



Writing Sexual Slang on the Wall: An Active Learning Strategy for Teaching Social Work Students

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Abstract

Sexuality is difficult to integrate into classroom conversations. Active learning strategies can alleviate the struggle, particularly when working within diverse populations of age, gender, race, or religion. *Writing sexual slang* allows the student to get outside their comfort zone allowing for reflection, movement, and creativity in the process. The activities are appropriate for either face-to-face or online courses with little modification and the article demonstrates how the face-to-face exercises differ from the online exercises, providing examples of each method. Modification for those students who are limited per their religious constraints is included. Previous student reflections are included as well.

Keywords: Sexuality, Active Learning, Online, Face-to-Face, Sexual Health, Modifications on Modality

1. Introduction

The *Writing sexual slang on the wall* activity is not new in the sense that the underlying exercise is a staple within sexuality education as a class activity. In the instructional text, *Our Whole Lives*, the activity is "Sharing Slang" (Kimball, 2000; Goldfarb & Casparian, 2000). The activity is also included in the previous



writings of Dr. Michael Carrera in the mid-1980s and early 1990s, and is noted within his work with youth in the *Carrera Adolescent Pregnancy Prevention Program* and *The Children's Aid Society*. Additionally, the activity was included within instructional text *Streetwise to Sexwise: Sexuality Education for High Risk Youth*, as "What do you call down there" (Brown, 1993; Brown & Taverner, 2001; Brown & Rayne, 2017). The name of the activity varies according to the publication and group of individuals the activity is used with, and therefore a search of activity titles did not reveal additional publications, which significantly hinders credit to other authors/creators.

The primary goal of the lesson *writing sexual slang* is to encourage professionals/students to understand how different populations describe their private sexual interactions or genitalia. A secondary goal is to embolden professionals/students to work through their own misgivings/biases towards using proper naming or even integrating slang names used by clients/patients in order to provide a comfort level of cooperation in the counseling or medical health assessment. Additionally, as noted in other publications, *writing sexual slang* as a group activity assist in strengthening the classroom community while learning and moreover assist in belongingness, as well as alleviating a fear of judgement (McMillan & Chavis, 1986; Holbert, 2015).

The modifications discussed within this article are new and have been added to the activity over the past eight years of use by the author. While originally structured for use with teens, the modified activity has been used with college students at both the undergraduate and graduate level. Additionally, the activity has been included in workshops for health educators, medical providers, and social workers.

Instructors have noted sexuality is difficult to teach (Herold & Benson, 1979), especially in diverse gendered, ethnic, or religious populations. Other instructors have noted that it is difficult to teach sexuality within traditional classroom structures (Haignere, Culhane, Balsley, & Legos, 1996). Previous research indicates that teaching sexuality or sexuality education within the university setting is different than at a secondary education system and constraints are not as prevalent upon the instructor (Ewen & Brown, 2012). Brown, Baker, Cohen, and Ogle (2013) noted in their presentation, *Teaching Taboo Topics: Sexuality & Aging* that teaching sexuality in the college classroom is also difficult, and offered various ways to teach an otherwise difficult topic. Later presentations by Brown (2017; 2018) noted similar difficulties and offered additional options in instructional methods.

Bruess and Greenberg (2009) state, that

Sexuality education related to aging must be pointed in two directions at the same time. There is a need to help older persons with their sexual adjustment, but there is also a need to help younger persons develop more understanding about the sexual needs of the aged (p. 233).

Grabinski concurs with Bruess and Greenberg in affirming one career that will be needed within the aging field is persons trained and educated to work with older adults in the sexual realm (2007).

Gewirtz-Meydan, Even-Zohar and Fisch (2017) noted that first year social work students were the most conservative and had the least knowledge related to sexuality and aging. One aspect of interventions as noted in Sclafane et al. (2012), is to "foster comfort and trust," as well as to "create a comfortable and safe atmosphere in order to encourage free conversation" (p. 82). Nowhere is this more important than between clients/therapists and professors/students, particularly when instructing on interventions with clients. As noted with Diambra and colleagues (2016), as well as Nelson and Neufeldt (1998) students should feel comfortable within their class shared learning environment, and use their own experiences and the experiences of their peers to "create a richer educational experience for all" (Diambra et al., 2016, p. 79). Additionally Diambra, et al. (2016), note that one key component within a sexuality course for counselors/therapists is to include "students' personal sexual biases or unresolved issues that may infringe upon their ability to be effect counselors" (p. 88).



