

Ep #25: Pleasure is a Self-Care Issue with Evelyn Resh



Full Episode Transcript

With Your Host

Dr. Sonia Wright

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You are listening to The Midlife Sex Coach for Women Podcast, episode 25.

Female Announcer: Welcome to the Midlife Sex Coach for Women Podcast, the only show that combines a fun personality, medical knowledge, sexual counseling and life coaching together. To create unique sex coaching that helps busy women awaken their libidos, address intimacy issues and learn how to express their sexuality for the rest of their days. Here is your host, certified life coach and sexual counselor, Dr. Sonia Wright.

Hello, hello, hello everybody. This is Dr. Sonia Wright and you are listening to The Midlife Sex Coach for Women Podcast. And I have a special, special podcast for you today because I have a special, special guest. She is one of my favorite people in the whole world. And I'm also lucky that she is my mentor and my supervisor as I'm going through additional training right now, and certification as a sexual counselor. And I meet with her once a week on Sunday mornings. And every time I meet with her I'm just blown away. I just love the conversations that we have.

And I just wanted to share these conversations with my Diamonds. So I asked Evelyn Resh if she would come and talk to us. And we could just have one of our conversations and that you guys could listen and hear all the fun stuff that we talk about. And as I say she is my sexual counseling supervisor. And so I ask her all sorts of things and I ask her for advice. She has – how many years do you have of service, 35?

Evelyn: Yeah, about 35, yeah.

Sonia: Pretty amazing. So Diamonds I would like you to welcome Evelyn Resh. And she can give us an introductory of who she is. And then I'm going to just start asking her some questions. And we're just going to have a conversation.

Evelyn: I'm just delighted to be here, Sonia, thank you so much for having me. It's a real pleasure.

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Sonia: I think the honor is really all mine, really it is. I feel like I should bow down and the music's playing in the background.

Evelyn: Well, I would say it's more of the mutual admiration society because I enjoy our conversations as much as you do.

Sonia: We do, we have some great conversations. And I was talking to you about the fact that I'm 54 and you're a little bit older than me. And last year I cut all my hair off. I had been grey for 20 years. I went grey in my 30s. But this year or with the Covid, I had the Covid cut in, I think June or July and I cut all my hair off. I stopped dying my hair, I went grey. I just wanted to be who I am, authentically me. And as I was going out in the world with this grey hair and we're in the time of Covid, we have masks on now. So you just kind of see my eyeballs and my hair.

And I'm experiencing things that I've never experienced before. Now I'm in the ma'am club, everybody calls me ma'am all the time. I go into the grocery store; people are trying to help me carry things like I'm not able to carry things, and giving me carts. And at 4'11 I'm so used to crawling up, and I mentioned this, crawling up on different counter spaces and in shelves in order to get to the stuff at the top. And that never bothered me before, I'd just crawl up, people passed by, they'd just watch me climb up these shelves and get to what I want.

But now suddenly I climb up the shelves and somebody comes running. And they're like, "Ma'am, ma'am, let me help you." So I'm realizing that there is a certain amount of ageism that goes on in the world. And it's just highlighting to me what society thinks of people are older, what we can and can't do. And of course we always end up talking about sex.

And then this thought about ageism and as we get older what it means to be a woman in the society and to be a sexual being. Because I really believe in being a sexual being throughout our ages, it doesn't stop in our 40s or 50s. We get to be sexual in our 60s, 70s, 80s, 90s. And so I just kind of wanted to talk to you about what are your thoughts about dealing with

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society and what they say that women of a certain age can and can't do sexually. And just what you've dealt with over a period of time.

Evelyn: I think the ageism issue is an overlay that absolutely hits us around 50. And it certainly advances as we advance in age. I'll be 62 next month and I've been thinking about this quite a bit in my own life. What have I internalized in terms of the ageism that I had always seen out there but didn't really pay that much attention to when I was a younger woman. Now I notice for myself that there are times where I feel like that's not really part of my life anymore, or I shouldn't be thinking those things.

I recognize these internalized ageism things in relationship to sex and it's difficult to overcome. I think that we have to call it what it is when we notice it and say, "Where is it coming from?" That's ageism, that's your internalized ageist voice that's really dictating your behaviors and to work hard, to push against it. Because there's no statute of limitations on caressing and on the pleasures of the skin, those go on forever.

