What's In Your Head Goes To Your Bed Transcript

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Introduction to Dr. Keesha Ewers

All right, everybody. We are back with an amazing session. I am so excited that we have Dr. Keesha Ewers with us. She is the mother of functional sexology and she is a wealth of knowledge.

And I am so excited to have her here with us. Thank you so much, Dr. Keesha, for being with us. I'm delighted to be here. Thanks for inviting me. Yeah.

So, you know, you did your doctorate in in this psychology. Yeah, my PhD is in Sexology. How did you end up going into that as a like an area of study?

Well, you know, I always say that I would any time someone came in my office and stomped the chump, the chump went back to school. So I have a lot of letters behind my name because of that.

Like, I always get super curious about unsolved problems. And one of the things I noticed is I would have women in particular. I have a TED talk about this.

Have you heard from your libido lately? And I tell this story where I say, you know, I'd have women that would come in and they would say, I heard you prescribe bioidentical hormones to my friend, my sister, my mother, my daughter, and they feel fabulous.

And I want some of those. And then when I would start asking questions like, so why do you think you need hormones, then I would I would get so many interesting responses.

Why She Studied Sexology

And often it was on the spectrum of my sexual desire has up and left or I never had any. And when I would say, when's the last time that you had a sexual desire level that you were satisfied with?

Oftentimes it would be elicit tears. People cry, you know, in those with those questions. And I thought, well, that's interesting. You know, no one ever asked you that, you know?

And so when they would say, I five years ago, but my partner had an affair and I've forgiven them, but I don't really want to have sex with them anymore.

I would say, well, you know, hormones aren't going to fix that or I've never had sexual desire. And then I would say the same thing, like, okay, hormones aren't going to fix that.

Or the woman that would come in and say, and this is also for men. So that would come in and say, I had I really love my partner and we've had fabulous sex.

And then I met through menopause and now it feels like I have a cut glass in my vagina. I feel like, okay, you know, drugs are the exact thing right here.

But a lot of times I started realizing that there was some kind of underlying emotional issue that was causing either sexual pain, dysfunction, low desire.

And when I would say, do you like your partner, that was another one that people would start crying, you know, like, oh, I don't know. And so I would say, you know, hormones don't make you like your partner.

So this became something when I started looking in the medical research, I couldn't find anything to answer the

questions I was having. And so I went back to school and did a study called The Healing Unresolved Trauma Study.

And from the Hurt study, that's the acronym of it came the Hurt model, which explained why the ACE study the adverse Childhood Experiences study from the nineties, came up with the results that it did.

It kind of tracks it and shows you why trauma creates some of these issues. And so I just jumped from emotional hurt to trauma and kind of a big lead so we can back up and find some terms here if you'd like.

Yeah, I know, because I think sometimes the word trauma gets a little confusing because sometimes people think it has to be like some horrific thing that's happened.

And I mean, it can be a whole spectrum, could be just feeling rejected, can be. Not just feeling rejected. Rejection is just as high It turns out in how your brain responds on an MRI scan as sexual molestation.

Mm hmm. Now, okay, this is really important because PET scans, fMRI scans of brains indicate a especially female brains. And when I did my work, I looked at a ton of these scans, and I found this really interesting finding that wasn't reflected in the literature.

And it was the very same parts of the brain required for a woman to fill sexual desire are the same ones that get hijacked when she's stressed, even about feeling overwhelmed with her day.

Like when we studied so much. I know when when we started our interview, you were a little stressed about tech, right? That right there pauses, architectural changes in the brain.

Trauma, Stress, and the Brain

It changes the way that your perceptions are releasing information to your hormone system, your endocrine system, which then gives you like a in the loo that's inside your body that's different than it would be if you were not stressed, which is fascinating is so fascinating because it doesn't require Hurricane Katrina to wipe out your house or being in a war or having experienced domestic violence, you know, for you to have these changes in your system and that is the big myth that's the big myth people think that.

