DEVELOPMENT AND EVALUATION OF A CURRICULUM TARGETING EMOTIONAL COMPONENTS OF WOMEN'S SEXUAL HEALTH

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By
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CERTIFICATION OF APPROVAL

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TABLE OF CONTENTS

PAGE

LIST OF TABLES

ABSTRACT

The current model of sex education in the United States falls mostly under either abstinence education or comprehensive programs. Previous research has shown that comprehensive programs have helped individuals make safer choices with their sexual behaviors while abstinence-only programs have shown to be associated with individuals engaging in riskier sexual behaviors. While these types of education are common, there is a lack of education that focuses on emotional aspects of sexuality for women. A curriculum was developed to educate women on the emotional components of women's sexual health. Utilizing Allen's (2004) concept of creating learning objectives, the specific learning objectives and assessment tools for this project were developed. The curriculum was presented to three professional reviewers who are doctorate level sex therapists. Each reviewer evaluated the curriculum and rated it according to learning objectives based on Allen's model (Allen, 2004). Additionally, two focus groups were facilitated in order to obtain additional feedback from women who may be interested in attending a workshop or class based on the curriculum. One group included women from California State University, Stanislaus and one group included women from the community in the Central Valley of Northern California. Results from the professional reviewers showed that the curriculum met the learning objectives and provided many suggestions for expanding and enriching the curriculum. Following the focus groups, a qualitative analysis of themes was done. Results from the focus group indicated that the curriculum topics

are valuable to women's sex education. The curriculum created in this project provides a thorough and effective educational program for educating women on sexuality in a workshop or classroom setting.

CHAPTER I

INTRODUCTION

Rationale for Curriculum

Recent studies show that one half of high school students in the United States have engaged in sexual intercourse (Devaney, Fortson, Clark, Quay, & Wheeler, 2008). One in five high school students report having had four or more sexual partners by the end of high school. One-fourth of teens have contracted a sexually transmitted disease (Devaney et al., 2008). Teens have the ability to choose what sexual activity to engage in, but what are we doing as a nation to prepare them for these choices? In the United States, 97% and 96% of teenage boys and girls, respectively, have reportedly received some form of formal sex education by the time they turn 18 (Wetzstein, 2010). What constitutes this sex education? Sex education in the United States places a heavy emphasis on how to obtain birth control, condom use instruction, how to say "no" to sex, and how to prevent sexually transmitted diseases. While some schools incorporate sex education in various class curricula, many individuals receive education about sexuality from their parents, magazines, the Internet, or from whispers among classmates during their youth (Buston & Wight, 2002). Although many teens receive some sort of sex education, it is very limited to the areas of STD/HIV prevention, pregnancy prevention, sexual health, and contraceptive options. Is that all teenagers need to prepare them for adulthood and future relationships?

Religions play a large role in not only what is included in sex education (Williams, 2011), but what behavior is considered appropriate. Many religions hold the belief that sex before marriage is a sin. This is the belief of the Christian Right, those who identify themselves as Evangelical Christians, as well as Roman Catholics. Corresponding to their belief about sex before marriage, they believe that too much information given to children and teens increases the chance that they will engage in sexual behaviors before marriage (William, 2011). The link between sex education and religion seems to vary across different religious groups. While some religions strive to thoroughly educate their youth about sexuality, others fall short in providing their young people with adequate information about what their faith believes about sexuality.

Just as religion plays a role in sex education, so does the United States government (SIECUS Sexuality Q&A, 2013). The federal government allows each state to decide how to educate its youth on sex, but it controls the funding of education. Thus, while each state can decide how to educate, the federal government may end up having influence due to financial aspects (SIECUS Sexuality Q&A, 2013). In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Under this act, the Title V, Section 510 Abstinence Education Program allowed for many states to receive funding for sex education. However, Title V required certain criteria of this education to be met: (1) abstinence-only education should teach about the social, health, and psychological benefits of abstaining from sex, (2) it should teach abstinence outside of marriage as a standard

for all children of school age, (3) it should teach that abstinence is the only guaranteed way to prevent pregnancy, sexually transmitted infections, and other health risks, (4) it should teach that sexual activity is expected within the confines of a monogamous relationship in which the couple is married, (5) it should teach that premarital sex can have psychological and physical risks, (6) it should teach that having children outside of marriage may have consequences for the child, parents, and society, (7) it should teach children how to say no to sexual advances and understand how alcohol and drugs increase sexual activity and risks, and (8) it should include that it is important to be self-sufficient before engaging in sex (Treholm et al., 2008). The specifics of this $50 million funding for sex education included a specification that it could not be used to teach about contraceptives, but rather, could only emphasize their likelihood of failing (Eisenberg, Bernat, Bearinger, & Resnick, 2008). The increase in abstinence-only education in the United States this past decade shows government's influence of how we educate our youth about sex. When we look at what is left out of abstinence-only education, we can more clearly understand how this type of approach can put individuals at risk in different ways.

While abstinence-only education provides youth with general information about the risks of sex and the message that it should not occur outside of marriage, comprehensive sex education expands upon this basic sexual knowledge. Some comprehensive sex education programs include abstinence-only messages, but they provide thorough information about contraceptives, STI/HIV prevention, and pregnancy prevention to individuals who chose to be sexually active (as cited by

Kohler, Manhart, Laffert, 2008). Comprehensive sex education teaches that abstinence is the best at preventing any risks (Eisenberg et al., 2008). However, it also includes accurate information regarding how contraceptives and condoms work. The basic topics in comprehensive sex education include: human development, personal skills, relationship skills, sexual health, sexual behaviors, and information about society and culture (SIECUS Sexuality Q&A, 2013). These types of programs typically begin in kindergarten and continue through the 12th grade. With each age group, the education is conveyed in an accurate and age-appropriate manner (SIECUS Sexuality Q&A, 2013).

Many reviews have tested the effectiveness of abstinence-only versus comprehensive sex education. In a review of four abstinence-only programs in the United States over nine years, it was found that the abstinence-only programs did not reduce sexual activity in teens (Trenholm et al., 2008). The results indicated that those who received abstinence-only education did not differ from the control group on the number of sexual partners they had or the age at which they first engaged in sexual intercourse. However, the abstinence-only groups were more likely to engage in unprotected sex (Trenholm et al., 2008).

Kirby and Laris (2009) conducted a critical review of 55 United States sex education programs. Of these programs, 48 took a comprehensive approach to sex education and seven taught abstinence-only sex education. Altogether, 15% of the programs sought to teach ways to reduce teen pregnancy and 45% focused primarily on the prevention of STD/HIV. Only 40% of the programs encompassed both

pregnancy and STD/HIV education. This review collected data on how these curricula affect sexual behaviors. Sex initiation was delayed in 41%, sex frequency was decreased in 31%, and the number of sexual partners was decreased in 40% of the participants throughout all of the curricula. This review indicates that the comprehensive programs had a positive impact on safe sexual behaviors (Kirby & Laris, 2009).

Abstinence-only programs have been associated with higher rates of risky sexual behaviors, including oral and anal intercourse (Lipsitz, 2003, as cited in Bersamin, Walker, Waiters, Fisher, & Grube, 2005). Overall, this shows, after careful review, that young people who receive some comprehensive sex education are making better sexual choices, in contrast to those who are only taught to abstain from sex before marriage. Since the quality and quantity of sex education for teens is generally narrowly focused or lacking, a place to make a change is in young adults. Young adults have the ability to decide for themselves to pursue further understanding of the role sexuality may play in their lives. This thesis provides a sex education curriculum for young women that can be potentially helpful to those who want more sex education.

Purpose Statement

This comprehensive sex education curriculum for women adds a component focused on the emotional components of female sexual experience. This curriculum includes creative methods of teaching women of different ages, including activities, opportunities for personal introspection, and take home activities to apply techniques

learned to the daily lives of the participants. Formal sex education for adolescent youth provides a foundation of information about pregnancy and STI/HIV prevention, as well as the reproductive interworking of women. However, there is a great lack of information on how men and women respond emotionally to the sexual events throughout the lifespan. Previous research lacks education that combines sexuality and emotions. When entering in search terms to the CSU Stanislaus article database, little work in sex education and emotions was found.

The terms “sexuality” and “emotions” were searched together, and seventy articles were produced using one of these terms or the other. One of the articles addressed sexuality education on emotions. Another discussed an integrative model of sex education. However, the remainder of the articles did not contain work on sexuality and emotions combined. When “sex education” and “emotions” were searched together, seventy-five articles were elicited. However, only two articles related to this direct topic. “Female sexuality education” and “emotions” found thirty-four articles mostly about female sexual dysfunction, psychology of women, gender, ethnicity, and sociology. Nothing regarding sex education and emotions was elicited. Next, “sex education” and “body image” produced sixty-five articles. None of them captured the intersection of sex education and body image.

The terms “sex education” and “sexual dysfunction” terms found sixty-three articles. These articles covered a vast amount of information about sexual health curricula in United States Medical schools. There was also a lot of information about sexual dysfunction, but nothing on educating individuals on sexual dysfunction in sex

education curricula. Database searches were conducted with search terms “sex education” and “partner communication” and produced sixty-three articles. One of these directly related to educating couples on partner communication. When “sex education” and “aging” was searched, none of the ninety articles found related to both of these topics. The same was true about the search of “emotional components” and “sexuality education.” Out of the thirty-five articles found, none showed a combination of the two terms. This simple search of terms shows how little research exists on the emotional components of sexuality and incorporating this into sex education. It is important to acknowledge that there may be more information on this in the research that was not found by this graduate student.

The purpose of the development of this curriculum was to create a formal education program that more specifically addresses emotional aspects of female sexuality as they relate to values and beliefs, body image, navigating the healthcare system, sexual decision-making, healthy female functioning, dating and mate selection, sexual dysfunction in men and women, single life, fertility, infertility, pregnancy, healthy relationship skills, and sex and aging. Many other areas of sexuality in women could be addressed, but this curriculum focused on these specific topics. Multicultural issues were considered as these issues relate to the diverse experiences of women from different backgrounds. This curriculum was presented to experts in the sex therapy field for formal review and potential consumers of this type of curriculum through two focus groups. The curriculum is designed for use as a 12-

week course that could be delivered in a classroom or workshop setting by a clinician or trained instructor.

CHAPTER II

REVIEW OF THE LITERATURE

Adult Sex Education

Most of the curricula and national funding for sex education is focused on adolescents, in hopes of preventing pregnancy and sexually transmitted diseases (e.g. HIV, AIDS, etc.). However, not all people get sex education in high school: Adults need education about healthy sexuality too. One resource for sex education that adults do have is Planned Parenthood, a resource of support to both adolescents and adults that provides affordable health care and specializing in sexual health. This organization has clinics all over the country and offers specific reproductive services which include: in-clinic abortion, abortion pill, birth control methods and information, pre-pregnancy health, infertility information, pregnancy prevention, options for an unwanted pregnancy, pregnancy tests, prenatal care, miscarriage support, and treatment for ectopic pregnancies (Planned Parenthood, Health Info and Services). Various women's health care needs are available: breast cancer screenings, prevention of cervical cancer, information about menopause, menstruation, and ovarian cancer, pap test, HPV screening, pelvic exam, and treatment of urinary tract infection, yeast infection, and vaginitis, as well as STIs.

Planned Parenthood offers men's health services too, which include resources and support for sexual dysfunction, infertility, testicular and prostate cancer screenings, vasectomy, etc. Sexually transmitted disease prevention information and

screenings are also offered, in addition to many general health care needs. The Planned Parenthood website provides thorough information on various topics concerned with sexuality including body image, masturbation, and sexual orientation. Furthermore, Planned Parenthood emphasizes "the need for more comprehensive, medically accurate sex education (Planned Parenthood, Health Info and Services)." Its website includes teaching resources for educators on how to implement sex education, complete with curricula on all the aforementioned topics.

Sexuality education resources exist for individuals with developmental disabilities through various books, workshops, and curricula. Planned Parenthood of North New England has created its own sexuality curriculum for this population of people (Developmental Disabilities and Sexuality Curriculum, para. 1). Its authors have created a manual for instructors, a curriculum, and pre/post test packets for purchase online. The authors of this curriculum are involved in teaching individuals with developmental disabilities in different settings along the east coast of the United States. Another program for those with developmental disabilities was implemented and assessed in a study in Maryland (Caspar & Glidden, 2001). The program included information about sexually transmitted diseases, birth control methods (including condom use demonstrations), male and female reproductive anatomy, menstruation, and relationship training (Caspar & Glidden, 2001). Participants of this six-session program reported an increase in sexual knowledge, felt more empowered about sexuality, and felt more in control of their own sexuality. Other results of this program included instilling feelings of competence in sexuality issues.

Typically, sex education is focused on younger adults and covers topics such as HIV/AIDs and pregnancy prevention. There is less education focused for adults on sexuality, per se. Many existing curricula address areas of female sexuality, but do not go into the depth of the emotional aspects that this curriculum sets out to do. These previous curricula have set the groundwork for sex education in females, but are expanded upon in the proposed curriculum in the following categories: religious/spiritual beliefs, body image and sex, navigating the healthcare system, sexual decision-making, sexual dysfunction, healthy relationship education, sex in relationships, fertility, infertility, pregnancy, as well as sex and aging. The aforementioned curricula provide information on these topics, but there is a lack of research on curricula created for women that encompass the variety of emotional experiences they face throughout the lifespan.

Religious/Spiritual Beliefs

An individual's religious affiliation can impact his or her satisfaction sexually (Calvert, 2008). Many people are not as keenly aware of the impact that religion has on their sexuality, but have reported receiving restrictive messages about sexuality from their particular religious organization (Calvert, 2008). A few religious organizations have created their own methods of educating their members on aspects of sexuality. For example, the Unitarian Universalist Association of Congregations (Our Whole Lives, para. 1), along with United Church of Christ created their own curriculum on sexuality for K-12, known as "Our Whole Lives." This curriculum is based on the guidelines set forth by the National Guidelines Task Force, which is a

group of professionals under the Sexuality Information and Education Council of the United States (Our Whole Lives, para. 3). The principles that underlie what is taught include self-worth, sexual health, responsibility, justice and inclusivity (Our Whole Lives, para. 5). However, the UUA alone created a sex education curriculum for adults across the life span. More recently, they have also published a sex education curriculum focused on young adults ages 18-35. This 14-session curriculum focuses on providing accurate information about sexuality, safety, knowledge of self, and interpersonal skill building (Our Whole Lives, para. 1). This curriculum does not include any specific religious doctrine, therefore it has been used in various school, church, and community settings.

Rather than a focus on adult sexual behaviors per se, many religious organizations have their own premarital counseling resources and curricula. The Roman Catholic Church has developed many online resources for couples preparing for marriage (Catholic Marriage Prep). Couples can purchase and take the Prepare/Enrich Premarital Inventory, which assesses relationships based on strengths and potential points of growth. The Catholic Church also has Natural Family Planning training available online called Fertile View Software (Catholic Marriage Prep). This helps couples monitor their fertility in order to know when is the best time to get pregnant and when to avoid pregnancy. Spiritual dimensions of sexuality are addressed and can be expanded to include specific religious viewpoints. Some religious groups provide information regarding beliefs and values about sexuality to its members. However, many individuals do not belong to religious groups, or those

that educate its members on sexuality. The proposed thesis curriculum seeks to encourage women to delve into their own values and beliefs about sexuality, as well as the values about sex that were instilled in them during development. With heightened awareness, or personal beliefs and values about sexuality, women can more freely express and explore their sexual selves.

Body Image and Sex

Sexuality and body image in women are closely intertwined, as a woman's self-perceived desirability is typically connected to her perception of her physical appearance (Wiederman, 2000). In previous research it has been found that women who have negative body image are more likely to take part in risky activities that could jeopardize their safety, e.g., casual sex, failure to use contraceptives or condoms, and engaging in sex while under the influence (Eisenberg, Neumark-Sztainer, & Lust, 2005; Gillen, Lefkowitz, & Shearer, 2006; Neumark-Sztainer, Story, & French, 1996; Neumark-Sztainer, Story, Dixon, & Murray, 1998; Wingood, DiClemente, Harrington, & Davies, 2002; Yamamiya, Cash, & Thompson, 2006). Furthermore, women's sexual functioning can be negatively affected due to her feelings about her body. Research has shown that a woman's negative feelings about her body can result in reduced amounts of sexual desire and the ability to be aroused (Ackard, Kearney-Cooke, & Peterson, 2000; Koch, Mansfield, Thurau, & Carey, 2005; Sanchez & Keifer, 2007; Seal, Bradford, & Metson, 2009). Women who experience negative feelings about their bodies are less likely to initiate sex and more likely to avoid sexual interactions (Ackard, et al.; Cash, Maikkula, & Yamamiya,

2004; Faith & Schare, 1993; Koch, Mansfield, Thurau, & Carey, 2005; Reissing, Laliberte, & Davis, 2005; Weaver & Byers, 2006; Wiederman, 2000; Yamamiya, Cash, & Thompson, 2006). It has also been found that women who have negative body feelings are more likely to experience less pleasure, are less likely to orgasm, and have less sexual satisfaction (Ackard, Kearney-Cooke, & Peterson, 2000; Hoyt & Kogan 2001; Penhollow, Young, Allen, & Carter, 2008; Sanchez & Keifer, 2007; Shulman & Horne, 2003; Weaver & Byers, 2006; Yamamiya, Cash, & Thompson, 2006). Women who practice body appreciation are more likely to have positive sexual functioning (Satinsky, 2010). Although it has been found that individuals who practice body appreciation and positive body image ideals have better sexual functioning, it should not be assumed that a woman's BMI, size, shape, or weight determines her repertoire of sexual behavior or functioning (Satinsky, 2010).

With the increase in obesity in the United States, women who are overweight or obese may face a unique struggle in regard to sexuality. A type of "fat stereotype" for these women exists (Sewell, 2008). Our media depict obese women as undesirable or even asexual, resulting in some women being more self-conscious about their bodies. This makes it difficult for some heterosexual women to date men, because many American men are attracted to thinner body types (Huff, 2001).

In spite of the negative outlook on obesity and sexuality, there is a subset of large women who are very proud of their large size, embracing their curvaceous bodies. They are empowering themselves as a group to attract men who appreciate their bodies as they are (Sewell, 2008). The National Association to Advance Fat

Acceptance (NAAFA) was created in 1969 (Kirkland, 2003). This association was founded to support overweight men, women, and children with social, personal, health, political, and legal issues. A parallel has been made between fat rights and civil rights. The International Size Acceptance Association states that the anti-fat bias is a form of discrimination in the United States that is still legal, and is one of the last legal forms of discrimination (Kirkland, 2003). There are many groups who are going against the $30 billion weight loss industry and giving “anti-diet” advice (Katz, 2009). Many celebrities, such as Oprah Winfrey and Kirstie Alley have embraced this trend. TV networks have brought shows depicting larger women as main characters to support embracing women of all sizes (Katz, 2009). Although medical findings show the health risk of obesity, many individuals are accepting of extra weight. Numerous online sites and blogs provide support to women who are of heavier weight. These websites have crafty names such as “fatshionista.com,” “Fat Rant,” “Big Fat Blog,” “Shapely Prose,” and “therotund.com.” (Katz, 2009).

