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1 The secular body in the Dutch field of sexual health

Jelle O. Wiering

Introduction¹

I am an observer in a sexuality education class for students of secondary vocational education (MBO). The mixed-sex lesson is held at a school in a small town in the centre of the Netherlands. The class consists of 21 students, aged between 15 and 20, I estimate. Much like the students, I am carefully listening to our two sexuality educators, Miranda and Trudy. Both are women in their forties and both work for the Community Health Service (CHS, GGD in Dutch). We are about halfway through the lesson when Miranda poses a question about the relationship between love and sex. Nobody appears eager to respond. Finally, after quite some time, a boy answers her question:

“Well, I think you cannot have good sex without knowing each other pretty well. I think tha-”

The boy is interrupted by Miranda, who says:

Well, a one-night stand does not necessarily have to do anything with love, does it? It really differs, you know. At our CHS consulting hour, we meet youngsters who deem it [the combination of sexuality and love] very important because they otherwise can't have sex in ways they like it, but there are also others who just do not care so much.

The boy apparently does not feel a need to further elaborate his view. Neither does anyone else in the class because silence, again, follows Miranda's words.

Trudy, after a while, decides to no longer wait for input from the class. She asks:

“Do you guys actually know how the cycle of sexual arousal works?”

Silence. Most pupils are just staring at either Trudy or the blackboard.

TRUDY: “You know, I mean, what happens [during sexual arousal]?”

Silence.

TRUDY: “Hmm, ok. If I hint that it is comparable to a diesel car and a car driving on petrol?”
Silence.

Trudy then begins to draw on the blackboard. She draws a graph depicting two lines. One line, the one that represents the petrol car, accelerates rapidly to, immediately after having reached its maximum, return to its minimum. The diesel line, though, increases rather slowly and, also after having reached its maximum, it decreases rather slowly, too. Trudy then points to her graph again, touching the blackboard where the petrol car line reaches its maximum whilst the diesel line does not yet. She says:

“You see, a man gets sexually aroused rather quickly, and after that he is finished permanently [*is hij definitief klaar*]. For a girl, it simply takes longer, and that’s why [for girls] sex frequently hurts.”
MIRANDA NODS AND ADDS: “You see, that’s why we always tend to say: pain should not be part of the game! [*pijn hoort er niet bij*]”

This chapter investigates understandings of the body in the Dutch field of sexual health. This field is the setting where I conducted 13 months of anthropological fieldwork between 2016 and 2018. The chapter sets out to excavate some of the field’s implicit assumptions of the body, and explores what these might tell us about the secular body (Hirschkind 2011). What sexual practices do sexual health organisations recommend people to conduct? How do sexual health professionals envision a healthy body? How are experiences of pleasure and pain interpreted and framed? How are such notions influenced by assumptions pertaining to axes of differences such as gender and sexuality? Guided by these questions, this chapter interrogates the body in the field of sexual health and seeks to gain a more comprehensive understanding of the embodied and material dimensions of the secular (Engelke 2015, 45).

Before turning to these questions, though, I first want to note that research on sexual health often departs from rather different research questions. Studies often examine which particular method proves most ‘effective’ in keeping students away from undesired sexual practices – which method, for example, best prevents students from unintended pregnancies or STDs (Kirby and Laris 2009). Other studies explore how such methods should deal with different international contexts (Vanwesenbeeck et al. 2016). Notwithstanding the importance of such research for people’s sexual health and pleasure, I consider it also important to, in addition, examine, unravel, and critically analyse the assumptions undergirding sexuality education, and to remain receptive to the more concealed normative presumptions and understandings that (have come to) underpin these well-intended educations (Rasmussen 2010, 2012; Roodsaz 2018). For example, the term ‘effective’ sometimes seems to presuppose the

existence of a way of teaching about sexuality that, if properly adapted to different cultural contexts, is applicable all over the world (e.g. Braeken and Cardinal 2008; Vanwesenbeeck et al. 2016; Browes 2015). The term points toward an undergirding postulate of the existence of an indexing gauge that enables researchers to objectively assess (the implementation of) sexuality education curricula in various contexts, which I do not believe exists.

In what follows, I elucidate my understanding of secularity and why I seek to explore the religious/secular tension in the Dutch field of sexual health. I will present a selection of sociological and anthropological literature on the body, distinguishing two different lenses which I will employ in the subsequent sections. The first approach perceives the body pre-eminently as the product of discursive social powers and scrutinises discourses that seek to curb bodies in particular forms. The second approach focuses on the notion of embodiment: the collection of experiences and sensibilities we come across as a consequence of us being corporal individuals (Maus 1950 [1934]). I alternately take up these lenses to investigate the body in the Dutch field of sexual health. I first describe some prevailing understandings of the body as articulated in the interviews that I held, which I will combine with my observations of the discursive field. Second, I turn to autoethnography, describing my experiences that were part of the participatory process of being (trained as) a sexuality educator. In conclusion, I discuss these findings and extrapolate my observations here to the discussion of the secular body.

