

*a TCU/DATAR Training Module*

# *Time Out!* *For Me*

*an Assertiveness/Sexuality Workshop*  
*Specially Designed for Women*

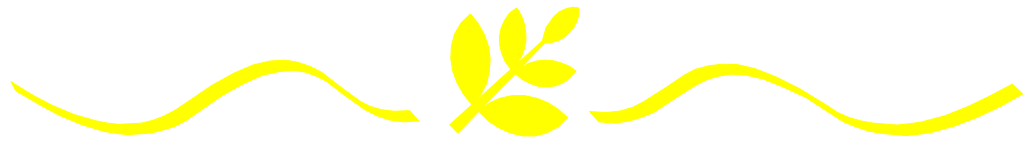


Institute of Behavioral Research  
Texas Christian University

# *Time Out!*

# *For Me*

*a Training Module from the  
TCU/DATAR Project*



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# Acknowledgments

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# Preface

The TCU/DATAR project seeks to enhance drug abuse treatment and reduce client dropout and relapse rates. Innovative cognitive mapping techniques and a variety of interventions have been developed for this project including: a structured AIDS/HIV information curriculum; modules for contingency management, relapse prevention, support training, and life skills enhancement; plus an assertiveness workshop for women (**Time Out! For Me**). A central focus of the DATAR intervention is reduction of AIDS/HIV risk among injection drug users, in both sexual and needle use behaviors. The DATAR project is being conducted by the Institute of Behavioral Research at Texas Christian University, in collaboration with three treatment agencies in Texas (Corpus Christi, Dallas, and Houston) which provide methadone maintenance services.

Women injection drug users and their children are the fastest growing population of people infected with HIV. The **Time Out! For Me** manual was developed as a training and reference tool for counselors in the TCU/DATAR project to use with women's groups. Beyond that, this manual would be relevant for any agency or organization wishing to conduct workshops with sexually active women at risk for HIV infection.

The **Time Out! For Me** program has the following objectives:

- ❖ To improve the self-esteem and communication skills of women within their intimate relationships.
- ❖ To help women explore their feelings and attitudes about sexuality and their sexual relationships.
- ❖ To increase women's knowledge about their sexual and reproductive health, including safer sex choices and strategies.

The **Time Out! For Me** program provides a format for treatment agencies to introduce and begin discussions with women around the sensitive topics of sexuality, interpersonal relationships, and self-esteem. The expectation is that counselors will use the introduction provided by the **Time Out!** workshop to enhance their individual counseling sessions with women clients and to help them further explore sexual issues and safer sex choices.

The material in each of the six sessions is, for the most part, self-contained; however, clients who are able to attend all sessions sequentially will gain the most. Each session contains a brief review of material covered in the previous sessions. The program uses prepared flip charts, overhead transparencies, videos, handouts, and small and large group activities to present the information. Suggested discussion questions for each topic area and activity are provided.

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The **Time Out! For Me** manual uses a step by step format to guide counselors. Materials for producing handouts and overhead transparencies are included in the manual, along with instructions for preparing flip charts. Activity sheets, session evaluation forms, and a pretest/posttest instrument are also included.

With the exception of abstinence, a woman's ability to choose a safer sex option is always linked to her ability to communicate with her partner. Lack of comfort with her sexuality, inability to discuss sexual topics, and a failure to recognize her right to do so are primary hurdles that must be overcome before she can hope to negotiate and implement a safer sex strategy with a sexual partner. This manual seeks to give women the power and the skills necessary to begin such negotiations.





## *Introduction*

### **Getting Started**

The **Time Out! For Me** module was developed for the TCU/DATAR project and designed to help counselors work with sexually active women to improve their self-esteem, interpersonal communication skills, and comfort with sexuality. These are important issues for increasing women's acceptance of safer sex choices and healthier sexual life-styles, and may help reduce their risk of HIV infection from sexual behaviors.

