graduated from medical school.

Brooke: Okay. So did you go to med school at San Francisco State?

Sonia: No, I went to University of California San Francisco.

Brooke: Okay, got it. And you had gotten married in the meantime, while you're doing all these other things. And then you decided you wanted to get pregnant in the middle of med school?

Sonia: Yes, actually I'm like this Type A. I'm a little calmer now, thanks to all the work I've been doing with you, so thank you. But I really had this concept that okay, I got to get accepted to medical school, then I'm going to get pregnant, then I'm going to have my baby in the summer between my first and second year.

That plan didn't quite work out, but I did get pregnant by December of my first year of medical school. But I ended up delivering my baby the first week of the second year of medical school. So I always said that I had twins because I had a medical school education, like a book in one hand, and a baby in the other. And so...

Brooke: That's extraordinary. How were you able to do that?

Sonia: You know, I didn't know any better. I didn't know that I couldn't do it, right? And I was determined. And yeah, looking back at it, that was a crazy idea. But I have an incredible son and he's just a blessing in my life. And I actually never was able to have another child.

Ep #326: SEX with Dr. Sonia Wright

So in terms of with my own eggs, I actually ended up doing IVF and adopting later on. I have an incredible daughter, she's eight. But my son, that was the only one that I was able to give birth to, so it worked out just the way it was meant to.

Brooke: And how old is your son now?

Sonia: He is 20. He'll be 21 in September and he's actually entering his senior year at Stanford University.

Brooke: Oh, what? That's kind of fun, right? Following in his mom's footsteps. What is he studying?

Sonia: He is studying world ecology and ornithology. Birds. So he's very different from mom in terms of what he does, but he's a much better version than I could ever hope to be. He's pretty amazing.

Brooke: That's nice. Okay, so you go to med school, you graduate from med school, and then you have to do a residency, and you have a little one.

Sonia: And I do, yes.

Brooke: Tell me what residency was like.

Sonia: You know, when I went into medical school, I was planning to be a primary care doctor. And by the time I got out to the other side, I had fallen in love with radiology. And so for me, radiology is a much longer residency. It's six years versus primary care is about three years for a residency. So it's a big commitment to do radiology, but I just thought to myself, you know, I'm going to go for it.

Brooke: Wait, now what makes you fall in love with radiology?

Sonia: Radiology is so incredible. So I was in a lecture and this attending doctor came in and was lecturing us on ultrasound. And I thought to myself,

Ep #326: SEX with Dr. Sonia Wright

“How incredible is this?” You can see what’s going on in the human body, you don’t have to cut the human body open, you can diagnose.

And I know for other people it looked like looking at an x-ray through a sandstorm or something, but to me, it was one of the most beautiful things I had ever seen. And then I had this internal struggle because for a lot of us that are - people of color, minorities, we tend to want to give back to our community.

And so for me, that had been doing primary care. That’s what was in my mind, but then I had realized that radiology was going to be my way that I could give back to my community as well. And so I decided that I would just go where I had the gift, and I’m a very visual person. So I went into that area and I love radiology so it worked out well.

Brooke: Nice. Okay, so you had to do six years of residency.

Sonia: So it was one year - intern year is like regular medicine, and then four years of radiology, and then a year of fellowship. And my fellowship, I decided to even sub-specialize into pediatric, which is the kids. Pediatric radiology.

Brooke: Okay, and then what happened?

Sonia: And then I decided to ask a nine-year-old where he would like us to move to after I finished and we were in DC. Don’t ask a nine-year-old. He said he wanted to go home. I thought home was California, so I was like, we’re going back to California. I should mention that I did my residency in Minnesota at the Mayo Clinic.

Brooke: Oh wow, good for you. Although that’s cold.

Sonia: Yeah, it’s cold. And then I went from there to Washington DC to do my pediatric radiology fellowship. And while we were in Washington DC, I asked my son where he wanted to live because I had felt like I’d been

Ep #326: SEX with Dr. Sonia Wright

dragging him around the country for my training. He said he wanted to go home.

