



Wild & Sublime® Podcast, Season 2 Episode 40
“Sex and depression with author JoEllen Notte”
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Karen interviews sex writer JoEllen Notte on sex and depression: how to talk to your doc about sexual side effects of antidepressants, ways to approach a partner experiencing depression, and new approaches to sexuality.

Host: Karen Yates

Guests: JoEllen Notte

[Wild & Sublime theme music]

JoEllen Notte

Then there were a lot of people who were just like, 'So I tried this one medication and I felt a little better, but also I stopped having orgasms and didn't want sex anymore. But that's just how it is.' And I thought, oh... We're not telling people enough — that there's all sorts of things you can do. And when we have it set up like, either you get to feel better or you still get to engage sexually, we screw people over, like, royally. I think of sex as one of the shiny bits of life, right? And when we tell people they have to live without any of those shiny bits to survive, we're setting them up to stay depressed forever.

Karen Yates

Welcome to Wild & Sublime, a sexy spin on infotainment®, no matter your preferences, orientation, or relationship style, based on the popular live Chicago show. Each week, I'll chat about sex and relationships with citizens from the world of sex positivity. You'll hear meaningful conversation, dialogues that go deeper, and information that can help you become more free in your sexual expression. I'm sex educator Karen Yates.

This week, I chat with author JoEllen Notte about depression's impact on sex, and her new book that offers helpful, practical advice to get your sex life back on track. Keep listening.

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Hey, folks, I'm looking forward to presenting this episode to you today, knowing that so many people have this mental illness — and I'm talking about depression. In a given year, over 16 million Americans can be diagnosed with a major depressive disorder. I'll be interviewing writer, speaker, and mental health advocate JoEllen Notte about her new book, "The Monster Under the Bed: Sex, Depression, and the Conversations We Aren't Having." We cover a lot of ground in this interview: how to navigate your depression and talk to partners about it, but also, how to be a better partner if you're in a relationship with someone who has depression. And Notte gives a lot of useful information about that. In this first half, we talk about the impact of antidepressants on sexual health and how to work with the medical establishment around this. And before we begin, to give you a few numbers to wrap your mind around, I went on the US Center for Disease Control site, and during 2015 to 2018, at some point, 13% of adults aged 18 and over used antidepressant medications. That's 34 million adults. All of this is such a big 'wow' for me. And use was double among women than men. Antidepressant use increased with age across the board, and the use was highest among women aged 60 and over. And that is 24.3% — so, close to 25% of women, in a three-year period, over 60, in the US, were on antidepressants. And perhaps this is a moment to consider why women over 60 in the US are the highest segment of the population on antidepressants. I won't draw any conclusions here about our ageist, misogynistic culture, but perhaps you will. So, without further ado, let us get to my interview with writer JoEllen Notte. Enjoy.

Welcome, JoEllen Notte.

JoEllen Notte

Thank you for having me.

Karen Yates

Oh, it's very exciting to have you on. Really enjoyed your book. And I think it's very important. You've been writing since 2012 on sex and mental health. What is your personal story around depression, and what led you to write this particular book?

JoEllen Notte

In 2012, when I started writing about sex, I had no intention of writing about mental health. At that point, I had a horrible depressive episode in my 20s, but was thinking, 'Oh, that's behind me. Going to move forward.' But depression doesn't care that you've decided you're not going to do this anymore.

Karen Yates

Wait — it's not about willpower?

JoEllen Notte

[laughs] It really isn't. And a couple months into starting my website and writing about sex, I went on a new antidepressant, and lost my ability to orgasm. And as, like, a newly minted writing-about-sex person, I stormed the doctor's office and talked to him about how it was unacceptable, and I wrote about it. And that really started me down the trail that eventually led to my book, which is not a trail I ever thought I'd go down.

Karen Yates

So — I'm getting a little ahead of myself here, and we will wheel back to this more fully — did your doctor's reaction trigger anything in you?