Researching secularity

In his 2003 book *Formations of the Secular*, Talal Asad urges scholars to further explore the sensibilities that are embedded in the concept of the secular. Tempting as this call might sound, though, it also is a rather challenging assignment, and this is reflected by the fact that since Asad's call in 2003 not many ethnographies of the secular have actually been written. Scheer, Fadil, and Scherpeleers Johansen (2019, 2) suggest that this might partly be the result of secularity being a concept that proves difficult to pin down. The nominalist rendering of secularity as the mere separation of church and state feels unsatisfying, but it is difficult to find an adequate alternative (Mahmood 2013). Like a "moving shadow" (Asad 2003, 16), secularity seems to be able to avoid any attempt of locating its boundaries.

I consider Asad's metaphor of secularity as a shadow to be a helpful one, as it accentuates an understanding of secularity and religion as co-constitutive, but also as overlapping (2003, 16). Additionally, this metaphor urges scholars to begin their inquiry from religion rather than from secularity itself, which emphasises that secularity, similar to a shadow, needs its counterpart to actually take a shape. Still, this abstract description feels unsatisfying, because it remains unclear when something exactly can be conceived of as secular. Therefore, I find it useful to draw on the work of

Charles Hirschkind, who previously took up this issue and wrote an explorative essay about what a secular body would look like. He writes:

[My] analysis of the secular . . . directs us less toward a determinant set of embodied dispositions than to a distinct mode of power, one that mobilizes the productive tension between religious and secular to generate new practices through a process of internal self-differentiation.

(Hirschkind 2011, 643)

Building on this insight from Hirschkind, I understand secularity to refer to a collection of practices that mobilise the religious/secular tension in order to differentiate the religious from the secular. So, seen from this view, secularity is about the production and distribution of templates of what religion refers to and why it supposedly is different from irreligious matters. One can even conceive of secularity as something that ‘happens’ via everyday practices. Various actors, religious or irreligious,² try to identify religion and subsequently distribute imaginaries of what religion supposedly is (not).

Seen in this light, studying secularity can be conducted from two different angles. On the one hand, one can explore how phenomena are categorised as religious or irreligious: one can study how the secular process of differentiation actually takes place (e.g. exploring things and bodies employed in the act of differentiating the irreligious from the religious). On the other hand, one can also explore the phenomena that are identified as religious or irreligious as a result of such acts of differentiation. One can investigate the outcomes of these acts. In this chapter, I will further build on this later take on secularity.

Let me turn to my fieldwork to explain why I consider the understanding of secularity as a set of collective practices fruitful to gain a better understanding of secularity, but also to introduce an important emic understanding of religion in the light of which the rest of the chapter should be read. In my fieldwork among Dutch professionals working on the topic of sexual health, secularity came to light particularly via my interlocutors’ concept of neutrality. I interviewed 19 sex educators and spoke with many more on an informal level, and I learned that many of them thought they were upholding a morally neutral position in their profession. This boiled down to the conviction that they were refraining from partaking in morally loaded issues by sticking to ‘plain facts’.

Although my interlocutors were careful not to be too explicit in their rejection of religion, implicitly they frequently met religion with suspicion or scorn. The suspicion mainly related to Islam, which many of my interlocutors took as a tricky religion that had a treacherous potential to transgress Dutch ‘generally agreed upon’ understandings of sexuality. The example stressed abundantly in this context was that of Islam and its supposed intolerance toward homosexuality. This presumed rejection of homosexuality was something that my interlocutors just could not accept. The

scorn, however, was primarily geared toward Christianity, which was often perceived by my interlocutors as an anachronism. Many considered Christians to be (at least a little) outdated: as people who had not yet arrived at modernity because their religion had significantly hampered their progress. The best example of the field's negative appreciation of religion was its actual implementation in all the sex education classes I attended. People's 'beliefs' ['geloven'] were discussed amidst undesirable topics such as STDs and abortion. This inclusion thus implicitly confines religion to the same corner as these topics and postulates and conveys a negative relationship between religion and sexuality. It reflects the field's larger understanding of the relationship between religion and sexuality: it does not necessarily have to be problematic, but there most certainly is a potential for it to be.

My interlocutors' recuperative acts of distancing from both Islam and Christianity provide an example of how religion was important in the field. Arguably, the morally neutral identity promulgated by my interlocutors but also by the organisations they worked for, even needed this positioning towards religion, as it provided a scapegoat that they could use to distance themselves from. This distancing, then, served to confirm their supposedly moralistically neutral identity. During my fieldwork, I observed how this process of identification happened in the organisations' day-to-day activities such as sexuality education classes. For example, during such lessons, a rather denigrating image of religion was often communicated (Schrijvers and Wiering 2018).