I thought home was San Francisco, but home to him was Minnesota because he had moved there when he was five and then he had stayed there until he was nine. So we moved back to the Twin Cities, the Minneapolis area, and that's where I am now, and I've been working at a children's hospital since that time.

Brooke: Wow, good for you. And then you got certified as a life coach just for fun on the side.

Sonia: You know, the really funny thing, I don't know if we have a lot of time about this, so in 2014, like a lot of doctors, I was on the verge of burnout. A lot of things were going on in my life. I was juggling kids and finances and all those things, and I discovered your podcast.

And I was like, this is incredible, this is changing my life. And I want to make sure that I can do something for other doctors. So my plan was to go back, was to get certified in 2014 and become a physician life coach.

So I took your course. In that time it was on the telephone. But I had so much mind drama with the technology, I finished the course and I took the test, but I never completed the technology aspect of it. And so then I ended up in 2016 and I was still mentoring all this time. And in 2016 I went and I did another in-person program, life coach program, and I became a physician life coach.

But in my mind, I was always like, I want to get back to The Life Coach School. I want to do this. So in 2018, I actually ended up enrolling in your last live session in September of 2018. And then I went through it and I dealt with my technology mind drama and I certified in December of 2018.

Brooke: Oh my gosh. I did not know this whole story. This is so great. And now, here you are on the podcast.

Ep #326: SEX with Dr. Sonia Wright

Sonia: Which is amazing, yeah.

Brooke: A full circle moment. And we're going to talk about sex.

Sonia: Yes, let's do it. Let's do it.

Brooke: So when I was preparing for this, I was kind of laughing because I've never really talked about sex on the podcast. And we're well overdue, ready to talk about it. So tell me why you decided to focus in this area. And you've created a whole course around it and I'm excited to tell everyone about that, but tell me why you decided to focus on sex.

Sonia: Yeah. You know, for me, I mentioned that I do physician life coaching, and I was working with the physicians, and it kept coming up again and again about intimacy issues. And in my own life, I had been struggling with intimacy issues in different relationships, and I realized this is something that I needed to deal with and this is something that I also needed to help my clients with.

So I dealt with it myself. I got the help that I needed, I went through it, I got to this place where I was owning my sexuality, incorporating it into my life. And then I decided that I needed to be able to offer this to my clients as well.

And I didn't just want to Google things all the time. I really wanted to get a good, firm foundation in sexual counseling, and I found a program at the University of Michigan. And the school was social work, and so I enrolled in that program. It was a year-long course. And I actually took that course while I was doing your course for certification, so I was juggling a lot of different things at the time.

Brooke: Wow, alright, cool. Well, let's start here. So one of the things that I get asked a lot and I've experiencing personally, and I love that you have training in the model, so you understand how much our mind affects how we feel and our results and everything.

Ep #326: SEX with Dr. Sonia Wright

And then the experience of attraction and sex and intimacy, so I get a lot of questions because some of this stuff that I teach is make sure you're happy in your relationship before you leave it. You can control a lot of your experience in the relationship, it only takes one person. Your thoughts about your relationship are what create your feelings.

And so for me, I recently, I would say within the past seven years felt like I was losing my sex drive. And I had gone to the doctor and talked to the doctor about it and they had assured me that it was just hormonal. So they wanted to do hormonal tests and check everything out. I was a little low on some things, they gave me some things to try.

Nothing really changed. And so I just kind of had accepted, okay, this is what getting older is like. And then I had some mind drama around it and did some thought work on my thoughts around sex, and wow, my sex drive was still there. Hello.

Sonia: It is. That's the thing that I tell my clients that your sex drive - a lot of clients come to me, they think that they're broken, there's something wrong with them. And this is why I love working with the midlife - I work generally with people 35 to 60, kind of in that range.

And they think that something's wrong with them, that they're broken, that their libido is gone. And I understand this concept that your biggest sex organ is your mind. Your mind has to be there, your thoughts have to be there. So I work with my clients so much on this.

But they come to me because I'm a medical doctor, they come to me because I'm a sexual counselor, and a life coach. So they want the information. I make sure that they get that information. But I'm always working with the thoughts and getting that in there too.

