Anonymous Pastoral Care for Problems Pertaining to Sexuality.

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Abstract

Anonymous pastoral care is one of the options for help in problems pertaining to sexuality. This paper explores the topics they seek help for, the religious aspects involved, and the relation between the normativity of their church tradition on the one hand and sexual and spiritual health criteria on the other. We analyzed helpseeking questions of two protestant Christian organizations in the Netherlands providing anonymous pastoral care: Refoweb and EO-Nazorg. Sexual themes were addressed in 19 and 2.3 % of the submitted questions, respectively. Of the helpseekers, 56 % is female, 15 % male, and 29 % unknown. Questions and problems for which people seek anonymous pastoral care focus primarily on premarital abstinence, gender roles, contraception, sexual orientation and masturbation. The authority of the Bible seems to be important for questioners, especially when dealing with ethical questions. Different relations between the normativity of the church tradition and sexual and spiritual health are discussed.

Introduction

Sexuality is a basic motive in the lives of people and an essential factor for health and well-being (World Health Organization [WHO], 2006). Where many people experience happiness in sexuality, there is also a large group struggling with their sexuality (Rutgers Nisso Groep, 2009). Within the context of the Christian faith people can benefit from the help of pastoral caregivers. Given the sensitivity of the topic, this help is often sought in anonymous pastoral care (Hendriks, 1991). Little is known, however, about the problems and questions pertaining to sexuality people bring forth in (anonymous) pastoral care. The purpose of this research is to fill this lacuna. We will do so by exploring the help-seeking questions in anonymous pastoral care at two

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Christian organizations in the Netherlands. The study further gives specific attention to possible tensions between the church tradition and sexual and spiritual health.

Sexuality and religion

Sexuality is a container concept that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships (WHO, 2006). Sexuality is affected by the interaction of biological, psychological, social, and religious factors (Denman, 2004; Ehrhardt, 2000; WHO, 2006).

Religion can be defined as 'a search for significance in ways related to the sacred' (Pargament, 1997, p.32). The key term 'sacred' includes concepts of higher powers, such as the divine, God, and the transcendent. It is 'a concept that includes the divine and the beliefs, practices, feelings, and relationships associated with the divine' (Pargament, 1997, p.31). Marriage and sexual intercourse can take on a sacred status through their linkage with the divine (Pargament, Magyar, & Murray-Swank, 2005).

Previous research has indicated that religious affiliation may be linked with unique patterns of sexual behavior (Farmer, Trapnell, & Meston, 2009). Cross-sectional and longitudinal studies have shown that increased levels of religiosity (frequency of church attendance and/or involvement in a church), is associated with less sexual activity, less frequent intercourse, less extramarital sex and fewer sexual partners (Atkins, Baucom, & Jacobson, 2001; Burdette, Ellison, Sherkat, & Gore, 2007; Burris, Smith, & Carlson, 2009; Davidson, Darling, & Norton, 1995; Davidson, Moore, Earle, & Davis, 2008; Visser, Smith, Richters, & Rissel, 2007). Being persistently involved in religious activities (measured at the ages of both 11 and 21) proved to be a significant predictor of abstinence for both sexes (Paul, Fitzjohna, Eberhart-Phillipsa, Herbisona, & Dickson, 2000). Subjective experiences and attitudes are also influenced by ethical rules provided by religion. One example is the experience of guilt about masturbation that was found to be related with church attendance (Davidson, et al., 1995). Homosexuals within the Christian tradition can report spiritual problems (Gross, 2008; Yip, 2002). Other sexual minorities, including transgender Christians can experience the rejection of their Church community (Childs, 2009; Watts, 2002; Wilcox, 2002). Religiosity and scriptural literalism (the degree to which one interprets the bible literally) are associated with traditional gender roles, like the man as protector of the family (Burn & Busso, 2005; Maltby, Hall, Anderson, & Edwards, 2010). Young women can experience both oppression and empowerment when they negotiate their gendered identities in relation to their Protestant church community's construction of sexuality (Sharma, 2008). Religiousness is further found to be a significant factor in coping with problems pertaining to sexuality like infertility (Domar et al., 2005; Mahajan

et al., 2009), HIV/AIDS (Miller, 2005), and sexual violence (Frazier, Conlon, & Glaser, 2001; Gall, Basque, Damasceno-Scott, & Vardy, 2007).

Sexual and spiritual health

For a more systematic exploration, we need to look at underlying concepts like sexual and spiritual health. Sexual health is a relatively new concept. It was introduced in the late sixties of the last century (Edwards & Coleman, 2004; Sandfort & Ehrhardt, 2004). The most recent working definition of the WHO states:

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2006, p.5).

Closely related to sexual health is the concept of reproductive health (WHO, 2006). 'Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes' (United Nations [UN], 1994, paragraph 7.3).

For the attainment and maintenance of both sexual and reproductive health the sexual and reproductive rights must be respected, protected and satisfied (Glasier, Gülmezoglu, Schmid, Moreno, & van Look, 2006). Sexual rights deal with the right to exercise sexuality and reproduction free from discrimination, coercion and violence. Among others they include the right to sexual education, to respect for bodily integrity, to choose a partner, to decide to be sexually active or not and to pursue a satisfying, safe and pleasurable sexual life (WHO, 2006). Reproductive rights refer, briefly, to the right to decide freely and responsibly on the number, spacing and timing of one's children, and the right to have the information and means to make this decision (UN, 1994).