JoEllen Notte

His reaction, actually, was fascinating. He was, I'm gonna say, 60s, 70s-year-old white man, in an office in Boston. And I thought this was going to be a fight when I went into his office. And he said to me, "Thank you for telling me that. People don't usually tell us that." And he referenced — because I had had him look into it, the possibility of sexual side effects when he prescribed this medication. And he took out this book, and he looked through it, and it said, "Unlikely." And he said, "Here's how we gather the information for things like this book: A bunch of doctors report back what their patients have said to them, and then we know that people are experiencing things. But people are usually too embarrassed to talk to us about this, and so, it doesn't make it into the book." And that kind of started setting off little lightbulbs for me — of like, oh, so this is happening, but we're afraid to talk about it, so none of us know it's happening to other people, too. So I wrote this first piece about how I couldn't orgasm on this medication, and that was unacceptable to me, or whatever. And at that point, I was pretty sure my mother was the only person reading my site. And that was when I first got responses from people. People saying, oh, that happened to me too, and, you know, I've experienced that as well. And what I noticed was all the responses were emails. They were private messages. They weren't, like, tweets. They weren't things people could see. And that felt noteworthy. But again, I was still resisting this being my path. So it

wasn't until a year later — I was writing for a site called Kinkly — and they let me do a piece—

Karen Yates

That's a great site.

JoEllen Notte

Yeah! — on how depression can impact sexual function and what that can look like for people. And that was when I had a career-advising session with an educator named Tristan Taormino.

Karen Yates

Oh, gosh, wow. One of the titans in so much sexual education, ethical nonmonogamy... Okay, go on.

JoEllen Notte

And Tristan kind of said to me — you know, I throw out a bunch of ideas, things I was thinking of working on — and Tristan said to me, this sex and depression thing, this is your thing. Nobody's talking about this. And I still resisted it. And it wasn't until a year later, I decided if I was gonna work on this — you know, I'm not a doctor, I'm not a therapist — if I was gonna work on this, I wanted to recruit somebody. I'd recruited a psychotherapist to help me with it. And I did a big survey, because I wanted to get information about what people were experiencing.

Karen Yates

And it was a very big survey. How did you get it out there?

JoEllen Notte

So I just sent it out on my social media, and then people shared it there. I thought I'd get, like, 200 people. In the end, I shut it down when we passed 1100, because it was just getting big. What was fascinating was, I asked people if they wanted to be interviewed, because I knew I wanted to do one-on-one interviews. And 500 people said yes.

Karen Yates

Wow.

JoEllen Notte

And then when I released the interview slots, I only released 100, because I cope with depression too, so I like to manage my expectations. All 100 were taken. Then when it came time to do the interviews, 25 people showed up. So that actually shaped what happened next with the research for the book, because I saw it right away. I said, Oh, right. These people are like me. They have depression. We are terrible about showing up for appointments. So the rest of the interviews for the book were kind of like long-form surveys. They were interview questions, and they were essay questions, but they were done on a Google Form. They were done on Google Forms, so people could do them on their own time, at home, whenever they wanted. And in the end, I interviewed over 200 people. Because that way was just far more effective for people coping with depression.

Karen Yates

I love that. I love this multi-pronged effort. So, talk a little bit about the shame of depression.

JoEllen Notte

Oh, it's an interesting day to be talking about this, because the Olympics are going on, and Simone Biles just stepped down. And I travel in circles that are pretty safe for this. I'm seeing a lot of "Good for her — she's modeling what we need to be doing." But I'm hearing from people around me that they're hearing a lot of "I have problems, and I go to work." And a lot of this shaming, 'push through, it's not that bad,' whatever mentality. I always say, sex and depression is the intersection of two taboo topics, because they're two things people do not want you to talk about in front of them. And mental illness is hard, because we live in a society, especially in the US, where we talk about mental health most frequently when somebody shoots a bunch of people. And it's, you know, that's what mental illness looks like to us. We don't realize that mental illness looks like most of the people we know. And we're all connected to it in some way.