So it's a combination of the two. And with libido, it's very much - there's two types. There's probably lots of different types of libido, but there's two that I focus on. There's the spontaneous type of libido, and that's where you tend

Ep #326: SEX with Dr. Sonia Wright

to have like, in your 20s, or if you're in a new relationship and you're like, that looks pretty good, I'd like some of that, hey, how you doing.

Brooke: I wish you guys were on video right now. I wish you could have seen her just wink at me. So great. Okay, so that's called spontaneous libido?

Sonia: That's called spontaneous. And then there's the more responsive or receptive type of libido. And a lot of women think that because the spontaneous type of libido is not there throughout their lifespan, that they're broken, they're damaged, or something has happened to them. But they need to understand that women's sexual response is more like a circular type of response.

Men's tend to be a little bit linear where we're talking about arousal and then plateau and then orgasm and then like a portion of refractive period of time. But women have a lot of things going in there. They can have the libido come first and then the arousal, and then they can have the plateau and the orgasm. And they can have multiple orgasms, which is really a fabulous thing, right?

Brooke: Right.

Sonia: But women can come into this sexual response cycle at any point in time. So they could actually get the desire first, the libido first, and then the interest in sex. Or they could have a stimulation, physical stimulation, and that could cause them to be more interested.

So they might come in thinking I have no libido, but then if they stimulate themselves or there's some physical stimulation, then they're like, oh, yeah, I forgot, that kind of feels good, yeah, I might be interested. Or it could be their mind that gets involved.

So maybe they look at erotica, like read some erotica, they look at some porn or whatever you choose to do, that stimulates your mind, right? Maybe it's that you just need to relax and deal with some things that are stressing

Ep #326: SEX with Dr. Sonia Wright

you out. Maybe you need to take a bath, relax. So I work with my clients to figure out what is it that's going to cause that libido to kick in. And what is...

Brooke: That is so interesting because there have been so many times where I would think, "I'm not in the mood, I don't have any libido, there's nothing happening." But because Chris wants to have sex I'm like, okay. Let's do this. And then once we get started, it's amazing. But at the time - so I had never thought about the libido can come after that, after it's kind of gotten started.

Sometimes you just have to be okay, let's go into it. But also, the other thing that you said that is so true is like, if you're full of stress and angst and frustration, especially in your relationship, it's so hard to have a lot of desire at the same time. So how do you work with your clients who feel like - I think I would hear them say I'm exhausted, I'm stressed, the last thing I want to do is watch porn or have sex with my husband.

Sonia: So I work a lot of different ways. I have this concept and it's called to-do list sex. And a lot of my clients come to me and they're doing what's to-do list sex. They look at their calendar, they're like, oh jeez, I haven't had sex in three weeks, my partner's going to be bothering me about this. Let me put it on my list and let me check off that box, and they're all about the efficiency.

And I'm working towards moving them towards for you sex, which is based on pleasure and satisfaction. And the core concept of the for you sex is self-care. That has to be your minimum baseline. You have to have the self-care and you have to be taking care of yourself. Exercising, nutrition, making sure that you have a little down time.

Because really, if you're not taking care of your needs and you're always putting other people first, you're not going to be that interested in sex. Like what are you getting out of it? So it's always going to be in this place where you're putting it off and you're like, okay, okay, okay, let's get this done, slap on some lube and take care of it.

Ep #326: SEX with Dr. Sonia Wright

If you get to a place where it's like, your thoughts about sex are enjoyable, your thoughts about sex are about my pleasure and how you're going to be bringing intimacy, closer bond together, and if you focus on the benefits and the satisfaction of sex, then you're going to be more interested in sex.

And then I work on scheduling it too and a lot of other things that we work in there. But definitely, we have to get to this place where it's about the woman. I have to talk about this. There's something called a pleasure gap.

And this is - this pleasure gap concept is when you're talking about heterosexual sexual encounters. So with a man and a woman together. The man is 85%, 90% of the time, he's having a lot of pleasure, but only 60%, 65% of the time the woman is having much pleasure with the sex. Now, you're not seeing this with women that have sex with women. They're up in the 90s in terms of pleasure.