And even though we certainly have shifts in our endocrine systems, in our metabolism and our capabilities. Our skin is such a big part of our sexuality and we need to recognize that.

Sonia: I love that, when you said that, I was like, there is no statute of limitations on my vulva. There is no statute of limitation on my clitoris, damn it, it's working well.

Evelyn: That's true. Well, and there's that too. I mean you may not be as well acquainted with your clitoris as you get older as you were when you were younger. But you can always knock on the door and hope for an answer. There is no statute of limitation on paying attention to your body. That is true.

Sonia: And so as we get older, my Diamonds are in 'midlife'. And so I think midlife is such an important time in a woman's life. I think that it determines if she's going to continue to be sexual after her 50s and beyond. How she perceives herself as a sexual being, how she wants to approach the

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sexuality in midlife. What do you think are topics, or ideas, or concerns that women in midlife should be addressing or should be thinking about at this point if they want to preserve their sexuality?

Evelyn: Well, the number one thing that comes to mind for me because I'm an ob gyn specialist is vulva and vaginal health. And how fewer than 25% of women who struggle with vulva and vaginal changes secondary to perimenopausal and postmenopausal reduction in estrogen actually get treated and there is treatment. And it's really important treatment.

But what happens is, speaking of ageism; the older woman patient becomes less and less interesting to the gynecology provider, or gynecologist that they see. I think that's more so true in the case of actual ob gyn MDs than it is of advanced practiced nurses. And I think that what happens is the ageism, the overlay of ageism makes people blind to the issue of vulva and vaginal health.

And so they go in, they get their PAP smear done, they get out of there and they never talk to women about how does your vulva actually feel when you're either self-pleasuring or when you're in partnered sex? Are you comfortable? Are you still able to tolerate penetration? Are you able to tolerate any digital stimulation? Is the clitoris sensitive? Are you noticing that you're having difficulty with urination more often or some irritability? Are you getting up at night? People don't ask women these questions.

And women themselves especially as they get older are reticent to bring them up because they're embarrassing and they feel badly about it. And they don't want to impose. And my feeling is that once women get to be in midlife and beyond if they want to preserve their sexual function they have to preserve their genital health just like the rest of their health, which is intimately tied in to whether or not they're going to be interested in being sexual at all, either on their own or with a partner.

Sonia: Yeah, I love how you're talking about genital health. I mean I'm a doctor myself and when I think when I go to my annual exam or get my Pap

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smear, I just kind of say, “How does it look down there?” And they’re like, “Looks good.” And I’m like, “Alrighty.”

Evelyn: Okay, looking good, I’m glad you think so, yeah.

Sonia: And that’s good. But in my program, Own Your Sexuality Now, I do encourage women and anybody that’s listening to this podcast; I definitely encourage you to actually look at your vulva to know what it looks like. Know what it looks like right now because it will change over a period of time and you need to understand what your healthy vulva looks like and how it’s going to change over a period of time. And to be cognizant and understanding that there will be hormonal changes that will occur. And that it can ‘atrophy’. And so we do need to take that into consideration.

Evelyn: Yeah. I mean what’s important for people to know is what is normal change, let’s start with that. What is the normal change that 40-60% of perimenopausal and postmenopausal women will experience.

And the normal changes include a shortening of the length of the vagina, a narrowing of what’s called the entroitus which is the opening of the vagina. And this is less so a problem in women who have had vaginal births. But there’s still some constriction that occurs, also a thinning of the tissue, the tissues both externally and inside the vaginal vault, they become much thinner. And most importantly you lose quite a bit of elasticity and lubrication, natural lubricity.

So when you think about that and you think about what that is going to feel like for people when they want to continue let’s say having penetrative sex, either with fingers, or a dildo, or someone’s erect penis, a partner’s erect penis, whatever, or even stimulation. When the genitals are dry they’re really uncomfortable to have stimulated. You need to have the addition of a personal lubricant. And if people are really struggling with these changes then what I do often in practice, and which I feel really confident about doing is prescribing topical estrogen preparations.

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And topical estrogen is not the same as taking estrogen by mouth or by a transdermal patch. The margin for safety in terms of breast health is really, really big. And I often will say to women, "Listen, you don't have to be afraid of using this in the same way that you'd be concerned about swallowing a tablet of estrogen or putting a transdermal patch on your arm or on your backside.

