

Years 12 & 13 – “Wellness”

Cautionary Note: “Wellness” is quite “the thing” these days. Unfortunately, the “World of Wellness” can be confusing and misleading and it’s advisable to check carefully the assertions of many “wellness practitioners”.

A useful source on what’s scientifically valid is Dr Ben Goldacre’s “Bad Science” network:
<https://www.badscience.net>

Sources of information on health, well-being and related matters include:

<https://www.healthforteens.co.uk> (NHS site – very clear; lots of key facts and links to sources of more information, help etc.)

<https://www.brook.org.uk> (very good – primary focus is sexual health and related matters, but also has lots of other useful health and well-being information.)

<https://www.nutrition.org.uk>

<https://www.youngminds.org>

DIET: Food is good → eat well. Variety → as much fruit & veg as possible (“5 A Day” *minimum, but the more the better*), pulses (beans, lentils etc), grains, potatoes, yams, pasta, rice, nuts, quinoa, tofu, milk, cheese, eggs, meat, fish etc. It’s good to eat at least one “hot meal” a day, even if it’s only beans on toast or soup. Any diet (omnivorous, vegetarian, vegan) can be healthy or unhealthy; the key to a good diet is **variety** and **balance**. It is important for those whose diets contain no animal derived foodstuffs to ensure that they eat adequate sources of protein and Vitamin D. This is especially true for darker skinned people because they may not be synthesising much Vit D via sunlight exposure – ‘Melanin is a superb natural sunscreen.’ (Prof Nina Janblonski, Pennsylvania State Univ, author of *Skin: A Natural History*, 2006)

Aim to include all major food groups (carbohydrates, fats, proteins, vitamins & minerals, + fibre & water): think “colours” → variety, esp of fruit & veg. Beware “wacky” diets excluding whole food groups – generally, except for people with allergies or intolerances, these do more harm than good. Water → drink plenty of it, but not to excess.

NB The “Clean Eating” movement can be quite “cultish”. Many “clean eaters” ignore evidence that counters their beliefs and are often intolerant of dissent. “Clean eating” sometimes masks eating disorders and other problems.

A particularly nasty trend is the use of messaging apps and other social media platforms by “**pro-ana**” (anorexia) chat groups and “**coaches**” to interact with young people. Dr

Bernadka Dubicka (Royal College of Psychiatrists) and Deanne Goddard (National Centre for Eating Disorders) describe them as ‘evil’ and ‘sadistic’ people who are ‘in the business of manipulation of the vulnerable’ (*The Sunday Times* Investigation, 16/2/20).

NB **Dietary supplements** and **vitamin pills** may be advisable for some people (Eg. during pregnancy; the frail elderly; the sick; those whose diets or darker skins render them susceptible to Vit D deficiency), but for most these are not necessary. A balanced diet will provide all the vitamins and minerals necessary for good health. Many users of high dose Vit C supplements are almost literally peeing their money away, and in any case it’s far healthier to get Vit C from eating fruit and veg because these confer other benefits – Eg. fibre.

NB Some “**sport supplements**” are potentially harmful. Many of the “training supplements” readily available (Eg. “fat burners” commonly sourced on-line) are dangerous because these contain substances which may cause irregular heart rhythms, hyperthermia and other potentially fatal health problems.

ALCOHOL: Dangerous Drug -> beware. It is not sensible routinely to consume more than about 10 units a week. “Binge” drinking is particularly inadvisable.

[NB 1 “unit” = a half-pint of *ordinary* strength beer; a *single* measure (pub ‘optic’ measure) of *most* spirits; a *small* glass of wine. **Caution** - a standard pub/ restaurant “glass of wine” will often be 2+ units.]

Alcohol poisoning: alcohol is a **depressant drug** (ie it inhibits/ depresses normal neurological functions - just like heroin) -> consume too much at once, **it will kill**; in much the same way as a heroin overdose.

Drinking & Pregnancy: **Foetal Alcohol Syndrome** – devastating. Current medical advice is to avoid alcohol when trying for pregnancy and during pregnancy.

NB Heavy drinking tends significantly to reduce sperm quantity and quality, and alcohol misuse is a **common cause of erectile dysfunction**. Heavy alcohol use has other physical effects: most obviously liver damage, but also cardiovascular problems, weight gain, atrophy of the testicles and excess growth of breast tissue. **Alcohol misuse is also a big risk factor for developing mental health problems, diabetes and cancers**. Contrary to popular belief, **booze tends to reduce libido (sex drive) and inhibit sexual function**. Alcohol misuse is a common cause of reduced fertility and a major factor in many accidents, violence and other social problems.

<https://www.alcoholchange.uk>

<https://www.drinkaware.co.uk>

<https://www.wearewithyou.org.uk>

OTHER DRUGS-> legal & personal implications? Find out the **facts** –

<https://www.talktofrank.com>

Law: *Misuse of Drugs Act* (Class A, B, C); *Psychoactive Substances Act* (synthetic “highs” etc)

NB Lethal Dose Factor: any “drug” (ie *any* substance, other than those essential for life, which when ingested has a physical and/or psychological effect) has the potential to cause serious harm if used excessively or inappropriately. Most, in sufficient concentration can kill (**LDF**) – eg alcohol, nicotine, aspirin. Physically, it is nearly impossible to drink enough coffee to come close to the LDF of caffeine (an alkaloid stimulant), altho’ excessive caffeine ingestion will cause sickness. In contrast, the LDFs for drugs such as alcohol, paracetamol and heroin are not that far removed from the “routine” levels of consumption by regular users.

Most alcohols are lethal – only **ethanol** (in beer, wine, spirits) is **relatively tolerable** to the human body, but it is **cumulatively very damaging**. **Nicotine** (another alkaloid stimulant) is **toxic to humans**, albeit in far higher concentrations than derived from smoking, vaping, snuff, “snus”, nicotine gum, chewing tobacco etc - which is not, btw, to suggest that such nicotine use is harmless.

NB Just because use of a substance is “legal”, that is no guarantee that it is “harmless”. Context is everything - it is important to understand this. Eg. “Botox” is derived from one of the most lethal neurotoxins on Earth, but some people have it injected into their faces for cosmetic reasons. Botox also has legitimate medical uses. OTOH, excessive use of “Botox” by unethical (or just plain stupid) “beauty practitioners” may do lasting harm to clients.