Although researchers have become increasingly interested in the influence of religion and spirituality on health (for reviews see Powell, Shahabi, & Thoresen, 2003; George, Ellison, & Larson, 2002; Thoresen & Harris, 2002), the spiritual dimension of health itself is often overlooked (Hawks et al., 2008; Vader, 2006). This dimension is for example not mentioned in the definition of health by WHO (1948), although it is a point of discussion[1] (Larson, 1996;

[1] The Executive Board of the WHO reviewed in 1998, amongst others, the amended text proposed for the Preamble section of the Constitution. The Executive Board adopted a resolution EB101.R2, which included the amendment of the first paragraph of the Preamble, with the text - 'Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease and infirmity'. The underlined words denote the proposed amended text. During the World Health Assembly, in 1999, Committee B agreed not

Sein, 2002; Vader). Many advocate the integration of the spiritual in the conceptualization of health (Anderson & Morgan, 1994; Hawks et al., 2008; Steinmann, 2008; Vader; Wills, 2007).

Spiritual health is, however, difficult to define (Chuengsatiansup; Hawks et al., 2008, Vader, 2006). We see spiritual health as that aspect of health that organizes the values, the relationships, and the meaning and purpose of our lives. It includes relatedness, connectedness and harmony with self, others, higher power or God and the environment (Anderson & Morgan; Hawks et al.; Topper, 2003). This includes healthy relationships with self, others and the sacred. For people with a high degree of spiritual well-being, the quest for the sacred and for meaning is a motivation to grow spiritually (Topper).

Christian beliefs and sexual health

The regulation of sexual behaviour has been an important concern for many religious traditions in different eras and cultural settings. The Christian tradition alone boasts several sexual ethics, from liberal to conservative. The traditional conservative norms can be found in different Christian traditions like the Roman Catholic, orthodox-Protestant and Evangelical tradition. They are generally accepted in the group we study in this project. This traditional conservative sexual ethics is characterized by the following statements: (1) there is only one ideal family structure which is the nuclear family, formed by a man, a woman and their offspring; (2) sexual intercourse should only be exercised inside marriage, only or primarily for purposes of reproduction; (3) many forms of contraception are wrong, and (4) provoked abortion is immoral (Gianotten & Brautigam, 1992; Mattar, 2008). Elements of this traditional conservative Christian ethics are clearly at odds with the sexual rights as formulated by the World Health Organisation.

Christians from this tradition can experience a conflict between their sexuality and their religious belief system. This conflict is a fundamental concept in any discussion of gay, lesbian, bisexual and transgender Christians (Borgman, 2009; Childs, 2009; Ganzevoort, van der Laan, & Olsman, 2010; Gross, 2008; Rodrigeuz, 2010). The term 'conflict' can be defined as the tension that can arise between people's sexuality and their religious beliefs (Rodriguez, 2010; Rodriguez & Ouellette, 2000).

According to Festinger's (1957/1985) original theory, cognitive dissonance arises when a person experiences tension between two psychologically conflicting thoughts or beliefs. Holding two conflicting cognitions is detrimental to mental well-being and therefore individuals seek to adjust their cognitions to reduce conflict and anxiety. Dissonant thoughts or beliefs produce a negative mental state with which an individual tries to cope by eliminating or changing one of the two conflicting thoughts. Eliminating one of the conflicting cognitions enables a person to achieve constancy of thought, or

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to consider the proposed amended text part of the Preamble, and decided to keep the matter under constant review (Sein, 2002).

cognitive consonance, which is a more desired state than cognitive dissonance (Festinger). Despite criticisms that cognitive dissonance theory is methodologically vague, difficult to operationalize and not dynamic enough to incorporate all the social and personality issues that arise when an individual experiences both conflict and anxiety between religion and sexuality, the theory does provide a structural framework to understand issues of conflict between sexuality and Christianity (Rodriguez, 2010).

Anonymous pastoral care

Religious people may benefit from the help of pastoral caregivers, like healthcare chaplains and local priests, vicars and pastoral workers, in case of problems pertaining to sexuality. Given the sensitivity of problems pertaining to sexuality, they may prefer anonymous forms of pastoral care (Hendriks, 1991). This eliminates the risk of rejection or judgement by their parish pastor. Anonymous pastoral care is especially well positioned to counsel people with problems connected with socially contested sexual issues like homosexuality or paedophilia. An older study showed that 20% of those seeking anonymous pastoral care have questions connected to sexual problems (Hendriks).

Over time, the world wide web has become a widely used resource for sexual health information, especially among adolescents (Harvey, Brown, Crawford, Macfarlane, & McPherson, 2007; Jones & Biddlecom, 2011; Kanuga & Rosenfeld, 2004; Pascoe, 2011). The appeal of the web lies in the ease and anonymity with which online seekers can obtain advice and reassurance, particularly regarding sensitive topics (Kanuga & Rosenfeld, 2004; Pascoe, 2011). One in three adolescents prefer online communication over face-to-face communication to talk about an intimate topic like sexuality (Schouten, Valkenburg, & Peter, 2007). Internet, e-mail and chat can be used in anonymous pastoral care allowing people to speak out and share hidden aspects of their lives (Mills, 2011).