An example of how media are promoting healthy body image ideas is the Dove brand’s "Campaign for Real Beauty," unleashed in 2004 in response to a global study entitled, "The Real Truth About Beauty: A Global Report (The Dove Campaign for Real Beauty, para. 2)." This study had found that only 2% of women worldwide would use the word "beautiful" to describe themselves. In Dove's work to challenge beauty stereotypes, it has created a global discussion about what beauty is. Dove's campaign uses strategic advertising which shows women who have curvaceous figures, in contrast to the traditionally thin models seen in the media. The purpose of

this advertising is to help women see that real women come in all shapes and sizes; women do not need to continue to be dominated by unrealistic beauty perceptions that plague the fashion and beauty world. In 2011, the global study that was begun in 2004 was revisited. This time, it was found that 11% of women would describe themselves as beautiful (The Dove Campaign for Real Beauty, para. 9). This increase in percentage is small, but it shows the progress that The Dove Campaign has made and provides direction for the work to come.

"Dreamworlds" is a series of documentaries that have been produced by Sut Jhally. These documentaries provide the harsh reality of how music videos depict men, women, and the sexuality of both sexes (Yousman, B., Earp., J., & Geissman, J., 2007, page 4). They also show how the media uses music videos to represent a pornographic type of imagination. Ultimately, these documentaries show how violence against women is used in portraying the power differential between men and women (Yousman et al., 2007, page 4). By studying these documentaries, one can get an inside view of how women in our society are influenced by their sexual body and sexual attractiveness, in accordance to how the media portrays them in music videos. An understanding of the effects of media on a person's sexual and body image is an important aspect of sex education.

The proposed curriculum seeks to educate women about how sexuality is related to their body image. It promotes a positive outlook on the female body, in whatever form it may take. Due to the strong link between sexual functioning and women's body image, it is important for adult sexuality education to include material on the

promotion of positive body image. Overall, the curriculum provides skills for viewing the body in a positive light, provides ideas for increasing healthy body thoughts, and encourages women to love their bodies.

Navigating the Healthcare System

Sex education has been so limited in the past that women are not given comprehensive education about their own anatomy. Women learn about the clitoris at a later age than when they learn about organs used for reproduction (Kirby, 1998). When asked to label a diagram of internal and external sex organs and genitalia, women will score better on correctly labeling the internal organs than the external ones (Kirby, 1998). This lack of awareness of their own genitalia puts women at risk for not being in tune with their sexuality and sexual health, which can make approaching health care appear uncomfortable.

Many women are afraid to approach their health care providers with their sexual concerns and many health care providers neglect to help women with sexual issues in a manner that puts women at ease (Larsen, 1997). An article by Larsen (1997) explores the fears and opinions of women regarding the experience of pelvic examinations. Many women reported that they were reassured once their examination was over and they knew that everything was fine. Of the women asked, many of them felt more comfortable with a female doctor. Larsen found that doctors who were good communicators helped ease women's anxiety. It helped them feel as though they could relax because they were respected, thus allowing them to feel more open to asking specific questions about genital anatomy and other concerns. Many women

felt more comfortable after the exam had occurred when they knew what to expect (Larsen, 1997). Not only are women concerned about what to expect during a pelvic exam, but their doctors own avoidance of talking about sexual matters can contribute to the silence (Sobecki, Curlin, Rasinski, & Lindau, 2012). A recent study found that only 63% of OB/GYN's reported asking patients about their sexual activities. Only 40% asked about sexual problems, 27.7% asked about sexual orientation, and 13.8% asked about sexual pleasure (Sobecki et al., 2012). This thesis curriculum seeks to combine education about preparing for OB/GYN visits with a comprehensive supportive approach to voicing medical sexual concerns to health care providers.

Sexual Decision-Making

There are many factors that influence a woman's decisions about her personal sexuality. These decisions include things like with whom to be sexually active, use of protection against STI and pregnancy, and types of sexual behaviors. A variety of factors can influence these such as education, economic factors, health, mental health, and drug/alcohol use. A study on female sexual decision-making found that alcohol has an effect on cognitions, which can determine if a woman will be able to negotiate condom use (Stoner, Hessler, Zawacki, George, Morrison, & Davis, 2009). It was found that cognitive appraisals influence a woman's ability to make decisions about safe sex, and drinking alcohol can interfere in this decision-making process (Stoner, et al., 2009).

Previous research on this area has shown evidence that incorporating an emotional component when educating young adults about sexuality may help reduce

sexual risk (Ferrer, Fisher, Buck, & Amico, 2011). A study on young adults showed that after "social-cognitive-emotional" education, participants showed greater condom use at both follow-ups compared to the control group (Ferrer et. al, 2011). This group also showed sustained condom use six months later. This study shows the beginnings of work in emotional education to inform young people to make healthy sexual decisions. The proposed thesis curriculum provides information about decisions women have to make regarding their sexuality, including how to discuss vital safety issues with a partner.

Sexual Dysfunction and Healthy Functioning

Sexual dysfunctions or problems are a serious issue among women and men. It is left widely under diagnosed in men (Aschaka, Himmel, Ittner, & Kochen, 2001). Men experience premature ejaculation rates from 17-30%, with a higher prevalence found in men who are younger than 25 (Laumann, Paik, Rosen, 1999; Bacon, Mittleman, Kawachi et al., 2003; Son, Song, Kim, Paick, 2010). The prevalence of erectile dysfunction in men ranges from 2% to greater than 80%, depending on the age. Older men are more likely to experience ED (Laumann, Paik, & Rosen, 1999; Prins, Blanker, Bohnen, et. al, 2002; Ponholzer, Temml, Mock, et al., 2005). Women also experience high rates of sexual problems. According to the National Health and Social Life Survey, 43% of the 1749 total women surveyed had encountered some form of sexual dysfunction (Laumann, Paik, & Rosen, 1999). Disorders that occur in women include: hypoactive sexual desire disorder, sexual aversion disorder, sexual arousal disorder, orgasmic disorder, and pain disorders (Berman, Berman, &

Goldstein, 1999). Pain disorders can be classified as dyspareunia, vaginismus, or other sexual pain that is induced by non-coital stimulation. There are many medical and pharmacological treatments commonly used to help treat sexual problems, but there are many emotional aspects to address (Berman, et al., 1999).

For women, hormone levels have a significant role in how sexual function is regulated; this is seen in aging and in menopausal transition, when women experience a change in hormones, and can often experience a change in sexual response. This can come in the form of reduced desire, less frequent sexual activity, pain during sex, less stimulation of the genitals, and reduced ability to achieve orgasm (Berman, Berman, & Goldstein, 1999). Many sexual problems in women may not have a medical answer, but rather, have emotional or relational struggles that make sexual functioning difficult. These can include low self-esteem, relationship conflict with partner, poor body image, inability to communicate sexual needs to partner, and psychological diagnoses, such as depression and/or anxiety.

When an individual experiences a sexual dysfunction, his or her partner is also affected. Hirayama and Walker (2011) found that a supportive partnership can help women feel better about their partner's sexual problem. These findings suggest that helpfulness towards a partner's sexual problem differs by gender. Supportive partnerships were not shown to help men's feeling of well being regarding being bothered by their partner's experience of a sexual problem. When a partner is unresponsive to his or her sexual partner, when the relationship is facing a sexual problem, depressive symptoms may present in either partner (Hirayama & Walker,

2011). If a woman is feeling bothered by an unresponsive partner, it can be remedied by the partner being supportive. This shows how important partner support and communication throughout the experience of a sexual problem is in maintaining relationship satisfaction. The proposed curriculum sets out to teach women how to handle sexual dysfunction in relationships, from both the male and female perspective. It provides psychoeducation regarding what types of sexual problems can exist in men and women, what can cause them, and how couples can unite as a team to heal them.

Healthy Relationship Education

According to the Centers for Disease Control and Prevention statistics, the current marriage rate in the US is 6.8 marriages per 1,000 total population, while every 3.6 marriages per 1,000 ends in divorce (CDC Fast Facts, 2013). This statistic shows that almost half of first marriages end in divorce or separation, while subsequent marriages have an increased likelihood of ending (Karney & Bradbury, 1995). Sexual dissatisfaction within a couple increases the chances of divorce or leads to the end of the relationship (Karney & Bradbury, 1995). Therefore, education for couples is crucial in preparing for successful long-term relationships. The propsed curriculum seeks to implement teaching of general relationship skills, as well as sexual communication skills for women to bring into their intimate relationships.

The relationship portion of the curriculum focuses on two areas of relationships: attachment theory and Gottman's research. Research on attachment style was pioneered through the work of Bowlby and Ainsworth, who have

categorized attachment styles based on mother-child interactions. From the first days of a child's life, the mother and child create a unique bond, according to the mother or caregiver's responsiveness to the child's need (Bowlby, 1969, 1973; 1980). During the first year of life, the child will typically develop one of the following main styles of attachment: secure, avoidant, and anxious-ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978; Bell & Ainsworth, 1972). Expanding upon this vital relationship between parent and child, attachment theory has more recently been applied to a variety of human relationships. For the purpose of this thesis, the focus is placed on the connection between attachment style and romantic relationships (Levy & Davis, 1988). Those who are securely attached show correspondingly positive relationship attributes. Individuals with avoidant attachments may be more likely to have less satisfying relationships with less intimacy. Those who are anxious-ambivalent have relationships characterized by high levels of sexual passion, but otherwise lack other positive relationship characteristics (Levy & Davis, 1988). There is a lack of research on the effectiveness of curricula that train individuals on the application of attachment principles to intimate relationships. The proposed curriculum will provide knowledge of attachment styles, self-exploration on personal attachments, and allow participants to apply the theory to their own relationships for enrichment.

Style of argument and repair attempts have been the subject of study, most famously by Gottman and associates (e.g., Gottman, Notarius, Markman, Bank, Yoppi, & Rubin, 1976; Gottman, Markman, & Notarius, 1977; Gottman, Swanson, & Swanson, 2002). They theorized that there were several important aspects to building

interpersonal relationships and preventing divorce. While this research has discovered measures of preventing divorce, it has also shown how to predict divorce. John Gottman and others' thorough research in married couples has indicated that their theories on marriage can predict a couple's likelihood of staying married (Gottman, 1994; 1999). This prediction can be made with 90% accuracy and is measured across the following domains: how the couple behaves during interactions, how the couple perceives the exchange of their interactions, and the couple's physiology during their interactions. Gottman and others have also researched how the Behavior Exchange Theory applies to marital decision-making (Gottman, et al., 1976). Their findings suggest that distressed marriage can be characterized by a greater amount of negative reciprocity than couples in marriages that are not in distress. This provides insight on how spouses' individual behaviors affect one another. Gottman's research also includes how couples resolve problems in their marriages through their verbal and nonverbal communication cues (Gottman, et al., 1997).

Gottman et al.'s research and trade publications have helped clinicians and couples to learn about healthy relationship skills. One of his books, "The Seven Principles for Making Marriage Work (Gottman & Silver, 1988) contains the model of the "Sound Marital House." This concept has been evaluated in training curricula for couples (Hicks, McWey, Benson, & West, 2004). Participants were asked what they thought were the most helpful components to apply to their own relationships. The responses gained from these participants give a framework to create a curriculum based on Gottman's theory. These topics include: love maps, fondness and admiration

system, turning towards vs. turning away from your partner, positive sentiments, problem solving skills, creation of dreams and aspirations, and creating a shared meaning (Hicks, McWey, Benson & West, 2004). The proposed curriculum will incorporate elements of Gottman's theory in the relationships-training portion.

Sexuality in Relationships

A Sexual Enrichment curriculum, comprised of seven, 2-hour sessions has been created (Kaufman & Krupka, 1975). This program includes exercises that facilitate healthy partner communication about sexual desires, feelings, preferences, and sharing positives about each partner. It emphasizes both verbal and non-verbal partner communication, role-plays, self-awareness, imagery and fantasy, discomfort in sex, anger, sensuality, and eroticism. In a study by Cooper and Stoltenberg (1987), couples were given sexual enrichment and communication workshops. The programs utilized in this study included the Knowledge Increases Sexual Satisfaction (KISS) program and the Couples Communication II program. Of the wives who received the sexual enhancement program, it was reported that they received significantly more pleasure, affectional expression, and satisfaction from their sexual relationship than those who received the other conditions. Those who received the communication training also reported changes in the sexual and relational aspects of their marriages. This study shows how communication and sexual enrichment education is helping couples strengthen their relationships.

In a more recent study, Hess and Coffelt (2012) found a connection between the use of sexual terms and satisfaction and closeness in a relationship. The study showed

that the use of sexual terms, especially those that were slang, increased the bond between the couple. This finding was stronger in the women participants than the men. There are few evaluations of curricula that exist on the topic of educating couples on sexuality in relationships. The goal of this curriculum is to prevent sexual issues in couples that may or may not already be experiencing difficulties, by providing skills for communicating about sex in relationships.

Pregnancy

For women who are able to become pregnant, many have questions regarding sexuality during pregnancy, but may not feel comfortable bringing them up to their physician (Bartellas, Crane, Daley, Bennett, & Hutchens, 2000). Sexual activity has been found to decrease during pregnancy, along with sexual desire. Perhaps some of the reasons for this are that women and their partners may be concerned about the safety of sexual expression during pregnancy (Bartellas et al., 2000). By creating a curriculum that communicates a safe model of sexuality for women during pregnancy, accurate information can help the well-being of women and their partners during pregnancy.

In addition to the relationship aspects of this study, it has been found that sexual experience and the quality of a relationship is impacted throughout pregnancy (Sagiv-Reiss, Birbaum, & Safir, 2012). Many biological changes occur during pregnancy, which may contribute to a loss of sexual desire or even discomfort during pregnancy (Glazener, 1997, Lumley, 1978). These alterations to typical functioning include: hormonal changes, back discomfort, sensitive breasts, and mood fluctuations. Sagiv-

Reiss, Birnbaum, and Safir (2012) have shown that pregnant women reported lower levels of sexual desire and feelings of intimacy, when compared to non-pregnant women. However, the pregnant women did have higher levels of relationship commitment and love for their partner than those who were not pregnant. This study also found that there was no significant change to the women's overall sexual functioning, but sexual enjoyment did fluctuate throughout the trimesters of pregnancy. During sex, women's enjoyment and loving feelings from their partner were more intense in the first trimester than in the third trimester. The proposed curriculum will provide women with skills for expressing sexuality during pregnancy and communicating with a partner about sexuality during pregnancy.

Infertility

Infertility is commonly defined as failing to become pregnant without the use of contraceptive methods after 12 months of actively trying (Benyamini, Gozlan & Kokia, 2004). The typical age range of childbearing is between 15-44. Research has shown that of women ages 15-44 in the United States, 6.7 million have experienced difficulty conceiving children (CDC Infertility Faststats, 2013). Approximately 6% of women of this same age range are infertile. The amount of women in the United States who have utilized infertility resources is 7.4 million (CDC Infertility Faststats, 2013). Infertility can bring out significant psychological distress in both men and women who experience it. Morrow, et al., (1995) have shown that self-blame and avoidance coping are the most common forms of psychological distress in couples who have experienced infertility.

Infertility can be caused by many factors. About 40% of infertility has to do with the female-related factors (as cited in Rabeno, 2009). Likewise, another 40% has to do with male-related ones. The last 20% of cases are usually unexplained. When infertility comes into the life of a couple, each individual is affected in a unique way. For example, when a man experiences male factor infertility, his self-esteem and marital satisfaction are lowered (Rabeno, 2009). The process of undergoing fertility treatments for a couple can be stressful, emotionally draining, and very consuming, both time-wise and financially (Benyamini, Gozlan, & Kokia, 2004). The state of being "infertile" is not physically debilitating. However, its emotional strain on a couple has been compared to having a serious chronic disease (Domar, Zuttermeister, & Friedman, 1993). The present curriculum seeks to address emotional issues that arise in couples struggling with infertility.

The proposed curriculum will provide information and support for the experiences women and their partners go through when enduring the pain and joy that often comes from infertility, pregnancy, and childbirth. It will also give women who are struggling with fertility coping techniques and a feeling of hope for the future. Furthermore, this curriculum addresses issues that arise in the woman's partner and in their relationship as a whole.

Sex and Aging

Women encounter many changes as they age which can affect their sexuality and sexual functioning e.g. decrease in desire, less frequent sexual encounters, pain during sex, less sexual responsiveness, lowered genital sensation, trouble with

achieving an orgasm, and lowered amount of vaginal lubrication (Berman, et al., 1999). These changes usually correspond with menopause and decreased estrogen levels during the transition.

There are few educational resources for older adults about sexuality. The Unitarian Universalist church includes a section on sexuality and aging in its Our Whole Lives curriculum (Our Whole Lives, para. 1). New Expectations is a training manual created by Peggy Brink and Jan Lunquist, which has been published by the Sexuality Information and Education Council of the U.S. (Brink & Lunquist, 2003). This curriculum includes numerous lessons about sexuality in middle and later life. Many of the lessons were contributed by other professionals in the medical and psychology fields. Topics include: life reflection, jokes about sex and aging, sexual advice from the past, sexuality and spirituality, sexual decisions after 50, loving your libido, the reality of diminishing desire, issues for gay, lesbian, and bisexual individuals, safe sex, women's sexual problems, sexuality and chronic illness, importance of touch, good sex and what makes it, sexual rights, grand parenting, and a caregivers guide to sexual expression. Each lesson provides information on the topic, discussion questions, and engaging activities.

A curriculum entitled, "Body-Mind-Spirit Practice for Healthy Aging" incorporates sexuality into its program that was offered to older adults in South Korea. Other topics included physical activities, nutrition, yoga, leisure, stress management, emotion, thought, will, meaning of life, relationships, forgiveness, and happiness. For the sexuality portion, this curriculum presented issues that concern

seniors regarding sexuality, as well as the barriers that exist in the Korean culture that make romance difficult. (Lee, Yoon, Lee, Yoon, Chang, 2012). The group discussion centered on unhealthy inhibited sexuality and how to overcome it. Yoga practice was a component of this section. Overall, this curriculum showed improvements in its participants in the three areas: body, mind, and spirit. As for sexuality, the attitude towards this idea was improved. The proposed curriculum hopes to provide women in their younger years with information about how sexuality changes through middle age and older adulthood, and to promote a healthy view of sexuality in aging women.

