

# Troubling Normal

by Caffyn Jesse

Professional Training for Somatic Sex Educators

[somaticsexeducator.com](http://somaticsexeducator.com)



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# Troubling Normal

*the counter-normative practice of  
somatic sex education*

*by Caffyn Jesse*

Where standard sex therapies often aim to normalize people's sexual function, somatic sex education is grounded in counter-normative understandings of gender, sex, sexuality and relationship. This profoundly affects our approach to different people, situations and presenting issues. This e-book begins with reflections on how a counter-normative practice unfolds in the day-to-day life of a somatic sex educator. It continues with reflections on the "normal," how an "ideal normal" is constituted in the dominant culture, and why we must dismantle it in our souls and our society.

## **Counter-Normative Practice in a Somatic Sex Educator's Studio**

Many people visit a somatic sex educator with some version of the question "How can I become more normal?" The presenting issue may be some sexual "problem" or "dysfunction." Unintentional ejaculation is a common example. Standard sex therapy works towards normalization. Desensitizing creams, dissociative techniques, medications and exercises are focused on getting the person with the "problem" to better approximate an ideal norm of penis-in-vagina

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intercourse. Two minutes of penetrative sex is considered a cure. Somatic sex education offers a different approach. Taking normalization out of the picture, we focus on helping the person build capacity for somatic awareness and expanded pleasure through body-based exercises and experiences. We support them feeling, and creating for themselves, counter-normative erotic space where ejaculation is welcomed and celebrated without signaling the end of a sexual experience, and where sexual experiences can include a wide range of physical and emotional pleasures that do not depend on having a hard penis. Ending unintended ejaculation is a welcome effect of this approach, but the creation of counter-normative understandings is its foundation.

Other common presenting issues for somatic sex educators are painful intercourse and anorgasmia. Often a client's intention for healing and wholing is framed as one of normalizing sexual behavior and sexual response. But for both of these issues, offering a counter-normative framework is key to our work. A new sexual culture that values and celebrates non-penetrative options for sexual expression, solo sex, sex without the orgasm imperative, and the choice to not be sexual at all is foundational to supporting these clients on their journeys.

Men often feel shame when they have small penises, desires for penetrative pleasures, or an absence of readily available erections, because any of these conditions feels "feminizing." Information about genital anatomy (see Unit 4) can be important in mitigating such fears. But when we offer this information within a counter-normative framework that welcomes and celebrates gender and genital diversity, we create many new choices and chances for well-being. The information alone might serve to temporarily, provisionally re-situate a frightened man within an ideal norm of male/masculine

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(until the next crisis, assault, trauma memory, prostate problem or disability destabilizes his identity again). Diversity-affirming counter-normative practice invites a deconstruction of the ideal norm, and an undoing of the restrictive binary of masculine/feminine against which he anxiously measures himself. Counter-normative somatic sex education can help him celebrate his erotic uniqueness, find belonging in diverse community, and feel more accepting of an evolving sexual identity throughout life.

Healing sexual trauma, mending a couple relationship, exploring sexual identity or navigating a gender transition are some presenting issues that bring people into a somatic sex educator's studio. People often arrive with a desire to become more like an ideal norm offered by the dominant culture. While we support each client in navigating their personal journey of healing and wholing in ways that are directed by their goals and intentions, we can do so within a critical framework that challenges biases, paradigms and structural inequalities in society.

Even if a person with sexual trauma were lucky enough to find a trauma-informed sex therapist, a standard sex therapist likely operates within the assumption that healing trauma involves becoming sexually active, and they might offer a series of standard exercises to achieve that end. In a counter-normative somatic sex education practice, we instead support the unfolding of each person's unique journey with openness to non-normative outcomes. We are guided by clients' learning to feel, moment-to-moment, what their bodies want. (See *Healers on the Edge*, chapters by Vulnerability Warrior and Mehdi Darvish Yahya, for a description of this process.)

Much of the focus of standard sex coaching is on teaching couples to stay together in blissful monogamy. And helping couples is truly a wonderful part of being a sex educator. Empowering communication, exploring genital anatomy, and developing a repertoire of warm sex techniques like erotic massage can renew vitality and support loving connection in any long-term relationship. And when we come from a counter-normative perspective, we can also assist people in identifying the ways their romantic and sexual relationships are burdened by cultural norms, expectations and assumptions. We can support people in creating non-normative relationship structures or in conscious uncoupling, if that is their wish. We can help them feel more conscious, choiceful and empowered in their loving.