If using **drugs** (legitimately or not), it is vital to understand that **all have potentially harmful effects**. Legalities aside (**and bear in mind that illegal drug use can have massively negative personal, educational & professional consequences**), from a *harm avoidance and reduction* perspective, it’s a “Personal Cost/ Benefit Analysis”. If using drugs “recreationally”, it is sensible to find out the **scientific & legal facts** – rather than being “guided” by what mates or suppliers may say.

Reality – very few, if any, drugs (legal or illegal) used “recreationally” are “harmless”.

{**NB** The “**ChemSex**” world may be alluring to some people, but is **inherently high risk**. First, as a social media enabled arena of casual sex it is a favoured domain of predators. Second, the drugs commonly taken are dissociative “highs” which render users highly vulnerable.}

SLEEP, REST, EXERCISE: without sleep humans go insane and then die. 6-8 hrs is optimal for most adults, altho’ younger people generally need more. During sleep the brain “files”

information (REM phases, when we dream etc) and flushes out toxins, which is why sleep is important for general well being. Young brains, in particular, have massive “neuroplasticity” and are constantly processing huge volumes of new “data” and “reconfiguring” in myriad ways. It really matters that young people get enough sleep, which is why they are prone to “crashing out” for protracted periods and often find it hard to get up in the mornings.

You do not have to be a fitness fanatic to take regular **exercise** → find out what works for you and do it regularly. **Brisk walking** is excellent. Also good are gardening, swimming, cycling, dancing, “kickabout” football, dog walking, “shooting baskets” etc. Aim to spend **at least 30 mins** a day **moving around briskly in the open air**. Gyms and leisure centres are fine for some people, but others do not feel comfortable in such environments and it’s easy to overlook the “great outdoors” as “Nature’s gym”. Generally, it is cost free, and for many people **moving around in the open air confers benefits beyond simply the physical exercise**. Also, if you can, **3 minutes** of High Intensity Training (**HIT**) a week (maybe 9 X 20 second bursts of *intensive activity* – Eg. vigorous running on the spot) is good for the metabolism.

NB “All work and no play...” -> take breaks/ have a laugh/ cultivate friendships/ **talk with people** face to face – *not just on social media*. **This really matters...**

Hobbies and **interests** are extremely beneficial because these provide “refuge” and also often enable social interactions which help to maintain psychological wellness.

Adlerian psychology stresses the **interconnectedness of humans** and the **importance of social interaction to mental health**. Even the most introverted individuals usually have a few close friends, and most people value *some* group activity; even those whose participation may appear marginal to others. People are stimulating (even when annoying) and although individuals may be highly selective about their social interactions, it matters that we have them. For example, many people gossip (or listen to it) because it’s an invaluable source of “intelligence” – in both senses. Gossip provides information about what’s happening (“environmental intelligence”) and helps development of understanding of others, empathy and interpersonal skills (“social intelligence”).

CANCER: generic term for over 100 diseases sharing the characteristic of uncontrolled, abnormal cell growth. Cancer can occur in any part of the body, except teeth (the enamel part), hair and nails – because these are not living cells. Generally, a disease of older age (as cell regeneration degrades); genetic, environmental and lifestyle factors may be highly significant. <https://www.cancerresearchuk.org>

Younger people (incl children) can get cancers. Generally, this is bad luck, but we should all be careful – a **healthy lifestyle** (balanced diet, exercise, not smoking, drinking alcohol only in moderation, sun protection etc) **reduces many cancer risks**. Some cancers are “specific”, only occurring in those who have certain physical characteristics (eg penile, prostate,

testicular, cervical, ovarian), and some of these can occur in younger people – Eg. breast, cervical, testicular. [NB Men can get breast cancer → 2-3% of cases.]

<https://www.clicsargent.org.uk>

<https://www.teenagecancertrust.org>

Testicular cancer rarely occurs in those aged 40+ and is most common in late adolescence and early adulthood. <https://www.orchid-cancer.org.uk>

<https://www.testicularcanceruk.com>

<https://www.baggytrousersuk.org>

Breast, cervical and ovarian cancers:

1. **Breast cancer may occur in younger people**, esp if there's a family history of such (BRCA – “breast cancer gene” – see <https://www.breastcancer.org>), so regular breast self-examination is sensible → **“BANTSA!”**
2. **Cervical cancer is relatively rare in under 30s**, but it can occur. Key point: any bleeding between periods or after sex → **GO TO DOCTOR IMMEDIATELY.**
3. **Ovarian cancer is rare in younger people.** <https://www.ovarian.org.uk>
4. Key point: persistent discomfort/ pain in stomach, abdominal or pelvic regions; any abnormal bleeding, discharges; inexplicable tiredness, weight loss, nausea need to be **checked out asap by a doctor.**

Breast self-examination: do it **monthly**. Remember that breasts are never totally symmetrical. Nipples and areolae (pigmented areas around nipples) vary in appearance. What matters is getting to know your breasts and **noticing any changes**, esp in appearance of nipples/ areolae (Eg sudden inversion of nipples; eczema like patches on areolae) or of the breast skin (Eg puckering). Such changes and/ or pain/ tenderness, lumps in the breasts (or swelling/ tenderness in the armpits) should be **acted on immediately**.

“BANTSA!”

Breasts (cup breast in hand → probe gently but firmly, esp milk ducts & lobules. Any lumps need checking.)

Areolae (vary in appearance – normal. Any eczema like irritation needs checking.)

Nipples (vary in size/ appearance; some are naturally inverted – normal. Any *change*, esp sudden nipple inversion, needs checking.)

Tenderness/ Tension of breast tissue needs checking.