Similar Educational Programs

The proposed curriculum derives inspiration and will expand upon three specific curricula. First, a "Sexuality Awareness Workshop for Women" presents some of the topics covered in the proposed curriculum. Second, a female reproductive health curriculum created by another California State University, Stanislaus student is structured in a similar manner, but focuses more on reproductive health information than the proposed curriculum. Third, the "Love Guru" curriculum trains couples to coach one another sexually. Each of these curricula provided different ideas and inspiration to the proposed curriculum.

A "Sexuality Awareness Workshop for Women" includes 10 weekly sessions that runs for two hours each (Kingdon & Bagoon, 1983). This curriculum includes topics of body awareness, fantasy, masturbation, reproduction, birth control, and sex in relationships. The target age group for this workshop was college-aged women, but the curriculum specifies that it can be applied to women of any age. This workshop's

structure of being an intimate group of 10-12 participants allowed for sharing of experiences, validation, and expression of feelings about sexuality (Kingdon & Bagoon, 1983). Outcomes of this workshop assessed by the authors included the participants feeling more comfort with sexuality, improved self-concept, heightened awareness of sexuality, and an understanding of restrictive attitudes regarding sexuality of women.

An innovative curriculum on female reproductive health was created for instruction in a college setting by Frost (2010). This 16-week curriculum covers topics including female reproductive anatomy, pregnancy and childbirth, family planning and pregnancy alternatives, infertility, uterine fibroids and endometriosis, contraceptives, sexually transmitted infections, HIV/AIDS, reproductive cancers, breast health, menopause, sex and gender in our culture, and politics of women's reproductive health. This curriculum embeds guest speakers, film, and discussion into a comprehensive sexuality program. It contains various activities and homework that are designed to evoke meaningful reflection on female sexuality issues. The author also clearly outlined the objectives of the curriculum and provided a curriculum map that could be used for assessment. Similar to Frost's (2010) thesis procedure, I used three professional reviewers to evaluate the proposed curriculum. I also used Allen's (2004) method of creating learning objectives in order to assess the curriculum, which was utilized by Frost in her work. These reviewers followed a similar format of review, as they were given questions based on how well the proposed curriculum meets its objectives.

Keeping women connected to understanding their sexual functioning is key in maintaining their emotional well-being in regard to sexuality. One curriculum seeks to enhance the sex-coaching factor in couples. The "Love Guru" curriculum builds the foundation of understanding the importance of a healthy sex life, which includes physical, psychological, and relational benefits (Rosier, 2011). This curriculum trains couples in knowledge, skill, and motivation of how to communicate and coach one another sexually. The findings of this study included increases in the following: sexual coaching knowledge, sexual satisfaction, and relationship satisfaction. The study resulted in a decrease in apprehension upon sexual communication between partners (Rosier, 2011).

Conclusions

As can be seen by the literature review, there is a dearth of curricula available geared toward enhancing young women's sexual knowledge. The proposed curriculum expands upon this reflection in women about sexual issues that affect them emotionally throughout the lifespan. It also hopes to provide coping skills and support to women throughout their life span of sexual experiences. The design of this study includes two main components: (1) expert assessment of how well the proposed curriculum meets curricular goals and objectives, and (2) a qualitative assessment of focus group feedback on the curriculum itself by women in the community.

CHAPTER III

METHODOLOGY

I created a twelve-week Emotional Aspects of Women's Sexuality curriculum that is targeted toward women ages 18-40 years old. This curriculum is composed of 12 weekly modules and each is designed to be delivered in 2-hour time increments. There are two main parts to this thesis: (1) the development of a curriculum to be reviewed by professionals in the field of sex education in terms of its ability to match specific learning objectives and (2) to obtain from two focus groups feedback regarding the utility and interest in the curriculum.

Outside Reviewers

There were three professional reviewers from the women's medical, sexual, and mental health field chosen to review this curriculum and provide their personal feedback. Each reviewer was selected based on their experience in the field and experience working with women's sexual events throughout the lifespan. They were contacted and asked to be volunteers; no incentive was offered. The reviewers include professionals in the sex therapy and sexual health field. All three reviewers have extensive training and credentials in the sex therapy field. Reviewer 1 is a licensed clinical psychologist with certifications in clinical sexology and the diagnosis and treatment in sexual disorders. Her expertise is in women's sexual health and wellness for women, as well as couples. Reviewer 2 is a licensed psychologist, a sex therapist, and a supervisor for other sex therapists. She is a peer reviewer for the Journal of

Sexual Medicine and contributes to the mental health profession by publishing articles and speaking to other professionals around the country about related topics. Reviewer 3 is a licensed psychologist with certification in sex therapy, IMAGO relationship therapy, Accelerated Experiential Dynamic Psychotherapy, and Emotional Focused Couples Therapy. She is a clinical instructor of psychology in psychiatry.

Procedure for Professional Reviewers

The professional reviewers were recruited through my thesis chair. She is a member of a list serve that is restricted to professionals in the sex therapy and research field. Through this list serve, she sent out an open call message to any professional who would be interested in evaluating the curriculum. Out of the four who responded, three completed the evaluation. Once each professional consented to participate as a reviewer, she was given instructions, the curriculum, course learning map, curriculum assessment scale, time session breakdown, and a course syllabus. Together, these materials enabled the reviewers to rate the curriculum and provide feedback on how well the curriculum meets the learning objectives. The assessment scale (Allen, 2004) includes the following items: (1) Teaching Goals, (2) Organization of Curriculum, (3) Course Structure, (4) How Students Learn, (5) Course Delivery, (6) Pedagogy, (7) Instructor Role, and (8) Effective Teaching and Content (Allen, 2004). The rating scale comprises three options for the reviewers to chose: (1) Disagree, (2) Partial, or (3) Agree. Extra room was provided for the reviewers on the following page in order for them to write in their own feedback for

each area of the assessment scale. This is a place where they left specific feedback, suggestions, or questions for further exploration.

Focus Groups

Two focus groups were recruited. Women in the community were invited to participate in either the college sample or community sample. The community sample was recruited through word of mouth in the Central Valley of Northern California. Recruitment of the college sample was facilitated through the California State University, Stanislaus SONA online program. The recruitment flyers indicated the incentive of a $25 gift card for participation. Both groups had four participants and lasted 1.5-2 hours. A "pilot" group was held before the two focus groups. The purpose of the pilot was to allow the researchers to practice the delivery, length, and layout of the focus groups. The pilot comprised of three women who are completing their Master's degrees in psychology. Each participant of the pilot signed the consent form and agreed to be videotaped. The video of the pilot was destroyed once reviewed by the researchers.

Procedure for Focus Groups

The participants were given a consent form that contained information regarding the group being audio and/or video-taped. Each participant was given a copy of the curriculum to look over before the focus group was held. At the beginning of the focus group, each participant was given an overview of the structure of the focus group and was asked to answer a brief demographic survey (see below). During the focus group, they were asked a series of questions to provide information about

what women would like to learn about sexuality and how well the curriculum met or fell short of these expectations. At the conclusion of each focus group, the participants were given a debriefing form and thanked for their participation. They each received a $25 gift card as an incentive. Below is an outline of the focus group format:

1. Welcome. As each participant arrives, they will be given a clipboard with the following demographic questionnaire:

    a. Age
    b. Predominant ethnic/racial identity
    c. Education
    d. Sexual orientation
    e. Relationship status
    f. Do you have children? If so, how many and what are their ages?
    g. Who taught you about sex? Did you receive any formal instruction in school?
    h. How do you feel about the instruction you received? Was it sufficient?

2. Small talk- rapport building

3. Introduce the purpose of the focus group. Explain how the group will be run, in order to provide feedback regarding the proposed curriculum. The curriculum will be presented in four components (15 minutes will be given to each component) and activities/questions to provide feedback will be built into the agenda.

4. Upon presenting each new section, the participants will be given a piece of paper (attached) that contains an outline of the topics covered in the curriculum. After giving the participants 2-3 minutes to glance over the paper, an intro/icebreaker will take place:

    a. What do you think of this section? Participants can hold up card accordingly: “Love it”, “It’s OK”, “Hate it.”
    b. Are the areas of focus important to you and your idea of sex education?
    c. What areas do you really like?
    d. What emotional components of sexuality are addressed and/or are not addressed sufficiently in this section?

e. Is there anything that could be added to this section to make it more complete?

5. Once each of the four sections have been covered and discussed, debriefing will take place and final questions will be answered (see Appendix H for debriefing form).

CHAPTER IV

RESULTS

Professional Reviewers

Reviewer 1 agreed that the curriculum content met all eight learning outcomes. She suggested that clarification of terms be given to participants in order for them to understand each objective, taking into consideration each woman's background, culture, and levels of experience. This reviewer suggested adding more time to each session in order for process time, questions, personal experiences, stories, and any feelings that arise during the exploration of material. She also suggested a journaling section where each participant can self-evaluate if they received enough information from each week's curriculum and a place for them to reflect on these questions at the beginning of each week. It was also suggested by this reviewer to have women work in small groups or with a buddy for some of the activities. She suggested emphasizing self-care during sexual exploration in order to help participants who may be triggered with strong emotions. This could be achieved by creating a phone or email list of the group where members can contact one another for support. Overall, Reviewer 1 had positive comments about the curriculum material, teaching, and content.

Reviewer 2 agreed with seven of the aspects of curriculum development. She responded as "partial" to the "organization of curriculum" outcome. This reviewer commented that she was "uncertain" about the lesson on pregnancy, fertility, and

childbirth. She stated that it is “too broad” and could focus on “menstruation and stories about pregnancy that could engender hope or fear,” and “ways of coping with changes in menstruation.” She commented that the course structure is “excellent” and that she foresees “good engagement and discussion” in the course delivery. Another suggestion was to have an activity to create the group’s rules for a safe environment.

Reviewer 3 agreed that the curriculum content met all eight learning outcomes. She viewed the curriculum’s journaling processes and invitation in bringing homework to share with current partner(s) as strengths. To expand upon the curriculum, this reviewer suggested that additional resources be provided at the end of the course to offer additional books and professional organizations for students who may want to learn more or seek professional help. Reviewer 3 suggested adding a confidentiality agreement and reviewing of safe learning environment guidelines to the beginning of each session. She offered a suggestion to the teacher of a course based on this curriculum to engage in a “centering” exercise before teaching the course in order to check in and ground themselves before each session. Overall, reviewer 3 appeared to find the curriculum very strong in nature, “I believe the experiential exercises of the course will truly facilitate greater self-awareness and ability to internalize the lesson/experience of the concepts and content presented.”

Focus Groups

Below are two sets of tables. The first set contains demographic information for each focus group. The second set of tables indicates the women’s responses to the question asked at the beginning of each module. After giving the participants time to

read through each module, I asked them what they thought of the section. Participants were given response cards that stated, “Love it,” “Hate it,” and “It’s OK.” They were asked to hold up the card that corresponded to how they felt about that module.

Table 1

Demographic Information: Community Group

Age	Education	Ethnic/ racial Identity	Orientation/ Marital Status	Children	Sex Ed sources	Sex Ed Sufficient?
39	Post bac.	Caucasian	Hetero/ married	5 (6, 8, 9, 10, 13)	“Raised on a farm. Very matter of fact. Part of life. None from school. Read women’s health in high school.”	“Don’t think I was ever ‘taught.’ Mostly self taught.”
38	Post grad	Caucasian	Hetero/ married	4 (2.5, 5, 7, 10)	“Friends, T.V., peers, and took human sexuality at J.C.”	“No, it guided, not informed.”
28	B.A., M.S., P.P.S.	Caucasian	Hetero/ married	0	“No one really taught me about sex. I don’t even remember sex education in school. It makes me sad that no one taught me about sex, and this will definitely impact how I raise my own kids.”	“Well, since I don’t remember it, I’d say it was not sufficient. I really believe that schools need to integrate more comprehensi ve sex ed. in schools.”
27	BS Molecular Biology, Doctorate of Pharmacy Student	Caucasian	Hetero/ married	0	“Mother; learned about it in public school as well.”	“Yes, I do feel it was sufficient for public school.”

Table 2

Demographic Information: College Group

Age	Education	Ethnic/ racial Identity	Orientation/ Marital Status	Children	Sex Ed sources	Sex Ed Sufficient?
19	High School, College-nursing	Pacific Islander/Indian	Straight/In a dating relationship	0	"School, here and there at home-only from mom."	"I had a few questions (physical) but later was answered."
20	College junior	Caucasian	Straight/single	0	"My mom, and then the sex ed. classes in elementary school."	"It was sufficient."
19	College freshman	Hispanic	Straight/in a dating relationship	0	"I learned about sex from my best friend and TV. No, I was absent the day we were given the "talk" in elementary school, but I took health in junior high and it was not too helpful."	"No, it kinda just went around the subject or didn't refer to sex too much. It was not realistic."
21	College Junior	Cambodian	Straight/in a dating relationship	0	"Saw first on TV (movie Titanic to be more specific), but formally taught in the 6th grade."	"Yes."

Table 3

Responses to Modules: Community Group

Participant	Section 1	Section 2	Section 3	Section 4
1	Love it	It's OK	Love it	It's OK
2	Love it	It's OK	Love it	Love it
3	Love it	It's OK	Love it	It's OK
4	Love it	Love it	It's OK	It's OK

Table 4

Responses to Modules: College Group

Participant	Section 1	Section 2	Section 3	Section 4
1	Love it	Love it	Love it	Love it
2	It's OK	Love it	It's OK	It's OK
3	Love it	Love it	It's OK	It's OK
4	Love it	It's OK	Love it	It's OK

The qualitative analysis of the two focus groups followed a procedure based on Grounded Theory, which was created by Glaser and Straus (1967, as cited in Wertz, Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011. Separately, my thesis chair and I read through the transcripts and determined the most prominent themes by highlighting phrases, examples, ideas, quotes, and making notes of potential meaning. We created a list of themes for each focus group to be able to compare the younger group to older group of women. Next, we met and discussed the themes that were mentioned at least twice in order to create a master list. We discussed the focus groups one at a time. Together, we detected patterns that helped us construct salient categories of the information so that we could reach a consensus regarding the meaning of the categories. As we worked through the transcripts, we identified quotes that exemplified the themes that are included in the results. Our collaboration on the themes of the focus group clearly showed the main topics that both groups highlighted about the curriculum in what they mentioned in the focus groups. The following themes emerged:

Table 5

Qualitative Analysis of Focus Group Themes

College Group	Community Group
Body Image: • Confidence • Beauty • Body image concerns • Cultural aspects of beauty • Accepting differences	Body Image: • Different cultural images • Being beautiful
Single Life/Decision-Making: • Being single is good • Realizing options • First time sex myths/truth	Single Life/Decision-Making: • Okay to be alone • Safety list for being alone • Breakups • Masturbation • Sex for first time myths and fears • Emotional reasons for being ready to be sexually active • Aftermath of decision to be sexually active • Choice of abstinence • Sexual pressure • Shame about sexual experiences • Sexual trauma issues
Men's Experience: • Men's (partner's) experience of pregnancy • Men's (partner's) experience of miscarriage and infertility • Men's feelings about sex	Men's Experience: • Men's (partner's) reaction to pregnancy • Myths about men's sexuality
Pregnancy: • Choosing to become pregnant • Emotional aspects of being pregnant • Sex when pregnant • Sex after pregnancy • Weight concerns after pregnancy • Body image after giving birth	Pregnancy: • Emotional rollercoaster • Body after delivery • Preparing for sex again • Pressure from partners after delivery
Parenting: • Fears about parenthood	Parenting: • Postpartum depression • Emotional bonding with child • Sex after becoming parents • When to find the time for sex
Fertility: • Infertility effects on relationship • Miscarriage	Fertility: • Emotions around trying to conceive • Emotions after miscarriage • Grief and reproduction
Abortion:	Abortion: • Emotions afterwards

Not mentioned

Adoption:

Not mentioned

Sexual Communication:
- Sex history conversation strategies
- Honesty about sexual experience with partner
- Being judged
- Talking about sex with partner

Sexual Health:
- Common sexual problems
- Isolation around sexual problems
- Contraceptive choices
- Talking to health care providers

Sexual Values:
- Shame about sexuality

Libido/Desire:
- Not mentioned

Relationships:
- Attachment
- Personal responsibility to change
- Technology and distractions
- Texting and emotions

Sex and Aging:
- Different ages and what to expect
- How sex changes throughout lifespan
- Losing a partner

Adoption:
- Emotions associated

Sexual Communication:
- Sexual decision-making
- Communication about sex with partner

Sexual Health:
- Resources for STD/HIV testing
- Communication with health care providers
- Midwife and/or gynecologist speaker
- Contraceptives

Sexual Values:
- Sexual identity and gender
- Shame about sexual experiences
- Religion/morals/values

Libido/Desire:
- Non-demand pleasuring
- Creating comfort
- Turn-ons/offs
- Orgasm
- Fun
- Pleasure
- Masturbation

Relationships:
- Predicting divorce
- Attachment styles
- Cohabitation
- Divorce and remarriage

Sex and Aging:
- Sex after hysterectomy or vasectomy
- Loss of a partner
- Sex and cancer

Each focus group mentioned topics they would like to add to the curriculum. Although they are very significant issues, they were not found to be within the scope of this curriculum. These topics are seen in the table below.

Table 6

Themes Outside the Scope of the Curriculum

College Group	Community Group
Financial security/Government programs for single parents	Love Languages activity
Fidelity concerns	Educating children about sex
Sexual trauma testimonials/guest speaker	
Health/nutrition before and after giving birth	
Single parenting	

To add depth and meaning to this qualitative analysis, various quotes have been extracted to demonstrate examples of feedback from focus group participants. Each theme that manifested itself in the focus groups showed differences and similarities between the experiences of the younger and older women in the focus groups. The similarities between the focus group can be seen in similar feedback about the main themes.