Someone questioning their sexual identity or exploring non-normative, non-heterosexual desires will have to be very lucky to find a standard sex therapist who is supportive of sexual diversity. Indeed, some sex therapists still provide “conversion” therapies that aim to transform people experiencing non-normative desires into norm-conforming men and women. Even outside this violence, much of the education and many of the resources available to sex coaches and therapists (including the textbooks used in this program) are hurtfully and exclusively focused on supporting heterosexual identities, bodies and desires. Even therapists and coaches who identify as LGBTQ2 (Lesbian Gay Bisexual Transgender Queer 2-Spirited) friendly, or who are part of the LGBTQ2 community, see healing for someone questioning their sexuality in terms of supporting their “coming out” and identifying as either homosexual or heterosexual. With a critical awareness of ideal norms, we assume none of this while welcoming its possible unfolding. Instead of adopting an either-or binary assuming all people are heterosexual or homosexual (and born that way), we can support people in whatever unique identity positions they want to occupy, and whatever complex desires that they want to explore, with

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the support of counter-normative community.

Somatic sex education has its roots in queer community. But this does not mean we want to substitute homonormative for heteronormative imperatives in the teachings we offer and the culture we co-create. Patrick Califia (writing as Pat Califia) describes instead “the willingness we have, as queers, to face the truth of our own fantasies and desires, and choose to own them and follow them, even if we face horrendous penalties.” He concludes, “This is what we have to offer straight people who wish to be our allies – our courageous dedication to our own notions of passion.”

Someone on a journey that involves questioning the gender they were assigned at birth will be fortunate if they find a standard sex therapist who is supportive of transgender journeys. But standard sex therapists and sex coaches with special training in this area tend to define healing for someone navigating a gender transition as completing a transition from one gender identity to another in a binary male-female gender system. With a counter-normative lens we can notice the culturally specific quality of the gender binary available in contemporary white, western culture. We can be careful not to impose this model on clients who are resourced by cultures with more diverse gender options, or who want to be. We can view the normative paradigm of gender with awareness of its constructed qualities throughout the gender spectrum. For example, we can notice the widespread use of gender-confirmation surgeries, medications, activities and procedures in the general population. These include the use of hormones to regulate reproduction and menopause, dieting and body-sculpting workouts, breast enhancement, hair removal, facial surgeries, and genital surgeries (including labioplasty, circumcision and penis enlargement) that support people in feeling more like

womanly women or manly men. We can bring mindful attention and creative play to the fact that our genitals are not so different after all. In early fetal development our genitals are undifferentiated (see Unit 4), and we can map and pleasure genitals in ways that invite a swim in this undifferentiated consciousness. In supporting clients in an exploration of gender, we can be aware of the galaxy of gender options that can unfold.

With a counter-normative perspective, we can see that the ideal normal is not something that emerges naturally or can persist throughout a lifetime. Sexual practices, identities and relationships unfold in an environment that punishes and pathologizes certain ways of being, while rewarding others. Normal is a social location that is continually being produced and policed.

Along with our clients, we inherit and dwell within a culture that specifies an ideal norm for gender, sex, sexuality and relationship, and we embody the daily and lifelong challenges of either conformity to or deviation from these specifications. To hold a critical awareness of the normal requires our commitment to continual self-reflection, education and engagement. As somatic sex educators we want to be able to productively employ counter-normative sex education practices and actively oppose the non-affirmative and pathologizing practices of standard sex therapies. We want to be prepared to address the potential for harm when drawing on normative resources.

By looking critically at the regime of normal, and grounding our work in counter-normative practice, we can offer people joyous and creative alternatives to normalization, including self-acceptance and the celebration of diversity in gender, sex, sexuality and relationship.



## “Normal” and “Deviant” are Historically Specific

What is considered normal is something that changes in various cultures and communities and throughout time.