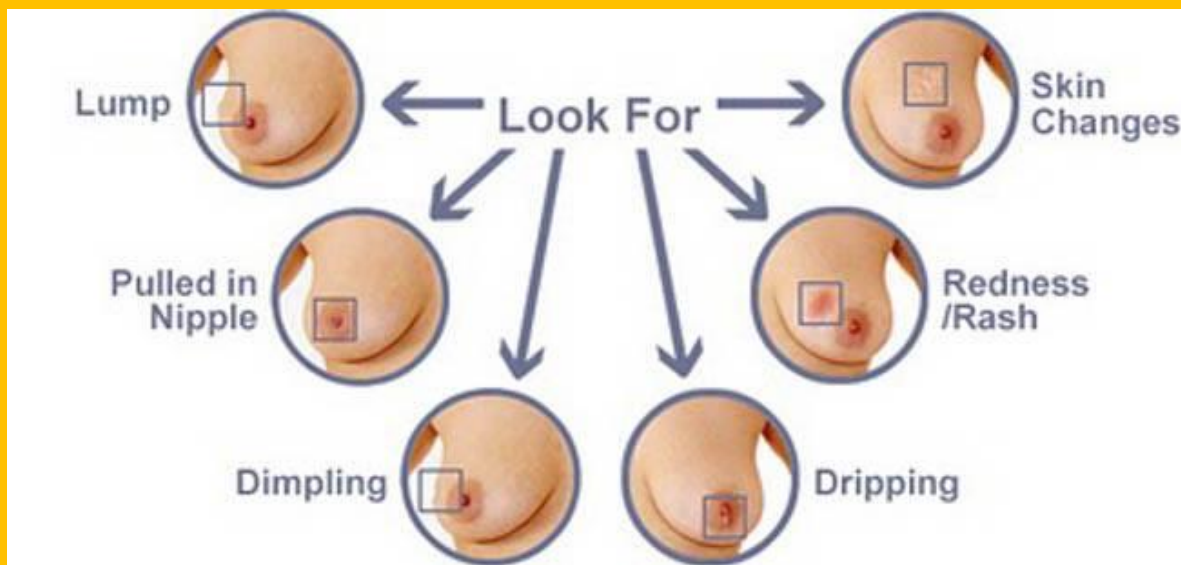
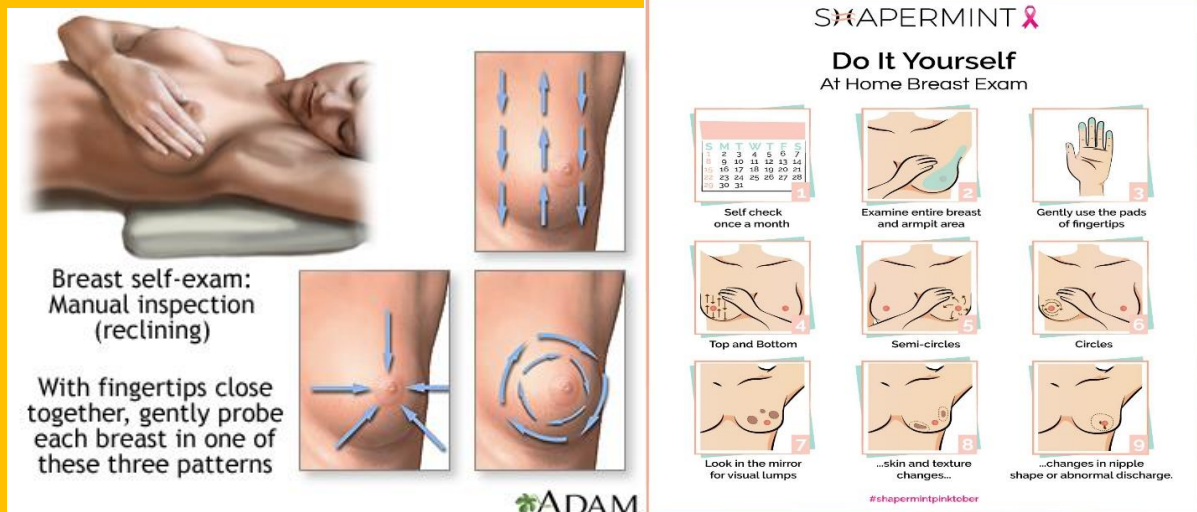
Skin - any change in skin of breasts (Eg. puckering) needs checking.

Armpits – discomfort, swelling, tenderness etc – needs checking.

In short, if **any abnormality, lump or change** is noticed, **go to the doctor asap**.

<https://www.breastcancer.org>

<https://www.macmillan.org.uk>



Skin cancer – mole awareness (esp in “inaccessible” areas – eg back, back of legs, perineum – soft area between genitals and anus, and areas regularly exposed to sun such as forearms, back of neck) -> if in doubt, get checked out. **Cover up in the sun. Any change to a mole** (colour, shape, size) should be **checked by a doctor** immediately. We are *all at risk* from too much sun exposure, altho’ fair skinned people with many moles (25+) are particularly vulnerable*.

(*On the plus side, there is evidence that an above average number of moles is indicative of strong telomeres, which *may* mean that such people age better than average and *possibly* have higher sex drives.)

* Naturally darker skinned people are less vulnerable, but they are *not invulnerable* and *should not be complacent*. Reggae superstar Bob Marley died of a malignant melanoma which first presented as a black spot under his big toenail. He assumed he'd bruised his toe and only went to a doctor when the "bruise" enlarged and became painful, by which time the cancer had spread; although he didn't help himself by refusing medical treatment.

HOW TO CHECK YOUR SKIN FOR SKIN CANCER

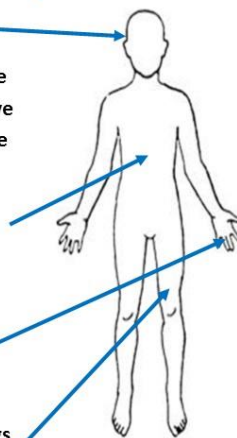


By checking your skin regularly, you'll learn what is normal for you.

The best time to check your skin is after a shower or bath. Use a full-length mirror and a hand-held mirror in a room with plenty of light.

Check yourself from head to toe:

1. Look at your face, neck, ears, and scalp. You may want to use a comb or a blow dryer to move your hair so that you can see better. You also may want to have a relative or friend check through your hair. It may be hard to check your scalp by yourself.
2. Look at the front and back of your body in the mirror. Then, raise your arms and look at your left and right sides.
3. Bend your elbows. Look carefully at your fingernails, palms, forearms (including the undersides), and upper arms.
4. Check the back, front, and sides of your legs. Also check the skin all over your buttocks and genital area.



Learn where your moles are and their usual look and feel.

Check for anything new, such as...

