

Pollyanna or Fright Night? Over-optimism versus negativity in the sexual health setting

Susan Quilliam

Alternative approaches

Yes, I admit it. The title of this article does lay me open to accusations of trivialisation. But when I was doing my research, I kept coming back to the metaphor the title reflects. My brief was to comment on how sexual health should be approached in society in general, and in the medico-sexual setting in particular. In short, what balance of positivity and negativity should we be using, both in health campaigns and in our interactions with clients? Is soft-peddalling on potential problems – à la *Pollyanna* – a sound emotional strategy or harmful in its naivety? Is stressing doom and gloom – the *Fright Night* approach – a useful preventative tool or counterproductive in its pessimism?

Over-optimism

Let's deal with the *Pollyanna* approach first, if only because it can be resolved fairly easily. Because I don't need to convince readers of this Journal of the fact that over-optimism – metaphorically (or literally) crossing one's fingers and hoping for the best – is a fast track to unwanted pregnancy and infections. All the research shows that playing down or ignoring sexual risk factors is a key cause of bad decision-making and that, conversely, sexual health approaches that major on realistic appreciation of risk result in safer, wiser and happier sexuality.

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All this is, naturally, seen as most pertinent to the lower age groups; the onset of adolescence seems to propel teens inexorably into *Pollyanna* mode. Those of us who work with young people can stand witness to this. Risk-taking increases, sensation-seeking escalates, a sense of invulnerability takes hold, and the life script becomes “I'm immortal”, which translates sexually into “I won't catch anything ... I won't get pregnant ... I won't get hurt”. The best health campaigns aimed at youngsters are designed – whether overtly or covertly – to contradict such ‘magical thinking’ just as much as to give information and raise self-esteem.

That said, as I mentioned in this Journal two issues ago, we mustn't fall into the trap of believing that *Pollyanna*-busting approaches are needed only for the young or inexperienced. Naivety and over-optimism are currently creating some disturbing sexually transmitted infection (STI) statistics in the older age groups, who are half as likely to use condoms, probably because they are twice as convinced that they and their partners are immune to infection.

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Cambridge, UK

Susan Quilliam, BA, Cert Ed, MNLP, *Freelance Writer, Broadcaster and Agony Aunt*

Correspondence to: Ms Susan Quilliam.

E-mail: susan@susanquilliam.com

Over-negativity

So what about *Fright Night* approaches? British readers of this Journal will know about – and indeed many of us may vividly remember – the 1986 AIDS campaign in the UK, which featured crashing tombstones and dire, deep-voiced warnings about how we shouldn't “Die of Ignorance”. So does that still remain the current approach to sexual health? In global campaign terms, things have calmed considerably: factual accuracy, humour and skills training are more the order of the day, though in 2007, David Cameron (the British Conservative Party Leader) openly advocated a return to campaigns of the above-mentioned style as a response to rising STI rates.

On a more personal scale, however, *Fright Night* tactics certainly are still used. An unbiased (albeit speedy) trawl of some current sexual health advice revealed the following examples. A high-profile global sexual health website staffed by general practitioners and consultants that comments: “the only totally form of safe sex is masturbation”. A recently-published American sexual health book, written by a medical team, which throughout hectored its readers with phrases such as: “If you think that using condoms is enough to protect you from every possible sexual bad outcome, you are headed for trouble” and “unless you are abstaining completely from sex ... you are vulnerable”. And, just a few months ago, a family planning nurse who having established that a 26-year-old female patient was in a committed long-term relationship, still launched into a finger-wagging “you really should use protection you know” speech without even checking whether she was. (She was.) I cite these instances not because the facts portrayed are necessarily incorrect, but because the way they are put across seem to me to be perfect examples of *Fright Night*.

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The anxiety that underpins this approach is utterly understandable. We live in an increasingly sexualised society and over the last few decades in particular we have seen at first hand the impact of that increase. And here I don't just mean the pregnancies and infections that we health professionals see on a daily basis. I'm also thinking of the constant barrage of panic-inducing problems in the community at large: pornography, prostitution, child abuse, date rape, sex addiction, infidelity, and the resultant home-destroying impact of such scenarios.

All human beings want to shield themselves and those they love from such dangers, and we frontline professionals rightly want to shield the clients for whom we are responsible. Sometimes that means tough love. It would be utter failure not to hammer home the statistics, issue ‘no holds barred’ posters and leaflets, rigorously check clients' contraceptive arrangements, make absolutely clear what physical and psychological havoc STIs can wreak. It may be *Fright Night*, but it's necessary.