Brooke: Both of them?

Sonia: Yeah, both of them.

Brooke: Okay, wait, wow, wow, wow. Why is that?

Sonia: It's the pleasure gap, right? This needs to end. Just like there's a wage gap, a wage-earning gap, there is a pleasure gap out there going on.

Brooke: But why don't women who are having sex with women have that?

Sonia: Because they're focused on they're entitled to their pleasure, they're entitled to getting that, and it's not necessarily about the partner. It's about both of them. But we're not necessarily seeing this with heterosexual couples.

Brooke: Very interesting. Okay.

Sonia: Yeah. So this is something that we need to work on, and part of it is that women need to give themselves permission to enjoy sex and really have a good time with it, and to not just say it would be nice if I had

Ep #326: SEX with Dr. Sonia Wright

pleasure, it would be nice if I had an orgasm, but put their needs for having an orgasm and pleasure at the same level as their partner.

Brooke: Okay. This is so interesting. So we talk about this to-do sex, so let's say we don't even really want to have sex. We're just like, I better have sex because my partner wants to have it. And so then we end up doing what you're calling to-do sex, which is like, let's just get this over with. And we're not focused so much on our pleasure or communicating or getting what we want out of it, so we just perpetuate this concept.

Sonia: Exactly.

Brooke: Okay, that's so interesting. And so what you're recommending is that we put our pleasure as the priority.

Sonia: Yes.

Brooke: Can you just give us one tip on how we might do that with a partner?

Sonia: Yeah. Okay, so this is going to be fun. So if we're talking about penetrated sex and we're talking about penis in vagina sex or penetrated sex in general, 15% of the time, women can orgasm with penetrated sex alone. The majority of the time, the majority of women require stimulation to their vulva, to their clitoris. Since I'm a doctor, I'm bringing out all the terms.

Brooke: Bring it out.

Sonia: But sometimes, we have partners that might think that if we bring a vibrator to a bed that they're not good enough at sex, all this stuff comes in. And it comes down to physiology and anatomy. You have to have some sort of stimulation.

If you get the stimulation to your clitoris, then you're going to be enjoying yourself. The pleasure gap is going to decrease. You're going to want to have sex again because you're like, hey, that was pretty good. So all the

Ep #326: SEX with Dr. Sonia Wright

ways that you can have pleasure with sexual intimacy and sex, it just needs to be brought to the forefront.

And it does need to be separated from some people's concept of if they're a good lover, if you need a vibrator or don't need a vibrator, all this other excess stuff that's in there, all those thoughts that are in there, they need to go out the window and it just needs to be about two people or more. I'm all about whatever you want to do, having the pleasure and enjoying yourself. That's really what it comes down to.

Brooke: Okay, so this brings up an issue, right? And I think this would apply to all couples, all genders. So, if I'm with a partner, you know, I'm with my husband and I am all about my own pleasure and I'm not getting what I need or what I want in that moment, it's very challenging to be like, "Yo, I think if you did this, this, and this, this would be way better," without feeling like, "Hey, you're doing it wrong, you're not very good at this," or, "Am I being controlling? Am I being selfish?" So, what would you say about that?

Sonia: Well, I'd say there's two sides of it. One, the thoughts about being controlling or selfish are thoughts. I would get into that with my clients and I would work on that. But the other thing is I would not have the first conversation about how they're doing things while you're in the middle of having sex. I would take it outside of the bedroom or outside of the actual act and talk about it, you know.

Even if you want to say – and I roleplay with my clients as well so they get comfortable talking. Because so much of it is about we're not comfortable talking about sex. We're not comfortable communicating about it. We're not comfortable giving ourselves permission to even talk about it. There's a big white elephant in the room and nobody wants to talk about it, right?

Brooke: Okay, but I can't even – so, you're just sitting there fully clothed on a Tuesday on the couch and you're like, "So, can we talk about stimulation?"