### **Communication Is The Key**

Safer sex. When we hear the expression, we think of condoms, monogamy, abstinence — as though those were simple solutions for reducing sexual risks. But, in practice, it's much more complex. **For women, “safer sex” is primarily a communication strategy which requires knowledge of sexual health, good self-esteem, assertiveness, a sense of body ownership, communication skills, and persuasiveness.** With the exception of abstinence, there are no safer sex strategies that a woman can practice without her partner's involvement and cooperation. Safer sex is much different than other health decisions. If a woman decides to start doing monthly breast examinations, she can implement the decision on her own. However, if she decides to practice safer sex, she must persuade another person to assist her in implementing the decision. Even the new female condom, by its design, requires a partner's acceptance in order to be used effectively.

The **Time Out! For Me** module focuses on communication skills within the situational context of intimate sexual relationships. *I-statements, listening skills, nonverbal communication, and effective refusal* are among the skills discussed and practiced.

In addition, the module provides sexual and reproductive health information for women, including a presentation of safer sex strategies. The importance of the Pap test, prenatal care and breast self-examination are explored, and breast self-examination is taught. Women are provided a forum for discussing and dispelling sexual mythology and stereotypes. Information about human sexual response is also provided.



**Time Out!  
For Me**

The materials are organized for presentation in six two-hour educational group sessions. Coffee or other refreshments may be made available during the meetings. It is strongly recommended that childcare be provided as the subject matter of the workshop is of an adult nature.

***In Session 1***

Sexuality is defined and issues related to sexuality, such as body image, eroticism and intimacy are discussed. The impact of self-esteem on sexuality is discussed along with strategies for improving self-concept.

***In Session 2***

Personal rights of self-expression are introduced and communication skills such as I-Messages, listening, and negotiation are introduced and practiced.

***In Session 3***

Nonverbal communication and body language are explored and roadblocks to communication are identified. The session also introduces refusal skills and allows discussion and practice.

***In Session 4***

Sexual and reproductive health issues are introduced (the Pap test, prenatal care, and breast self-examination). Sexual mythology is explored and breast self-examination is practiced.

***In Session 5***

The female and male human sexual response cycle is explained and discussed. Safer sex strategies (condoms, monogamy, abstinence, and nonpenetrative sex) are presented as choices. Communication skills related to safer sex decisions are reviewed and practiced.

***In Session 6***

Societal constraints about discussing sexual issues are explored, and communication skills are reviewed and practiced within the context of sexual relationships.



# 1

## *A New Outlook on Sexuality*

### Objectives

1. Participants will identify components of a multi-dimensional definition of sexuality.
2. Participants will examine their own comfort level in discussing sexual issues.
3. Participants will explore strategies and techniques for improving self-esteem.

### Rationale

Most people have had few opportunities to seriously explore and define sexuality. Sex education in our schools focuses on reproduction and anatomy, with little attention devoted to sexuality as a vital, interactive element of human personality. Rarely are components of sexuality, such as body image, sex roles, and eroticism explored. This lesson seeks to increase participants' awareness and understanding of the multidimensional nature of sexuality and to improve self-esteem. These are seen as important primary steps for increasing comfort in discussing sexual matters and making sexual decisions.

### Materials



- > Easel and paper flip chart or chalkboard
- > Magic markers; masking tape; paper/pencils
- > Handouts:
  - Sexuality Interview*
  - “E” is For Esteem*
- > **Client Opening Surveys** (pretest)
- > **Session Evaluations**
- > Refreshments
- > Pocket Folders (one for each participant)

## Prepare Before Class



One sheet of flip chart paper labeled:  
**GROUP GOALS**

Underneath list the four goals as shown at right:

**GROUP GOALS**

**To gain more control over our lives**

**To increase our understanding about ourselves**

**To improve our relationships**

**To improve our health**



One sheet of flip chart paper labeled:  
**GROUP AGREEMENT**

Underneath list the following five agreements as shown at right:

**GROUP AGREEMENT**

**We will stick to the topic.**

**We will respect confidentiality.**

**We will support each other.**

**We will participate.**

**We have the right to say what we think and the responsibility to respect other people.**

## Prepare Before Class

### *Group Agreement Notes*

Use the **BOLD** statements to construct the **Group Agreement** chart (p. 4); use the following *italicized* portions to clarify each listed point during the opening discussion:

**WE WILL STICK TO THE TOPIC.** *This is not the place to discuss medication or treatment issues. Please save problems with medication or treatment and bring them up with your counselor after class.*

