



## Conscious Life presents

### How to Follow the Pleasure

**Guest: Dr Cat Meyer**

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#### **[00:00:09] Dr Anu Arasu**

Welcome. I'm Dr Anu, co-host of the Hormone Super Conference, and today I'm joined by Dr Cat Meyer. Cat is a psychotherapist. She's also an author, a podcast host and the founder of the online platform Sex Love Yoga. Cat's goal is to help us evolve our relationship between sex and our bodies. Welcome, Cat.

#### **Dr Cat Meyer**

Hi. Thank you. It's such a pleasure to be on.

#### **Dr Anu Arasu**

So, Cat, you offer a really unique perspective on something that is huge when it comes to hormone health, and that is libido, or loss of libido. From your experience, what do you see happen when people are having hormonal problems? What happens in the field of libido?

#### **Dr Cat Meyer**

Yeah, that's such a beautiful question. So our hormones, as you've been having these conversations with people, you'll see that our hormones really run everything.

They help to support the functioning of our body, whether it's from...sexuality to being able to think properly, to be able to have digestion properly. And so we can see...whether it's something in the environment or something that's going on inside of us mentally and emotionally or physically, how this can impact these other aspects of our life.

So, a good example is when we see somebody who's under a lot of stress. The same hormones that are needed to be able to create stress, to be able to support with the stress, are some of the same hormones that we need for sex. And so to have those two parts in conflict, survival is going to win out over reproduction.

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So our bodies, in this very clever way, will turn down its protection of sex hormones so that it can favor what it can be able to support the stress or to be able to preserve the person...survival wise, that makes sense, evolutionarily wise, that makes sense, because why would we bring a child into a world when we're under a lot of stress? That just doesn't make sense.

So to give ourselves compassion and to give our bodies the honor of the celebration of it, having that creative process, but then for us to look at the loss of our libido and rather than just say that there's something wrong with us or there's something broken with us, it's really about learning about the intelligence of the body. What does the body need to be able to produce sexual hormones or to promote the libido or the desire for sex again?

And so we want to look at it from that very nuanced level of what's going on inside of me? What's going on in the contextual environment? What's going on in my relationships? Even, what's going on in the stage of my life? For those of us going through perimenopause or menopause, there are those fluctuations of hormones that impact our libido as well.

And I think for many people going through that, that's a lot of discomfort. It's a lot of pain, it's a lot of emotion. And we may default to the solutions that we do with discomfort; avoidance or suppression, or just driving through it, or using something external to get rid of them.

Or we can lean into them as curiosity and be with the discomfort, and perhaps there's other solutions that we can do to support ourselves, which is what you and I are going to get into today - how can we support ourselves even though it's uncomfortable?

### **Dr Anu Arasu**

That's so useful, I think, for people to hear, because so often we can make the mistake of thinking that it's to do with age or loss of libido is something that happens at menopause. It's a kind of inevitable part of the aging process.

But as you have pointed out, actually, there can be many factors at any time of life, such as burnout, that cause a libido to drop. What would you say about this concept of loss of libido just being part of the aging process?

### **Dr Cat Meyer**

I think that the fluctuations of our libido is a natural part of being human. I think we put a lot of pressure on ourselves to always be turned on or always be able to be turned on.

And us, as people identifying as woman, we have a whole cycle that happens every single month where our libido can be stronger at some points than other points. Around ovulation, our libido can be stronger. And during the luteal phase or during the follicular stage, it may be less.

And so by us learning about how our bodies actually work can give us both the tools to be able to support the environment that we need for arousal, or it can help us to just have compassion,

knowing that this is just the natural part of the cycles that are ebbing and flowing. And can we give ourselves the permission to be natural in that, to be authentic in that, rather than trying to push ourselves faster?

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I also think - and we'll get into this more too - is helping ourselves to redefine what sex is so that we aren't fixated on sex as this one definition of penetration, that sex can be like a whole spectrum of activity.