Karen Yates

I love that. Because yes, you're right — it's about mass shootings, or it's about suicide. When it's done. And then everyone's like, oh, wow. But it has to go to the death point, before people take notice. I mean, I'm thinking of Biles as you're talking, and had pretty intense anxiety at several points in my life. And it was around the pressure of performance — some of it was. And it's interiorly so crippling, but no one sees it if you've got a good game face. It can be really shocking. There's a lot of things you break down in the book, around myths and conceptions around depression and sex.

One of the things you say in the very beginning is, there's a myth that depressed people don't want sex. What does it mean to confront that? And also, talk about the intersection with the myth that sex isn't important.

JoEllen Notte

Oh, yeah. So, honestly, I have to call myself out a little bit if I talk about this. Because I bought right into 'depression means less sex' as an idea. So that first survey, it didn't give people a space to respond if they didn't want less sex when they were depressed. Or if they, as in the end, a bunch of people did, found themselves having more sex when they were depressed. My questions all assumed that if you were depressed, you were having less sex. And it was that first set of interviews that kind of set me right on that, because like I said, it was 25 people. And five of them reported having more sex. And I thought, Oh, for a sample this small, that's a considerable amount of people. And that kind of ratio bore itself out over the remaining 200 interviews. It was always about a quarter to a fifth of the people reporting more sex. But whenever I tell people about the project, whenever I told people what I was working on, they would say, "Oh, well, that's easy. Depressed people don't want to have sex." And that was just, like, this given. And then when you add in society's just general weirdness about sex, it comes back to, like, we respond to mental health when people get shot, or people commit suicide. So there's a lot of people who look at it and say, oh, my goodness, well, if you're seeking treatment for depression, it's an emergency. It's all hands on deck. It's 'give up everything you might need to give up to save your life.' And yeah, are there times when you take any side effect, just get through it? Yes. But for so many people, depression is chronic. And so, to tell people that your choice is you either live, or you get to have sex, is both cruel and actually completely inaccurate.

Karen Yates

Yes! And I'm gonna grab this next quote that I thought was freaking gold. You wrote: "A notable pattern that emerged in my research was that people often didn't pursue solutions for their sexual side effects, as they deemed relief from their depression symptoms more important than their sex life, and felt it was worth living with the downside. It's a complete binary, black and white thinking." That was amazing.

JoEllen Notte

A lot of people reported things like that. And there were a couple that stood out, because they were people — there were a couple where there were people who had legitimately felt like they had tried everything, and at the end, it did feel like a trade-off they needed to make. But then there were a lot of people who were just, like, 'So, I tried this one medication, and I felt a little better. But also I stopped having orgasms

and didn't want sex anymore. But that's just how it is.' And I thought, oh, we're not telling people enough that they can talk to their doctor about this. They can experiment with dosing, or the timing of their med. There's all sorts of things you can do. And when we have it set up like, either you get to feel better, or you still get to engage sexually, we screw people over royally. But we also live in a world that devalues sex constantly. So when you're coming from a point of viewing sex as, like, frivolous and silly, and 'what a dumb thing to worry about at a time like this...' I think of sex is one of the shiny bits of life, right? The things that make our lives not just drudgery. And when we tell people they have to live without any of those shiny bits to survive, we're setting them up to stay depressed forever.

Karen Yates

Yeah. Such a great point. Let's talk a little bit about the sexual side effects of antidepressants.

JoEllen Notte

One of the most fascinating numbers that always sticks out to me is — the footnote is in the book, the link to where it came from. I think it was Johns Hopkins. For a while, the big number was 15 to 75% of people on antidepressants were experiencing sexual side effects. The reason the range was so giant was because that just looked at all of the antidepressants, as opposed to like — so, some of them have way less sexual side effects. Some of them have way more. But what that does tell us, if we're saying the average is 15 to 75%, that means we've got some medications where it's higher than 75%.

Karen Yates

So let's name names. What's the biggie?