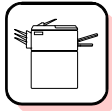
**WE WILL RESPECT CONFIDENTIALITY.** *What's said in group, stays in group.*

**WE WILL SUPPORT EACH OTHER.** *This group works best if it is a safe and helpful place. Put-downs, laughing at others, and hostility don't help.*

**WE WILL PARTICIPATE.** *However, everyone has the right to "pass" or to simply watch and observe.*

**WE HAVE THE RIGHT TO SAY WHAT WE THINK AND THE RESPONSIBILITY TO RESPECT OTHER PEOPLE.** *Everyone has the freedom to openly and honestly say what's on their minds, just so long as it's not at someone else's expense.*

### Prepare Before Class



Make copies of the following materials for each group member:

**Client Opening** (pretest; Appendix D, pp. 201-203)

**Sexuality Interview** (p. 20)

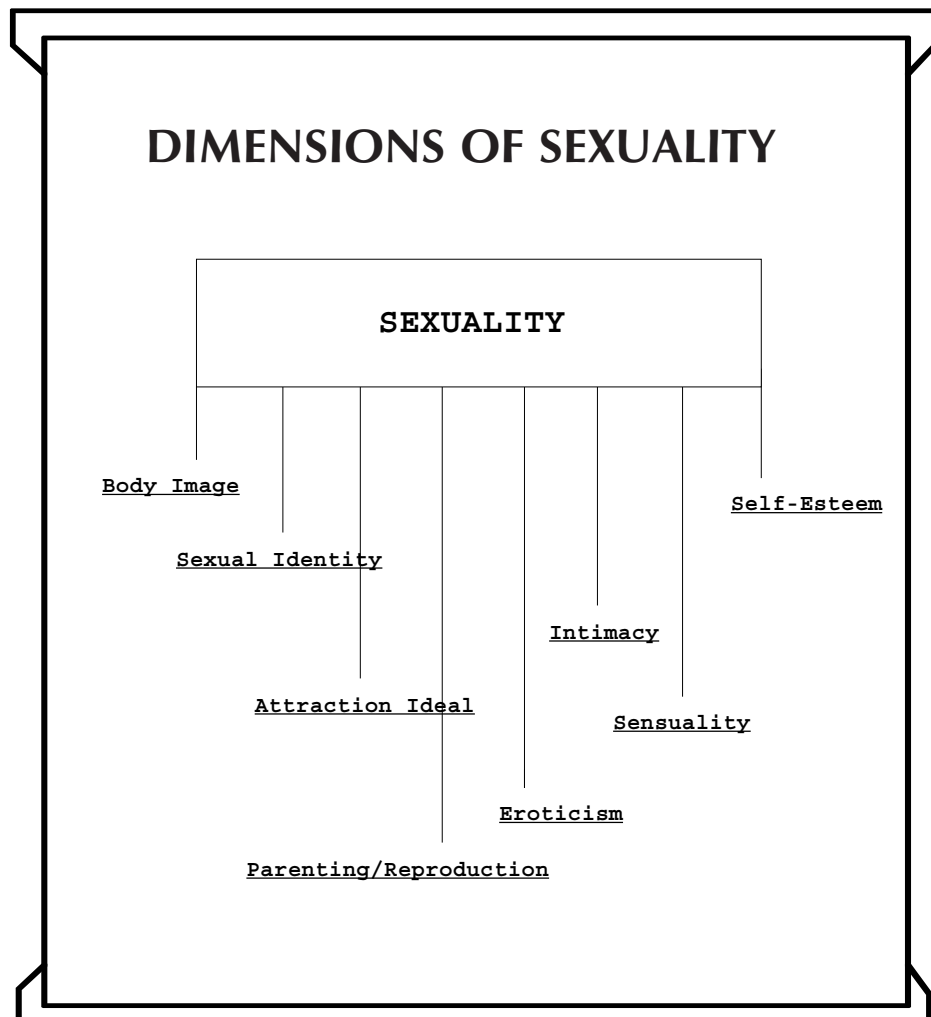
**“E” is for Esteem** (p. 21)

**Session Evaluation** (pp. 22-23)

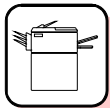


On a piece of flip chart paper, reproduce the *Dimensions of Sexuality* chart, using magic markers of various colors. (See chart below.) You may reproduce the model as illustrated, or you may want to draw boxes or circles to enclose the various aspects of sexuality.