Some basic assumptions made by the dominant white, western culture about normal gender, sex, sexuality and relationship are:

- *that normal gender is binary: people are either male or female (and male is privileged)*
- *that normal men are masculine and normal women are feminine (and masculine is privileged)*
- *that normal gender can be determined by genital structure – males have penises and females have vulvas (and that other types of gender determinations and genital structures are deviant and less valuable)*
- *that normal sexuality is binary: people are either heterosexual or homosexual (and heterosexuality is privileged)*
- *that normal people experience romantic and sexual attraction (and those who do not are deviant and less valuable)*
- *that long-term monogamous couple relationships are normal (and other types of sexual relationships are deviant and less valuable)*

These views of gender, sex, sexuality and relationship are so ubiquitous that they may seem natural and ordinary, but in fact they are very historically and culturally specific. Many cultures have more than two gender categories. Until recently in white, western culture

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there was no notion of “opposite” sexes with different characteristics; women were considered inferior humans. The differentiation of homosexual from heterosexual happened only in the late 19<sup>th</sup> Century, with the emergence of a cultural understanding that the particularities of someone’s attractions and sexual preferences made them into a certain type of person. Early sexologists whose work brought forward this idea also brought into quasi-scientific discourse the notion that there are normal/more valuable and deviant/less valuable kinds of sex. This division is still upheld by the American Psychiatric Association and World Health Organization, with diagnostic manuals and lists of “sexual dysfunctions” that mostly amount to not enjoying penis-in-vagina sex or enjoying kinky pleasures. The ideal of long-term monogamous coupling based on sexual and romantic attraction is a normative ideal that took its present form only in the 1950’s. Romantic love is irrelevant and monogamy abnormal in many societies around the world. By understanding the current model of normal as historically specific, we may loosen its grip.

(This section in particular, and this entire e-book, draw on the writing of Dr. Meg John Barker. See their excellent resource published by The British Association for Counselling and Psychotherapy on working with clients across Gender, Sexual & Relationship Diversity:

[http://www.bacp.co.uk/docs/pdf/16237\\_gender-sexual-relationship-diversity-001.pdf](http://www.bacp.co.uk/docs/pdf/16237_gender-sexual-relationship-diversity-001.pdf))

## **The Charmed Circle and the Contested Boundary**

Gayle Rubin, writing about hierarchies of sexual value, produced two diagrams that can help us visualize how an ideal normal is constructed, defended and challenged.

“The Charmed Circle” describes how sexuality that is seen as “good,” “normal” and “natural” is culturally constructed as heterosexual, marital, monogamous, non-commercial. According to this ideal norm, sex should be coupled, relational, within the same generation and occur at home. Any sex that violates these rules is “bad,” “abnormal” or “unnatural” – no matter how benign and ubiquitous the difference.

**The charmed circle:**

Good, Normal, Natural, Blessed Sexuality

- Heterosexual
- Married
- Monogamous
- Procreative
- Non-commercial
- In pairs
- In a relationship
- Same generation
- In private
- No pornography
- Bodies only
- Vanilla



**The outer limits:**

Bad, Abnormal, Unnatural, Damned Sexuality

- Homosexual
- Unmarried
- Promiscuous
- Non-procreative
- Commercial
- Alone or in groups
- Casual
- Cross-generational
- In public
- Pornography
- With manufactured objects
- Sadomasochistic

FIGURE 1. The sex hierarchy: the charmed circle vs. the outer limits

“The Contested Boundary” diagrams an imaginary line between good and bad sex that is always being contested and defended. Only a small portion of human sexual capacity is seen as safe, normal, natural, legal and politically correct. Struggles over the meaning and value of particular sexual practices take the form of contesting the boundary between good and bad. For example, in recent decades lesbians and gays contested the boundary by focusing their activism on the right to marry. Kinky, gender-transgressing, promiscuous and polyamorous queers were repudiated and ignored in the effort to sanitize and domesticate gay and lesbian identity.