JoEllen Notte

So this is hard, in terms of sexual side effects because things do hit people differently. So for me, anything that's an SSRI, I lose the ability to orgasm, I lose interest in just about everything. I become a zombie. I had a bunch of people who did my survey that didn't feel that way — that felt like Paxil didn't work, like Paxil destroyed my sexuality, but Celexa didn't. Or Celexa did, but Prozac didn't. So I hate having to say this to people, but it really is a crapshoot. And it's how your body reacts to the medication. The one thing we saw across the boards is people having way less sexual side effects, and then some cases experiencing a bit of a libido boost with Wellbutrin. And that's not an SSRI; it functions differently as a medication. And that's part of why it doesn't do that.

Karen Yates

Okay, but one of the things, as you said earlier, is to talk to your prescriber, either your nurse practitioner or your doctor. Let's talk about these conversations, which tend to be so intense for both sides. It's not just you, the patient, it's the doctor's uncomfortability as well.

JoEllen Notte

I always say, doctors are human too. And so, they have a bunch of the same hangups as we have. But also, when you look at the numbers, in terms of how much time is spent training doctors to talk about sex — doctors, when their specialties are not genital-focused, we're talking about a number of hours, over all of the years of medical training. They'll get four, five, six hours.

Karen Yates

Just crazy.

JoEllen Notte

It again furthers that idea that sex is not something we value. We don't see it as an important part of human function. And I would love to see us get to a place — when you're on a medication and you do your follow up appointment, they ask you how you're sleeping, how you're eating, your energy levels. I would love to have sexual function be one of those questions. But like you said, it comes from both sides. One of the people who supported my Patreon while I was writing the book — I shared a preview about talking to your doctor, one of the clips from the book. And the guy wrote in and he was like, "Yes, this is all so true. But also, I don't want my doctor poking around in my sex life!" And I was like, well, you can't... Either your sex life is so super-secret no one can know about it, or you can talk about it with your doctor, and help with that function. And I don't think we've painted sex as so elicited. And I don't think you need to go in and talk to your doctor about every single thing you get down to in the bedroom. But if you're finding you don't want to have sex, and you would like to want to have sex, talk to them. If you're finding that you're not lubricating anymore, you can't have erections, things like that — these are things your doctor can help you with.

Karen Yates

Yes. I'd love for you to talk about this great idea you presented in the book, about your history document. Talk at length about that. That was really wonderful.

JoEllen Notte

It was born out of a place of desperation. I was living in a city where I kept getting bounced around to different doctors, and I kept having to watch them all get the same idea: "Ooh, we're gonna check your thyroid!" And I was like, yes, and it's going to come back normal. I had been through all of these things before. So when I was going to see a new doctor for my depression medication management — so it's 2017, and I was desperate. So I sat down and actually wrote it out longhand — which I live to regret. Put it on your computer! A list that — literally, it was — you give your medical history when you go to a doctor's office. But this was everything somebody has thrown out as a diagnosis for me. When they said it, and where that got us. All the medications I've already tried. I did not know to note the doses — if you do this, note your dose. What happened when I tried those medications. What symptoms I was experiencing — there's even a section that's just, 'these things are noteworthy.' Because I had a time I was injured, and they put me on a steroid medication for one week. And I felt the best I had ever felt in my entire life. I walked around going, 'Is this how people feel? I'm getting work done!' And all of my chronically ill friends who had taken this medication were like, no, that makes people feel terrible. And I was like, no, I feel amazing. And I feel like that's a clue. I just need somebody to listen to it. And my document also ends with saying, like, why am I concerned about this? Sometimes it gets a little dramatic, because it does say, like, it's gone on this long, this has happened. And it gets down to like, my life is passing and I am missing it. Please help me catch up with my life. But that document — hell, even if they just shove it in a drawer, you can have them take it out and say to them, you have this information. It's all here. I have given it to you. Be my collaborator in my care.