Building on the notion of secularity as explained earlier, I seek to explore in this chapter which practices and notions of sexuality were advocated by my interlocutors as 'proper'. Elsewhere, I have focused on the ways religion was problematised, marginalised, or ridiculed during my research, but here I mainly set out to explore the practices and understandings of sexuality that were, implicitly and explicitly, foregrounded as supposedly superior alternatives (cf. Schrijvers and Wiering 2018). So, for example, when my informants identified the idea of having sex only after marriage as Christian, and 'thus' as a little outdated, I explored the notions that they proposed as an appropriate irreligious alternative. If the religious body was explained as either a little anachronist (Christianity) or as potentially ignoring the boundaries of neutral sexuality (Islam), how would my interlocutors then envision a secular body? In what follows, I seek to answer these questions, and I do so through exploring the secular body in the context of the Dutch field of sexual health from two different theoretical perspectives.

The social body and embodiment

In 'The Body and Social Theory', Chris Shilling discusses why the body has long been absent in the discipline of sociology (1993, 24). The main reason, he asserts, is because the body was not considered to be a relevant topic for research from sociological perspectives. Emile Durkheim, for example, presumed a clear nature/society dualism and took sociology as the discipline

that had to stick to the latter. The natural, Durkheim maintained, was rather to be explained by disciplines that were more oriented toward the individual, such as psychology and biology. Durkheim suggested that sociology had to focus on structures of society, the presumed prerequisites for social order, functioning, and control (Shilling 1993). The individual body was conceived of as a passive container, which, at best, was capable of serving the much more important rational mind.³

Schilling writes that this disregard of the body in sociology began to evaporate in the 1980s, when a growing number of sociologists started to integrate the body into their work. The social constructivist position became popular, taken up by scholars who considered the body as the result of constructions, impairments, and even as complete products of the social (Shilling 1993, 70). Of course, also among these social constructivists, a variety of views could be found, particularly with regard to how much of a social product the body actually was (Vance 1989). Still, most authors mainly pled for scrutinising the field in which the body was situated, which was taken to have forged the body to its current appearance. Schools, for example, were no longer seen as places that simply educated the minds of children: they were understood as places that were monitoring and shaping the bodies of young people (Shilling 1993, 24).

Many authors have studied the social-constructiveness of the body since the 1980s (see Lock 1993 for an overview), and many of them build heavily on the earlier work of both sociologists and anthropologists. The work of the British anthropologist Mary Douglas (1970), for instance, has become very influential, as it emphasises the variety in body symbolism. Foucault, the final author that I want to refer to here, highlighted the role of power in shaping the body. Throughout history, discursive powers sought to mould people's bodies through imposing various kinds of practices and acts. Foucault illustrated this by highlighting the state's incitement to public display of citizens' bodies for the sake of society's health. This display provided the state with the opportunity to either punish or reward specific expressions of the body (Foucault 1976, 1979, 1984). The social should, however, not only be considered as influencing bodies' appearance: it also influences how people experience the world around them.

Explorations of the body can thus also depart from experiences of the body itself, including the various ways that bodies operate in and make sense of the world. Marcel Mauss, as early as 1934, discussed the notion of habitus, seeking to capture how acts of embodiment differ among different people and cultures. Of particular importance for the study of embodiment has been the work of the philosopher Merleau-Ponty (1962, 1964), who highlighted the role of perception and how embodiment is key to how humans perceive the world. A focus on embodiment hence not only concerns specific practices that we conduct (unconsciously) as a consequence of being humans raised in a particular environment: it also determines how we perceive the world (see also Haraway 1991). Merleau-Ponty suggested to explore these

moments where people's perceptions begin and how these perceptions are shaped and constituted by culture (Merleau-Ponty 1962; Csordas 1990).

Anthropologist Thomas Csordas further outlines how the notion of embodiment could be integrated into anthropology (*idem*). He proposed a methodological perspective of embodiment, which he illustrated by various examples from different fieldwork settings (Csordas 1990, 1993, 2011). Csordas writes:

This approach to embodiment begins from the methodological postulate that the body is not an object to be studied in relation to culture, but it is to be considered as the subject of culture, or in other words as the existential ground of culture.

(Csordas 1990, 5)

I agree with Csordas that exploring such experiences might render innovative contributions to our understanding of cultures.

The social body: impressions of the Dutch field of sexual health

As stated previously, I researched the Dutch field of sexual health for a total of 13 months between 2016 and 2018. I approached this field as what Bourdieu refers to as a 'social field' (Bourdieu and Johnson 1993, 14) – a field constituted by all actors who voluntarily or professionally work on the topic of sexuality. Some of the organisations working on sexual health in my research were small and consisted of a few individuals only, but others were larger and had more than 20 employees. The field also featured 70 CHS (Community Health Services). These CHS, funded by the Dutch government, operate all over the Netherlands to improve the health of Dutch people in general. The umbrella notion of 'health' includes sexual health, and each CHS has several employees working on this topic. Such professionals set up activities such as consultation hours, where people come over to talk about sexual issues that bother them. During my fieldwork, CHS were also frequently providing sex education classes at high schools.