- a new mole (that looks different from your other moles)
- a new red or darker color flaky patch that may be a little raised
- a change in the size, shape, color, or feel of a mole
- a sore that doesn't heal
- a new flesh-colored firm bump



Don't be shy; melanoma isn't, and finding it early could save your life!

www.screenancer.com

ABCDE Rule To Detect Melanoma

The ABCDE rule is a common recognised screening tool used to assess characteristics of normal moles vs abnormal moles (melanoma)

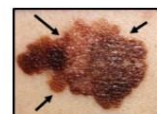
ASYMMETRY

An Irregular shape - The 2 halves should be symmetrical



BORDERS

Look for unclear, irregular or ragged borders



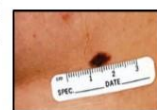
COLOUR

Changes in colour, especially black, blue or uneven colour



DIAMETER

More than 5 - 6mm in diameter and change in size



EVOLVING

Changes in shape, size, colour, itching, bleeding of existing mole or if a new mole/ lesion appears



ScreenCancer

NB According to *Cancer Research UK* **over 80% of malignant melanomas are preventable: *big risk factors* are *excessive sun exposure* and/ or *sunbed use*.**

Prostate cancer – affects 30,000+ / year in UK; mainly 50+ years old. Most prostate cancer is treatable, and many (70%+) who develop it these days live with it for years, often dying from other causes.

Penile cancer – rare, but any penile lesion should be checked out → could be an STI or some other infection.

Testicular cancer (“Germ Cell Cancer of the Testes”) → danger age 15-40 years old, altho’ a few cases occur in older people. (Approx. 3,000 / year in UK → relatively rare, but not insignificant) → **very treatable** if **caught early** before spread. ***If in doubt, get checked out.***

“Know your balls” → **Testicular self-examination:**

“Tesco Twenty Second Shoparound”: Do it **monthly** – in bath/ shower when everything is “hanging loose”. Check for enlargement/ changes in size, shape / any other changes – Eg. lumps, or blood in semen. Any of these, or pain, discomfort, “dragging” sensations should be **acted on immediately**.

“TESCO!”

Testicles (testes) – oval, regular. Cup testicles in hand and feel around gently. One may be slightly smaller than the other; one normally hangs lower (so the balls don’t bang together when running – ha, ha!).

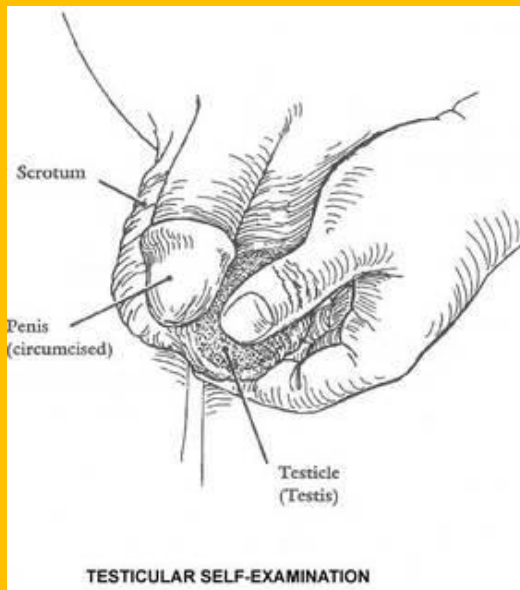
Epididymis – flange of tubules (40 feet long if unravelled; act as a sperm repository) where sperm cord (Vas Deferens) joins testicle – feels “rubbery” like “scrambled eggs”.

Scrotum (“ball bag”, “sac”)

Cord (Vas Def) – “sperm cord” leading from testes to urethra.


Other bits - penis, perineum.


If any lumps are found, or any other changes are noticed (esp “dragging” sensations, or apparent enlargement or tenderness), ***go to the doctor asap.***





Testicular Self-Exam

! Testicular Cancer Awareness Foundation

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examine by rolling the testicle between thumb and fingers use slight pressure
- 

cup one testicle at a time using both hands best performed during or after a warm bath or shower
- 

familiarize yourself with the spermatic cord & epididymis tube like structures that connect on the back side of each testicle
- 

feel for lumps, change in size or irregularities it is normal for one testis to be slightly larger than the other

SEXUAL HEALTH <https://www.brook.org.uk>

Human sexuality and sexual and gender identities are diverse: there are huge variations between individuals and cultures, and within sub-groups. **Societal attitudes also vary hugely,** although it's probably broadly correct to state that there's greater acceptance of sexual and gender diversity than was the case not long ago. <https://www.natsal.ac.uk>

The Law (eg *Gender Recognition Act, 2004; Equality Act, 2010*) acknowledges and protects the right of gender diverse people to live free from discrimination in society, workplaces etc. Societal attitudes to sexual and gender diversity have changed significantly in recent decades – eg *Civil Partnership Act, 2004; Marriage (Same Sex Couples) Act, 2013*. Gay people have been able openly to serve in the armed forces since 2000. *Sec 28 of the Local Government Act* (which barred “promotion” of homosexuality in schools; ie teaching about it in an accepting or positive way) was abolished in 2003. In short, things have changed massively in the C21st.

Some people are **asexual** (ace - <https://www.asexuality.org>), or may identify as greysexual, demisexual etc (<https://www.whatisasexuality.com>). Others identify as **polyamorous**, or in many other ways (gay, bi, straight, non-binary) – it's complicated.

<https://www.stonewall.org.uk> <https://www.gires.org.uk>

What matters is that individuals are free to live without fear, irrespective of sexuality, sexual or gender identities. Having or not having sex with others is a *personal choice*; the “whys and wherefores” are no-one else's business. What follows is an attempt to provide basic guidelines of general applicability to all who are (or are thinking of being) sexually active with others. **It makes no claim to be definitive** – it's an “aide memoire” of key points, nothing more.

Masturbation is a **common sexual practice**: most do it, but some do not – for religious or other reasons. There is evidence that regular self-induced orgasms are physically and psychologically beneficial. It is a safe way to explore sexuality and no STIs or pregnancies will result.

STIs – if you’ve had sex with someone else and are experiencing soreness, discharges etc “down there”, and/ or rashes, painful urination (“La Chaude pisse”) or are feeling generally unwell (eg “flu-like” symptoms), or have any other reason to think you may have caught “something nasty”, **get yourself checked**:

GP or District Hospital “**Sexual Health Services**”, and often local “Walk-in” clinics: ‘Google’ “NHS Sexual Health services” for your area to find contact details (NHS Sexual Health Services are very *discreet, confidential* and *non-judgmental*).

<https://www.wiltshiresexualhealth.co.uk>

NB – links between intravenous drug use, sex working, STIs (notably HIV/ AIDS) and Hep B & C. Some people are **sex workers** or **users** of such services. Anything else aside (legal, ethical considerations), **such behaviours** are **inherently high risk**.

Condom use. If engaging in **casual sex** (not recommended, but some do) it is **foolish not to use a condom/ femdom**.

