SEX, SHAME AND PLEASURE

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This project explores the negative impact of shameful sexuality on sexual pleasure and functioning. Shameful sexual socialization is enforced by the tabooed macro and micro cultural systems of the United States today. This includes religious influence, governmental policies involving spending, censorship, and abstinence-only-education programs, and parental upbringing. Such influences synthesize to create a conservative, sexually repressive mentality for many individuals. This suppression of sexuality is evident in the low rates of female pleasure as measurable through the prevalence of female orgasmic disorders. An alternative mentality is modeled by the therapeutic treatment of sexual dysfunctions in which pleasure is increased through exposing participants to the antidote to shame: sharing and empathy. The Sexy Talk Project website brings together the influences of group therapy, Cognitive Behavioral Therapy, and psycho-sexual-education. The Sexy Talk Project is a comedic pop-culture outlet and an effective forum for people to begin sharing their secret sexual selves in order to experience acceptance.
CHAPTER 1: INTRODUCTION

Introduction

For many people feeling shameful about sexuality is unavoidable, it is intrinsically woven into our everyday culture (Mollon, 2005). The clutches of shame hold so deep that it disturbs a most fundamental human experience; sexual pleasure (Shadbolt, 2009). Sexuality captures the heart of shame because of its secretive, taboo and unacceptable nature in the contemporary discourse of America. The root of shame begins in the suppression of sexuality and the understanding that we must hide this vital human experience from our world (Kline, 2006; Mollon, 2005; Shadbolt, 2009).

Removing sexuality from the social discourse of homes and America at large, directly and indirectly informs individuals that their sexuality is unacceptable (Elias, 2008). The most human message, I am sexual, is therefore angst ridden (Mollon, 2005).

The ability to battle with shame-ridden aspects of ourselves is a developmental achievement that benefits one’s entire nature, not to mention one’s sex life (Elias, 2008). Exploring the development of sexual shame leads to insight and understanding. The core of shame is having a sense of self as unacceptable and flawed, leading to a sense of unworthiness and therefore to an experience of feeling unloved, unaccepted, and scorned (Elias, 2008). Shame is an interpersonal experience in which the external shame message can become internalized through intensity or repetition (Shadbolt, 2009). The shaming of sexual experience comes from family socialization during childhood development. In adolescence, children learn restrictive gender norms, low sexual expectations for women, and often, that exposing ones sexuality is inappropriate behavior (Lichtenberg, 2007; Shadbolt, 2009).
There is a historical dichotomy between the spiritual self and the human self. Sexuality is split off as the fleshy act of the humane self (Bullough, & Bullough, 1995). Later sex was seen as a deliberate separation from God and the unacceptability of sexuality by high members of the church eventually infiltrated American culture as a whole (Bullough, & Bullough, 1995; Tweedie, 1964). Unfortunately, the suppression of sexuality isolates the 95% of Americans who choose to be sexual before marriage (Finer, 2007). Parents maintain illusion that repressing sexuality and refusing to properly educate on the topic, prevents their children from becoming sexual (Kline, 2006). This illusion allows adults to relax and feel in control (Kline, 2006; Levine, 2002). It also denies the consequence that parents are harming youth by failing to provide open, honest, clear, and comprehensive information about human sexuality (Kline, 2006; Levine, 2002). Thus parents and schools fail to provide them with a set of essential tools necessary for their survival while simultaneously shaming the large majority who choose to sexually engage before marriage (Finer, 2007; Levine, 2002).

Acknowledging the effects of oppression and political scripting lead to a better understanding of the impact of shameful sexual socialization (Lichtenberg, 2007). Carrying sexual shame inhibits the ability for individuals to enjoy sexual pleasure (Shadbolt, 2009). The way in which people hold sexual prohibitions from the past and present creates the difference between sexual aliveness and sexual deadness (Shadbolt, 2009). Shame causes a person to hide their “flawed” sexual self from any interpersonal context in fear that their inadequacy will be exposed, therefore leading to further rejection and re-shaming (Elias, 2008).
Statement of Problem

In the tabooed macro and micro cultural systems of America, shameful sexuality is ramped. Increased sexual shame correlates to a decrease in sexual pleasure, as evident in the prevalence of female orgasmic disorders (Shadbolt, 2009). Poor orgasmic frequency and orgasmic dysfunction of females is indication that a shamed/tabooed sexual mentality, governmentally, educationally and personally, has a negative impact on the healthy sexual development of individuals (Kline, 2006; Lo Piccolo, & Stock, 1986; Wade, Kremer, & Brown, 2005). Holding on to the sexual limitations from our past and present consents sexual deadness (Shadbolt, 2009). According to Hawthorn, Gath and Day (1994), 22.2% of women are struggling to have orgasms with their partners more than half the time.

Finding an alternate approach to sexuality that can begin to lower sexual shame and increase pleasure would help the substantial population of women experiencing Female Orgasmic Disorder. In addition to decreasing the rates of Orgasmic Disorder, reducing sexual shame in America will lead to overall better sexual health for many of the citizens previously isolated by the negative sexual social constructs.

Purpose of Project

The Sexy Talk Project will create an arena for people to normalize there sexual experiences, share and support others who choose to share, and simply experience exposure to the vast category of sex in a safe, confidential, and professional format. Although America is over sexed in many ways (pornography, advertisement and media) there are still many sexual topics that are taboo to discuss. The Sexy Talk Project is an
online forum where people can share and read sexual stories written by ordinary people. Through sharing stories with each other people learn that what was once embarrassing or shameful becomes normalized and acceptable. This website captures the essence of Yalom’s (2005) curative factors of group therapy, CBT and normalizing psycho-education. The website blends CBT, education, and group therapy by broadening normal sexual behavior, bearing witness to each other’s stories, and individuals experience an empathetic process similar to that of group therapy (Jacobs, Masson, & Harvill, 2006; Yalom, 2005). These individuals now have a pop culture outlet for anonymous sharing and caring.

Creating an online forum for people to share sexual stories without shame is a hopeful alternative and can provide a safe space to discuss sexual likes and dislikes, struggles and success stories, embarrassment and humiliation, as well as a place for people to ask questions and receive suggestions, comments, and support from other men and women (Robinson, et al., 2011). The purpose of this project is to empower people with the understanding and rightful acknowledgment that their sexual experiences are within the norm. The Sexy Talk Project is an entertaining pop culture outlet to counter the negative impacts of secrecy and shame related to sexuality in America.

Terminology

Sex: sexually motivated phenomena or behavior often involving the genitals (Masters, & Johnson, 1985; Webster, 2012).

Sexuality: Sexuality is a broad area of study related to an individual's sex, gender identity and expression, and sexual orientation. It also includes the effect of prejudice.
and discrimination based on the aforementioned topics, as well as sexual disorders (American Psychological Association, 2000).

*Sexual Shame:* anything associated with sex or sexuality, sexual desires and other sexual features of the self that are not permitted access to shared discourse (Mollon, 2005).

Shame—a feeling of inferiority, inadequacy, incompetence, helplessness; a sense of self as defective, flawed, leading to a pervasive sense of failure, unworthiness, and to an experience of being scorned, unloved, and forsaken. These are descriptions we find in psychoanalysis for what is viewed as a most painful—searing—affective experience, also referred to as embarrassment, humiliation, and mortification. Shame leads to a wish to hide, to keep the flawed sense of self secret, and to avoid any interpersonal context that might reveal one’s inadequacy and lead to further rejection (Morrison 1989; Lansky 2005). Shame is a two-person experience; one is shamed in the eyes of another, even if that person is no longer literally present. (Elias, 2008, Sex and shame: The inhibition of female desires. Vol. 56, pp. 77)

*Sexual Dysfunctions:* identified by disturbances in sexual desire and in the psycho-physiological changes associated with the sexual response cycle in both men and women (Laumann, Paik, &Rosen, 1999).

*Female Orgasmic Disorder (FOD):* According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th Edition* (2000) Female Orgasmic Disorder (FOD) is the persistent or recurrent inability of a woman to have an orgasm (climax or sexual release) after adequate sexual arousal and sexual stimulation. This lack of
response can be primary (a woman has never had an orgasm) or secondary (acquired after trauma), and can be either general or situation-specific. There are both physiological and psychological causes for a woman's inability to have an orgasm. To receive the diagnosis of FOD, the inability to have an orgasm must not be caused only by physiological problems or be a symptom of another major mental health problem. To be considered FOD, the condition must cause personal distress or problems in a relationship. In earlier versions of the Diagnostic and Statistical Manual of Mental Disorders, FOD was called "inhibited sexual orgasm," also referred to as inorgasmia (American Psychological Association, 2000).

Summary

Considering the macro and micro oppression of sexuality that causes the scripting of individual’s sexual shame, creating a counter balance that can infiltrate the current social norms related to sexuality would be beneficial to general society. A hopeful alternative would be to provide a safe space to discuss sexual likes and dislikes, struggles and success stories, embarrassment and humiliation, as well as a place for people to ask questions and receive suggestions comments and support from other men and women (Robinson, et al., 2011). This literature review examines of the development of shameful sexuality, the theology behind repressed sexuality, governmental policies related to sex in the United States, and the sex-education and parental influences on sexuality. Understanding the shameful scripting of macro and micro American culture will increase awareness and opportunity to shift sexual acceptance. Helpful catalysts will be further explored with the hope of decreasing shame and increasing empathetic relationships and pleasure. The Sexy Talk Project represents an alternative approach to sexuality as an
acceptable part of the human experience and will begin to counter the negative impacts of secrecy and shame.

CHAPTER 2: LITERATURE REVIEW

Introduction

The relationship and correlation of sex, shame and pleasure will be explored followed by suggesting an alternative approach to sexuality as modeled by sex group therapy. Investigating the powerful impact shame has on our sexual lives and pleasure can provide insight about the prevalent deficit of pleasure women experience today. We will highlight this deficit through the rates of orgasmic disorder, a constant thread of measurable evidence, throughout the course of this paper. With insight into the cause of decreased sexual pleasure we can begin to formulate the cure. As we explore the impact of shameful socialization, a sexually repressive government and the education system we can begin emphasizing areas of potential change. Group therapy treatment of sexual dysfunction offers many alternate approaches to sexuality that would reduce sexual shame and enhance pleasure.

Development of Sexual Shame

The avoidance or difficulty of speaking about sexuality both socially and in private is not deliberate or intentional; it merely illuminates the traumatic nature of talking about sexuality (Sadbolt, 2009). Even Theropists today do not frequently talk about sex;— desiring instead to focus on issues of attachment, co-dependence, abandonment, aggression, and envy (Mollon, 2005). According to basic developmental premise, Freud was right to regard sexuality as a crucial factor related to the problems
people have in their mind-body experience (Freud, 1905). From childhood through adulthood, sexuality is the arena in which fundamental relational issues and struggles are played out. Sexuality has always been deeply linked with shame (Mollon, 2005). The core of shame is having a sense of self as unacceptable and flawed, leading to an inescapable sense of unworthiness and therefore to an experience of feeling unloved, unaccepted, and scorned (Elias, 2008). Interpersonal relatedness, relationships people form, both casual and deeply personal, and how they interact, is central in understanding the dynamics of emerging sexuality and the potential for shame (Mollon, 2002). Shame is fundamentally a relational, two party process that includes the shamer and the shamed, the other and the self, also identified as the excluding and the excluded, or society and the individual (Elias, 2008; Shadbolt, 2009).

The iconic biblical figures Adam and Eve illustrate the story of sexual shame. Traditionally Adam and Eve are depicted wearing a fig leaf to cover their genitals. Symbolically this fig-leaf represents our culture and the birth of shame in sexuality and desire (Mollon, 2005). Fig-leafing, the act of covering sexuality is almost universal in modern western culture (Ince, 2003). The social construction of fig-leafing spares people the anxiety of tolerating something that makes them uncomfortable. We are socialized to cover our sexuality by means of appropriate clothing, secrecy around sex, hiding information through inadequate sex education programs, and the basic lack for acceptance of discussion of sex and sexual desires with others (Goldman, 2008; Ince, 2003).

The suppression and judgment placed upon sexuality by American society is the priming of sexual shame. Thus, when individuals experience their own sexual desire, the
shame which is built into American society is unavoidable. In Mollon’s (2005) journal
*The Inherent Shame of Sexuality*, he defines shame as associated with the desires and
other features of the self that are not permitted access to shared discourse. Objects of
shame are determined through one’s experience in the group or “tribe” and the social-
conversational norm. Shame is not necessarily the same as repression. Repression
prevents mental content from finding access to consciousness. Shame on the other hand,
may be conscious, having access to private thought or private bedrooms, and yet be
denied entry into the social world of shared discourse (Mollon, 2005).

When humans interact there is always potential for embarrassment, humiliation,
and disgrace. Mollon (2002) goes on to explain that shame comes from the failures of
human communication, misconnection, misperception, misunderstanding and failures in
empathy. Embarrassment is the immediate shock reaction experienced in a moment of
socially inappropriate behavior which is witnessed by the “other” (Mollon, 2005;
Shadbolt, 2009). In contrast to embarrassment, shame may cause an enduring, and
sometimes detrimental, pain arising from the memory of embarrassment.

The shame experience always requires an “other” or a “shamer,” but through
intensity or repetition the external shame message may be internalized with the
interpersonal experience (Shadbolt, 2009). Thus, the message becomes not only
externally enforced, but the “shamer” is internalized as well. Shame causes a person to
hide their “flawed” self from any interpersonal context in fear that their inadequacy will
be exposed, therefore leading to further rejection and re-shaming (Elias, 2008). In truth,
the antidote to shame is to risk exposing their shame to another, and in turn, having an
interpersonal outcome that does not deepen or confirm their humiliation but amend it
Through empathy, their shame is disconfirmed allowing them to cast off the negative self-image that restricted (Elias, 2008).

Sexuality and sexual pleasure is one of the areas of the self most likely to be closed off from social discourse. Mollon (2005) contrasts the tabooed nature of sexual pleasure with another bodily pleasure, eating, which is publicly and socially acceptable. The child sees adults eating and knows that it is normal, therefore, the child feels normal. Hunger, eating, seeing others eat, and discussion of eating is an everyday activity for a child. There is no mystery or secrecy behind the activity or discussion of eating or the feelings and urges of hunger. In contrast; if a man were to ask a woman “hello, would you like to fuck?” it would be highly offensive and socially unacceptable. Whereas if a man were to ask a woman “Would you like to go out to dinner?” it is perceived as socially acceptable and desirable. It is a casual statement to say, “I am really hungry. I would love to eat something!” Whereas, it would take a significant level of intimacy to profess to someone, “Damn, I really want to fuck you!” (Mollon, 2005).

Raw and naked sexuality and its pleasures are fundamentally what American society so desperately tries to cover (Herdt, & Howe, 2007; Kline, 2006; Mollon, 2005). There is a sexual satisfaction that we unconsciously pursue as normal humans (Mollon, 2005). We dress and act the way we do because of the unacceptability of this pleasure fig-leafing, or curbing our sexuality into something socially acceptable (Mollon, 2005). Mollon (2005) uses the example that even in our more liberal western culture; a woman does not go to a night club, swing her naked bottom at a man and request sex from him. Instead of being direct, she must dress and dance in a suggestive manner giving the indirect promise of nakedness and intercourse. The root of shame begins in the
suppression of sexual desire and an individual’s understanding that sexual desire must be hidden disapproving eyes of our world (Kline, 2006; Mollon, 2005; Shadbolt, 2009). People are in a chronic conflict between the desire to be authentically human, and feeling that their humanness must forever be displaced (Mollon, 2005). This is why individuals dress up in so many fig-leaves, covering ourselves with layers of signifiers to hide the most human message; I am sexual (Mollon, 2005).

