

BARRENNESS IN MARRIAGE, A Challenge to Pastoral Care.

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DECLARATION

I hereby declare that the work contained in this thesis is my own work and that all sources I used have been indicated and acknowledged by means of complete references.

Ohentse Hamilton Gabobonwe.....

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DEDICATION

To my wife

‘KESHEBILE’ MARGARET

GABOBONWE

GLOSSARY

This topic happens to deal with one of the specialisation areas in the field Medicine. The medical doctors and all medical practitioners have their unique terminology used, which might be very strange to any person out of the said field. This list of terms/terminology is provided to enhance understanding as we proceed with the topic

- ❖ **Anaesthetic:** “A substance capable of producing loss of sensation or sensitivity to pain” (Maxwell, 1988:332)
- ❖ **An ejaculation:** “failure to ejaculate” (Dorland’s Medical Dictionary 1988: 332)
- ❖ **Antibody:** “Any of the body immunoglobulin that are produced in response to specific antigens and that counteract their effects especially by neutralizing toxins, agglutinating bacteria or cells and precipitating soluble antigens” (Webster’s Medical Dictionary 1986: 39)
- ❖ **Antisperm:** “Destroying or inactivating an immune response” (Webster’s Medical Dictionary, 1986: 42)
- ❖ **Artificial insemination:** “The introduction of semen of the husband (homologous –AID) or of another (heterologous –AID) into the vagina otherwise than through the act of coitus” (Stedman’s Medical Dictionary; 1982:714).
- ❖ **Bacteria:** “A micro organism called a microbe or a germ such as toxins, staphylococcus and Streptococcus” (Maxwell, 1976:346.)

- ❖ **Endometrial biopsy:** “The removal and examination of tissue belonging to the endometrium “ (‘Webster’s Medical Dictionary, 1986:211)
- ❖ **Endometriosis:** “A condition in women which occurs when cells like those lining the uterus grow on the surface of the organs inside the pelvis. Cysts may form the blood produced by these patches of tissue” (Maxwell, 1976:419).
- ❖ **Endometrium:** The mucous membrane lining of the uterus. (Webster’s Medical Dictionary, 1986:211)
- ❖ **Erection:** “The rigid, swollen state of the penis when filled with blood” (Maxwell, 1976:421).
- ❖ **Excretory duct:** “The duct that drains the seminal vesicle and unites with the ductus deferens to form the ejaculatory duct” (Dorland’s Medical Dictionary, 1988: 512)
- ❖ **Fallopian tube:** “Tube, which connects the uterus to an ovary situated on either side of the abdomen” (Maxwell, 1976: 427)
- ❖ **Gamete:** “A reproductive cell {ovum spermatozoon} whose union is necessary in sexual reproduction to initiate the development of a new individual” (Dorland’s Medical Dictionary, 1988:674)
- ❖ **Gonorrhoea:** “Contagious inflammation of the genital mucous membrane caused by the gonococcus or clap” (Webster’s Medical Dictionary, 1986:272)
- ❖ **Gynaecology:** “The branch of medicine concerned with the treatment of female diseases, particularly those of the reproductive system (Maxwell, 1976: 441).
- ❖ **Hormone:** “A chemical substance formed in one organ or part of the body and carried in the blood to another organ or part. Depending on the specificity of

their effects, hormone can alter the functional activity and sometimes the structure of just one organ or of various organs “(Stedman’s medical dictionary, 1982:657)

- ❖ **Idiopathic:** “Of unknown causation” (Dorland’s Medical Dictionary, 1988: 715)
- ❖ **Imperforate hymen:** “A membrane folds which completely closes the entrance of the vaginal passage” (Dorland’s Medical Dictionary, 1988:189)
- ❖ **Impotence:** “A abnormal physical or psychological state of a male characterised by the inability to copulate because of failure to have or maintain an erection” (Webster’s Medical Dictionary, 1986:829)
- ❖ **Immunological:** Branch of medical science concerned with the response of the organism to antigenic challenge; the use of antigen – antibody reactions in laboratory tests” (Dorland’s Medical Dictionary, 1986:329)
- ❖ **In-vitro fertilization:** Fertilization of the ovum within a glass, observable in a test-tube or in an artificial environment (Dorland’s Medical Dictionary 1988:825)
- ❖ **Laparoscopy:** “Examination of the interior of the abdomen by means of a laparoscope” (Dorland’s Medical Dictionary, 1988:896)
- ❖ **Lobola:** “Cows or money given to the family as token in exchange for a daughter for marriage”. Sometimes it is called or known as Bride Price.
- ❖ **Masturbation:** “Self-stimulation of the genitals resulting in orgasm or ejaculation (Webster’s Medical Directory, 1986:413)
- ❖ **Menstruation:** “The cyclic physiologic through the vagina of blood and mucosal tissues from the non-pregnant uterus. It is under hormonal control and normally recurs at approximately four week intervals, in the absence of

- ❖ **Biochemical:** “Involving chemical reactions in living organism” (Webster’s Medical Dictionary, 1986: 74).
- ❖ **Blood test:** “ A test made to measure the blood’s component parts and establish whether or not disease is present” (Maxwell, 1976:359).
- ❖ **Cervical factors:** “Pertaining to or occurring in the neck of the uterus”(Dorland’s Medical Dictionary, 1988:307).
- ❖ **Cervix:** “The front portion or the neck of the uterus”(Dorland’s Medical Dictionary, 1988:308).
- ❖ **Cryptorchidism:** “Testis, which has failed to descend into the scrotum” (Dorland ‘s Medical Dictionary, 1988:1699).
- ❖ **Cysts:** “A sac containing gas, fluid or a semisolid substance, which may develop in any part of the body”(Maxwell, 1976:397).
- ❖ **Donor:** “An individual that supplies living tissue to be used in another body” (Dorland’s Medical Dictionary, 1988: 505)
- ❖ **Ductus deferens:** “The excretory duct of the testis which unites with the excretory duct of semi vesicle to form the ejaculatory duct or vas deferens” (Dorland’s Medical Dictionary, 1988:512).
- ❖ **Ejaculation:** “A sudden act of expulsion of the semen” (Dorland’s Medical Dictionary, 1988:533)
- ❖ **Emission:** “An involuntary discharge of semen” (Dorland’s Medical Dictionary, 1988: 546)
- ❖ **Endocrine:** “Applied to organs and structures whose function is to secret into the blood or lymph or organ or part” (Dorland’s Medical Dictionary, 1988:553).

pregnancy during the reproductive period (puberty to menopause) of the female” (Dorland’s medical dictionary, 1988:1006)