Most of my interlocutors had a background either in medicine or in psychology.⁴ Hence, there was a disciplinary majority, which influenced the field's contours and its approaches to sexuality. Illustratively, my interlocutors were frequently confused when I told them about the anthropological methods that I was applying in my research. They did not think such research was objective, nor that it really could be considered scientific. Additionally, echoing the medical background of many of my interlocutors, the field had a particular focus on the notion of sexual *health*. This focus on health rather than, say, sexual pleasure, implied that most organisations were mainly concerned with the *unhealthy*.⁵ They focused on combatting phenomena they considered as threats to the sexual health of people.

Because I had not been trained in medicine or psychology, gaining access to the field was a challenge. For example, it took me a lot of effort to be able to partake in a sex educator training. During my first week of fieldwork, I had already found an organisation that was looking for medicine students to teach sex education classes at high schools. Aspiring medical students only had to participate in a one-evening course, which is by far not as time-consuming as the three-day course that I was required to follow when I finally found an opportunity. Carrying medical knowledge was beneficial in this field, and to some extent it even functioned as a certificate that allowed one to teach sexuality education. The hegemony of medical discourses in this field of sexual health was also mentioned by Cor, a 45-year-old general practitioner and sexologist. During our interview, he problematised the predominance of medically oriented perspectives in the field of sexual health. He, like me, had visited the Soa AIDS world day, which is a large annual event where thousands of people from all over the world gather to present and discuss their research on HIV and sexuality. Cor, again like me, had pointed out that three out of the four keynote speakers were working for hospitals. Cor told me he thought a variety of disciplinary perspectives would be an important improvement for the field.

Jody, a 30-year-old female sex educator whom I met a couple of times over the course of my fieldwork, made a similar point. I was telling her that I had heard that many CHS were decreasing their sexuality education classes as a consequence of funding cuts, when she suddenly interrupted me. She said: “Ah finally, well that’s a good thing!” Her comment took me by surprise. Upon seeing my, probably rather puzzled, face she said: “Yeah, those people are all trained in health care [‘gezondheidszorg’]. These are not the kind of people I want to teach about sex!” This statement, I realised later, corresponded with the critical comments about current forms of sexuality education that she had brought up earlier. Jody was convinced sex education had to pay much more attention to the positive sides of sex, including sexual pleasure and joy.

Jody’s and Cor’s critical views regarding the current emphasis on sexual health framed as a psychological/medical issue were, however, quite exceptional in the field. Most people I spoke with did consider sexuality a topic that was best approached from medical and/or psychological perspectives. Most interlocutors also maintained that studies on sexuality preferably were quantitative: they needed to include large samples and experimental settings, which enabled them to produce ‘evidence’.

The field’s medical/psychological bias also implied that knowledge deriving from these particular disciplines was valued more than other forms of knowledge. For example, someone who was very much recognised as a clear expert because of her vast medical and psychological knowledge was professor of psychology and sexology Ellen Laan. Laan, who was working at the Medical Centre in Amsterdam in 2017, has conducted a lot of innovative research on female sexuality and pleasure. Her name appeared frequently

during my fieldwork, as many of my interlocutors were very fond of her innovative work.

One evening, I attended one of her public lectures. Tickets were sold out rapidly, at the cost of 21 euro, which is rather high for such an event. Her presentation clearly indicated her great knowledge of the body and sexuality. Reflecting the biomedical discourse that her work is part of, there were many graphs, images, mentions of co-authored publications, and many medical terms such as ‘*Corpus spongiosum*’ and ‘*vagina bulbi*’.

During her lecture, Laan problematised many popular but incorrect assumptions about sexuality and the body. She also addressed many interesting natural features of the body. She stressed that a female body contains four times more testosterone than oestrogen; the clitoris is situated at a different place of the female body than many people think; the vagina is much less sensitive than the clitoris and for good reasons (i.e. a baby has to pass through); scientists have not yet figured out whether the fluid that is created as a consequence of female squirting contains urine, and so on and so forth. During the lecture, it was clear to me that many in the audience really appreciated Laan and her work. Laan’s focus on improving women’s (sex) life through articulating and highlighting features of the female body that have long been ignored, downplayed, or even denied was inspirational for many audience members.

I think Laan’s presentation captures some main characteristics of the body in my research. The field privileges what is seen as the natural body over the alleged social body, taking for granted that there are clear differences between the two, and articulating the former as the most important. It privileges biological features over social ones, as they are presumed to be universally shared and hence more legit. The field cherishes large samples, experiments, samples, and generalisations, building on the assumption that most bodies in this world essentially work in the same way.

Hence, we could stress that the field encourages individuals to be knowledgeable of their bodies’ natural features. People are stimulated to be able to separate ‘facts’ from social convictions, which also reflects an emancipatory endeavour that we also observed in Laan’s lecture. The female body too can enjoy sexuality, and one of the most important ways to combat the inequalities regarding male and female sexual pleasure is by providing biomedical knowledge to people on how the natural female body functions.

Having described the field’s prevailing outline of the body, I will now apply the second lens and turn to my own experiences as a sex educator.