The discussion guide for this chart begins on page 11.



## Procedure



*Welcome participants as they arrive and ask them to complete a **Client Opening Survey** (pretest).*

# 1

**Welcome members to the group.** After everyone is seated, ask members to pick a partner. Each member should find out her partner's name, birthday and favorite food. Go around the room and have partners introduce each other. For example, "I'd like to introduce Virginia Smith to the group. Virginia was born on July 4th and her favorite food is chocolate." Virginia would then introduce her partner, and so forth. Introduce yourself in a similar manner. Use this as an opportunity to chat and begin building group rapport.

# 2

**Explain that the workshop will focus on building better relationships, increasing intimacy and becoming more comfortable with sexuality.** Point out that these topics are often mentioned by women as things they would like to learn more about. For example, increasing comfort and knowledge about sexuality can be helpful when children begin asking "Where did I come from" questions. Most parents feel they would like to understand more so they can help their children with these difficult issues.



# 3

**Mention that the workshop will help develop communication skills that can improve intimate relationships and increase a sense of personal control in life.** Use the prepared flip chart of *Group Goals* (p. 4) to summarize the purpose of the workshop. You may also want to go over housekeeping details such as break-times, bathrooms, smoking rules, etc.



# 4

**Tell participants that as a group you would like their agreement on five things that you have found help this type of group run smoothly.** Use the prepared flip chart of *Group Agreement* (p. 4) to discuss the five items. Ask for input and comment. Ask if there are other items that should be added. Finally, ask the group to approve the agreement by a show of hands.

## 5

Use the next 5-10 minutes to work toward building comfort, trust and a sense of safety in the group. Work with the following KEY POINTS to build your opening discussion:



**KEY POINT:** We all deserve to be happy and satisfied with our sexuality and our relationships. This workshop will offer you some ideas and information about getting what you want out of love, sex and relationships. It's a chance to share experiences and really think and talk about these topics.

**KEY POINT:** Unfortunately, most of us were not given a good chance to learn about sex, love and relationships when we were kids. Schools, parents and society in general are often reluctant to discuss these topics seriously. The result is that we all grow up a little hungry for good information, and sometimes, a little embarrassed about asking.

**KEY POINT:** The **Time Out! For Me** workshop is a chance to overcome these communication barriers at a pace comfortable for you. All of us struggle with relationship issues — so we have a lot to learn from each other.

Use one or more of the following questions to begin an “icebreaker” discussion:

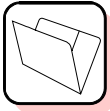
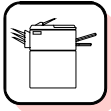
*Discussion  
Guide*

What is the biggest challenge for keeping a relationship going?

As a woman, what do you remember about starting your period for the first time? Were you prepared? What had you been told to expect?

What are some of the “crazy” things you were told about sex by your friends when you were younger? **List the responses and discuss.** You may need to prompt with examples of your own, such as: “A Coca-Cola douche will prevent pregnancy”; “The man’s penis is really a bone and it can break off”; “You can tell if a woman has had sex by looking at the way she walks.”

**Thank the group for their openness and participation.** Let members know you will be available after each meeting if they have any specific questions or concerns they wish to discuss.



6

Distribute the *Sexuality Interview* handouts **and ask participants to quickly read over them, but not to fill them in.** Also distribute pocket folders. Explain that the folders can be used as a writing surface and to contain materials for classes. Request that the folders be brought each time. After a few minutes, ask participants to choose a partner. Explain that each person is to spend about 10 minutes interviewing her partner; then switch roles, and let the person who was interviewed ask the questions of her partner. **Encourage interviewers to write down responses. Give permission for people to “pass” on questions that are too uncomfortable. Assure participants that their answers will not be read aloud to the group.**

7

**After each person has had about 10 minutes to interview her partner, process the exercise.** Process both **content** and **feelings**. Allow ample time for processing since this exercise can elicit feelings and discussion. Use the following questions to process the exercise:

**Discussion**  
**Guide**  
(continued on  
next page)

What feelings came up for you during this exercise?

