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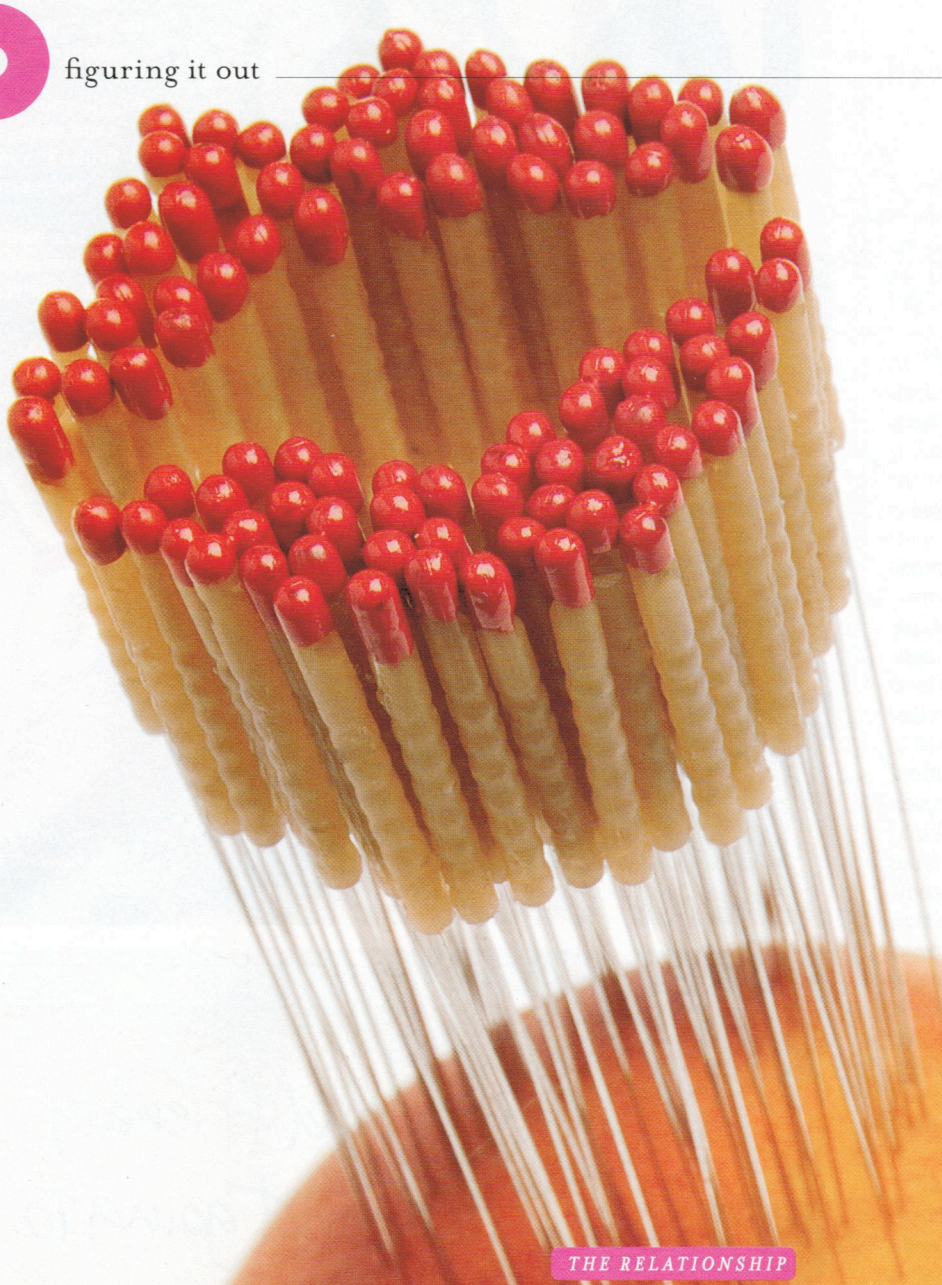

THE RELATIONSHIP

go east, young mom

It's a familiar story: Woman sacrifices libido at altar of motherhood. But one mom, tormented by her sad sex life, takes a less familiar route to get back in the sack.

WRITTEN BY CAROLINE KLEIN

Four stories above downtown Manhattan, I am lying facedown and naked with a dozen inch-long, hair-thin pins in my ankles, wrists, shoulders, and neck. The acupuncturist working with me, Jill Blakeway, a lovely Brit with a lilting accent and an hourglass figure, says she will be back in 30 minutes and leaves me alone. My iPhone is off; I don't have to be at pickup or Whole Foods or my desk. I couldn't move even if I wanted to. Thoughts ricochet through my mind, hazy snapshots of people I haven't thought of in years. *Is that my college roommate's boyfriend, the shaggy blond with the beautiful broad shoulders?* My constantly in-motion body is strangely, blissfully still.

I have come to see Jill because I want to want sex again. In the not-so-distant past, I didn't have to go to such lengths (let alone pay money) to help myself feel sexy. I just *was* sexy. I sought

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out sensual pleasure in all forms. Anyone I was attracted to—man, woman, celebrity, barista—became fodder for my rich fantasy life. I felt sorry for people who didn't love sex the way I did and imagined their lives to be colorless and sad.