Objectives

Writing sexual slang was originally incorporated into the lessons within a graduate social work course on aging and sexuality. Other courses such as undergraduates in sociology, psychology, social work, and aging/gerontology students have benefitted from *writing sexual slang* as well. As Bruess and Schroeder (2014), note, the most important part of planning sexuality education is the ability to write goals and explicit learning objectives. Student learning objectives (SLOs) within the lesson are listed below.

After completion of the activity, students will be able to:

- (1) Gain knowledge of numerous slang terminologies for private sexual interactions or genitalia
- (2) Recognize their personal misgivings/biases towards using proper naming
- (3) Identify one situation when integrating slang names used by clients/patients in a therapy or medical session provides a comfort level for the client/patient.
- (4) Evaluate appropriateness of situation of using sexual slang within a client/patient/therapist/medical professional relationship.
- (5) Compose a narrative allowing for the use of moving client/patient to use correct medical terminology within therapy or medical session.

Timing & preparation

The complete lesson plan is designed for implementation in one 75-minute session. The lesson can be used within two 50-minute sessions, which includes longer times on components 4, 5, and 6. The components of the lesson plan are classified as follows:

- (1) Introduction to exercise and brief large group discussion (5 minutes);
- (2) Actual activity (15-20 minutes);
- (3) Short reflection on personal biases (if applicable) for using slang terminology rather than clinical/medical sexual interactions or genitalia (10 minutes);
- (4) In class discussion of identification of situations where sexual slang may be used in a therapy or medical session, which includes evaluation of appropriateness of using sexual slang within the session (20 minutes);
- (5) Composition of a narrative allowing for the movement of client/patient to use correct medical terminology within session. (20 minutes);
- (6) Reflection on participation within activity (after class submitted during next class period or online).

Materials needed

- Large Post-It® notes
- Markers/color crayons (Small Post-It® notes)
- Paper
- Notecards (large, 5x7)

An alternative method instead of using the markers/color crayons is to use smaller Post-It® notes, and have students write the slang terminology on the smaller ones at their desk. The students can then move around to place the smaller notes on the larger Post-It®. This alternative method works well in a large auditorium, or a class where members are non-ambulatory or have limited ambulatory ability. Moreover, this alternative option works well with a class that may have students with religious constraints or those for whom the class is uncomfortable due to the sexual nature of the material. It would be important to be prepared for both options if the instructor is uncertain of the consensus in a Face-to-face course.



Advanced preparation

Limited advanced preparation is needed for the activity, regardless of whether the course is a Face-to-face (F2F) or online class. For F2F class, it is a good idea to see whether the large Post-It® notes will adhere to the wall's surface, and it is also easier to have the words written on the Post-It® prior to the beginning of class.

The conversion of the activity from F2F to Online simply was moving the activity to a discussion board. Using the same terms as the F2F class, written instructions were uploaded into the discussion board on how to perform the activity.

The written instructions are:

Below you will find proper terms associated with body parts or sexual acts. Choose 4 terms [Breast Clitoris*Vagina*Penis*Testicles*Buttocks*Anus*Intercourse*Oral Sex* Anal Sex*. Write each word you chose in **Bold** at the beginning (or title) of your discussion thread. Then, within the discussion post list as many slang terms that you have heard used for the word in bold. This should give you four individual threads. Additionally as a final 5th post, answer the following questions: Is it ever appropriate to use sexual slang? When? Have you had personal experiences with sexual slang? Be sure to label your final post as FINAL POST in the individual thread. You are to respond to at least 4 terms and to two individual's final post.*

The construction of discussions may vary within different classroom management tools (Blackboard, D2L, Moodle).

Procedural steps

Face-to-Face Class

With this activity, the instructor places large Post-It® notes on the walls around the room, and provides students with markers/crayons so that they can write on the wall (post-its). Each Post-it® contains one word at the top (the proper terminology/terms associated with body parts or sexual acts). Terms used are: *Breast* Clitoris* Vagina* Penis* Testicles *Buttocks *Anus *Intercourse *Oral Sex* Anal Sex**

The following instructions are given to the students:

Please move around the room quietly and with your marker/crayon, write "slang terminology" you have heard with your clients/patients, within your own associations, or those that you have used personally, based upon the body part or sexual act listed at the top of the Post-it®.