Was the exercise embarrassing? Threatening? Fun?

How did it feel to talk with someone you don't know well about sexuality?

Would this be a useful exercise with a friend or partner?  
Why or why not?

Were there any similarities between you and your partner's answers? Why do you suppose this is true?

Should sex education classes in schools cover some of the topics brought up in the interview? Which ones?

Was it difficult to write a definition for love? What definition did you come up with?



**Discussion  
Guide**  
(continued from  
previous page)

What are some requirements for a good relationship that you came up with?

Can you think of ways to make this interview better or more relevant?

**8**

**Thank participants for their involvement in the exercise.**

Acknowledge that talking about sexuality is difficult and emotional.

**Point out that** the group just spent 30-45 minutes discussing sexuality, and that no one fainted or died, so it is possible. Talking about sex can become a normal topic of conversation, with a bit of practice.\*



**9**

**Ask the group to call out what they think of when they hear the word “sexuality.”** List the answers on flip chart or chalkboard and discuss, as needed.

**10**

Explain that for the purposes of the workshop, **sexuality** will be defined as a **complex, multi-dimensional aspect of our total selves**. Mention that “complex” means complicated, and that “multi-dimensional” refers to having many parts or components. Note that sexuality isn’t just having sex or being sexy. It concerns who we are, what we believe, feel, think, and how we behave. It is biological, psychological, and cultural/societal. It impacts how the world relates to us and how we relate to the world. **Point out that the multidimensional nature of sexuality applies to people of ALL sexual orientations, be they heterosexual, homosexual, or bisexual.**



**11**

**Use the prepared *Dimensions of Sexuality* chart (Fig. 1-4, p. 6) to discuss the various aspects of human sexuality.** The Discussion Guide and Discussion Points that begin on the following page should be used.

## *Dimensions of Sexuality Discussion Guide*

### **Body Image**

We have a “mind’s eye” image of our bodies. This image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us. It’s a complex, mental photograph that reflects not our real body, but rather our opinion of our body.

We learn or develop our body image from our society and culture. For the most part, women have more severe body image problems than do men. Our society, via television and magazines, still promotes a woman’s looks or attractiveness as her most valuable asset. Youth, slimness, and beauty are promoted as all that counts.

A negative body image can impact our self-esteem, our relationships, and even our health. Many women go through life feeling bad and ashamed because they don’t believe their bodies are attractive enough. Other women feel uncomfortable letting their partner see them undressed, or even letting a partner touch them because of fear the partner will “feel how fat I am.” Tragically, other women literally starve themselves to death because of a distorted self-image. Other women postpone getting health care because they are ashamed to get undressed or weigh-in at the doctor’s office.

Developing a positive body image may require a lot of time and practice, but it can be done.

**Explain that a bit later in today’s class there will be discussion and practice of techniques for improving body image and self-esteem.**

### *Discussion Points*

What types of body image issues do you think are most difficult for women? Why?

What are some of the “ideals” for women that are promoted in the media (T.V., movies, advertising)?

Are these “ideals” realistic? How can we, as women, fight back against these images?

Does an addictive life-style have an impact on body image? In what way? How can staying in treatment help?

**Sensuality/Eroticism**

Sensuality refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person's sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

Eroticism refers to our thoughts of and feelings about sexual arousal and desire. In a way, it is the sexual side of our sensuality. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain “horniness.” Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or “sexy” for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

***Discussion Points***

A few years back, Ann Landers ran a column in which she asked women readers whether they preferred affectionate kissing and holding or the actual act of intercourse. The great majority of women wrote back saying they preferred the affectionate holding and touching. What are your thoughts on this? What would you have written to Ann Landers?

Is there a difference in what men and women find erotic, or a turn-on? What are some differences you have noticed?

**Attraction Ideal**

An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind's eye picture of what we find attractive. Physical appearance is only part of an attraction ideal. Personality, sense of humor, attitudes, values, career choice, political views — all these and more blend together when we think of our ideal partner.