Karen Yates

I'll return to my interview with JoEllen Notte in a moment. Do you know someone who might be interested in this conversation? Maybe a partner or friend who has depression? Forward them this episode. And a full transcript is available on our website at wildandsublime.com on the episode page. Wild & Sublime is also sponsored in part by our Sublime Supporter, Chicago-based Full Color Life Therapy. Therapy for all of you at fullcolorlifetherapy.com. If you would like to be a Sublime Supporter, showcasing you and your business and supporting us at the same time, contact us at info@wildandsublime.com.

We'll now return to my interview with JoEllen Notte. In this half, we talk about relationships and useful ways partners can communicate with each other, as well as various strategies you can employ around making sex better.

[to JoEllen] So let's move to talk about relationships. What is your big, unpopular opinion about depression?

JoEllen Notte

I don't think that depression, due to its nature, does anything to our relationships.

Karen Yates

[laughs]

JoEllen Notte

Yeah, I can always hear people gasping, and like, see them sitting up all angry. I think the damage we think depression does to our relationships actually comes from the resentment that we build up, because we don't know how to talk about the depression. We don't know how to face it together. And that might be a picky semantics difference. But I do think if you understand it, you can keep your relationships alive and healthy and happy in the face of depression.

Karen Yates

Yes. I thought this part of the book was really fascinating, because you really dissect some of these very hidden beliefs. Talk a little bit about the word "subpar," and looking at things in the relationship as subpar.

JoEllen Notte

To me, that word gets tied very much to a relationship construct I look at as, like, the "broken and lucky" relationship. Where the person who's coping with any kind of health thing, whatever, is seen as broken, because what they're delivering is subpar. It's less than what is expected. And they are so lucky the other person is with them. And this sets us up for all sorts of unhealthy dynamics, where consent is screwed up, and you never feel like you can ask for what you need, and whatever. And all of this is based on this kind of bullshit notion that there's a baseline that relationships should be at, and if you're not delivering that, you're subpar. The relationship you're providing is subpar. And don't get me wrong — when it comes to respect and things like that, there is a baseline. You don't want to go below that. But when it comes to, like, "I am a shitty, subpar girlfriend because I don't want to have sex as much as I used to," or, because I have been crying a lot lately, or all of these things that we beat ourselves up about. They turn our relationships into yet another thing we feel bad about, and another place we feel like we're failing.

Karen Yates

As well as the fact, on the other side of it — then if you're broken, you may have a partner that is attempting to fix you, and get you back to par.

JoEllen Notte

Yeah. And so that came up a lot, especially in the interviews. The idea that partners feel like they need to fix you. Because it can come from such a well-meaning place. Like, this is the problem, I will help you address this problem, and then you will be better. But honestly, never once, in all of the people I talked to, did it ever work out that way. Your partner is not broken. They are not the thing you can fix. They are not the thing you should try to fix. There are things the two of you can approach together and try to improve. But when you get into the this idea of fixing another person, it's never going to work out well for either of you.

Karen Yates

Yeah. And I was in a relationship for some years with someone who had depression. And there were a lot of things in this book that I felt like, "Ooh, got me! Ohhh. Oh, I did that!" You have this long, wonderful list of questions not to ask your partner. Give us a couple of the really juicy gems.

JoEllen Notte

Twitter helped me out with that list so much. That was such a juicy conversation. Some of them are really basic. Some of them are like, "What's wrong?" Is a question that feels so benign. But the thing is, when you're dealing with depression, often, the answer is "nothing", or "everything", or "something I did 12 years ago", or "I don't fucking know." And you just end up even more worked up and stressed out. Honestly, lately, in addition to moving across the country, I am also deep in the weeds of grief. My mother died unexpectedly a couple months ago. And I had to have it out with a partner recently over, "How are you doing?" As just the message of support they kept sending. Because eventually I had to be like, "The same. I am the same. Everything is bad. Please stop reminding me." And it's hard, because I feel like I'm yelling at people about saying really benign, well-intentioned things. But what I tried to do in the book was give them alternatives — things you can do and say that get across what you're trying to say, without hitting those switches that you're hitting. One of my favorite ones we talked about in the book is, "Have you tried yoga-slash-spinning-slash-holistic medicine-slash-whatever?" And I remember what the people that helped me put together the list talked about was how often that came with the automatic assumption that you had tried the thing. So the next time they saw you, they said, "How's the yoga — or the whatever — going?" And yeah, there are people who — "I was in the depths

of depression, and then I took up running, and now I feel great." But then there's people like myself, who — I have been depressed practicing yoga, working out six days a week, not eating sugar, gluten, nightshades. This whole list of things. And sometimes these things just become things we're doing while coping with clinical depression.

