

Normative Sexual Development

What we need to know and why we need to know it

He was 3 and bath time meant time with 40 floating toys, lots of bubbles and his snorkeling mask. It also meant his mom could make dinner 15 feet away in relative peace. It was an evening ritual that worked for both of them. One night he yelled from the tub, "Mom! Mom! Come quick, I need to show you something!" As she ran tub-side, he sat up and with eyes bright behind his orange diving mask, pointed down at his penis. "Look how big my penis got when I was diving with my toys! It's huge! Is it going to always be this big?!" She loved the enthusiasm with which her son experienced life and once again wished she could capture for herself that sense of discovery and adventure in each small moment. "No, sweetie. Sometimes when your penis gets rubbed it will get larger. Pretty soon it will go back to how it usually is." Wanting him to someday be able to appreciate the miracle of his body she added, "Isn't it wonderful that God gave you a penis that can change size sometimes?"

There are some deep seated cultural taboos that have affected all of us. Cultural conditioning has been a key factor keeping most people and clinicians naïve regarding human sexual development. This conditioning typically manifests itself in three ways: silence, fear, and naïve assumptions.

How many of us grew up with parents who normalized, validated, or even celebrated our curiosity about our bodies and our discoveries of where and how our bodies gave us pleasure? If you are like most, at best your family ignored your curiosity and at worst they reacted with fear in ways that made you feel

shame. This combination of silence and shame coupled with our increased cultural awareness of how many children experience sexual violation, has left us fearful, reactive and ignorant about what is normative. We have learned a great deal about what is hurtful, what conditions exist for a child who is vulnerable, when and by who ... but we have spent very little press reminding ourselves about what is typical and healthy childhood body curiosity. What I mean by “normal” are those behaviors that naturally occur with the majority of children, transcending time and culture, when they are left to safely explore (within age appropriate supervision and without judgment) their awakening curiosity as they pass through each developmental stage.

What sexual curiosity and behaviors fall within the realm of “normal” as kids grow up? How do 3 year olds express their body and pleasure curiosities? What about at 5 or 7 or 9 or 11? And if we don't know, should we? I want to share a couple of clinical stories that underscored for me the importance of MFT's being astute to developmental norms of children as their awareness of their bodies expands during childhood.

When unintended sexual suffering enters our office

A while ago I sat with a man in his late twenties who had come to see me with his partner. They had just moved in together and were thinking about engagement. They figured that before making it a “whole family affair” they would take some time with a therapist to talk through some of the issues in their relationship and some of the changes that might emerge as they make their relationship “more official”. They were a delightful couple. One of those you see on your schedule and your heart smiles. On this particular day, he came in alone saying that his partner had just called and had been roped into a meeting at work at the last minute. She had told him to go on without her. Midway through the session he says, “I need to tell you something I have never told anyone before.” My curiosity piqued. He and his girlfriend had previously recounted many family of origin stories that involved a great deal of trust and vulnerability. I was perplexed wondering what could be harder than the stories they had already

shared with each other and were actively working through? Slowly, and with palpable agony, he proceeded to tell me about several incidences when he was 6 to 10 years old involving neighborhood friends who were all the same age and grade – 3 boys and 3 girls. The stories ranged from “playing doctor” to touching each other’s genitals, to “playing house” and lying clothed on top of each other, to watching the girls try to pee like boys, to showing off their erections. Each of these stories painfully emerged from 20 years in their secret vault of shame into the space between us. My heart broke for him. I spent a few minutes assessing if power differentials existed between the kids – was one bigger, a bully, controlling? Were people forced or reluctant? Did he ever remember being frightened or not wanting to participate? Did he remember anyone else being frightened or not wanting to participate? Did he remember anyone trying to talk someone into something? “No” he kept saying. “It was just a part of our play. I mean, we did everything else too. We played games, build tree-houses, rode our bikes, watched movies and played video games. It was just something else we did. And it really didn’t happen that often. Like anything we did, we would get bored and move on to something else.” I was curious then. “How did these stories get so locked inside you? What made them hard to share until now?” He then told a few stories of parents violently reacting to “catching” the kids engaged in this form of play. How one girl was spanked and humiliated in front of everyone and how the rest of them were yelled at by an irate father, called horrible names and chased from the home. He decided something must have been horribly wrong with all of them. They were perverted and not to be trusted. “I don’t feel like I am perverted or that I would ever do anything hurtful or inappropriate to a child or someone else. But maybe I am just fooling myself. Am I? If we someday have children, are they at risk?”