*Childhood Shame*

Through the developmental process there are many opportunities for children and adolescents to feel damaged, isolated, unacceptable, and flawed (Shadbolt, 2009). The enmeshment of shame and sexuality in American society makes childhood a minefield for shameful situations, relationships, and lessons. In *Sensuality and Sexuality Across the Divide of Shame*, Lichtenberg (2007) stresses which aspects of a child’s behavior, thoughts or feelings become sexual and inappropriate as learned through cultural and parental principles. Caregivers show their approval or disapproval by shaming the unsanctioned expression of the child’s sexuality and desire (Lichtenberg, 2007).

Lichtenberg acknowledged the damage caused to a person’s sexuality at the hands of another whose own stifled sexuality could deaden a child’s natural curiosity about his or her own body (2007). When a child’s caregiver expresses their disapproval in attempt to curb their child’s sexual behavior they intrinsically communicate to the toddler that sexual behavior is something to be ashamed of (Shadbolt, 2009). Consequently, the child may interpret this disapproval to mean that he or she is the source of shame and that his or her body is shameful. Generally this can develop into an embodied sense that he or she is “a naughty little boy or girl” (Shadbolt, 2009). For example, when a child begins
developing into adolescence and sharing a bath with ones siblings becomes “inappropriate” and nudity or the level of casual closeness between siblings is to be avoided, or perhaps to be ashamed of. Parents direct children to maintain privacy related to nakedness and a message of disapproval and body shame may be facilitated through this process (Shadbolt, 2009).

*Genital Shame*

A common target for parents to accidentally shame their child’s sexuality is by curbing their child’s genital exploration. Parents interfere with a child’s sexual exploration by looking anxious or disapproving when the child engages in genital play and exploration. For example, a young boy who is interested in his penis is scolded by his parent to “stop touching himself” (Shadbolt, 2009). The result may be that his penis is now an object of embarrassment or shame instead of a natural part of him or a source of pleasure. Similarly, one of the most taboo and obscene words in the English language is “cunt” a derogatory term for the female genitalia demonstrating the derogatory link between female genitalia and shame (Shadbolt, 2009).

Children become aware that the “other” does not regard genitals as something of importance and pleasure, but instead views genitals as something to be ashamed of and often times as “off limits.” Children integrate the shame based thinking that their parent is enforcing. This is often one of the first injuries to healthy sexuality a child experiences by feeling pain, embarrassment and self-consciousness in relation to his or her parental disapproval of their autoerotic play (Elias, 2008).

There are many pieces of information absorbed by children that contribute to sexual socialization and ultimately later sexual confidence, esteem, pleasure, and
performance (Lichtenberg, 2007; Shadbolt, 2009). The intense level of body shame passed on in families from childhood can influence a woman’s ability to experience her body as pleasurable and may explain why approximately 41.3% of women reported difficulty reaching orgasm at least 75% of the time or more (Johannes, & Avis, 1997). The poor orgasmic frequency and orgasmic dysfunction of females is evidence that a shamed/tabooed sexual mentality in macro and micro America has a negative impact on one’s access to sexual pleasure (Kline, 2006; Lo Piccolo, & Stock, 1986, Wade, Kremer, & Brown, 2005).

**Adolescent Shame**

Historically, developing into teen-hood and physical maturity is riddled with negativity for women (Middleton, 1998). As a child, girls experience relative equality to boys, but with the onset of puberty and menstruation, differences become obvious. To parents, an adolescent girls' sexual self must be curbed. As Middleton (1998) described, Victorian attitudes toward the female body still prevail today. The Victorian adolescent girl is not expected to have spontaneous expressions of sexual interest, is warned that one impulsive act could result in pregnancy and ruin her life, and that menstruation is something to be ashamed of (Middleton, 1998). This Victorian expectation of young girls is still influential today; puberty and the beginning of womanhood was the beginning of feeling body shame, loss of freedom, loss of quality with boys, and loss of the right to be assertive or aggressive (Thomson, 1937 as cited in Middleton, 1998). Young ladies were no longer allowed to play with boys, separating them from boyish feelings of aggression and activities such as “rough housing”. This outdated Victorian mentality has been prevalent for years and though liberal communities are persistently
evolving this stance by attempting to reinforce gender stereotype flexibility, the new approach has yet to dominate American society. The residue of outdated gender norms still warm the homes of American youth and its manifestations are evident in the rigid parental negotiation of the teen’s sexual self (Schalet, 2011).

The parent-teen negotiation of adolescent rights and responsibilities is an abundant site for revealing how youth become socialized to relate to their own sexuality (Schalet, 2011). The influence of parent-teen communication on adolescents' sexual behavior has been examined in a number of studies. Previous findings have suggested that parent-teen communication about sexuality and sexual activity is related to lower levels of adolescents' engagement in sexual risk-taking behavior (Zhengyan, Dongyan, & Li, 2007). To highlight development of teen sexuality Amy Schalet’s (2011) completed a cross national comparison between Dutch and American middle-class families and the product of their cultural constructs and institutions. Schalet (2011) interviewed one hundred and thirty Dutch and American parents and teenagers, most in tenth grade, in the 1990’s and 2000’s. All participants were middle class and of similar education, religion, and race.

Schalet (2011) explores two different ways of understanding and shaping adolescents, social relationships and therefore future sexual esteem. The Dutch template for parenting teenagers is supportive with the acceptance that youth will experiment with sex even if it is outright forbidden. The Dutch approach expects teens to continue participating in family rituals, keeping them connected to their parents as they begin experimenting with sex, alcohol, and night life. Domesticating and normalizing their teen’s experimentation creates a bridge between the world for adults and the world of
peers that American parent-teen relationships lack. This indirectly leaves the parents in a more secure, informed, and controlled position. The American parenting culture is a particularly conflict-ridden relationship leaving the parents grasping ineffectively for control. The default for many American parents is to resist teen sexuality, often standing firm around certain key issues. On example is in response to the question of a romantic partner sleepover. In this case even many otherwise liberal American parents respond “Not under my roof!” (Schalet, 2011). Contrary to the Dutch counter point that views teens as able to self-regulate, with the support of their parents help prepare their children for the sexual world and determine their own “sexual readiness” (Schalet, 2011). Although Dutch parents recognize a period of personal adjustment, they are able to move beyond their own feelings of discomfort related to their child’s developing sexuality and accept the changes that come with their children’s developmental sexuality and permit sleepovers.

American parents often forbid exploration of sexuality in their homes, forcing a psychology of separation; teens sneak around or defy their parents in order to be sexual (Schalet, 2011). This separation of sexuality from the family discourse corrodes the sexual mentality of adolescents by conditioning sexual impulse as unacceptable. On the other hand, Dutch parents seem to accept the limits of controlling teens, with the widespread belief that it is impossible to keep youth from engaging in some level of sexual exploration if they decide want to, Dutch parents choose to involve sexuality in the family discourse (Schalet, 2011). Schalet (2011) speculates that in result of a psychology of incorporation instead of separation Dutch girls are four times less likely to become pregnant and less than two times as likely to have abortions as their American
counterparts (Schalet, 2011). Incorporation clearly has some direct or indirect positive affect on the sexual activity of youth.

American parents request girls to be “good” which excludes the sexual nature of the adolescent girl’s experience (Schalet, 2011). This result in American female adolescent’s difficulty merging their sexual maturation and sexual activity with “good” daughterhood. Sadly this leaves American girls who choose to be sexually active separated from the family because of their sexual behavior is viewed as unacceptable behavior (Schalet, 2011). The Dutch example offers hope for an alternative approach to teaching adolescents about sex and sexuality That would include sexual incorporation which is the opposite of shaming young people; it is normalizing, accepting, and empathizing. Including sexuality as a natural part of the social discourse is an empowering approach to sexual life (Heiman, 2002; Leiblum, & Wiegel, 2002; LoPiccolo, & Stock, 1986; Masters, & Johnson, 1996, 1970).

Media

The media is a major contributor to the development of American sexual socialization and internalization of sociocultural attitudes toward appearance (Calogero & Thompson 2009). Chronic exposure during adolescence and young adulthood to sexualized media socialize men and women to define female sexuality solely for the purpose of attracting a sexual partner. Internalization of appearance ideals portrayed in media leads to chronic body monitoring and more body shame (Calogero, & Thompson, 2009). Women’s sexual satisfaction becomes intricately linked with their sense of sexual attractiveness. This example of the internalization of an external message that over time
becomes internalized; part of one's nature by learning or unconscious assimilation (Shadbolt, 2009).

Over focusing on one’s body can disrupt women’s sexual satisfaction during their sexual experience with a partner out of fear that their bodies are being critically observed and evaluated by their partner (Calogero, & Thompson, 2009). Such fears elevate a woman’s risk of associating shame with their body or sexuality in turn leading to less overall satisfaction with a partner (Calogero, & Thompson, 2009). Body shame is a key example to highlight the significant impact and complexity of the cultural introjections of sexuality with shame (Shadbolt, 2009).

Adulthood Shame

Adulthood sexuality is influenced by childhood and adolescent sexual experiences. Adult sexuality and shame are also culturally, socially, and politically shaped through education, history, and religion (Shadbolt, 2009). Shadbolt (2009) explains that there are a variety of things in adult consciousness that affects adult sexuality in western culture; moral edicts about what is sinful, the chastity of women, the sanctity of marriage, the moral degeneracy and immaturity of homosexuality, the dominance of male heterosexuality, the deleterious effects of masturbation, gender roles, sexist imagery, biological determinism, and countless more. Acknowledging the effects of oppression and political scripting on individuals including their emotional, physical, and sexual lives leads to better understanding of the impact of shame in the sexual socialization (Lichtenberg, 2007). The way in which we hold sexual prohibitions from the past and present creates the difference between sexual aliveness and sexual deadness (Shadbolt, 2009).
Regardless of age or gender, the expression of one’s own sexuality is an essential mental health need for all individuals (Malesta, 2007). In modern sexuality the importance of orgasm has increased significantly with feminist movements and the sexual revolution (Lavie & Willig 2005). Recently Bancroft, Loftus and long (2003) completed a United States probability sample of 987 women aged 20-65; found that 9.3% experienced no orgasm in the last month (Bancroft, Loftus, & Long, 2003). Another Massachusetts population-based random sample of 349 women, ages 51-61 Johannes and Avis (1997) found 10.3% conveyed having difficulty reaching orgasm all or most of the time. In this research it was found, women had significantly higher adjusted means for difficulty reaching orgasm and pain with intercourse than men. Approximately 41.3% of women reported difficulty reaching orgasm at least 75% of the time or more (Johannes, & Avis, 1997). Similarly it was found in a random community based sample of 436 British women with partners ages 35-59, 15.8% had no orgasms and 22.2% had orgasms on less than half the occasions of sexual activity with their partner over the course of the last 3 months (Hawton, Gath, & Day, 1994). The data indicates a significant orgasmic deficit for women today.

The lower rates of female orgasm in society is evidence of the Victorian mentality devaluing of women’s orgasms and unacceptability of the female’s sexual expression. These influential elements of ignorance and shame lead females to have a negative association with sexuality. If American society valued female orgasm and pleasure then women would be experiencing orgasms within partner sex at a much higher rate (Wade, Kremer, & Brown, 2005). The goal of this project is to empower women with the understanding that there are significant social impacts on their sexual experience. This
project will provide validation and decrease sexual shame. Feeling sexually inadequate, incomplete, helpless, defective and flawed can lead to a sense of unworthiness and shame for women negatively affecting a woman’s sexuality.

Cultural Considerations

When considering human development of any kind understanding cultural differences is a must (Jacobs, et al., 2006). To comprehensively address socialized sexual shame it is important to acknowledge an individual’s heritage on their sexual attitudes, behaviors, health and identity (Robinson, et al., 2011). When considering a person’s psycho-social sexual development one must always consider the different cultural backgrounds of the members including age, gender, and sexual orientation when setting the tone and example for any interaction. Robinson et al (2011) discusses the importance of culture, gender and sexual identity when discussing culturally influenced beliefs about women and sexuality. Examples of such cultural beliefs are that women should have orgasms through vaginal sex, or that women are sexually inadequate when compared to their male partners. These messages can be received overtly or covertly from parents, peers, and cultural communities.

Shadbolt (2009) emphasizes that there are different social constructs that shame sexually and create our adult consciousness and impact our sexuality. Some influential constructs are: the enmeshment of religion and the American sexual stance, government, culture, education and parenting styles. This impact is evident in the prevalence of female orgasm demonstrating the influence of widespread sexual shame in America today (Wade, 2007; Johannes, & Avis, 1997; Hawton, 1994). The remainder of the literature review will cover the different social aspects of sexual shame woven into
American society and the variety of manifestations they have in the sexual lives of men and women.

The Origin of Sexual Hostility

America has developed as a sex–negative culture in which sexual activities have been observed with suspicion, if not hostility (Bullough, & Bullough, 1995). American attitudes about sexuality have been conditioned by beliefs deeply rooted in the surface years of Christianity and also in the Greek ideology of dualistic thought (Bullough, & Bullough, 1995). It is not the Bible that heeds aggressive suppression and fear around sexuality, but the Greek dogma, influential philosophers, and powerful religious men (Bullough, & Bullough, 1995). Negative attitudes about sex and sexuality began hundreds of years before recordings of basic Christianity and eventually influenced the Bible through people of religious power (Bullough, & Bullough, 1995; Tweedie, 1964).

Greek Theology

Greek dualistic thought divided the world into two opposing forces; the spiritual and the material, or the higher and lower, or the soul and the body (Bullough, & Bullough, 1995). Man was punished by imprisonment in a human body. To receive salvation men had to escape the domination of the flesh. Sex was an activity of the flesh, an assertion of the bodily needs over spiritual, and therefore bad. Even under other Greek theological developments where sex was an approved source of pleasure, it was discriminated as “less than” or inferior to the pleasure achieved through a spiritual connection with god. Many Greek philosophical mystical writers had great influence and large followings in which some sects denounced all forms of sexual intercourse as either a lowly flesh act, or an inferior source of pleasure.
Plato

Plato (427-347 B.C.E) emerged as the most influential source of the dualistic ideas of the untainted soul versus the soiled body (Bullough, & Bullough, 1995). Plato conceived of love in dualistic terms, dividing it into the sacred and profane. The sacred occupied with the mind and character of the beloved, and the profane with the body. It was through only sacred love, the non-physical, that true happiness could be found. Physical love lowered a man to the hectic passions typical of animals, and for this reason Plato relegated sexual desire to the lowest element of the soul. Christianity adopted many Platonic concepts and therefore Plato has been regarded as a dominant force in early Christian doctrine (Bullough, & Bullough, 1995).

Philo

Following Plato, Philo (ca 30 B.C.E. – 45 C.E.) believed that the highest nature of man was asexual; imitating god himself (Bullough, & Bullough, 1995). It was the irrational human part of men and women that existed in the sexual realms. Philo preached that the original sin of Adam and Eve was sexual desire and pleasure. He warranted the Jewish custom of circumcision as necessary to curb man’s sexual desires by making the penis less sensitive to pleasure. Because Philo was Jewish he had a strong and resilient influence in Judeo-Christian mentality (Bullough, & Bullough, 1995). The threads of fundamental sexual restraint and abstinence from ancient Greece through early Judaism creates a roadmap tracing hostility toward sex.
In the development of Gnosticism the most extreme definitions of purity, meaning celibacy, were revealed (Bullough, & Bullough, 1995). Christian life dictated the bounds of virginity. Choosing to be married and remain Christian was choosing between sex and the Devil, and Celibacy and Jesus. At the decline of Gnosticism there was opportunity for the intense sexual repression to lessen but it was at this turning moment that St. Augustine (354-430 C.E) became the most influential teacher in the Christian Church regrading sexuality and marriage. St. Augustine had attempted Manichaeism, a Gnostic subtype refortified in negative sexuality, and failed. For 11 years he attempted celibacy but living with a mistress, he was unable to control his lustful desires, forever excluding him from the kingdom of light. This crisis led Augustine to renounce Manichaeism and convert to Christianity where he rose rapidly in the Christian hierarchy bringing his rigid sexual dogma with him. Sexual intercourse came to be regarded as the greatest threat to spiritual freedom for St. Augustine and with this mentality, Augustine had difficulty accepting any kind of sex, even though he recognized that it had biblical justification (Bullough, & Bullough, 1995; Tweedie, 1964). Reluctantly Augustine concluded that sexual intercourse could be justified for procreation only (Bullough, & Bullough, 1995).