Karen Yates

Yeah. Since "How are you doing?" is such a pervasive one, what is the better question?

JoEllen Notte

Sometimes I think the better thing is not a question. Sometimes it's something as simple as, like, "You don't have to answer, but I'm thinking about you, and I love you." Send them things that are funny, send them things that are cute. Because I think when people ask, "How are you doing?", what they're trying to convey is, "I'm concerned about you, and I care about you." And there's so many ways to do that that don't accidentally make somebody feel like they have to account for their mental state to you.

Karen Yates

There was this amazing question, that I was like, "Damn, I wish I'd had that," about empathy and strategy. Can you tell me about that key question?

JoEllen Notte

I know this educator by the name of Kate Kenfield, and she hosts these events called Tea & Empathy, and she has this deck of empathy cards. It's fascinating stuff. And she taught me to ask people, "Do you need empathy or strategy?" When something is going wrong. Now, I felt like we needed a third option, because sometimes life's just exhausting. So I tell people, "empathy, strategy or distraction." And what this does is — I've had partners who I'm upset about something and they immediately go into "fix it" mode. And what I need is somebody to just say, no, you're right, that sucks. And then we can strategize later. Or sometimes I need somebody to say, "Don't worry about that right now. Let's put on Bob's Burgers, and you can just lay here and zone out." And what happens when you ask somebody this question is, you take out the guesswork. You're not trying to throw something at them that you think will help while they're getting frustrated. You're just communicating openly about what to do in that moment. And it takes out a lot of the frustration.

Karen Yates

Yeah, I thought that was so brilliant. Because I still veered towards strategy. I'm getting away from it, but I do have to say, that's when I felt totally called out. And you know, my partner at the time called me out. He was like, "All I want is just, like, a hug." And I'm getting in there, I'm like, "Okay, now this is what we need to do!"

Let's talk a bit now about really working with sexuality within a relationship, when one partner or both are depressed. And I want to talk about a fallacy that you address, that sex should come naturally.

JoEllen Notte

Oh, yeah.

Karen Yates

Which I think actually isn't just about people with depression. It's just culturally a wide assumption.

JoEllen Notte

Yeah, we look at media and we see this, like, absolutely no communication, but magical sex just happens, because everybody's so into it, and whatever. And that's just not realistic, and it sets us up for failure. Then you add something like depression to the mix, and you get this idea that we shouldn't push it, we shouldn't try something different. I talked in the book about a relationship I was in once, where we kept not having sex, and I kept suggesting, "Well, what if we tried this? What if we tried this thing?" And he kept saying to me, "Shouldn't we worry about just doing it normally first?" And I was like, "Dude, cool. No sex for you for the next couple of months, because we're not getting there normally." It trips us up a lot, this idea that something is wrong if we have to add something, or if we have to change how we relate sexually. But honestly, the way we relate sexually changes over our lives, in the course of even the same relationship. You'll look back years later, and you'll be like, "Oh, remember that six months we were really into that one thing, and then we stopped doing that thing, and we started doing another thing." And I think if we destigmatize the idea of sexual activities evolving, as we evolve in life, it gives us a little more wiggle room when we hit bumps in the road like depression.

Karen Yates

Right. Because sometimes I think the hetero normative models of penetration, penetrative sex, a lot of times need to go out the window. Because sometimes your genitals are not functioning. And maybe it's time to try something different. Maybe

something a little kinky, maybe something more sensation oriented, or move into just different zones of experience. It actually can be a doorway into a more expansive view of sexuality.