This is a different application because there are receptor sites in the genital tissue that absorb this estrogen and keep it where it's needed, which is right where the clitoris is, where the labia are, inside the vagina. And there are different ways that you can use or you can administer, rather, the vaginal estrogen, there's an dwelling ring that you can wear for 90 days. It's sort of considered the Cadillac method, you just slide it in there and you don't feel that it's in there but it continually delivers estrogen 24/7.

You can use a cream, you can use a tiny suppository, the benefits of using the cream is that you can also use that externally which I think is really helpful for people.

Sonia: Yeah. I also believe that it's very important to have the localized estrogen treatment and that, the fact that you can actually use the cream and put it on your vulva region as well as opposed to just internally within the vagina. I think that that's important. And so thank you very much for bringing that up and talking about that.

So I wanted to shift gears a little bit because I also know that you do the sexual counseling side of things. And you have a book out and I don't have the exact title. But I remember reading that; it was about women and sexuality, and power. I just love that. So tell me all about this.

Evelyn: Well, my sense of whether or not something is sexually pleasing is really based in what people's relationships with pleasure at large is in their life. Women especially, and especially midlife women are very focused on accomplishments, and doing things, and getting things organized all the time, and mounting their productivity. And my feeling is that the more we

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occupy ourselves with doing things, the more atrophy we have around pleasures in life in general.

And my book really makes this connection between pleasure across the board in our life, including sexual pleasure and feeling powerful as a person and to yourself. When you're able to access pleasure in all its realms you often feel very powerful in the world because let's think about it. When we're not enjoying ourselves, when we're feeling despair, when we're feeling bereft we don't feel powerful at all. When we're in states of deep enjoyment and pleasure we feel pretty powerful. This is true with sexuality also.

And I see so many women who have such pleasure atrophy; they just haven't paid attention to what makes them feel pleasurable, what does feel pleasurable to them at all. And they say to me, "I have absolutely no interest in sex."

And then you start to poke around and you start to realize that they didn't really do anything pleasing all day. They're drinking coffee on the run, maybe out of a paper cup. They never stop to eat a meal and not do anything else. Their pleasure quotient is really low, and this is true for sex too. And it has a very global application to it. So my feeling is the more pleasure we have in life, the more powerful we feel, the more powerful we feel the more drawn we are to pleasure and this includes sexual pleasure.

Sonia: Yeah, because if we're having pleasure we have to give ourselves permission to have that pleasure. And in order to give ourselves permission, it's like we have to prioritize ourselves and also have to recognize that we are worthy, we are innately worthy, and that we don't have to do something in order to be able to experience this pleasure, it's just who we are.

And so if we can get to that place where we are innately worthy and we can get to a place of unconditional love that all that also connects with our ability to hold pleasure, and to hold power, and to be okay with those aspects. So I definitely love that.

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Evelyn: Yeah. And the thing in my life is that I try to apply this for myself. And I certainly apply it when I talk with clients is that pleasure should not be a reward. Pleasure is a self-care issue because pleasure really changes what's happening in the central nervous system. You can reduce anxiety, you reduce inflammation. This is not just okay, well, I got a whole lot of things done and so now I can have a cup of coffee with steamed milk.

This is about sitting down, relaxing, enjoying yourself for 20 minutes, maybe doing a meditation, maybe having a cup of coffee, maybe actually chewing your food when you have a meal instead of just putting it in your mouth and swallowing. I mean these are actually self-care practices. That's what pleasure is to me. And I'm somebody who exercises quite a bit and exercise is deeply pleasurable to me. And what better way to do self-care than through exercise? Exercise is a perfect example of what I'm talking about.

Sonia: Yeah. And I love how you say, "Pleasure is a self-care issue." That's fabulous, I just love that. So you mentioned that clients come to you and that you see clients. So what aspect do you see these clients?

Evelyn: Well, currently because of the pandemic situation I'm working on a Zoom platform which fortunately is privacy protected. And I see people from all over the United States. I have a few people that are international. And I do consults, sexuality counseling consults. And it's very solution focused. It's very strength building because everybody comes in with strengths around sexuality that they don't realize they have. And so often when people come into my practice they feel so broken and they feel so abhorrent.