Participant observation as a sex educator

One of the main goals I set myself was to conduct participant observation as a sex educator. I had already learned at an early stage of my fieldwork that, for many organisations, teaching sex education was a quintessential

activity. Therefore, I took the role of sex educator as one that was germane for gaining a better understanding of the field, but I also considered it interesting because it would enable me to familiarise myself with the more embodied dimensions of the field. I decided to write an autoethnography, which is the main source of information in this section.

After a few months of conducting fieldwork, I was finally selected by a sexual health organisation for an interview for a voluntary position as a sexuality educator. Another few months later, I was accepted in their three-day training. This training proved quite intensive and we, the participants, had to do a lot of homework.

The first day of training started off with a quiz, which featured all kinds of questions about sexuality: “Up until how many hours after sex can one take a morning-after pill in an attempt to cancel fertilization?” “How many sperm cells enter the vagina after an ejaculation?” and so on. Upon seeing all those questions, I wondered out loud whether I would be the right person to provide the sex education classes, as I clearly did not know a lot about the biological body. My trainers then told me that this was not a problem at all, as they did not think it was my main task to convey information. After all, they said, students could just use Google to find the answer to whatever question they had whenever they liked. Rather, they told me, my aim was to let students think and to initiate a dialogue about sexuality.

For day two and three of the training, we needed to prepare lessons that we then had to teach to our trainers and some high school pupils invited from a high school nearby. During one such short lesson that I had prepared, something striking happened. Somewhere in my response to a question posed by a student, I said “that [situation you just described] is fucking annoying”. Immediately after I had said those words, I noticed that my trainers disapproved of it as both of them looked away quickly. After the training, on my way back home, I realised that it actually had been an important moment because it had illustrated to me clearly that sex educators were expected not to swear. This is not very spectacular news in itself, but it was important because it made me realise that, in my upcoming lessons, I could encounter more situations where I would engage in (supposedly) inappropriate forms of behaviour – moments when others, for example my trainers, would criticise me for some reason. Or perhaps when I thought I was failing to do my voluntary job properly. Those occasions would shed light on what an improper, and hence a proper, sexuality educator would look like from my own point of view.

When I consequently began to investigate my own (supposed) mistakes with more care, including the general reflections I had during the sexuality education classes I taught, I noted that I frequently experienced teaching about sexuality as frightening. For example, during the aforementioned lesson that was part of my training, I worried about my audience’s discipline. Since my class only consisted of six high school students and my two trainers, I had anticipated that my trainers would act as two rather rebellious

pupils, compensating for the rather small total number of students in class. It turned out, however, that I had been wrong: both of my trainers turned out to be acting as very shy and very quiet students. Afterwards, my trainers told me that they had agreed on this beforehand. One of them then explained to me:

Jelle, you are quite large [*groot*]. And when you enter a class and speak with that loud voice of yours, you might scare some. You also cross your arms all the time and that has a rather distancing, perhaps even challenging effect. That's what we wanted to point out to you today. That you might want to be a bit less present, you know, less overwhelming.

Later, one of them elaborated and said: "After a while they will notice you are a nice guy, but this does not seem to be the case at first." From that moment on, I always tried to remind myself not to cross my arms all the time and to have an approachable attitude. This clearly is a first example of me incorporating a particular form of embodiment due to expectations from the field.

My fear of not being able to discipline the class proved to be a realistic concern, as there often were students who sought to challenge me. Interestingly, to increase the odds of successfully disciplining my class, I noted that I always tried to gain some authority through subtle acts of bragging. I, for example, always began my lessons by mentioning that I worked for the University of Groningen, hoping that the pupils would think I was intelligent and hence worthy of attention. I always wore my glasses, not only to be able to better see everyone in class, but also to look a bit more intellectual. These acts already indicate that I, apparently, was convinced that the issue of authority was closely related to having enough knowledge.

In fact, not mastering enough knowledge of sexuality and the body was another frequent cause for anxiety. I was worried that students would ask questions about a topic I didn't know enough about, such as the effects of the birth control pill on a girl's body. My fear for this was catalysed by the fact that every sexuality education class I taught was also attended by one of the students' regular teachers. The organisation I volunteered for required schools to let a regular teacher be present during the sex education, because I, like many other volunteers, did not have an official teaching qualification. Without those regular teachers also attending my lesson, it would have been easier to bluff my way out of situations. Or, I could more easily have admitted that I just did not know the answer to the challenging question posed. With this regular teacher also attending, I felt a certain responsibility to be a knowledgeable teacher: after all, I often thought, that was why the school had hired my organisation to provide a lesson! This fear to not be able to live up to my audience's expectations was even further incited when I learned that the organisation I volunteered

at always requested the attending regular teachers to write a brief evaluation of the sexuality education afterwards. And, finally, since my lessons were frequently integrated in a school's biology curriculum, many of the regular teachers attending my lessons happened to be experts in the field of biology, which even further catalysed my worries of being an incapable teacher.

