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**The Development of Healthy Human Sexuality
from a Pastoral Care & Counseling Perspective**

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Introduction

In this contemporary world, we live in an environment that is saturated with events grounded on human sexuality issues. Human sexuality is a diversely interpreted, complex facet of human life and is viewed within the context of the entire person's relations and responsibilities. It cannot be separated from society's anthropological, sociological, biological and psychological nature. It is an aspect that

¹ See www.ClaremontLincoln.org.

contributes to one's identity as a living being, hence it impacts human relationships. From a Judeo-Christian pastoral care perspective, human beings are created as sexual beings, human maleness and femaleness relates in some way relates to our creation in the image of God. Human sexuality is an inherent gift from God which is a present part of the self from birth to death. Thus, as a gift from God, it must be celebrated in healthy ways that are understood, shaped and guided by both the social construction, physical experiences of the care seeker and the value of human life. Individuals need to feel connection with God, others and nature their sexual nature. Since sexuality embraces the entire person, its healthy development is significant, thus, as pastoral caregivers; we present ourselves in compassionate, acceptance and loving spirit as we help care seekers deal with sexually related challenges.

In this contemporary world, we live in an environment that is saturated with events grounded upon human sexuality issues. We live in a world where sexuality is a profound, pervasive aspect of human experience.² Human beings within and across cultures and within and across historical periods, have displayed, and continue to display, every form of sexuality.³ Many evil and good things are happening in the name of sexuality. With tears on her face, "They killed her like an animal, stripped off her dignity. She was so wonderful, I lost a friend, I lost a sister,"⁴ Mukaro's aunt testified.⁵ The two never spoke about Mukaro's sexuality issues until Mukaro's murder. According to the report, the aunt and Mukaro did not think it was necessary to talk about the issue of sexuality until this tragedy occurred. This is a story in a local newspaper, and the story is about the brutal slaying of Mukaro, a lesbian in April 2011, in an urban township of South Africa. Learning how precious life was lost because of issues related to sexuality is heartbreaking. Sadly, Mukaro is not the only one; there are several thousands of other individuals in various parts of the world

² Armand Nicholi, Jr, *Human Sexuality: A Psychiatric and Biblical Perspective* in D.A. Carson and John D. Woodbridge, *God and Culture* (Michigan: William B Eerdmans Publishing Company, 1993), 341.

³ Patricia Beattie Jung et.al ed. *God, Science, Sex, Gender: An interdisciplinary Approach to Christian Ethics* (Chicago: University of Illinois Press, 2010), 105.

⁴ Los Angeles Times May 28, 2011 by Robin Dixon, Kwa-tema South Africa. *Where Rainbow ends in South Africa*.

⁵ Mukaro is not the real name of the person in the story. It is a pseudonym.

who have been abandoned, raped, sodomized, humiliated, captured or killed as a result of varied human sexuality related issues. In other places worldwide, the silences and contradictions regarding human sexuality continue to cause societal crisis as in Mukaro's case. After hearing about Mukaro's case, I reflected that, if human sexuality issues cost people's lives, is it sensible to claim that talking about sexuality issues is unnecessary? Do we have to wait until more lives are lost in order for society to dialogue about healthy sexuality as individuals, families and communities? No! It makes sense if communities would engage in dialogue on human sexuality issues, so as to protect lives, end repression and restore human dignity. So, how should pastoral caregivers⁶ respond to human sexuality issues? What is the character of a pastoral care perspective in healthy human sexuality? In this paper, I assert that human sexuality is an inherent gift from God that is a present part of the self, in every human being from birth to death, thus, it must be celebrated in healthy ways that are understood, shaped and guided by both the social construction and physical experiences of the care seeker. My goal in this paper is to discuss the development of healthy sexuality from a pastoral care perspective. The aim is to help the reader gain an understanding of the meanings attributed to the human sexuality, and what healthy sexuality from a pastoral care perspective entails. I will also define some ways which help develop healthy sexuality from the pastoral care perspective.