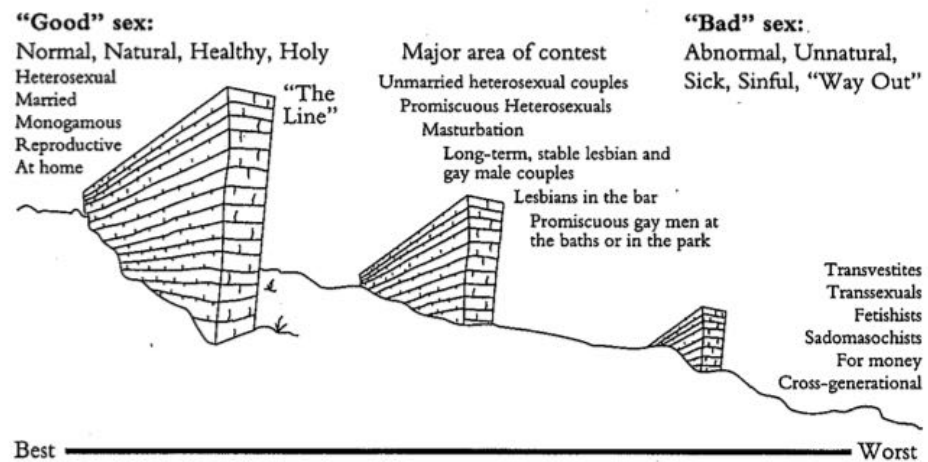


FIGURE 2. The sex hierarchy: the struggle over where to draw the line

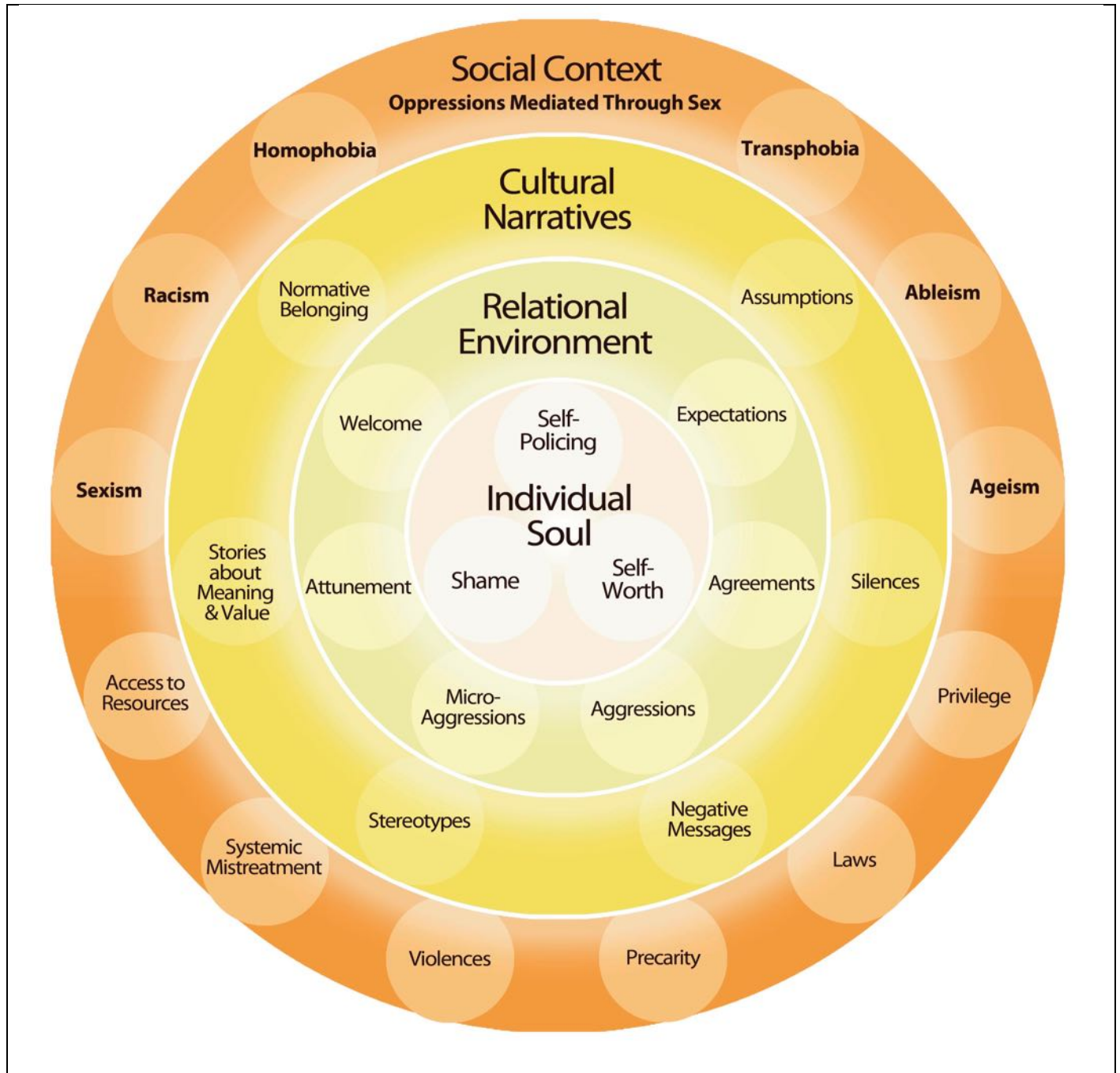
For more of this article see “Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality.” Gayle S. Rubin.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.462.7005&rep=rep1&type=pdf>

## The Social and the Soma

As somatic sex educators we attend to how the impact of a pathologizing culture is internalized and reproduced in our bodies and souls. The traumatic effects of the regime of normal must be unwound in our individual being as well as in the world around us. The diagram below, “The Social and the Soma: Fortress Normal,” describes a social system that rewards norm-conformity through various privileges, and punishes norm violations through violences and inequities. Normal is generated as an always-precarious, heavily defended identity in our inner selves and our society.