Sometimes, a student posed a question which I subtly had pretended to know the answer to, but which in reality I did not know. These were exactly the kind of scenarios I was very anxious of, as during such moments it became painfully clear to the regular teacher and the students that I was not as knowledgeable as I had pretended to be. In conclusion of this section, let me present such a situation. The lesson was near its end, when a pupil suddenly brought up the topic of abortion. Earlier we had spoken about this, and I had provided a lot of information in this regard. Back then, I had already noted that there still were some comments, but since they were about an issue that I did not know much about, I strategically had dodged these comments. Now that the lesson was almost over, I unsuccessfully tried to call it a day:

ME: "Are there any questions left?"

STUDENT IN THE BACK: "Yeah, I have a question, how do they happen to do an abortion when the child is in the belly already for 22 weeks? How does that work?"

MY THOUGHTS:⁶ *That's a good question . . . I have some ideas as to how they do this. But am I sure? No, not really. And damn, a couple of minutes ago I had already been wrong in suggesting that nappies would cost approximately 200 euros per month.⁷ And now this. What to do. What if I just bluff and tell her that I think they use a kind of vacuum cleaner? I think they probably first cut the embryo into pieces, but I cannot really tell that, can I? These are kids! And the other pupils did not ask for this image, so I should not impose this information on them, should I? By the way, it's a Christian school, so I also do not think the teacher is likely to appreciate it if I tell them that. . . . Let's just tell them I do not want to go into this because there might be other pupils who might not want to hear this.*

MY ANSWER TO THE PUPIL: "That's an interesting question, but I do not really want to go into that. That's because it is a rather sensitive question, and I think everyone should make up their own mind about whether they want to know this or not. Do you understand?"

MY THOUGHTS: *Damn, I sweat. I need to spray some deodorant. I hope the teacher is fine with my answer. This was tricky. First thing I will do when I get home is sort this out.*

I think this fragment provides a representative account of my alleged failures as a sex educator, but also what these tell about the disciplining force of

the field I studied. It shows how I, somewhat desperately, tried to safeguard my knowledgeable status, and thus an important part of my authoritative status (in my view), by again (!) dodging a question I was not able to answer. I tried to conceal my lack of knowledge by responding in a way that rendered me an escape route, bluffing that I could provide the answer but that there were different reasons to not do so. The fragment illustrates how my conceptions of authority strongly related to the mastering of biomedical knowledge about the (interference on the) body.

The secular body in the field of sexual health

My two explorations of the body in the field of sexual health both suggest that biomedical knowledge of the body is valued in this context. For example, if we would constitute an ‘ideal body’ on the grounds of my observations regarding the first, more explicitly discursive, field of sexual health, we could argue that that body has to be healthy. Or, a bit more precisely: that it should not be unhealthy, which implies that it would carry sufficient medical knowledge to avoid unhealthy sexual behaviour. But that body would, in addition, avoid pain during sex because, after all, pain should not be part of the game. Therefore, we could submit that that body would be capable of deciding for itself whether to participate in practices prescribed by social expectations or not. It has moved beyond non-biological convictions, and it is well aware that men do not have natural characteristics that somehow legitimate a privileged position during sex. It knows how it functions ‘naturally’, and it knows where every part, including the *Corpus Spongiosum*, is located so that it can fully enjoy sex.

I find it more complicated to conceptualise an ideal body on the basis of my own experiences as a sexuality educator, and I am the first to admit that this ideal body is strongly influenced by axes of differences such as gender and class. I am, for example, totally convinced that my behaviour as a bluffing and purportedly self-confident sex educator also draws on conceptions of masculinity, which I (apparently) aim to live up to. However, for the purposes of this chapter – exploring the secular body in the Dutch field of sexual health – a focus on gender (or class) does not seem to be the most relevant to me, though others might prove me wrong.

My alleged failures suggest that this ideal body does not have worries or feelings of anxiety, simply because it is knowledgeable about the natural features of the body. Apparently, from my own point of view, the ideal sex educator does not fear challenging questions from students for the simple reason that they can easily provide the answers.

Most of my interlocutors would indeed agree with the idea that sex education attempts to incline students to become more knowledgeable about the biological functioning of their body, and particularly the female body. I realise this is a circular argument – I am exploring a social field to find the body that is implicitly recommended only to argue that that kind of body is

advocated – but my point in doing so is to again accentuate the homogeneity of the views in the field. Jody, for example, often calls for more attention to female sexual pleasure by showing and elaborating on a model of the clitoris in her sexuality education classes. The introductory vignette in this chapter illustrates how Miranda and Trudy explained how the male and female body function differently, encouraging students to adapt their sexual practices to this knowledge.

Importantly, as we have seen, this idea of improving people's sexual health by providing them with biomedical knowledge of the body strongly draws on the assumption that the social can be distinguished from the natural. Students are taught that the sexual arousal system works in pre-social, universal ways ('natural'), which often diverge from how it is depicted in, for example, films ('social'). The social is often portrayed as a scapegoat that distracts people's understanding of sex away from the unmediated forms of sex that nature initially had designed for them. The idea of a universal, pre-social body that is out there, waiting to be unraveled through supposedly factual biomedical research, was mobilised again and again. This enshrinement of the natural aims to categorise any social or divine influence as a false distraction; in supposed contrast to religious takes on the body and sexuality, these irreligious perceptions bear a factual veracity.