Ep #326: SEX with Dr. Sonia Wright

Sonia: Well, I tell my clients, blame Dr. Sonia. You know? But I take all the blame. I have no problem taking the blame. So, like I say, you can start the conversation with, “You know, I hired this sex coach and we were talking about different things and she helped me to understand that my body is changing and so things that I found stimulating in the past, not exactly as stimulating now as they were, like, 20 years ago or five years ago or last week. And as I’m going through this process, I’m learning more about my body and what I like and so I’d love to talk to you about it so that we can kind of share it and get this information out. What do you think about that?” And usually, your partner, if they figure out there’s going to be more sex involved, they’re like, “Oh wait...” you know.

Brooke: I love the way you said that though. The way you said it is kind of like, “Hey. Let’s try something new. This could be different. I could like this...” instead of, “You’re doing it wrong...”

Sonia: Exactly.

Brooke: That’s so good. Okay, so fully clothed, sit down...

Sonia: They can do whatever they want. If they want to be naked, go for it. You know. If you want to touch and cuddle while you’re discussing this, go for it. You could do it whatever way. But not if you’re right in the middle of it and you’re like, “This kind of sucks and I’m not happy,” that’s probably not going to work well, you know, because it’s a pretty vulnerable time for people to be in the middle of sex just in general.

Brooke: That’s so important. So, don’t talk about it right in the middle of it. Talk about it either before or maybe at a different time when you’re preparing for it. Okay, that’s interesting. I like that. That’s good. Okay, what other advice or major problems do you see with your clients that might benefit my listeners, do you think?

Sonia: Yeah, so I see the low libido. I see the mismatched libido where one partner wants it more often than another partner and there’s a lot of stuff. A lot of times, I see my clients come to me because they have this concept of

Ep #326: SEX with Dr. Sonia Wright

what a good girl does or what a good mother does, you know. And so, they're not fully owning their sexuality.

And that's why my course is called Own Your Sexuality Now, right? Because they're not fully owning their sexuality and allowing themselves and giving themselves permission to really enjoy themselves. They're like, "Well, good moms don't have sex anymore once they have kids."

And I find that a lot of people have this concept, you know, "I can't, you know, go in the bedroom, what if my child enters the bedroom and I'm having sex," or they have leftover stuff from their teenage years as to what good girls do and what good girls don't do, you know.

But you're in your 40s, you get to do whatever you want to, you know. So, let's work on that. I am very, very, very – I really want to start a movement where women understand that they're not just sexual in their 20s and 30s and maybe into their 40s, but I want 50s, 60s, 70s, 80s, 90s, to the day you pop off, that you're like, "Hey, how you doing?" you know? Definitely, I just want that to continue for my clients because we're sexual beings. That's part of the human experience. And they get to enjoy that aspect throughout their whole life, you know.

And our bodies change. Things may work one time, they may not work 20 years later. But you figure it out. And I talk to my clients about the sexual smorgasbord and I work with them so that they have an understanding that sex is just not penetrative sex. There's such a variety of different things that you can do. And if you have an understanding that there's a lot of different things that you can do, then you kind of bring it all together and you just have fun with it.

So, what do you think about this idea? Because as you're talking about going decades and decades and decades, and when you're married to the same persona and you've got laundry to do with them and you've got little kids to take care of and you're talking about bills and, you know, the last thing you want to do is make out with that same person, right?

Ep #326: SEX with Dr. Sonia Wright

You know what I mean, it's kind of like, for many of us, I know for me especially when my kids were little, it was really challenging for me to switch from mom mode to sexy partner mode. What do you recommend, especially as the familiarity is so there for so long? Do you have recommendations...

Sonia: Well, that's where it becomes important that you own your own sexuality. And I say that there's a lot of women out there that have a learner's permit when it comes to their sexuality. And somebody else is in the driver's seat and they're kind of over there just kind of like, "Yeah maybe..." I'm like, just get the damn license. It's time.