So that's capital T trauma, all those things I just talked about. But it turns out that lowercase T trauma and we have thousands and thousands of thousands of those lowercase t trauma experiences as human beings from the time that we're born until we die that are influencing the shape of the brain at any given moment.

It's really interesting. Which parts light up. Do you know? Why is it that it seems that women tend to have more and that might be a generalization, more of a stress with this than than men.

Right. I mean, I know this is a generalization, but it does seem I mean, I know physiologically the process of stress affects both men and women similarly, and that you can't have stress and sex basically coexist.

But maybe this is my you know, because as a woman, maybe I'm seeing the world through a woman's eyes. But in general, it does seem to me that I get and maybe because I just happen here for more women that the libido and the stress tend to be more of a problem than for men.

Yeah. You know, the statistics that are often put out on the Internet that say every few seconds a male has a sexual fight and then females are not as sexualized in their thought processes.

And what they ruminate about, I think, is really harm to men in a way, because if they're not ever ready batteries and ready to go at all times, then they feel less of a man.

Because actually, in my practice as a sexologist, I have seen a lot of men wear the same thing. They get fired. They have relationship difficulties. They you know, different things happen in their world.

And they also have a plummeting sexual desire. Now, here's the other thing with men that I see is a lot. We we have a an imaging company that I send, you know, women to.

It's it was it used to be called the Women's Imaging Center. And now it isn't any longer. But it was because that's where DEXA scans were and mammograms were.

And I've been sending men in the last five years to go in and get DEXA scans that used to only be a women's health issue, osteoporosis, bone loss. And I'm seeing so many men, I would say 65% of my male population that I send in that are over 50 years old come back with some bone loss and estrogen dominance, testosterone deficiency.

We have so much estrogen mimicking and reproducing toxicity in our world. And if they have genetics that make it difficult for them to filter it just like same with women, but they're not getting clocked on it.

They're not getting tracked and so this has actually become a big problem for men, too. So there is kind of an urban legend that men never have low libido, but actually it's not true.

Thank you for clarifying that. So the other misconception, people think like, oh, this is just normal part of getting older and like I just got to grin and bear it and this is what it's like.

And I've heard from many women in my practice that I'll be like, Oh, I guess that's just part of my life is over. Mm hmm. And that ship has sailed, and I'm glad to see the sails gone over the horizon.

I don't want it to come back. I've heard that, too. I mean, you know, so it has to sort of be a desire for women. But here's the thing that I asked them next around.

Low Libido in Women and Men

That is when we talk about the word libido, it comes from the Latin word, does the red desire, which actually means from the stars. And so this word desire is not just sexual.

So when I talk about libido, I'm talking about lifeforce energy that doesn't necessarily need to be spent sexually. So it's your passion. What are you passionate about?

Do you want the sales to go over the horizon, you know, and never come back on being interested, you know, fully alive to the things that give your life meaning and purpose.

And so that's the thing that I like for people to kind of track within themselves is do you have desire for life? And then we can track it back to that energy that can be spent sexually.

Is life force energy in your Vedic medicine in Sanskrit? It's called Odysseus. And when you run out of your urges, according to the Vedas, you die like you don't really want to say, Well, bye bye.

And so I know I've I'm post-menopausal now and the energy around sexual engagement has changed for me to it in it's really fascinating because I was telling my daughters I have two daughters that are in their twenties and I said it's really nice because I don't have mass anymore.

And I didn't really think I had PMS before, but I definitely had moods that went like this. I wasn't as I just had so much equanimity. Now I don't react to things that are not going the way that I want them to go.

Like there's so much more peace in my life and my hormones are completely beautiful, balanced, my adrenals look fantastic, you know. And so the, the drive to propagate the species is gone.

And, you know, there is a biological, primal drive there. So now it's just like connection. And what do I want in terms of getting that relationship? Closeness with my partner and intercourse, I think, is really important because you

know that that whole vaginal wall needs to be exercised. It's a muscle.