Joan Scott describes how in 17th-century Europe already quite similar arguments about natural features were mobilised – again, nature, and not a god or the social, as the ultimate intelligent designer – to legitimise women's exclusion from active citizenship. Through accentuating the qualities that followed from the incontestable biology of sex, men were enabled to consign women to the private sphere (Scott 2013, 28). Scott's work – among the work of many other scholars, of course – illustrates that notions of the natural, including its supposed universal sexual differences, is always subject to social perceptions (Butler 1990). Hence, the clear separation between the natural and social that the field assumes but also seeks to inculcate is tricky and potentially problematic. This suggests that the proposed superior irreligious alternative to (alleged) religious authority is perhaps not as superior as promulgated.

But let us now turn to my observations regarding the relation of authority and knowledgeability. I am convinced that my interlocutors will not agree with the suggestion that the authority of a sex educator largely depends on her or his biomedical knowledge. Rather, most of them, much like my trainers in the sex educator training, would assert that it is perfectly fine for a sex educator to stress that she or he does not know the answer to a question. From their point of view, a proper sex educator is not one who is capable of answering all questions, but one who manages to incline students to (1) contemplate sexuality and (2) communicate about it.

However, as the example of Ellen Laan illustrates, having a lot of biomedical knowledge – preferably employed in combination with pursuing

emancipatory endeavours – does bear the potential of gaining more status in the field. Of course, this is another setting than the classroom, but there are commonalities. Students of medicine are considered better equipped to teach sex education and are more easily accepted in sex educator trainings. The students in my lessons, the attending regular teachers, but also myself, thought that I, as a sex educator, should have a considerable amount of knowledge about the biological body. Many of my own (alleged) failures as a sex educator were moments where I noted that I, unfortunately, could not live up to these expectations. My trainers' suggestion that being a sex educator is not so much about having knowledge of the biomedical body not only contradicts with my own experiences, but it also appears to be at odds with other expectations I encountered in the field.

These analyses suggest that a sex educator faces two different criteria that may contradict each other. On the one hand, he or she is told to act softly and authentically. There is no need to bluff because not having a lot of biomedical knowledge is not so much of a problem. On the other hand, my interlocutors' respect and admiration for professor Laan, but also my own feelings as a sex educator, illustrate that mastering biomedical knowledge – but also to just pretend to have it – can sometimes provide one with status and authority.

To explain these contradictive trajectories, I consider Sharon Lamb's work on sex education in the US insightful. Lamb (2013) describes how, in the US, the enshrinement of biomedical facts in sex education can be traced down to the historical struggle between proponents of CSE (Comprehensive Sex Education) versus advocates of AO (Abstinence Only) education. Put concisely, AO education refers to methods that highlight abstinence as the only morally correct path. This approach, Lamb suggests, is often associated with tradition, backwardness, and conservative religion-infused public politics. CSE, purportedly in contrast to AO, stands for a broader discussion of sexuality.

Lamb argues that, in the US, proponents of CSE currently have the better cards in this struggle, as the CSE approach is promulgated to be grounded in scientific research. However, she suggests that more recently, CSE's allegiance with science has also hampered a further developing of the approach, as its self-imposed requirement to be grounded in scientific evidence significantly limits the curriculum's selection of topics. Lamb suggests that it has proved difficult, for example, to integrate sexual pleasure in CSE, as a call for a focus on pleasure is considered as an act of moral positioning. This is believed to problematise the supposedly objective scientific perspectives. Consequently, in the US, CSE has gained what Lamb denotes as a 'medical voice'. It often limits itself to presenting medical 'facts' because, within the embraced discourse of science, any personal experience is rendered illegitimate (Lamb 2013, 450).

Though there is not much open support for AO education in the Netherlands, and such a struggle is thus not taking place at a similar level in

this country, it appears to me that the paradox I have sketched earlier can be partly explained by a similar increase in dissatisfaction with the medical voice in sex education. After all, the obvious point of Jody and Laan's accentuation of facts about female sexuality is to pursue an emancipatory goal of gaining more gender equality regarding sexual pleasure. The fact that my trainers did not mind my lack of knowledge about the biological body suggests that they considered the act of initiating and moderating dialogues the most important feature of a sex educator. These are assumptions that, arguably, move beyond a medical voice. But Lamb's account also explains why many non-professionals such as the students in my classes, the attending regular teachers, and myself expected a biomedical focus: the medical voice, historically, has been the most important for constituting sex education.

These different takes on what constitutes a good sex educator can perhaps also shed light on what a secular body in this context looks like. I realise I should be cautious here, as the criteria that I outlined are obviously not only about a particular negotiation with religion. One might thus question my suggestion that the upcoming features really concern a delineation between religious and irreligious stances. Perhaps they are geared against any anti-scientific view and not necessarily against what my interlocutors consider as religious notions. In other words, I do not want to suggest that the upcoming characteristics are solely embraced in the field because of their assumed opposition to religious ones. Yet, since my focus in this chapter is on the secular body, I still discuss these in this light.