A. Description of Human Sexuality in General

It is important to first of all discuss the meaning attributed to human sexuality in general. Human sexuality is a diversely interpreted, complex facet of human life and is viewed within the context of the entire person's relations and responsibilities. Human sexuality cannot be separated from society's anthropological, sociological, biological and psychological nature. For this reason, it is difficult to describe human sexuality with precision making it impossible to have a single definition. However, comments from a few authors mentioned below help to have an understanding of various conceptualizations of human sexuality. According to Gennaro

⁶ Pastoral caregivers refer to individual clergy or laity who offers Christian pastoral care in communities, thereby termed caregivers throughout the paper.

P. Avvento, a shared general perspective is that human sexuality has two dimensions namely the affective and the genital.⁷ This means that human sexuality has a social, emotional and a biological purpose. In human sexuality, there are aspects of social, emotional, psychological construction and also the actual physiological experiences. Coming from the Southern African region, I also know that human sexuality has a spiritual dimension too. There is an aspect of human sexuality that transcends the biological, the social and the psychological. Various schools of thought tend to emphasize on a single dimension while others focus on both. For instance, several scholars such as Carl Jung, Alfred Adler, Abraham Maslow and Erik Erikson view socialization as the primary goal of one's sexual life, thus, they focus on the affective. It is important to know that both the sociological construction and the physiological experiences have significant bearings on humanity's understanding of human sexuality. On another note, the Advocates for Youth states that, "Sexuality is much more than sexual feelings or sexual intercourse."⁸ It is not limited to genital activities but it pervades the sense of personhood.⁹ The Advocates for Youth identified a five-fold conceptualization of sexuality which includes sensuality, intimacy, sexual identity, sexualization, sexual health and reproduction.¹⁰ This conceptualization is comprehensive and broad enough to cover the multifaceted nature of human sexuality. From this conceptualization it is clear that sexuality contributes to our sexual and gender identity as living human beings. As asserted by Nicholi,

We are either male or female and we have no choice. Our genetic makeup, the particular combination for x and y chromosomes, determine our sexual identity. These genes and certain chemical substances called hormones their relative presence or absence in the body determine how masculine or feminine we appear physically and the intensity of our sexual desire. Gender identity is usually formed primary in childhood and differs from biologically determined sexual identity.

⁷Gennaro P. Avvento, *Sexuality: A Christian View* (Connecticut: Twenty-Third Publications, 1982), 12.

Wiesner-Hanks, *Christianity and Sexuality*, 2010, 6.

⁸Leader's Resource: Life Planning Education: *A Youth Development Program* (Washington DC: 1995), 124.

⁹ Rachel Moss, in Alastair V. Campbell ed, *A Dictionary of Pastoral Care* (London: SPCK), 6.

¹⁰ Leader's Resource: Life Planning Education: *A Youth Development*, 123.

From the quote above even though human sexuality is inherent, it is experienced through various forms and behaviors. Unfortunately some of these forms and behaviors pose a threat to human sexuality and leads to unhealthy sexuality. Because of the inborn characteristics of sexuality, hormones and genes determine sexual identity and these needs to be valued and acknowledged. It can be very painful and precarious to try and change what nature has defined who one is. Social, cultural and psychological factors during life experiences determine gender identity and this characterizes our sensuality and inner picture of human sexuality. This is something that can be changed to suit one's yearnings. Another view of human sexuality, I adapt in this paper, is Joan Timmerman's view of sexuality as described below:

The entire range of feelings and behaviors which human beings have and use as embodied persons in the world, expressing relationship to themselves and others through look, touch, word, and action. It includes the combination of our gender (identity and role) and sex (anatomy and physiology) and is coexistence with personality.¹¹