Previous research in the Netherlands has focused on e-mails sent to the anonymous pastoral care division of the EO Christian broadcast network (Zandbergen, 2001). Sexual issues were addressed in 17 out of 298 e-mails (4.8%). These included questions about homosexuality (6) and premarital sex (3). Questions where equally geard toward information and advise (Zandbergen, 2001), but obviously the sample is too small to draw conclusions.

The present study aims to give a broader and more valid view on problems pertaining to sexuality as addressed in anonymous pastoral care. The exploratory study focuses on the following research questions: (1) What are the characteristics op helpseekers in anonymous pastoral care and which problems pertaining to sexuality are presented? This first question is addressed in a quantitative analysis. (2) Which religious aspects do helpseekers identify in their questions and problems pertaining to sexuality? A qualitative analysis is used here to include more subtle dimensions. This

qualitative analysis is also used to answer the third research question: (3) What relationship do the questioners see between the normativity of the church tradition and criteria for sexual and spiritual health?

Method

Research sources

The research project works with data available from to Protestant Christian organization providing anonymous pastoral care in the Netherlands: Refoweb and EO-Nazorg. The material comes from their website's Q and A section (Refoweb) or organization's archive (EO) and was not generated specifically for this research project.

EO-Nazorg

The Evangelische Omroep (EO) is an evangelical broadcasting organisation. EO-Nazorg, a division of EO, provides pastoral care mostly connected with television and radio programs, internet and events, e.g., a high profile annual youth day.

In 2010, EO-Nazorg had a total of 7258 contacts through telephone, email, chat, SMS, e-learning and live contacts. Pastoral care is provided bij volenteers who are trained and supervised bij EO-Nazorg. For each contact a brief summary report is filed. EO-Nazorg stores these reports and categorizes them for the main themes. For this study questions from the categories *marriage problems* (389 questions), *interpersonal problems* (911), *problems about sexuality* (146) and *addiction* (57) were initially included as they were expected to include questions pertaining to sexuality. Of these, 164 reports indeed regarded sexual themes, 2.3% of all the reports from 2010. As there may be sexual dimensions to questions in reports stored in other categories, the actual percentage could be somewhat higher.

Refoweb

Refoweb is a website (www.refoweb.nl) which focuses on 'young people across the breadth of the orthodox Reformed Churches and other 'believing Christians' (15279[2]). Refoweb, online since November 2001, has a Q and A section where the questions of visitors are answered by experts. All the experts have an orthodox protestant Christian background. Many are working as ministers, while others are medical physicians, psychologists, or psychotherapists.

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[2] This number refers to a question and answer from Refoweb. All questions from Refoweb have a unique number. Questions and answers may be consulted by adding this number in the following URL: http://refoweb.nl/vragenrubriek/vraagnummer/. For question number 15279 this will be: http://refoweb.nl/vragenrubriek/15279. These unique numbers wil be used for quotations from questions and answers from Refoweb.

We included questions from the years 2001, 2002, 2005, 2009 and 2010. We took the early years because the most basic and obvious questions can be expected from that period (questions already answered are usually not accepted in a later year). We also included the last two years to see the more recent contributions. From June 2009 people can react to the questions and answers on the website. These reactions show how certain questions are recognized or debated by the visitors. With the material of 2005, we cover five of the available ten years. Sexual themes were addressed in 717 (19%) of 3824 questions of the Refoweb data set.

Table 1. Occurence of questions pertaining to sexuality at Refoweb

Year	Total questions	Questions pertaining to sexuality	Questions pertaining to sexuality (%)
2001	327	32	9.8
2002	155	78	50.3
2005	806	149	18.5
2009	1091	207	19.0
2010	1445	251	17.4
Total	3824	717	18.8

Materials

Quantitative content analysis

In quantitative content analysis (Neuendorf, 2002), documents of EO-Nazorg and Refoweb were analyzed on questioners'gender and on the sexual themes addressed in the question. Additional data were collected from Refoweb for the number of reactions on questions and answers.

The analysis differentiated between the types of questions pertaining to sexuality. Categories used were *ethical questions* (e.g., Is it according to our faith allowed to make use of anticonception?), *questions for help* (e.g., I want to stop watching internet porn. How can I do that?), *questions for information about religion* (e.g., What does the apostle Paul mean with the 'gift of abstinence' in 1 Corinthians 7:7?), *questions for information about sexuality* (e.g., What causes homosexuality?) or *questions for information about religion and sexuality* (e.g., What is transsexualism and what does the Bible say about it?) and *other types* (e.g., Why is mister X always addressing sexual issues in his television programs?). The questions were also scored on the evaluation and/or experience of religion and sexuality. For each four categories we

distinguished between *unknown/value free*, *positive*, *negative* or *ambivalent* evaluations.