And if you don't exercise, you don't use it, you lose it. So I always say, take your vagina to the gym and have intercourse. Whether it's with a person or with a toy, it's really important that that stays, you know, lubricated your tissue, stay vital and you keep it exercised.

And that's something I saw recently, too. I mean, just in general, for for men and women, all genders, all sexes, is that if we don't use it down below, we lose it because we're really affecting our blood flow long term.

And so the more we are participating, whether it's with a partner with ourselves in sexual activity, we're keeping that blood flowing and keeping that tissue healthy and keeping things working.

Yeah, yeah. I mean, if you don't ever raise your right arm again, it's going to atrophy. And we know that with legs, you know, if if you have one that's dominant, if you have an arm that's dominant, my massage therapist will tell me if I'm imbalance of that, I need to do some more work on one side because the other side is not getting as much attention.

And that's that's your vagina. You have to work it. So that's it. I think it's a really important you don't have to have sexual desire to engage sexually.

And that's another myth is that I have to be in the mood. And that's when I try and teach from stages. And, you know, I'm just like, you don't have to be in the mood, everybody.

Because one of the things research has shown us is that for females in particular, if you're willing to feel aroused, then desire can come second. But there are two kinds of desire.

So there's innate sexual desire, and then there's acquired or a low desire and then acquired low desire. So if you have innate low sexual desire, that means you never had libido, you never had sexual desire.

And that that's about half of people that have low libido and that can come from anxiety, OCD, mood disorders and abuse in your past. And so, you know, that can be healed.

That's the thing is all the things that I talk about can be healed. That's what the summit's for is you can heal all of this. And acquired low desire is like what we talked about.

You know, something happens like you got cancer and you went to radiation, chemotherapy, or you have a thyroid issue or you know, there are a whole bunch of reasons that you can you get put on a medication and a side effect of low libido.

Desire, Aging, and Hormones

That's one of the most common side effects of medications of all kinds is low libido. You know, you're wiping out your life force energy. And so, again, all of this can be adjusted.

It's just getting to that root cause. Yeah. And I know I think it's so good that you brought up at the beginning how many people think that hormones are the answer to everything you know, especially well, and also just medications like since Viagra came on the market, I hear from women all the time, like, that's not fair.

That's not fair. And I'm like, Well, Parker is not a horny pill. Like, they haven't they haven't created that yet. It's just a blood flow. Exactly. That's exactly right.

It's so funny because it's like penises need to get engorged to rise. We have operating systems that are different. They're very different. And yes, we have to get engorged and have good blood flow for sure.

But we have this really wonderful system that works with a little bit more fine tuning than the sort of like get the

blood flow going. Right? So, I mean, we have we have a part of a body part that's only designed for pleasure, doesn't nothing else is used, you know, like it's the only thing is just for your pleasure.

And men don't have that. They have a multi-system organ, so it needs a little bit more help. I think sometimes in. Your experience and I know this is like you could talk for hours on this because I know there's not a quick and easy answer to low libido, but where do you have people start or what did you see with your thesis or, you know, any of your experience?

Yeah, the study that I did, I actually came up with the terminology I just gave, you know, is it innate? Is it acquired? So do you like your partner? Have you ever been able to reach pleasure and desire for yourself or a partner?

Is it relationship specific? Actually, it turns out that for females, the number one reason for a lot of sexual desire is relationship dissatisfaction.

Number one. So that's why that, you know. QUESTION Do you like your partner? Are you satisfied in your relationship? It has to be right at the top of the list to ask yourself start there.

Is it innate? Is it acquired? Was there something stressful that happened in my life when right when the desire went out the window, there's a an interesting factoid that I don't think a lot of people understand, and that is that libido is the first thing to leave and the last thing to come back online when you have an illness.

And so I work with a lot of people with autoimmunity and a lot of times they don't know they have autoimmunity and their libidos disappeared in the fog of fatigue.