Check condom is ‘in-date’; ‘kite mark’ standard -> fit correctly; use once only. Dispose of used condom decently -> bag it/ bin it. Do not flush down the lavatory -> they have an unfortunate tendency to “balloon” and cause blockages; very awks when the plumber comes to fix it. Never leave used condoms where pets may find them.



How To Put On and Take Off a Male Condom



Carefully open and remove condom from wrapper.



Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first.



Pinch air out of the tip of the condom.



Unroll condom all the way down the penis.



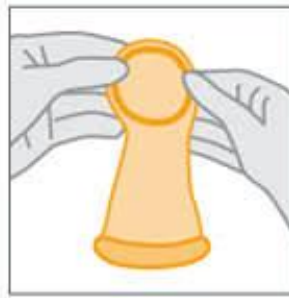
After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.



Carefully remove the condom and throw it in the trash.



Carefully open and remove female condom from package to prevent tearing.



The thick, inner ring with closed end is used for placing in the vagina and holds condom in place. The thin, outer ring remains outside of body, covering vaginal opening.



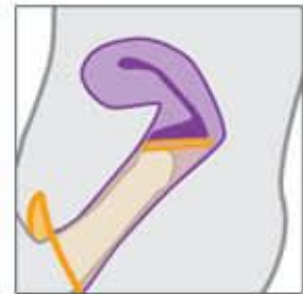
Find a comfortable position. While holding outside of condom at closed end, squeeze sides of inner ring together with your thumb and forefinger and insert into vagina. It is similar to inserting a tampon.



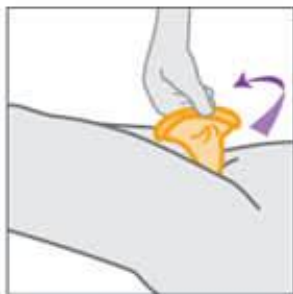
Using your finger, push inner ring as far up as it will go until it rests against cervix. The condom will expand naturally and you may not feel it.



Be sure condom is not twisted. The thin, outer ring should remain outside vagina.



Guide partner's penis into opening of female condom. Stop intercourse if you feel penis slip between condom and walls of vagina or if outer ring is pushed into vagina.



To remove, gently twist outer ring and pull female condom out of vagina.



Throw away female condom in trash after using it one time. Do not reuse.



Safe Sex: if a couple only have sex with each other and both are STI free, then it's very safe (zero risk), but if one "strays" and has sex with another person, there's a risk. "Rule of thumb" – the greater the number & frequency of different sexual partners, the greater the risk; altho' it does **only take one. Multiple or casual sexual encounters are very risky**, particularly if femdoms/ condoms are not used. (NB Con/Femdoms do not confer immunity from STIs, but their use does significantly reduce infection risk.)

Anal sex is "high risk" (due to risk of injury) – if engaging in anal sex, **condoms & lube are essentials** and **great care should be taken** to avoid damaging the delicate tissue in that part of the body. If using sex aids such as "butt plugs", these must be washed very thoroughly after each use and it is advisable to cover them with condoms (and lubricant) when using

them. [NB Common misconception - only gay men have anal sex: many gay men **do not have anal sex**; a significant proportion (at least 20%) of other people **do**.]

Common sexual problems other than STIs

1. **Erectile dysfunction**: “impotence” (as opposed to “infertility”) – inability to obtain/maintain a satisfactory erection. More common than realised, including in younger people. Most will experience this problem at some time. In older people it may be a “marker” of circulatory or other medical problems and (anything else aside) for this reason should be checked-out by a doctor. When it occurs in healthy young people, it is almost always due to anxiety/ stress, fatigue, alcohol or other drug use, or hunger. Generally, therefore, it is transitory. If, however, the problem persists, medical advice should be sought. If the sufferer regularly experiences nocturnal erections, this suggests that the problem is psychological rather than physiological. A *persistent* problem with erectile dysfunction in an outwardly healthy younger person *may* be indicative of an underlying medical problem and needs checking.
2. **Anorgasmia**: inability to experience orgasm. Generally, this is due to anxiety/ stress or unsatisfactory engagement with or stimulation by a partner: a key reason why care, consideration and communication are so important in intimate relations. In a few cases there may be underlying medical reasons, so persistent difficulties should be checked-out.
3. **Premature ejaculation**: almost always due to inexperience or anxiety. Very common, but usually resolves with experience - especially if partner is supportive. Very rare for this to be a persistent problem, but if it is, it’s probably due to an underlying psychological difficulty – eg “performance anxiety”.
4. **Anxiety about physical appearance**: common – normal. Most people dislike aspects of their bodies, although in a few cases this may be generalised and severe. Important to understand that most things which trouble individuals about themselves are probably not much noticed by others. *In my opinion*, “partners” who are unpleasant about the bodily insecurities of anyone they’re intimately involved with are partners we’re better off without.
5. **Pain/ discomfort during sex**: many possible causes – some readily resolvable; others more serious. If the problem’s persistent, get checked out by a medical professional.

SEX – CONSENT & RELATED MATTERS: ESSENTIAL POINTS

- **Age of sexual consent** – 16 (in UK, but *may differ elsewhere* - eg USA, France)
- Sex without consent is rape. (no “ifs”; no “buts”) [*Sexual Offences Act*]
- **Consent** – “Cup of Tea” analogy ->just because someone says they’d like a cuppa it does not necessarily mean that they will subsequently want to drink it. Someone who has asked for a cuppa but then fallen asleep should not be “force fed” a drink of tea as they sleep! Someone may take a sip of tea but then decide they want no more tea to drink...etc (see **YouTube “Tea and Consent”**).