- ❖ **Microscopic:** “Of extremely small size, visible only by the aid of a microscope” (Dorland’s Medical Dictionary, 1988: 1036).
- ❖ **Morphology:** “The forms and structures of organisms, an organ or part” (Dorland’s Medical Dictionary, 1988:1055).
- ❖ **Oligozoospermia:** “Markedly diminished presence of sperm in the semen “ (Dorland’ s Medical Dictionary, 1988: 1173).
- ❖ **Oocyte:** “A developing egg cell” (Dorland’s Medical Dictionary, 1988:1177).
- ❖ **Organic:** “Of bodily organs” (Maxwell, 1976:501).
- ❖ **Ovarian Factors:** “Pertaining to or occurring in the ovaries” (Dorland’s Medical Dictionary, 1988:1204).
- ❖ **Ovarian Follicles:** “Pouch-like cavities in the ovaries, each comprising of an immature ovum and the specialized epithelial cells (Follicle cells) that surround it” (Dorland’s Medical Dictionary, 1988:647).
- ❖ **Ovarian Stimulation:** “The act or process of stimulating the ovaries” (Dorland’s Medical Dictionary, 1988:1204).
- ❖ **Ovary:** “The female gonad, one of two sexual glands in which the ova are formed” (Dorland’s Medical Dictionary, 1988:1204).
- ❖ **Ovulation:** “The discharge of a secondary acolyte from a vesicular follicle of the ovary” (Dorland’s Medical Dictionary, 1988:1205).
- ❖ **Ovulation induction:** “The act or process of inducing or causing ovulation to occur” (Dorland’s Medical Dictionary, 1988: 832).

- ❖ **Ovum** (Plural: Ova): “The female reproductive cell” (Dorland’s Medical Dictionary, 1988:1205).
- ❖ **Penis**: “The male organ of copulation and of urinary secretion, comprising of a root, body and extremity or glands penis” (Dorland’s Medical Dictionary, 1988:1252).
- ❖ **Radiotherapy**: “Radioactive substances are used in radiation therapy. It damages any living tissue and is destructive of cells that are multiplying rapidly” (Maxwell, 1976: 530).
- ❖ **Recipient**: “One who receives biological material from a donor” (Webster’s Medical Dictionary 1986:606)
- ❖ **Scrotum**: “The pouch which contains the testes and their accessory organs of the male” (Dorland’s Medical Dictionary 1988: 1499)
- ❖ **Semen**: “The thick whitish secretion of the male reproductive organs; composed of spermatozoa in their nutrient plasma, secretions from the prostate, seminal vesicles and various other glands, epithelial cells and minor constituents” (Dorland’s Medical Dictionary 1988:1504)
- ❖ **Seminal vesicle**: “Either of a paired sacculated pouch attached to the posterior part of the urinary bladder. The duct of each joins the ductus deferens to form the ejaculatory duct” (Dorland’s Medical Dictionary 1988:1833)
- ❖ **Sperm/Spermatozoon/Spermatozoa**: “The sperm cell or spermatozoa (plural: spermatozoa) is a motile mature male gamete with rounded or elongated head, neck, a middle piece and a tail with an end piece. It is an output of the testes” (Dorland’s Medical Dictionary 1988:1556)

- ❖ **Spermatogenesis:** “The process of male gamete formation or production of spermatozoa in the testes” (Webster’s Medical Dictionary 1986: 665)
- ❖ **Testis/testicle:** “The male gonad; either of the paired egg-shaped glands normally situated in the scrotum” (Dorland’s Medical Dictionary 1988:1699)
- ❖ **Thyroid gland:** “An endocrine gland located at the base of the neck on both sides of windpipe below the larynx or voice. The thyroid gland produces the hormone thyroxine, which regulates the speed of chemical reactions and influences the rate of growth and the development of sexual characteristics” (Maxwell 1976: 561)
- ❖ **Trauma:** “A wound or injury, whether physical or psychic (Dorland’s Medical Dictionary 1988: 1746)
- ❖ **Vasectomy:** “A surgical operation in which the vas deferens is cut, so that sperm cannot pass from the testicles to the penis” (Maxwell 1976: 573)
- ❖ **Tubal factors:** “Pertaining to or occurring in the fallopian tubes” (Dorland’s Medical Dictionary 1988:1765)
- ❖ **Tumor:** “A swelling on or in the body resulting either from abnormal growth of tissue or a collection of body fluid or semi fluid in a membranous sac” (Maxwell, 1976:566)
- ❖ **Uterus:** “The hollow muscular organ in the pelvis of the female in which the growing fetus is protected and nourished until birth” (Maxwell, 1976:570)
- ❖ **Vagina:** “A sheath-like structure, the canal in the female genital organ extending from the vulva to the cervix uteri, which receives the penis during coitus” (Dorland’s Medical Dictionary 1988: 1801)

- ❖ **Acquired abnormality/malformation:** “Distortion of any part or general disfigurement of the body acquired after birth” (Dorland’s Medical Dictionary 1988: 438)
- ❖ **Amenorrhoea:** “Absence or abnormal stoppage of the menstruation:
Primary – failure of menstruation to occur at puberty; and
Secondary – cessation of menstruation after it has once been established at puberty” (Dorland’s Medical Dictionary 1988:57)
- ❖ **Veldt:** “the open, grass-covered plains of Southern Africa, often with bushes but with very few trees.” (Robert K. Barnhart, 1995:2319)

INTRODUCTION

(i) ABOUT THE TOPIC

This topic of Barrenness is about a journey with my three sisters and the problems they face in their marriage. I am a brother of five sisters, out of which three happen to be barren, i.e. unable to bear children of their own. I came closer to my brothers-in-law (their husbands), out of serious personal concern about this problem. As we continued discussing this problem, the eldest one shared with me and said, he comes from a family comprising of himself and his mother. In other words, he was the only son. He continued to say to me that, back at his home, people expect children to be born in our family so as to continue the family name. Therefore, continuation of this family tree is based and focused on my own family.

The expectations, to me, are like stories, fantasies or empty dreams because we cannot bear children. I became powerless, as I could not pastorally work with my brother-in-law and my own sister, they needed an outside helper, someone who could care for them as they go through this difficult time.

The second story belongs to the youngest brother-in-law. He shared almost the same kind of story with me. He said, he is the only and adopted son of the Sediba family (not their real family name). His mother adopted him after receiving him as a gift from one of his friends following her inability to bear a child “hence my name is Kabelo (Gift)” he said. In my marriage I have to face the same

problem faced by my adopted parents. As a brother to my sisters, I realized the way the elderly people dealt with the challenges of the problems of barrenness. This challenged my knowledge of pastoral care and today's pastors who seek to care for those who are experiencing barrenness. I thought about my dear sisters, my indispensable mother, the only and exclusive gift we were left with after our father died many years ago.