Right. And unable to concentrate and inflammation and pain again, physical pain and sexual desire do not coexist. Right. That's a form of stress. So if you're a zebra being chased by a lion and you think you're about to get eaten for dinner, well, that zebra has a system like we do where it says, oof, it's not safe to go to the bathroom right now.

There's a lion on our tail, so digestion shuts down and it's definitely not safe to reproduce right now. So any hormones that are necessary for reproduction and desire or anything around that will get hijacked and co-opted to make cortisol so that you can get away from the line and or fight it.

And so it's really wise to stun. Now, if you are unconsciously or subconsciously in a constant state of not feeling safe, you will not have a libido. So you ask yourself a few of these questions.

You know, low libido is found in five different places for root cause, body, mind, heart, spirit and story. So you ask yourself, you just break those down in the body.

Is there some illness? Is there something new in my life like I'm not sleeping or I have changed my diet or I'm detoxing in some way or I have a disease process, right?

So look at the body I used to train for marathons and you would think your libido might go up because there's a lot of that, you know, energy. But no, you know, I was using it all up with my running shoes on the pavement.

Right. My home and have four kids to take care of during the day. And then in the evening, when my husband would go, no, I'd be like, Oh my God, I get up at 4:00 in the morning and run in the morning.

Finding Root Causes of Low Libido

Now, you know? And so you have to think like libido is sort of like the warning light on the dashboard of your car. So if it's blinking, our car blinks, you know, it says low gas.

You always quickly pull off and go get something to fill your car because you don't want to be on the side of the road. But what we do is we drink coffee daily, some kind of short chain carbohydrate, you know, and then we think something's wrong with our body when it won't perform the way that we expect it to.

But we haven't been listening to the lights, watching them on the dashboard, and responding to them with compassion and appropriate behaviors. So that's body mind is going to be where is your mind?

Are you fully present and engaged inside your body or are you disassociated, little head that drags the body around and demands that it does what you want.

You know, I don't way what I want to say. I don't look the way I want to look. Oh, I'm starting to get this. Oh, man, maybe I should start doing body hugs.

They're getting plastic surgery. Or maybe, you know, like, where is your mind? What are the ruminating thought loops that you have? Oh, man, I can't stand the way that he chews.

And, you know, why is it that when he comes home, he doesn't just instantly help me with whatever I'm doing and ask how my day is, you know, like what?

Or she or they. Then I'm like, what is it that you're looping on mentally? Is it what life promoting or is it distracting from your life? So, you know, is that vitality that you're ruminating on or is it some kind of like scarcity that you've got going on and not happy with an expectation that's not getting met?

So that's going to really suck from libido. And then emotionally, if you feel hurt, if you feel sad, if you feel fearful, if you feel angry, if you feel a lot of shame or guilt, then that is not going to coincide with a healthy level of desire for most parts of your life.

Let alone sexually and then spiritually. Were you raised in a sex positive environment, culture, religion, spiritual tradition? Do you believe that it's your right to have pleasure, or do you think there are a whole bunch of things come before that and they need to get done on your checklist?

I use the Enneagram a lot and so Enneagram is a great way of understanding, like what motivates you and how you see the world. And there are some types that have like, well, I have to take care of everyone else before I can have pleasure or I need to get my task list done before I can have pleasure, or I need to succeed before I can have pleasure.

You know, there's just a lot that's tangled up in what has to get done before I can have pleasure. And then so that's spiritual. If you were raised with good girls don't or purity rings, you know all all of these kinds of things.

Right. I don't have designed from the pulpit you heard desires bad and then when you get married you can turn the faucet on after there's been a kink in the house for so long, sometimes it doesn't work very well.

Yeah. And then in your story along the lines, I call it your libido map. Was there any moving in your the development of your libido as you were growing up?

And this can be sexual abuse. It can also be a million other things. Uncle Gary Leered at you at Thanksgiving at ten years old and you felt uncomfortable.