People who pass as normal or whose gender and desires actually fit within the normal internalize the biophysical distress of presumed conformity and unearned privilege. People who identify with (or who are identified with) deviant or less valuable expressions of gender, sex, sexuality and relationship experience the stress of non-conformity and unfair oppression. People who aren’t named in available “normal/deviant” binaries (for example, people who are genderqueer, bisexual or asexual, or who don’t want a sexual relationship) feel the distress of being invisible, unnamed and coerced to identify with one binary identity or another.



“The Social and the Soma: Fortress Normal” diagrams the ideal norm as a location of privilege and power secured by processes that extend from the personal and intimate through the large social context. Normal is unstable and must be created and maintained by many violences and inequities. Social norms have a huge impact on sexual wellness for all people, including those who pass as (or who feel themselves to be) normal.. Diagram by Caffyn Jesse, design by Michael Haines.



Myths of Education (In)Equality." in *The Gender Question in Education: Theory, Pedagogy & Poitics*, Ann Diller et al., Boulder, CO: Westview.

Our understanding of what is “normal” and “deviant”, the violences and oppressions we experience, and the risks and benefits of counter-normative practice, are deeply affected by race, class, disability, nationality, legal status, age, body shape, trauma history, communities of belonging, and the many other dimensions that intersect in sexual identities, experiences, and the options available to us.

As an example, a person of any gender and race who is disabled is likely to experience deep prejudice, stigma, sexual victimization and de-sexualization because of their disability. If this person is white, middle class, a teacher, and forty, she may be able to access sex education and build sex-positive community support in ways that are impossible if she is a poor, young, undocumented immigrant sex worker.

Although race, sexual identity and class are ways that social power excludes and marginalizes people, identities can also be occupied as a source of meaning, belonging and empowerment.

Black people have historically been deprived of sexual agency and economic opportunity. But Black musicians, artists and scholars pioneered sex-positive culture in North America, and Black people healing and reclaiming sexual pleasure can draw on this vital legacy, as noted by Dalychia and Rafaella of Afrosexology.

(<http://www.afrosexology.com/>).



THE WHITE SUPREMACY SYSTEM IN PLACE THROUGHOUT THE DIASPORA IS DESIGNED TO ALIENATE, CONTROL, AND DESTROY BLACK BODIES. RECLAIMING OUR BLACK BODIES & SEXUALITY IS IN DIRECT OPPOSITION TO THIS SYSTEM AND AN ACT OF RESISTANCE OR REBELLION.

Image above from Afrosexology: <http://www.afrosexology.com/>

Multiple intersecting oppressions factor into the ongoing crisis comprised of more than 1000 missing and murdered indigenous women in Canada. Though living in this maelstrom of loss and precarity, First Nations women and two-spirited people, community activists, artists and sex workers have created extraordinary events and images to interrogate the dominant culture of sex, gender and relationships and its conflation with violence against indigenous women. See for example the Valentine's Day Demonstration in the Downtown Eastside of Vancouver, ongoing since 1992, the art project "Walking With our Sisters."