Attraction ideals may be constant or they may change as we change and mature. Even in the happiest of relationships, partners are apt to feel attraction for others who fall within the spectrum of their ideal. Of course, feeling attracted to someone doesn't mean we are obligated to **act** on that attraction. We can acknowledge the attraction as a natural part of our sexuality, and at the same time realize that we have control over how we choose to behave.

### *Discussion Points*

What kind of person falls within your attraction ideal? What influenced the development of your ideal?

It's been said that if you lined up all the partners with whom you have been involved, you would find some similarities among them, either in looks, personality, sense of humor, view of life, etc. Do you think this is true? Why or why not?

Has your attraction ideal changed over time? Are there traits in a partner that you once thought were attractive and now don't?

### **Parenting/Reproduction**

Most people have feelings about having children and parenting children. The need or desire to reproduce in human beings is influenced more by society and culture than by biology. It is related to the need or desire to be a parent, which may or may not involve actual biological reproduction. For example, many people who are unable to biologically reproduce may adopt children, and thus fulfill their desire to parent. In other cases, people may choose to parent and help raise nieces/nephews, cousins, younger siblings, and step-children, regardless of how many biological children they may or may not have.

For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

***Discussion Points***

What are your earliest recollections about wanting to be a parent?  
How many children did you think you wanted to have?

Do you believe there is such a thing as a “maternal instinct”? How about a “paternal instinct”?

In what ways has birth control technology over the last 50 years influenced women’s parenting choices?

**Intimacy**

Intimacy refers to the need and ability to develop an emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate.

Many people are frightened of intimacy, in part because intimacy requires trust, openness, acceptance, and respect, within oneself and for others. Intimacy can’t just happen on its own, it requires dedication, sharing, concern, and bonding between two people who are able to truly care for each other as individual human beings. Within mature, intimate relationships, each person is able to appreciate and accept the unique “I-ness” and “You-ness” they bring to the relationship, along with the special “Us-ness” that develops.

True intimacy is probably what most people have in mind when they talk about “love” or “falling in love.”

***Discussion Points***

What are some important elements for developing intimacy within a relationship?

Is it possible to develop an intimate relationship with everyone?  
Even if you could, would you want to? Why or why not?

What characteristics (personality) might make it difficult to be intimate with someone?

## Sexual Identity

Our sexual identity begins to develop almost from the day we are born. “He’s a boy,” or “she’s a girl,” is usually the first thing a new parent is told. Pink booties or blue booties follow, along with differences in toys, clothing, and types of interaction with parents and other adults. It is believed that sexual identity is formed by age five in our society. There are several components of sexual identity that should be considered:

**Gender:** Gender is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

**Sexual Orientation:** Sexual orientation develops early in our lives. It refers to how we form sexual and emotional attachments to others, and whether our preference of partners is opposite gender, same gender, or both genders.

**Sex Roles:** Sex roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the “role” our society assigns us to play based on our gender.

**Role Models:** As we grow and mature within our gender, our sexual orientation, and our culturally assigned sex roles, we look to others to provide clues about how we should behave and interact sexually. Family, friends, media, and peers can all serve as role models.

## Discussion Points

What are the expected sex roles for men and women in today’s society?

In what ways are male and female children treated differently?  
As you grew up, in what ways were you treated differently from brothers or other males in your family?

Teenagers in the Fifties reported that the major thing they learned from the movies was how to kiss properly. Have there been sexual role models in your life (media or otherwise)? What did you learn from them?

## Self-Esteem

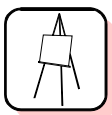
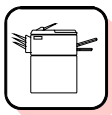
Self-esteem refers to the feelings, beliefs, and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves. Our sense of self (self-image, self-concept or self-esteem) is learned; the most critical period of learning is during childhood and as we grow up. We learn that we are male or female, and the values that our culture assigns to maleness and femaleness. We learn (through being told) that others perceive us as being good/bad, sweet/mean, helpful/lazy, cheerful/grouchy, smart/stupid. We learn that we are capable/incapable, lovable/unlovable, attractive/unattractive, worthy/unworthy.