Qualitative analysis
Qualitative analysis was used for a closer identification of the phenomenon studied (Strauss & Corbin, 1998). More specifically, we analyzed documents of Refoweb for the relations between the normativity of the church tradition and criteria for sexual and spiritual health. The brief reports of EO-Nazorg were not suitable for this qualitative analysis.

Procedure
Documents of anonymous pastoral care organizations served as primary data. The data for this study were gathered from November 2010 until February 2011 using a judgment sample. In a judgment sample, also known as purposeful sample, the most productive sample for the research question is actively selected (Marshal, 1996). Within that approach we chose for diversity of different questions (maximum variation sample) (Marshall, 1996), The documents of Refoweb are available on the internet (www.refoweb.nl). Documents of EO-Nazorg were not immediately available, but after EO-Nazorg was assured that confidentiality and complete anonymity would be maintained by the investigators, these documents were provided.

Results

Quantitative Content Analysis
A total of 881 questions pertaining to sexuality were analyzed. These questions consisted of 164 questions from EO-Nazorg (19%) and 717 from Refoweb (81%). As Table 2 shows, there is some difference in age distribution between EO-Nazorg and Refoweb. If the categories *until 9*, *10 until 19*, and *unknown, probably young* are combined, the total percentage of young people contacting EO-Nazorg with questions about sexuality is 20.7%. For Refoweb young people constitute 25.8% of the questioners addressing sexuality in their questions.

Several entries contain more than one sexual theme and subsequently more than one category is scored for those questions. Therefore, the total number of categorized questions, 964, exceeds the 881 of our sample (see Table 3). The gender distribution over categories shows some interesting differences[3]. With questions about gender roles, we find the highest score for unknown gender. Females present more questions about *body dissatisfaction*, *unwanted pregnancies* and *dissatisfaction with sexual experience*, and *partner's hypersexuality*. Males asked more questions in the categories *gender identity*,

[3] In the EO-Nazorg registration system, male is the standard gender, which may lead to overrepresentation of males. We don't expect this to affect the outcomes.

other subjects and *sexual orientation*[4]. The category *other subjects* in Table 3 includes questions about biblical texts on sexuality (11), sexual fantasies (7), visiting prostitutes (5), unmarried cohabitation (5), night dreams about having sex (3) and fear for first time sexual intercourse (3).

Table 2. Ages of questioners about sexual issues at EO-Nazorg and Refoweb

Ages (year)	EO-Nazorg (%) *n* = 164	Refoweb (%) *n* = 717	Total (%) *N* = 881
Below 9	0.0	0.1	0.1
10 - 19	13.4	7.7	8.7
20 - 29	9.8	8.1	8.4
30 - 39	15.2	1.7	4.2
40 - 59	22.0	0.6	4.5
60 and above	8.5	0.7	2.2
Unknown	8.5	28.9	26.2
Unknown, probably younger	7.3	18.0	16.0
Unknown, probably adult	9.1	34.3	29.6
Total	100.0	100.0	100.0

Table 3. Sexual themes in questions and sex of questioners

Theme	**Questions**	**Sex of questioners (%)**		
	***n* (%)**	**Unknown**	**Female**	**Male**
Premarital abstinence	134 (15.2%)	28	57	15
Contraception	86 (9.8%)	29	62	9
Gender role	72 (8.2%)	58	36	6
Sexual orientation	68 (7.7%)	28	29	43
Masturbation	53 (6.0%)	21	45	34
Pornographic and erotic material	43 (4.9%)	7	70	23
Victim of other sexual violence	43 (4.9%)	4	67	29
Victim of incest	42 (4.8%)	4	67	29
Hypersexuality	40 (4.5%)	14	58	28
Adultery	38 (0.5%)	11	71	18
Medical biological	38 (4.3%)	15	53	32

[4] Also in the categories like sexuality of the elderly and offenders of sexual violence are relatively many questioners male. Given the small number of questions, respectively four and one, they are not explicitly mentioned in the text.

Infertility	33 (3.7%)	52	48	0
Dissatisfaction with sexual experience	32 (3.6%)	3	78	19
Body dissatisfaction	27 (3.1%)	0	85	15
Single	27 (3.1%)	11	67	22
Unwanted pregnancies	25 (2.8%)	4	84	12
Sexual disfunctions	18 (2.0%)	6	72	22
Sexual education	17 (1.9%)	35	30	35
Remarriage after divorce	11 (1.2%)	18	64	18
Gender identity	9 (1.0%)	33	0	67
Sexuality and disability/illness	7 (0.8%)	14	57	29
Paraphilia	6 (0.7%)	17	50	33
STD, hiv/aids	6 (0.7%)	17	50	33
Abortion	4 (0.5%)	50	50	0
Sexuality of the elderly	4 (0.5%)	0	50	50
Offender of sexual violence	2 (0.2%)	50	0	50
Other subjects	79 (9.0%)	1	45	48
Total (881 questions)	**964 (109.4%)**	**29**	**56**	**15**

Asking for help and advice is the most common focus in questions pertaining to sexuality (58%), as Table 4 indicates. Only in two categories the demand for help and advice is infrequent, *gender role* and *medical biological issues*. The highest number of questions for help of advice is found in the category *premarital abstinence*. The categories *sexual orientation*, *hypersexuality*, *masturbation*, *pornographic and erotic material* and *victim of incest* and *victim of other sexual violence* also show a high number of questions for help and advice. Many of these issues are about controlling sexual behaviour (*premarital abstinence*, *hypersexuality*, *masturbation*, and *pornographic and erotic material*). One might infer that many questioners experience tensions between ideals of sexual behaviour and actual sexual behaviour, and seek counsel in dealing with that tension.