So, when you own your own sexuality, then you recognize that you can be a sexual being in whatever situation, whatever time of life that you're in. And I also advocate for self-pleasure. And part of advocating for self-pleasure and masturbation is also that you learn what your body likes. But you're also priming the pump. So, your body kind of remembers that they like sex, that they like sexual pleasure. So, that gets in the mix there too.

So, it doesn't mean that, like, in every phase of your life, you're maybe sexual in your 20s and 30s and then you're kind of semi-sexual, and then by the time you hit 60 it's all done. You continue to remind yourself and your body and your mind that you deserve sexual pleasure, then yeah, there might be some times when you're not having sex as often, and then there will be other times when you are. But that's okay. But the midlife, it's so critical. It's really crucial because this is the time when you're going to decide if you're going to continue to be a sexual person or you're just going to let it all end.

Brooke: I think that's all fascinating. Do you think there's a lot of women, maybe in their 60s, that have become non-sexual? That just aren't – I think this happens sometimes. I'm thinking about a couple of friends of mine that because they don't have a partner, they decide, "Okay, I'm just not going to be sexual right now."

Ep #326: SEX with Dr. Sonia Wright

I love what you're saying is it's about – being sexual doesn't have to be about a partner. It doesn't have to be about someone else. It could be about how you are with yourself, you know.

Sonia: Exactly. I think everybody's partnered. You could be solo partnered, you know, and a partner with yourself. Your best lover – everybody should know and understand this – your best lover is yourself because you get instantaneous biofeedback. So, you don't have to be like, "To the left, to the left a little bit." You know when you need to go to the left. Nobody needs to tell you, right?

So, everybody has a partner, whether they're solo partnered or they're partnered with somebody else, right, or more than one partner. And that's fine. And I have people that take my course that are not partnered because they want to become more sensual and more sexual. I have 72-year-old client that she just wanted to continue to explore her sexuality as she aged and continued, so that she would be able to give herself permission, and really look at the thoughts she had in her mind as she was, you know, getting older and going through her 20s.

But she was going through her 20s back in the 50s or whatever, you know, and so these were different concepts about a woman's sexuality. And so, she is finding her new thoughts, her new beliefs about her as a sexual person and really enjoying herself, right?

So, we all get to have that. It does not matter what our age is. So, women in the 60s may be thinking, "I'm not really sexual because I don't have a partner," but you do have a partner and you have the best partner and you get to love yourself, right? And so, this is the perfect thing. And I'm all about the toys. I don't know if I mentioned that I used to work in a sex toy store too...

Brooke: No, you didn't... Of course, you used to work at a sex store. That's awesome. Okay, but here's the thing, when I work with clients on just liking themselves, just having compassion with themselves, having kind words for

Ep #326: SEX with Dr. Sonia Wright

themselves, I have so many clients that are so challenged with just that piece. I think the piece of being, like, physically sexual and sensual with yourself, I think it has to do with how you shower, how you put lotion on, how you get dressed, how you look at yourself in the mirror, how you treat yourself.

And that's challenging. And then, in addition, to have any kind of sexual stimulation for yourself is incredibly challenging for so many women. What do you recommend for people that just feel like, "Okay, this is way too much for me, I can't even think about this?"

Sonia: Yeah, you know, well that's why I created the course because I was encountering this so often. So, I wanted to bring people on a journey. And I do call it a journey. And the beginning is like, "Let's look where you are right now and let's look at your concept and your ideas about being a sexual person. What do you think about that?"

And then I bring them into where we talk about the libido, like we talked about. And then we talk about anatomy. So, they have an understanding and, like, I talk about the clitoris. It's a structure and it has over 8000 nerve-endings. It's only function is for a woman's pleasure. That is the only reason why a clitoris exists.

And it's not just a little nubbin. It's got four prongs that kind of go around the opening of your vagina. So, it's a structure and it's made for pleasure. So, you're made for pleasure. So, what are your thoughts about that, right? And then I bring them along to where we do talk about body image. And then we're also talking about loving yourself and we're talking about pleasure.

And when I talk about loving, you know, it's like being kind to yourself, prioritizing yourself. That's where the self-care comes in that I talk about. So, I know that this needs to be the foundation, before we really go onto all the other sexual stuff. It has to be in there.