Both Timmerman and the Advocates for Youth's conceptualizations of sexuality would have however been stronger if they had included the spiritual component. Thus, this leads me to be intrigued by Letha Dawson Scanzoni and Catherine Chilman who offer more comprehensive descriptions of sexuality which address the various significant aspects of human identity. Scanzoni states that, "Sexuality encompasses so much more than sexual anatomy or sex-role attitudes. It has to do with one's entire being as body-spirit creatures. It involves our self-image, our body image, and our self-esteem."¹² This means that sexuality is present in all of human experience, physically through to spiritually. While on the other hand, Chilman describes sexuality as, "Physical characteristics and capacities for specific sex behaviors, together with such social and psychological attributes as temperament, feelings, values, and norms about these behaviors. Human sexuality includes a sense of both gender and sex identity and related concepts about the self and others as masculine or feminine

¹¹ Joan H. Timmerman, *Spirituality and Spiritual Growth* (New York: The Crossroads Publishing Company, 1993), 8.

¹² Letha Dawson Scanzoni, *Sexuality* (Philadelphia: The Westminster Press, 1984), 13.

persons, together with one's roles and functions as a male or female in both the public and private spheres of life.”¹³ Thus, mishandling of sexuality related issues may mean harm to the whole being of an individual. It is therefore important that human sexuality issues be discussed both in public and private arenas. Surprisingly, prime on this matter is the fact that public discussion on human sexuality issues is not always acceptable. For instance, in most communities in Africa South of the Sahara and in other parts of the world, it is taboo to discuss human sexuality issues in public. Until the last several decades, in several parts of the world, sexuality has been viewed as a questionable or at its best marginal area of human reality and also scholarly inquiry. It is also important to note that sexuality is not limited to human beings, but it is as a matter of fact one of the basic factors of all animals. As asserted by Gennaro Avvento, “Human sexuality, while similar to animal sexuality in terms of biological functioning, is not merely the expression of a lower nature, it is filled with possibilities beyond the simple potential for generation. Humanity and animals differentiation into sexes and sexuality is one of the endowments of evolution to living creatures and such differentiation has a role to play. The question then becomes what role does sexuality play in living creatures? What is sexuality’s place in humanity’s life? What does healthy mean from a pastoral care perspective? This takes me to the next section.

B. What It Means to View from a Pastoral Care and Counseling Perspective

In this section, I explore what it means to view something from a pastoral care perspective. I focus on a pastoral care perspective because for instance, in the context of the Southern African region, alongside traditional systems, care seekers consult their religious institutions. When it comes to decisions and understanding of sexuality issues faith plays a significant role. To understand what human sexuality means from a pastoral care perspective, I begin by describing pastoral care. In this paper, I use pastoral care as an umbrella term of caring ministries while pastoral counseling is an area under the broader field of pastoral care. My description of pastoral

¹³ Catherine S Chilman, Promoting Healthy Adolescent Sexuality, *Family Relations*, Vol. 39, No. 2 (Apr., 1990), pp. 123-131.

care is a ministry of presence, love, compassion and guidance, grounded in God's love, and consisting of acts that promote the healing, growth and well-being of the care seeker. From this position, I uphold pastoral care as a supportive and caring relationship that demonstrates God's loving presence and care to those who are vulnerable and broken. Hence, from a pastoral care perspective, the caregiver views human sexuality in light of God. From a pastoral care and counseling perspective it means responding to the question of how God is experienced in human life and in human sexuality. God is present, relational and loving in nature and journeys with care seekers through the dark valleys of life. As a pastoral caregiver, I view human sexuality as a significant part of human nature, a gift from God, whereby individuals need to feel connection with God, others and nature as a whole.

From the Judeo-Christian tradition, human beings are created in the image of God implying that humanity is a relational and a loving being too. Thus, from a pastoral care perspective, human beings relate to each with the neighborly love, the love that Jesus Christ told believers to show to all people. This is affirmed by Gennaro Avvento when he states that, "Human sexuality is a fundamental modality, by which we relate to ourselves, to others."¹⁴ This means discussing sexuality in the context of one's spirituality and relation to God. Pastoral care perspective also means viewing the issue from the care seeker's religious or spiritual experiences and connectedness to God or the sacred. Unfortunately, historically the pastoral caregivers' responses to people struggling with sexuality issues have ranged from uniformed to harmful. There is however, room for more education and improvement on helping care-seekers address sexuality issues from a pastoral care perspective. Thus, letting the care seeker know and feel that he or she is not alone. A pastoral care perspective draws upon religious and theological resources to help the care seeker process painful experiences. The case below is significant example of a caregiver who addressed human sexuality issues from a pastoral care perspective.