And what I look for are their strengths which I can then help them capitalize on.

Sonia: That is really amazing. So when they come to you what is the most common problem that the women or the couples present with?

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Evelyn: I would have to say the most common thing I hear is an absence of libido or really low libido, just very little interest in being sexually active. They don't have a self-pleasuring practice, they aren't having partnered sex and they want to know why. And this is where that whole sort of assessment of what is your pleasure quotient like?

And often what I end up doing is a life assessment with these people. And saying to them, "Well, given that the way that you're describing your life, given what's going on in your life, I mean there's nothing sexy about it. If I gave you the same description of how I'm living, does any of this sound pleasing to you?" And when you put it back to women in that format they go, "Oh, well, yeah, now that I think about it. Given what I just told you, no, nothing sounds particularly sexy, or pleasing, or comforting, or mind expanding. It's all about doing."

And when we lead lives that are all about doing it's a dead end for anything that's going to be pleasurable, especially something sexual because we're just using our bodies as means of locomotion.

Sonia: Yeah, I love how you're talking about that because I think of some parallels in the way that I teach and approach the issue of libido as well. In terms of, I talk about if you're having to do list sex, which sounds like it correlates with just doing, the just doing side of things, versus for you sex and having that be more about along the pleasure lines. And how do you get back to that pleasure and how does that work for you? And reminding people of that, and it's true.

When you talk to clients about what does your life look like overall? Because so often women want to separate out sex from all aspects of their life, but it's interconnected. You're a sexual being, you are a being and it's part of your life and it's not like you can separate it out and put it over in a corner in a box and put your sexuality over there and not have it affect every other aspect of your life, or connection and relationships just in general.

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Evelyn: Yeah, I agree. And one of the things that you and I have talked about often is about self-pleasuring practices and masturbation, and how important this is for women. And yet we still have this very prevailing idea, notion that, oh boy, you don't want to do that. Or if you have a partner, you shouldn't need to masturbate or you shouldn't need to self-pleasure.

And my feeling is especially in midlife and beyond, if women are dealing with a lot of genital discomfort and complaints, that actually self-pleasuring and mutual self-pleasuring can become a much bigger part of their sexual expression than it was as a younger person because they're going to know what feels good. They're going to know what they can tolerate, what they can't tolerate. They certainly can add toys as tools of enhancement. I mean people love their vibrators for a good reason. And there's no such thing as vibrator rehab.

I mean I can't tell you how many people have come to me and said, "Well, I can only have an orgasm if I use my vibrator and have clitoral stimulation. And my answer to that is, "Great. And what's the problem?"

Sonia: What's the problem? Yeah.

Evelyn: Right, there isn't one, exactly. This is welcome to your owner's manual of a woman's body. I mean the majority of us have clitoral orgasms versus vaginal ones. And that's simply based on anatomy and how many nerve endings there are in the vagina versus the clitoris. As a midwife who has done many, many deliveries, I've always said to people, "Listen, if the vagina was as enervated and if it had as deep of a nerve bed as the clitoris does, nobody would have a baby. You would just shoot yourself before it happened because you wouldn't be able to stand it."

So nature does this beautiful thing where it puts most of the nerve endings in the clitoral bed, not in the vaginal one, because how would we push our babies out? We wouldn't be able to.

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Sonia: That is so true. And I love how you explain that, it makes so much sense. Why would you have all the nerve endings in the vagina? You would give birth to one and you would be like never again.

Evelyn: Never again.

Sonia: As opposed to maybe a couple of month later you've forgotten all the pain and agony in pushing that baby out. And you're like, "The baby's so cute, I think I want another." A year later you're like, "The baby's growing up, maybe one more." But if you had all those nerve endings in your vagina you'd be like, "One and done. Can you just close up shop right now because I never ever want to experience that again?"

Evelyn: Well, and I have a normal woman's vagina and even I said, "Could somebody just kill me", when I was in labor. I mean I'm a midwife. I deal with this all the time. And I was like, "Oh my gosh, this cannot possibly be happening, this can't be part of the human experience." But when do women usually end up feeling at their best in labor? Is when they're actually pushing because they can push against the pain that they've been feeling in the uterus. It's not in the vagina, it's in the uterus, it's not the clitoris, it's the uterus.