The Bible

The early Christian perspective presented sex for the purpose of procreation, but not something to be enjoyed (Bullough, & Bullough, 1995). Sexuality is hijacked into moral and religious domains. There the fall from grace separation from the love of God marked by and individual’s sexual behavior, sinning, and the threat of eternal damnation (Shadbolt, 2009). With shame and terror tightly fused with sexuality it is important to
note that Christian ideals on sex were not primarily derived from any biblical teaching but based upon the intellectual and philosophical assumptions of the Graeco-Roman world (Bullough, & Bullough, 1995; Tomkins, 1987; Tweedie, 1964). On the contrary, modern conservative mentality, the scriptures portray sex not as evil, earthly or demeaning, but rather as a gift of God when enjoyed within marriage (Tweedie, 1964). The moral ideals that create hostility toward sex are inappropriately enmeshed with the Bible. Rather shameful sexuality is the contamination of compounded centuries of human, multi-religious and philosophical influences on Christianity (Bullough, & Bullough, 1995; Tweedie, 1964). Separating the conservative views on sex from what the bible preaches gives opportunity for practicing Christians to have a healthy relationship with their sexuality in the forms that are biblically praised, removing the enmeshment of sexuality and sin (Tweedie, 1964).

The development of Judeo-Christian sexual ideology is powerfully influential in the Americas modern sexual mentality (Bullough, & Bullough, 1995; Tweedie, 1964). Whether or not one is Christian, the Judeo-Christian sexual ideology is perptuated in the American government, education system, homes, and parenting styles. Illuminating the hirtprical influences regarding sex and sexuality increase the understanding of cultural hostility toward sex. Addressing the macro sociopolitical influence and the personal micro influence of conservative American cultures can bring hope for healthy sexuality no matter the race, religion, or creed of the person. What follows is a review of the effects of national policies of the U.S. government, public sex education in schools, and parental influences on sexual development.
U.S. Sexual Social System

National Policies

American preoccupation with sex is rooted the macro, or large scale, social systems; the understanding of communal roles, values, norms, interactions, perceptions, and realities that dominate mainstream American society (Sanchez, 2005). Evidence of the macro mentality related to sex is manifested in National Policies. The conservative persistence to enforce a continuing silenced conversation, expression, and education of sexuality is evidence of shameful and fear based sexuality. We see evidence of this in the conservative legislation, political spending, and education throughout the remainder of this section.

Gilbert Herdt and Cymene Howe explain modern American sexuality and the negative mentalities affecting it in there book *21st Century Sexualities: Contemporary issues in Health, Education and Rights* (2007). Herdt and Howe suggest that a communal sexual fixation based in fear is age-old and not unique to the United States; but the packaging is new- and it is causing harm. There is a battle between sexual/relational freedoms as an American right, and the fear based mentality enforced by contemporary American government. The national stance on sexuality determines what individuals fear, what books they read, what private entertainment they enjoy, what they know about their own bodies, and how much they control their own fertility (Kline, 2006). The national stance on sexuality can impact American citizens by either continuing to enforce shameful sexuality or shifting to support relational freedom as an American right. If this shift takes place to support relational freedom, the path will be paved for empowered sexuality and shameless sexuality.
Activist Marty Klein, PhD (2006) examines the macro social systems approach on sexuality in his book *Americas War on Sex: The Attack on Law, Lust and Liberty* as viewed through American history, human rights and current public policy. The macro understanding of sexual and relational freedom has shifted in recent American history in the direction of increasing sexual rights, enjoyment, and freedom and reducing shame. The following passage by three republican Justices appointed by conservative Republican Presidents: Justice Sandra Day O’Connor and Anthony Kennedy, appointed by President Ronald Regan, and Justice David Souter, appointed by the first President Bush demonstrates this progress. Planned Parenthood v. Casey (1992):

> Our law affords constitutional protection to personal decisions relating to marriage, procreation, and contraception family relationships, childrearing, and education… Our precedents ‘have respected the private realm of family life which the state cannot enter.’ These matters, involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy, are [also] central to [constitutionally protected] liberty…At the heart of liberty is the right to define one’s own concept of existence, of meaning, of the universe, and of the mystery of human life. (Kline forward p. xv)

This is a demonstration of the momentum that already exists in American politics which can be utilized in the effort to combat sexual shame in our macro society. Unfortunately, this liberty based political stance has wavered in today’s domestic conservative/ fundamentalist political social movements (Kline, 2006). As Klein defines it, the conservative goal is to “Control sexual expression, colonize sexual imagination and restrict sexual choices” (2006, p.3). This is evident in the following sections on
government policies, national spending, censorship, foreign relations, and homeland sex education. The conservative/fundamentalist picture of sexuality is a narrative of danger creating fear, immorality and therefore self-destructiveness (Kline, 2006). Kline further explains that those who fear and hate sexuality often describe their fear in socially acceptable terms: protecting children, supporting marriage, preventing disease, or honoring women. Those looking to end eroticism have enlisted the aid contemporary American Government. Allies include schooling boards, zoning commissions, city councils, state legislatures, military leaders, the U.S. congress, and a series of American presidents. Considering the influence of American government on its people, this aggressive fear based approach to sexuality has changed our norms, culture, laws, vocabulary and our very emotions for generations (Kline, 2006). America’s conservative macro social stance on sexuality has the potentiality for damaging outcomes in the socio-sexual development of its citizens (Kline, 2006).

Censorship

Erotica, defined as literature or art intended to arouse sexual desire (Merriam Webster, 2012), has been a thriving part of individual private life for centuries, but the mass production of erotic magazines, films, videotapes hit a commercial climax in the 1970’s (Middleton, 1998). In 1996 American politics became deeply invested in sexualized America by financing the government controlled censorship of sexual media. Sue Middleton (1998), discusses the issues of the government meddling in America’s Freedom of Speech: what knowledge and information will be available, by whom, and to whom?
Considering the turn of the century’s investment in the internet, it is a realistic medium to make example of in regards to censorship. According to the 2006 Pew Internet and American Life Project, 128 million men and women were online searching for sex related topics with 66% looking for health information and 18% searching for information on embarrassing topics related to sex and sexuality (Herdt, & Howe, 2007). As result of this governmental investment in censorship many providers of internet access began voluntarily blocking access to sexual material online as defined as any website using the keyword “sex.” The ban of “sex” online assumed that what goes on within these websites is “obscene, lewd, lascivious, filthy, or indecent” as described using the terminology from sec. 502 of the United States Communications Decency Act of 1995. This sends a strong message to Americans about their developing sexuality and its association with shame (Middleton, 1998). Unfortunately when the restriction of information, education, or media is done on the basis of a single word, both the damaging and beneficial are banned. Positive sex related websites could include information on sexually transmitted infections or support for those with sexual dysfunctions (Middleton, 1998).

Censorship directed by the government is significant because it is evidence that contributes the macro sexual socialization and identity development of its citizens. As professionals and researchers explain later in this paper; the lifelong impact of negative messages about sexuality and sexual mentalities can have unfortunate penalties on the mental and sexual health of our citizens (Leiblum, & Wiegel, 2002; Lo Piccolo, & Stock, 1986; Tweedie, 1964; Wade, Kremer, & Brown, 2005).
**Government Spending**

Governmental policies, censorship, and education are all ways to objectively gauge the priority of American principles regarding sexuality. Another way to measure the nation’s values related to sexuality is tracking governmental spending (Kline, 2006). The government has been quoted to spend between $100 million to billions of dollars on abstinence-only-until-marriage sex education programs (Herdt, & Howe, 2007; Kline, 2006). A large amount of the abstinence-only-until-marriage sex education is federally funded by taxpayer money funneled directly to religious organizations such as churches, after-school programs, and pregnancy crisis centers aimed at preventing abortion. For example, Lutheran Social Ministries at $231,000, Catholic Charities of New York $2,500,000, Silver Ring Thing at $400,000, and Roseland Christian Ministries of Illinois at $800,000 (Kline, 2006). Religiously oriented sex education programs receive more financial support than all the people displaced by Hurricane Katrina or all the handicapped people in the United States. Since almost three-quarters of high school kids have sex before they graduate (Kline, 2006), much of this one billion dollars is directed at teaching kids who have not had sex that they should not start, or that if they have started having sex, they should stop. Abstinence only sex-education ignores the needs of the majority of youth who will have sex, and continue being sexually active into adulthood (Kline, 2006).

Discussing government spending matter related to sexual systems matters because money is an unbiased measurement to track the financial national priorities of America today (Kline 2006). With the government controlling much of what we learn
outside of the home regarding sexuality the government becomes a key player in the sexual socialization of Americans (Kline, 2006). If Abstinence until married is the only “right way,” that leaves many Americans in the “wrong.” The feeling of “wrong” greatly impacts our sexual socialization by inducing shame (Mollon, 2005; Shadbolt, 2009). If Americans insisted on sexual citizenship that extended the rights and legitimacy of membership to all people whose sexual lives promote healthy sexual expression, shame based sexual experiences would dissipate (Herdt, & Howe, 2007). A national stance of inclusion of multiple perspectives on sex and sexuality and ideally promoting sexual lives of empowerment, not shame is important for Americans. Herdt and Howe (2007) encourage American people to articulate dissent, curiosity, and knowledge and to be critical of social institutions and social schemas that enforce sexual conformity.

Global Sexuality and America

As the political pendulum swings on sexual and reproductive rights, so do American policies related to reproductive rights and access to sex education and sexual health providers. In 1984 Regan enforced the Global Gag Rule, which no longer allows the distribution of U.S. Agency for International Development (USAID) funds to nongovernmental organizations that either provide or discuss abortion. Reproductive health and family planning was, therefore, redefined as “abortion services” casting the public discussion and political action of sexual health into moral terms (Herdt, & Howe, 2007). Although the morality of abortion is not the topic of discussion in this paper specifically, it does provide evidence demonstrating the enmeshment of morals and national policies; and that the United States has a conservative and limited stance on what is sexually, reproductively, and educationally “appropriate” (Herdt, & Howe, 2007).
In the 1990’s the Clinton administration made a strong commitment to gender equality and women’s rights. In 1995 at the Fourth World Conference on Women, the Beijing Declaration finally legitimized the notion of women’s human rights in all spheres of life. This swung the pendulum back from the Regan administration’s conservative left Global Gag Rule, to the liberal right; in favor of sexual rights (Herdt, & Howe, 2007). Preceding the Beijing Declaration the UN opened their ears a new global consensus on women’s rights, reproductive rights, sexual orientation discrimination, and population (Herdt, & Howe, 2007).

Unfortunately, with the Bush administration women’s rights, and more specifically reproduction and sexuality rights, became systematically regressive (Herdt, & Howe, 2007). The Bush administration threatened to take away financial support from small, fragile countries that originally supported the Beijing Declaration and progressive women’s and sexual rights; consequently, making it very risky for those countries to take a stand. The Bush administration did not make vital public health decisions based on scientific fact, but instead on ideology (Kline, 2006; Herdt, & Howe, 2007). Many international organizations fear that the US administration exports its intolerant sectarian philosophy and standards. Primarily through restricting foreign assistance funds and using America’s powerful influence via U.S. policy positions in the UN (Herdt, & Howe, 2007).

The combined modern power of the theocracy in the Vatican and Islamic countries, the radical fringes of the Catholic Church, the growing emphasis on fundamentalist in Latin America, and the U.S. Bush Administration, puts us in a new global backlash on sexual liberty (Herdt, & Howe, 2007). Overall, there is a
discriminating and suppressive message of sexuality from modern American government. This affects both the psycho-sexual development of American citizens and foreign dependents. Government spending and sexual, reproductive, and education policies determines what are acceptable sexual choices, expressions, and partnerships in America.

Educational Systems

Adolescence is a crucial stage in sexual development, gender identity, values construction, and the socialization process (Goldman, 2008). Sex education for adolescents is a vital component of all quality educational systems. Juliette D.G. Goldman (2008), a member of the Faculty of Education at the Griffith University in Queensland Australia, provides substantial supporting evidence of the immediate and long-term benefits of comprehensive school sexuality education. Goldman states that comprehensive sex education will improve the lives of all youth and will allow them to be competent and responsible citizens and prepare them for their future (Goldman, 2008). Comprehensive sexual education programs counsel kids to make good sexual decisions, such as teaching them to use contraception when they decide to have intercourse, to appreciate non-intercourse sex, to discuss sex with their parents, to develop good communication skills, and to learn more about their bodies (Kline, 2006).

Many young people do not receive any sex education. In addition, parents have frequently been found to be unsatisfactory providers of sexual education for their offspring. Therefore, schools become the most logical place to provide such information. The absence of school-based sex education creates ignorance about sexual behaviors, increased rates of unwanted pregnancy, sexually transmitted infections, and the loss of life opportunities for adolescence young adults.
Herdit and Howe explains,

As school boards, teachers, young people, parents and legislators argue over whether, what, and when young people should learn about sexuality in school, they are also struggling over what it means to be a sexual person. They are helping to decide what kinds of sexual behaviors, identities, and decisions are acceptable in their schools, neighborhoods, and towns. They are helping to define “good” sexual citizens by delineating which sexual desires, behaviors, and identities confer the rights and responsibilities of belonging (pg 32, 2007).

Once again, legislation and education policies are determining who is “right” and who is “wrong” sexually. Authorities are separating the acceptable from the inacceptable. Teaching and supporting only those whose life style, choices, and ideals are in alignment with the national policies and consequently shaming the remaining majority. The psychological, physical, and sexual roller-coaster of youth and its potential for shame and isolation cannot be underestimated or overstated (Shabolt, 2009). It is the aim of comprehensive sex education, and this paper to reduce the exclusion and consequential shaming that Abstinence–only sex education programs enforce. In exchange we hope to improve the sexual health and decision making for today’s youth.

Abstinence-only vs. Comprehensive Sex Education

Goldman (2008) explains that the current sexuality problems of young people today are the opposite of that which contemporary school curricula aim to do. Instead of enhancing students’ knowledge, skills and understanding, current sexuality problems stem from ignorance, lack of skills, misunderstandings, and loss of rights as well as unnecessary fear and shame about themselves and others students. As Goldman explains
“comprehensive program of school-based sexuality education addresses biological and reproductive knowledge, rational, moral and ethical values, communicating skills, decision-making, negotiating relationship skills, socio-cultural understandings, and self-concept and self-esteem enhancement within the context of being a participative member of a democratic society and a responsible citizen, integrated in a cross-curricular and multi-subject approach, and delivered professionally through each year level of the school life” (2008 pg.415).

In addition to the lack in school based sex education, parents, the most accessible educators of children, have been found as unsatisfactory providers of sexuality education (Goldman, & Bradley, 2004; Goldman, & Goldman, 1982; SIECUS Report, 2001). Schools, then, become the rational place to provide sexual information (Goldman, 2008). Unfortunately a large percentage of school based sex education is abstinence-only focused directed at persuading young people to not have sex before marriage; including if someone choose to marry late in life or if someone not legally allowed to marry (Kline, 2006). The three primary strategies used in teaching abstinence-only sex education are to minimize and misrepresent the effectiveness of contraception and disease protection, emphasizing the negative consequences of premarital sex, and promoting forums to publicly commit to abstinence.

The lack of quality school-based sexuality education, or its ineffective delivery, causes quantifiable harm and cost to adolescents (Goldman, 2008). Some of this damage we witness through unwanted pregnancies, the burden of sexually transmitted infections (STIs), and loss of education and life opportunities. Ninety five present of the American population have sex before marriage and are not educated to meet their needs (Finer,
Additionally, the fear based abstinence-only-sex-education many adolescents do receive causes isolation, unfamiliarity, mistrust, shame and guilt (Finer, 2007; Kline, 2006). Failing to provide children with open, honest, clear, and comprehensive information about human sexuality, fails to provide them with a set of essential tools necessary for their survival (Levine, 2002). Unfortunately, American policies have yet to confidently reflect any such support in adolescent sexual development for fear of condoning and encouraging sexual activity before marriage. The stronger stance, as reflected in the current abstinence-only-until-marriage education system, is that sex is something dangerous, to be feared, and something seductive that leads to shame, pain, and a damaged future (Kline, 2006).