Playing devil's advocate

Or is it? Is *Fright Night* the best way? Psychologically, there is a good argument that overemphasis on the problems may simply not work. The aforementioned “Don’t Die of Ignorance” advertising campaign was judged as failing within months of its release. The drama overrode the facts, leaving many people confused about the real message of the campaign. The ‘shock and awe’ tactics undermined their own message because when the HIV epidemic failed to decimate society, the public relaxed, felt the messages were scare mongering and went right back to their previous behaviour. *Fright Night* created a *Pollyanna* mindset.

“ Dire warnings from elders may immediately signal ‘something interesting’ to youngsters. ”

Too much *Fright Night* can create excitement rather than aware decision-making because for many people, what is seen as dangerous immediately becomes more attractive, more compelling. As any Journal reader who is also a parent knows, dire warnings from elders may immediately signal ‘something interesting’ to youngsters. And whatever one’s age, if one has a particular mindset, what is labelled as forbidden can instantly become a challenge. “Don’t” elicits the response “I certainly will, and to show I’m not cowed”. *Fright Night* can infantilise, and when it does, for ‘Y’ chromosome in particular, going ‘bare-backed’ becomes a rite of passage akin to driving fast or experimenting with illicit substances.

And that in turn, may I suggest, can lead to a spiralling dynamic between sexual health user and sexual health deliverer. Because faced with such irresponsibility on a regular basis – as many professionals are – the approach may become underpinned not by anxiety for clients but by irritation with them. Again, understandably, when treating those individuals who don’t use contraception, who come in for their umpteenth treatment for an STI, or those who ask for their third termination, frustration increases and becomes generalised even towards those who aren’t as irresponsible. Our professional warning voice can become very shrill indeed.

The final problem with the *Fright Night* approach is perhaps summed up best by a recent video clip on the website of British sexual health organisation, Brook Advisory. Entitled *I Thought Sex was Supposed to be a Good Thing*, its footage shows young people talking about their experience of sex education and stressing that although they want to get information and resources, being thoroughly warned off sexuality is too high a price to pay. These youngsters realise the mismatch between the sheer pleasure of sex and the scarifying statements they are given; they believe in the former and so the latter loses credibility. Passion often trumps sensible health messages, and if those messages seem just too horrifying, then they are disregarded completely.

Sex is a good thing

Is there a middle ground? Is there, somewhere between *Pollyanna* and *Fright Night*, a way to get sexual health messages across that avoids the dangers of over-optimism but also the traps of too much pessimism? The answer may lie in a new and slowly growing movement that hinges around the concept of ‘sexual positivity’, stressing the good things about passion and acknowledging that, actually, ‘sex is a good thing’.

I can, even as I write, hear a sharp intake of breath from some readers. Surely highlighting the positive aspects of sex will make it even more tempting and will make folk even more likely to give in to such temptation and launch into unsafe sex without pause for thought? Surely telling young people in particular that sex is overwhelmingly arousing and fulfilling is likely to create even more of a problem with regard to unwanted pregnancy and infection?

Not according to Brook. “Pleasure should be explored more”, says one young interviewee on the above-mentioned video, and Brook National Director, Simon Blake, told me that the organisation itself echoes that message. “Young people tell Brook time and again they only get messages about ‘the bad bits of sex’ at home, at school and in the media – in fact, the whole concept of pleasure and fun in sex seems to have got lost in our obsession with the nasties. But we think it’s extremely important to raise young people’s expectations of the kind of sex they should be having, when they’re ready and when they feel able to negotiate it. It would be a terrible thing to raise a generation who felt that sex was something to be frightened of.”

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The same is as true for adults as it is for young people. I also spoke to Julie Bentley, Chief Executive of the British fpa (Family Planning Association), who commented: “Good sexual health is not just about the negative sides of sex – enjoying a happy and healthy sex life is vital when it comes to making the right sexual decision”.

Happy endings?

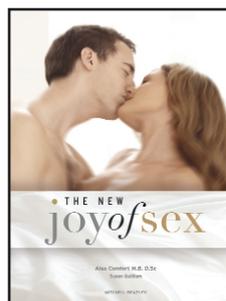
In the end, then, I come down on the side of the ‘sex positivity’ approach. Yes, sex is powerful, but it is wrong to regard it as a beast to be caged; rather, both young and old should be encouraged to recognise and respect that power, and to value sex more as a result. Yes, over-optimism and lack of knowledge are harmful. But over-pessimism not only rings false, not only infantilises the client, but also badmouths sex, thus tempting everyone to downplay its potency and underestimate just how much it can seduce into unwise decision-making.

Here then is my dream for sexual health. Yes, give accurate facts and useful skills. Yes, be clear about the sexual risks. But set all this in the context not of fear but of honest and open acknowledgement about just how good sex is, how magical, how compelling, how transforming. And in so doing, motivate everyone, young and old, to take sex very seriously indeed. And maybe, just maybe in time, we may be able to create for all sexually active clients the Hollywood happy ending....

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