And so, yeah, maybe we're uncomfortable and we're more dry, we're having more of the Sahara desert experience in our vulva, and penetration is not going to be comfortable. It's going to be painful. If we try to push further than that. That's not the type of sexual activity that we need.

We need to invite a different definition, we need to expand our horizons so that our body can still be in pleasure, so that our bodies can still get what it needs or to feel really good and luscious and connective, but not in that way that we're trying to force ourselves into the box of.

### **Dr Anu Arasu**

Right. So it's taking off the pressure about sex being one way, one type of thing - vaginal penetration - and that's how it is. I mean, this is very interesting for, of course, anyone out there who's suffering from vaginal symptoms, vaginal dryness or even erectile dysfunction.

What would you say about the physical problems that people can have and how that can affect their libido?

### **Dr Cat Meyer**

Yeah, so I see physical dysfunctioning as - or not functioning the way that we want it to, because I also want to be mindful that we don't pathologize these responses of our body.

Our body, again, is so intelligent, it's clever in its functioning. We just have to recognize that if we keep driving toward this narrow image, that it may not be allowing us to unfold our most authentic selves and supporting our bodies the way that they need.

So there are emotional factors that can impact our functioning. There can be pressures that are outside of us that are causing these functioning. With this definition of sex - I'll come back to this - this idea that sex is penetration-focused, it's genital-focused, it's orgasm-driven, like we're chasing down for this finish line.

We're more focused on our partner getting them off, rather than we are focusing on our own selves and what feels good and pleasurable for us. We are focused on this genital-functioning in this very specific way. "Can I maintain an erection?", "Can I last as long as I need to?", "Can I have an orgasm?", "Can I ejaculate?".

All of this is mechanic focused and mechanics, when it's not working in that way, can we look at, "Is there an emotional process that's getting in the way?", "Am I having anxiety about being a good enough lover?", "Am I experiencing grief?".

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Grief is a big one that can impact the functioning; for some people, it increases libido, because sex becomes this solution for connectedness or escape, but it can also go the other route, and we can feel like we don't want sex at all, we have no desire or libido for sex.

Similarly, we can look at the relationship of a couple. So one person may be going through grief, and the other person, and they want sex, and one person may be taking on the role of a caretaker for their partner, and they don't want sex because it's translating as them having to give sex, and it's not about their pleasure.

So I say all of this to help people to understand there is a whole complex and clever underworkings here. And if we just focus on the symptoms of hormones and we just focus on the symptoms of low libido, we're going to miss a whole root system that's going on.

We keep going to Viagra, we keep going to medications, but our bodies are somatically expressing itself. It's expressing its needs, and that's where we need to start: introspection, going inside to see what's contributing to the expression.

#### **Dr Anu Arasu**

And I think you gave some really pertinent examples, things that I've certainly heard about people who are going through grief. I mean, that could be the grief of a divorce. It could just be the grief of having too much on their plates and being pulled in so many directions, and the loss of intimacy with their partner.

Could you talk a bit more about maybe a few examples of what you've seen in your practice and your retreats, of couples, perhaps at the time of menopause or andropause..?

#### **Dr Cat Meyer**

Oh, my God, yes. So I think menopause and andropause relates a lot, we can relate that to grief. Grief, I think, we often associate with just the sadness of a loss and loss of a person or loss of a job or a marriage. But grief exists in so many aspects of our life, and it is a very natural process of honoring the end of something, the loss of something.

And when something ends, there can be a complex emotional process around there. We may have anger, we may have sadness, we may have the loss of an identity, the loss of a belief system, the loss of strategies and coping mechanisms that we used to have that we no longer are operating from.

And in the case of menopause and andropause...what are we grieving the loss of or the end of? It may just be the end. And that ending and honoring the ending with conscious awareness is important so that we can make a transition into this new chapter, into this new identity, into this new way of being.

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And so there may be grief of the loss of the ability for reproduction. Or there may be the loss of, for some women, "I can no longer have children, and that is the death of the dream that I had for a family". Or this may be the loss of the perception that "I can have wild, hot sex forever and ever and ever".