Body Image

Both groups of women felt that the inclusion of aspects of body image was important in a curriculum such as this:

> "If you don't love yourself, you won't let others love you as well. So that's a really good way to let yourself be loved by yourself."
> -39 year old

> "I like how you addressed like body image concerns in your objectives, I feel like it's a major part of people who are experiencing sex…"
> -19 year old

Being Single/Decision-Making

Women of both groups provided positive feedback regarding being single. They also felt as though it was important to include information about making decisions about one's sexuality:

> "I really liked that you…emphasized at certain points that it's OK to be alone, to explore loneliness um and I mean, maybe like that's like kind of an interesting term, like when you're single you're lonely. But maybe just learning to embrace not being in a romantic relationship with someone. So I really liked that." -27 year old

> "So sometimes women can feel like being single is not the best and they sometimes just sit and look at a couple and think, "Oh, that's a couple and I'm alone." So by learning more about how you can, even if you're single, trying to make the best of it. I think that's a really good objective for women who are older and younger." –19 year old

> "This, to me, is what I think of when I'm thinking of um educating, truly, about sex beyond mechanics. Um, cus you know it's, exactly personal how this is going to affect me personally, my decisions, um, saying yes or no…things like this is what I feel, this is what I see." - 39 year old

Experience of Men

Both groups of women found importance in including the experience of men tothe curriculum. This can be exemplified in the following quotes, which highlight the experience of men during the pregnancy of their wives or partners:

> "…"I like that they did bring in the fact that the man is affected, as well as the woman. And how to support his emotions with the changes that are happening as um, and just um, the sexual activity during pregnancy, I felt that was important." -39 year old

> "…sometimes when people talk about pregnancy, they only focus on the woman. She's pregnant, she carries the baby and everything, but it's like, there's somebody who helped create that child and there's somebody that's behind that women trying to support her through all this. And I don't think sometimes women take into account to much of

how the men have to go through." –19 year old

Pregnancy

Sex during and after pregnancy was mentioned by both groups as a main theme that is important to include in a curriculum like this. The older group of women focused more on sex after pregnancy, whereas the younger women spoke more about sex during pregnancy:

> "But that emotional component takes a lot of your physical and your sexual emotions are lessened due to that new life that's laying in that bassinette. And so I think that putting something in here of how to keep the flame there while that little one's there I think is a really important component…and I don't joke when I say try to find the time because they're made to block it and stop it (chuckles) sometimes, I really do!" -38 year old

> "I liked objective number eight: it is going to tell you more about the aspects of pregnancy and then it's going to talk about things that are never really touched on about sex when you're pregnant. You already had to have sex to get pregnant, now what are you going to do while you're pregnant?...sometimes they might feel uncomfortable talking about it or asking that to their healthcare provider, or asking other people about it." -19 year old

Each group mentioned something about women's fears associated with becoming mothers. It is interesting to see it highlighted by the different age groups in similar ways:

> "…It is like a rollercoaster, because you're like, "Oh I'm, you know, I'm expecting! Yay yay yay! And he's like, "Yah I'm gonna be a dad!," and then there's this whole, "Oh my gosh, what if I don't connect with it emotionally, what if it doesn't like me, what if there's birth defects…" -38 year old

> "I had heard that sometimes pregnant women have the fear that they won't be able to love their child, or that they won't be good moms. So I think that might be a good, um, objective to put in there. Like just that fear of not being able to love or take care of your child."

-19 year old

Communication about Sex

Both groups of women mentioned sex communication as an important component of a curriculum educating women about sexuality:

> "…Being able to comfortably have that conversation with somebody who you will have sex with or are thinking about having sex with…I think that those conversations, in today's era, in this age group, I think that is a very important conversation to have and it's a very uncomfortable conversation to have…having this being a main topic is good." -27 year old

> "The asking someone about their sexual history…I think that's an important conversation to have with your partner…when you talk to someone, you can also feel a little shame of your like past history. These are things you should discuss with your partner and if you're feeling, you know, some sort of resentment or hesitation, try to understand the emotions behind that so that their communication can come through." -38 year old

> "I like the um, emphasis on communication. You know? Between a man and a woman, like knowing like when you're ready…" -28 year old

> "I think, um, number five is really important, like for communicating with your partner about, um, various issues about your sexuality, um, I was thinking more of sexual partner history…so I think the skills for that would be great." -20 year old

Fertility and Miscarriage

The topics of fertility and miscarriage were mentioned by both focus groups. Both groups felt as though it is important to educate women on these issues and address how they affect women and their partners emotionally:

> "I know that if there, when I was going through that, if there was some type of a class or a group available, I would be there. Because, really, women don't speak about this (miscarriages). Women don't, I think, really know how to handle it." -27 year old

> "Um, how you mentioned the main topic, um the effects of infertility on a relationship…I feel like that-that's a big struggle that if it happens or when it does, it's a big weight on a relationship…I'm glad you mentioned that." -20 year old

> "I liked the miscarriages. I never really noticed how common that miscarriages were…that really takes its toll…" -21 year old

Sexual Health

The younger and older groups of women found sexual health to be a vital part of a curriculum. They both mentioned that it is crucial to be able to communicate with a healthcare provider about sexual concerns and felt that the curriculum explained this skill adequately:

> "…I think it's really important because a lot of times, we don't know how to start a conversation with the doc – the medical provider – so sometimes we hold back on information because we are like, 'oh, maybe it is nothing,' maybe it's just in our head, but like, letting us know what to expect and what are some like red flags might really help start a conversation because one might be unsure…" -19 year old

> "I liked the red flags to bring up um to your provider. Having not knowing what to do and having a baby that was face up, umbilical cord cinched broke my pubic bone, but I didn't know that that's what happened…knowing what your body is supposed to feel like after giving birth to a watermelon, it needs I think to be addressed…your doctor hits on it in the fifteen minutes that you're in the room, but there's no real education on it." -38 year old

Relationships

Both groups spoke multiple times about the importance of including relationship skills to a curriculum:

> "I like objective number one which is: Establish an understanding of responsibility in a relationship. Each partner can only change him-his or herself…"-19 year old

> "I liked the strengthening relationship skills: the problem solving… creating meaning…so when you talk about strengthening relationships skills, I think that's important." -38 year old

> "I think that would be very good information to have…I didn't know about attachment styles. So I think that's a really good section to put in there." -19 year old

Sex Throughout the Lifespan

Each group mentioned sexuality throughout the lifespan as something they felt to be important to a curriculum such as:

> "I also feel it's a good outline of everything that a young woman should learn as it takes you right through different ages and gives you an idea of what to expect…"-19 year old

> "…Loss of a partner too. You know, that's very important, because there's just so many avenues to how you could lose a partner." -38 year old

Focus Group Differences

The focus groups had many differences in subtopics that were highlighted by the members. Abortion and adoption were ideas that the older group felt should be included in a curriculum like this. However, the younger group did not mention these topics at all:

> "…I was thinking about abortion too, for someone who has maybe had an abortion um, and then is trying to get pregnant and is unsuccessful and has a miscarriage after abortion. That would be pretty huge too." -28 year old.

> "…I look at the fertility, it's so different and it's so case specific… but I think it's something that needs to know, there is a light at the end of the tunnel for some…so I mean that's something too that adoption too, I'm not sure if adoption is covered in here." -38 year old

Additionally, the older group of women spoke of the importance of education on libido, desire, and sexual pleasure frequently. These topics were not mentioned much at all in the younger focus group:

> "…With what sex is supposed to feel like or like a healthy orgasm… do you have to orgasm every time? You know? Is it just OK if your partner orgasms every time? But he's not worried about you getting your sexual pleasure? That kind of thing, because I feel like there might be a lot of women having sex and never orgasming and thinking that's OK." -28 year old

> "…The parts in here I did like was, um, the creating comfort, and discussing sex with your partner, um, the libido exercises so that you can discover your own personal sexual turn-ons and turn offs, um, and the non-demand pleasuring part." -39 year old

> "I think the libido is important. And especially how it changes during pregnancy, prior to pregnancy, during pregnancy, and after pregnancy, when children are there, and then when you're done having (children)." -38 year old

Both groups spoke about relationships numerous times. However, the younger focus group took relationships to a new level of communication: relationship communication and technology. This concept was not mentioned by the older focus group. The younger focus group felt as though educating women on how to navigate relationships in this new age of advancing technology to be an important piece of education:

> "That's becoming harder and harder because relationships went from writing letters to each other and then talking on the phone to sending text messages or just like seeing each other through like webcam and that. So I think that would be a good section to add to this. Like not letting everything be based on technology, like actually spending time together talking, like face to face, not just through text or webcam." -19 year old

The younger group also mentioned infidelity within a relationship, which was a topic not mentioned by the older group:

> "Another topic that might be good to bring up would be like cheating…because sometimes like couples…one will be unfaithful and they'll get back together, but there's always that like distrust between one another. So that might be something to add." -19 year old

CHAPTER V

DISCUSSION

My thesis project's most prominent strength is its uniqueness. There are very few curricula that exist that focus on women's emotions about their sexual health and sexuality. The curriculum's design has several strengths in that it incorporates many methods of learning: discussions, lectures, journal exercises, hands-on activities, guest speakers, and additional resources for further study. Due to the fact that the curriculum covers so many topics that can be experienced by women throughout the lifespan, it is truly applicable to be presented to any age group of women. Another strength of the curriculum is that it was developed with Allen's (2004) concepts for the assessment of goals and learning objectives in mind. This allowed for a more sound assessment of the curriculum by experts based on their ratings of specific learning objectives and goals.

Another area of strengths is that my thesis project is that assessment data were collected from two diverse sources. First, professional reviewers provided a perspective based on their immense knowledge, extensive training, and years of experience in the sex therapy, education, and research fields. Each contributed her unique area of focus when evaluating the curriculum. Some of their focuses of expertise include: sex therapy, IMAGO relationship therapy, certifications in clinical sexology and the diagnosis and treatment of sexual disorders, peer reviewing for the Journal of Sexual Medicine, and instructing psychiatry courses. The ratings of the

reviewers were virtually unanimous in their ratings of the items on the Curriculum Evaluator Form (Appendix F), which strongly supports the effectiveness and utility of the pedagogical approaches in the curriculum. The written feedback they provided was thorough and extensive. All three of the reviewers provided written comments and ideas for expanding the curriculum. One of the reviewers requested to speak with me on the telephone to explain her feedback more extensively.

Next, the two focus groups allowed for a qualitative assessment of the curriculum from women who might likely be the consumers of this type of workshop or class. Firstly, the women from the community group lent their unique voices when commenting on their thoughts and feelings about the curriculum. These women provided the perspective of young married women as well as women who were raising children. Their life experience brought richness to the thoughts and feelings about the utility of the curriculum. Secondly, having a college age group in a slightly early stage of life (i.e., not married or having children) allowed for an alternate assessment of the curriculum's meaning. The community group was predominantly Caucasian, whereas the college group included women from various ethnic and cultural backgrounds. The ethnic diversity of the college group was a strength of this part of the assessment.

I have many of my own reflections from being present and facilitating the focus groups. There was much to be observed in the behaviors of the participants in response to the material presented, as well as their responses to one another. The community group was vivacious in responding to questions presented. They

frequently laughed, made jokes about sex, and talked with one another. Their focus group sounded more like a dialogue at times. The community group also several members who voiced strong opinions. The women in this group were more vocal about whether certain topics should or should not be included in a curriculum geared toward educating women on sexuality and emotions. In contrast, members of the college group were more soft-spoken, reserved, and careful when speaking. They took turns, spoke politely, and did not converse among themselves much at all. As the group progressed, they occasionally chucked, but never became as boisterous as the community group.

A interesting example of the difference in these two focus groups is that certain members of the community group felt that some parts of the curriculum should not be presented to naïve or younger women (e.g., what sexual interactions or intercourse might be like the first time). They appeared to want to "protect" younger women to specific information regarding sexuality. However, my observation of the college group is that they were eager to learn more (especially about first time experiences). Through these responses, it was clear to me that these women have a desire to learn more about sexuality and relationships. This feedback supports our purpose of working towards expanding the availability of sex education beyond just the facts.

Both focus groups participants provided a variety of ideas for additions to the curriculum. Many of the ideas presented, while valid in and of themselves, were not found to be within the scope of this curriculum. For example, the college group

suggested the addition of information about finances and government programs for single parents. Other topics they found important to address include: fidelity concerns, sexual trauma testimonials, health and nutrition before and after giving birth, and single parenting. However, a few of their ideas would be taken into consideration when this curriculum is revised. These topics include: sex and parenting, loss of a partner, sex and cancer, and sex after a hysterectomy or vasectomy.

Implications for Future Curriculum Development and Research

This curriculum targets the emotional components of women's sexual health and focuses on educating women in a flexible setting of a workshop or class. Although it provides education for women in early parts of adulthood, it represents only a small piece of the need for inclusive sex education in the United States. There is little literature and curricula that exist on educating women on their emotions and sexuality. This curriculum could form the basis of more research into this area.

A limitation of this curriculum is that it primarily focuses on women in relationships in general. It does not specify or mention homosexual relationships or alternative relationships that are open or polyamorous, but the curriculum's material could be applied to any relationship type. It does not address gay or lesbian couples directly and does not address gender issues. A future curriculum could include a section on LGBT individuals and embody a more diverse model of relationships. In section on LGBT, aspects of internalized homophobia and effects on body image and sexual sense of self could be added. Another important inclusion for LGBT women is

reproductive choices as having a family is definitely more common in LGBT couples today.

This curriculum is limited in a cultural sense, as it does not focus on specific multicultural aspects for each topic presented. The focus groups were facilitated in the Central Valley of northern California, which is a relatively conservative area that has numerous religious communities. In the future, a curriculum could include information about the sexual experience of women that might vary on their ethnicity, culture, or religious orientation.. Certain religious groups believe that women should remain sexually pure (i.e., virginal) until marriage. Religious/spiritual beliefs in regard to sex and sexuality could bring up many emotions in women of diverse religious backgrounds. It would be valuable to address these beliefs and emotions in a future curriculum.

This curriculum was designed specifically for women. It could Form the basis of a curriculum focused on the emotional components of men's sexuality. The curriculum could also be expanded to become a workshop about sexuality for couples. Future development for curricula could include providing sex education for both men and women throughout the lifespan, including modules for specific ethnic, cultural, religious groups as well as specific sexual orientations.

The next step for this project is to synthesize feedback received from the professional reviewers, as well as topics that were suggested as additions. My thesis chair and I plan to work together to revise the curriculum, enrich it with more information, and work towards getting it published. Both of us are passionate about

educating young people about sexuality and relationships, so we look forward to seeing this project be projected into the larger scope of sex education.

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APPENDICES

APPENDIX A

CURRICULUM MODULES

I have developed a 12-week comprehensive women's sexuality curriculum which is targeted to women ages 18-30. However, it is also appropriate to and designed for women throughout the lifespan. This curriculum has a set of objectives that correspond to the topics contained in each module. Each module is designed for presentation in a 2-hour block of time. The curriculum is designed to be taught to individual women (rather than couples) to take the skills and knowledge learned from it to their current or future relationships. It is also designed to provide support and encouragement for women to make healthy partner choices. This curriculum is made up of the researcher's own ideas, as well as adaptations of various books and materials. The researcher acknowledges that if the curriculum were to become published beyond the purposes of a master's thesis, she would attain written permission from the authors of the books cited in this curriculum.

Week 1: Introduction to Personal Values and Beliefs Regarding Sex and Sexuality

Lesson Objectives:

1. Raise awareness of personal values and beliefs regarding sex and sexuality.
2. Review course objectives.
3. Explore emotional issues regarding sexuality that they have experienced in the past or are currently experiencing.
4. Provide awareness of sexual trauma issues that may arise and how to address them through referral sources.

Rationale:

This session is geared toward introducing the course and laying the groundwork for the various topics that will be discussed. This session is designed to get the participants comfortable and acclimated to the subject of healthy sexuality, which is something that is rarely discussed in daily life, as well as building a sense of safety to discuss personal topics as they see fit.

Materials:

1. Syllabus (Appendix C)
2. Spiral notebooks (one per participant)
3. Ipod and dock
4. Writing utensils
5. Whiteboard
6. PowerPoint presentation and technology components
7. Butcher paper

8. Markers

Lesson Plan:

1. Instructor introduction (credentials, personal orientation to subject, etc.)
2. Distribution, review, discussion, and questions regarding syllabus.
3. Provide disclaimer regarding sexuality in curriculum: "This curriculum focuses on heterosexual relationships, as the majority of the population is heterosexual. However, the models introduced in this curriculum would also be appropriate for those in same-sex relationships."
4. Provide information about sexual trauma: "Some topics discussed in this group may bring up uncomfortable things from your past. Many individuals have experienced sexual trauma. I want to invite you to leave the room if you are feeling uncomfortable at any point. As this course is educational, we will not be delving into personal trauma history. However, talking about past trauma can begin a healing process. If you have any questions about this, please let me know. We can provide a list of local resources and referrals to address common sexual traumas and help you with the healing process."
5. Discuss course objectives.
6. Review rules:
    a. Maintain confidentiality when participants share personal information.
    b. Keep cell phones off (or on silent) and put away.
    c. Respect the values, beliefs, and opinions of others.

d. Maintain an environment of understanding, openness, and learning from others.

e. A 10-minute break will be given in the middle of the class.

f. Additional rules, as suggested and voted on by participants.

7. Activity: Sexual Timeline (adapted from Brick & Lunquist, 2003)

- Spread out a long piece of butcher paper on a table or on the wall.
- Ask participants to write down the age in which they experienced different sexual experiences (e.g., learning about sex, menstruation, first sexual experiences, reproductive events, positive or traumatic sexual events, etc.).
- Anonymity is emphasized in this exercise.
- When each woman has had time to contribute, discuss the differences and similarities regarding of these sexual experiences.
- Discuss similarities within the group and the concept that we are all "normal!"

8. Engage participants in a discussion regarding their sexuality and how it has changed so far throughout their lifetime. Discussion points:

- How were you taught about sex?
- Who taught you about sex?
- What values and beliefs about sex were you raised with?
- Was there any religious or spiritual influence in your beliefs about sexuality? If so, has this influenced you negatively or positively?

- What is your model of healthy sexuality? What do you view as unhealthy sexuality? Who modeled sexuality to you?
- How did your family (and parents) model affection to you as you were growing up?

9. Distribute spiral notebooks and introduce the "Weekly Journal" exercise. After each session, participants will be invited to reflect upon ideas brought up and write about them during the week.
10. Wrap up, introduce topic for next week, answer any leftover questions.

Weekly Journal: Take some personal time out of your schedule to think about your sexual history:

- What was your first sexual experience like?
- How have your feelings about sex changed over time?
- What is your current orientation to sex?
- How are you planning to use this workshop to enhance your sexual self?
- How do you feel about discussing sex?
- How did it feel discussing and hearing about sex in the session today?
- If you have a partner, consider having a discussion about his or her sexual history and beliefs.

Week 2: The Intersection of Emotions Associated with Sexuality and Body Image

Lesson Objectives:

1. Understand the connection between healthy body image and healthy sexual self-concept.
2. Explore society's role in affecting women's feelings about their sexuality and body image.
3. Learn wellness strategies to boost body image and enhance the sexual experience.
4. Discover diverse ways to feel beautiful, according to one's own culture and personal attributes.

Rationale:

This session will explore healthy body image and how it relates to sexuality. It will also take into account different cultural contributions to beauty and body image. Many women are unaware of the impact that their personal body image has on their sexual functioning and sexual relationships. Through this session, women should be prepared to make changes and improvements to their body image in order to enhance their sexuality to whatever degree they desire.

Materials:

1. Sticky Notes (enough for each participant to give feedback to all members of group)
2. Writing utensils.
3. PowerPoint presentation and technology capabilities.