The government holds the responsibility to take care of its citizens. The education system is then obligated to include physical health and safety, with biological and reproductive knowledge, the psychology of self-esteem and self-confidence, and the social behaviors and ethical values fundamental to democratic, participative and pluralistic citizenship (Berne, & Huberman, 1999; Blake, 2002; Evans, 1993, cited in Levine, 2002; Levesque, 2000; McDonald, & Mullins, 2002; Measor, Tiffin, & Miller, 2000; SIECCAN, 2005; Van Dorn, 1995). Modern sex-education in America can induce shame through isolation and guilt; Kline (2006) supports this cycle: “America’s approach to youthful sexuality has been to minimize, distort, and control sexual knowledge, sexual health, sexual rights, and sexual activity of minors and unmarried young adults. Today this is achieved in a variety of ways, such as withholding contraceptive information, supplies, and services; criminalizing consensual teen-teen sex; removing books that mention sexuality from school libraries and school curricula; and
forbidding teachers from answering certain questions about sex, and school counselors from discussing certain sexual issues” (p. 6). Denial of knowledge is not effective and prohibition does not work (Goldman, 2008). Developing citizens need to learn biological and reproductive knowledge with psychosocial and ethical values, including how to negotiate relationships that are well informed, healthy, respectful and safe (Women’s Rights Watch, 2006). This creates sexuality system devoted to a diversity of citizens, not a narrow few.

It has been proven true in countless studies that people do not abstain whether they think sex is dangerous or not, whether they make public pledges or not, or whether they think God will be mad at them or not (Kline, 2006). Over the past 50 years 95% of Americans have has sex before marriage (Finer, 2007). Although abstinence programs do not predict adolescent sexual behavior, they do have an impact on the emotional context of their sexuality. Negative effects of abstinence-only programs include: unfamiliarity with sex, mistrust and risk taking with contraception; reinforced rigid gender roles, the belief that sex is bad and dangerous; shame, guilt and isolation when chastity is broken; and feeling rejected and judged by parents and/or God (Kline, 2006). Abstinence-only education may create the worst of both worlds: no abstinence, lower rates of contraception and disease protection, and ignorance about sex logistically, emotionally and spiritually. Considering the long lasting effects of shame, especially when partnered with the sensitive nature of sexuality, it can have detrimental effects on one’s personal sexual expression through adolescents, marriage, and in influencing the generations to come (Shadbolt, 2009).
Earlier Onset of Puberty

Goldman identifies four major factors that provide a strongly persuasive argument for comprehensive sex education programs in all schools (2008). First, adolescence are maturing at a younger age; there is a widening gap between the earlier onset of puberty and the delayed age of marriage, especially in developed countries in which marriage is often delayed until the late twenties. This calculates to about 15 years of one being sexually mature before the average age of marriage (Levine, 2002). Finer’s (2007) research: Trends in premarital sex in the United States, found that 95% of Americans have has peno-vaginal intercourse before marriage over the past 50 years. Levine (2002) shows that, in the 1950s, the proportion of 15–19 year olds in the United States who were sexually active was approximately 40%, and that the current proportion of 50% is at the same level as it was in 1984. A global study of sexual behavior was compiled by the London School of Hygiene and Tropical Medicine using statistics from 59 countries, showed that the average age at first intercourse is in the late teens almost everywhere (Wellings, et al., 2006, p. 4).

The long wait between sexual maturity and adult responsibilities, such as marriage and parenthood, illustrates the need for early comprehensive sexuality education (Goldman, 2008). In Australia, most State Departments of Health and Education advocate sex education for students based on principles of equity, access, participation, and the rights of children and young people to take full advantage of their health and educational opportunities (Queensland School Curriculum Council, 1999). Therefore, Australian schools are required to provide wide-ranging sexual education; which, besides
sexuality, includes other topics such as communication, relationships, self-esteem and values (Halstead, & Reiss, 2003).

Parents as Inadequate Teachers

Many parents fail to teach their children about sexuality, which is a normal and natural part of human development. Despite having the best intentions, parents appear to be infrequent and inadequate sexuality educators for their children (Feldman, & Rosenthal, 2000; Henry J. Kaiser Family Foundation, 2001; Ingham, & Carrera, 1998; Renold, 2005; SIECUS Report, 2001). Goldman (2004) explains that it is the parents’ duty to provide sexuality education for their own children, but that they often fail. Parents are the primary and most readily accessible of all the educators from whom children learn (Goldman, & Goldman, 1982; Goldman, & Bradley, 2004), and children consistently report wanting to receive information from their parents (SIECUS Report, 2001). However, research shows that parents guesstimate themselves as better sexuality educators than their children do (Feldman & Rosenthal, 2000). The evidence identified below indicates that many parents do not provide relevant, timely, and developmentally appropriate or even enough sexuality education for their own children and what they do provide is perceived by children as infrequent and of poor quality (Goldman, 2008).

In Australia, 95% of parents believe the home should be the primary place for sexuality education, but only 35% of parents initiate frequent discussion with their children (Downie, 1998). In the United Kingdom, over 90% of parents feel they should discuss sex, but only one-half report actually doing so, and what they do discuss is minimal (Ingham, & Carrera, 1998). Goldman (2008) cites that about 62% of girls and 42% of boys ages 13–15 talk to their mothers about sex, but only 13% of girls and 22%
of boys feel comfortable talking to their fathers (Measor, Tiffin, & Miller, 2000, p. 101–102.). A study asking US high-school students about their sexual knowledge found that only 40% of teenagers ages 12–16 had knowledge vital to the prevention of pregnancy and infection (Irvine, 2002). In Sweden, however, parents seem to have more knowledge and feel more confident as sex educators for their children. This reflects the compounding years of comprehensive school-based sexuality education instituted in 1933 (Goldman, & Goldman, 1988). Decades of comprehensive sex education created generations of parents capable of providing in home sex education because they themselves have been formally educated by the state (Hodzic, 2003).

This approach to school based sex education seems to best prepare upcoming parents to become the next generation’s sexuality educators. The evidence shows that abstinence programs don’t help kids, but they do benefit adults by decreasing adult anxiety (Kline, 2006). These programs help adults convince themselves that kids are less sexual than they actual are and they get to maintain the illusion that kids are not “doing it,” are going to stop “doing it,” or are not going to start “doing it.” This illusion allows adults to relax and feel in control, but harms youth by failing to provide open, honest, clear, and comprehensive information about human sexuality (Kline, 2006; Levine, 2002). Thus we fail to provide youth with a set of essential tools necessary for their survival (Levine, 2002).

**Sexual Pressures and Expectations**

Sex is used as a commodity in modern societies and it puts pressure on youth to be sexual in a variety of ways; for example in dress, image, demeanor, vocabulary, behaviors, and media usage. Sex has been transformed into a variety of commercialized
consumer goods, creating profound socio-economic and media pressures upon youth to be sexually active (Goldman, 2008). Kline (2006) concludes that parents must admit that their youth are being sexual; “Unless, of course, parents can somehow drastically raise the age of puberty, drastically lower the age of marriage, dismantle MFT, disconnect the internet, eliminate cell phones, take over the fashion industry, and reverse 40 years of kids having more privacy because both of their parents work outside the home” (Kline, 2006, p. 6). Sex is the top search word on the Internet (Goldman, & Bradley, 2001; Herdt, & Howe, 2007), and the predominant free-market advertiser and product in America (Archard, 2000, cited in Halstead, & Reiss, 2003). This intense modern increase of a sexually inundated society naturally affects the social development of American youth related to one’s sexuality, sexual behavior, and sexual choices. When faced with societal pressures and expectations, including persuasive peer pressures youth need to be prepared to make informed choices about sex (SIECCAN 2005).

Agreeing with Goldman, if sex education is not happening in the home, which research indicates it is not, then the responsibility lands on the schooling system (2008). Unfortunately, American policies have yet to confidently reflect any such support in adolescent sexual development for fear of condoning and encouraging sexual activity before marriage. The stronger stance taken to combat the pressures and expectations of the sexualized media is the current abstinence-only-until-marriage message that sex is something dangerous, to be feared, and something seductive that leads to shame, pain, and a ruined future (Kline, 2006). The abstinence-only-until-marriage stance does not relieve any of the sexual pressures applied by media and peers; instead, it leaves youth
unequipped when facing sexual decisions and open to shaming in a world where sexual encounters before marriage is probable.

**Teenage Promiscuity**

Goldman (2008) responds to two primary arguments against comprehensive sex education: If they are taught about sex they will go out and do it, and secondly, Teaching about contraception means you are condoning teenage sex. The evidence, however, suggests the opposite. Knowledge about sexuality is much more likely to lead to informed decision making, responsible personal and social behavior, self-protection tactics and delayed sexual intercourse (SIECCAN, 2005). Although parental and political objection to offering comprehensive sex-education may stem from the desire to insulate young people from harm; research has proven repeatedly, that knowledge does not harm. Withholding information, or “protecting,” leads to ignorance, not innocence (Goldman, 2008).

After 10 years of mandatory sex education, Sweden and Denmark have significantly lowered their rates of negative sexual incidences among the youth (Goldman, & Goldman, 1982; Friedman, 1992). Most Western European countries now have mandatory, comprehensive sexuality education, and consequently have lowered their adolescent pregnancy rates to fewer than 40 per 1000. The USA, Russia, Bulgaria, Belarus and Romania have approximately double that rate (Alan Guttmacher Institute, 2001). Conversely, the significance of sexual ignorance in encouraging irresponsible behavior is shown in figures for sexual problems. Social health problems such as unwanted teenage pregnancy and sexually transmitted infections (STI’s), are most prominent in countries where there is a deficiency of knowledge due to limited or delayed
sexuality education – for example, the Unites States. In regards to the concern that ‘Teaching about contraception means you are condoning teenage sex’ (Goldman, 2008, p. 423), Goldman (2008) argues that all widely used sex education publications stress values, respect, maturity, and responsibility in sexual matters. These publications also recognize that some adolescents will disregard this advice. Therefore, it is pertinent to provide accurate information before the majority of young people become sexually active (Finer, 2007; SIECCAN, 2005).

Several peer-reviewed published studies around the world have shown that comprehensive sexuality education is an effective approach helping young people to delay sexual intercourse, reduce the frequency and number of sexual partners, reduce the number of pressured teen marriages, reduce the rates of STIs, and increase the use of condoms and effective contraception (Boonstra, 2002; Gourlay, 1996; Halstead, & Reiss, 2003; Kirby, 2002; Levine, 2002; Satcher, 2001, cited in Alan Guttmacher Institute, 2002; SIECCAN, 2005; SIECUS Report, 2001). Therefore, the battle over sexual education is not about what is safe and healthy for children, it is instead about what is comfortable (and politically beneficial) for the adults (Kline, 2006). Indirectly, the wellbeing of our children is being surrendered so that adults can sleep better at night “knowing their children are not having sex” (Kline, 2006). The government and educational institution set themselves a clear task; preventing young people from having sexual experiences and, unfortunately, methodically ignoring the health needs of young people (Kline, 2006).

Goldman and Goldman (1982) observe that the opposition to sex education in schools is often expressed by those who find any sexual aspect of the human body, and
the sex organs, offensive and shameful. Many of those opposed to sex education in schools also object to any reference to sexual vocabulary, whether these words are used in clinical terminology or in everyday conversations (Goldman, 2008). People can only think and reason in the words they have available to them. This considered, children who learn a repressed, indirect and dishonest representation of biological facts and sexual language at home or in school, grow into ignorant, embarrassed and inarticulate adolescents (Goldman, & Goldman, 1982; Goldman, & Bradley, 2004). In summation, abstinence education is inadequate for youth (Kline, 2006). The overwhelming majority of today’s kids pledging abstinence are going to have sex before they get married (Goldman, 2008). According to the current governmental, parental, and educational approach to youthful sexuality, adolescents will be unrepaid and susceptible to guilt, shame, and isolation (Goldman, 2008; Kline, 2006).

**Evidence in Female Orgasm**

Diving more acutely into the topic of sexual education, both formal and informal, we can examine the different ways women are specifically socialized through the education and messages they receive from society. Regardless of age or gender, the expression of one’s own sexuality is essential to women’s mental health (Malesta, 2007). For young people, puberty is a very significant developmental phase for the body, self-identity, and for social and interpersonal norms. However, as identified in previous sections, countless young people are unfamiliar with the sexual parts of themselves (Goldman, 2008). Poor orgasmic frequency and orgasmic dysfunction of females is evidence that a shamed/tabooed sexual mentality, governmentally, educationally and
personally, has a negative impact on the healthy sexual development of individuals (Kline, 2006; Lo Piccolo, & Stock, 1986; Wade, Kremer, & Brown, 2005).

In modern sexuality the importance of orgasm has increased significantly with feminist movements and the sexual revolution (Lavie, & Willig, 2005). Nonetheless, the research clearly shows that there is a deficit of sexual pleasure in the form of orgasm for women (Johannes & Avis, 1997). A Massachusetts population-based random sample of 349 women, ages 51-61 found that approximately 41.3% of women reported difficulty reaching orgasm at least 75% of the time or more (Johannes & Avis, 1997). Female orgasm is often in society because of inadequate education, the social constructions of a male driven society, and general inequality between the sexes, despite available resources (Lo Piccolo, & Stock, 1986; Wade, Kremer, & Brown, 2005). In studying the evidence of orgasmic rates for females in America, one can begin to highlight the impact of macro and micro society on sexual functioning. As demonstrated in the previous sections on political influence; macro American influences on sexuality include, but are not limited to, religion and governmental policies, spending, censorship, education programs and world impact. These influences synthesize to create a conservative, sexually suppressive and fear based mentality that, undoubtedly, has an influence on sexuality in areas related to orgasmic frequency and functioning (Kline, 2006; Lo Piccolo, & Stock, 1986; Wade, Kremer, & Brown, 2005).

To solidify the conversation on the conservative fear based mentality verses a comprehensive approach to sexuality, it is helpful to examine how this mentality affects female sexual functioning. In today’s unequal society, a feminist perspective on government and education was taken in Wade, Kremer and Brown’s The Incidental
Orgasm: The presence of Clitoral Knowledge and the Absence of Orgasm for Women (2005). Extreme absence of female pleasure and orgasm in male dominated society and modern relationships was highlighted throughout the book. Beginning with sex education in adolescence, deeply ingrained social messages influences how individuals view their bodies and sexuality. Male sexuality is linked with pleasure, including the insistence of the male sex drive, wet dreams, and orgasms. Some topics of male sex education are relevant to reproduction or in relation to pleasure and sexuality, putting reproductive functionality aside. Females, on the other hand, are educated primarily and restrictively regarding reproduction and reproductive functionality (Wade, Kremer, & Brown, 2005).

In addition Wade, Kremer and Brown (2005) claim that females are presented solely as victims of coercion and have little to no encouragement to pursue sexual autonomy. In other words, the only time females are presented as sexual is if they are coerced and pressured into sex; thus giving young women very little encouragement to explore their own sexuality independent of male pressures. Females are directly and indirectly taught through sex education at school and within the home that sexuality is something that can “get girls into trouble” (Wade, Kremer, & Brown, 2005). Girls are more likely than teenage boys to be associated with sexual violence, disease, pregnancy, and social condemnation or shaming related to sexual activity. Lastly, the concept of “real sex” is being taught in schools as penile-vaginal intercourse solely because it largely results in orgasm for men (Wade, Kremer, & Brown, 2005). Again, this provides strong evidence of the female pleasure inferiority and unacceptability (Wade, Kremer, & Brown, 2005).
All the social and educational facts listed above result in female’s sexual subordination and inequality. This consequently minimizes female pleasure and promotes the male driven sexual world we live in. There is a large deficit of formal and informal education on female pleasure, autonomy. The strictly reproductive based education available to women, suggests that the low rate of female orgasm is related to lack of knowledge (Wade, Kremer, & Brown, 2005). These influential elements of ignorance and shame lead females to have a negative association with sexuality.