¹⁴Gennaro Avvento, 18.

A woman¹⁵ came to my pastoral counseling office and she shared her story. “When the tenth man finished raping me they said they were going to rape my daughter. I cried out but I could not even stand up at this time...they raped my daughter while I was there and I couldn’t do anything to stop them. My daughter was five years old. After that they left us. We went to the police but they labeled us promiscuous and told us to go back home. The police officers asked me to go find the offenders and report back. I cried to God why this had happened. For days I did not want to talk to anyone. I was bitter inside me; I hated myself and the people who did this to us. I did not know what to do except to cry, pray and after some days I decided to go to my pastor for help. The pastor spent some time to listen to my story, empathized and prayed with us. He organized that we visit the local clinic for medical examination and treatment. He also had us have two people in the church to continue mentoring us. He also got the local traditional leaders to be involved with the result that the perpetrators were finally apprehended and taken to courts. The pastor is the one who has referred us to you,” the woman reported. Listening to Toreka telling her story, and watching her imitating how it all happened, I could feel my stomach tie in knots. I saw how her hopes and opportunities to live more wholesome in a just community were far-fetched. She cried and then echoed her gratitude to the pastor and the congregation for all what they did to help them. She still could not understand why people could do such a thing to her. This case is an example a human sexuality related issue that was on the table. Toreka was unfortunately a victim of sexualization.¹⁶Through his action and responses, the pastor was caring, compassionate and supportive. During the pastor’s conversation with Toreka, the pastor took heed of moments when Toreka seemed as though she was able to connect with God. Connection to God may have come when they prayed together, when the pastor acknowledged and valued Toreka’s experience and as they prayed together. When Toreka expressed her pain and frustration, the pastor represented the loving God who stays with us in moments of pain. When the pastor delegated two people to

¹⁵ For the sake of this paper, the woman’s name is Toreka.

¹⁶ The uses of sexuality to influence, control, hurt or manipulate others- Life Planning for Education, Advocates for Youth.

mentor Toreka and her daughter, he was helping Toreka regain a sense of her self-worth. The pastor and the mentors acknowledged Toreka and her daughter's painful experiences. This helped her feel connected to God and others in the midst of this anguish and not to feel abandoned and alone. The pastor responded from a pastoral care perspective through his presence, acceptance, caring relationship, compassion and encouragement.

From a pastoral care perspective to help the care seekers in such a situation is to be the person who God destines us to be. Like many people who struggle with sexuality related issues, Toreka felt lonely. Having people who listened and believed her experience helped her find meaning and hope. When Toreka left the police station she said that she was totally lost and disconnected from herself and from others. The pastor was compassionate, non-judgmental, focused on God's love and sustaining presence. Toreka was helped to reclaim her dignity as God's precious being. The inclusion of the traditional systems to deal with Toreka's case demonstrates pastoral care which brings into focus the contextual and other cultural matters.¹⁷ Effective pastoral care in this case would be interdisciplinary where the knowledge from other disciplines is sought when necessary. Hence the pastor did well in referring Toreka for pastoral counseling. When Toreka came to me for pastoral counseling, I respected her process, journeyed with her, as she found her way through the pain. After all this pain, Toreka needed to reclaim her life back and be able to find new meaning in life regardless of what was done to her and her daughter. The pastoral conversation was needed in order for Toreka to process issues regarding loss, grief and shame. Exploring these helped Toreka experience the fullness of God's gift of sexuality without feeling unworthy and that is in accordance to God's hope for humanity.