Each of the stories my client shared were examples of normative sexual curiosity in that age range. If these experiences had gone unnoticed or better, been normalized and supported in context and curiosity, 20 years of excruciating suffering and self condemnation could have been avoided. In fact, if a parent had been able to respond in love, fostering boundaries and safety whilst

normalizing their curiosity by helping them understand it, so much may have been different. Perhaps a parent could have become a resource for these kids to ask questions of and receive guidance, as new curiosities, desires and experiences continued to emerge throughout development.

When well meaning therapists and other providers perpetuate suffering

A few years ago a young therapist presented a case for supervision. She was at a youth service agency and was working with a 14 year old boy and his mom. She was also collaborating on the case with another therapist at her agency who was seeing this boy's 15 year old brother and his grandmother who was raising him. The therapist drew a genogram as she went over the case details and assessment. The presenting problem was the 14 year old's recent poor performance at school and the mother's increased micromanaging of his day. She went on to say that after talking to the therapist working with the 15 year old brother she learned that he was being seen for disruptive and aggressive behavior at school. I asked the student, "Tell us more about how these 2 brothers ended up being raised in different homes?" The therapist then told a story of how when the boys were 4 and 5 the mother walked in their room to find the boys playing with their pants off and the 5 year old was seen touching the 4 year old's penis. As the story had been told to the therapist, the mother afraid that the older boy was sexually abusing the younger son, immediately called CPS. The therapist added, the chart indicated that "CPS recommended that the older boy be raised by the grandmother."

"Tell me your thoughts about this story. How do you understand what happened when the boys were young?", I asked the group. "What do you hypothesize that event and the responses to it may have to do with the current relationship patterns in this family?" The responses varied from "CPS did what they needed to do to keep the younger boy safe" to "the kids should have been better supervised". Not one of the therapists had knowledge about normative sexual development. As we discussed the sexual curiosity of 4 – 6 year olds, I reminded the therapists that though there were many variables we did not know

about how treatment had been handled in this case, one thing that did seem apparent was that the story of the boys as “victim” and “perpetrator” had continued to be a dominant discourse shaping this family.

When our life experience of silence and assumption meets with a client and family dilemma of a child’s unfolding sexuality, far too often we inadvertently collude with the cultural conditioning of shame, ignorance and fear. We miss bringing knowledge, wisdom, and compassion to ourselves and to families struggling to understand healthy sexuality in a culture that provides only objectified sex, silence and shame.

Nowadays we cover normative sexual development across the lifespan in SPU’s MFT sexuality course and I am getting ready to begin a new quarter. On the first day of class along with my other antics, I will share a brief YouTube commercial called “IKEA Vibrator Commercial” – banned in America. It is a way to celebrate the beauty of life through a child’s eyes, while also commenting on the prevalence of silence, ignorance and shame around healthy sexuality in America in comparison to Sweden - the home country of my family.

*This article is inspired by the book **Caught Between the Sheets** – in development by the author. This book is being written for single and coupled adults who wish to liberate their sexual potential from the effects of cultural baggage. Caught Between The Sheets guides people by correcting historical cultural and religious narratives, reauthoring an affirming spiritually integrated sexual story, and introduces them to exercises, rituals and sacred sexual practices. For more information you may contact the author at www.tinaschermersellers.com.*