Wade, Kremer and Brown’s (2005) discussion reveals that while only 29% of women reported having orgasms from partnered sex, 75% of heterosexual men did. Wade et al., argue that if American society valued female orgasm and pleasure then women would be experiencing orgasms within partner sex at a much higher rate. Wade, Kremer and Brown note that women having sex with women report orgasms about 83% of the time. This evidence negates the “biological” argument that woman are simply orgasmically less frequent (2005).

Organic Dysfunction Treatment Model

Using the treatment of sexual dysfunction as a model for ideal sexual culture and development we can see the best practices to maximize sexual comfort, sexual satisfaction, and sexual pleasure for women (Leiblum, & Wiegel, 2002). There is a trend in the treatment of sexual dysfunction as described by Leiblum and Wiegel (2002) that include: 1) education and information about female sexuality generally; including anatomy, sexual response cycle, male female response differences, contraception, Sexually Transmitted Infections, myth breaking, and psychosocial structures, 2) communication training; covering effective communication in general and specifically
sexual and pleasure sharing and communication, 3) non-demand pleasuring; a way to share sexually in which intimate coercion in unacceptable, and 4) permission to engage in self-pleasuring or masturbation with the overall goal being to increase sexual pleasure and satisfaction. In relation to appropriate sex education, whether provided by the parents or schools, it seems evident that including female sexuality, anatomy, sexual response cycle, and a variety of contraception options, STI information, and communication strategies is a necessary piece to the puzzle when developing healthy sexual adults (Leiblum, & Wiegel, 2002).

*Clitoral Psycho-education Model*

With the clitoris playing an essential part in female pleasure, it should be discussed extensively when educating individuals about anatomy, physiology and stimulation when utilizing psycho-education treatment method to combat inorgasmia (Wade, Kremer, & Brown, 2005). Masters and Johnson (1970; 1996) went on to conclude that the clitoris is the source of stimulation for orgasmic response, with the vagina playing a lesser role. In Wade, Kremer, and Brown’s article (2005) they explore the relationship between the frequency of orgasm in women and women’s levels of knowledge about the clitoris. Wade et al., found that the low rate of orgasm for women might, in fact, be related to women’s own lack of knowledge about the clitoris. This evidence offers support for previously stated treatment plans, which includes education about the body and sexual organs and the correction of misconceptions and myths related to sexuality, as an important element to increasing orgasmic frequency in women (Leiblum, & Wiegel, 2002; Wade, & Kremer, 2005). Psycho-education treatment is effective for inorgasmia, therefore information about anatomy and functioning should be
mirrored in macro and micro America to ensure optimum opportunity for positive sexual health (Wade, Kremer, & Brown, 2005).

**Therapeutic Treatment of Orgasmic Dysfunction**

In contrast to the current social temperature of shameful sexuality, sex therapy approaches offer an alternative method to decrease shame and increase sexual pleasure in society. Examining the treatment of Female Orgasmic Dysfunction can provide a model for empowering female sexuality. Through this therapeutic approach issues can be explored and inhibitions can be tackled; healing the damage of developmental sexual shame. Using the curative factors of sex therapy, society can adjust the negative social sexual discourse of modern America and improve the sexual lives of women (Yalom, 2005).

There are many techniques used to improve the sexual mental health of women including individual, couple and group therapy and psycho-education (Heiman, 2002; Leiblum, & Wiegel, 2002; LoPiccolo, & Stock, 1986). Exploring a woman’s psychosexual history, such as early messages the woman received about sexuality from her primary caregivers and gender role models in her life can be helpful for understanding any female’s sexuality. The many psychosocial elements that contribute to female sexual difficulties should be considered when engaging therapeutically (Leiblum, & Wiegel, 2002).

Mollon (2002) recognizes the importance of a non-judgmental attitude when engaging in therapeutic work. The therapeutic process works to reduce sexual shame by drawing more of the shameful self into the public discourse. This requires the therapist to be maximally sensitive to sexual shame to reduce the likelihood the client may
experience further rejection, re-shaming, and causing those parts of the client to be more deeply inhibited (Elias, 2008; Mollon, 2002). If the client suspects that they will be judged as sexually unacceptable, inadequate, or inappropriate, they are less likely to disclose than if the therapeutic environment was one of open-mindedness (Mollon, 2002). In this empathetic process the negative self-concept related to sexuality is disconfirmed allowing the individual to adjust their self-image and cast off the sexual shame that, in the past, restricted their sexual lives (Elias, 2008). The intention of sex therapy is to embody the process of shame exposure, empathizing with the shame, and developing a new self-concept thereby restoring sexual comfort (Leiblum, & Wiegel, 2002).

**Group Therapy**

There are several ways in which one can receive education and treatment for inorgasmia; including individual therapy, couples therapy, group therapy, books or articles on the topic and professional advice. The Internet and peers are also common sources of information, though not always a reliable source of information. One tried and true method of sexual shame reduction and sexual enhancement is group therapy, a staple technique in the treatment world (Gehring, & Chan, 2001; LoPiccolo, & Stock, 1986). Group environments enable members to learn that other people struggle with this same problem, similar feelings and emotions, and have parallel thoughts (Jacobs, Masson, & Harvill, 2006). Open dialogue allows people to rehearse healthy relational communication, and to increase their comfort level talking about sex. Facilitating group opportunities for women to share ways in which they feel society’s gender constructs related to sexuality has affected them and their orgasmic and sexual beliefs can be a validating experience for women.
Within group therapy Gehring and Chan conclude “Among the curative factors identified, self-disclosure, universality, bearing witness to another’s story, offering support, and altruism contribute to an optimum therapeutic milieu” (2001, p. 59.). Wallace and Barbach’s (1974) research found that group therapy is a useful treatment modality for women diagnosed with Primary and Secondary Vaginismus, with beneficial elements and patient improvement.

Wallace and Barbach (1974), the first to popularize group treatment for inorgasmia, had another successful group experience of seventeen women who have never previously experienced an orgasm. They conducted a group process in which the female participants had 100% success rate in achieving orgasm through masturbation within a 5 week treatment program, and 87% of the participants were able to orgasm through partner related activities (Wallace, & Barbach,1974; as cited in LoPiccolo, & Stock, 1986). The women also reported increased enjoyment of intercourse, higher sexual satisfaction, increased sexual communication, and improved happiness and relaxation levels by the termination of the group. Within the history of group therapy for sexual dysfunction, partner participation did not seem to affect the outcome of orgasmic frequency. Although in the instances in which partners were involved in the group therapy, marital and sexual satisfaction was significantly enhanced (LoPiccolo, & Stock, 1986). Both of these studies are direct example of Yalom’s curative factors within group therapy (Yalom, & Leszcz, 2005).

Yalom and Leszcz’s (2005) curative factors: universality, imparting information, imitative behavior, catharsis, direct advice, interpersonal learning, and altruism clearly resulted in higher sexual satisfaction for members participating in Wallace and Barbach’s
(1974) and Gehring and Chan’s (2001) exploration of group therapy and sexual dysfunctions. Universality demonstrates to group members that they are not alone in their problems and pain. Sexuality related group therapy allows people to share dysfunctions, shame, inhibitions, fears and fantasies without being alienated. Group members are in turn, included, and not excluded (Yalom, 2005). Sharing information allows for group members to be educated on such things and sexual health, challenges, and the impacts of shame on their sexual pleasure (Yalom, 2005). Group members can begin behaving in an open, shame free fashion by imitating other members behavior (Yalom, 2005). Group members experience catharsis earned through sharing about themselves as sexual humans and the relief that accompanies exposing a long kept secret or repression (Yalom, 2005). Members receive direct advice and learn from other group members or leaders on sexual and shame related issues (Yalom, 2005). And lastly group members get the altruistic experience of helping someone else by empathizing and not re-shaming them (Yalom, 2005).

The action of exposing the “self” to peers and having an empathetic experience allows the individual to castoff the sexual shame that inhibited their lives. This relational group experience in which the negative self-concept is disconfirmed through empathy, is the antidote to sexual shame (Mollon, 2002). These curative factors of group therapy begin to eliminate sexual shame (Mollon, 2002; Yalom, 2005). Group therapy provides the safety necessary to expose ones shame, as well as, listening to other people’s shame-narrative and relate to it. One also witnesses having their experience normalized, receiving support and empathy from peers around their pain, and supporting fellow group members (Gehring, & Chan, 2001).
Open and frank discussion and expression of sexuality and sexual experiences is a staple intervention used in group therapy. One example of instilling openness is asking for the description from each woman of “the sexiest experience you ever had with yourself” (White, & Freeman, 2000; p. 302). The leaders share their own sexual experiences to model acceptance and comfort followed by each group member’s disclosure. Group members often begin to discover that, what they believed was bizarre and uncommon behavior is actually acceptable or even common. The following question, “What prevents you from doing more of that for yourself?” (White, & Freeman, 2000; p. 302), often brings up guilt and shame responses because of the previously discussed repression of female sexuality. In such instances the therapeutic focus would be working as a group on changing dysfunctional thought patterns and guilt reduction. Group therapy is a great example of how sharing and frank discussion about sexuality can break down the walls built by poor sexual development. This example demonstrates that the curative factors of universality, imparting information, altruism, imitative behavior, direct advice and interpersonal learning, within the group experience as the healing agent (Gehring, & Chan, 2001). It is these healing agents that will be transferred from the exclusive nest of group therapy into the world through The Sexy Talk Project. Having public access to these anti-shame therapeutic elements branches the potential of health beyond the therapy into the diverse realms of the world.

*Feminist Approach and Cognitive Behavioral Therapy*

Taking a Feminist approach to Sex education, sexual development, and sexual change is essential to create an alternative to the male driven Macro and Micro systems of America. The feminist approach enhances the female’s sexual experience by
validating their feelings related to feeling under-educated and under-acknowledged as women within the topic of sexuality. Contrary to popular belief, feminist approaches to are not intended to demoralize men but simply to empower women with the understanding that there is a social impact on their sexual experience. These qualities will manifest within group through the facilitated opportunity for members to share how society’s gender constructs around sexuality have affected their orgasmic and sexual beliefs. In addition, group therapy can shed light on the different ways females feel the effects of inequality through education, sharing from the milieu and potential disclosure from the group leader.

Adapting new patterns, changing one’s conceptualizations, and practicing different thoughts and behaviors can treat many disorders (Heiman, 2002). The Sex Shame and Pleasure project aims to examine how Cognitive Behavioral Therapy (CBT), in combination with Yalom’s (2005) curative factors of group therapy and psycho-education can be applied to help the 15.8% of women experiencing no orgasms and 22.2% having orgasms on less than half the occasions of sexual activity with their partner (Hawton, Gath, & Day, 1994). A substantial population of women experiencing orgasmic difficulty and Orgasmic Disorder justifies the investigation of treatment modalities and implementation.

CBT is a psychotherapy model that emphasizes the substitution of desirable patterns of thinking, responses and behavior patterns for maladaptive or faulty ones (Webster, 2012). Women with orgasmic difficulties have been shown to respond well to a CBT approach. It has promoted attitude, thought and behavior changes along with anxiety reduction (Robinson, Munns, Weber-Main, Lowe, & Raymond, 2010; Heiman,
Utilizing the CBT outline of changing one’s destructive thoughts, people begin to challenge shameful mentalities. CBT has the potential to improve pleasure as evidenced by the increased orgasmic rates of women attending CBT group therapy (Gehring & Chan, 2001; Hawton, Gath, & Day, 1994; Wallace & Barbach, 1974).

In combination with CBT, following a sexual methodology to education, the Sexual Health Model outlines 10 key components suggested to be vital aspects of healthy human sexuality: talking about sex;, culture and sexual identity;, sexual anatomy and functioning;, sexual health care and safer sex;, challenges to sexual health, body image, masturbation and fantasy;, positive sexuality;, intimacy and relationships;, and spirituality (Robinson, et al., 2011). Formal psycho-education “re-teaches” sexuality in a healthy, comprehensive, fact based, and non-judgmental stance. This reformattting has the potential to reverse some of the negative and faulty developmental education people have received.

The combination of sharing experience with peers, challenging ones thoughts and behaviors through CBT style discourse, Yalom’s (2005) curative factors of group therapy and psycho-social-sexual health education creates a helpful therapeutic platform. This platform is designed to mend the symptoms of orgasmic dysfunction and increase pleasure, openness and self-esteem in women of today (Gehring & Chan, 2001; Hawton, Gath, & Day, 1994; Robinson, et al., 2011; Wallace & Barbach, 1974). Taking this therapeutic suggestion, it is encouraged to extend this methodology beyond the therapy room and into the daily discourse of society. With The Sexy Talk Project website, an anti-shame mentality can be extended into everyday society it has the potential to shift
the negative American approach to sexuality; thereby reducing shame and increasing sexual pleasure.

The climate of sexual discussion can be changed from one of secrecy and shame, to one of safety and mindfulness by modeling group therapy treatment in homes, and at an appropriate age and context, in the classroom (Shadbolt, 2009). American culture is genuinely hesitant about sexual pleasure and intimacy (Herdt, & Howe 2007). Parents dread their children “doing it,” and teachers are forbidden to speak about pleasure. Sex education is too little and too late, and unfortunately for many people growing up, that results in sexual misunderstandings, fear, and shame (Herdt, & Howe 2007; Shadbolt, 2009). There are broad social consequences of drilling young people that those who do not restrain their sexual lives to marriage, not only defy established sexual standards, but also compromise their welfare. Youth are alienated from the sex education and accurate information and support necessary for secure sexual development (Shadbolt, 2009; Herdt, & Howe 2007). Entertaining the transition from secrecy and shame to one of openness will change society from one of exclusion to one of inclusion. This is the path to relieving sexual shame and, ultimately, improving rates of sexual pleasure (Lichtenberg, 2007; Shadbolt, 2009).

**Summary of Literature Review**

With sexual shame and repression ramped throughout the facets of American society, attempting to shift this mentality is a colossal undertaking. The development of sexual shame comes from the macro and micro socialization from childhood, through adolescents and into adulthood (Lichtenberg, 2007; Shadbolt, 2009). People learn gender norms, genital shame, media induced body and sexual expectations, and what is and is
not sexually appropriate behavior (Lichtenberg, 2007; Shadbolt, 2009). Through a religiously influence, governmental policies, education system, and parental upbringing people are repressed to hide their sexual selves in fear of being shamed (Shadbolt, 2009).

The incongruence between sexual information and sexually active youth causes a divide that threatens the emotional and physical health of adolescents and young adults (Kline, 2006).

The impact of sexual shame is magnificent (Lichtenberg, 2007). Continuing to carry sexual shame inhibits one’s ability to enjoy sexual pleasure (Shadbolt, 2009). The burden of sexual inhibitions from the past and present is the difference between sexual aliveness and sexual numbness (Shadbolt, 2009). People fear exposing there “flawed” self in fear that they will be rejected (Elias, 2008). Group therapy and The Sexy Talk Project provide a forum in which people can share shame-ridden aspects of themselves and be normalized, understood and accepted (Elias, 2008).

Participating in group therapy can provide the vehicle for healing and change in sexuality and sexual relationships with one’s partner (Gehring, & Chan, 2001). Yalum’s (2005) curative factors of group therapy in combination with the addressed effective techniques for increasing orgasmic frequency in women can greatly improve a women’s sexual enjoyment, satisfaction, communication with their partner and overall empowerment (LoPiccolo, & Stock, 1987). When examining the group therapy process, the overlapping elements most cited were the strong supportive elements. This enables members to learn that other people struggle with similar problems, feelings and thoughts (Jacobs, Masson, & Harvill, 2006). This approach of open acceptance and normalization counteracts the current psycho-sexual mentality of the macro and micro social systems.
When left untouched the macro and micro social systems reinforce each other by perpetuating the enmeshment of sexual shame in both arenas of society.