**If . . . we were taught to believe harsh or negative things about ourselves, then we may need help as adults in gaining a healthy sense of self-esteem.**

If in childhood and young adulthood we learned to believe positive things about ourselves, then we are likely to have a healthy self-concept. If, on the other hand, we were taught to believe harsh or negative things about ourselves, then we may need help as adults in gaining a healthy sense of self-esteem. Because self-esteem is based on our beliefs, rather than facts, and because it is learned, rather than something we are born with, it is possible to learn a new set of beliefs about ourselves and achieve positive self-esteem.

As mentioned earlier, women in our society may experience self-esteem problems based body image concerns. Women may also experience guilt or shame, and lowered self-esteem based on their sexual experiences. This stems mostly from a double standard that perpetuates the notion that men are entitled to have many sex partners, but that women are not. Ultimately, the number of sexual partners a person has had is no reflection on their worthiness, goodness, capability, or right to dignity as a human being.

However, many women (and men, too) have been used and exploited sexually. A pattern of sexual exploitation, of being objectified and used for another's gratification only, can have a strong negative impact on self-esteem.



# 12

**Explain that the remainder of the session will focus on improving self-esteem. Distribute “E” is for Esteem handouts (p. 22). Use flip chart paper or chalkboard to write out an abbreviated form of this E-S-T-E-E-M model, using the underlined phrases as markers. Discuss each point, asking the group for ideas and strategies for implementing the suggestions in the model.**

## "E" IS FOR ESTEEM

**E**nergize yourself! At least once a day practice affirmations, which are positive healthy thoughts about yourself. Use the word "I", and learn to cherish it. "I am lovable and capable!"; "I am worthy and strong!"; "I can decide my own destiny!"; "I have the right to love and feel good about myself!"

**S**top-out negative thoughts! Whenever you hear a negative thought about yourself inside your head, stomp it out! Learn to rebel against the tyranny of these negative thoughts — they were most likely taught to you by others. If you hear yourself thinking thoughts like: "I can't do anything right," or "I'll never be able to change," stomp them out! Inside your head, replace those thoughts with positive ones. "I am learning how to improve my life and improvement takes time," or "I am powerful and I can change."

**T**rust yourself! Accept that you are the best person and the most able person to know what is right or wrong for you. Trust in your own strength, and in your own ability to manage your life. Trust that you can change your life, that you can develop positive self-esteem, and that you can be happy.

**E**ndear your body! Learn to love and hold dear your body and your person. Take care of your health. Develop good health habits, such as diet, rest, exercise, and medical care. Respect your body. Avoid people or substances that harm your body.

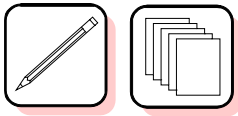
**E**nd destructive relationships! (or at least limit the amount of time you spend with destructive people.) Don't keep company with anyone who puts you down, hurts you, or tries to destroy your self-respect. Never accept mental or physical abuse from anyone. Don't let other people lay their negative trip on you!

**M**ove on! Find ways to leave the past behind. Don't dwell on past problems, failures, disappointments, or relationships — let them go! Imagine you are packing for a long journey. Carefully pack all of your positive memories, and leave the rest behind. Think of past mistakes the way the Japanese do: they are "golden nuggets," and they represent an opportunity to learn and improve, rather than a mark of failure.



## 13

**Explain that another strategy for improving self-esteem is to practice affirmations.** Affirmations are positive, energizing thoughts, or statements that we make to ourselves, about ourselves. Here are some examples of affirmations: “I can accomplish what I put my mind to accomplishing”; “I like the color of my eyes.” Point out that affirmations can help us learn to contradict feelings of worthlessness and replace them with positive self-esteem messages.



## 14

**Distribute sheets of paper and pencils, and ask each participant to write out at least 15 positive statements about herself. She should write 5 about her body, 5 about her personality, and 5 about her successes and accomplishments in life. Each statement must start with the word “I.”** Give examples as needed. Allow time and give encouragement. Expect that some participants will find the exercise difficult to do.\*

## 15

*Discussion  
Guide*

**When everyone has finished, process with the following points:**

How did it feel to write positive things about yourself? Was it easy or difficult? Which of the three categories was the most difficult?

What thoughts came to mind as you were doing this assignment? In what ways could this exercise help improve self-esteem?