I then recalled, in our family, the comments made when discussing about this matter, comments which express the intrinsic bitterness, the helplessness, emptiness, shame, guilt and heartbrokenness in which these young couples are not able to embrace the future with a home that have children. These comments are said by elderly people in Setswana language when they speak about couples like these.

They will always say:

“Ba ntiretse bana eng?”(What have they done to my children?)

“Sebe sa me ke eng?” (What is my sin?)

“Bo Ragale ba go rapetse Modimo, wa ba utlwa, rona o re utlwa leng?”(Rachael prayed to God and God listened and heard them, when will God hear us?)

The above questions and comments, and many others with the same tone, began troubling me. I did not ask my sisters anything because their pain was clear and deep in their marriage and it affected us all relatives directly or otherwise. I decided to follow this up and where possible, be of help to them and to many others who are experiencing barrenness. The reader will, now, understand why this is a challenge to pastoral care. This process of pastoral care is to help

them, but also to come to grips with what my sisters are going through.

(ii) AFRICAN TERMINOLOGY

African people have dealt with this issue, from time immemorial, within the families, i.e. the care was within the family. I however began to wrestle very seriously with the terminology used. The word or term barren; to me; is very uncomfortable to use, especially on a human being in the first place; and secondly on the person so dear to one's heart. It literally brings sadness and destroys the hope for the couple to conceive and have children. This problem and its terminology set me searching for the origin the word. Consulting the dictionary I found:

Barren, 1. not producing anything

2. not able to bear off spring infertile

3. unattractive, dull

4. of no advantage, fruitless (Barnhart Robert K., 1995:166)

Barren, 1. not able to produce children, infertile

2. useless, empty, producing no result (Longman Dictionary of Contemporary English, 1987:72)

I rightfully came to a realization that this word is derived from the word Bare---which is to me not usable relative to any human being especially, someone with very many other God-given gifts and talents and in many ways such productive persons to the general life of the society, it became really inhumane to refer to them as bare.

This helped me understand partially why the medical practitioners tried to shift from and avoid calling couples barren but used infertile. I also disagreed with the medical term because the term also derive from science, and its scientific meaning erode the humanity of persons. It finally reduces them into some scientific specimen or objects limited to them. I know, theologically, that a human being is created in the image and likeness of GOD and this concept will be kept as we deal with couples experiencing this problem.

My struggle is rooted on the scientific world, which handle people as objects. Its definitions and views are destroying the dignities of human.

In spite of those words, I find myself using the word “Barrenness” because I have no other word I could use to hold on the human dignity. Though it is against my liking, I feel the word will help us come to grips with the Bible’s reference to our mother Sarah and other women who struggled through this problem. They also faced barrenness in their marriage. To commence and continue with the journey one need to examine the concept Marriage and Family which I will do in the first chapter.

(iii) POSITIONING

I am writing this dissertation from, firstly, my background as a black Motswana man who, obviously, is like all other human beings, tattooed in the believes of his cradle. I also must acknowledge my Pastoral experience as growing from my present professional practice as a teacher for over sixteen years hitherto; and has never pastorally and therapeutically dealt with serious cases because there has been always a simple way out---referring such cases and issues-- -until the problem of barrenness challenged me from my own dwelling place.

I come in search of Pastoral care, but I also carry with me the need to combine my experiences with any information acquired from written and dictated works to teach, now and then, in my practical circumstances. The usage of the Socratic methods in the teaching field and ministry is also commendably internalized so much so that this dissertation will in many aspects follow the same method to answer certain questions.

This, somehow, substantiate why I have to remember Campbell's description of pastoral care as he reminds us that: "in pastoral care we are speaking of meditation of steadfastness and wholeness, not the offering of advice at an intellectual level. Our bodily presence is

better than our counseling techniques. There is no need of the stress on competence. (Campbell 1981:15)

I commence this work as a member of the Congregational Church who feels strongly the co-responsibility with every minister or pastor in any congregation. Given the effects of barrenness as challenging the pastoral care of the Church at, as per realization, the local level i.e. it is directly felt by ‘ordinary members’, this falls squarely on the kind of ministry and pastoral care that the Church applies there (at that level).

The Congregational Church structure, presently, is such that it is at Regional level upwards:

Ministerial council	Finance committee	Mission council
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At Local Church Level it is

Deacons court	Finance committee	Mission council
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And it is the mission council, which contains all the ministries and units like:

- Ministry to men
- Ministry to women
- Ministry to children
- Ministry to youth
- The justice and social responsibility unit

The health unit---HIV/AIDS

Lets concentrate on these for the sake of the topic. It is this council that has to be the hand and the mouthpiece of the church to its members on matters concerning barrenness. The minister/pastoral counselor has to be using the mission council effectively, him/her (the Minister) being the active component of the council. I therefore believe this topic challenges the whole Church, and the said council, in the face of the problem of barrenness, has yet another huge responsibility to qualify its worth

CHAPTER 1

MARRIAGE AND

FAMILY, Understanding

the Concepts and believes

around them.

1.1 MARRIAGE AND FAMILY

It is quite primitive that everyone, at least, thinks one knows what marriage and what family is. However, the two concepts becomes broad and complex in any attempt towards their complete definition, and hence the realization of how difficult they become every time. The fact that; they are the two first institutions that suffer directly under the issue of barrenness and open crucial questions; channels me to also put an effort into their definition.

Marriage:

- ✓ the relationship between a man and a woman who have made a legal agreement to live together.(World Book Encyclopaedia, Vol.13: 217)
- ✓ a relationship between a man and a woman that is created by a legal ceremony.(Steinmetz S.K. et al,1990: 10)
- ✓ a socially recognized union between a woman and a man with characteristics including 1)the performance of a ritual to sanction the union
2) sexual unification and
3) economic cooperation. (Strong

Bryan, 1986: 23)

Definitions may go on and on, but I think the concept marriage can only make sense when explained through what it is in practice. The practice of marriage might differ from one culture to the other when we consider steps taken towards an ultimately 'married couple' which all definitions converge to. Setiloane when talking about it from his own culture writes:

“ In spite of one hundred and fifty years of Missionary opposition, the basis of a marriage acceptable in Sotho-Tswana society is still traditional, even though the extra 'frills' of legitimation according to whatever custom--- legal forms, the trousseau, the Church and the confetti--- may be added. An acceptably 'decent' marriage and the norm for every Sotho-Tswana child, is still the marriage in which the two families of the bride and the bridegroom make the negotiation and 'bogadi' is passed between them. For young people, even if they are sophisticated and 'detrribalized' and far away from their home, it is a

matter of every deep emotional concern if they conclude a marriage contract in which their parents have not been involved. I found in my ministry that pastoral work with certain youth and students called for a great deal of counseling in this field” (Setiloane G.M., 1976:190).