Yalom’s (2005) curative factors of the group experience facilitate the reduction of shame. Within the safety of group therapy one is able to risk exposing their shame and having an interpersonal outcome that does not deepen and re-shame them. Instead, individuals experience an empathetic process that disconfirms there negative self-image (Elias, 2008). This experience of being truly seen and accepted by the “other” allows them to begin shedding the shame that had restricted their lives and sexual pleasure (Mollon, 2002).

Challenging ones beliefs through CBT style group interactions such as; bearing witness to another’s story, peer support and changing default thoughts and behaviors. Blended with Yalom’s (2005) curative factors, and comprehensive sex education is the therapeutically suggested to best improve sexual pleasure (LoPiccolo & Stock, 1987). Implementing this suggested approach in society through The Sexy Talk Project website is an attempt to shift the social-sexual mentality is the first steps to nationally reducing sexual shame, and therefore improving sexual pleasure.
CHAPTER 3: THE SEXY TALK PROJECT

Introduction

The Sexy Talk Project is an online forum where people can share stories about sexual experiences. Although our society is over sexed in many ways, there are still many topics of sexuality, partnership, dating, and the body that are taboo to discuss. The purpose of this project is to create a safe space where people can share their accounts of what a "real sex life" is like. In return the world gets to read, comment, and most importantly, understand the hushed things that are happening in people’s sex lives along with the entertaining, pleasurable, and relatable. Through sharing stories about sexuality, partnership, dating, and the body with each other, people learn that what was once weird, embarrassing, uncommon, indescribable, or stigmatized is acceptable and most importantly speak-able. Removing the shame assumption alone, raises the platform to launch us into better sexual lives, better sexual relationships, and better sex. The most influential stories are about people experiencing something they think is ridiculous or embarrassing. These are the stories that you think happen to no one else, but are in fact happening to people all the time, around the world... we just have not talked about it yet. The Sexy Talk Project is an entertaining pop culture outlet to counter the negative impacts of sexual secrecy and sexual shame.

Development of Project

The development of the Sexy Talk Project came from a personal desire to increase opportunities for people to talk about and experience sexual pleasure. It came to my attention that female orgasmic challenges were prevalent when a large majority of the females in my California State University Northridge (CSUN) Counseling Psychology
program were struggling having reliable orgasms, or experiencing no orgasms at all. Some co-students have been married for several years and have yet to experience an orgasm, or truly enjoy intercourse with their partner. The conversations with these women piqued my interest in the prevalence of female orgasmic disorder, and orgasmic inhibitions. A common thread through the related literature, and through personal observation, was that the enmeshed potency of shame and sexuality was a common and powerful inhibitor of sexual pleasure.

Additionally, in my opinion, trained counselors are undereducated in the topic of sex and sexuality. Of over twenty classes required by the CSUN Counseling Psychology program, only one of them is based on sexuality. That equals only 5% of our education. This is a disproportionate amount compared to the large influence sex has on a human life. This website could be a resource to counseling students and professionals to develop their understanding of sexuality and all its manifestations in the world.

As Deborah Levine (2007) states in her article Surfing for Healthy Sexualities: Sex and the Internet;

Think about it: When’s the last time you asked a sex question to your doctor? Or talked to your friends about what you and your partner did in bed last night? Or made an appointment with your clergyperson for a frank discussion? The truth is we live in one of the most overtly sexualized societies (look at current movies, music, fashion, advertisements), but until recently we have had few places to find out if what we do behind closed doors is considered “normal.” Then along came the internet. (Levine, as cited in Herdt & Howe, 2007, p. 55).
I developed the idea of collecting stories from “normal” people to create a book in which people could read and relate to everyday people’s normative experiences. This would expand knowledge on sexuality and widen our view of sex from a narrow stance of ignorance, to a broad vision of normalized sexual variety.

As I began collecting stories it became clear that the resources and people at hand were insufficient. Friends and family alone were not enough to fill a book of stories! This prompted me to expand into the world of the internet and tap into the limitless potential of a webpage. The internet has greatly expanded America’s view of “normal” and can alleviate any shame or embarrassment that people may have about sexual issues (Levine, as cited in Herdt & How, 2007). Considering the affective, assessable and anonymous qualities of the internet it appeared the perfect outlet for my project. I advertised for student volunteers with the common interest in human sexuality and recruited a web-designer, a PR manager, and an editor. After the website was created and there was a substantial amount of stories collected to fill out the webpage we launched The Sexy Talk Project.

I utilized a personal connection with the human sexuality professors at the University of California Santa Barbara (UCSB), John and Janice Baldwin Ph.D. to advertise the project to their eight hundred student Introduction to Human Sexuality class. I did a 5 minute informative and comical presentation and passed out flyers to each student directing them to the website and Facebook page. Additionally, the Sexy Talk Team “flyered” the school posting advertisements to the website in bathrooms, on bulletin boards, and in classrooms. Through the UCSB promotion, Facebook, and person
to person advertising we have grown into an effective and active website including many stories, comments, question-and-answers, and surveys.

*Intended Audience*

Considering the expansive spread of the internet, this project is open to anyone for viewing. Sixty six percent of Americans surfing the internet look for health information; of those individuals, eighteen percent searching for information on embarrassing or sensitive topics such as sex (Levine, as cited in Herdt & How, 2007). The Sexy Talk Project is available to anyone seeking information, validation, or shared experience related to the broad topic of sex. Some of these people could be people experiencing a sexual dysfunction and looking for comradery, youth looking for information their parents are not comfortable sharing with them, parents looking for information they are unaware of themselves, or counseling and health care professionals expanding their personal understanding of the sexual experience, or referring clients.

Unlike many “hard copy” resources that can only be accessed by being in close proximity of a health or counseling resource; the internet makes this information and group curative elements accessible to those far from help. Many people in rural America, along with those who are embarrassed, to shy or culturally inhibited to enter a counseling office, health care clinic or group therapy environment do not have access to such resources. These individuals now have anonymous access to the sharing, caring and normalization that this project provides. The online forum will also fulfill strong supportive elements, enabling members to learn that other people struggle with this same problem, similar feelings and emotions, and have similar thoughts (Jacobs, Masson &
Harvill, 2006). As the group therapy fulfills innate human needs, this project will attempt to create a stage in pop-culture to address these needs as well (Yalom, 2005).

**Personal Qualifications**

As a student with an acute interest in social schemas of sexuality I have tailored my education to this specialty. As an undergraduate at the University of California, Santa Barbara (UCSB) I personalized my education around topics of sexuality. Some examples are: Human sexuality, Sex Education, Public Health, Sex and Relationships, and Sexual Politics. I participated as a Sex and Relationships Intern, a competitive internship through UCSB’s Student Health promoting healthy sexuality and relationships through outreach programs on campus. This gave me helpful skills such as public speaking, public health outreach, and comprehensive sex education, as well as first-hand accounts of student sexual and relational struggles. Expanding this experiential education I volunteered abroad at Sterling University, Scotland as a personal and sexual peer counselor and with the Queenstown Hospital, New Zealand as a sexual health awareness advocate. Finally, I am expecting a Counseling Psychology MS focusing on Marriage and Family Therapy at the California State University, Northridge in 2012 where my focus on sex, shame, and pleasure formulated into this project and career focus.

As many people in America struggle with the sexual socialization of shame, I too have anecdotal qualifications on this topic. I suffer the shame enforced in my early learning’s of sexuality and can now understand the consequence it had on my own life and sexual comfort. Will I change how I socialize my children? Will I be able to break the cycle of shame induced sexuality so that the next generation may live a sexually and relationally healthier life? Maybe, maybe not; because I have been indoctrinated with
shame, restraint, and morality, a common experience to everyone in my generation and before. My learned shameful sexuality is so engrained in me; it is likely that I will accidentally reinforce the same struggle onto my own children simply through an unconscious inability to break the cycle of shameful socialization. Having awareness around the impact of sexual shame on my own life gives me qualification to investigate, educate, and hopefully help others with a similar story.

*Environment and Equipment*

The resources needed to sustain this project are an ongoing web-space to host The Sexy Talk Project. A key player is the webmaster to continue building and expanding the website as well and mending glitches and technical hiccups. A Public Relations manager to actively maintain and post on the Facebook website, advertise and promote. An editor to survey the content of the website, proofread stories people volunteer to check for appropriateness, and continue donating their own stories as to keep the website active. Lastly, finances to fund the website host, promotional material, and potential advertising.

*Project Outline*

Every section of The Sexy Talk Website has the logo, tag-line “True stories of ordinary people, doing ordinary things… In the bedroom!”, and tabs: Home, Read Stories, Share Your Story, Inspire Me, Mission and Contact Us.

*Home Page*

1) Image/text rotation of
   a) “Read Stories; Read the hottest SEXYTALK stories written by people just like you! Leave a comment and even rate!”
i) Button text: “Check out, comment and rate our latest stories.”

b) “Share Your Story; Kiss –n- Tell by submitting your stories to share with the world and brave the ratings of your peers.”

i) Button text: “A collection of entertaining stories written for the people, by the people.”

c) “Inspire Me; We bet you have a story in you. click here and brainstorm your next Sexy Talk story.”

i) Button text: Click for ideas on topics you could write your for your own SEXY TALK story.”

d) “Mission; what are the motives behind the Sexy Talk Project? The benefits behind making talk about sex normal, fun, and comical.”

i) Button text: “The Sexy Talk Crew and their big plan…”

2) Latest Stories

a) A quick link list of our 6 most recently submitted stories.

i) Example: Beautiful Shame; Farting + Sex = ?; Picking Up Boys; Birth Control Shot Question?; What’s Your Number?; and Did That Really Just Happen?

3) Public Polls: Periodically changing multiple choice surveys for people to interact with the webpage and immediately review results.

a) Poll 1: “Rating: On Scale of 1-5, how would you rate your lst sexual encounter?”

i) Results: Number of Voters: currently 73

ii) Rated 1 on scale: 8.2%

iii) Rated 2 on scale: 9.6%
iv) Rated 3 on scale: 21.9%

v) Rated 4 on scale: 37%

vi) Rated 5 on scale: 23.3%

b) Poll 2: “Orgasms: How Many orgasms did you have last time you had sex? (Females)”

i) Results: Number of Voters: currently 99

ii) Reported 0 orgasms: 38%

iii) Reported 1 orgasm: 26.3%

iv) Reported 2 orgasms: 15.2%

v) Reported 3 orgasms: 9.1%

vi) Reported 4 orgasms: 3%

vii) Reported 5 orgasms: 8.1%

4) “Like Us On Facebook”

a) Example page: “35 of your friends like this.”

Read Stories

1) Submitted Stories

   a. Story Title, submission date, “teaser line,” continue reading button, and view comments button.

      i. Example:

         1. Title: Did That Really Just Happen?

         2. Submission date: Monday, 12 September 2011
3. Teaser line: “Anal sex is one of those things that you never really think about unless someone either asks if you’ve done it or someone asks you if you want to do it…”

4. Comments: 3

ii. Behind the “Read More” button: you may then click the “Read More” button to be directed away from the general stories page to the full text story that you would like to read.

1. Example of full text story page

   a. Title: Did That Really Just Happen

   b. Submission date: Monday, 12 September 2011

   c. Full text: Anal sex is one of those things that you never really think about unless someone either asks if you’ve done it or someone asks you if you want to do it.

   d. Otherwise, at least for me, it is not something on my mind very often. So it comes as sort of a shock when all of a sudden you’re having sex and then BAM! He sneaks attacks you in the butt.

   e. ???

   f. Now, luckily for me, the guy sneak attacking me is my ex (who I'm still friends with and obviously hook up with). We were drinking one night, as usual, and decide to have shower sex. So we're
doing it from behind and I'm starting to get really into it and then BAM! I no longer feel his penis in my vagina. I feel something tighter and weirder and just not normal. I'm assuming that I didn't realize what was happening because I was so drunk, because I always imagined anal sex would hurt. Badly. He was inside me for a good 30 seconds before I stood upright and attempted to turn around (remember we're in the shower). He just smiled as I screamed at him, demanding to know what his problem was when he just whispered my name over and over, telling me to calm down, it was ok, let him try again. I just kept screaming at him until I convinced him to just have regular sex with me. Then he pointed out that we'd already done anal technically anyway. So I thought to myself, if I'm going to do something, I may as well do it right. I let him try again. And that's how I had anal sex for the first time.

g. Example comment: “Makaila: Alright alright alright, that’s exactly what I needed!”

Share Your Story

1) Page is available with Terms of Use, ability to make an account, and log in.
1) “Terms of Use: Please Login or Sign up to submit a story.”

i. By submitting a story to “The SEXY TALK Project” you are releasing all ownership and editing rights to “The Sexy Talk Project” under command of Rachel Pancake (on website, in book, and otherwise). If your story is chosen for the publication of SEXY TALK or any other projects, you will be notified by the email you have supplied us. By agreeing to the terms, you agree that within the content of your submission there are no direct or indirect references to illegal activity.

a. I owe the success of this website and future book to writers like you and your wonderful contributions of comedy, embarrassment, success, inspiration and humiliation. I welcome short stories from contributors of any age, lifestyle and orientation. Your story helps bring entertainment and sexual enlightenment to the world. Thank You for your contribution. - Rachel Pancake: Creator

b. Add article:

a. Article Title
b. Check box: I agree to terms: yes, no
d. “Submit Item” button.
Inspire Me

1) The Meet and Greet: These are stories about the initial meeting of that special someone (or maybe just that “hot” someone). It’s about the magic, the fireworks, and the first dates. For some people, this may be about the awkwardness, the little slip-ups, the self-consciousness, and when you feel like a complete idiot in front of someone you’re trying to impress. Possibly include how this story affected your future experiences.

   i. Meet and Greet Story Examples:

   a. The first date that went so well and why
   b. The first date that blew up in your face and why
   c. Great ways to pick-up a date
   d. Great ways NOT to pick-up dates
   e. Successful seduction
   f. Anything else that falls under the realm of getting to know each other

2) First Time Sex: This is a story about the first time you had sex with your partner. Stories about foreplay, interplay, intercourse, post-play and overtime. Anything and everything that has to do with the first time you are sexual with a new partner, or letting go of your virginity. First time stories have huge comedic value. The opportunity for things to go “wrong” is unimaginable and the times it goes “right” can be incredible turn-ons, and stories of triumph.

   i. First Time Sex Story Examples:
a) Premature ejaculation
b) Erectile dysfunction
c) Self consciousness
d) Condom issues
e) Very successful first times

3) Comfort Zone: Once you have been with your partner for a while there is a new sense of comfort established. This comfort zone can affect the relationship by being less self-consciousness and inhibited and can increase the desire to try new things with your partner. This is also a time when your sex drive can drop, little annoyances are accentuated and people are faced with the challenge of making the relationship work after the initial infatuation and lust has worn off.