C. What Is Healthy Sexuality from a Pastoral Care Perspective?

Having discussed the general meaning of sexuality, a pertinent issue will be exploring what healthy sexuality from a pastoral care perspective means. To describe healthy sexuality from a pastoral care perspective is indeed a complicated and overwhelming task. By and

¹⁷ Carrie Doehring, *The Practice of Pastoral Care: A Post- Modern Approach* (Louisville: Westminster John Knox Press, 2006), 2.

large, healthy sexuality is understood and interpreted differently basing on people's geographical, sociological and anthropological contexts. Human sexuality is also an area packed with numerous myths and stereotypes that influence the general meaning and understanding of healthy sexuality. Healthy sexuality is understood from physical, psychological, spiritual and cultural/contextual points of view. It is also not only an individual act-centered issue but it is also relational and communal-centered. An ideal situation for healthy sexuality is giving primacy to the contextual understanding of healthy sexuality while involving contribution from the different other perspectives. In that way, relevant and holistic attention would be given in a way that addresses the various aspects of human sexuality.

That being said, my description of healthy sexuality comes from a Christian pastoral care perspective with the lenses of a Shona traditional worldview. To understand healthy sexuality from a pastoral care perspective, I first present what unhealthy sexuality is. Unhealthy human sexuality is reducing the human body to just genital functioning, like what happened in Toreka's case. When the body becomes an object either to be constrained out of fear (The Victorian Approach) or to be treated as a pleasure machine (the Playboy Philosophy) as in Toreka's case, that is unhealthy sexuality.¹⁸ If ten men raped Toreka at once, it means human sexuality was dehumanized. Such actions and misconceptions of human sexuality negate the divine and interpersonal dimensions of human sexuality and often lead to abuse and exploitation of human sexuality. Such attitudes are damaging to individuals, their families, and the larger society. In Toreka's case, sexuality was reduced to a function of the body only; disregarding the sacredness of life and that is detrimental to human well-being. From Toreka's narration sexuality is larger than the physical body; it is one's spirituality and the power of person hood. It permeates influences and affects every aspect of a person's being at every moment of existence.¹⁹ Not only were the two women's bodies violated, but their whole humanity encompassing soul, spirit and body were totally dishonored. Unhealthy sexuality

¹⁸ Adrian Thatcher and Elizabeth Stuart, *Christian Perspectives on Sexuality and Gender* (Michigan: Gracewing, 1996), 216.

¹⁹ Moeahabo Phillip Moila, *Challenging Issues in African Community* (Pretoria: CB Powell Bible Centre UNISA, 2002), 58.

erodes an individual's self-esteem and sense of self-worth, scraping human dignity and diminishing human value especially in cases where it is used to control or manipulate others. Often most experiences of unhealthy sexuality lead to despair, isolation, stigmatization, violence, hatred, and injustice. From Mukaro and Toreka's stories above we can see how experiences of unhealthy sexuality can be a threat to the well-being of an individual. In pastoral care, God designed human sexuality, hence, this needs to be embraced when helping care seekers. There has to be the embodied notion of humanity and not treating people as asexual because that is not real. As care seekers struggle with sexuality issues, they need not to feel alienated from themselves, others and God. It is the pastoral caregiver's calling to help them to lovingly embrace their relatedness to each other as male and female. As asserted by Letha Dawson Scanzoni, "A concern for love and justice calls us to be open, compassionate, and understanding rather than to approach the sexuality with judgmental and self-righteous attitudes."²⁰ With a compassionate and loving spirit, care seekers are accepted as they are. Pastoral caregivers have the ability to embrace human sexuality as a God-given aspect and to do this in a healthy manner. Healthy sexuality is also the ability to identify and address any sexually destructive behaviors whenever they manifest in an individual. Healthy sexuality is when positive ways to relate to oneself, the other and God are explored instead of staying preoccupied with negative thoughts. Why is it important to develop healthy sexuality? What value does this have in human life as a whole?