Yet here I find myself at 37, married and monogamous for a decade, a working mother of two young children, and I've morphed into the frigid women I used to pity. I know what you're thinking: that this is going to be another story about how motherhood killed Mom's libido. You are half right. Certainly, the impossibly demanding job of parenting hasn't helped our sex life. But if I'm honest with myself, things started going south before my children were born.

I met my husband when I was 27, and from the beginning, the sex was fantastic. At times it was so tender and seamless I'd weep. Other times, we just feasted on each other, so strung out on lust, we could barely leave the house. We brought sex toys and porn into our erotic lair and watched as the wall behind our bed became more and more pockmarked from the bed frame slamming against it.

But almost as soon as we got engaged, our sex life cooled down. We fell into terribly unsexy domestic routines that we had sworn we would never succumb to—wearing raggedy sweats around the house, eating in front of *Curb Your Enthusiasm*, giving each other perfunctory pecks before returning to our separate sides of the king-size bed.

I say "we" fell into this rut, but really it was me. It's not that we never had sex (though we once went without it for more than two months), or that when we did it was always depressing. With some help—a cocktail, the right music—I could still have fun. But getting started was almost always a problem. Motivation, the urge, just wasn't there. My husband, on the other hand, wanted to have sex often, but his frequent and increasingly desperate advances just turned me off even more. My behavior was profoundly confusing. I loved my husband deeply and still found him extremely attractive. (Unlike me, he has the body of a 19-year-old.) It was as if the spigot of desire that had once coursed through me had been shut off. And before I could figure out how to turn it back on, I got pregnant. Our relationship had already lost its erotic edge, and now we were going to add a baby to the mix? We were terrified.

When our son was a year old and, predictably, nothing had improved, we finally went to couples therapy. It was productive, if wrenching, and exposed years of resentment and anger that had built up between us because of our struggles over sex. Lurking in the back of my mind, always, were the studies that found that people in sexless marriages were more likely to consider divorce than those who had active sex lives. Late one afternoon, as I sat beside my husband on our therapist's faded, flowery sofa, listening to her remind us to be "active listeners," it hit me: I knew it was important for me to explore the psychological reasons for my sexual shutdown, but *talking* about my weakened libido wasn't making me want to fuck my husband again. Instead of just intellectualizing the problem, I realized, I needed to directly engage my body in solving it.

So on the recommendation of a friend who had gone through something similar, I ended up in the Yinova Center. It specializes in women's and children's health, and Jill, its director and coauthor of *Making Babies: A Proven 3-Month Program for Maximum Fertility* (Little, Brown), is renowned for her use of acupuncture to treat infertility. She took me into a small room, and we sat together for about an hour—50 minutes longer than I had ever spent with a doctor—as she asked dozens of questions about my physical and mental health. It was all related, she said, and encouraged me to elaborate even on issues I didn't think were relevant. "In Chinese medicine, your mind and body are inseparable," Jill explained. "The mind is not something that is housed in the brain but is part of every cell." I told her about my deadened libido, of course, but also mentioned other problems: acne, bloating, exhaustion, mood swings before my period, severe pain in my neck and shoulders. I told her I was taking birth-control pills to prevent pregnancy but also to help my skin, as well as the antidepressant Effexor, because I had had a handful of depressive episodes, one right after giving birth to my son and another two years later when my daughter was born.

Jill, who is 45 and has a college-age daughter, said her practice is full of women like me: exhausted, overextended mothers who have lost interest in sex. She gave me a quick tutorial, explaining that Chinese medical theory believes that there are channels of energy called meridians, which run in regular patterns through the body and connect to the organs. When the energy is interrupted (for a host of reasons, including illness, stress, and sitting in front of a computer all day), acupuncture needles are used to re-establish the flow.

Jill categorizes low libido in four ways: Lack of desire, lack of arousal, failure to orgasm, and painful intercourse. My problems stem from a combination of the first three. For this reason, and because of the nature of my other complaints, Jill diagnosed me with "liver qi stagnation." Qi (pronounced *chee*) is "the spark that animates you and makes you human," she said, and the liver is responsible for processing hormones, so when it becomes sluggish, hormonal transitions become difficult. "People with this condition are like pressure cookers," she said.

"They manifest stress physically, with muscle tightness leading to stagnation of the flow of qi in the meridians." According to Chinese medicine, this pent-up energy can cause everything from acne to bloating to irritability to, yes, failure to orgasm. Thinking about the problem in Eastern terms, as bodily energy that needed to be freed, helped me see it as more finite. It didn't feel like an endless process, as therapy often did.

In addition to six acupuncture treatments to get my qi flowing, Jill recommended that I take an herbal formula in tea form, encouraged me to do physical activities that would keep the qi moving—walk, run, do yoga—and suggested that I eat lots of leafy greens, which have been prescribed for women with liver qi stagnation for thousands of years.