I feel it is very important to note that from any direction towards really capturing what marriage is; there are more commonalities than differences. One very common aspect worth noticing is the fact that a man and a woman coming together as per agreement and norm, they do constitute a Marriage. Let me hasten to also bring the second concept under discussion, Family. It is:

- ✓ One of the earliest definitions of the family in the field of family studies was proposed by Ernest Burgess (1926) who defined the family as ‘a unity of interacting personalities each with its own history’. Harold Christensen (1964) introduced his handbook of Marriage and the Family by defining family as ‘Marriage plus progeny’
- ✓ a social group and a social institution that possesses an identifiable structure made up of positions (e.g. breadwinner, child rearer, decision maker, nurturer). Gelles Richard, 1989:217)
- ✓ a unit of intimate, transacting, and interdependent persons who share some values, goals, resources, and responsibilities for decisions, as well as a commitment to one another over time.(Steinmetz S.K. et al, 1990:12)
- ✓ a married couple or group of adult kin who cooperate and divide labor along sex lines, rear children and share a common dwelling place. (Strong B. et al, 1986:6)
- ✓ a group of related people who share a home.(The World Book Encyclopaedia, Vol. 7,1995:19)

Whilst all definitions will concur about marriage and family, the legal agreement made to live together by a man and woman commences marriage act, and the two (man and woman) are then referred to as husband and wife after their marriage, and they then form the beginning of a family. This goes on, and ends as far as they might choose or as far as they might be led. The marriage act might follow religious route or traditional one sometimes even both. It might also differ owing to differences in religions but its importance remains the same. The fact that all

marriages are relationships makes them differ in structures. Letha and John

Scanzoni noticed four basic patterns in marriages as follows:

- ❑ an owner and his property
- ❑ a head and its complement
- ❑ a senior partner and a junior partner
- ❑ two equal partners (Scanzoni Letha & John, 1980: 244)

The reason that marriage is a legal agreement tells us that, it is governed by the laws of the country. This answers the question why there are different recognitions of different forms of marriage throughout Africa and the World. These socially accepted unions include: monogamy, polygamy, common law, bigamy etc. More about these cannot be entered into now as our concentration is on barrenness and its impact on marriage. We can draw from every family history but we always come to a realization that a family is a very old, and most common human institution which is also a very important organization in each society. Africans believe that members belong to any family:

- ✓ through birth (ka madi) by blood ---that is by patrilineal relationship
- ✓ through marriage (ka kgomo) by cattle
- ✓ through adoption by affiliation of individuals or groups who adopt 'the badimo' of their hosts and become putative members of the appropriate patriline. This embrace all people sharing home of ties of affection and includes even foster children. Setiloane sums it up as he talks about these ties by saying:

“The members of such a wider group all regard themselves as intimately bound up, in some mystical way, with certain species of animal or object known as ‘seano’ (object of reference), ‘sereto’ (honour), ‘seila’ (taboo) or ‘seboko’ (praise). The name of the animal or object is used as a ceremonial or landatory form of address. These are myths telling how each group originally obtained the ‘seano’”.

(Setiloane G.M. 1976: 23)

We, therefore, can agree that marriage is ‘a central feature of all human societies and an institution composed of a culturally accepted unions of man and a woman in husband-wife relationship as well as roles that recognize an order of sexual behaviour and legalize the function of parenthood. (Hunter Rodney. J, 1990: 676).

In all its definition, it is clear that the institution of marriage is so intertwined with the unit family as we know and see it in practical life, it is not intrinsically Christian but now that we have seen it across believes and faiths we need to answer questions as to what is then its theology.

1.2 THEOLOGY OF MARRIAGE

In Christian doctrine, marriage fulfills God's plan of creation, for we were created in the image of God, and blessed us male and female "Then God said to them, 'Be fruitful and multiply; fill the earth and subdue it; have dominion over the fish of the sea, over the birds of the air, and over every living thing that moves on the earth.'"

(Gen.1: 28, Holy Bible, New King James Version)

"not according to the covenant that I made with their fathers in the day that I took them by the hand to lead them out of the land of Egypt, My covenant which they broke, through I was a husband to them, says the Lord." (Jer.31:32, Holy Bible)

"For your maker is husband, The Lord of hosts is His name, And your Redeemer is the Holy One of Israel. He is called the God of the whole earth" (Isa. 54: 5, Holy Bible)

"For I am jealous for you with godly jealousy. For I have betrothed you to one husband, that I may present you as a chaste virgin to Christ. . (2Cor. 11: 2, Holy Bible)

The readings above present marriage as providing a paradigm for God's relation to humanity. This is reiterated where Christ is pictured as the bridegroom in the Synoptic Gospels and Paul's writings. Christians, to date, thus deduce that the mystical wedding of God-in-Christ to the church is an archetype for human marriage. Thus, unlike a legal contract whose agreement may be broken when conditions change,

marriage is a covenant which is binding---for better, for worse, for richer, for poorer, in sickness and in health. Marriage therefore:

“is a freely made promise that will involve an obligatory task, and it is negotiated for permanence. It includes witness and social family support, it can be renewed, and it enjoys the blessing of God whose promise seals it.”
(Hunter Rodney J.1990: 678)

The question whether it is a sacrament or not that might be going between Protestants and Catholics is not important to answer now but the common point is Marriage is an important Church ceremony throughout the world and has important seat in the hearts of human beings.

1.3 FOUNDATION OF MARRIAGE

Most couples decide to marry because they love each other and want to spend the rest of their lives together. (The World Book Encyclopaedia, vol.13, 1995: 217)

Many people out of their own experience of marriage say this same fact, repeatedly.

To some, like Steinmetz S.K. et al, this is a myth one about marriage.