1) Comfort Zone Story Examples:
   a. Loss of sex drive
   b. Masturbation
   c. Maintaining a long distance relationship
   d. To stay together or to not stay together after the infatuation is gone
   e. When lust has gone what’s left?
   f. How to keep the magic alive
   g. Keeping the bedroom sexy
   h. Lack in physical sexual response
4) In The Long Run: Most people have had, or will have a long-term relationship. Share your story about the sexual situations that can come up after years of partnership with the same person. People in marriage can be very private about what actually happens in their sex lives.

i. In the Long Run Story Examples:
   a. Sex after 10 years (or 25, 50 years!)
   b. Sex when you have children
   c. The absence of sex in long term relationships
   d. How sex gets better with time
   e. What age did you have your best sex? Why?
   f. Infidelity
   g. Masturbation
   h. Using pornography to keep things exciting
   i. Getting caught using porn
   j. How you kept the bedroom in working order over the years

5) Sex After a Breakup: Whether it’s the end of a 30-year marriage or getting dumped after the first date, breakups are rarely easy. Share a story about getting back into the game. Discuss the nerves and anticipation, or the confidence and know-how of someone returning to the field of dating sex. How did you compare sex with your new partner versus sex with your last partner?

i. Sex After a Breakup Story Examples:
a. The first date after a divorce
b. Revenge sex
c. Rebound sex
d. “I want to feel better about myself” sex
e. Finding someone better for me than my last partner
f. Amazing sex

6) Sex Education: Explain your experience with sex in an empowering story/statement. This can be on a specific topic or on sex in general. This is a story that people feel good after reading - an uplifting story that shows no matter how strange you may feel in a situation, you are not alone. The more we talk about sexual situations commonly perceived as “strange,” the more normal they become. Our goal is to normalize talking about sex and to create a platform for people to launch into greater, healthier sex lives.

i. Sex Education Story Examples:

a. What I learned from sex
b. Everything I need to know I learned from masturbating
c. How to give great… oral, manual, kiss
d. The best pick-up lines/the worst pick-up lines
e. How to be suave
f. How to appear most desirable
g. How to pick the best partner for you

7) A biography or testimonial.
Mission

Mission statement: A SEXY TALK story is an inspirational, true story about ordinary people doing ordinary things… in the bedroom. We’d like to hear about topics that people are less willing to talk about openly. Through sharing stories with each other, we learn that what was once weird, embarrassing, uncommon, indescribable, or stigmatized becomes acceptable and most importantly speak-able. This assumption alone raises the platform to launch us into better lives, better relationships, and my personal interest, better sex.

Although our society is over sexed in many ways, there are still many topics of sexuality, partnership, dating and the body that are taboo to discuss. The purpose of this project is to create a safe space where people can share their accounts of what "real life" is really like. In return the world gets to read, comment, and most importantly, understand the hushed things that are happening along with the entertaining, pleasurable and relatable.

The most influential stories are about people experiencing something they think is ridiculous or embarrassing while in a long-term relationship, casually dating someone or having sex. These are the stories that you think happen to no one else, but are in fact happening to people all the time, around the world…. we just haven't talked about it yet.

Contact Us

a. Rachel Pancake: contact me for information on submitting or to discuss Sexy Talk issues.
i. Enter your name

ii. E-mail address

iii. Message subject

iv. Enter your message
CHAPTER 4: EVALUATION

Formative Evaluation

Summary of Project

The Sexy Talk Project is a pop culture entertainment online forum where people can share and read stories about sex. Utilizing a comical and entertaining approach to infiltrate the American social discourse around sex and sexuality. This website is promoted as a pop culture past time, but has the underlying befits of Yalom’s (2005) curative factors of group therapy: universality, imparting information, imitative behavior, catharsis, direct advice, interpersonal learning, and altruism. Universality demonstrates to group members that they are not alone in their problems and pain (Yalom, 2005). Sharing information allows for group members to be educated on such things and sexual health, challenges, and the impacts of shame on their sexual pleasure (Yalom, 2005). Group members can begin behaving in an open, shame free fashion by imitating other members behavior (Yalom, 2005). Group members experience catharsis earned through sharing about themselves as sexual humans and the relief that accompanies exposing a long kept secret or repression (Yalom, 2005). Members receive direct advice and learn from other group members or leaders on sexual and shame related issues (Yalom, 2005). And lastly group members get the altruistic experience of helping someone else by empathizing and not re-shaming them (Yalom, 2995). Through sharing “real life” stories, people get a normative understanding of sexual experiences, and broaden their view of acceptability. At its core, the Sexy Talk Project combats the secrecy and shame that surrounds sex in modern America and substitutes it with an alternative approach of open and frank discussion around sex.
Evaluation Results

There is no formal evaluation of this project although professional writing and content revision would be beneficial. With over four-thousand “hits,” there is substantial informal feedback in the form of comments, visitors answering survey polls, story submission, “likes” on Facebook, and general activity on the website. This activity suggests that the website produces something desirable. In addition to the evidence that the website is attracting viewers there is a “Contact Us” form on the website where people can submit their feedback, informal reviews, and suggestions.

Recommendations for Improvement

To better improve the website I recommend expanding the access to sexual health information. Currently the only avenue to receive sexual health information is by posting a question and having a Sexy Talk Sexpert answer. Ideally, because this is a shame free forum, it is ideal for people to ask questions that they are typically embarrassed about. Therefore expanding the Q and A posts would be helpful in normalizing the variety of questions people have and providing the answers. A future improvement would be to add a “tab” to the website for sexual health Q and A (questions and answers) with a qualified respondent. Additionally, adding more polls so members can be involved and active with the Sexy Talk community without having to comment or submit a story. Proper investigation of the legal boundaries and story property rights is necessary to maintain the website. Communicating with a lawyer to protect both the rights of the story contributors and The Sexy Talk Project’s right to publish and post a story is ideal. And general expansion and improvement on the website layout, graphic design and content.
Recommendations for Future Research

Future research on the specific correlation of shame and levels of sexual pleasure. I have found that the amount of literature on the specific relationship of sex, shame and pleasure is lacking considering the influence and prevalence of sexuality in the average human existence. Expanding not only understanding of the sex, shame, pleasure relationship but additionally, the curative factors to improve pleasure and reduce shame is recommended.

The Sexy Talk Project website is an ideal location to preform future research, Q-and-A’s, surveys, and polls. With the expansion of the websites popularity we can begin to poll large samples of people and collect quantitative and qualitative information valuable to future research. I recommend a future study in the analysis of the content of story submissions in relation to sexual activity, what people are willing to share openly, and how being “anonymous” affects the participant.

Conclusion

The capacity to challenge sexually shame-ridden aspects of ourselves is a developmental success that benefits one’s entire nature (Elias, 2008). What is at the core of the sexual shame issue is seeing yourself as unacceptable and flawed, therefore, leading to an experience of feeling unloved, unaccepted, and scorned (Elias, 2008). Sexuality hits the heart of shame because of its taboo, secretive, and unacceptable role in America’s modern social discourse.

Through the evidence of female orgasm rates in America, one can begin to highlight the impact of macro and micro society on sexual functioning. As demonstrated
throughout this paper, macro American influences include, but are not limited to religion and governmental policies, spending, censorship, education programs and world impact. These influences synthesize to create a conservative, sexually suppressive and fear based mentality that undoubtedly has an influence on sexuality in areas related to sexual pleasure and functioning. The effect of these influencers is highlighted in the example: female orgasmic challenges and Inorgasmia (Kline, 2006; Lo Piccolo, & Stock, 1986; Wade, Kremer, & Brown, 2005).

The enmeshment of shame and sexuality is continually reinforced through the religious hierarchy and historical damning of the flesh felt sins (Bullough, & Bullough, 1995; Shadbolt, 2009). American government demonstrates a sexual shame enforcing stance through public policies, broad sexual censorship, conservative and religious based governmental spending related to the investment in abstinence-only-until-marriage sex education programs (Kline, 2006; Lo Piccolo, & Stock, 1986, Wade, Kremer, & Brown, 2005). In the formative years of adolescent sexual exploration and sexual learning, the government refuses to provide comprehensive, fact based sex education for youth and parents struggle to provide adequate in-home-sex-education. A large amount of energy is being exerted on convincing and scaring youths into abstinence. Ironically the evidence concludes that the vast majority of young people will have sex before marriage, most by their late teens (Finer, 2007; Wellings, et al. 2006).

Countless adolescents are receiving abstinence-only-sex-education, and still choosing to have sex despite all governmental, parental, and religious efforts (Finer, 2007; Wellings, et al. 2006). Although adolescents often choose to be sexually active, they relentlessly encounter the message that sex is shameful, taboo, and an undesirable
Learning genital shame as a very young child from their embarrassed parent, learning to be discontent and shameful of one’s body from the media, and learning that being a “good girl” means being non-sexual are just a few ways we see the macro and micro systems mold our sexuality in a damaging way (Calogero, & Thompson, 2009; Schalet, 2011; Shadbolt, 2009). This is the root of sexual shame that can manifest in destructive forms, such as the many women struggling with experiencing sexual pleasure (Shadbolt, 2009). Removing sexuality from the social discourse of micro homes and macro America directly and indirectly informs sexual individuals that they are unacceptable (Elias, 2008).

Group therapy demonstrates how empathy is the antidote to sexual shame. The action of exposing the “self” to peers and having an empathetic experience allows the individual to castoff the shame that inhibits their sexual lives. This relational group experience, in which the negative self-concept is disconfirmed through empathy, is the antidote to sexual shame (Mollon, 2002). The group therapy setting safely provides a platform to normalize sexuality and feelings of sexual shame. Combining CBT, psychoeducation, and Yalom’s (2005) curative factors of instilling hope, universality, education, altruism, corrective relational experiences, learning developmental social/sexual skills, advice, catharsis and learning from one another is the protocol to provide a corrective experience (Heiman, 2002; Robinson, et. al., 2011).

Shame is associated with individual’s desires and experiences that are not allowed access to shared discourse (Mollon, 2002). Whether the shaming other is external, or has become an internalized part of one’s identity, bringing sexuality into a common empathetic and non-judgmental discourse is the necessary step in reducing shameful
sexuality. In truth, it is in risking exposure of one’s sexual shame and having an outcome that does not deepen humiliation but amend it, that is the antidote to shame (Elias, 2008).

The lower rates of female orgasm in society are symbolic of the devaluing of women’s orgasms and unacceptable nature of the female’s sexual expression. The goal of this paper and project was to empower women with the understanding and rightful acknowledgment that there is a social impact on their sexual experience. This information can provide validation and comfort and reduce sexual shame.

The Sexy Talk Project brings together the influences of group therapy, CBT, and psycho-sexual-education. This comedic pop-culture outlet is an effective forum for people to begin sharing the secret sexual selves in order to experience acceptance. Receiving support and empathy is the antidote to shame. Coming together in an anonymous professional space provides people with the positive qualities of exposing the true self. People begin experiencing the power of showing their shame, changing their story of cyclical sexual repression, secrecy and re-shaming. Acknowledging these effects of oppression and political scripting on individuals, including their emotional, physical, and sexual lives, leads to better understand the impact of shame in the sexual socialization (Lichtenberg, 2007). The way in which people hold prohibitions from the past and present creates the difference between sexual aliveness and sexual deadness (Shadbolt, 2009). Let us come out from behind the fig leaf and bring sexuality and female pleasure to the forefront of health, modern culture, and conversation.
REFERENCES


Merriam-Webster, Incorporated (2012)


APPENDIX: A

SEX SHAME AND PLEASURE

By

Rachel Marie Pancake

Master of Science in Counseling,

Marriage and Family Therapy

www.SexyTalkProject.com
Home Page

The SexyTalk Project

Latest Stories
- Bisexuality Response (Male)
- Bisexuality
- Beautiful Shame
- Farting + Sex = ?
- Picking Up Boys
- Birth Control Shot Question?

Rating
On Scale of 1-5, how would you rate your last sexual encounter?

- 1
- 2
- 3
- 4
- 5

Orgasms
How many orgasms did you have last time you had sex? (Females)

- 0
- 1
- 2
- 3
- 4
- 5

Like Us On Facebook
Like
Tony Irwin, Rachel Pancake and 34 others like this.
Read Stories

Stories

Submitted stories

Bisexuality Response (Male)
on Tuesday, 13 November 2012. Posted in Stories

Even though I have had a lot of sexual experiences
with men, I don't have any attraction to men or any
interest in dating them.

Continue Reading » | Leave Comment »

Beautiful Shame
on Thursday, 13 September 2012. Posted in Stories

Sometimes you can feel included in the world, and
sometimes you feel completely left alone, an outlier of
society.

Continue Reading » | Leave Comment »

Picking Up Boys
on Wednesday, 18 January 2012. Posted in Stories

I've been told time and time again that I do not live a
real life. That things that happen to me simply don't
happen in real life. I semi-agree with this statement...

Continue Reading » | Leave Comment »

Birth Control Shot Question?
on Sunday, 15 January 2012. Posted in Stories

So I stopped taking the depo-provera birth control shot
over the summer after being on it for six months...

Continue Reading » | Leave Comment »

What's Your Number?
on Monday, 12 September 2011. Posted in Stories

Seemingly the most taboo thing to ask another person
is what their 'number' is. How many people have you
had sex with?

Continue Reading » | Leave Comment »

I Wanna Sleep With You
on Wednesday, 01 June 2011. Posted in Stories

Continue Reading » | Leave Comment »

Bisexuality
on Wednesday, 03 October 2012. Posted in Stories

Is it possible to honestly want both sexes? Recently, I
came out as bisexual.

Continue Reading » | View Comments (2) »

Farting + Sex = ?
on Sunday, 29 January 2012. Posted in Stories

I am ashamed to admit I have let it rip on more than
one occasion during a romantic session... I know. As you can imagine, this
causes a lot of pre and post-fart anxiety...

Continue Reading » | View Comments (2) »

Did That Really Just Happen?
on Thursday, 30 June 2011. Posted in Stories

Anal sex is one of those things that you never really
think about unless someone either asks if you've done
it or someone asks you if you want to do it.

Continue Reading » | View Comments (9) »

Don't Shit Where You Eat...
on Tuesday, 17 May 2011. Posted in Stories

Continue Reading » | Leave Comment »

Orgasms
How many orgasms did you have last time you had sex?

- 0
- 1
- 2
- 3
- 4
- 5

Vote | Results

Stallions??
How long did your last encounter last?

- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 30 mins
- 45 mins
- more than 1 hour

Vote | Results
Don't Look Down
on Wednesday, 06 April 2011. Posted in Stories

I had sex with this guy I had been seeing for a while and after our sexy session we decided to take a nice hot shower. Everything had been normal and good nothing out of the ordinary... so I thought.

Continue Reading » | View Comments (1) »

Communal Shower
on Wednesday, 30 March 2011. Posted in Stories

I was seeing a guy, out of state, for a few months while he was away attending the University of Ohio. He shared a house (and shower) with about 7 other guys and when I would visit we would get a little dirty in the shower getting soapy-clean... get the picture?...

Continue Reading » | View Comments (4) »

Sometimes It Just Happens
on Tuesday, 26 April 2011. Posted in Stories

I have been broken up with my ex for nearly 6 months now. We had sex twice in the first month after breaking up and have since decided it is a bad idea. Except last weekend, we had sex again...

Continue Reading » | Leave Comment »

Meeting Cute
on Thursday, 14 April 2011. Posted in Stories

Most people want to tell the story of how they met their boyfriend/dogfriend and have it be something disgustingly cute or sweet. Well, at least I do...

Continue Reading » | View Comments (1) »

To Shave - or Not To Shave, That is the Question
on Wednesday, 30 March 2011. Posted in Stories

Can I please get a real life response to the question of shaving, trimming, full grown, etc. and what is appropriate, attractive, and intolerable?...

Continue Reading » | View Comments (5) »

Condum, Where Are You?!
on Tuesday, 28 March 2011. Posted in Stories

I was having sex one time with a girl I'd been dating a while, although we weren't exclusive. We'd gotten pretty wasted, having spent most of the night in the bars. We were making out and one thing led to another and I took her to my room...

Continue Reading » | View Comments (4) »

One Saturday Morning...
on Friday, 15 April 2011. Posted in Stories

The world slowly began to fall into focus as the early morning light flooded her dorm room. She turned her head slightly to the right and let her eyes fall onto him. He lay there quietly, eyes closed, lips slightly parted, still deep asleep.

Continue Reading » | View Comments (1) »

Is It In Yet?
on Tuesday, 12 April 2011. Posted in Stories

That's right... the first thing I said when attempting to lose my virtue was amateureishly (and for that matter insensitively): 'Is it in yet?' I hope it didn't hurt his feelings. Do you think it did? Is it discouraging, or for that matter, insulting for a guy to here that the girl can't even feel if he is inside her?

Continue Reading » | View Comments (2) »

Relationship Poker: Mediating the Bedroom
on Thursday, 07 April 2011. Posted in Stories

It is not very common that one finds them self wearing only an embarrassing pair of knickers on someone's vintage linoleum floor, surrounded by a group of five other equally inebriated but far more clothed strangers. It is moments like these that I desperately need to remind myself to never play poker.