After the students have completed the activity, which usually takes approximately 15-20 minutes, instruct the class to return to their seats. At this point, hand out a large notecard and use the following instructions to students:

Using the notecard you were just given, please write a short reflection on your personal biases for using slang terminology rather than clinical/medical sexual interactions or genitalia. You may write on the front and back of the card. For credit within the class, please write your name at the top. No one but the professor will see your writing.

If the student indicates they do not have personal biases, I ask them to *write a reflection on helping someone overcome their biases toward slang terminology.*

At the end of 10 minutes, I ask for the cards to be turned in to me.

At this point in the class, we discuss the following:

So now let's consider, when/where could sexual slang be used in a therapy or medical session? After a student brings up a time sexual slang could or is used in a therapy or medical session, the instructor then asks, Is this situation appropriate or not in using sexual slang?

This activity usually continues for approximately 20 minutes.

The discussion in the previous paragraph then allows for each student (or you can use a group process) to



compose a narrative which assists in moving the client/patient to use correct medical terminology during therapy or medical sessions (20 minutes). Be sure to have paper available as some students will use their electronic devices to take notes. The following instructions are given to the students:

On the piece of paper you have just been given, compose a narrative with a client/patient, which will assist you in moving the client/patient to using the correct medical terminology to describe genitalia and sexual acts. After everyone has completed their narrative, we will come back together to discuss our ideas.

After approximately 20 minutes, bring the class is then brought back together to discuss the constructed narratives.

Students are then instructed to reflect on their participation in the activity. They can either write a reflection and turn it in the next class period or submit it online. That is a personal preference left to the instructor. The reflection is completed after class time, not during it, which can allow for a deeper reflection taking into account all that was covered during class, and reflecting upon the use of knowledge from the activity within their own practice.

Student reflections and experiences

This interactive activity has been conducted over the past 10 years in various courses, and the authors have learned new slang terminology each year! While reviewing the slang terminology during the F2F class is fun, there are always a few red faces, numerous giggles, and some lengthy explanations, including one on how the word “Tom” became a slang term for “penis.” Apparently, “Tom” is a “friend of Dick and Harry.”

Additionally, the discussions concerning the use of slang terminology with your clients was productive and informative. One older female counselor indicated that slang terms should be reserved for friends/partners and not clients. One current BSW student with clients noted that during the relationship building phase it might be easier for the clients to use slang, which allows them to discuss their problems comfortably. Several others concurred stating that in working with young adults and teenagers, sexual slang use allowed their clients to be more forthcoming during therapy. Those who work with older adults also said that many clients (particularly older men) struggled to speak using medical terminology, and often returned to sexual slang. One student noted that it appeared saying the word “penis” was more difficult for the older men, than using the word “dick.” Others agreed that the use of sexual slang was quite prevalent in their dealings with male clients/patients. In addition, numerous students admitted to their personal use of slang terminology when hanging out with friends, or with their sexual partner, especially within descriptions of what they wanted in the bedroom. A younger female student stated the activity was very difficult for her to do, specifically as it was tough to get outside of her professional comfort zone with her Social Work peers. Each of the above sentiments are often expressed throughout the online and the F2F class, in discussions and within reflections.

Religious objection adaptation

Working with students of different religious faiths and communities within a classroom, particularly within sexuality/sexual education brings a need for alternate activities. Some religious organizations do not allow mixed gender conversations, while some do not allow public discussions. It is my personal/professional belief that students should not be penalized for being unable to participate in a lesson/assignment which conflicts with their religious doctrines. The easiest option is to ask at the beginning of the class if there are religious restrictions and meet individually with the student to discuss the activity, to see if an alternate participation arrangement are warranted.

Alternatives have been varied with one alternative being the allowance of the student to forgo the activity. This alternative has been quite limited during the six years of use of the activity. Another alternative is to allow the student to complete the activity at home and in writing. It is actually easier to ask the student which portions of the activity will their religious beliefs allow them to complete or participate. Modifications for religious reasons via the online class have not been requested. However, online is much more easily adaptable where the student can write a brief paper rather than post in the discussion.



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