“People marry because they are in Love” (Steinmertz S.K. et al, 1990: 191)

I whole-heartedly subscribe to the above statement and therefore say the foundation of marriage is love. We must instantly realize that not every love can found marriage as sociologists like John Alan Lee (1973) has distinguished eight different types of love namely:

- Eros--- romantic, sexual, sensual love
- Ludus---a playful, challenging, nonpossessive kind of love
- Storge--- a comfortable, affectionate, slow-to-develop but intimate kind
- Mania--- a possessive, jealous and stressful love
- Agape--- an unselfish, altruistic love
- Pragma--- a logical and sensible love
- Storgic ludus

- Ludic eros (Lasswell Marcia & Thomas, 1987: 76)

Whilst we may also agree that indeed it is love that must necessitate and found marriage, we would realize that successful marriage would be founded on storge above or a combination of kinds of love. It is that kind that will go in line with Paul's writing to Ephesians saying:

“Wives, submit to your own husbands as to the Lord. For the husband is the head of the wife, as also Christ is head of the church; and He is the Saviour of the body. Therefore, just as the church is subject to Christ, so let the wives be to their own husbands in everything. Husbands, love your wives, just as Christ also love the church and gave Himself for her, that He might sanctify and cleanse her with the washing of water by the word, that He might present her to Himself a glorious church, not having spot or wrinkle or any such thing, but that she should be holy and without blemish. So husbands ought to love their own wives as their own bodies; he who loves his wife loves himself. For no one ever hated his own flesh, but nourishes and cherishes it, just as the Lord does the church. For we are members of His body, of His flesh and of His bones. ‘for this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh’. This is a great mystery, but I speak concerning Christ and the church. Nevertheless let each one of you in particular so love his own wife as himself, and let the wife see that she respects her husband.” (Eph. 5:21-33. Good News Bible)

It might be needless at this point to state, still, that all kinds of ‘loves’ need to reign in the subsequent family situation to make it functional, legitimate and strong.

Families are there to serve as institutions with functions some of which are to:

- ✓ legitimize sexual relationship
- ✓ traditionally legitimize children born in that relationship
- ✓ acknowledge relationships between individuals, families and kinship
- ✓ acknowledge mutual property right, shared resources, responsibilities and obligations
- ✓ fulfill normative expectations for young adults in terms of appropriate roles
- ✓ fulfill our needs for companionship and love.

We are living in that society which is couple-oriented and believe that marriage gives births to a family though we know, on the side, a number of very successful families which started, prospered and are still there to date, but were not started by marriage.

However we know that a family:

- ❖ is a unit into which children are (should be) born.
- ❖ is an institution that has to familiarize children with culture
- ❖ must preserve property where children becomes heirs to their parents land and wealth
- ❖ must provide emotional support and sense of belonging

All these factors about the functions of the family, directly and/ or indirectly raise serious questions both to and about barren couples. They (couples) find themselves asking questions about themselves as well and also having to answer to questions from their communities. Today marriages fail or, at least, are viewed as having failed.

Various reasons given for the failure and these marriages and families include:

- ✓ marrying when too young and inexperienced (about life)
- ✓ forced marriages owing to the casual and unexpected pregnancies of the concerned woman
- ✓ unfulfilled dreams resulting in despair and disappointments
- ✓ some reasons are ethnic and others religious.

I point out on this score that, to any couple barrenness comes as an issue that more often than never victimize the marriage and fill it with despair as a result of unfulfilled dreams. To Africans, who sees the concept marriage as based on pro-creation; such marriages are deemed as having failed.

There are nevertheless numerous attitudes that change the concept of marriage. These attitudes go with the kind of liberation women have experienced. Throughout the world, women are in high paying jobs, which help them to be able to look after and support themselves. This has strongly negated the concept of African idiom that says “a woman’s place is in the kitchen”.

I strongly believe that, failure or success of the family, the action and reactions of every human being has roots on that human being’s stages of development from birth. The psychoanalyst Erik Erikson introduced the idea that “human live out their earthly

existence in a series of developmental stages in interaction with their social surrounding”(Gerkin C.V., 1997:151)

He (Erikson) outlined these stages as follows:

Stage	Year	Development
1) Early infancy	0-1	Developing a sense of trust while overcoming a sense of mistrust
2) Later infancy	1-2	Acquiring a sense of autonomy while avoiding a sense of doubt
3) Early childhood	3-5	Acquiring a sense of initiative while combating a sense of guilt
4) Middle Childhood	6-11	Acquiring a sense of industry and avoiding a sense of inferiority
5) Adolescence	12-20	Acquiring a sense of identity while avoiding a sense of identity diffusion
6) Early Adulthood	20-35	Acquiring a sense of intimacy and avoiding a sense of isolation
7) Middle Adulthood	35-65	Acquiring a sense of generativity and avoiding a sense of stagnation
8) Late Adulthood	65---	Acquiring a sense of integrity and fending off a sense of despair

(Koons. Carolyn. A. & Anthony Michael. J., 1991:22, From Childhood and Society, Erik. H. Erikson, 2nd ed. 1950)

Normal marriage period in every human being range from the early to middle adulthood, and at that point a complete person is well built or destroyed depending on all factors of the person’s upbringing. However, it is a personal decision taken by any person who satisfy the laws governing marriage across countries of the world but over 95% are decided on by people who are between 21 and 65 years and relative to Erikson above, such people are:

Acquiring a sense of intimacy and avoiding sense of isolation and/or acquiring a sense of generativity and avoiding a sense of stagnation. Hence, the level and degree of their development has serious bearing on the way they judge

everything in any institution they find themselves then, and their marriage is not exceptional.

1.4 When Barrenness Result in Marriage, Is Marriage Fulfilled or not

In any society, all institutions that exist have reasons, goals and functions for their existence. Like all these institutions, marriage and family has important functions, and I feel in order to pursue the question as to whether there is fulfillment or not in marriage in the event of barrenness as a result, we need to sit back a bit and remind ourselves about marriage importance and functions. Lets answer a question --- why do or should people marry? --- in order to arrive at a conclusion about the (non) fulfillment of marriage. I strongly feel marriage should be correctly taken in its context, and relative to the two who have married, for better responses to various problems and social pressures today. For instance, we should not be having men and women who are even living in (semi) urban areas of our country, but still viewing and thinking like primitive rural agricultural people of our society who based their marriage on the production of children for purposes of assistance in their fields or elsewhere. I am of the same thought as Tibane John in his interview with Motswedding F.M. Radio of SABC on 04/04/04 about marriage. I think marrying couples could be helped to restructure their goals and minimize needs for marriage fulfillment sake.

Couples must marry because:

- (i) they are in love.
- (ii) they want to board a 'ship' to carry them where they would like to go and be.