Continue Reading » | View Comments (3) »

Starts off as a massage...
on Wednesday, 06 April 2011. Posted in Stories

So after work or whenever my back hurts. So I ask my boyfriend to give me a massage. At the beginning of our relationship his massages weren't so good. But I am proud to say that I have taught him well and his massages are GREAT!
Terms of Use.

Please Login or Sign up to submit a story.

By submitting a story to “The SEXY TALK Project” you are releasing all ownership and editing rights to “The Sexy Talk Project” under command of Rachel Pancake (on website, in book, and otherwise). If your story is chosen for the publication of SEXY TALK or any other projects, you will be notified by the email you have supplied us. By agreeing to the terms, you agree that within the the content of your submission there are no direct or indirect references to illegal activity.

I owe the success of this website and future book to writers like you and your wonderful contributions of comedy, embarrassment, success, inspiration and humiliation. I welcome short stories from contributors of any age, lifestyle and orientation. Your story helps bring entertainment and sexual enlightenment to the world. Thank You for your contribution. — Rachel Pancake: Creator
Bisexuality Story Submission

Bisexuality
on Wednesday, 03 October 2012. Posted in Stories

Is it possible to honestly want both sexes? Recently, I came out as bisexual.

I have been with a few women (and countless men) sexually but cannot seem to decide which gender I’d rather date. Sex is easy. It’s physical, fun, and requires much less thinking and emotion (at least on my part) than a relationship does. Part of me honestly believes I only want to date men because society has programmed me to want a happy ending with a fairy tale wedding and a strong, protective, handsome man. Yet, when I’m with a woman, at least sexually, I have so much more fun. And with a man I enjoy all the relationship aspects of our time together (rather than the sex). Not to say the sex is bad, just that I’m positive they are getting much more out of it than I am. In a perfect world, I’d marry a man, still have sex with women and be happy happy happy.

Suffice to say we do not live in a perfect world. And finding a girl to date is difficult where I’m from. Even with all the confusion, I think just getting to explore both sexes and the different types of sex a person can have has been an incredible journey, and one I would never take back. Who knows which gender I’ll end up with. A friend of mine told me one day it’s just find someone. And that someone will be The One for me. It doesn’t matter if they are a man or a woman. They will just be a person. A person who fits together with me. With that in mind, I became much more comfortable with my bisexuality. I hope others exploring their sexuality will come to their own realizations and be happy. I also hope they understand they are not alone.

Please Rate the Story
5.0/5 rating (1 vote)

Social Bookmarks

Comments (2)

girl
07 November 2012 at 01:48 #
great story! thanks for giving voice to the bisexuals!

reply

SF chick
07 November 2012 at 01:52 #
ya, that shit is confusing. good luck!

reply

Leave a comment
You are commenting as guest.

Name
E-mail
Website

Orgasms
How many orgasms did you have last time you had sex? (Females)

- 0
- 1
- 2
- 3
- 4
- 5

VOTE RESULTS

Stallions??
How long did your last encounter last?

- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 30 mins
- 45 mins
- more than 1 hour

VOTE RESULTS
Bisexuality Response (Male) Story Submission

Bisexuality Response (Male)

Even though I have had a lot of sexual experiences with men, I don’t have any attraction to men or any interest in dating them.

It’s been a totally difficult thing to figure out and deal with, but finally, I know that I’m definitely not gay. I know I can’t be alone, but I haven’t met anyone else who has sex with members of the same sex without the attraction. I think I’ve done it because I have had a lot of really bad experiences with women (often my fault, but painful nonetheless), and men are just so freaking easy lol… no bs or mind games. Any thoughts?

Please Rate the Story

Social Bookmarks

Comments (2)

quitellie
13 November 2012 at 00:37

ya totally, i believe that sexual attraction is on a spectrum, some people are completely gay, some are completely straight, but most are somewhere in the middle, sounds like you on the straight side but still a bit toward the in between, and just cause you want to feel sexually good with the same sex does not mean you want to date them, its like how i enjoy making out with girls, but i have no interest in having a girlfriend at all, sexuality is not on a line, its just a big ball of stuff. if it was simple it would be boring, luck for you, you have spent a lot of time and energy on some self insight and are benefiting from getting to know yourself on a deeper level, questioning makes us advanced, mindlessness keeps us stagnant, we are never alone.

Anonymous
13 November 2012 at 00:41

Your right. Sexuality should be seen on a spectrum and not as binary. And I’m to the point where I share it openly when I feel the need to, but I’m still very careful because of the stigma around gay men. Some girls I’ve told have expressed fear about me having an STD. Others find it a turn off cause I’m not what they believe a man should be. And I feel that women are much more closed minded than men are. I’ve felt a lot more direct ridicule from women than men. Most of the time men don’t even bring it up.
It’s Not “Against The Rules” But It Still Hurts

on Monday, 28 March 2011. Posted in Stories

Tell me this… can one of your friends sleep with your ex-boyfriend if you’re the one that ended things?

Now I know its not “against the rules” because you broke up more, he can sleep with whoever he wants… right?

But then why does it hurt so much? And on another level… is it ok that your friend is the one he slept with? Its not “against the rules” for him to sleep with your friend because you broke up, he can sleep with whoever he wants… right?

The situation was, I was dating a guy in college for 2 years, lovely person, tall blond curly hair and pretty blue eyes, and we got along great. But one day I decided to end it. I wanted to be my own person for a while, and it broke both our hearts. Within a week he was sleeping with one of my good friends! This completely ripped me up. I was devastated. But is it valid? I broke up with him; we were not together anymore, he can sleep with whoever he wants, and so can my friend. But then why does it hurt so much? Not only does it suck that someone I most definitely still love (it’s only been a week!) is sleeping with my friend, but the guilt of the fact that I am the one that let him go, and I don’t deserve to feel betrayed because I was the one that broke it, was over the top.

Does anyone know what I am talking about? Who is right here?

Please Rate the Story

2.0/5 rating (2 votes)

Social Bookmarks

Comments (3)

sexpert

29 March 2011 at 02:17

There is no right or wrong in these situations. You’re right about him being able to sleep with whoever he pleases, but as your friend she should realize that she doesn’t have the right to sleep with whoever, if she chooses to be your friend. If she wants to sleep with whoever she wants, she has to think about the consequences. Did she tell you right after that she slept with him?

Even if you broke up with him, it’s still unfair of your friend to assume you wouldn’t care if she slept with him.

That just shows how little respect either of them have for your feelings. If it’s bothering you this much, talk to her about it. That always helps.

Anonymous

29 March 2011 at 06:53

I am actually the person that submitted that story and to respond to sexpert’s questions, no she did not tell me she slept with him, she went along playing “good friend” and consoling me about the breakup while doing it behind my back… I found out by confronting my ex and asking about it.

I can’t talk to her about it because its been years, just shows you how things like this can leave scars.

sexpert

29 March 2011 at 07:06

I’m really sorry you had to go through that and that your friend was doing it behind your back. It’s one thing if a friend asks your permission, but being sneaky about it makes things worse.
What's Your Number? Story Submission

Seemingly the most taboo thing to ask another person is what their 'number' is. How many people have you had sex with?

It's personal. Sometimes embarrassing. And there's a story behind each digit you've acquired and added to your 'list'. Now, usually when you ask someone what their number is a confused look will spread across their face. They could be offended that you've asked. They could be thinking of a random number to lie with. They could be wondering why you care. And when I ask it it's usually out of pure curiosity. You simply cannot tell how many people someone has slept with just by looking at them.

Over the years I've learned many of my friends numbers, ranging from zero to a blurred area in the sixties. The most important thing I've learned is that it doesn't matter how many people you've slept with, it's the way you act about it. If you've lost count of how many people you've slept with and haven't been tested for STIs recently, you may want to rethink your strategy. Getting tested and using protection is the only way to ensure the safety of your sexual health and others.

My number is in the high twenties. And I'm not ashamed of it. I slept with guys I cared about in high school, had a few crazy periods during college, and have currently been sleeping with the same amazing man for about three months. Does it make me a slut? No. Does it make me experienced? Yes. Do I care what anyone thinks about it? Never. All that matters is how you feel about yourself. If you're confident and love yourself, other people will see that and their opinion of you will reflect on that. If it doesn't, they usually aren't worth your time anyway.

So, next time someone asks what your number is you have a few options. Make a joke out of it. Say something like, you mean how many this year? Or overall? Turn it around and ask what theirs is as well. Or tell the truth, and be proud of it.

Please Rate the Story
4.0/5 rating (2 votes)

Social Bookmarks

Comments (1)

Juan Gonzalez
13 September 2011 at 06:00 | #

The author hit the nail on the head when she stated "it doesn't matter how many people you've slept with, it's the way you act about it." How one carries oneself is more important than a personal arbitrary statistic. Is this number important? Sure, if you feel your partner has been sexually unsafe. But then why would you sleep with him in the first place if this were the case? I usually joke around this topic, not because I don't take it seriously, but because answering it usually pushes the conversation down a path that ends with more questions than answers. This number can be intimidating without context. I'm also very intrigued by our social fascination with peoples sexual history (std safety aside), it's as if we have labels attached to each number: zero equals prude, 100 equals slut. Labels are simply a way for foolish people to pretend they know you, and in turn pass judgement on you, when they really don't.

reply

Leave a comment
Long Lost Condom Story Submission

Long Lost Condom
on Wednesday, 09 March 2011. Posted in Stories

Tons of crazy things happen your freshman year of college. This next story definitely made top 5. I'd been hooking up with this guy for a few months and one night after a LOT of drinking we decided to have sex. It was amazing as usual...

We used a condom, of course, but when he pulled out and turned away from me I didn't see it on him. I was drunk and tired and just assumed he'd taken care of it. I didn't spend the night that night and started the next morning in my rumpled up little black dress, heels in hand. I only made it about five steps away from his house before I started to feel weird, down there. It was like something was moving around inside of me, shifting with every step I took. I ignored it, wanting to get home, even though every step felt like something was trying to squirm it's way out of me. I finally stopped once I'd made it halfway down the street and stepped out of the street behind a car. I glanced around, making sure no one was watching, although it was 4am so that wasn't a problem. I reached down between my legs and inserted one finger into my vagina. I felt around for only a second before feeling something slippery made of rubber. I gasped in disgust and pulled out the used condom from my vagina. I drunkenly stared at it for a second before tossing it in a bush. Definitely one of the more eventful walk of shames I've experienced in my college career.

Please Rate the Story
4.5/5 rating (2 votes)

Social Bookmarks

Comments (2)

The first time i had sex with my college boyfriend we lost the condom inside me! very unsettling when your already nervous about having sex for the first time with someone. but in the end it was ok, i fished it out and we ended up dating for years to come. we just kept a closer watch on where that condom ended up!

reply

Hat's off to whoever wrote this up and posted it.

reply

Leave a comment
You are commenting as guest.

Name
Inspire Me

The Meet and Greet
These are stories about the initial meeting of that special someone (or maybe just that “hot” someone). It’s about the magic, the fireworks, and the first dates. For some people, this may be about the awkwardness, the little slip-ups, the self-consciousness, and when you feel like a complete idiot in front of someone you’re trying to impress. Possibly include how this story affected your future experiences.

Meet and Greet Story Examples:
- The first date that went so well and why
- The first date that blew up in your face and why
- Great ways to pick-up a date
- Great ways NOT to pick-up dates
- Successful seduction
- Anything else that falls under the realm of getting to know each other

First Time Sex
This is a story about the first time your with a partner. Stories about foreplay, interplay, intercourse, post-play and overtime. Anything and everything that has to do with the first time you are sexual with a new partner, or letting go of your virginity. First time stories have huge comedic value. The opportunity for things to go “wrong” is unimaginable and the times it goes “right” can be incredible turn-ons, and stories of triumph.

First Time Sex Story Examples:
- Premature ejaculation
- Erectile dysfunction
- Self-consciousness
- Condom issues
- Very successful first times

Comfort Zone
Once you have been with your partner for a while there is a new sense of comfort established. This comfort zone can affect the relationship by being less self-consciousness and inhibited and can increase the desire to try new things with your partner. This is also a time when your sex drive can drop, little annoyances are accentuated and people are faced with the challenge of making the relationship work after the initial infatuation and lust has worn off.

Comfort Zone Story Examples:
- Loss of sex drive
- Masturbation
- Maintaining a long distance relationship
- To stay together or to not stay together after the infatuation is gone
- When lust has gone what’s left?
- How to keep the magic alive
- Keeping the bedroom sexy
- Lack in physical sexual response

In The Long Run
Most people have had, or will have a long-term relationship. Share your story about the sexual situations that can come up after years of partnership with the same person. People in marriage can be very private about what actually happens in their sex lives.

In the Long Run Story Examples:
- Sex after 10 years (or 25, 50 years!)
- Sex when you have children
- The absence of sex in long term relationships
- How sex gets better with time
- What age did you have your best sex? Why?
- Infidelity
- Masturbation
- Using pornography to keep things exciting
- Getting caught using porn
- How you kept the bedroom in working order over the years
Sex After a Breakup
Whether it’s the end of a 30-year marriage or getting dumped after the first date, breakups are rarely easy. Share a story about getting back into the game. Discuss the nerves and anticipation, or the confidence and know-how of someone returning to the field of dating sex. How did you compare sex with your new partner versus sex with your last partner?

Sex After a Breakup Story Examples:
• The first date after a divorce
• Revenge sex
• Rebound sex
• “I want to feel better about myself” sex
• Finding someone better for me than my last partner
• Amazing sex

Sex Education
Explain your experience with sex in an empowering story/statement. This can be on a specific topic or on sex in general. This is a story that people feel good after reading - an uplifting story that shows no matter how strange you may feel in a situation, you are not alone. The more we talk about sexual situations commonly perceived as “strange,” the more normal they become. Our goal is to normalize talking about sex and to create a platform for people to launch into greater, healthier sex lives.

Sex Education Story Examples:
• What I learned from sex
• Everything I need to know I learned from masturbating
• How to give great... oral, manual, kiss...
• The best pick-up lines/the worst pick-up lines
• How to be suave
• How to appear most desirable
• How to pick the best partner for you

• A biography or testimonial

Latest Stories
Biosexuality Response (Male)

Biosexuality

Beautiful Shame

Farting = Sex = ?

Picking Up Boys

Birth Control Shot Question?
Mission

A SEXY TALK story is an inspirational, true story about ordinary people doing ordinary things… in the bedroom. We’d like to hear about topics that people are less willing to talk about openly. Through sharing stories with each other, we learn that what was once weird, embarrassing, uncommon, indescribable, or stigmatized becomes acceptable and most importantly speak-able. This assumption alone raises the platform to launch us into better lives, better relationships, and my personal interest, better sex.

Although our society is over sexed in many ways, there are still many topics of sexuality, partnership, dating and the body that are taboo to discuss. The purpose of this project is to create a safe space where people can share their accounts of what “real life” is really like. In return the world gets to read, comment, and most importantly, understand the hushed things that are happening along with the entertaining, pleasurable and relateable.

The most influential stories are about people experiencing something they think is ridiculous or embarrassing while in a long-term relationship, casually dating someone or having sex. Those are the stories that you think happen to no one else, but are in fact happening to people all the time, around the world… we just haven’t talked about it yet.
Orgasm Poll

How many orgasms did you have last time you had sex? (Females)

Select Poll: How many orgasms did you have last time you had sex? (Females)

Number of voters: 106

First vote:
Sunday, 27 March 2011 01:54

Last vote:
Wednesday, 14 November 2012 22:45

How many orgasms did you have last time you had sex? (Females)

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Rating:
On Scale of 1-5, how would you rate your last sexual encounter?

- 1
- 2
- 3
- 4
- 5

Orgasms:
How many orgasms did you have last time you had sex? (Females)

- 0
- 1
- 2
- 3
- 4
- 5