Another factor is that from a pastoral care perspective, healthy sexuality is significant because it is integrated with both the "*humanum and the divinum*,"²¹ to use Helmut Thielicke's expressions. Thielicke argues that if an individual does not hold these two dimensions together, the danger is that sexuality will be understood as only a function of human beings.²² From a pastoral care perspective, care seekers' human and divine needs have to be

²⁰ Letha Dawson Scanzoni, *Sexuality*, 75

²¹ Helmut Thielicke, *The Ethics of Sex* (translation). (Cambridge, England: James Clarke and Co, 1964), 18. These are Latin words referring to the human-divine nature of humanity as opposed to purely human.

²² Helmut Thielicke, *The Ethics of Sex*, 25.

addressed when helping people grappling with sexuality issues. By promoting healthy sexuality it means acknowledging the physical experiences as well as acknowledging the value of human beings in relationship with God and with other human beings.²³ Because human beings are created as sexual beings and sexuality embraces the entire person in his or her existence healthy sexuality becomes valuable and essential for everybody; individuals, families and societal well beings. It must be born in mind that every interpersonal relationship is sexual in the sense of relating to others in distinctively male, female or both. Thus, we are summoned to relentlessly embody sexuality as part of life. Lastly, without healthy sexuality; dreams are shattered; expectations are ruined; relationality to self, the other and God is impaired. Mukaro's dreams never came to a reality since her life was prematurely terminated. Toreka and her daughter's lives were ruined as a result of unhealthy views of sexuality. The pastoral care perspective of healthy sexuality is founded upon viewing human sexuality as central to the divine-human experience and thus is therefore exist to help both females and males claim their assertiveness or vulnerability.

D. How Is Healthy Sexuality Developed: What Strategies and Recommendations

As I have already indicated above, human sexuality is a broad and complex subject and there is no one answer to problems related to sexuality. This is the same with strategies for the development of healthy sexuality. The strategies have to be bio-social and psycho-spiritual oriented. First and foremost, it suffices to say that the development of healthy human sexuality is a lifelong process which cannot be explained fully in the scope of this paper. Again the strategies used are contextually based and sometimes gender based too. For instance, in most Southern African region traditional worldviews, individuals tend to formulate healthy sexuality more with the context of their families and culture while the situation may be different in western worldviews where individuals may develop their sexuality independently. Hence, what I share are some recommendations which come from the lenses of a Shona Christian

²³ Solveig Anna Boasdottir, *Violence, Power and Justice: A feminist Contribution to Christian Sexual Ethics* (Stockholm, Sweden:Uppsala, 1998), 111.

pastoral caregiver. The lifelong development of healthy sexuality encompasses the process of personal exploration, education growth, and integration. Generally, during this development process, there are cultural and societal norms that either serves as obstacles or enhancers for the development of healthy sexuality. It is important to be aware of the cultural and societal norms and engage them in dialogue where necessary.

A significant strategy is the involvement of families and communities in providing and educating correct sexuality and culture-appropriate sex education. In reality, the education strategy succeeds when addressed from the perspective of culture, social and biological know how. This is why in some African ethnic groups such as Chewa, Ibgo and Kalanga, healthy sexuality is developed through cultural ceremonies in families and communities. To them sexuality is not only an individual issue but it involves the family and the whole community. To such cultures the importance of human sexuality is recognized through rites such as the initiation or rites of passage. Both males and females participate in the rites of passage. The initiation rites encompass the rituals and symbols that accompany the transition from one life stage to another and are more educationally oriented. The initiation rites are embedded in cultural notions about what is means to be woman or man and be part of a particular society. These rites honor human sexuality and mark the personal evolution from infancy to adolescence to adulthood. During the initiation period, the candidates spend periods of time ranging from one day to months in secluded places elsewhere within the communities receiving education on sexuality. Through the initiation rites, a range of supportive activities are activated for groups and individuals as they continue in life. This is one way in which healthy sexuality is developed in certain societies. Education becomes a significant path towards development of healthy sexuality. It is therefore important that societies and communities intentionally have education programs to develop healthy sexuality, be it at family level or societal level. Having said this, I am aware that the role of the family and community in developing healthy sexuality has been and remains debatable, credit should however be given to places where this has been constructive and productive. As we look around the globe, sexual education comes in various shapes and colors, but the