Wherever they want go, it must be an environment of: Companionship, Fellowship, Friendship, Partnership, and Relationship i.e. Marriage must contain

need and intentions of building phases of bond-manifestations between two people so that:

- ❖ **Companionship**---will yield mutual gift of presence between the two, and the omni-presence that enrich the couple with feelings of safety and relaxation.
- ❖ **Fellowship**---will enrich them with knowledge and practice of equality. This equality will straighten the patterns, about their marriage, which tends to create problems of any kind.
- ❖ **Friendship**---curb all hostilities that might be evident, ensuring harmony and sacrifice.
- ❖ **Partnership**---becomes an important ingredient to any union of human beings who are progress oriented. It brings about readiness for the great amount of effort that needs to be put in by both parties in working towards assets and better life, whatever that might mean. As two people sign in their marriage, it must dawn in their mind the aspect of work in economic terms for their sustenance.
- ❖ **Relationship**---that marriage brings, in any country of the world, has meaning to both the couple and their families. It is a relationship that binds them to common growth and common sharing in heritage, in future, to some cultures, even in blood. Resultant from the love that necessitated the marriage comes from deep in their hearts, it must be noted how covenantal the marriage is as a structure, and therefore affects almost everybody.

Having said all that I would stress the importance of the need for the literal teaching of marriage by all structures that marry people. Experience informs me that, today many people marry because they want children i.e. they do not have anything to with marriage itself but only treasure their children. In view of that marriage is greatly distorted. Marriage is not simply based on procreation, it is about that dream a partner can share in loving each other, working on the problems they face with the help of society, churches, therapist and their family. Partners hope for mutual assistance in completing the difficult and unfinished business of their growing up.

Whilst marriage help people change, to grow more sensitive, more caring, more responsible and more aware of the needs of other people, married people share the work and stress of living. Napier and Whitaker captured it right when they say:

“It is helpful to talk with someone else about your problems. But, the very process of sharing the hurts and discouragements and pains of life with your spouse can sometimes lead to trouble” (Napier and Whitaker, 1988: 116)

Fully agreeing with this idea, I may qualify that it also vary from problem to problem, the nature of that problem, its history and its effect(s) on the lives of the concerned. It is all these aspects that spark and directs responses and feelings. The many needs, sometimes not clarified, that we all bring to our marriages should be well contained and should not be allowed to deceive us permanently to a point of landing us on wrong conclusion about our marriage(s) fulfillment. All persons affected in that marriage bring the needs into marriage. Given our African view and definition of the family and marriage, the said institution(s) are built up of persons. These persons, as

seen by Napier and Whitaker, are complete systems joined by subsystems differing in size and complexity in decreasing order in the following way:

World community of nations
National alliance
Nation
Country
City/community
Comm...subgroup (work/friends)
Extended family
Nuclear family
PERSON
Organ system
Organ
Cell (Napier & Whitaker, 1988: 49)

The above arrangement of systems gives an idea on how vast the needs of persons may be like towards the fulfillment of any marriage. The inter-connectedness of the two in marriage may mean so much so that the barrenness to the two, actually married in exchange of vows and signature of papers in western sense, becomes almost disastrous to all these systems. Hence, marriage can be fulfilled even in the event of barrenness, but the statement and view find no accommodation in the heart and mind of any person who looks at marriage in opportunistic way towards his/her different needs satisfaction.

1.5 HOW DOES BARRENNESS AFFECT MARRIAGE AND FAMILIES

Families of Africa may say anything about marriage but anything said will sum up to the affirmation that having children is the supreme reason for marriage. Most African myths of creation point to the fact that God created men and women and bid them 'go into the world and multiply'. Procreation therefore becomes a mark of God's favour

on marriage, hence, among African nations, no marriage ceremony is concluded without a request to God, and the ancestors to let the new couple bear many children. Thus, every newly married couple looks forward to having a child or children shortly after nine months of their marriage. This is a belief that they extend their life and immortalize their names especially through their male children. Children are the glory of marriage, and in most African societies with rural agricultural base, having many children is a highly prized achievement. This is one of the potent reasons why polygamy was upheld. Providing children also provided a man with an enhanced social stature, and a much needed labour force. In fact, parents laboured to train their children in order that they might support them when they become old, weak and incapable of looking after themselves.

Considering all these facts about Africans, one can see the intense misery of loss in all the affected and confronted by a barren marriage. E.M.Uka discussing the African Family and issues of women's infertility which are captured by Mbiti when talking about the depth of such misery, pain and despair in a prayer said by a childless woman of Ruanda.

O Imana (God) of Ruanda
If only you would help me
O Imana of pity, Imana of my father's home (country)
If only you would help me
O Imana...if only you would help me just once!
O Imana, if only you would give me a homestead and children
I prostrate myself before you...
I cry to you: Give me offspring,
Give me as you give to others
Imana what shall I do, where shall I go!
I am in distress: where is the room for me
O merciful, O Imana of misery, help me once. (Uka. E.M.Vol.20: 189)

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From this brief prayer, it becomes known how Africans consider the problem of barrenness as a religious one. They know it is God who gives children, and as an inference for barren couples 'it is God who does not give them children'. This is viewed as some sign of displeasure and judgement on the side of God. It is apparent that all prayers of women petitioning for the reversal of barrenness do this to project their shame of infertility. Christian societies where persons acknowledge the effectiveness of prayer, churchly actions, and locally derived correctives in achieving conception might be the cause of reproductive malfunctioning.

As the evidence the prayers and various rituals suggest, Christians are negatively affected in all respects and quite often, as the undesirable variant of fertility---they have been deeply grounded in the perspective found in the Old Testament that defines a family and woman in terms of fruitfulness. Barrenness brings to marriage, as its first obstacle, the problem of social stigma. This stigma would have a greater impact on women and great sorrow would result because she would be looked at as a disgrace. The Bible bears examples in Gen. 30:23, 1Sam 1:5-8, Gen. 20: 18, 2Sam.6: 23, Hos. 9:11.

“According to the anthropology of the patriarchal period, a woman could only find her self-identity within her society in bearing offspring for her husband. This was also the only way in which she could become a full and integrated member of her society.”(Sharp, 1998: 6)

In modern times, our societies have changed drastically and are employing scientific, medical methods to diagnose infertility and impotence, so that earlier counter actions can be taken instead of leaving couples in an endless waiting for a child that couples found themselves compelled to wait in the olden days. When all scientific steps are completed by way of diagnosis, psychosocial effects assimilate the couple and everybody attached to the persons forming that couple.

1.6 PSYCHO-SOCIAL EFFECTS OF BARRENNESS

Barrenness is experienced by couples as an emotional crisis, evoking many feelings. It is an aspect in life which nobody is actually prepared for, and therefore do not know how to deal with it. It is also an aspect not easily shared with others, as it is part of private lives and sexual relationship of couples. Pressure is often exerted on couples by families and friends, directly or indirectly. Advices are given generally without any knowledge of the couple's infertility problem and thereby distressing. The subsequent barrenness therefore has an effect on the individual, the marital relationship and relationships with significant other people. The emotional reactions resulting from the diagnosis of infertility, as it is the competency of the medical world today, are also subdivided into different phases following investigation procedures.