If time allows, ask each member to share with the group one statement from each of her three categories. Model support and encouragement after each participant reads her statements and encourage group support. (Applause; “Yeah, right on,” etc.)

*\*Exercise adapted from: Wedenoja & Reed, “Women’s Groups as a Form of Intervention for Drug Dependent Women.”*

16

**Encourage members to keep their lists and to read them everyday. Encourage them also to add to their lists each day.** Point out that it is often difficult for women in our society to give themselves permission to say and think positive thoughts about themselves. This is because we were warned in childhood not to be “conceited” or have a “big head” or be “selfish.” Remind members that developing positive self-esteem is healthy and good — not conceited or big headed. We have the right to feel good about ourselves. Practicing affirmations can help.

17

**Thank the group for participating.** Briefly go around the room and ask each person to share one thing they liked and one thing they learned from today’s lesson.

18

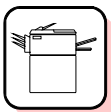
**Wrap up the session by telling the group that you also learned some things as you prepared the class.** Use the following summation points:



**KEY POINT:** Sexuality is not just what you do; sexuality is who you are. It’s complex and ever-changing. The more we learn about sexuality, the easier it becomes to talk about it with others. The more we can talk with a partner, the stronger our relationships can become.

**KEY POINT:** Our unique sexuality, with all its components, influences the kinds of sexual decisions we make. Within our culture and our sexual orientation, we learned to be the sexual person that we are. We learned from our society, our parents, the media, schools, and our friends. If some of the things we learned along the way don’t work for us as adults, we have the choice and the ability to **relearn** those things. Learning about sexuality is a lifelong process.

**KEY POINT:** Self-esteem is also learned. We can improve our self-esteem by learning new ways of thinking about ourselves. Practicing **affirmations** is one technique for improving self-esteem.



19

**Ask group members to complete a Session Evaluation (pp. 22-23) before they leave.**



## SEXUALITY INTERVIEW

*(Use this form to interview your partner. Please jot down brief answers to the questions. **Do not put names on the papers.**)*

1. How **comfortable** do you feel talking about sex and relationships? (Circle number that reflects your feelings.)

---

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Very Uncomfortable						Very Comfortable

2. What **topics** would you like to discuss or learn more about in this workshop?
  
3. Are there any topics you prefer NOT to discuss?
  
4. Do you believe men and women think or feel **differently** about sex and relationships?  
 How?  
 Why?
5. Have you changed your opinions or feelings about sex and relationships in the last 5 years?  
 How?  
 Why?
6. Define **sexuality** in your own terms.
  
7. Define **love** in your own terms.
  
8. What is the most **basic** requirement of a **good** relationship?

As adapted from Petrich-Kelly, B., & McDermott, B., *Intimacy is for Everyone*, 41 Sunshine Lane, Santa Barbara, CA 93105. Contact: [petkell@mindspring.com](mailto:petkell@mindspring.com)

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**SESSION EVALUATION OF “TIME OUT! FOR ME”**

**SESSION 1**

**THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR:**

[FORM 63; CARD 01]

SITE #  __ __  [5-6]	CLIENT ID#  __ __ __ __ __ __  [7-12]	DATE:  __ __  __ __  __ __  MO DAY YR [13-18]	COUNSELOR ID#  __ __  [19-20]
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**INSTRUCTIONS: Please answer the following questions based on what you learned in today’s session. Circle 1 (True) or 2 (False) after each statement.**

True	False
------	-------

1. Effective communication leads to more control in one’s life. .... 1      2      [21]
2. Most people can talk openly and honestly about sexuality. .... 1      2
3. A person’s sense of low self-esteem can’t be changed. .... 1      2      [23]
4. Gender describes whether a person is born male or female based on anatomy and hormones. .... 1      2
5. Sexuality is who you are, not what you do. .... 1      2      [25]
6. Having self-esteem is the same thing as being “big-headed.” .... 1      2
7. Body image concerns your feelings about how your body looks. .... 1      2      [27]
8. Practicing affirmations can help improve self-esteem. .... 1      2
9. Self-esteem, intimacy, and body image are parts of sexuality. .... 1      2      [29]
10. Sexuality is based mostly on hormones. .... 1      2

|\_\_|\_\_| [31-32]