- A drunken, stoned or otherwise “spaced out” person **is not fit to give consent...**
- Amendments to *The Sexual Offences Act* mean that this is now a matter of statute law and not just common decency.
- People may *at any time* **change their minds – this must be respected – always.**
1992: former World Heavyweight Boxing Champ Mike Tyson was convicted of raping a woman who had expressed clearly a desire to have sex with him; gone willingly to his hotel room with him, where she performed intimate sexual acts with him - before changing her mind about having penetrative sex with him. Tyson proceeded to have sex with her despite her pleas that he desist. Tyson’s defence that her behaviour towards him had clearly signalled her consent to penetrative sex failed precisely because he’d refused to respect her right to change her mind at any point up to the actual act itself. No means NO, even at the “eleventh hour” and even if significant consensual sexual intimacy has already occurred.
- NB Just because *you like a particular sexual practice, there is no reason why a partner should share your taste. Communication and mutual respect matter!*
- **“Good sex” is consensual, considerate and caring.**
- **Communication** *is essential for healthy and mutually satisfactory sexual relations.*
- *There’s no such thing as ‘bad in bed’- just selfish in bed.*
- “The Right Time” to have sex **is when it’s right for you and your partner, which should be determined by the Law, your beliefs & values and circumstances...and it must be fully consensual!** (NB – Many people believe, for religious or other reasons, that sex should be confined to marriage. Such views are perfectly normal and reasonable and should be respected.)
- **No-one has any right to expect/ demand sex of another, nor question, challenge or denigrate their beliefs about what is right for them.**
- We should **beware making assumptions** about the sexuality, sexual preferences or identities of others – eg some people are “ace” (asexual) or “greysexual”. Many “straight” people have homoerotic fantasies and have often had homosexual experiences. Most “gay” people have had at least one “straight” sexual experience. Some people enjoy sexual fantasy and role play, but others do not. Libido (sex drive) is highly variable – not just from one individual to another, but also in individuals from time to time, depending on their circumstances. People may, for complex reasons, identify differently at various times in their lives. In short, nothing is “typical” and such matters can be very complex.
- **The perils of porn:** porn actors are not “normal” (in the sense that most people do not become porn actors; people who do tend to be atypical – physically and psychologically) → porn *is fantasy* – porn practices are sometimes *extreme*, or at least *highly unusual*, and are rarely representative of what most people actually do and enjoy. (BTW, same is generally true of the fashion world.)

- **Danger:** clear evidence that many people think that what's seen in porn is "normal" and consequently have **distorted and unhealthy** perceptions of what to expect during sex with real partners, often with unfortunate consequences.
- **"Pornhub" is not a good source of sex education.** It may be interesting, amusing and stimulating for *some* people, but it *distorts* and *misrepresents reality* and often promotes potentially *damaging* and *unhealthy ideas* about sexual relations. **NOTE ->**
 1. **Pubic & other body hair is normal** – individuals may choose to remove it, but its presence is *normal*.
 2. **Marks on the body are normal**, but fashion & porn industries usually go to great lengths to cover these up – a gross distortion of reality.
 3. **Genitalia vary considerably in appearance from one individual to another. Normal.**
 4. **One testicle usually hangs lower than the other – normal.**
 5. **Breasts are rarely symmetrical – typically one is slightly larger.**
 6. **Legalities:** in UK jurisdictions it is **illegal to view** (let alone download) porn involving **minors, animals, or which is non-consensual/ coercive**. **"The Deep Web" (aka Dark Web)** -> those going there should ask themselves a few searching questions about their motives. For obvious reasons, **no-one "ends up" on the Deep Web by accident.**

Guidelines for having sex with another person -> think "ACK ACK"

What is Consent? Presented by APAC

DEFINITION
Consent is a shared voluntary agreement to engage in a behavior.

Positive Consent Can Look Like This

- Explicitly agreeing to certain activities, either by saying "yes" or another affirmative statement, like "I'm open to trying."
- Communicating when you change the type or degree of sexual activity with phrases like "Is this OK?"
- Using physical cues to let the other person know you're comfortable taking things to the next level

Pillars of Consent

- Consent is Freely Given**
Consent is granted without risk of coercion and deception
- Consent is Informed**
Participants have clarity on details and expectations of the acts and behaviors to which they are agreeing
- Consent is Actively Given**
Participants continually agree to partake in acts and behaviors with verbal and nonverbal consent check ins.

Consent DOES NOT Look Like This

- Refusing to acknowledge "no"
- Assuming that wearing certain clothes, flirting, or kissing is an invitation for anything more
- Someone being under the legal age of consent, as defined by the state
- Someone being incapacitated because of drugs or alcohol
- Pressuring someone into sexual activity by using fear, intimidation, or abuse of power
- Assuming you have permission to engage in a sexual act because you've done it in the past

CONSENT CAN BE REVOKED AT ANY TIME
Any participant in the agreed act or behavior can change their mind and communicate their wish to stop.

ASK CONSENT KNOW THE LAW ASSUME NOTHING CONSIDERATION KINDNESS

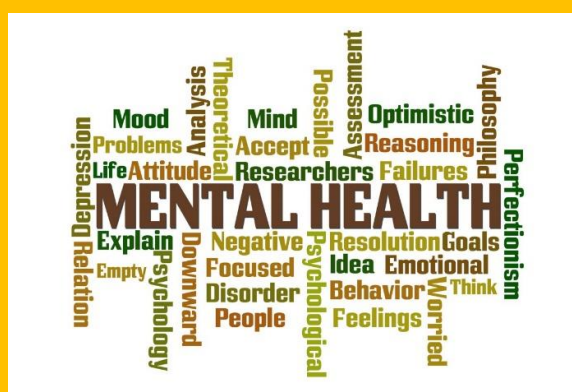
Pregnancy/ contraception

NB: *Never forget that the biological purpose of sex is reproduction.* If two healthy young people (male + female) have sex without “taking precautions,” it is likely that pregnancy will occur: **about a 3-5% chance for each act of intercourse.** Because our culture focuses much attention on the conception difficulties experienced by some (often, in reproductive terms, *older*) people, the impression is conveyed that it is very hard to become pregnant. In fact, for most (especially healthy young people) this is not so. If it were *that* hard, the global population would not be expanding. Unplanned pregnancy will throw up difficult issues and problems.

Key point: *Get proper contraception advice* – from *medical professionals*, who are accessible via the NHS.

NB If using oral contraception obtained without prescription, remember that there are *good medical reasons* for **monitoring hormonal contraceptive users**. NB contraceptive pills sold on-line may be dodgy/ ineffective.

MENTAL HEALTH/ PSYCHOLOGICAL WELL-BEING



<https://www.kooth.com> (on-line counselling)

<https://www.mind.org.uk> (general info, links etc)

<https://www.headspace.com> (mindfulness etc)

<https://www.mantherapy.org> (American – full-on/ humorous – “Dr Rich Mahogany” – “in your face” but informative → deals with a lot of serious stuff – Eg. suicide, drug misuse. *Not for everyone*, but some find it helpful and entertaining.)