underlying important issue is assessing the vitality, wholeness and sacredness of the approaches. The media, literature and movies have been a path of both constructive and destructive education. Individuals need to understand the need to be sexual enough in the way that God has intended them to be. The challenge in this becomes how do you balance divinely intended sexuality and societal expectations especially knowing that God created us as being in community with others and God. This is well responded by John Wesleyan theology which stresses that, “Grace signifies God’s unconditional, unmerited, radical acceptance of the whole person: God, the Cosmic Lover, graciously embraces not just a person’s disembodied spirit but the whole fleshly self.”²⁴ Therefore, our attitude and approaches as society towards this matter must be directed by Christ’s command of love.

The second strategy is the multidimensional approach which includes the input of religious leaders, mental health professionals, teachers and government policies. Through their care and support, the various stakeholders can assist towards healthy sexual development. For instance, various stakeholders had to assist Toreka and her daughter. She got help from the pastor, from the counselor and from other church members. Both Toreka and Mukaro’s cases show how finding a safe place to share one’s sexual experiences is a significant component of developing healthy sexuality. Also by exposure to multidisciplinary strategies, individuals are helped to develop awareness of their sexual feelings, sexual expressions, sexual identity, exploration of their sexual values and sexual behavior experiences that mark this life long process. Healthy sexual education prepares young ones for their roles as adults and helps adults be responsible and informed beings.

The third and last strategy, I propose is the mentoring approach which can be individual or group oriented. Through this approach, individuals are paired with mentors as they are helped to find their path and maximize their potentials. Or if it is group, they attend mentoring sessions in groups guided by a facilitator These could be community-based, faith-based or family-based. The individuals are paired with other individuals who guide, share wisdom and

²⁴Adrian Thatcher and Elizabeth Stuart, *Christian Perspectives*, 216.

experience, listen , motivate and provide stable inspiration to the individuals. Examples of these are community based programs such as Big Brothers Big Sisters a program for mentoring young people in the United States. In the Shona culture, there is *Tete nemuzukuru* and *Sekuru nemuzukuru* ²⁵ which serves as a mentoring strategy on sexuality issues. In faith based institutions, mentoring programs can be run by churches, temples or mosques and these often include the religious tenets. In schools, the mentoring tends to focus on life-skills, nationally and universally accepted values. Mentoring, when done well can be a very useful strategy to help people develop healthy sexuality. It can be an opportunity for collaboration, guided decision making, problem solving, pursuing and achieving life goals as is explored in the next section of this paper.

E. How a Pastoral Caregiver Can Help People Struggling with Sexuality Issues?

In this last section, I discuss how pastoral caregivers can help people struggling with sexuality issues. The sexuality related issues that people can bring to pastoral caregivers range from being sexually differentiated (male or female), which often refers to biological and anatomical differences to relational oriented objectives which impact friendship, socialization and belonging. There is also differentiation by gender, which refers to culturally and historically constructed system of differences based on roles and meanings. Issues could also embody procreation, abuse, commercial purposes and power relations. So, we can see that there are vast issues that people bring and these have significant bearing on the way individuals act, behave and think.

In terms of pastoral care, it is important that the pastoral care giver offers unconditional positive regard, accepting the care seeker as he or she is without any value judgments. The tendency by some care givers is to be preoccupied by making judgments and forming opinions. This does not help the client at all, and can be destructive. Pastoral caregivers help the care seekers name the nature of their sexuality issues that they are struggling with. Then the care seeker's sexuality struggles are explored before any intervention strategies are

²⁵ These are terms which are used by the Shona people to refer to aunt/niece and uncle/nephew relationship.