Because what we do know is that, again, once you have that grief and you're allowing the sadness, the anger, the emotions to actually live through our body and emotions, we won't be stuck there as long as we can allow them to flow through. That's what...they're transient; they come, they travel through us, they give us a message, and then they go, if we let them.

And then on the other side, we can discover so many positive aspects that come out of this new iteration of ourselves, this new identity, this new way our body operates. And so I've had several women tell me that they had the best sex of their lives after their menopause because they didn't care what their body looked like anymore.

So they found this more liberated expression, or they didn't have the worry about contraception or the worry about more children...they had more of a mature way of handling their emotions or challenges in life, or they felt more secure in their relationship. Whatever it was, this acted as a process to anchor in this new chapter. It almost served as...a ritual that they went through to then step into this new phase of life.

### **Dr Anu Arasu**

Beautiful. You've mentioned the difference between libido and arousal before. Can you tell us about that?

### **Dr Cat Meyer**

Yeah, yeah. And this is so important because I think people, when they get mixed up in this, it causes a lot of issues, too. Libido is the interest of sex. It's the thoughts that we have about it, it's the desire that we have for it.

Arousal is a physiological response of the body in preparation for sexual activity, namely penetration, because penetration is more of the primal sense of sex, it's for reproduction, evolutionary wise, right? Because now we also have sex for pleasure.

And we have sex for many other reasons, but from that standpoint, it's for that. So we see the symptoms of engorgement. We see erections, we see lubrication, the wetness, the openness, the softness of the muscle so that we can penetrate.

So sometimes we can have libido without having arousal, and sometimes we can have arousal, meaning the physiological responses without the libido or the desire for sex. And so having the difference between those can help us to understand more accurately what's going on.

So an arousal, our body can respond to sexual stimuli in our environment all the time. And that's where some people can feel embarrassed or they can feel shame that they're having an erection or

that they're having wetness, even though there isn't something that they would mentally be attracted to, it's just the body's response to sexual stimuli.

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Now, we can also, on the flip side, have a desire for sex. And I see this often, "I want to have sex, I want to have it, I think about it, and I desire this". But their bodies aren't responding in the way that would promote sex.

So for individuals who have vaginismus or dyspareunia, (which is painful penetration for vulva owners), or if someone with a penis has a difficult time with erection, even though they want sex, and now they can find the frustration or the shame of their body, that their bodies are not operating the way that their libido is.

So having the differentiation between those two helps us to then go under and look at the contextual factors. Okay, what are the hormones saying? What are emotions saying? The physical body, is it even in the prime state for arousal, or does it need to be resting? Does it actually need to be recovering? Does it...brings us into that state...

#### **Dr Anu Arasu**

And when the two are quite separated, do you have any tips of how people can use that to their advantage? How they can or at least reframe their thinking about those concepts?

#### **Dr Cat Meyer**

Yeah, I think to start out there, what could be some of the emotional aspects, what it could be some of the contextual factors that are going on around in the environment, but also physiologically, what's the health of our nervous system? Because our nervous system plays the biggest role in sex.

What's the health of our sympathetic system, which is the arousal system? That's how we get aroused. It's the activation of the body. Now we also have to have the health of the parasympathetic system, which is the ability to ejaculate or the ability to orgasm. And so if something is off in one of those, then it's going to impact the whole process that we need of this arousal and of this release.

So I see individuals with these lifestyles of busy, constantly working, a lot of stress, doing a lot of stimulants. And to just maintain this productivity lifestyle that they exhaust. They exhaust their adrenal systems. They exhaust the parasympathetic system, so that it doesn't allow for that sexual...I like to think of it as this weaving of these two nervous systems together. It can't function in the way that we want it to.

And so then we need to look at even lifestyle. What are we doing to either drive ourselves forward beyond what's authentic and natural? Or are we allowing ourselves spaciousness and rest and sleep, and regulating our nervous system? Or are we just staying in this dysregulated, hyper aroused state that exhausts us? And here's where we're talking about the hormones, that's what's impacting the hormone production.