Lesson Plan:

1. Activity: Positive Notes – What others see about us (Myers, 2013)
    - Distribute sticky notes to each participant.
    - Ask each group member to write one positive attribute about each group member's physical appearance.
    - Ask group members to place the notes on one another's backs.
    - When each member is finished, ask each member to remove the notes from their own backs and read them.
    - Engage the group in a discussion of how writing positive body statements felt for them.
    - Engage the group on a discussion of what happens for them when they read positive comments from others.
    - Ask the group to reflect on the following: Do we ever take the time to compliment our bodies or anyone else's?
2. Discussion: What is society's role in determining women's body image? What forms of beauty are highlighted in other cultures? What are other ways to be and feel beautiful? How does this tie in with sexuality and women's feelings when they are sexually intimate with a partner?
3. PowerPoint presentation of society's messages to women. Main points:
    a. Weight/body concerns: eating disorders, dieting, exercise obsession, plastic surgery.
    b. Show connection between how different cultures view beauty in regard to women's body types, shapes, and sizes.

c. Genital image and satisfaction, introduction of correct anatomical terms, viewing of different drawings of vulvas, consider "what is "normal?"

d. Negative vs. positive sexual self-schema.

e. Mini Discussion: How do your feelings about your body impact your sexuality and/or sexual relationships?

4. PowerPoint presentation of the importance of wellness, based on *Crazy Sexy Diet* by Kris Carr (2011). *

- Main points of PowerPoint:

a. Nutrition: raw foods, dangers of sugar, good carbs vs. bad carbs, limiting coffee and alcohol, juicing and blending, importance of drinking water.

b. Digestion and Detoxification: enemas, colonics, foods that get things moving.

c. Self-Care: meditation, yoga, regular exercise, limiting chemical product use, essential oils, massage, acupuncture, sleep hygiene, relaxation.

d. Sexual Self-Care: Smells, Tastes, and Hair Down There

- The vagina has its own unique smell and taste, which varies among different women. They can smell sweet, sour, yeasty, etc. If you smell anything foul, contact your doctor (Herbenick, 2009).
- Worrying about the smell of your vagina can interfere with ability to orgasm (Herbenick, 2009).
- The vagina is self-cleaning. Vaginal discharge keeps the area sanitary. If you have trouble with discharge, talk to your doctor. It could be caused by a medication, your menstrual cycle, or your age (Herbenick, 2009).

- There are many ways to maintain your public hair. Despite the messages from society about how you "should" look, what makes you most comfortable? Ultimately, you need to decide what is the best for you personally.
- Dangers exist for each method of pubic hair removal (Gibson, 2012). Electric razors, tweezers, waxing, razor blades, electrolysis, and depilatories leave the skin much more vulnerable to infections. After all, the hair always grows back.
- When pubic hair is removed, the skin follicles become tiny open wounds, leaving the skin open to numerous pathogens (Gibson, 2012).
- Pubic hair is a normal part of our bodies and serves a purpose of keeping our skin safe from injury and protecting us from harmful pathogens (Gibson, 2012).

*Disclaimer: Many ideas in this presentation are simply practices that some people have found effective. Speak to your health care provider if you have any questions about their appropriateness for your life.

Weekly Journal: Write a love letter to your body:

- Thank your body for all that it does for you: physically, emotionally, and sexually.
- Think about your personal self-care routine. What are you doing well? What could use improvement?

- Make a personal promise to yourself in your journal about how you would like to proceed with your self-care rituals. How does your progress on self-care affect your sexual feelings and relationships?

Week 3: Creating Peace with the Emotions Associated with Being Single

Lesson Objectives:

1. Explore what it means to be alone at certain points of life.
2. Be aware of what societal or social pressures exist in regard to choosing and finding a mate.
3. Cultivate coping skills to make single periods more productive, meaningful, and a source of self-exploration.
4. Learn skills for finding a compatible and emotionally available partner and establishing a healthy relationship, if so desired.

Rationale:

Each person enters this world alone and leaves this world alone. We are not taught skills for being peaceful with ourselves at different points of our lives. Many women find themselves alone after the breakup of a relationship, a divorce, the death of a partner, when children leave home, or by choice. This session seeks to help women see that being alone can be perfectly fine and there are ways for finding fulfillment being single, despite societal messages to the contrary.

Materials:

1. Butcher paper.
2. Markers.

Lesson Plan:

1. Create your "being single history" chart. If you are not now single, chart the times you were throughout your life. Activity from *Single: The art of being*

satisfied, fulfilled, and independent (Ford, 2004). After each woman has had time to create her chart, discussion as a group will take place.

2. Power Point: Emotions associated with being single (Ford, 2004):
    - The "Facebook Effect" of social comparisons (engagements, weddings, babies).
    - Importance of touch and massage when feeling alone.
    - Staying in a relationship out of fear of being alone.
    - "Something's wrong with me" syndrome about being alone.
    - Affairs, one-night stands, single parenting, dating.
    - How do we make the most of our single time?
    - Addressing negative feelings associated with being single, if present (bitterness, anger, negativity).
    - Different Phases of Singleness Discussion (Ford, 2004):
        - What typically occurs during each decade of life (20's-80's)? How does it change if an individual is single?
        - Emphasize changes that occur throughout the phases: break-ups, divorce, death of a spouse, occupational changes, births, etc.
        - What emotions are associated with each phase of life and singleness?

4. Harvel Hendrix's Theory of Finding an Ideal Mate

A. Your "ideal mate" or "imago" is the image of an inner picture that resembles your childhood caretakers and helps you compensate for areas of yourself that you feel may be repressed. When you chose a life partner,

Hendrix proposes that we subconsciously gravitate toward someone who reminds us of a strong influence from our upbringing (parent/s, babysitter, close relative/s, sibling/s, etc.). We take their characteristics and personalities and projected them upon this "imago." In other words, the image or imago of caretakers in our early life are replaced by a romantic partner. All of this has to do with survival: our caretaker helped us survive in early life and now our partner walks through life's journey with us in the effort of survival (Hendrix, 2008).

B. Choosing a partner has two reasons: (1) our partner has positive and negative aspects that are similar to our childhood caregivers, and (2) they help make up for positive aspects of childhood that were not fulfilled (Hendrix, 2008).

C. Phenomena of early relationships:

1. "I know we just met, but somehow I feel as though I already know you (Hendrix,)"

2. "This is peculiar…but even though we've only been seeing each other for a short time, I can't remember when I didn't know you (Hendrix, 2008)."

3. "When I'm with you, I no longer feel alone (Hendrix, 2008)."

4. "I love you so much, I can't live without you. (Hendrix, 2008)."

Weekly Journal: Explore your feelings about being alone.

- Develop your own “safety list” of how you cope with loneliness or worry about your future of being single, becoming single, or developing the relationship you want to have.
- If you are currently single, create “empowered” responses for when someone inquires about your relationship status.
- If you are currently in a relationship, talk to your partner about his or her single history.
- What did they experience during times of being single?

Week 4: Coping through the Emotions Associated with Navigating the Female Reproductive Health Care System

Lesson Objectives:

1. Provide women with the correct information about reproductive health.
2. Empower women to feel comfortable expressing their needs to health care providers.
3. Encourage women to make their sexual health a priority, despite it having the potential for being uncomfortable or anxiety-inducing.

Rationale:

Speaking to a healthcare provider can be very scary for women, especially about sexual issues. Many healthcare providers, even if they are women, do not handle sexual issues with as much understanding and gentleness as women would like. This session is designed to empower women to ask their healthcare providers questions they may have and voice their concerns.

Lesson Plan:

1. Introduction to topic.
2. Activity: Messages about female genitalia, reproductive organs, and breasts
    - Distribute index cards. Instruct participants to write down what messages about their genitals and breasts they received growing up.
    - What ideas did you have about your genitals and breasts that carried into adulthood?

- Introduce the "What do you like about your vulva & vagina?" project (Herbenick, Schick, & Tobey, 2013; www.makesexnormal.com)
- How do you feel (and what do you like) about your genitals and breasts now?

3. Potential guest speaker presentation: Gynecologist or OBGYN Nurse Practitioner
4. PowerPoint Presentation: Sexual Health Care Needs (Mason-Loux, 2012)

- Emphasize the importance of taking care of reproductive health to promote more healthy sexuality and awareness of the mind/body connection to sexuality.
- If you have experienced trauma (especially sexual trauma), consider disclosing this to your healthcare provider. It may take time to build enough rapport with your provider to say this, but it could help them perform your exams more gently and help you feel more comfortable.
- You can request that your provider to tell you step-by-step how your physical or pelvic exam will go.
- Write a list of questions to take into your exam with you. This will help ease your nerves and ensure that you do not forget anything important.
- Before you ask your questions, ask: "Do you have time today to talk with me about certain concerns, or should I make another appointment?"
- Ensure that your provider has time to talk to you about your needs so you don't feel rushed. You have a right to ask sexual health questions. However, to do so may mean being assertive about your rights.

- Acknowledging the differences in health care providers: physician vs. nurse practitioner, male vs. female. A nurse practitioner may be more likely to take the time to discuss your concerns with you.
- If you want more specialized reproductive/sexual health assistance, it may be better to go to an OBGYN. A general practitioner may not be as trained in sexual issues.
- Red flags to bring up to your provider: painful sexual intercourse or sexual activity, not having orgasms, medications affecting yourself or partner's interest in sex, partner not able to keep an erection, coming too soon, etc.
- Ask questions about contraceptive options and assess what works best for you and makes you the most comfortable.
- Voicing sexual problems to your healthcare provider is difficult. Building good rapport with them can go a long way to helping you feel more comfortable. If you do not have good rapport, consider switching providers.

Weekly Journal: Make a sexual health plan for yourself.

- In what ways is your sexual health going well?
- What are some things you would like to do to improve it?
- Develop a timeline or to-do list, if applicable. Consider roadblocks and how you can get help to overcome them.
- Reflect on your own experiences in sexual healthcare and how it has influenced your sexuality.
- How have you handled difficult experiences with healthcare providers?

- Has there been anyone who has helped you through these interactions (helpful physician, your mother, a friend, a partner)?

Optional Homework Activity: Vulvar Self-Examination from *Because it Feels Good* (Herbenick, 2009).

Week 5: Healthy Female Sexual Functioning

Lesson Objectives:

1. Explore factors that can affect sexual functioning in women.
2. Help women understand the variations in functioning and how to respond in certain circumstances.
3. Give women a sense of the variety and universality of sexual experience; many things are common for women to experience during sex.
4. Give women a fuller understanding of what masturbation and how to incorporate it into their sexual lives, according to one's own values.

Rationale:

This session aims to help women understand healthy female functioning. Many women are not taught how their bodies respond sexually, so this session will help them understand basic human sexual response and behavior, what can affect their sexual functioning, what is "normal," and how to seek help for certain issues. Overall, women can feel more at ease after this session because they will learn that many of their ideas and concerns are universal issues that women experience in regard to their sexuality.

Materials:

- Index cards and writing materials
- Different brands/types of personal lubrication
- Hand wipes and/or paper towels for clean up.

Lesson Plan:

1. Introduction to Topic
2. Distribute index cards to participants. Instruct them to write down:

a. What do you wish you had known about sexual behavior before your first sexual experiences?

b. If you have not had any sexual experiences yet, what have you heard about 'sex' and what are your questions now?

c. Have you ever been in pain while being sexually active?

d. What is the most embarrassing thing that has ever happened during an intimate sexual encounter?

3. Collect cards from participants and thank them for their honesty. Tell them that they will be discussed at the end of the session.
4. Present PowerPoint: Sexual Functioning

    - Medical issues that may result in: pain, infections, irritation, vaginismus, urinary tract infections, vaginal infections
    - Sex and the senses – the importance of touch, smell, taste, sight, and hearing
    - The Human Sexual Response Cycle (Masters & Johnson, 1966, 1970)
        - This physiological pattern occurs in men and women, but shows itself in different ways.
        - Five phases:
            1. Desire: Anticipation, yearning, fantasy.

2. Excitement: Men experience an erection and/or "pre-cum" from the penis. Women begin to have heightened blood flow to the genital region, as well as swelling of the breasts and/or lubrication of the vagina.
3. Plateau: A relaxed state when the body maintains a certain amount of pleasure sensation.
4. Orgasm: The peak of sexual pleasure that involves contractions of the muscles associated with the pelvic region. This also includes a release of sexual tension and for men, ejaculation.
5. Satisfaction: Return to nonarousal after a feeling of relaxation and satisfaction. This phase may include a period of emotional bonding for both partners.

- The above cycle may not always apply. Newer research suggests that while women may not have as much physiological desire at times, they may be able to "piggy back" on the desire of their partner and become physiologically aroused themselves (Busson, ??).

5. Activity: Importance of Lubrication

- Discuss normal lubrication in women and its limitations
- Distribute different types or brands of personal lubricants
- Encourage participants to open bottles, feel how each kind feels on the skin and smells.

- Discuss the facts about, benefits of, and reasons for using lubrication (Herbenick, 2009):
- Types of lubricants: water-based, silicone-based, and oil-based.
- Saliva is often used as a lubricant, but should be used with caution because it can cause yeast infections. If you engage in cunnilingus before vaginal sex, it is helpful to wash the penis or vulva before transitioning activities. Lotions and creams are not advised to use as lubricants.
- How to use: one or both partners can apply and reapply as need be to genitals, sex toys, or fingers.
- If used with condoms, apply a small amount to the inside tip of condom.

*Collect personal lubricants. Distribute wipes to clean off hands.

6. Skills Building: Solitary sexual pleasure
    - Discussion: When did you learn about masturbation? What messages were you told about it? Are religious beliefs a factor for you? What are your own ideas about masturbation?
    - Give a definition of masturbation, some brief history of beliefs about it, and review a previous Surgeon-General's opinion about its role in healthy and safe sexuality.
    - Mini-Lecture (Herbenick, 2009):
        - Most men and women have experienced self-pleasuring.
        - Masturbation can be combined with relaxation and mindfulness.

- Masturbation tips (Berman, 2013): make uninterrupted time for yourself, don't make orgasm the ultimate goal, try masturbating with a partner, add music or candles to set the mood, involve fantasy or erotica, if you wish.

7. Return to questions asked at the beginning of the session. Discuss how the session went and how ideas have been changed about sexual functioning. Read some of the themes mentioned on the index cards.

Weekly Journal: What creates the most powerful feelings of desire in you (modified from Herbenick, 2009)?

- What senses do you associate with your desire?
- How would you like to include masturbation in your intimate life?
- What can a partner do for you that creates desire in you?
- How can you enhance the desire you feel in your life?
- Ask the same questions of your partner and share your answers, if comfortable. Consider how the two of you could create scenarios to build bridges to desire (McCarthy & McCarthy, 2003).

Week 6: Emotional Awareness in Sexual Decision Making

Lesson Objectives:

1. Provide women with skills for communicating with a partner about various their sexuality, which may include the use of contraceptives, STI/STD history, sexual partner history, and sexual wants and desires.
2. Provide women with an understanding of how sexual decision-making may be impaired by different things (e.g., alcohol/drug use, sexual history, cultural learnings).
3. Empower women to recognize when they want to become sexually active and how to respond to a partner if they do not wish to engage in sexual activity.
4. Provide information for women who have not had sex before and/or are preparing for their first time.
5. Generate ideas of how to be comfortable, make time, and relax for sexual interactions.

Rationale:

Women are typically not well prepared to make sexual decisions that are healthiest for them. For example, they may have been taught to put other people's needs before their own. This session is designed to prepared women to be assertive in communicating safety precautions to their partner. It will also provide skills for communicating their desire or lack of desire for intimate sexual interactions, and negotiating for what they desire each time.

Lesson Plan:

1. Introduce topic.

2. Values discussion: How do you feel about talking to a partner about your sexual wants and desires? How do you feel about telling a partner no or that you are not interested right now?

What has your background (family, cultural, religious) or value systems taught on these topics?

3. Opening Up Discussion with a Partner (Mason-Loux, 2012):

*It may be best to start with the easiest questions and move into the more difficult topics.

- Asking someone about their sex history/number of sexual partners:
    - Many couples struggle with the past, which can prevent the building of intimacy in the present (Bermman, 2012).
    - Try to keep a "don't ask, don't tell" policy regarding the exact number of sexual partners. Details are not necessary.
    - If for some reason you have already disclosed your number of sexual partners (or your partner has), try to eliminate it as a source of tension in your relationship.
    - If the number of sexual partners becomes an issue, it may be wise to make a statement such as, "I have been with x amount of people, but my focus in the present is on you. Can we stay in the present together?" (Berman, 2012). If it is bothering you, explore why this is so important.
- Asking someone about their sexually transmitted infection history:

  - It is important to ask your partner if he or she has ever had an STI and when the last time was he or she was tested. These types of questions will help both of you make informed decisions in practicing safe sex.
  - Nothing can kill you other than HIV, which is helpful to keep in mind.
  - Many STD's can be managed with medications and they designed to suppress outbreaks.
  - It is important to consider being tested for HIV and other STI's if you have had multiple partners.
  - If you sense that there are trust issues between you and your partner, it might be worth seeking additional help from a therapist to help with some communication techniques.
  - Sometimes, individuals may be too trusting of a partner because they do not want to make the other person feel bad or get mad and leave the relationship. This point is important to acknowledge. However, it is important to address these health questions in order to care for one's own health needs.
- How to ask about contraceptives:
  - What makes most sense and is feasible for both of you?
  - You can do your research and bring up your feelings of what would work best for you to a partner (taking birth control pills, using condoms, etc.).

- Ultimately, it is your responsibility to keep yourself safe from unwanted pregnancy or STIs/STDs. If you are single and sexually active, develop a plan for your protection. You could keep a condom in your purse at all times, just in case.

4. Psychoeducation: The Importance of Communication for Desire

a. Desire Disruptors (Herbenick, 2009): negative emotions, past sexual experiences that may have been traumatic, medical issues, poor body image, worries about infection or pregnancy.

b. Expressing Desire (Herbenick, 2009): feeling safe, loved, attractive, respected, etc.

5. Skills Building Exercise: Sex for the First Time or Learning How to Say Yes

- Answer the following questions on an index card:
    - What feelings did you experience when you had your first sexual encounter?
    - How did you know or how will you know you're ready?
    - Have you ever felt pressure?
    - Where do you seek advice?
    - What cultural messages have you received about sex for the first time or with a new partner?
- Once each member has had the chance to reflect on these questions, members will split off into partners and discuss the questions. After, the group will discuss these

- Making time to discuss with a partner about what you are experiencing. This can build intimacy and make the experience more rewarding for both of you.