Questions about sexual ethics and questions for information about sexuality are also often seen (Table 4). Categories representing relatively many ethical questions are *abortion*, *remarriage after divorce*, *gender role* and *contraception*. In absolute numbers the categories *premarital abstinence*, *contraception* and *gender role* score high for containing ethical questions. The column *other* of Table 4 contains mainly opinions of questioners, e.g. EO-Nazorg receives comments about sexual issues in programs broadcast by the EO.

Table 4. Type of question pertaining to sexuality

Theme	Q	Ethical		Help		Information						Other	
						Religion		Sexuality		Both			
	n	n	%	n	%	n	%	n	%	n	%	n	%
Premarital abstinence	134	57	43	78	58	25	19	11	8			1	1
Contraception	86	48	56	19	22	9	10	31	36	2	2	1	1
Gender role	72	43	60	9	13	32	44	6	8				
Sexual orientation	68	16	24	42	62	10	15	9	13	1	1	4	6
Masturbation	53	14	26	37	70	4	8	11	21			1	2
Pornographic and erotic material	43	7	16	36	84	3	7	5	12				
Victim of other sexual violence	43	1	2	37	86			4	9			4	9
Victim of incest	42	2	5	34	81			3	7			4	10
Hypersexuality	40	1	3	38	95			3	8			2	5
Adultery	38	9	24	25	66	8	21	3	8			1	3
Medical biological	38	1	3	7	18	1	3	38	100				
Infertility	33	12	36	17	52	1	3	17	52	1	3		
Dissatisfied with sexual experience	32	1	3	28	88	1	3	12	38			1	3
Body dissatisfaction	27	2	7	19	70			16	59				
Single	27	3	11	15	56	1	4	3	11			7	26
Unwanted pregnancies	25	3	12	22	88	2	8	5	20				
Sexual disfunctions	18	1	6	14	78			4	22				
Sexual education	17	1	6	13	76			7	41				
Remarriage after divorce	11	10	91	3	27	2	18						
Gender identity	9	3	33	5	56	1	11	4	44				
Sexuality and disability/illness	7			7	100			1	14				
Paraphilia	6	2	33	4	67								
STD, hiv/aids	6			4	67			4	67				
Abortion	4	4	100	1	25	2	50			1	25		
Sexuality of the elderly	4	2	50	1	25			2	50				
Offender of sexual violence	2			2	100								
Other subjects	79	15	19	46	58	5	6	7	9	3	4	42	53
Total (881 questions)	**964**	**258**	**27**	**563**	**58**	**107**	**11**	**206**	**23**	**8**	**1**	**68**	**7**

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In presenting their question, both, people can value both religion and sexuality as positive, negative or ambivalent. Table 5 shows that in most of the questions (58%) sexuality receives a negative evaluation. This is according to expectations as the questions selected are about on problems pertaining to sexuality. The evaluation of sexuality is least visble in the category *gender roles*. has the least outspoken positive or negative appreciation or perception of sexuality. Categories that score high on seeking help or advice also showed scored high in a negative evaluation of sexuality.

The categories *masturbation*, *pornographic and erotic material* and *hypersexuality* contain many negative evaluations of religion. Often feelings of guilt are involved. People can feel sinful because they fail to meet religious regulations. In the category *gender role* religion is also relatively frequently evaluated as negative. In this negative appreciation of religion people criticize the norms of gender of a particular religious tradition.

Table 5. Value of experience of religion and sexuality in the questions

Theme	**Q**	**Religion (%)**				**Sexuality (%)**			
		P	**N**	**A**	**U**	**P**	**N**	**A**	**U**
Premarital abstinence	134	6	19	4	71	4	49	6	41
Contraception	86	6	9	0	85	2	23	1	72
Gender role	72	6	21	8	65	0	8	1	89
Sexual orientation	68	7	12	0	72	4	54	3	38
Masturbation	53	0	28	6	66	4	75	4	17
Pornographic and erotic material	43	2	26	7	65	0	88	5	7
Victim of other sexual violence	43	2	14	2	81	0	91	0	9
Victim of incest	42	5	7	2	86	0	93	0	7
Hypersexuality	40	3	23	5	70	0	95	0	3
Adultery	38	3	18	11	68	0	71	0	29
Medical biological	38	0	0	0	100	5	21	0	74
Infertility	33	6	3	0	91	0	45	3	52
Dissatisfaction with sexual experience	32	0	6	0	94	3	91	0	6
Body dissatisfaction	27	0	0	0	100	0	67	0	33
Single	27	19	19	0	63	0	93	0	7
Unwanted pregnancies	25	0	16	0	84	0	76	4	16
Sexual disfunctions	18	0	6	0	94	0	89	0	11
Sexual education	17	0	0	0	100	0	35	0	65
Remarriage after divorce	11	0	0	9	91	0	27	0	73
Gender identity	9	11	0	11	78	0	56	0	44
Sexuality and disability/illness	7	0	0	0	100	0	71	0	29