Jill said that usually these things greatly help her patients re-establish their sex drives. (Yes, being in better shape can do this, too.) But the fact that I was taking Effexor—a class of drug called selective serotonin norepinephrine reuptake inhibitors (SSNRIs), which, along with selective serotonin reuptake inhibitors (SSRIs), are known to dampen sex drive (see Antidepressants and Sex Drive, right)—and birth-control pills, which interrupt the body's normal rhythm by stopping ovulation and also may impact libido, meant my case was not going to be easy. Before I left her office, Jill gave me homework: "Have sex with your husband before our next appointment."

Over the course of the next week, as I rushed from drop-off to work, cobbled together dinner, and chased my daughter around the playground, I was aware that my mood and energy levels were up a notch. I felt lighter, as if someone had chiseled a layer of rock off my body. My sleep was deliciously deep and my dreams vivid. One involved me giving the actor Peter Krause a blow job in the back of an empty movie theater. Still, every night in bed, I'd have to give myself a pep talk: *It won't kill you to have a quickie! Of course you're beat, but aren't you always?* Despite my internal cheerleading, I'd end up giving my husband a lingering kiss before rolling over and going to sleep.

When I reported to Jill for my second appointment, I immediately blurted out that I'd failed my first assignment—but I also told her I was surprised by how much more I'd been thinking about sex. As I undressed, she said, "This is the week!"

My husband watched my adventures in acupuncture from the sidelines with interest and skepticism. But he saw a subtle change in me as well. He remarked that I was walking around naked more than usual and looking at myself in the mirror without my usual self-criticism. I was definitely touching him more, he said, patting him on the tush as we cleared the dinner dishes or threading my legs through his as we watched TV.

One night, I proposed we speed through the kids' bath and bed so we could have a few glasses of wine together in bed. But my son, of course, proceeded to have a series of spectacular meltdowns. After we finally wrestled him to sleep, my husband and I were both too pissed off for sex.

Jill was understanding—what had happened to us was exactly why new parents often get stuck in sex ruts. Just as Western clinical research has shown that the more sex we have, the more sex we want, she explained, the Chinese view is that the key to resolving stagnation is movement. "Since sex moves qi, and orgasm moves blood, both are an important way of promoting movement and rhythm in the body." Translation: Fake it till you make it.

The A student in me would never bail on an assignment, and so sex became a goal, something I had to do to prove to myself that I could excel at it. By my fourth appointment, I came in with good news: We had had a quickie on a weekday morning when my husband was working from home. I told her that for the rest of the day, I'd felt more connected to him than I had in a while.

"At its most simple," Jill said, "sex is an exchange of energy between two people. Sometimes it's a lively and spirited exchange; sometimes it's a quieter, more tender one." This image, of energy traveling back and forth between us during sex, really struck me. "Checking in" with my husband verbally wasn't enough—our bodies needed to communicate and have a back-and-forth relationship, too. The concept seems so obvious, but somehow, in the swirl of work, marriage, babies, *living*, I had lost sight of this very simple fact: In order to truly *feel* close to my husband, I had to *get* close. I needed to give him some of myself again.

It took missing an appointment (stomach flu) for me to realize how much my body craved the treatments. Jill had become a trusted confidante—that day I was planning to tell her about two major decisions. I was going off the pill and, with my psychiatrist's supervision, switching from Effexor to Wellbutrin, an antidepressant that usually doesn't have sexual side effects. Another development: The sessions had become almost erotic in and of themselves. More and more, I found my fantasy life activated while I was lying on the table. The previous week, after the needles were in and I was lying still with a breeze tickling my back, I had a kinky daydream involving myself, Bruce Springsteen, and Chloë Sevigny. (Don't ask.) I left the office feeling tingly, and later at home, I dragged out an old vibrator that had been hiding under the Spanx in my underwear drawer and replayed the scene. It wasn't the bed-banging sex my husband and I used to have. But it was a start.

ANTIDEPRESSANTS AND SEX DRIVE

"Sexual dysfunction is, unfortunately, a well-known side effect of SSRIs," says NYU Medical Center reproductive psychiatrist and clinical instructor Kelly Brogan. Although the FDA claims the incidence rate is only between 1 and 6 percent, "in my experience, the libido is impacted about 30 percent of the time," she says. Virginia A. Sadock, M.D., the director of the Human Sexuality Program at NYU Langone Medical Center, sees two main types of dysfunction: lowered libido and difficulty climaxing. The culprit? Increased serotonin (a relaxing hormone) levels in the brain and spinal cord.

Other treatments for depression are available: "Bupropion [Wellbutrin] and mirtazapine are popular choices for their limited sexual side effects," says Brogan. But they aren't for everyone. "SSRIs deal very well with anxiety. Bupropion doesn't deal with it at all," says Sadock. Both doctors stress the importance of open communication with your psychiatrist to find a treatment. "So many people are ashamed or reluctant to discuss their sexuality, but a fulfilling sex life is one of the barometers of success in the treatment of depression," says Brogan.

—*Marta Topran*

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