JoEllen Notte

Exactly. And one of the places I feel like, when I do events where I speak about the book or whatever, one of the places where I feel like I lose the audience for a second, every time I say it, is that for me, I started exploring electrostimulation and fire play. Because they were ways to intimately connect with somebody in a sexy context that A, let me feel something, when depression was not letting me feel anything; and B, were pressure-free, kind of. Which is funny to say about having someone set your skin on fire, but it took away that, "Well, and then we'll get to penetration, and that's the real sex!" And gave us this, like, "We'll do this fun thing, and it'll make me giggle, and then we'll see where we are."

Karen Yates

And that ties into another big point you bring up, which is making conscious decisions about sex.

JoEllen Notte

Yeah. There was a wave of articles that happened about sex and depression — frankly, in the wake of the death of Robin Williams, there was a lot of articles about depression in general. Which is interesting, because we know now his cause of death was different. But it was this great thing, that it brought about all this conversation about depression. And then in the mini-wave that came after that was a lot of talk about sex and depression. And scads of articles that said to people, "Just do it. Because you're gonna start doing it, and you'll remember that sex is good, and you like sex, and you'll be so happy!" Except here's the thing: What if you just do it, you say to yourself, I'm gonna make myself have this sex, because sex is good, and I like it — and you don't get to that place? And then you've forced yourself to do something that makes you feel worse. And when you're dealing with something like depression, which robs you of some of your bodily autonomy to begin with, to say, well, the normal thing to do is to give my body over to this experience. To come out the other side of that miserable is going to take away more of that autonomy, and it's going to, I think, put you in a worse place than you started out.

Karen Yates

Yeah. There's so many hacks in this book, then there's a lot of really great practical stuff. Can you talk a little bit about "the gift of the internet"? [laughter]

JoEllen Notte

Oh, okay. So I mean, there's so many great ways the internet has enriched our sexual lives. I always say that internet porn is like Pinterest for sex. So when you're looking to explore, to try something new, to get turned on, whatever — the death of Tumblr porn was actually really sad for this, because Tumblr was an amazing place to be able to share sexy clips and whatever. But if you find a place that has content you like, you can share sexy images with a partner and say, "What about this?" Or you can look at yourself, and say, "Oh, that's not something I ever thought of." Or, honestly, you can even use it to boost your own self-connection. If you're like, "Nothing feels sexy these days," see what the Internet has to offer you, and see if you can find it. I personally have found new things, where I've been like, "Oh, I didn't think anything was turning me on right now, but this is doing it for me." And that's a huge way I think the Internet has given us tools we never had before, to enrich our sex lives.

Karen Yates

Yeah, because we do talk at length about how important communication is between partners. I mean, there's a lot about — we have not even really covered the bulk of it. There's a lot in talking about just relationship dynamics outside of sexuality, right? And I think for people who are not 100% comfortable, like most of us, just being super-verbal about communication, just zipping little clips to each other, or images, or maybe even fun, sexy things to each other, is one way to begin the conversation.

JoEllen Notte

It's funny — I actually just put a post up on my website this week called "Three Ways to Use the Internet as your Sexual Communication Wingman." Because why not? It's there. And for a lot of people, it's still so hard to say the words, or to ask for the things. Use these tools — they will help you.

Karen Yates

So, you are working — or, I think maybe it's done — your next book, it's coming out next year, is called "In It Together: Navigating Depression with Partners, Friends, and Family." Can you talk a little bit about that?

JoEllen Notte

It's so funny, because I had a little panic when you're like, "Maybe it's done already." It is not done already.

Karen Yates

Does Karen know, something I don't? [laughs]

JoEllen Notte

The joke I keep making is that this book is "Monster," my first book, without sex. Which is not entirely true. It dives deeper a bit in the communication pieces. But one of the big responses I got from "Monster" was, this is stuff that's good for anybody who knows somebody with depression to know. These ways to communicate, these ways to support. But what I knew — because I know how our world is, and I know how we relate to sex and stuff — nobody is going to go out and say, "You know what? My cousin has depression. I should pick up this book with sex in the title." So it dawned on me that that piece of the book was so important, and expanding that could be so useful. And doing it in a way that made people feel welcome if they were trying to support a co-worker, or a sibling, or really, anybody they care about with depression.