1.6.1 Pre-Diagnostic Emotional Reactions

While couples are undergoing the various medical investigations, they could experience a variety of emotions, including feelings of uncertainty, fear, anxiety, helplessness, embarrassment, humiliation and stress. These are all as a result of the length and nature of certain tests performed probing into the couple's private life. Certain tests require anaesthetic and hospitalization, which can be anxiety provoking and frightening. The time-span over which these tests are performed is usually very long and couples become anxious about the results and often feel tired of constant trips to the clinic.

Moghissi says in this regard:

“Infertile couples often feel guilty, useless, unproductive and inferior, with pressure from family and friends frequently adding to their anxiety and emotional upheaval. It is no wonder, therefore, that many infertile patients

willingly accept lengthy evaluations, diagnostic studies and various medical and surgical treatments” (Moghissi, 1979: 11).

These couples therefore reach a stage of helplessness and desperation regarding their problem and decide to resort to specialized treatment.

Couples usually plan their families, like they normally plan for their education, career and housing, until the right to have a child. Once the cradle remains empty, it comes as a shock and feelings of helplessness and anxiousness prevail. They keep on trying to achieve a pregnancy until professional help becomes necessary.

Menning (1980:313) as in Laurence C. quotes a statement made by an infertility patient relating to the same problem as follows:

“six years ago my husband and I got married, we knew that children would definitely be a part of our life. The question was not IF but WHEN. We waited a few years so I could use my college degree, bought a house and established ourselves financially before we were ready to bring children into the world...I sit here many years later with a wonderful husband, the house of my dreams, years of teaching experience and established roots but the children we had presumed we would have...are denied us.” (Laurence.1989: 51)

This is what goes on in the minds of barren families everyday. There is also a great deal of emotional stress.

Seibel and Taymor (1982:137) point out that infertility is frequently a source of emotional trauma for couples, placing considerable stress on their relationship.

Needleman is of the opinion that:

“... the couple’s marital relationship may be tested by the infertility workup and therapy, with resulting strains. Sex may no longer be spontaneous and pleasurable...and the timing of intercourse is prescribed”.(Needleman S.K., Vol. 22, No 1: 136)

Thus the marital relationship can be affected during the stressful period of investigations. Rosenfeld and Mitchell (1979:177) also describe feelings expressed by couples during the infertility investigations as of inadequacy, fright, disappointment and hopelessness. Thus even before the actual diagnosis is made, the couple is undergoing feelings of stress, anxiety, uncertainty, inadequacy and many others mentioned earlier and these affect daily lives in marriage. (Laurence, 1989: 61)

1.6.2 Post-Diagnostic Emotional Crisis

Once the diagnosis has been made, the couples usually experience it as a crisis, because they suddenly find out that they cannot achieve what they always took for granted, 'having children'. As a result of socialization processes and our parents who are our role models, we are led to believe that we too will be parents one day and never are we prepared for the possibility of not being able to have children. Evidently, stigma captures and leads us into crisis. Mary T. Stimming explains further on this road and shares her experience, as she puts it:

“with qualified shame” she says “when I was most depressed about my infertility, I experienced a pervasive sense of personal failure. The negative pregnancy tests deepened my conviction that I was a failure---incapable of doing the most basic primitive act--- (if you watch a nature show on TV. In this frame of mind, she says, you feel like an evolutionary outcast!)”

This conviction, to Mary, spilled over into all areas of life.

“what did it matter that I was respected as a teacher, loved as wife, valued as a friend? I can't have a baby and that's all that matters” she concluded. (Stimming, 2000:1273).

Menning (1980:314) defines such crisis as:

“A disruption in the steady state or a period of dis-equilibrium”

She also describes four elements common to the state of crisis:

- ✓ A stressful event occurs that poses a threat which is insoluble in the immediate future;
- ✓ The problem exhausts the existing resources of the person;
- ✓ The problem is perceived as a threat to important life goals of the persons involved; and
- ✓ The crisis situation may re-awaken unsolved key problems from both near and distant past”.

Valentine points out that:

“ emotional and behavioural reactions to infertility, such as disorganization, distractability, moodiness, unpredictability and fatigue suggest that infertility is experienced as a crisis. This crisis usually involves an actual or threatened loss of a person, capacity or function”. (Valentine D.P, 1986:63).

The feelings or emotional reactions usually occur in different stages and vary from one person to the other and depending on the person’s stage of development that we talked about earlier from Erikson’s psycho-analysis. Menning (1982:156) describes these feelings as being rationally based on real and difficult events of the social and the subsequent barrenness in that marriage, if closely examined, therefore represents significant loss to that couple. It implies the loss of a pregnancy, genetic continuity, potential of getting children, a life goal, parenthood and control over one’s own body. The couple usually becomes extremely vulnerable to any advice on how to try and achieve a pregnancy. Pastoral intervention, no matter how remote it might sound or be, to the ears ‘damaged’ by cultural beliefs, is at this stage of utmost importance to help the couple through the crisis.

1.6.3 EMOTIONAL STAGES INVOLVED

These are many feelings, which are rationally based on real and difficult events of the medical situation, or irrationally based on myth and superstition. These feelings also vary in order and intensity from person to person which Menning described as:

“A syndrome of feelings”. (Menning, 1982:155)

Infertile couples becomes immediately aware of their permanent barrenness and their response is:

1.6.3.1 Surprise

The first reaction by everybody affected by this problem is usually shock and surprise. Children are raised with the belief that they will be parents one day and that they must prevent the possibility of an illegitimate pregnancy. Once married, contraception is used until the time is right to have a child. Then suddenly the couple finds themselves unable to achieve a pregnancy, causing shock, surprise and disbelief, as they are not prepared for childless marriage and do not know how to deal with it.

1.6.3.2 Denial

“This is not true” or “It can’t be happening to us” are often the reactions of couples. This is a stage that allows the mind and body to adjust at own rate to the situation. Once it remains a long-term coping mechanism, it can be dangerous and thus intervention is needed.

1.6.3.3 Anger

This is a predictable response to loss of control. It can be rational, focused on real events such as the inconvenience of all the tests, or irrational, projected against people who “breed like rabbits” or abuse their children. This feeling is most of the times projected against people such as doctors, the spouse or even towards God. Pastoral encouragement to ventilate this feeling is needed to help the person through.