Right. And women will always try and explain this kind of stuff away that is inappropriate. It and yes. Right. Or she felt terrible about that. And so because they'll say, well, I no one molested me.

Right. And so in your story on your libido map, if there are places in your landmarks, the places that your your developmental phases, there was some wounding that'll show up then in your libido level in adulthood.

Wow. This gives me a lot to think about because I'm going through a lot of things you've said. I'm going, yes, check. Check. Yeah, I know. I know. I will.

But I was sexually abused at the age of ten and my dad was totally inappropriate with waitresses and different women that would come through our lives, you know, very flirty and kind of sexual.

And I was always really uncomfortable with that and didn't know why. And so when I started learning all of this and became a sex therapist, it's like, Oh, you know that what that that was wounding along the libido map, which wasn't intentional on his part.

But, you know, he was he was in the Navy for a lot of years and there's a lot of that, I guess, is part of the culture that he was a part of and know men's club though.

So what's nice it sounds like is that being able to like identify some of these sources, you were able to be like, okay, we can turn this around.

Pain, Communication, and Healing

We can absolutely turn around. I mean, I ran trauma retreats monthly, some with plant medicine, some without medicine for different kinds of people and what their needs are.

And, you know, it is amazing once you break free of some of these unconscious beliefs that have driven you and you reframe and you heal and repair some of these places on your libido map, it gives you real freedom and liberation.

And so permission to be in the world in a completely different way. So it's a it's really very rewarding, you know, to watch that. I'm always so inspired and you don't have to relive trauma to heal it.

That's the thing that a lot of times people don't understand is especially sexual trauma is terrible. You do not have to relive sexual trauma in order to be healed from it.

And that's is there anything that you can think of that I haven't asked you that you think is really important for people to know? I think that since we're talking about sexual dysfunction in we're talking about sexual abuse right this moment, you know, a lot of times painful intercourse also will cause low libido.

Right, because the body is wired to be very, very smart and something hurts. It doesn't want to touch it again. You know, it's like, no, I don't want to do that.

Right. And so sometimes couples will go for an I'm always amazed by this really fantastic scrape you off the ceiling studs comes from really fantastic scrape you off the ceiling communication and a lot of times couples don't have that level of communication around sex and we'll just quietly ignore.

Right. And so if someone's starting to have pain or someone's not getting erect or being able to hold an erection, then and there's tightening in the female system, I am always very amazed that that never gets talked about in some couples.

And so that's another piece of work that I find very rewarding when I work with couples. So here's how you can find your way back together. And there are these exercises that you can do.

You can learn how to trust. I always think about it like a woman with vaginal, pelvic floor, clitoral pain, any of the areas that can cause pain with intercourse as like a deer in the thicket that needs to be invited very slowly, very quietly and very simply out.

And if they have a partner that is not any of those things or all of those things, then it just makes everything much worse. And so I really find that another very rewarding part of my work is to be able to teach people how to engage with with each other to alleviate that pain that comes from so below desires.

Because I'm in pain so well then let's get to the pain. Oh, that's because, you know, X, Y or Z and it's usually emotional. This has been amazing. I mean, I honestly, you know, every time I talk to you, I could talk to you for hours and hours and we could just we just do have the Keesha summit and just have you talk the whole time.

Yeah, that's I mean, I enjoy you so much here for the same reason, so stop. Yeah.

Closing Remarks and Resources

So I really, I really appreciate it and really want to thank you for taking the time to talk to us. And because this is definitely a topic that we just don't talk about enough, especially in our culture.

So the fact that we just kind of keep normalizing, talking about it is really great and there is help for people. So where can people find more information about you.

drkeesha.com, D R K E E S H A.com great place to start is solving the autoimmune puzzle book. Yeah. Wonderful. So everybody make sure you go check that out and also stick around for some amazing sessions coming up.

And once again, thank you so much, Dr. Keesha. Thanks, everyone. Bye.