My examination of the secular body in the field of sexual health shows there are two important secular premises – again, secular in the sense of being perceived as different from, among other things, religion – that can be lived up to independently but that prove difficult to bring together. In the field of sexual health, the ideal secular body, in supposed contrast to a constrained religious body, is free to pursue its own preferences and to make its own choices. At the same time, though, the secular body is expected, also in supposed contrast to religion, to be knowledgeable of its factual 'natural' capabilities and to stick to, supposedly objective, biological conceptualisations of the body.

Both the perception of the secular body as being empowered to make its own choices and its understanding as having knowledge about objective biological facts appear more attractive than their suggested religious counterparts: being constrained and having no knowledge of objective facts. However, when we try to bring both secular promises together, we note that this is difficult: what to make of an individual who chooses to ignore that a girl's body works like a diesel car? What would have happened if I had chosen to integrate in my lessons a visually detailed scientific image of how an abortion was performed, so that students were better equipped to make an informed decision when the time might come? On those occasions, the promise of creating individuals who can choose their own ways of engaging

in sex conflicts with the idea of an objective stance. Sex education, of course, only presents a biased selection of scientific features of the biomedical body; a selection that often corroborates particular moral, often emancipatory, aims, which perhaps even disables some individuals to follow their own preferences. A man who takes into account that a woman might need some more time to become sexually aroused does not necessarily pursue his own preferences.

The secular body, I believe my analysis suggests, cannot live up to its own promises, as it seeks to place under one heading features that individually may appear to overcome stereotypical religious notions but that, taken together, prove contradictory. It is for this reason, I think, that the secular body is often evoked as an unexamined, uncriticised alternative that, like a shadow, is out there somewhere to provide a better alternative to the closely interrogated and often criticised religious body.

Conclusion

This chapter investigated the secular body in the Dutch field of sexual health. The chapter explored this body from two different angles, first examining the discursive field this body is situated in and constituted by. This illustrates how the field privileges what is seen as natural body over the alleged social body, taking for granted that there are clear differences between the two and articulating the former as the most important. My second exploration examined my experiences as a sex educator and highlighted how I considered my authoritative status to be related to my knowledge of the biomedical body, something that my trainers did not agree with.

Taking these different stances into account, I suggest that a sex educator faces two different expectations that may contradict each other. On the one hand, they are told to act subdued and honest, not caring about their lack of biomedical knowledge about the body. On the other hand, mastering biomedical knowledge of the body – but also to just pretend to have it – can actually provide one with status and authority. Both encountered perceptions of the body as empowered to make its own choices, and its understanding as bearing knowledge about objective biological facts are denoted as neutral, and thus as different from, among other things, religious ones. However, when one tries to bring both secular promises together, it turns out that these are sometimes contradictory. The promise of creating individuals that can choose their own ways of engaging in sex eventually conflicts with the idea of an amoral stance.

Hence, I suggest that my exploration of the secular body in sex education illustrates how it cannot live up to its own promises, as it seeks to place under one heading features that, individually, may appear to overcome stereotypical religious notions, but taken together prove incompatible. It is for this reason, I suggest, that the secular body appears much more frequently as an unexamined, uncriticised alternative that is out there somewhere to

be articulated as a superior replacement for the much more often discussed religious body.

Notes

- 1 Some parts of this chapter are taken from Wiering's forthcoming dissertation (Wiering 2020).
- 2 Importantly, the term irreligious here should not be conflated with Lois Lee's notion of 'non-religion', which she has coined to refer to positions that are explicitly geared *against* religion (Lee 2014; Binder 2017).
- 3 I agree with Turner that the work of Weber on the Protestant ethic is an important exception here, as it does in fact explore the relationship between the body and modernity (see Turner 1992).
- 4 I do not want to suggest here that the disciplines of medicine and psychology are equivalent, but there are of course many communalities. Terms such as 'evidence', 'experiments', and 'samples' all were rather unfamiliar to me as an anthropologist, but they were frequently employed by my interlocutors, be they psychologists, sexologists, or general practitioners.
- 5 This is not the place to extensively discuss the differences between sexual health and sexual wellbeing. I do, however, want to note that I think the understanding of sexual health as employed by my interlocutors is too narrow, as it seems to neglect the fact that many factors that are considered as not directly relating to sex might very well influence one's sexual health, too. This could concern spirituality, a body's appearance, a person's general happiness, and so on. I agree with Rachel Spronk (2014) that using the term sexual wellbeing can help to take such issues more seriously.
- 6 During the lessons, I frequently wrote down key words related to what I thought and what I felt during the lessons. Immediately after a lesson, I would sit down and try to recall my thoughts more precisely and write them down.
- 7 The teacher had laughed loudly upon hearing that, and she had provided a more realistic calculation in front of the class, which showed that I clearly had been wrong.

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