Paraphilia	6	0	0	0	100	17	50	0	33
Soa (STD), hiv/aids	6	0	0	17	83	0	100	0	0
Abortion	4	0	0	0	100	0	25	0	75
Sexuality of the elderly	4	0	0	0	100	25	25	0	50
Offender of sexual violence	2	0	0	0	100	0	100	0	0
Other subjects	79	15	20	5	59	5	56	4	38
Total (881 questions)	**964**	**5**	**14**	**3**	**77**	**2**	**58**	**2**	**38**

U=*unknown/value free*, P=*positive*, N=*negative*, A=*ambivalent*

Since June 2009, Refoweb allows visitors of the site to react to a Q and A entry. The reactions show how the theme mentioned in question and answer is a point of discussion or is recognized by the visitors. Between June 2009 and the end of 2010, 401 questions pertaining to sexual issues were posted. The average number of reactions per question is 6.7.

The category *gender role* shows the highest number of reactions and the highest average number of reactions per entry (Table 6). This category contains also the question that solicited the highest number of reactions(59): "[....] My friend comes from the Netherlands Reformed Church. I was raised in the Protestant Church of the Netherlands. He says a woman is supposed to follow her husband in faith. I can not commit myself to the doctrines of his church. [....] ' (16718). Another theme that provoked a high number of reactions is contraception.

The combined results of Tables 5 and 6 indicate that the categories *contraception* and *gender roles* with both a clear majority of ethical questions, receive the highest numbers of reactions on Refoweb. The different opinions on these ethical issues apparently evoke a lot of discussion.

Table 6. Amount of reactions on questions and answers from Refoweb (June 2009 until December 2010)

Theme	**Questions N**	**Reactions N**	**Average**
Gender role	34	481	14.1
Contraception	48	454	9.1
Premarital abstinence	43	286	6.7
Hypersexuality	18	190	10.6
Pornographic and erotic material	22	167	7.6
Masturbation	27	163	6.0
Adultery	17	152	8.9
Body dissatisfaction	20	131	6.6
Dissatisfaction with sexual experience	20	122	6.1
Infertility	22	99	4.5
Victim of incest	16	97	6.1
Sexual orientation	18	93	5.2
Sexual disfunctions	13	74	8.7
Unwanted pregnancies	15	61	4.1
Remarriage after divorce	6	58	9.7
Single	6	36	6.0
Sexual education	12	29	3.6
Sexuality of the elderly	3	26	8.7
Victim of other sexual violence	5	24	4.8
Medical biological	12	24	2.0
Abortion	1	12	12.0
Sexuality and disability/illness	3	12	4.0
Offender of sexual violence	1	9	9.0
Paraphilia	2	7	3.5
Gender identity	2	1	0.5
STD, hiv/aids	3	0	0.0
Other subjects	1	12	12.0
Total	**401**	**2820**	**6.7**

Qualitative Analysis

In this section we offer the results of the qualitative analysis of material from Refoweb. The questions and answers included in the analysis are drawn from a selective sample from the four categories with the highest high number of questions: *premarital abstinence*, *contraceptives*, *sexual orientation* and *masturbation*.

Premarital abstinence

Questions about premarital abstinence regard sexual boundaries un unmarried couple has to or wants to uphold in their relation. Most of these questions are posed by women (57%, Table 3). The majority of the questions fits into two categories. The first regards questions about acceptable behavior for an unmarried Christian couple. One, probably younger, male wrote:

> Sometimes my girlfriend and I satisfy each other, but we have agreed not to have intercourse before marriage. Our question is, does the Bible allow mutual sexual stimulation? Is this the same as having sexual intercourse? (744)

This ethical question is about mutual masturbation. In line with the reformed church tradition the authority of the Bible is important for this young man. Is this behaviour acceptable in biblical terms? Obviously, the positive or negative answer would imply that the church condones or condemns this sexual behaviour.

A woman, age 20, in a relation since 2.5 years,writes:

> [....] A year ago we had intercourse. It happened quite often (three months) until we got a lot of remorse. We made agreements. We prayed a lot together. We succeeded for four months. Then it went wrong. We cannot control ourselves. We desire each other deeply. Getting married would be the solution, but since I am still studying and we do not have money, this is just not possible! I have thought about breaking up our relation. That would be the only solution to be sure not to have intercourse anymore, but I love him very much. So, that would be the worst punishment ... But, what to do now? (2281)

This question shows a tension between the normativity of the religious traditions and sexual desire. The ideal of premarital abstinence is in conflict with the sexual attraction these young people experience. This tension results in feelings of guilt. As prayers and other religious efforts to solve the tension seem unsuccessful, their spiritual health may be at stake. To solve the tension and prevent further violations of the religious norms, the woman suggests to finish the relationship. By interpreting this as 'punishment', presumably for the sexual intercourse, she shows her deep feelings of guilt.