6. Skills Building: Learning to Say No (or Maybe)

- In certain situations, sexual decision-making may be impaired (by drugs, alcohol, etc.). It is important to be mindful and aware of sexual situations that may arise and remember one's personal responsibility to make the choice for oneself.
- Saying "no" to a partner can be emotionally straining on our relationships. There are ways to decline sex politely, but in a manner that builds up our relationship, rather than what feels like a rejection our partner's desire for sex/intimacy/closeness.
- Common reasons for not being in the mood (Herbenick, 2009): stress, hormones, grief, anxiety, desire issues, medical issues, fatigue, problems in the relationship, worry about the risks, anger.
- Consider how you manage the issues cited above and whether you make time for an intimate life with your partner.
- When a partner is repeatedly told no after a sexual advance, he or she may begin to doubt him or herself and wonder if they did something wrong (Herbenick, 2009). This can jeopardize the emotional stability of the relationship, so saying no to sexual advances from a partner must be handled with care. It is your choice if you would like to engage in sexual activity, but

you should be able to be open with your partner as to why or why not you are in the mood:

- Help your partner see his or her importance and attractiveness to you.
- Find other paths to intimacy that may not involve intercourse or other sexual behaviors:
  - Watch each other masturbate or kiss partner while he or she pleasures him or herself.
  - Sensual massage, erotic touching, bathing together.
  - Spending time close together with or without talking.
  - Raincheck idea: make a date for a specific time and stick to it
- Develop a plan for negotiating decision for sexual behavior if one is altered or drunk (oneself or one's partner):
  - If partner is altered or drunk and you do not wish to engage in sexual behavior, you could try calmly explaining that you would like to wait until another time when you are both coherent. Or, you may chose from the above list of activities that do not involve intercourse or other sexual behaviors.
  - This same plan can apply when you are altered in any way and do not wish to engage in sexual behaviors. You may negotiate to use one of the other alternatives, you may firmly say "no" to your partner, or, you may need to get yourself out of the situation by calling for help if you feel unsafe.

7. Discussion: Self-Forgiveness

Many of us have negative feelings about our sexuality and decisions we have made in the past, or are currently making. Forgiving oneself is a difficult task, but it is crucial for positive healthy growth in the future. Reflect upon and/or share times in your life when you have felt guilty or been ashamed of your sexual decisions. What did you do to manage those negative decisions? What will you do in the future?

Weekly Journal: Reflect on one or all of the following questions, as they apply to you:

- How was your first sexual experience? What emotions were brought up?
- How do you feel when you refuse a partner's sexual advances? Did the lesson today change how you will approach this situation in the future?
- How do you feel when your partner refuses your sexual advances?
- How do you feel discussing sexual issues with a partner? Which new skills will you use to handle these situations in your life?
- What can you do to enhance desire in your relationship?

Week 7: Common Sexual Problems and Coping Skills for Managing Negative Emotions

Lesson Objectives:

1. Provide a solid knowledge basis of common sexual problems in both men and women.
2. Explore how to address sexual problems within a couple (communication, exercises, resources for help).
3. Emphasize the emotional process of both partners during the process of coping with a sexual problem.

Rationale:

Since sex education is usually limited regarding sexual problems, this session provides accurate information about what sexual problems are and how they are commonly managed or treated. Specific exercises are incorporated so that women are able to take skills into their current or future relationships. These exercises have been known to help with physical sexual problems, but also can enhance a couple's sexual and emotional relationship. This session should help participants feel prepared for action and partner communication if they should ever encounter a sexual problem.

Lesson Plan:

1. Introduce the topic. Discussion: Whose problem is a sexual issue? Is it the partner who has a desire problem or is it the couple together? How do you feel

about responsibility for sexual problems? What emotions can arise in couples because of the sexual problems they are experiencing?

2. PowerPoint Presentation: Sexual Problems in Men and Women (WebMD, Guide to Sexual Dysfunction):

- Sexual Problems in Men (can occur at any age):
    - Ejaculation disorders (premature (inhibited) or retarded (delayed)):
        1. *Premature ejaculation* is defined as a man ejaculating in less than two minutes or even before penetration. It can be helped through learning skills about ejaculatory control or even by specific medications.
        2. *Delayed ejaculation* (also called male orgasmic disorder) is when a man wants to orgasm or ejaculate, but he is unable to.
    - Erectile disorder: "a problem with getting or keeping an erection sufficient for intercourse" (Metz & McCarthy, 2004). Masters and Johnson (1966) originally defined this disorder as "failing at intercourse more than 25 percent of the time" (Metz & McCarthy, 2004).
    - Male hypoactive sexual desire disorder (IsHak & Tobia, 2013).
    - Inhibited sexual desire can occur when sex is not an "anticipated pleasure." It becomes an act that is avoided and feared (McCarthy & McCarthy, 2004).
    - What causes these problems (Metz & McCarthy, 2004):

        - Medical health issues (in either partner)
        - Poor sexual knowledge
        - Psychological issues
        - Relationship issues (trust, comfort, etc.)
        - Situational factors (raising children, working long hours, etc.)
        - The partner's response to the sexual functioning issue.
- Sexual Problems in Women (IsHak & Tobia, 2013):
    - Lack of sexual knowledge
    - Female sexual interest/arousal disorder.
    - Female orgasmic disorder.
    - Genito-pelvic pain/penetration disorder.

3. Treatment and Prevention of Sexual Problems: Uniting as a Team

- Now, we will review some exercises and activities that you can practice with your partner or a future partner to enhance your sexual relationship or to help with a sexual problem. We don't have time to review each and every sexual problem, but this will give you an idea of how one can approach these experiences. Exercises are adapted from *Coping with Erectile Dysfunction* (Metz & McCarthy, 2004). We will review each exercise and provide you with the skills for practicing them on your own.
    - Exercise 1: Evaluating your sexual expectations (page 46).
    - Exercise 2: Clarifying you sexual relationship identity (page 101).
    - Exercise 3: Physical relationship (page 120).

    - Exercise 4: Touch quality (page 123).
    - Exercise 5: "Stuff It" Method (page 132).
    - Exercise 6: Creating flexible scenarios and alternate scenarios (pages 135-137).

- Final discussion: How did it feel reviewing these exercises? Do you feel more informed about sexual problems and how to cope with them?
- Final thoughts: if you have experienced any sexual problems, it can be difficult to bring them up with a new partner. Remember previous sessions about communication and seek out references and referrals.

Weekly Journal: Reflect on your ideas about sexual problems.

- Have you ever encountered any? If so, how did you cope with it?
- Make time to sit down with your partner and discuss your past with sexual problems or what you would do as a couple if you ever encountered one.
- If you are not in a relationship, think what help you might be able to access. Imagine how you would talk with a partner in response to a sexual problem.
- What skills did you learn from this session that will help you if a problem arises?

Additional Resources:

Coping with Erectile Dysfunction
By: Michael E. Metz, Ph.D. and Barry W. McCarthy, Ph.D.

Rekindling Desire
By. Barry and Emily McCarthy

Week 8: Coping Skills for Emotional Responses with Infertility/Fertility/Pregnancy

Lesson Objectives:

1. Explore the meaning behind being a woman and the "reproductive story" we create for ourselves.
2. Understand the meaning of the term "reproductive trauma."
3. Provide coping skills for women (and with their relationships) who have experienced infertility issues or miscarriages.
4. Address the issues men face while supporting their partners through infertility and pregnancy.
5. Address the emotional aspects of pregnancy and how to navigate sexual activity during pregnancy.

Rationale:

Women are not commonly educated on the basic facts about infertility, pregnancy, and reproductive issues. Furthermore, they are not taught how to cope with the emotional aspects of these life events. This session emphasizes coping with the loss associated with infertility and miscarriages. We also incorporates the woman in a relationship, as well as the emotions that occur for the other person in the relationship.

Lesson Plan:

1. Introduce the topic. Emphasize the safety of the room as this may be a very personal and difficult topic for women who have experienced these difficulties.

2. PowerPoint Presentation: What is a reproductive story (Jaffe, Diamond, & Diamond, 2005)?
    - We create our reproductive stories as children and continue them through adulthood.
    - When things go wrong (infertility), you may find yourself needing to modify your reproductive story.
    - How was it "supposed to" happen for you in your reproductive story? What did you plan for yourself?
    - Your partner has a reproductive story too.
    - What cultural, religious, or spiritual influences helped create your story?
    - Your own "parental identity" and what creates this identity (playing house as a child, parenting styles, pain in our childhood, etc.).

*Ultimately, it is important to know your story. This may be especially true when there experience with reproductive trauma. Think about the idea of your reproductive story as we continue discussion on reproductive trauma. You will have an assignment on your story for your weekly journal.

3. Reproductive Trauma PowerPoint: What really happens when a woman struggles with infertility or loses a child through miscarriage (ideas adapted from Jaffe, Diamond, & Diamond, 2005):

- Emotions experienced: numbness, withdrawal, anxious, depressed, difficulty concentrating, feeling like a failure.

- Infertility can be a trauma, in part due to the extreme medical treatments often used and the threat to our sense of physical self as a healthy person.
- The preoccupation with getting pregnancy can be consuming (time, money, emotionally).
- *Primary infertility* is when a person has not been able to get pregnant or have never been able to carry a child to full term. *Secondary infertility* is when a person has had a child and then are not able to conceive another child.
- Options for fertility treatment must be discussed with a partner (if you have one) and a healthcare provider.
- A partner also experiences his or her own set of emotions. Keeping close as a couple and communicating how you are handling this difficult life event is important.
- Fertility treatment can bring a lot of anxiety into a relationship. Couples should be sensitive to how each partner is experiencing the treatment process.
- Keep open communication with your doctor.
- There are a variety of assisted reproductive methods (IUI, IVF, etc.). An individual or a couple may consider methods that add an emotional connection to the process. For example, IVF procedures allow individuals to see the embryo actually grow.

- It is vital to see this life experience can be a trauma and acknowledge your emotions by talking to others (whether loved one, seeking a therapist, or a support group).
- Men have feelings too:
    - Most healthcare providers focus only on the needs of the woman, while men rarely get asked what emotions they experience about their infertility.
    - They also experience a loss when the dreaded period arrives and it is clear that there is no pregnancy.
    - Men have to deal with many uncomfortable events during the process (learning about female reproduction, giving their partner shots, caring for their partner during a time of pain, providing sperm on command).
    - Men may feel fearful, anger, grief, loss of control, and many other emotions.
    - Remember that being able to impregnate their partner does not define a man's identity, masculinity, or his ability to "father," but there are strong societal messages that men struggle with as well.
    - Sex becomes more about baby making and less about lovemaking. This can strain a relationship and make sex feel routine or even a chore.
    - It is important to keep your emotional and physical connection to your partner outside of peak reproductive times. Men do not want to feel

they have been reduced to being a sperm donator. Try to take "breaks" from trying to conceive and enjoy sex as it was before the infertility process.

- The Effect of Infertility on a Relationship:
  - Emotions: stress, loneliness, anxiety, etc.
  - Each partner may cope differently and may become distant.
  - When the source of infertility is unknown, each may begin to blame each other.
  - Significant changes to the couple's normal sex life.
  - Infertility can bring up previous trauma or relationship issues.
  - Couples may become so overly focused on the pregnancy process that there are economic consequences. They may also find themselves unable to talk about alternatives
  - Make an effort to have fun with your partner, taking time off of the pressures of trying to get pregnant.
  - As a suggestion, it may be worth making the decision as a couple to stop trying to seek other options (adoption, surrogacy, etc.)

4. Pregnancy/Childbirth Introduction (Mason-Loux, 2012):

- The body changes fast- within a few weeks.
- A woman can be very emotional.
- Libido can increase or decrease.
- The extra hormones can affect skin negatively or positively.

- Remember to keep communication open with partners. This may take work on both sides.
- The woman may need to find ways to step away or calm down when in a bad mood.
- If the woman has a partner, he or she has to remember that this is not the "same" woman as before, because she is going through so many changes.
- Sexual activity: intercourse is absolutely safe during a healthy pregnancy. If there are certain pregnancy issues that preclude intercourse, there are other alternatives, as previously discussed to enhance one's intimate life. It is important to check with your healthcare provider if you have questions or concerns about sexual activity during pregnancy.
- Miscarriages: More women then you might think has experienced a miscarriage. Usually the woman has done nothing to cause the miscarriage. Unfortunately, people may say stupid things. A miscarriage is a real loss. It is important to always include the partner on this, because they have experienced a loss too. Hospice has support groups for loss of a pregnancy at any stage of the process.

Child Birth:

- Without getting into specifics about childbirth, there is the experience of pain during delivery (or due to a cesarian section), as well as hormonal changes that occur during and after delivery.

- The reality of being a parent can result in positive and negative emotional responses.
- May have a bowel movement on the table during natural childbirth, which is normal.
- Prepare yourself for the unexpected. There are many resources for breast feeding and Lamaze classes available.
- Pregnancy and childbirth can change the physical body.

Discussion: How might the physical changes to a woman's body affect her sense of self? For women who have experienced pregnancy and childbirth, how

4. Guest Speaker: Midwife

The midwife will cover topics that range for how to handle the emotional aspects of pregnancy, how to prepare for the birth, connection to your new baby, and postpartum coping skills.

5. Final Discussion.

Weekly Journal: Reflect upon your reproductive story. What was your story when you were growing up? How has your story evolved over time? What has influenced your story (parents, education, career choices, etc.)? What is your partner's story? What is your orientation to infertility or loss? If you have experienced infertility, reflect upon your feelings. If you have experienced loss, reflect upon those feelings. Think about how this session may have touched on those feelings. Did the session provide you with new ideas for coping with infertility or loss? If you have not

experienced infertility or loss, reflect on how you might approach your feelings and/or your partner's feelings.

Take Home Activity:

Yoga activity from *Mindful Motherhood* (Vieten & Boorstein, 2009)

Additional Resources:

Unsung Lullabies, By: Janet Jaffe, Martha Ourieff Diamon, and David J. Diamond

Mindful Motherhood, By: Cassandra Vieten and Sylvia Boorstein

Week 9: Enhancement of Intimate Relationships Through Relationship Foundation Skills

Lesson Objectives:

1. Establish an understanding of responsibility in relationships. Each partner can only change his or herself.
2. Help participants identify which attachment style is most like them (and their partners).
3. Provide participants with relationship skills, in accordance with their attachment style.
4. Explore the concepts of Gottman's "Strong Marital House."
5. Create a foundation for the next session, which will bring in the sexual aspect of relationships.

Rationale:

This session provides a healthy relationship foundation for the participants. It begins by exploring personal responsibility for relationships to help participants realize that they are not solely responsible for implementing new skills to their relationship. By understanding how attachment plays in relationships, participants can begin to view their interpersonal interactions in a new way. The "Strong Marital House" skills will also help create a basis for how healthy relationships are sustained. Overall, this session builds the basis for learning about sexual relationship skills in the next session.

Lesson Plan:

1. Introduce topic.
2. Discussion: Whose responsibility is it for change in a relationship (Bader &Pearson, 2000?
    - Each partner must learn how to respond to issues that arise.
    - You can only change yourself, not your partner. By being a better partner yourself, you can influence your relationship for the better.
    - If you want your relationship to change (or your partner), you can make this easier through effective communication.

    2. PowerPoint Presentation: Attachment Styles

    According to information from *Wired for Love*, participants will learn important facts about their particular style and how to interact in a healthy manner with a partner of a specific style. Guiding principles will be provided on how to interact with your partner, how to know what bothers your partner, and what to do or say to your partner, in accordance to his or her style. This will provide participants with a knowledge base of the attachment styles and help them explore the strengths and vulnerabilities of their specific attachment styles. For participants not in relationships, they can discover what attachment styles might suit them best in a relationship.
3. Activity and Discussion: Attachment Styles, adapted from *Wired for Love* (Tatkin, 2011).

Each style of attachment has its own strengths. Partners can either be anchors, islands, or waves. This activity will allow participants to identify with one of the styles and explore which style their partner (if they have one) aligns with.

3. Lecture: Introduction to "How to Predict Divorce", from *The Seven Principles for Making Marriage Work* (Gottman & Silver, 1999):

- Gottman's "Strong Marital House:" Learning about the Seven Principles:
    - Enhancing your love maps
    - Nurture your fondness and admiration
    - Turn towards each other instead of away
    - Let your partner influence you
    - The two kinds of marital conflict
    - Solve your solvable problems
    - Create shared meaning

4. Activity: Love Maps (adapted from Gottman)

Provide each group member with a "Love Maps Questionnaire." Direct each member to answer these questions about their current partner or a past partner. Once they have filled answered the questions, split off into pairs to discuss responses. Concluding the activity, instructor will tie together the importance of learning to ask more questions to get to know their partner on a deeper level (or future partner).

*This is only a small portion of Gottman's work in couples therapy. If you want further information, refer to the book provided in the "additional resources" section, or contact a therapist who may be familiar with Gottman's work.

Weekly Journal: Make time to discuss these relationship skills with your partner. Do you notice anything familiar in these skills that you already practice in your relationship? Is there anything upon which you would like to improve? If you are not in a relationship, which of these skills have you used in past relationships or relationships of people you know? What would you like to try next?

Additional Resources:

The Seven Principles for Making Marriage Work
By: John M. Gottman, Ph.D. and Nan Silver

Attached
By: Amir Levine, M.D. and Rachel S.F. Heller, M.A.

Wired for Love
By: Stan Tatkin, PsyD

Week 10: Emotional Enhancement of Relationships Through Communication About Sexual Styles

Lesson Objectives:

1. Create a sense of comfort around discussing sexual style with a partner.
2. Develop skills for meaningful sexual communication between partners even when styles are the same.
3. Provide participants with knowledge about the opposite sex and sexual functioning and desires.
4. Enrich assertiveness, listening, and conflict management skills.

Rationale:

After laying the relationship foundation from previous sessions, this session brings in a couple's own sexual style. It provides skills for communicating sexuality and exploring that desires of each partner individually and as a couple. This knowledge can be valuable to those who are not currently in relationships too.

Materials:

- Paper and markers.

Lesson Plan:

1. Introduce the topic.
2. "Loving your Libido" exercise, from "New Expectations"

- Introduce the concept of the 5 senses and sexuality to the participants.
- Allow participants to create their own "map" or sexual turn-ons.

- Engage group in a discussion of their turn-ons. Are they aware of their partner's turn-ons? Does their partner know what turns them on? How can we communicate these things to our partners?

3. PowerPoint/Discussion: Male Sexuality and Communication about Sex

- Quote from sex therapist Carol Ellison (Zilbergeld, 1999): "You're having good sex if you feel good about yourself, good about your partner, and good about what you're doing. If later, after you've had time for reflection, you still feel good about yourself, your partner, and what you did, you know you've had good sex. As such, it need not include intercourse or any other specific act or sequence of acts, need not include orgasm, and can take anywhere from a few seconds to several hours (page 39)."
- Myths about Men and Sex (Zilbergeld, 1999):
    - How do you feel about these myths? Have you seen them come up in your relationships? How can we work against these messages in order to have a more healthy sexual relationship with our partner?
- Information from *The New Male Sexuality* (Zilbergeld, 1999): How Men Feel about Sex
    - Sexual conditions from men
    - How men express themselves sexually
    - How to handle sexual complaints, conflict, and timing for sex
- Initiating Conversations about Sex (Herbenick, 2009):
    - Find a time where you can talk, with no interruptions.