Karen Yates

Oh, I love that. I love that. I think that is going to be such a gift.

JoEllen Notte

I'm excited about — and the big irony of it — and this is what I was writing about this morning — is, when I first submitted "Monster" for what's called the substantive edits, which is when they basically make the shape of the book, I got my edits back, and they had pulled out all of what is now chapter five, which is when I teach "get on your partner's team," "speak a common language," the things that I consider the meat of what I'm teaching people. And the reasoning behind cutting it was a lot of what trips people up in general. So we had this great conversation where I was like, "Oh, I know why you got there, and that's exactly why that needs to stay in the book." They looked at it and they said, "Well, this isn't sex. People are buying the book to find out how to improve their sex lives. This isn't sex." And from where I sit, if you're trying to approach the sex without getting those building blocks of support in place, you're gonna end up back at that resentment we talked about.

Karen Yates

One hundred percent. And yes, the critical idea that I have not even touched on with you is that, so often in relationships where there's mental illness, people are operating as individuals. And the best way is to come together as a team, working with the depression, rather than opposing viewpoints.

JoEllen Notte

Yeah. In general, in relationships, you're better off treating things like the two of you — or however many of you are in your relationship — but it's you against the problem, versus you against each other. And a lot of times, when mental illness is involved, it becomes you know, me and my depression over here, and my partner over on the normal, healthy people side, and we are adversaries. And we need to be allies.

Karen Yates

The other thing that I just thought was dead-on, bull's eye, was, if you are in a relationship with someone with mental illness, you need to put your oxygen mask on first. That really, you need to be centered, and it's not personal. The mental illness is not personal.

JoEllen Notte

No, it's not. And that idea comes up in a bunch of different ways, right? So it comes up in the recognizing that things aren't personal. To me, it's always important that partners have their own support system. So I talk a lot about a thing called ring theory, where the person experiencing a crisis is on the center ring, and everybody else in their life is on concentric rings, moving out from the center. And the idea is always that you only send support in to the center of the ring, and you only dump out. So if I'm the center ring, my boyfriend sends support to me, but he gets his support from the people on the next rings out. And that makes sure we all have support, because it can become this thing where, like, "JoEllen has depression, so we're all supporting JoEllen, and we're all exhausted." And you never want that. You want everybody to have their own support.

Karen Yates

Oh, yeah. Absolutely. Such fantastic advice. No matter what issue there is in a relationship, where someone's maybe chronically ill, or with some sort of physical manifestation, or mental illness, it's so critical that people have their own networks of support.

JoEllen, thank you so much. Folks, I highly recommend "The Monster Under the Bed: Sex, Depression, and the Conversations We Aren't Having." JoEllen Notte, thank you. Thank you.

JoEllen Notte

Thank you so much.

Karen Yates

For more information on JoEllen Notte, and to order her book, "The Monster Under the Bed" through our Bookshop affiliate link, go to our show notes or our website wildandsublime.com.

In addition to being a somatic sex educator, I also do healing work with individuals using sound, both remotely and in person, and also on weekly Zoom webinars. One of my recent clients wrote: "I highly recommend Karen Yates's biofield tuning sessions. They had tangible, positive impact on my physical, emotional, mental, and spiritual health. I found each session to be a profound transformational experience, and also a fun adventure." Biofield tuning uses frequency to help repattern your bioelectric field, and can support you in getting out of stuck behaviors in all aspects of your life, in order to feel better. If this is something you want to learn more about, go to the show notes, or go to my website at karen-yates.com.

Well, that's it folks. Have a very pleasurable week. Next week, so your partner wants you to Dom her, and you're resistant. What do you do? Our sexperts weigh in.

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