**[00:18:41] Dr Anu Arasu**

That is such a fundamental point, isn't it? Because balance of the autonomic nervous system is the most fundamental thing with hormone balance. And as you have pointed out, if that's out of whack, then the libido and the arousal are going to follow suit.

**Dr Cat Meyer**

Right. And I have clients who have, you know, they're not living these stressful lifestyles, but they have trauma in their background, unprocessed trauma. And I'm not referring to negative past experiences, although that can contribute to trauma, but trauma is the physiological response of the body unable to move forward from that distressing event.

So I specialize in working with trauma, with sexual trauma, primarily, and that can impact the nervous system to stay in this heightened dysregulated state or this hyper vigilant state that can contribute to fogginess or not being connected to the body or not being able to regulate themselves, because it's anticipating danger in the environment.

And my background, I personally came from sexual trauma, which is why I'm so devoted to this work and really understanding it, because it's not so logical to tell somebody to just calm down. There's actually something going on underneath it. And we may be functioning in life, but if our nervous system is kicked into that heightened state, that also impacts the hormone production and impacts our libido.

So until we can work from the somatic level and get the body to help it to both feel safe enough to be able to relax and teach the person to self regulate and teach the person to identify some of these cues, we're just going to keep seeing the symptoms of loss of libido or arousal.

**Dr Anu Arasu**

And this is such a fundamental part of issues such as painful sex or vaginismus. Could you tell us a bit more about that?

**Dr Cat Meyer**

Yeah. So when I'm working with individuals who have vaginismus or dyspareunia, painful penetration is what that's called, and it's manifested in different ways. It can be a clenching of the vaginal muscles so that nothing can enter into it, or it can be just pain on insertion. And that can be caused by bacterial infections, it can be caused by tears.

Ultimately, it's us trying to push something beyond our boundaries, both metaphorically and physically. So it's manifesting physically, we're trying to push something through.

Now, if there is - sometimes this can be as a result of distressing past events or trauma, and the body is holding the memory of that in the vaginal walls. And so it's trying to protect us from having something put in before we're ready.

And so in that regard, I teach women how to - I do a lot of mindfulness work with them. And then I also have them working with a pelvic floor practitioner who also works with mindfulness, of helping

them to connect to their vulva and teaching them how to be able to relax the muscles, using dilators, using breath work practices, using inter vaginal massage.

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And then I'm also working with them on the emotional aspect of it. So maybe they had experiences when they were younger where they had no boundaries and they were enmeshed with a parent or with somebody in their environment. It could be related to sexual trauma. Not always.

It could also be someone who has a difficult time with being able to regulate themselves. Or I've had some clients, it was because of car accidents or physical accidents that they go into and then there was a clenching of our pelvic floor or a clenching of our root because of fear or to brace ourselves. And so that can also impact it as well.

If it relates to tearing or if it relates to bacteria, yes, there's a physiological medication for that, but then there's also the very real learning of setting boundaries for our rest and setting boundaries for our recovery time.

And so there can be a part inside of us that says, "Sex is for the obligation of my relationship", or "I have to be available for sex to keep this person". And many of us do this unconsciously...There's a part of the cultural programming and then also a part of our own sense of protection and the need of how do we effort in a relationship to preserve it or keep it? We put other people's needs before our own.

So the body's just manifesting this...In my office we work through the grief, we work through the sadness, we work through the anger, we work through the fear of that in order to be able to maintain the work that they're doing physiologically with a pelvic floor practitioner.

### **Dr Anu Arasu**

So however physical things may look, there is so much going on at a deeper level. You said something there about cultural values and how that has an impact on our libido. Could you tell us a bit more about that from your experience?

### **Dr Cat Meyer**

Yeah...I'll give an example of my own self. So I live in the United States, and I grew up in Missouri, which was outside of St. Louis. It was a rural town, and my family was Catholic. So there was a...there was not much dialog around sexuality. There was not much dialog around our bodies or how our bodies operated. There was the message of guilt from Catholicism to not masturbate, not touch yourself, wait until marriage.