- Be clear, gentle, and work past uncomfortable feelings.
- Pay attention to the positives.
- Begin having healthy conversations about sex before problems arise.

3. Exercises to take into your relationship:

- Creating Erotic Scenarios (Rekindling Desire)
- Non-demand Pleasuring (Rekindling Desire)
- Creating your sexual style as a couple (Enduring Desire)

Weekly Journal: Share your "sex map" with your partner.

- What did you learn about yourself and your sexual style?
- If you do not have a partner, reflect on how this activity made you feel. If you do have a partner, ask your partner to make his own "sex map," or have a discussion of what he would include in his sex map.
- How did this week's exercises increase your communication about your sexual wants and desires? Did it create more awareness between you as a couple?

Optional Homework Activity:

Orgasmic Meditation from *Slow Sex*

Additional Resources:

Slow Sex By: Nicole Daedone

Rekindling Desire By: McCarthy and McCarthy

Enduring Desire By: Metz and McCarthy (2011)

Week 11: Enhancing Sex Throughout the Lifespan

Lesson Objectives:

1. Provide younger women with insight about how their sexuality will change throughout the lifespan.
2. Prepare women for the emotional changes they may have regarding sexuality as they age.
3. Provide knowledge of what is "normal" during aging.
4. Explore feelings about femininity and skills for navigating older years and relationship changes (divorce, partner death, etc.).

Rationale:

Sexuality changes throughout the lifespan, but women are not commonly taught what is normal, how to cope with these changes, and skills to consider for when they get older..

Lesson Plan:

1. Introduction to the topic. Discussion: What does our society tell us about sex and aging? What do you think happens to us sexually as we age?

2. Knowing the signs of the menopausal transition (Levine, 2010):

- Research has shown, in general. a decline in sexual interest, orgasm capacity, and frequency of intercourse as we age. However, these changes are not absolute.

- Sexual functioning can change in the aspects of sexual interest or desire, satisfaction or dissatisfaction with sexual relationship, physical changes such as lack of vaginal lubrication, etc.
- Typical Symptoms: hot flashes, night sweats, vaginal dryness, cessation of menses for at least 3 months, insomnia, mood swings, painful intercourse due to thinning skin of the vagina, loss of libido
- Importance of educating your partner about the changes occurring in your body and adapting positively.
- Information from "New Expectations" (Brick & Lunquist, 2003):
    - What to expect at midlife
    - Facts about men
    - Staying sexually fit
- Discussion of ideas from exercises in "Older, Wiser, Sexually Smarter" (Brick, Lunquist, Sandak, & Taverner, 2009):
    - Five senses
    - Everyone needs touch
    - Changes in body image and the importance of loving self and removing judgments as we age.
    - What skills have you already learned about navigating aging?

Guest speakers: The class will hear from three women at different stages of aging (for example, 50, 65, 80). Each will discuss her personal experience through menopause and how sexuality has changed for her throughout the

aging process. Each woman will also give her wisdom on the topic and advice for younger women.

- Final discussion and closing.

Weekly Journal: Reflect on your ideas about sexuality in older adulthood (modified from Brick and Lunquist, 2003. What have you heard about this phase of life and sexuality?

- Do you hold any judgments about this age group and sexuality?
- How do you feel about seeing older adults express sexuality?
- What do you foresee for yourself?

*If you have a partner, you may ask he or she this same set of questions and then discuss your responses.

Week 12: Conclusion

Lesson Objectives:

1. Wrap up the course and all previous topics.
2. Answer any lingering questions.
3. Briefly address any emotional aspects of sexuality that we may have missed as a bit of debriefing.
4. Explore how to proceed in the future.
5. Learning to say goodbye with gratitude.

Rationale:

This session is designed to answer any additional questions and tie up loose ends from the curriculum at large. Acknowledging our growth and development throughout the workshop and the gift of our time together.

Lesson Plan:

1. Introduction of the topic.
2. Discussion:

- How have your feelings about sexuality changed?
- How have your feelings about your personal sexuality changed?
- How will you apply the lessons you learned in this course to your sexual life?
- How has this class raised awareness in you of who you are as a woman?
- Will you spread the messages you learned to women who are close to you?
- How can we work as a society to better educate men and women about sexuality?

- Are there any aspects of female sexuality that we may have missed in this course?

3. Expression of gratitude:

Instructor thanks participants for attending and actively engaging in the sessions. Participants are invited to say any closing statements or express gratitude to anyone in the class who contributed to their learning experience.

Weekly Journal: Reflect on what this journaling experience has meant to you.

- What have you been able to take from it?
- What have you learned about yourself?
- How will you continue to journal about your sexuality and emotions in the future?

APPENDIX B

CONSENT FORM

I understand that this study involves research about a curriculum that addresses emotional components of female sexuality. If I agree to participate, I will be asked to read over the proposed curriculum. I will then be involved in a focus group about my opinions about the curriculum, including what types of emotional issues should be addressed in formal female sexual education. I consent to have this focus group video and/or audiotaped and know that my responses will be transcribed and that I be given a code number to ensure confidentiality.

I understand that my participation in this study is completely voluntary and that I may withdraw my participation for any reason without penalty. I understand that I will receive a $25 gift card for my participation, and if I withdraw early, I will still receive the gift card. I may also defer from answering any questions that make me uncomfortable or do not apply to me.

I understand that participation in this research does not guarantee any benefits to me. However, possible benefits include: that I may learn something useful about how research studies are conducted and how women are affected by emotional components of their sexual experience throughout the lifespan.

I understand that if I agree to participate the focus group will take approximately two hours and that after the video and/or audiotape is turned off, I will be debriefed about the procedure and have any questions answered.

I understand that all data collected for this study will be kept strictly secure in a locked file cabinet that is accessible only to authorized personnel. Code numbers will be used with all data and transcripts. While specific quotes may be used in the research writing, I will not be able to be personally identified.

I understand that if I will, I may obtain written information about the outcome of the research at the end of the study by the principal investigator, Nicole Pallios (may be contacted via email at nicolepallios@yahoo.com and via phone 209-918-6830) under the supervision of Dr. Lin Myers Jovanovic (lmyers@csustan.edu or 209-667-3722).

The present research is designed to minimize the chance that any negative experience occurs as a result of participation. Risks to participants are minimum. However, if my participation in this study has caused me concerns, anxiety, or distress, I understand that I may contact Stanislaus County Mental Health at (209) 525-5616 or my local County Health Department if I do not live in Stanislaus County, CA. I understand that

I will be provided with a blank, unsigned copy of this consent form at the beginning of the study. I attest that I am at least 18 years old and that by signing below I have freely consented to participate in scientific research being conducted by Nicole Pallios.

If you have any questions about your rights as a research participant, you may contact the Campus Compliance Officer of CSUS at IRBadmin@csustan.edu.

Sign name: Print name: Date:

APPENDIX C

COURSE LEARNING MAP

Course Learning Objectives	*Encourage the exploration of personal and cultural beliefs, values, & attitudes towards sex.*	*Provide accurate information & psycho-education on various aspects of sexuality.*	*Identify emotions & coping skills & resources available for women during different experiences of sexuality throughout life.*	*Enhance the ability to comfortably self-reflect & express one's sexuality through writing, discussion, activities, & art.*	*Encourage healthy self-care techniques regarding sexuality throughout the lifespan.*	*Provide skills understanding the male sexual experience and for communicating with a partner about sexual issues as they apply to each stage of life.*
Session 1: Introduction	Discussion: Sexuality beliefs		Discussion: Sexual history	Sexual Timeline, Journal		Journal: partner discussion
Session 2: Body Image	Discussion: Cultural views of beauty	Presentation: Society's messages, Sexual self care	Post-It Note Activity	Journal	Self-Care/Wellness Presentation	Discussion: body image and relationships
Session 3: Single Life		Psychoeducation: The Phases of Singleness, Finding an ideal mate	Presentation on emotional aspects of being single	Single History Chart, Journal	Presentation and Quotes	Journal: partner discussion
Session 4: Health Care	Index card Activity: Vagina messages	Guest speaker: Gynecologist -Health aspects	Guest speaker: Gynecologist -Emotional aspects	Journal	Presentation, Vulvar Self-Exam homework	
Session 5: Healthy Functioning	Discussion	Presentation: -Female sexual functioning -Self pleasuring	Index card Activity: Sexual concerns	Discussion, Journal exercise on desire	Lubrication Activity and presentation	Journal-discussion of desire with partner

Session 6: Decision-Making	Values discussion	Psychoeducation: Communication For Desire	Sex for the first time: skills building & discussion	Self-Forgiveness Discussion, Journal		Opening up, Discussion with a partner, Learning to say no, Non-sex options

Course Learning Objectives	*Encourage the exploration of personal and cultural beliefs, values, & attitudes towards sex.*	*Provide accurate information & psycho-education on various aspects of sexuality.*	*Identify emotions & coping skills & resources available for women during different experiences of sexuality throughout life.*	*Enhance the ability to comfortably self-reflect & express one's sexuality through writing, discussion, activities, & art.*	*Encourage healthy self-care techniques regarding sexuality throughout the lifespan.*	*Provide skills understanding the male sexual experience and for communicating with a partner about sexual issues as they apply to each stage of life.*
Session 7: Sexual Problems	Discussion: Ideas about Sexual problems	Sexual Problems info on men and women	Treatment options and exercises	Journal	Coping with problems as a couple	Men's sexual problems, Journal: discussion with partner
Session 8: Fertility/ Pregnancy	Discussion; Sense of self change after childbirth	Presentations: - Reproductive trauma - Pregnancy/birth	Reproductive story, Guest speaker: midwife	*Mindful Motherhood* exercise	Effect of infertility on sex life and relationships	Exploring men's feelings, Journal: Getting your partner's story
Session 9: Healthy Relationships I	Childhood Reflections, Responsibility In relationships	Presentation: Attachment styles	Gottman's 7 principles	Journal, Attachment activity		Discussion with partner, Love map activity
Session 10: Healthy Relationships II	Loving your libido exercise	Presentation: Male sexuality and communication		Exercises from "Rekindling desire"		Myths about men, initiating conversations about sex, journal

Session 11: Sex Throughout Lifespan	Journal/Discussion: Sex attitudes throughout life	Signs of menopausal transition	Guest speakers from various age groups	Discussion of 5 Senses, touch, loving self as aging	What to expect during midlife and staying sexually fit	Journal: discussion with partner
Session 12: Conclusion	Discussion: Changes in beliefs?		Journal	Expression of gratitude, Journal	How will you apply what you learned?	

APPENDIX D

EMOTIONAL COMPONENTS OF FEMALE SEXUALITY CURRICULUM COURSE SYLLABUS

Course Description: The Women's Healthy Sexuality Curriculum provides an overview of the sexual experiences women have throughout the lifespan, along with emotional coping skills and resources to prepare participants for sexuality throughout life. The curriculum emphasizes the importance of self-awareness, partner communication, self-care, and seeking out resources in order to make sexuality more healthy and enjoyable. This curriculum embodies a holistic approach to female sexuality, providing participants with tools for empowerment and making the most of their sexual needs, desires, and feelings.

Course Objectives:

- Encourage the exploration of personal and cultural beliefs, values, and attitudes towards sex and sexuality.
- Provide accurate information and psycho-education on various aspects of sexuality.
- Identify emotions and coping skills and resources available for women during different experiences of sexuality throughout life.
- Enhance the ability to comfortably self-reflect and express one's sexuality through writing, discussion, activities, and art.
- Encourage healthy self-care techniques regarding sexuality throughout the lifespan.
- Provide skills for understanding the male sexual experience and for communicating with a partner about sexual issues as they apply to each stage of life.

Course Schedule:

Session 1: Introduction to Personal Values and Beliefs Regarding Sex and Sexuality

Class Activity: Sexual Timeline Activity (Brick & Lunquist, 2003)

Weekly Journal: Take some personal time out of your schedule to think about your sexual history:

- What was your first sexual experience like?
- How have your feelings about sex changed over time?
- What is your current orientation to sex?
- How are you planning to use this workshop to enhance your sexual self?
- How do you feel about discussing sex?
- How did it feel discussing and hearing about sex in the session today?
- If you have a partner, consider having a discussion about his or her sexual history and beliefs.

Session 2: The Intersection of Emotions Associated with Sexuality and Body Image

Class Activity: Positive notes- What others see about us (Myers, 2013).

Weekly Journal: Write a love letter to your body:

- Thank your body for all that it does for you: physically, emotionally, and sexually.
- Think about your personal self-care routine. What are you doing well? What could use improvement?
- Make a personal promise to yourself in your journal about how you would like to proceed with your self-care rituals. How does your progress on self-care affect your sexual feelings and relationships?

Additional Food for Thought:

Crazy Sexy Diet By: Kris Carr

Session 3: Creating Peace with the Emotions Associated with Being Single

Class Activity: Creating a "Single History" Chart (Ford, 2004). Identifying emotions associated with being single.

Weekly Journal: Explore your feelings about being alone.

- Develop your own "safety list" of how you cope with loneliness or worry about your future of being single, becoming single, or developing the relationship you want to have.
- If you are currently single, create "empowered" responses for when someone inquires about your relationship status.
- If you are currently in a relationship, talk to your partner about his or her single history.
- What did they experience during times of being single?

Session 4: Coping through the Emotions Associated with Navigating the Female Reproductive Health Care System

Class Activity: Index cards with messages about female genitalia, reproductive organs, and breasts. Potential guest speaker.

Weekly Journal: Make a sexual health plan for yourself.

- In what ways is your sexual health going well?
- What are some things you would like to do to improve it?
- Develop a timeline or to-do list, if applicable. Consider roadblocks and how you can get help to overcome them.
- Reflect on your own experiences in sexual healthcare and how it has influenced your sexuality.
- How have you handled difficult experiences with healthcare providers?
- Has there been anyone who has helped you through these interactions (helpful physician, your mother, a friend, a partner)?

Optional Homework Activity: Vulvar Self-Examination from *Because it Feels Good* (Herbenick, 2009).

Session 5: Healthy Female Sexual Functioning

Class Activity: Index cards with questions, hands-on with personal lubricant, and skill building: solitary sexual pleasure.

Weekly Journal: What creates the most powerful feelings of desire in you (modified from Herbenick, 2009)?

- What senses do you associate with your desire?
- How would you like to include masturbation in your intimate life?
- What can a partner do for you that creates desire in you?
- How can you enhance the desire you feel in your life?
- Ask the same questions of your partner and share your answers, if comfortable. Consider how the two of you could create scenarios to build bridges to desire (McCarthy & McCarthy, 2003).

Session 6: Emotional Awareness in Sexual Decision Making

Class Activity: Values discussion, opening up discussion with a partner, desire, sex for the first time, learning to say yes, learning to say no, and self-forgiveness.

Weekly Journal: Reflect on one or all of the following questions, as they apply to you:

- How was your first sexual experience? What emotions were brought up?
- How do you feel when you refuse a partner's sexual advances? Did the lesson today change how you will approach this situation in the future?
- How do you feel when your partner refuses your sexual advances?
- How do you feel discussing sexual issues with a partner? Which new skills will you use to handle these situations in your life?

- What can you do to enhance desire in your relationship?

Session 7: Common Sexual Problems and Coping Skills for Managing Negative Emotions

Class Activity: Discussion about sexual problems, presentation about sexual problems in men and women, causes of sexual problems, treatment and prevention of sexual problems, strategies for creating desire, and exercises from *Coping with Erectile Dysfunction.*

Weekly Journal: Reflect on your ideas about sexual problems.

- Have you ever encountered any? If so, how did you cope with it?
- Make time to sit down with your partner and discuss your past with sexual problems or what you would do as a couple if you ever encountered one.
- If you are not in a relationship, think what help you might be able to access. Imagine how you would talk with a partner in response to a sexual problem.
- What skills did you learn from this session that will help you if a problem arises?

Additional Food for Thought:

Coping with Erectile Dysfunction By: Michael E. Metz, Ph.D. and Barry W. McCarthy, Ph.D.

Rekindling Desire By: Barry and Emily McCarthy

Session 8: Coping Skills for Emotional Responses with Infertility/Fertility/Pregnancy

Class Activity: Presentation on reproductive stories, presentation on reproductive trauma, men's feelings about infertility, the effect of infertility on a relationship, information on pregnancy and childbirth, discussion about changes in sense of self, and guest speaker: midwife.

Weekly Journal: Reflect upon your reproductive story. What was your story when you were growing up? How has your story evolved over time? What has influenced your story (parents, education, career choices, etc.)? What is your partner's story? What is your orientation to

infertility or loss? If you have experienced infertility, reflect upon your feelings. If you have experienced loss, reflect upon those feelings. Think about how this session may have touched on those feelings. Did the session provide you with new ideas for coping with infertility or loss? If you have not experienced infertility or loss, reflect on how you might approach your feelings and/or your partner's feelings.

Optional Homework:

Yoga activity from *Mindful Motherhood* (Vieten & Boorstein, 2009).

Additional Food for Thought:

Unsung Lullabies, By: Janet Jaffe, Martha Ourieff Diamon, and David J. Diamond

Mindful Motherhood, By: Cassandra Vieten and Sylvia Boorstein

Session 9: Enhancement of Intimate Relationships Through Relationship Foundation Skills

Class Activity: Discussion on responsibility for change, activity/discussion on attachment styles, and lecture on Gottman's "Strong Marital House."

Weekly Journal: Make time to discuss these relationship skills with your partner. Do you notice anything familiar in these skills that you already practice in your relationship? Is there anything upon which you would like to improve? If you are not in a relationship, which of these skills have you used in past relationships or relationships of people you know? What would you like to try next?

Additional Food for Thought:

The Seven Principles for Making Marriage Work By: John M. Gottman, Ph.D. and Nan Silver

Attached By: Amir Levine, M.D. and Rachel S.F. Heller, M.A.

Wired for Love By: Stan Tatkin, PsyD

Session 10: Emotional Enhancement of Relationships through Communication about Sexual Styles

Class Activity: "Loving your libido" exercise, discussion of turn-ons and turn-offs, myths about men and sex, poisons of sexual desire, initiating conversations about sex, creating erotic scenarios, non-demand pleasuring, and creating "sex maps."

Weekly Journal: Share your "sex map" with your partner.

- What did you learn about yourself and your sexual style?
- If you do not have a partner, reflect on how this activity made you feel. If you do have a partner, ask your partner to make his own "sex map," or have a discussion of what he would include in his sex map.
- How did this week's exercises increase your communication about your sexual wants and desires? Did it create more awareness between you as a couple?