Ep #326: SEX with Dr. Sonia Wright

The body image is so important, you know. Models are five foot 10 and a size four and the average American woman is five foot four and a size 14, right? So, we have this concept in our mind that we're not sexy enough, you know, we're not good enough for sex. Our body isn't sexual, you know. But that's all incorrect information.

Brooke: If you guys want to watch the video, go to my website, because you have to see Sonia's face on some of these. It's so classic, "It's incorrect information," or a swearword that we know...

Sonia: Exactly. I have to work on all these things to get them to a place where they really love themselves and they say, "It's okay if I have pleasure. It's okay for me to prioritize my pleasure. It's okay for me to be a sexual being." And then once we get that done, then we can go from there and we can work more on the actual sexual acts and bringing it all together and creating a sexual protocol.

But yeah, a lot of it goes into just acknowledging that you're a sexual being and then being kind and good to yourself and loving yourself and being okay with pleasure, just general pleasure, not even talking sexual pleasure, but just having general pleasure and what does general pleasure feel like to you, you know? Are you okay with having general pleasure? Can you walk in nature? Are you deserving enough for these things? So yeah, I have to deal with all those things.

Brooke: So, I think that some people may listen to us and feel like, "I don't have time for that. That's not important for me to think about pleasure and sex and that sort of thing. That's not an important part of my health." What would you say as a doctor, as a coach, as someone who's a counselor, a sex counselor? Do you think this is an important thing for us to prioritize? And if so, why?

Sonia: Obviously I think it's an important thing. But I also recognize that if a person does not think it's important and they do not think it's a problem, I am not pushing somebody to make it a problem in their life, right? So, if

Ep #326: SEX with Dr. Sonia Wright

they're like, "I don't have sex and, you know, I don't need it..." and then I also recognize, there's a certain percentage of the population that is asexual. It's like 5% or a little less than that.

But that is okay, you know. I'm not here judging and saying everybody has to be sexual and everybody has to enjoy this, right? But I do see that, over a period of time, that I see women that get into their 40s and they're like, "Is this all there is to life? Is this all there is? Where's that mind-blowing sex that I heard about, or used to have at one point in time?"

So, it comes from each individual person and what they would like to explore. I'm not here to push it on anybody. But I also think that it's important. If I have somebody that's suffering in isolation or having emotional pain over this and doesn't know where to go to deal with this, then I am here to let you know that it can get better. And I'm more than happy to help you.

And then there's other people that are out there to help you as well. But reach out and get that help. So, that's kind of the important thing for me, that people are aware that people do have sexual difficulties and they can be solved, they can be made better, it can be improved. And there are people that are here to help you. You don't have to suffer in silence.

And then along these lines, women don't have to have pain with sex. There's a lot of women out there that are having pain with sex and they think that this is just the way it is. No, it does not have to be this way, so go see your gynecologist. I'm very clear, I'm not a gynecologist. I work with the mind and information and things like that and I'm a sexual counselor. But I always make sure that my clients are being checked out with a gynecologist and make sure physically there's nothing going on.

Because there can be a lot of different physical issues that can be causing pain with sex as well, but I do want to get that message across that you don't have to just bear it and tolerate it and just get it over with. If you're having pain with sex then do something about it.

Ep #326: SEX with Dr. Sonia Wright

Brooke: I love that message, that we should be prioritizing our own pleasure, and if you do do that, you're going to want to have sex a lot more, which will benefit you and your partner, especially if they have a higher sex drive than you, right?

Okay, so if people want to work with you, I'm imagining someone listening to this that's slightly embarrassed, maybe intrigued, is going to come check you out, look on your website – and you do have a course they can take. So, tell me what that course would be like and, if I'm hesitant, maybe you can help me overcome some of my fears.

Sonia: Yeah, so I do both individual coaching, so on an individual private client basis. And then I also do group coaching. And so, in terms of my group coaching, that is Own Your Sexuality Now. It is a 12-week course and basically, as I mentioned before, we kind of go through each different module.