The second category of questions about premarital abstinence regards the acceptance of church norms. In some conservative reformed church

traditions, unmarried couples confronted with pregnancy have to confess their sin in church before their marriage can be blessed. A 19 year old man writes challenges this:

> [....] I would like to hear your biblical opinion on this, because I personally find no clear answer in the Bible. I am 19 years and my girlfriend is pregnant. My parents are not very happy with this because I am not married. I see it this way: I have become one flesh with my girlfriend. For the Lord Jesus this is enough. Do I really need a wedding in church? I would rather not do this because then I would have to confess publicly something they see as a sin. I don't see it as a sin, because I really love my girlfriend [....] (16139).

The questioner challenges his church tradition of public confession. The church tradition clashes with his feelings of righteousness. To accept the normativity of this church would be against his personal integrity and faith. Obviously the question reveals different opinions on premarital abstinence. Whereas his church follows a deontological ethics and regards premarital sex as a sin, this young man reasons by virtue ethics and considers sex in a loving relationship as not sinful. For him premarital sex does not jeopardize sexual and spiritual health, but his views bring him into conflict with the normative tradition of his church.

The next question suggests a link between a woman's sexual problems and the choice for premarital abstinence.

> I have been married for almost five months and I feel confronted with the fact that after five years of dating and abstinence I suddenly have to switch. I almost begin to wonder whether we did well not to have sex before marriage. The result is that I hardly think of sex and it does not interest me. This is a source of disappointment for my husband. I find myself almost angry at God. Why didn't He put a little more desire in me? (1889)

The norm of the religious tradition for premarital abstinence has caused in her eyes a lack of sexual desire. It has harmed her sexual health and her spiritual health. She is angry at God. She seems to think it is unfair of God that after keeping his commandments, she and her husband don't receive his blessings in the sexual domain. Even more, She feels that keeping the religious norm of premartial abstinence has caused their sexual problems. According to her, the religious norms were detrimental to sexual and spiritual health.

Contraception

In orthodox protestant Christianity, the use of contraception is not without controversy. By far the most common question about contraception at Refoweb is whether one is allowed to make use of contraception. Many questioners believe that getting pregnant is not a decision to be made by humans. God directs the lives of humans and everything is ultimately his decision, so they reason. Two examples of this kind of questions:

> [....] We are facing a difficult question. We find it difficult to decide when we want to / or are allowed to receive our next baby. We find it difficult to decide about this issue in the presence of God! I mean, we do not decide whether we want children and at what time we receive them? [....]. It really a big issue for me, because I don't want to decide for God. What does the Bible say about this? (14342)
>
> We have a question about sterilization. We hope to have another child and this child will have to be delivered through Caesarean section. That will be the fourth Caesarean section. During the last pregnancy the gynaecologist has repeatedly spoken about sterilization. This is very difficult for us. How can we do the right thing from a biblical perspective? Do we take matters into our own hands if we choose for sterilization? We pray about this question but we do not get a clear answer (14244).

These two questions about contraception come from a different context. Although the questions are different, they both refer to the question whether we are allowed to take the decision to become pregnant in our own hands. From the perspective of sexual health, the use of contraception is recommended. In the second question sterilization was explicitly recommended by the gynaecologist in light of the woman's physical health. A choice for contraception (e.g., sterilization) can affect spiritual health because of the norm conflict. The questioners could experience feelings of guilt using contraception because the decision about receiving children belongs to God and not to humans. For both questioners the Bible is important. If the Bible could be read as leaving space for the use of contraception, the questioners probably would feel less guilty.

Sexual orientation

A questioner struggles with the orthodox-reformatoric interpretation of biblical texts about homosexuality.

> [...] The Bible says that it is better to marry than to burn. When speaking about straight people, we call it 'better to marry than to burn.' For gay people, it's suddenly 'better to burn than a to have a loving and faithful relationship'[5]. Is it biblical to impose celibacy on gay people? Is this not using a double standard? How then should someone with a different orientation live? Always a double life? Or building an honest relationship and being condemned by the church? I can't get this in perspective. Nobody in our Reformed church seems to see that a reformed gay has to burn. This is a cry for help! (15644)

[5] The questioner quotes 1 Corinthians 7: 8-9. The apostle Paul writes in those verses: 'Now to the unmarried and the widows I say: It is good for them to stay unmarried, as I am. But if they cannot control themselves, they should marry, for it is better to marry than to burn with passion.' (Bible, New International Version, 1984).

This question clearly expresses the enormous tension between sexual health and the church tradition when it comes to homosexuality. For the questioner it is not possible to be both faithful to the church and cope with his sexual feelings. The tension between the message of the church and homosexual feelings can affect the spiritual health, e.g. : 'Why has God gave me feelings for both men and women? Why do I, as a man, desire to have sex with a man?' (55). The idea that homosexual feelings are given by God can result in great tensions. How can God, who is believed to prohibit homosexuality, give these feelings?

Masturbation

Entries about masturbation focus often on the question how to control this behaviour. These questions are often questions for help or advice. They are often connected to other issues like being single, using pornographic material, and hypersexuality. A general example is the following:

> I am an unmarried man of 28 years and it is very difficult for me to cope with my sexual feelings. I do not know how to deal with masturbation. I grieve the Lord very much and yet it happens again and again. I would love to quit masturbating, but how? (168)

Fueled by his religious tradition, this young man experiences guilt because of the tension between his sexual behaviour and his religious convictions. Both his spiritual and his sexual health are at stake because of his belief that, masturbation is forbidden by God.