So there you get to be 10 centimeters and you can finally start pushing and you can do something with all that pain. And then the baby comes out and it's a great reward. And you're yippee and right, you forget because you're totally in love and that's a magical thing. But I mean honestly, if you had as many nerve endings in the vagina you would just swallow poison before the baby got there.

Sonia: And it's so true. And if we think about it, so many women are taught that somehow the best type of orgasm is a vaginal orgasm or a penetrative orgasm. I'm not even sure. 80% of women need clitoral stimulation or a combination of penetrative and clitoral stimulation in order to have an orgasm with sex, right?

Evelyn: Absolutely, that's right.

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Sonia: And there's no problem with that. What is the problem?

Evelyn: Well, the problem is it is the man's speak overlay, that's the problem. It's this gender dominant thing. It's either thrust or bust. If it's not thrusting it doesn't count. If a woman just has her orgasm under herself and stimulates her very own clitoris and has this great orgasm, well, somehow it's seen as less than. And I'm like, "No. Keep your hands off my orgasm." I know if it's going to feel good. And if it feels good then there's no sex police I have to report to.

Sonia: I love that, yeah.

Evelyn: There's no report card.

Sonia: Yeah. It's kind of like keep your hands off my orgasm, but you could put your hands on my clitoris if you want to.

Evelyn: Yeah. Exactly, that's right. And get your hands out of my vagina because we're not going to get very far. If you really want me to cum, could you please move up?

Sonia: Move up a little, yeah.

Evelyn: Move up a little bit here, yeah. Go up a few rungs on the ladder.

Sonia: And getting back to self-pleasure and masturbation, it's kind of interesting that women sometimes have this guilt around masturbating on their own if they're in a couple. If they have a partner they kind of feel like they have to hide the fact that they masturbate or that there's just this certain amount of sexual energy like a battery or something.

And that if they masturbate on their own the battery's running down and it won't be recharged. And so then when they have sex or sexual intimacy with their partner they're like, "I've already had two orgasms this week so obviously it's not going to work anymore", or whatever. There's this concept that I'd like to masturbate but if I masturbate then I'm not going to have anything left for my partner. And it doesn't necessarily work that way. It's

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like your body needs to be reminded that it's a sexual being, and how to react to sexual stimulation.

If you're not doing anything, you don't really have an understanding about your clitoris and you're only engaging in sexual intimacy when your partner's around maybe, and when you're in the mood. And maybe that's once a month or something. Your body forgets how it operates, how it responds to sexual stimulation, right?

Evelyn: Yeah. Well, I have never really understood the orgasm conservation concept. As if we're only born with a certain number of orgasmic responses. I mean it just doesn't work this way. But part of what happens with this is that women actually still do not understand how their bodies work. And this is part of why you and I do the work that we do is that even now, and now at almost 62 I have three generations that I'm looking at. I have my generation, I have my daughter's generation, she's 30 and then of course I have my mother's generation.

So I have this view, this three generation view of how women have looked at their bodies. And I can't tell you how many times even with the generation that my daughter is in that is behind me, that I'm still having to explain to women how their bodies work, they still don't get this information. It's astounding to me. And people will say, "I don't understand why you do the work you do."

I mean all this information is available online. It's not the same. You go out online, you read it, there's plenty of information and a lot of it is misinformation. And a lot of it can't be delivered with the same personalized approach as you're going to get when you're actually talking with someone, even if you're talking online, because that person is paying attention to the cadence of your voice. They're looking at you, they're seeing where your – or at least I am, where your sense of hesitation comes and what seems to make you cringe, what seems to make you hesitant.

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Reading something on a screen, when it comes to sexual health information, it's just not the same as when you're interacting with a sexual health expert or sexual health practitioner, let's put it that way. I don't like to say I'm expert on anything, but practitioner. This is nuanced material and it has to be personalized.

Sonia: Yeah, it definitely is. And you could read information and it doesn't necessarily go into your brain the same way. And many women have questions about it and there's nobody really to respond to. But when you're working with a sexual counselor, a sexual therapist, you can specifically ask them.

And you might even be – I've had clients that didn't exactly know where their clitoris was. And I was so happy that I could be there and give them this information and we could go over the anatomy together because they knew that they might not – it might have been another five years or maybe they just would never have asked anybody.