employed. Most importantly is the ability for the caregiver to listen, be non-judgmental, acknowledge and validate the care seeker's experiences with a non-anxious presence. As asserted by John Patton, "The persons to whom we offer pastoral care and the situations that they share with us are in various respects like no others, like some others, and like all others."²⁶ Thus, the caregiver must be in touch with the important dimensions of the care seeker's understanding of the issues and not generalize. The caregiver explores the care seeker's sexual experiences and identifies the care seeker's understanding of the issues. This is achieved by exploring the individual and social construction of one's human sexuality experiences. Through the exploration process, both the care seeker and the caregiver will understand the care seeker's values, basic assumptions and where they are coming from. Knowledge from the exploration process will help the caregiver in flexibility in so far as responding to the individual care seeker experiences, without the caregiver forcing the care seeker to conform to a particular worldview that may be eccentric to the care seeker. After the exploration, the caregiver guides the care seeker to describe and understand the nature of their sexuality problem and possible option to addressing the challenge. A road map towards healthy sexuality is deliberated and steps to accomplish that are laid down. It is important to note that sometimes caregivers offer care to persons with significant difference in worldviews and beliefs from them, in that case they still are called to represent God's unconditional love and care. Caregivers should refer care seekers when they feel inadequate and unskilled to tackle sexuality issues, but to most care seekers, just listening and empathizing brings a great difference and affirms the care seeker's worthiness as a valuable human being and child of God. An important task of the pastoral caregiver is to assist care seekers in overcoming the impediments that thwart the development of healthy sexuality and abundant life. To summarize the manner in which the caregivers may offer pastoral care to people who are in search of healthy sexuality, I adapt Clyde Kluckhohn and Henry Murray's three important points

²⁶ John Patton, *Pastoral Care in Context: An Introduction to Pastoral Care* (Louisville, Kentucky: John Knox Press, 1993), 27, *Pastoral Care in Context*, 42.

(e-g)²⁷ and integrated with my points (a-d) to create what I define as the **SLANDLE** approach of offering pastoral care:

- a. **S**afe, sacred and accepting space
- b. **L**isten, show warmth and empathy
- c. **A**cknowledge and validate the care seeker's pain, feelings and experiences
- d. **N**on-anxious presence and trust in the divine
- e. **D**iscover and dispel misinformation and faulty assumptions.
- f. **L**ook for values in the care seeker's spirituality that can be appropriated to shape outcomes of the situation.
- g. **E**xpect to find new areas of reality and meaning of which one was not aware before.

By walking through these points, the care seeker will express experiences and pain in non-destructive manner, have opportunities to learn new things and develop that confidence of having ways of addressing the problem as mentioned in the strategy section above.

In conclusion, having shared that understanding of sexuality as a pervasive and constitutive factor in the structure of human existence, it is important to say with all the views and findings that have been accumulated about sexuality there is still more that remains mystery and unknown. My main point in this paper is that since human sexuality is an inherent force that permeates, influences, and affects every act of a person's being at every moment of existence, thus, it must be celebrated in ways that are understood, shaped and guided by both the cultural, social construction and physical experiences of the care seeker. I have also stated how contemporary societies' understanding of healthy sexuality is compounded by societal values, physiological, psychological and spiritual understanding and how all these have a role to play in the development of healthy sexuality. I have stressed that from a pastoral care perspective healthy sexuality should contribute to the wholeness and well-being of humanity and be viewed as an integral dimension of the human being which ultimately implies relationality to the divine or God, self and others. I have also shown how pastoral caregivers have a central role in fostering the

²⁷ Clyde Kluckhohn and Henry Murray, *Personality in Nature, Society, and Culture* (New York: Alfred A. Knopf, 1948), 42.

development of healthy sexuality but so in multi-dimensionally. Healthy sexuality from a pastoral care perspective is loving, caring and supporting care seekers regardless of their vulnerability and brokenness. In the paper, I have demonstrated how human sexuality means several aspects which range from being sexually differentiated (male or female) to relational and gender-based. I assert that ensuring the development of healthy sexuality must not be a matter of choice for societies; instead it is an obligation for it is needed to facilitate human growth to full potential. With honoring of human sacredness, increased scientific evidence, and effective practice models human beings need to be who God intends to be -human-divine sexual beings.

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