Discussion

In this study religion was defined as 'a search for significance in ways related to the sacred' (Pargament, 1997, p.32). The three key terms in this definition, 'significance,' 'search,' and 'sacred' can be recognized in questions pertaining to sexuality in the setting of anonymous pastoral care. Both religion and sexuality seem of value or significance in the lives of questioners. People consulting anonymous pastoral care for problems pertaining to sexuality are proactive in their search of answers. Often they connect sexuality to religion through their linkage with the sacred, for example when they ask for a biblical foundation of the answer. The choice to seek counsel from pastoral caregivers is itself an indicator of this religious dimension.

Our study supports the expectation that orthodox protestant Christians can experience tension between their sexuality and their religion. Their religious tradition can provide them with certain norms they experience as hard to follow because they are in conflict with their sexual feelings and the significance attributed to these feelings. According to Festinger (1957/1985) holding two conflicting cognitions is uncomfortable for mental health. These conflicts can produce a negative mental state and therefore, individuals seek to adjust one or both of these cognitions to reduce the tension.

Several religious aspects can be identified in the sexual questions and problems. Religious ethics play an important role in questions about premarital abstinence, gender roles and contraception. The amount of reactions on questions and answers of Refoweb dealing with gender roles and contraception suggest that the different opinions on these ethical issues are a point of discussion for orthodox protestant Christians. When the tension about religious ethics grows, it is often formulated and experienced as guilt feelings, although some questioners challenge the traditional norms or seem to become angry with God. For most questioners in this sample, this is not an option.

Another religious aspect is the search for spiritual guidance or the 'will of God'. This is not only a cognitive matter as if knowledge needs to be found. It is often about surrendering oneself to God's interventions. Responsibility is defined as following orders. This is in line with a deferring religious coping style, which correlates with poorer competence and higher degrees of helplessness (Pargament, 1997). From this we can hypothesize that sexual and spiritual health are negatively correlated with the deferring religious coping style and with the religious orthodoxy of our sample. This hypothesis cannot be tested with the present data but merits further research.

Questioners with a sexuality which is not within the traditional boundaries of the church can formulate their sexuality as a health problem, e.g. 'I am addicted to sex'. From a sexuological point of view this behavior could fit within the range of normal healthy sexual behavior. Therefore, pastors should be carryfull in their diagnoses and guidence. If a pastor suspects a sexual health problem, refering to a doctor or to a sexuologist would be an adequate intervention (Arnold, 1993).

Individuals from sexual minorities mention in their questions being exposed to negative messages in religious teachings regarding their sexuality. Their sexual rights are not maintained within their church. Gay, lesbian, bisexual and transgender questioners often experience their religious congregations as sources of stress. This can have negative consequences for the persons' mental health because of being exposed by fostering feelings of guilt and shame, eroding feelings of competence, self-worth, and hopefulness (Ellison & Levin, 1998).

Methodological limitations of this study regard sampling and analysis. The sample for the qualitative analysis is stratified according to content of the questions to study a broad range of subjects (maximum variation sample). The samples used in this study are not proportionally representative. Moreover, we had no access to similar material from a Roman Catholic background. EO-Nazorg and Refoweb yielded both quantitative and qualitative data. The contribution of Refoweb to quantitative data is greater than the contribution of EO-Nazorg, 81% versus 19%. Both EO-Nazorg and Refoweb focus on orthodox protestant Christians. Results of this study are not applicable to

Christians in general. The low number of questions in some categories further limits the reliability of the outcomes.

The use of available documents is another limitation of this study. The data from EO-Nazorg were brief reports of volunteers's exchanges with helpseekers and not verbatim transcripts. The data from Refoweb are only slightly edited, but here the selection of entries is done by the Refoweb organization. This limits the generalizibility of the findings.

The qualitative part of this research used a small sample size. Although clearly a limitation, it is aninextricable aspect of qualitative research; what is sacrificed in generalizability is gained in richness of detail. To overcome researchers' bias, we worked with a multidisciplinary team, consisting of two theologians and a clinical psychologist specialized in sexology (Malterud, 2001).

This study suggests that people can experience tensions between sexual health, spiritual health and the normativity of the Christian tradition. Following Festinger's (1957/1985) theory, future investigations should focus on how individuals seek to adjust their cognitions to reduce the experience of conflict. Which strategies do they use to reduce the experience of conflict? The current study focuses on the questions people have when they consult anonymous pastoral care. We have not analyzed the answers given by the pastors, but that would be an interesting follow up study. Questions around sexuality could be used as vignettes to investigate the responses of pastor. Another interesting follow up study would be the comparison of questions pertaining to sexuality of anonymous pastorate with a secular form of anonymous help.

Using both qualitative and quantitative analyses, the present study demonstrated the complexity of anonymous pastoral care for problems pertaining to sexuality and the tensions between sexual health, spiritual health and the normativity of the tradition of the church.

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