Evelyn: No, absolutely true. And because our genital anatomy is so concealed, contrast to men's, that natural anatomic structure does not make it easy for us to really do any sort of comparison. We certainly do that as women with our breasts. A lot of women will compare their breasts just in the privacy of their mind to another woman's. Or when we're in a locker room, if we're going to a public swimming pool or something like that, we see women when they're naked.

But you don't see women's genitals, I mean a lot of people shave their pubic hair unfortunately, I wish that was not the case. But anyhow even so, even if people shave their pubic hair, they're not really looking at each other's genitals the same as when men see each other naked. And so how many of us really get any sort of guided tour of what's down there.

And so many times in an exam room I've said to people, "Would you like to see what I'm looking at here and what I'm talking about? And here's where I think the problem is, or this is why you're having pain, because you have

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a tear here or you have an eroded area. Or this is what I'm seeing. You see how thin the tissue is. This is because you have less estrogen circulating because now you're 55 and your last period was last year", whatever. And people deeply appreciate that.

Sonia: Yeah, definitely, I think that's so important and that's why I encourage women to look. And I always say that there's the make-up mirrors that are on a stand. I think it's the best thing in the world. You put the stand on the floor. There is a light, a ring around the make-up mirror. You just turn that on and stand over it. And voila, you can see everything.

Evelyn: Yeah, sure. Or even if you're sort of sitting upright on your bed and you have a make-up mirror and you have a flashlight, I mean anything. One of the most satisfying moments in my practice was when I did this genital tour with a patient of mine who was in her 80s. And she said, "I cannot believe that I have never looked at my genitals until now." And she was 83 or something. And I said, "Well, I'm happy to introduce you, the two of you."

Sonia: Welcome, this has been somebody that's been with you your whole life.

Evelyn: Your entire life, that's right, your entire life.

Sonia: So I get this question all the time so I'm going to pose it to you because I'd like to see how you deal with this issue. So one thing that I have a number of people coming to me, and it is along the low libido issue, but it's the mismatch libido. And very often it's the case where the woman has a lower libido, not always, I'd say maybe 10-20% of my clients it's the opposite, she has a higher libido than her partner, than her male partner. But very often the woman is coming to me, and I deal mainly with women and she has a lower libido compared to her partner.

And there's this concept that she has to do something to fix herself and to bring herself up to the level of the other partner's libido. So there's not even this let's meet in the center kind of thing. It's like something's wrong with her, she's broken and she needs to figure out how to get up to the level.

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And I always say that everybody has to take responsibility for their own sexuality and their own libido, and to make sure their needs are being met. So if there's one partner that has a higher libido then that partner is kind of in charge of making sure that their needs are met. Not that the other person, the other partner in the couple needs to meet that person's needs.

Evelyn: Yeah, this is a really common problem and it's deeply burdensome to women. Generally speaking, not always, but generally speaking based on men's biology, and the force of testosterone, and the fact that they have more testosterone than we ever will, they are going to have a stronger sex drive. So what we customarily hear in the sexuality counseling world is, "Well, her libido is less than his." So exactly what you're saying, "How do we bring hers up to his?"

We never say, "How do we bring his down to where hers is and they meet there in the middle." We never say that. We never say this is really a problem, I mean he wants to get it on all the time. She doesn't feel that way. And what are we going to do to bring this woman's libido up?

And when you look at the pharmaceutical industry, that's exactly what it's been focusing on is how do we stimulate libidinal interest in women? They're not looking at men to try to suppress it, it's always looking at women as if we're broken, inherently broken because we don't have that same sex drive.

And my feeling is all the more reason to circle back to the conversation around self-pleasuring. Because if a woman is not really interested in having sex she still may be interested in being loving and giving while her partner self-pleasures, her male partner self-pleasures. Brings himself to orgasm while she's stroking him, kissing him, talking to him and saying things to him that are erotic, maybe arousing, talking out a fantasy, whatever. But how can we help people expand their idea of what is normal for them and what is okay within a couple?