Optional Homework Activity:

Orgasmic Meditation from *Slow Sex*

Additional Food for Thought:

Slow Sex By: Nicole Daedone

Rekindling Desire By: Barry and Emily McCarthy

Session 11: Enhancing Sex Throughout the Lifespan

Class Activity: Signs of menopausal transition, what to expect at midlife, and various guest speakers.

Weekly Journal: Reflect on your ideas about sexuality in older adulthood (modified from Brick and Lunquist, 2003. What have you heard about this phase of life and sexuality?

- Do you hold any judgments about this age group and sexuality?
- How do you feel about seeing older adults express sexuality?

- What do you foresee for yourself?

*If you have a partner, you may ask he or she this same set of questions and then discuss your responses.

Session 12: Conclusion

Class Activity: Final discussion and expression of gratitude.

Weekly Journal: Reflect on what this journaling experience has meant to you.

- What have you been able to take from it?
- What have you learned about yourself?
- How will you continue to journal about your sexuality and emotions in the future?

APPENDIX E

SESSION TIME BREAKDOWN

Session 1: Intro	Session 2: Body Image	Session 3: Single Life	Session 4: Health Care	Session 5: Healthy Functioning	Session 6: Decision-Making
Intro/ Objectives: 20 minutes	Intro/ Sticky Note Activity: 30 minutes	Intro/Single History Chart Activity: 30 minutes	Intro: 5 minutes	Intro: 5 minutes	Intro: 5 minutes
Sexual Timeline Activity: 30 minutes	Discussion of activity and society's influence: 15 minutes	Single PowerPoint/ Discussion: 30 minutes	Index card activity: Messages about genitalia: 20 minutes	Index card activity: 10 minutes	Values Discussion: 15 minutes
BREAK: 10 minutes	PowerPoint: 15 minutes	BREAK: 10 minutes	Guest Speaker-Gynecologist: 45 minutes	PowerPoint: 25 minutes	Opening up discussion: 25 minutes
Discussion: 45 minutes	BREAK: 10 minutes	Choosing a Partner info and discussion: 30 minutes	BREAK: 10 minutes	Activity: Lubrication 20 minutes	BREAK: 10 minutes
Journal Intro: 10 minutes	Discussion of sex and body image: 10 minutes	Final Discussion: 20 minutes	PowerPoint/ Discussion: 30 minutes	BREAK: 10 minutes	Desire: 10 minutes 1st time sex Skills Building: 25 minutes
Final Discussion: 5 minutes	PowerPoint of self care & sexual self care: 25 minutes		Final Discussion: 10 minutes	Skill building-Solitary sexual pleasure: 30 minutes	Learning to say no: 15 minutes
=2 hours	Discussion/ Questions: 15 minutes =2 hours	=2 hours	=2 hours	Final Discussion: 20 minutes =2 hours	Final Discussion: 15 minutes =2 hours

Session 7: Sexual Problems	Session 8: Infertility/ Fert/Preg	Session 9: Healthy Relationships I	Session 10: Healthy Relationships II	Session 11: Sex Throughout Lifespan	Session 12: Wrap up/ Conclusion
Introduce the Topic/ Discussion: 15 minutes	Introduce the topic/ Reproductive Story: 20 minutes	Introduce the Topic: 5 minutes	Introduce the Topic: 5 minutes	Introduce the Topic/ Discussion: 20 minutes	Introduce the Topic: 5 minutes
Sexual Problems in Men and Women: 20 minutes	Reproductive Trauma PowerPoint/ Discussion: 20 minutes	Discussion: Responsibility for change: 20 minutes	Loving you Libido Exercise: 10 minutes	Powerpoint Menopause/Sex & Aging: 30 minutes	Discussion: 30 minutes
Treatment Strategies Part I: 20 minutes	BREAK: 10 minutes	Activity/ PowerPoint Presentation/ Activity: Attachment Styles 30 minutes	PowerPoint/ Discussion on Male Sexuality & Sexual Communication: 30 minutes	BREAK: 10 minutes	BREAK: 10 minutes
BREAK: 10 minutes	Pregnancy/ Childbirth Intro & Sense of Self Discussion: 30 minutes	BREAK: 10 minutes	BREAK: 10 minutes	Guest speakers (3) 15 minutes each	Discussion: 30 minutes
Treatment Strategies Part II: 45 minutes Final discussion: 10 minutes =2 hours	Guest Speaker, midwife: 30 minutes Final discussion: 10 minutes =2 hours	Discussion/ Activity: Gottman's Strong Marital House: 50 minutes Final discussion: 5 minutes =2 hours	Review of Exercises: 1 hour Final discussion: 5 minutes =2 hours	Final Discussion: 15 minutes =2 hours	Expression of Gratitude: 15 minutes =2 hours

APPENDIX F

CONCEPTS AND CORRESPONDING GOALS TO MEASURE CURRICULUM LEARNING OUTCOMES

Please rate how well the content of the curriculum and course learning map meet the following learning outcomes. Feel free to make additional comments on the following page.

Teaching Goals	Participants learn how to apply course content to their daily lives and relationships.	3- Agree	2- Partial	1- Disagree
Organization of Curriculum	The program is cohesive and allows for participants to examine personal values, learn new skills, and discuss ideas.	3- Agree	2- Partial	1- Disagree
Course Structure	Participants become proficient in course objectives and session learning objectives.	3- Agree	2- Partial	1- Disagree
How Students Learn	Participants learn new ideas about topics that they already have had exposure to in life.	3- Agree	2- Partial	1- Disagree
Course Delivery	Participants engage in active and collaborative learning.	3- Agree	2- Partial	1- Disagree
Pedagogy	The curriculum encourages active engagement of participants.	3- Agree	2- Partial	1- Disagree
Instructor Role	The instructor has designed a safe learning environment for self-exploration.	3- Agree	2- Partial	1- Disagree

Effective Teaching and Content	The course content engages participants in mastering learning objectives.	3- Agree	2- Partial	1- Disagree

Please add additional comments below each concept

Teaching Goals: Participants learn how to apply course content to their daily lives and relationships.

Organization of Curriculum: The program is cohesive and allows for participants to examine personal values, learn new skills, and discuss ideas.

Course Structure: Participants become proficient in course objectives and session learning objectives.

How Students Learn: Participants learn new ideas about topics that they already have had exposure to in life.

Course Delivery: Participants engage in active and collaborative learning.

Pedagogy: The curriculum encourages active engagement of participants.

Instructor Role: The instructor has designed a safe learning environment for self-exploration.

Effective Teaching and Content: The course content engages participants in mastering learning objectives.

APPENDIX G

FOCUS GROUP FLYER

YOU'RE INVITED…

To participate in a research project about women's emotional and sexual health!

Topic of project: Development and Evaluation of a Curriculum Targeting Emotional Components of Women's Sexual Health

Who: Women between the ages of 18 and 40 years old.

Why: Sex education in our culture is usually lacking. Many Americans receive some form of sex education before the age of 18, but this is limited. When sex education is given, the focus is on how to use contraceptives and the prevention of pregnancy, sexually transmitted infections, and HIV, not on emotional aspects that may be important to women.

What: This focus group will explore what women really want to learn about sex in education. Participants will be asked for their ideas regarding how women in American society are educated about sex and what can be improved on and expanded.

Where: Location to be announced.

When: Time to be announced.

Participants will be compensated with a $25 gift card.

If you are interested in participating in this focus group and sharing your ideas on how you were educated about sex and how you think sex education could be improved, please contact me at the following email address:

Nicole Pallios: nicolepallios@yahoo.com or 209-918-6830.

If you chose to participate, you will be sent via email a copy of an "Emotional Components of Female Sexuality" curriculum to look over before attending the focus group.

APPENDIX H

FOCUS GROUP DEBRIEFING

Emotional Components of Female Sexuality

Purpose of the Study

This thesis is created a curriculum to teach women about the emotional components of the female sexual experience. Women receive limited sex education in our society. They may receive information about pregnancy prevention, contraceptives, STI/HIV prevention, etc. in school or through the media. However, education is limited to these basic areas of knowledge about sexuality. The creator of this curriculum utilized various books and resources to produce a curriculum that addresses additional areas of female sexuality: body image and sex, single life, sex and healthcare, healthy female functioning, sexual decision-making, sexual problems in men and women, fertility, infertility, pregnancy, childbirth, relationship skills, and sex throughout the lifespan. The curriculum was created for evaluation in two ways: (1) through critical evaluation and feedback from professionals in the sex research and health fields, and (2) for further exploration and discussion in focus groups.

What was my role as a focus group participant?

You played a vital role by attending a focus group. First, you are a woman who provides your own unique experience regarding sex and how you were educated about sex. You were willing to participate and discuss your ideas on the effectiveness of this curriculum, what you think about sex education in our society, and what you think should be added to sex education. You also provided information about your interest in potentially attending a workshop modeled after this curriculum.

Why is this important?

With your input, more information can be obtained regarding whether a curriculum of this nature would be something women in our society would be interested in. This can be further applied to future methods of sex education for women.

Where can I learn more?

You can refer to the materials provided in the curriculum to read about any of the topics presented. The resources utilized for the development of the curriculum are listed and can be purchased in book form or read via the Internet.

Reminder

The present research is designed to minimize the chance that any negative experience occurs as a result of participation. Risks to participants are minimum. However, if my participation in this study has caused me concerns, anxiety, or distress, I understand that I may contact Stanislaus County Mental Health at (209) 525-5616 or my local County Health Department if I do not live in Stanislaus County, CA.

If you should have any concerns regarding your rights as a participant in this study, you may contact Nicole Pallios at 209-918-6830 or nicolepallios@yahoo.com.

Thank you for your participation!

APPENDIX I

FOCUS GROUP HANDOUTS (PARTS I-IV)

PART I: Sex Values, Body Image, Single Life, Lifespan

Objectives:

5. Raise awareness of personal values and beliefs regarding sex and sexuality.
6. Review course objectives.
7. Explore emotional issues regarding sexuality that they have experienced in the past or are currently experiencing.
8. Provide awareness of sexual trauma issues that may arise and how to address them through referral sources.
9. Understand the connection between healthy body image and healthy sexual self-concept.
10. Explore society's role in affecting women's feelings about their sexuality and body image.
11. Learn wellness strategies to boost body image and enhance the sexual experience.
12. Discover diverse ways to feel beautiful, according to one's own culture and personal attributes.
13. Explore what it means to be alone at certain points of life.
14. Be aware of what societal or social pressures exist in regard to choosing and finding a mate.
15. Cultivate coping skills to make single periods more productive, meaningful, and a source of self-exploration.
16. Learn skills for finding a compatible and emotionally available partner and establishing a healthy relationship, if so desired.
17. Provide younger women with insight about how their sexuality will change throughout the lifespan.
18. Prepare women for the emotional changes they may have regarding sexuality as they age.
19. Provide knowledge of what is "normal" during aging.
20. Explore feelings about femininity and skills for navigating older years and relationship changes (divorce, partner death, etc.).

Activities to Bring about Discussion, Group Cohesiveness, and Introspection:

1. Sexual Timeline
2. Weekly journal: Sexual history, write a love letter to your body, explore one's feelings about being alone and develop personal "safety list" for times of loneliness, ideas about sexuality in older adulthood.
3. Positive notes: Participants write one positive item about each group member's physical appearance and place notes on one another's backs.
4. Discussion of different ways to be beautiful, according to different cultures.
5. Single history chart.
6. Harville Hendrix's Theory of Finding an Ideal Mate.
7. Guest speakers from various age groups of older adulthood.

Main Topics:

1. Personal orientation to sex and model of sexuality in each individual's life.
2. Societal messages to women about their bodies and the effects of these messages on women's sexuality and/or sexual relationships.
3. Health and wellness.
4. Sexual Self-Care: Smells, Tastes, and Hair Down There
5. Knowing the signs of menopausal transition.
6. Partner communication about the sexual changes throughout life.

PART II: Navigating Healthcare & Fertility/Infertility/Pregnancy

Objectives:

4. Provide women with the correct information about reproductive health, from an expert standpoint.
5. Empower women to feel comfortable expressing their needs to health care providers.
6. Encourage women to make their sexual health a priority, despite it having the potential for being uncomfortable or anxiety-inducing.
7. Explore the meaning behind being a woman and the "reproductive story" we create for ourselves.
8. Understand the meaning of the term "reproductive trauma."
9. Provide coping skills for women (and with their relationships) who have experienced infertility issues or miscarriages.
10. Address the issues men face while supporting their partners through infertility and pregnancy.
11. Address the emotional aspects of pregnancy and how to navigate sexual activity during pregnancy.

Activities to Bring about Discussion, Group Cohesiveness, and Introspection:

1. Messages about female genitalia, reproductive organs, and breasts.
2. Guest speaker: Gynecologist.
3. Weekly Journal: Sexual health plan for self, reflections on your reproductive story.
4. Exploring reproductive stories.
5. Guest speaker: Midwife (review of emotions during pregnancy, connection to new baby, and postpartum coping skills).
6. Optional homework activity: Yoga activity from a motherhood book.

Main Topics:

1. Sexual Health Care Needs (sexual trauma, yearly exams, questions for providers, red flags to bring up to your provider).
2. Reproductive trauma: what really happens when a woman struggles with infertility or loses a child through miscarriage.
3. Various forms of fertility treatments.
4. Men's emotional experience of infertility and the childbearing process.
5. The effects of infertility on a relationship.
6. Information on pregnancy and childbirth.
7. Exploring change in sense of self after childbirth.

PART III: Healthy Sexual Functioning, Sexual Decision Making, & Sexual Problems

Objectives:

5. Explore factors that can affect sexual functioning in women.
6. Help women understand the variations in functioning and how to respond in certain circumstances.
7. Give women a sense of the variety and universality of sexual experience; many things are common for women to experience during sex.
8. Give women a fuller understanding of what masturbation is and how to incorporate it into their sexual lives, according to one's own values.
9. Provide women with skills for communicating with a partner about various issues about their sexuality, which may include the use of contraceptives, STI/D history, sexual partner history, and sexual wants and desires.
10. Provide women with an understanding of how sexual decision-making may be impaired by different things (e.g., alcohol/drug use, sexual history, cultural learnings).
11. Empower women to recognize when they want to become sexually active and to know how to respond to a partner if they do not wish to engage in sexual activity.
12. Provide information for women who have not had sex before and/or are preparing for their first time.
13. Generate ideas of how to be comfortable, make time, and relax for sexual interactions.
14. Provide a solid knowledge basis of common sexual problems in both men and women.

11. Explore how to address sexual problems within a couple (communication, exercises, resources for help).
12. Emphasize the emotional process of both partners during the process of coping with a sexual problem.

Activities to Bring about Discussion, Group Cohesiveness, and Introspection:

1. Index cards: What do you wish you had known about sex before it happened? What are questions you have about sex? Have you ever been in pain during sex or have something embarrassing happen?
2. Importance of Lubrication: distribute different types of personal lubricants and discuss the facts, benefits of, and reasons for using lubrication.
3. Discussion: How do you feel about talking to a partner about sexual issues?
4. Self forgiveness for sexuality and decisions we have made or are currently making.
5. Information about helpful exercises used to combat sexual problems.
6. Weekly Journal: What creates the most powerful feelings of desire in you?, responses to questions about first sexual experience, refusal of a partner's sexual advances, how it feels when a partner refuses your advances, discussing sexual issues with a partner, and enhancing desire in a relationship, reflection on your ideas about sexual problems.

Main Topics:

1. Sexual functioning: diagrams of sex organs, pain, infections, irritation, vaginismus, urinary tract infections, vaginal infections, sex and the senses.
2. Explanation of the Human Sexual Response Cycle.
3. Solitary sexual pleasure.

4. Asking someone about their sex history/number of sexual partners, sexually transmitted infection history, and about contraceptives.
5. Desire disruptors: what emotions get in the way of desire in relationships?
6. Sex for the first time.
7. Learning to say no to a partner and how to deal with the emotional strain in a relationship.
8. Acknowledgement that sexual decision-making can be impaired by many things and how to navigate making these decisions.
9. Information about sexual problems that men and women may experience.
10. Causes of sexual problems.
11. Treatment and prevention of sexual problems.

PART IV: Healthy Relationship Skills for Sex and Communication

Objectives:

6. Establish an understanding of responsibility in relationships. Each partner can only change his or herself.
7. Help participants identify which attachment style is most like them (and their partners).
8. Provide participants with relationship skills, in accordance with their attachment style.
9. Explore the concepts of Gottman's "Strong Marital House."
10. Create a foundation for the next session, which will bring in the sexual aspect of relationships.
11. Create a sense of comfort around discussing sexual style with a partner.
12. Develop skills for meaningful sexual communication between partners, even when styles are the same.
13. Provide participants with knowledge about the opposite sex and sexual functioning and desires.
14. Enrich assertiveness, listening, and conflict management skills.

Activities to Bring about Discussion, Group Cohesiveness, and Introspection:

1. Discussion about responsibility for change in relationships.
2. Attachment style lecture and activity.
3. "How to predict divorce" lecture on Gottman's *The Seven Principles for Making Marriage Work.*
4. Love Maps Activity.
5. Loving your Libido exercise: allowing participants to explore their own sexual turn ons and turn offs, so that they can explore their partners also.
6. Learning how to start conversations about sex.
7. Exercises to take into your relationship: creating erotic scenarios and non-demand pleasuring.
8. Weekly journal: Discuss relationship skills with your partner and share your sex map with your partner (and ask your partner to make his or her own sex map to share).

Main Topics:

1. Strengthening relationship skills which includes: problem solving, creating meaning, conflict management, nurturing your admiration of your partner, enhancing love maps, turning towards your partner, and letting your partner influence you (Gottman, 1999).
2. Sexual response cycle: desire, excitement, plateau, orgasm, satisfaction.
3. Myths about men and sex.
4. Poisons for sexual desire: negative emotions, expectations about sex, etc. How men feel about sex.

APPENDIX J

PROFESSIONAL REVIEWER INSTRUCTIONS

Dear (insert name),

Thank you for your willingness to participate in this thesis project. Enclosed in this document, you will find six main items: 1) Course Learning Map, 2) Curriculum Assessment Scale, 3) Course Syllabus, 4) Session time breakdown, 5) Curriculum: Emotional Components of Women's Sexual Health. As you read through the curriculum, use the Course Learning Map as your guide through the various course objectives. When you feel as though you have a thorough understanding of the curriculum, use the Curriculum Assessment Scale to rate the curriculum. This assessment has two components: 1) A rating scale of eight items, 2) A list of concepts and space to write in your own comments. When you are finished reviewing the curriculum, simply email a Word document containing your feedback to npallios@csustan.edu or mail the forms in the enclosed preaddressed envelope. If you have any questions regarding the review of the curriculum, please do not hesitate to contact Nicole Pallios at npallios@csustan.edu or by phone at 209-918-6830. Your time and input are invaluable to our efforts in this study. Thank you!

Best,

Nicole Pallios, CSU Stanislaus Graduate Student

Dr. Lin Myers Jovanovic