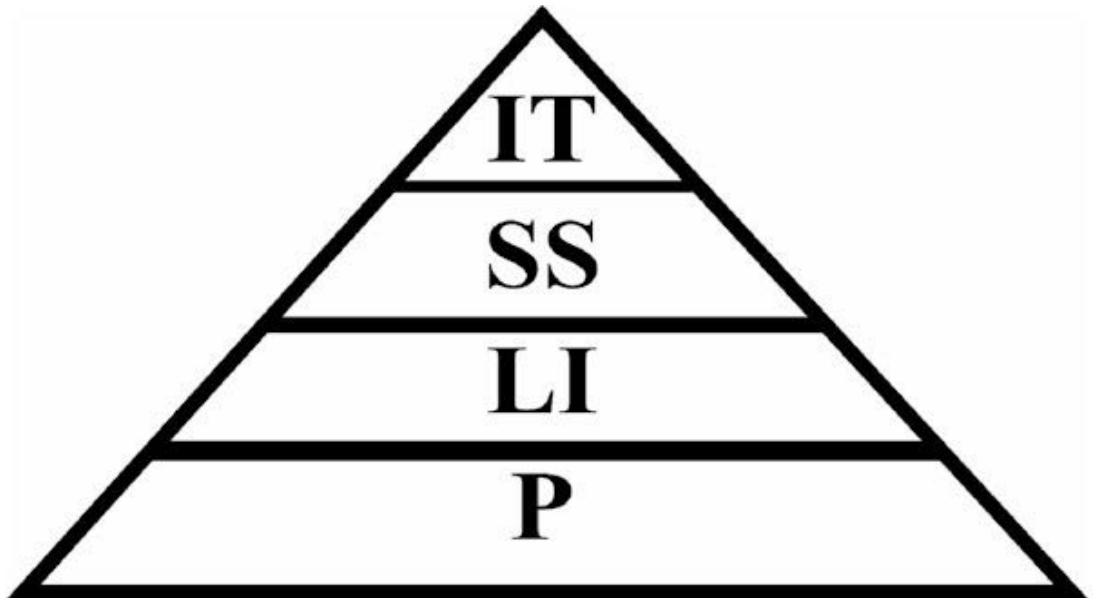
The impact of intersections may also affect whether or not people have access to supportive communities for gender, sex, sexuality and relationship diversity. Supportive communities are key to self-acceptance and wellness, but alternate sexual communities including the profession of somatic sex education are often overwhelmingly white, able-bodied and middle class. As somatic sex educators we have a responsibility and commitment to co-create new resources, curriculum and community with those who have been marginalized or excluded.

All aspects of people's intersectional experience are relevant to their lives and the way they can navigate gender, sex, sexuality and relationship diversity.

## **Permission as a Foundation of Sex Education**

Foundational to all somatic sex education is creating an environment of unconditional positive regard for our clients, whatever their sexual desires and practices, wounds and joys. We offer a space of permission for all consensual sexual behaviors, and celebrate any consensual forms of gender, sex, sexuality and relationship (or the absence of relationship) our clients choose. When people are struggling with desires for sexual expressions that are not consensual, we can help them distinguish between fantasy and desire for actual experience. We can support them in building capacity and yearning for empowered choice, voice and radically enthusiastic consent in themselves, and with sexual playmates and partners.

Jack Annon noted in 1976 when offering sexologists the PLISSIT model of sex education that many "sexual problems" can be solved without further intervention by simply providing an environment of permission. The shame people feel about non-normative desires and experiences and the silence surrounding them often forms a core wound that we address in sessions.



(The letters of the name refer to the four different levels of intervention that a sexologist can apply: permission (P), limited information (LI), specific suggestions (SS), and intensive therapy (IT).) In this model, the foundation of all sex education is permission, which involves the sexologist acting in as a receptive and affirming listener who offers the client permission to feel comfortable voicing concerns, disclosing any sexual experience, identity or behavior, and changing or not changing their lifestyle.

## **Skill-building for Dismantling the Normal**

As somatic sex educators we want to continually be developing skills that will aid us in building individual and community capacity to understand and engage with the embodied oppressions that shape our personal and cultural experiences of gender, sex, sexuality and relationship diversity and conformity.

We want to engage with intersectional understandings of how our own and others' experience of gender, sex, sexuality and relationship is situated within intersecting dynamics of privilege and oppression.

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We want to feel resourced enough to bring this engagement into sessions with clients, workshops, and the dismantling of norms in our profession.

Holding a critical view of the normal, we also support our “normal” clients to feel more choiceful and cheerful about their sexual practices and identities as cisgendered, youthful, able-bodied heterosexual white people in long-term monogamous relationships with people who they are sexually and romantically attracted to, and who respond in kind. Instead of fearfully and defensively occupying a social location of unearned privilege, “normal” people can participate in counter-normative culture for the sake of their own freedom, as well as for others.

Many of the textbooks used in this training are part of heteronormative culture, suggesting that male-female erotic interactions represent the highest or only form of erotic interaction. In this they exhibit a harmful, ugly prejudice.

We include them because they also communicate important information that can be useful, and because of the absence of alternatives. We do so trusting that through the work of deconstructing normal we can foster resilience, build community, and create new sexual culture that prevents us from passing on the harm.

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written for the Institute for the Study of Somatic Sexology, Core Course 1

with support from Corinne Diachuk and Dr. Liam Captain Snowdon

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