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Now, there's some great sort of evaluative exercises out there to help people figure out what actually do they like. Because sometimes I'll say to people in a session, "Tell me what your criteria is for good sex. What's on your list, your criteria list?" And they can't answer me, they actually have no idea. They've never given it any thought. What they do is they qualify it if they've had intercourse, even if they have not enjoyed it, they still say, "Okay, I had sex and it was okay."

So what I try to do is help people really fine-tune what is it that feels pleasing to them that can encourage their engagement? Not necessarily their engagement in intercourse, but their engagement in skin-to-skin, soul-to-soul. And then maybe they get turned on, maybe they don't. But they're more apt to be present if their partner is seeking arousal. It's a really critical thing in my practice is to say to people, "Let me help you be more willing to be present." Because even in being present that has its own pleasure quotient.

Sonia: Yeah, I love how you ask them what their criteria is for good sex because people don't even know what their criteria is, especially women. Sometimes they'll even defer to their partner and they'll be like, "Well, if my partner enjoyed it then I guess that was good sex" [inaudible].

Evelyn: Yeah. It's astounding. I mean this is the mind of the woman. This is the mind of the creature that is constantly advocating for others and not self. So we've got the ageism overlay, we've got the misogyny overlay. I mean these are the kinds of layers of the onion that we have to peel back even in our own lives all the time. I work on it all the time.

Sonia: All the time, it's so true. The intersectionality of all the different things that are in there, and when you ask somebody and you say, "What do you like about sex? Define for me good sex." And they can't. My heart kind of breaks and then I'm like, "Okay, well, we're going to work on this. We're going to figure out what is it that you like, what would be something that's criteria." That is necessary. It absolutely has to be there for you.

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And we work on this, we get them to this place where they're like, "Wait. What, I can give myself permission or it's okay if I require clitoral stimulation? It's okay if I require that I cum first before penetration?" These types of things, and yes, and this is where you're talking about this power, right, the ownership of the pleasure and through ownership of the pleasure there is this gained pleasure and power that is in this situation?

Evelyn: It is powerful because it's power over your own life and over your own pleasure, and your own body, and your own ability to access what makes you feel good.

Sonia: It's like pleasure autonomy.

Evelyn: Exactly. This is a really deep, deep concept for so many women and it's so under-discussed that this is why we still keep having these people that come to us and say, "I just don't have as much interest as he does and what's wrong? And how can you help me?" And I'm like, "Oh boy, okay, let's dial back and let's help you define what does good sex look like to you, what's the criteria, how do you meet it? What's it about for you?" And she answers that they probably have never even thought about it.

Sonia: That is mind blowing. You talk about mind blowing sex, this is just mind blowing in general that have not really even thought about what's pleasurable to them. If they could enjoy sex in any way, and I talk about this concept of the sexual smorgasbord where there's this list of different sexual intimacy acts. And you actually get to choose, the woman can choose, just like you're at a buffet somewhere, you can choose what you want and kind of add that and create your own sexual intimacy that's very pleasurable and one that's curtailed and meant for you.

So I think that that is so important. Well, this has been an amazing time so thank you so much for coming on the show. Is there any last words that you'd like to tell us or anything? And how can they reach you if they need to reach you?

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Evelyn: Well, people are welcome to visit my website, it's evelynresh.com, and then you can also contact me through the website, it's evelyn@evelynresh.com. And I make every effort to get back to people within 24 hours. My books are available through independent booksellers, and certainly on some of the other bookseller sites, the bigger ones. And I have one about raising sexually healthy teen girls and then the second one is Men, Women, Sex and Power: Getting the Life and Sex you want.

And mostly just, it's really important to love your body, to love it in all its forms and all its ways and to take care of it. And to remember that pleasure is about self-care, that's really what pleasure really is, it's really about self-care.

Sonia: Pleasure is about self-care, and I think on that note Diamonds, we are going to end this. But I'm going to put all the links for Evelyn Resh, R.e.s.h. in the show notes so that you can reach out to her if you need her services. She is incredible and she is a blessing in my life. And I feel extremely lucky to have her as my mentor. So Diamonds, thank you so much for tuning into another episode and Dr. Sonia and Evelyn Resh are out. Thank you so much.

Female Announcer: Thanks for listening to this week's episode of the Midlife Sex Coach for Women Podcast. If you enjoy Dr. Sonia's fun and caring approach to sexual intimacy, head to soniawrightmd.com to learn more.