<https://www.autisticuk.org> (neuro-diversity)

“ASBO” guidelines to promote psychological well-being

A Associate with others: spend *some* time every day *physically with real people*, even if they’re annoying. Social interactions *do* help maintain balanced perspectives. Total social isolation is unhealthy.

Ambulatory activities → get outdoors daily & move around briskly for at least 30 mins.

Air views & feelings → you’re entitled to do this (be polite, but don’t bottle things up).

Accept that anxiety is normal (only a problem if constant and overwhelming) → prompts us to find info, seek advice, check important details, prepare to meet challenges. Embrace this *reality* and try to *act positively*.

S Support Yourself (you’re probably doing fine) and others, and *seek support* if needed.

Sleep → worrying about not sleeping is a prime cause of insomnia. If you awaken in the night, don’t “sweat it” → *you have slept* and *are in bed resting* – if you allow yourself to (see Dr Guy Meadows <https://www.thesleepschool.org>). Read or listen to music → distract yourself → eventually you’ll probably nod off again. If problems persist, think about pre bed routines & habits which may be inhibiting sound sleep. Might more exercise help? Caffeine consumption? Screen time? Do you have “winding-down” rituals before bed? Is your sleeping area too warm, stuffy etc?

Sense of humour/ sense of proportion: have a laugh – it’s allowed.

Social Media → moderate use, esp immediately before bed.

Selfishness is okay at times. If you do not look after “Number One” (or always allow others to “guilt trip” you into doing what they want) you’ll end up no good to anyone. Those denying this are deluded or trying to use others for their own ends.

Solitude is okay – in moderation (we all need this from time to time → find a ‘refuge place’ and use it when necessary).

Skive to survive – in extremis, do what you have to to get by (see above – ‘selfishness’; below – ‘priorities’). *Save your sanity by saying ‘no’*.

B Break down tasks into manageable “chunks” → one small step at a time.

Breathing → control it/ use it.

Beware bullies (don't engage → *cut them off*) and *baloney* (Eg., *in my opinion*, "management speak", advertising, most political messaging & many "statistics", much posted on "Social Media", all drug dealers) → half of humanity talks and believes baloney most of the time. We can't always say what we really think, but we *can* "engage first gear" in our brains, think logically, check verifiable evidence, and *reach our own conclusions*. Obvious, but often overlooked → *use the brain to banish baloney*. We may still have to go along with it, but recognising baloney is an *inner spiritual victory* which helps maintenance of psychological well-being, esp when using social media.

O Order Priorities: What really matters? What *has* to be done → today, by tomorrow or by next week? Make a *checklist* → order priorities and work through it, ticking off tasks when completed; a psychological boost. It's stunning how many fail to do this.

Try not to become *overloaded* with commitments: some drive themselves to "meltdown" by trying to do too much. It may, at times, be necessary to suspend non-essentials or even let them go altogether.

REALISM, "MINDFULNESS" and other stuff

Applying the ASBO principles helps most people attain a sense of *being more in control*. **Anxiety is normal** – without it we would not bother to do important things. Anxiety is only a problem if it becomes overwhelming, esp if it derives from fear caused by past setbacks. Renowned sports coach Warren Gatland believes we should focus on current realities and try not worry about the "might haves" – a waste of energy.

Mindfulness is currently fashionable and it works for some. The concepts underpinning this are not new - many derive from Buddhist and other ancient practices.

Dr Claire Weekes (1903-90) devised a system of anxiety management (eg *Self Help for Your Nerves*, 1962) which prefigured today's "mindfulness". Her "Anxiety Code" can be summarised in 6 words:

1. **Face** (*the fear*)
2. **Accept** (*the fear – it is what it is*)
3. **Float** and
4. **Let...**
5. **Time...**
6. **Pass.**

Claire Weekes believed "**fear of fear**" to be the main cause of anxiety and panic attacks. Her system aimed to calm mind and body and break the cycle. She was belittled by the psychiatric establishment of her day, but the approach of this Australian zoologist and GP (who worked very successfully with traumatised survivors of both world wars) underpins

many modern CBT and “mindfulness” techniques. There are many simple techniques that may help to “clear head space”, maintain control of situations or simply relax/ sleep better:

Eg. From **Cognitive Behavioural Therapy**: think about (cognition) what causes anxiety → triggers? List these → think about them and consider how to regulate reactions → list ways of changing reactions (behaviour) to improve situational responses. Apply it → small steps. As confidence builds, develop it more fully. Keep doing it and extending it. Applied systematically, it can be surprisingly effective.

Eg. Practise and develop **assertiveness** techniques:

1. **Practise saying “no”** → politely, firmly and with a smile, whilst looking in a mirror - until it feels comfortable. When necessary, say “no” to others.
2. If someone’s trying to *intimidate, hustle or manipulate* → **ask them to repeat** key points. Ask for clarification of meanings or for more info, or **reflect back** by repeating slowly (whilst looking puzzled, surprised, hurt, concerned etc) what they’ve just said.
3. **Another “time buyer” is simply to acknowledge their points and then state “...but may I think about it?” or (better) “Will you let me think about it?” or “I’m not sure, I’ll have to run it past X before giving you my answer.”** (NB Bullies & manipulators hate it if their targets share with others what’s been said to them – they get “traction” by saying different things to different people. If they say “it’s secret”, or “just between you and me”, call their bluff - it’s rarely the reality, just their “mind games”.)
4. **Break-offs**: thank them politely for their “inputs”, “insights”, “comments” or whatever (use *positive words*) → state clearly you’ll “get back to them” → turn away from them → move away.

Other useful techniques for countering hustlers and manipulators -

1. **Fogging**: counter questions with your own questions → “Why do you feel this way?”, “What gives you that idea?”, “Why do you ask that?”. Or introduce *your own points* to confuse → if they get angry, so be it; it puts you in the driving seat.
2. **Broken Record**: state your position politely and firmly. If they don’t accept your position, keep repeating it in exactly the same words each time.
3. If they say “You’re making me angry” or “I’m going to get angry” etc, smile and reply **“That’s your problem, not mine”**.

If someone’s being aggressive, overbearing or bullying, *be politely difficult* towards them.

Eg. **Breathing, visualisation & relaxation techniques. Breathing and counting down**: take a deep breath in (count 1-3) *whilst pushing belly out* → breath out (count down from 5-1).