And it includes the modules and the videos to go with some additional information, and some worksheets as well. And then we have weekly group coaching calls where you can ask me anything. And I have made sure people understand that, in the weekly group coaching calls, you get coached anonymously.

So, it's not like, "Hi, I'm Sonia and I have such and such an issue," you know. And it's not like that at all. I don't use names. In fact, I encourage my clients to come up with fun names. So, we've got, like Lingerie Lover or New Vibrator Toy Lover. You come up with your name. I have, like, Pole Dancer. They come up with their names and they get to have fun with it.

And then, I coach through the chat and I coach through the questions and answers and I answer questions and I coach back and forth with my clients. So, we can get that coaching that you need done. And you can always get individual coaching with me as well. But each module, I give you information.

Ep #326: SEX with Dr. Sonia Wright

And the modules are so much fun. Like I mentioned that we start with owning your sexuality and becoming like a sexual being. And we work on libido and anatomy and things like that. But then we go into what I call the even more fun part which is the sexual smorgasbord where we go through a long list of sexual activities.

So, people have different ideas of different things and we do this list where it would be yes, no, maybe, never, you know, or maybe not right now. And if you're a solo partner, you do it with yourself and you journal on it. If you have a partner, both of you can do it together and then there's that want-match type thing that comes in. And they can figure out what it is that they might want to try together.

And then we get into toys. I love the toys. So, I have a person that owns a toy store and she comes in and shows us all these different toys because toys are fun, right? And there should be more stimulation. And if you have a vibrator that's got AA batteries in it, it's time to let it go.

There's different toys out there and they've got different vibrator patterns. They've got different oscillations. There's this clitoral stimulator. There's just so many different toys out there compared to what was out there like 10 or 15 years ago. So, you can upgrade to these different toys. So, we talk about that as well.

And then we get into the planning phase of doing the sexual protocol. So, we can figure out how to increase the sex, if that's what you want to do. Or, if you want to focus on the intimacy, you know, you get to choose. It's your protocol. You get to make it and you get to choose. And then we kind of tweak it a little bit and we figure it out for you.

Brooke: I have to tell you, I've talked to a lot of people about sex and instructors. You just make it seem so easy. You're just so comfortable with it and you're just so – I don't know, you just make me want to, "Okay, I could talk to you about all these things." Normally, the toy thing I feel, like,

Ep #326: SEX with Dr. Sonia Wright

uncomfortable, I'm not sure about it. I don't know about that. But I feel like I could talk to you about it all day.

And I'm wondering about people listening on this podcast. They're like, "Holy cow, what are these ladies up to?" But I love, you just make it so normal, which it should be, right?

Sonia: It should be, right? It is a normal part...

Brooke: Especially the way you just said it, like, your body was made for pleasure. Let's talk about this more in the open and talk about what's important. Okay, so if people want to come take this course or they want to work with you one on one, where do they go? How do they find you?

Sonia: They go to my website, so that would be www.soniawrightmd.com and there you can actually find all my information. But there is a tab for Own Your Sexuality Now, and you click on that tab and you can enroll right on my website. So, www.soniawrightmd.com and you can find everything there.

Brooke: Okay, and then if you forget all of that, you can always go to The Life Coach School and look up this podcast and we'll have all the links and everything for you to access the class. It's coming up soon. You can take it. You can get coaching anytime soon.

I highly recommend this. I feel like I could tell you anything right now. I could talk to you about my sex life a lot. We'll talk about it later, not on the podcast.

Sonia: Okay, alright... Yeah, my course is open for enrolment and the next course is going to start on July 22nd, so yeah, definitely enroll. We have so much fun. We just have a lot of fun. And we get the work done and lives are improved, and that's what it's about.

Brooke: I love it. Thank you so much for coming on the podcast and being so open and fun about all of this. I so appreciate it, and hearing your story

Ep #326: SEX with Dr. Sonia Wright

and I'm looking forward to all the people that get to benefit from your work, so thank you for coming on.

Sonia: Thank you so much for having me, I appreciate it. Thank you.

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