And while I'm not here to knock religion or beliefs, everybody can have their own construct, what I am inviting is a curiosity of how these messages may impact the relationship that we have with natural urges in our body and natural sensations and pleasure in our body.

So for me, it was these experiences of pleasure in my genitals when I would rub up against something. And the guilt or the shame that I would have if I kept doing it, or if somebody



caught...I've had clients tell me stories of how they were caught touching themselves, and they said, "Don't do that! That's dirty, don't touch that!"

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And how that instills in our head, this imprints in our head that that's wrong, that that's bad, that that's going to receive judgment and rejection and berating rather than curiosity and acceptance and allowance of our own natural urges. There are different ways that we can speak to our children if they're touching themselves in public versus just shaming them, and making them scared.

It's all these messages from our familial as well as our religious or spiritual culture, as well as our ethnicity, where we're coming from. Some individuals, there's more of a celebration of sex and pleasure in our bodies. And then for other people, there's more of a shroudedness, a hiding, a suppression of it as it relates to the natural sensations or as it relates to outward expression.

And then how our peers, our friends, our family members talk about it or don't talk about it. It's something funny, it's something disgusting, it's something that's not talked about.

And then even the messages in our TV and our culture, in our movies, in our music as well, the culture at large, the macro culture, and how that's influencing how we see sex, how we don't see sex, how we view our bodies, what's, okay, who can be sexual, who can be sexy, who can have sex. All of that imprints in us, too.

### **Dr Anu Arasu**

I'm sure all of us can relate to what you're saying. And it's so helpful to hear it when we're talking about hormone imbalances. And we can get so focused on, as you said before, the mechanics or "This isn't working". And actually, when you open up the topic, something inside me softens because it just brings us back to this place of vastness and expansiveness and how many things there are at play here.

If there were a few things you wish that everybody knew, or some tips you have for everyone out there listening, what would those be?

### **Dr Cat Meyer**

Yeah, tend to these different aspects of your life at the same time. Don't try to just focus on the symptom and just try to focus on the medical model. You can support the health of your nervous system by incorporating breaks, by having acupuncture, hormetic stress activities like cold plunges, cold therapy, saunas, vagal toning, vagus nerve toning, things like singing, humming, again, this cold therapy and saunas.

So you can take care of it from that perspective, but then also incorporate, tend to your emotional and your relational aspect, and then tend to incorporating erotic stimuli in your environment. It's not like if you're not thinking about sex, how can we expect ourselves to just all of a sudden arise and just have it work properly?

So whether it's reading erotic poetry or literature, or playing with erotic songs or audio stories or clothing that make you feel pleasure or make you feel good in your body, listening to podcasts

about sex and then contemplating around it, reading about it, and then finally incorporating pleasure in your life. Because pleasure actually supports the vagus nerve toning.

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Pleasure as in picking out pleasure that's not even necessarily erotic or sexual, but pleasure as in picking out things for the enjoyment of it rather than the practicality of it, "I'm going to drink my favorite tea, not because it's got all these superfoods in it, but because it tastes good and it feels really pleasurable. The warmth as it moves through my body".

Or "I'm going to sit down and listen to jazz music while I'm sketching in my notebook. Not because it has an end goal or a production, or it's going to be sold or whatever. It's just because it just feels really good".

That actually helps our vagus nerve to strengthen. And when we focus on it, when we savor on the pleasure, it expands that capacity, so it's even greater in supporting the health of the vagus nerve.

**Dr Anu Arasu**

So follow the pleasure. That's the take home.

**Dr Cat Meyer**

Yeah. Follow the pleasure in sex, let it be your compass. Don't let orgasm be your compass, let pleasure be it. Let pleasure be interlaced in life, in your activities, the choices you make. Don't do just the logical, practical thing. Be frivolous sometimes just because it just feels good.

**Dr Anu Arasu**

Thank you so much. I think you've given us so much to think about and just permission to go off and enjoy. Thank you.

**Dr Cat Meyer**

Yeah, I'm so happy...