NB counting from 1-10 is fine, but if trying to calm oneself, it's psychologically better to **count down**. When you get to 1, **visualise zero**. This can then be developed (if, for example, trying to sleep, or just "tune out" for a while) by **visualising** the zero as a **spinning wheel** -> picture a white dot on the rim of the wheel and watch it going round.

This visualisation approach can be adapted – Eg a lit candle, the wax melting -> imagine your body "melting". Or, imagine going down a spiralling escalator, or watching grains of sand flowing from top to bottom of an hour glass etc.

Simple "mind tricks" – easy to use and practise. Not everyone's "cup of tea", but they *do work for many and can be very effective*.

Eg. For **driving tests, exams** -> **embrace your inner psychopath!** The last thing needed before such "stressors" is a "meltdown" or "mind freeze" due to fear or anxiety. How to cope better with the dreadful minutes immediately prior to entering the exam hall or test centre?

Prof Kevin Dutton (Oxford Univ) has written a fascinating book (*The Wisdom of Psychopaths – Lessons in Life from Saints, Spies, and Serial Killers*, 2012) pointing out that as well as their total lack of empathy (key defining trait) psychopaths do not suffer from anxiety, are stress free and fearless. Therefore, in extreme situations, psychopaths can be useful people to have around – as long as they're "on side". The key "life lesson" such individuals have to teach is that if we can **temporarily activate our "inner psychopath"** (all people can behave "psychopathically" in certain situations; psychopaths are different only because they're like this all the time) it can help us deal effectively with stressful situations.

How?

- **Force all thoughts of others out of mind** by saying over and over to yourself in your head: "I am it! Only I matter! What I want and need is all that matters right here and now", or "This is about me...only me...me alone...right now, no-one else matters!"
- Simultaneously, **clench the right hand** -> helps to activate the more logic focused/ problem solving left hemisphere of the brain whilst "damping down" the more emotionally/ creatively orientated right hemisphere.
- **Try to keep physically still/ control breathing** – psychopaths possess a certain "stillness" – until it's time to act, at which point they do – decisively. It's all about focus and economy of effort. Psychopaths are like this all the time (*The stillness of the watchful predator!*) but all perfectly normal humans can train themselves to be like this for brief periods.
- **Intersperse all this with a stream of "positive self-talk"**: "I'm great!", "I can and will get what I want!", "I'm Captain Fantastic!" or whatever. Psychopaths never doubt themselves (another defining feature) -> by sustained "positive self-talk"

most people can temporarily convince themselves that they too have no self-doubt.

When actually seated, **focus on the soles of the feet** → keep still → breathe steadily → **imagine a pleasant sensation developing in the soles and spreading slowly up through the body**. Focus on this. If still troubled by negative thoughts, tell yourself **“f**k it!”** (see John C Parkin’s *f**k it – the ultimate spiritual way*, 2007): whatever happens, the World will not stop turning; you are where you are; tomorrow really is another day. Psychopaths don’t give a damn (and usually get what they want) so, in stressful moments, why shouldn’t we be the same in order to get what we need? **Ultimately, we can only do our best – which will probably be fine. Even if we don’t achieve “optimal” outcomes, we are still likely to do a lot better by adopting (temporarily, of course) this mind-set than if we “go to pieces”.**

Finally – a note or two on personal hygiene and related matters (bodily enhancements)

Good personal hygiene matters for 4 reasons:

1. Health protection & maintenance – of you & others (eg hand washing)
2. Sociability & employability (eg few like being with dirty, malodorous people)
3. Psychologically beneficial (eg “a fresh mouth”, feeling clean etc, boosts morale)
4. Intimate relations (poor personal hygiene is a massive “deal breaker” for many)

The essentials:

- Hand washing – esp after going to lavatory, or when handling food.
- Coughs & Sneezes Spread Diseases → turn away from others/ use a tissue etc.
- Underwear, socks, shirts → change daily for clean ones.
- Bathe or shower daily if possible. If not possible, make sure to wash torso & armpits with flannel/ sponge, warm water & soap, and attend to intimate parts:
- Important to wash daily “GP, BC, BB” – ‘*Genitals, Perineum, Bum-Crack & Base of Back*’ → readily doable using tissue, warm water & soap, whilst squatting over the lavatory.
- Hair → wash as appropriate (hair type; scalp sensitivity); brush or comb regularly. Conditioners etc – matter of personal choice/ taste.
- Face washing and shaving → be careful (much depends on variables like skin type), but wash face as appropriate for you. If and when necessary, learn to shave properly (some barbers & beauty salons give lessons): ensure razor is clean and blades sharp. Clean electric razors regularly.
- Make-up/ cosmetics → advisable to remove thoroughly before going to bed. Many people use face creams, moisturisers etc. Personal choice.
- Teeth → check toothbrush is clean/ firm enough (if not, change it). Brush at least twice daily for 2 mins (manual – circling up/ down; electric – hold brush head against

teeth). Use flouride toothpaste, and maybe mouthwash (avoid alcohol based wash). Cover all teeth surfaces, and also brush tongue lightly. “Floss” or use interdental brushes regularly – unless advised not to by your dentist. Press tongue firmly against roof of mouth for a few seconds (compresses tonsils minimising risk of tonsil stones; common cause of bad breath, as well as other problems). Regular dental checks.

- Feet → wash and dry regularly, incl between toes. File rough skin. Foot cream – often helpful; any will do as long as it contains *urea*. Trim toe nails – always straight across, or they’ll grow back curling down and may “in-grow”.

Bodily enhancements:

- Teeth whitening – **it pays to go to a licenced dental practitioner**. Unlicenced teeth whitening is illegal in the UK (*Dentists Act*). It may be cheaper, but serious long-term damage may be done to the teeth.
 - Body waxing – can **irritate the skin** and may cause barely noticeable damage that increases susceptibility to certain infections, notably STIs.
 - Tattooing – is **PERMANENT**. Laser reduction (and sometimes removal) is possible, but results are variable. There are concerns about the long-term health impacts of some of the “inks” used. A tattoo which looks great when young and lean may not look so good as inks fade/ “smudge”, body weight increases or skin loses elasticity, as happens as we age. **Ethical tattooists never tattoo under 18s** (illegal in UK) and tend not to do “walk-ins”, preferring a “cooling off” period before actually inking. They ***always* use new needles** for each client and ***never* “double dip”** – ie use the same pot of ink for 2 or more clients (infection risk). **Tattoo artists who are unwilling to discuss their practices with prospective clients should be avoided like the plague.**
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(Chris Higson, 2021)