1.6.3.4 Isolation

Couples usually feel as if they are the only people in the whole world with the barrenness burden. Being a private matter, sometimes as a matter of culture, couples keep their infertility a secret, as they do not want to be objects of pity and unsolicited advice. This, however, isolates them from the necessary support systems and they have to turn to each other for support. This can increase the pressure on the couple wanting to have children, causing them to become oversensitive to pregnancies and to possibly withdraw socially from life. Couple may also fail to share their anxiety with each other according to Menning (1980:316) and this can lead to a breakdown of communication and an increase in marital stress.

1.6.3.5 Guilt

The couple usually reviews their combined histories in search of any guilty deed for which they are being punished. This will commonly include pre-marital sex, a previous abortion or extra-marital affairs. The person goes to great lengths to atone and achieve forgiveness. This feeling happens to be the one forcing the secrecy surrounding this problem

1.6.3.6 Grief

Once all hope is gone, grief results. Menning quotes a patient's description of her grief as:

“Death, ---death of a lot of things. It dies with us because of me. My husband is the last of the male in his family. Death before life... before we even knew our child, because he never existed. The hardest part of this kind of death is that it is the death of a dream. There are no solid memories, no pictures, nothing to remember. You can't remember your child's blond hair, brown eyes or his favourite toys or the way he laughed, or the way it felt to be pregnant with him. He never existed.”(Menning, 1980: 316)

This person's grieving statement reflects many losses in their lives such as the loss of pregnancy, a child, the family name, a family and a dream. It becomes the order of the day in the married couple's life and their life on earth may be worse than life in hell.

This culminates into only one appropriate statement: **BARRENNESS IN MARRIAGE IS A CHALLENGE TO PASTORAL CARE**. In the following Chapter, I will deal with the pastoral methodology that can be used to address the problem of Barrenness in marriage.

CHAPTER 2

THE USE OF GERKIN'S

Methodology of Pastoral

Care in analysis of Problems

of barrenness in Marriage.

2.1 METHODOLOGY

I will base my methodology on the work of Charles Gerkin on Pastoral Care. He shares a very interesting concept of caring for the people through a method called shepherding. After looking at a Pastor, pastoral care and pastoral work, as far as I am concerned, he ‘wears the poet’s eyes’ and ‘paints’ the practical pastoral work.

Amongst all the good images he brings forth about the pastor inherited from ancient Israel, he sees the pastor as a shepherd of the Flock. He writes:

‘More than any other image, we need to have written on our hearts the image most clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the Flock of Christ. Admittedly, this image originated in a time and place which the shepherd was a common place figure, and we live in social situations in which shepherding is a scarcely known, even marginalized vocation. Nevertheless, the New Testament depiction of Jesus as the good shepherd who knows his sheep is known by his sheep (Joh. 10: 14) has painted a meaningful, normative portrait of God’s people. Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationship with those immediately within our care strangers we meet along the way. (Gerkin, 1997: 80)’

As I read this, I made a mental evaluation of my congregation does by way of caring for the barren couples, but I found myself failing to detect any meaningful gesture towards pastoral care on this aspect. It is still a deep, personal, private problem to be looked at by those couples themselves. A little introspection brought to my notice the ‘loser feelings’ as I realized the level of incompetence in this subject. However, going through Campbell talking about steadfastness and oneness in pastoral care, I got some courage as he said:

The carer and the cared for are not on two sides of a divide which must be bridged by some form of expertise on the part of the one who cares. Pastoral care is grounded on mutuality not on expertise. It is possible because we share a common humanity with all its splendour and all fallibility that is implied. In pastoral care there no need to stress on competence. All this harmonized perfectly with his statement (Campbell) when he said:

‘ In order to revitalize the imagery of pastoral care we must restore to it a much neglected quality---Courage. Anyone who has entered into the darkness of another’s pain, loss or bewilderment and who has done so without the defenses of a detached professionalism will know the feeling of wanting to escape, of wishing they had not become involved. Caring is costly, unsettling, even distasteful at times. The valley of deep shadows in another person’s life frightens us too, and we lack the courage and constancy to enter it. One the most vivid aspects of the biblical image of shepherding (from which the term ‘pastoral’ derives) is such courage, courage to the point of risking one’s own life. Thus young David, anxious to convince Saul that he is capable of fighting Goliath, uses as a testimonial his experience as a shepherd boy. (1 Sam. 17:34-7 TEV)’(Campbell, 1981:26)

This sent me searching for the meaning of Pastoral Care. The Dictionary of Pastoral Care and Counseling defines pastoral care of the congregation as ‘the ministry of oversight and nurture offered by religious community to its members, including acts of discipline, support, comfort and celebration’ (Hunter J. et al., 1990:850).

Armstrong stressed the same when he talked about ‘A twofold mission’ of the Servant Church. He writes:

‘ The first part is to develop and nurture its own members. The members of a servant church must surely serve one another. The Bible says, “exhort one another” (Heb. 3:13) “Comfort one another” (1 Thess. 4:18), “Love one another” (1 Pet. 1:22), “Bear one another’s burdens” (Gal.6: 2). This is what is meant by Christian fellowship.’ (Armstrong, 1979:41)

All of the above concur that pastoral care and the image of the shepherd with all images about it, is historically referring to the solitious concern expressed within the religious community for persons in all troubles or distresses. It includes care of souls. Looking at this pastoral concern as may be related to a barren couple who might be silently suffering under all the effects of this problem, and very often only hearing

few comments from the very close friends who only reminds them about their faith, and comments which are clearly not helpful to them except discouraging them to be doubtful, and stop asking questions as God would intervene and they would conceive. I instantly agreed with Migliore Daniel in his discussion of human beings and their faith as they grapple with practical problems. He said:

‘Human beings are open when they ask questions, when they keep seeking, when they are, as Augustine says, “ravished with love for the truth”. To be human is to ask all sorts of questions: who are we? What is highest value? Is there a God? What can we hope for? Can we rid ourselves of our flaws and improve our world? What should we do? When persons enter on the pilgrimage of faith, they do not suddenly stop being human, they do not stop asking questions. Becoming a Christian does not put an end to the impulse to questions and seek for deeper understanding. On the contrary, being a pilgrim of faith intensifies and transforms many old questions and generates new and urgent questions: what is God like? How does Jesus redefine true humanity? Is God present in the world today?’ (Migliore, 1991: 4)

I think the same questions need to be answered, quite, urgently to these desperate persons who are being challenged by the problem of barrenness. I understand Gerkin well in his outline of the five dimensions of congregational life, which he listed as:

- ❖ a community of language
- ❖ a community of memory
- ❖ a community of inquiry
- ❖ a community of mutual care
- ❖ a community of mission

The whole image (shepherding) is connected to the African concept of caring as shepherding is important for Africans who grow up caring for animals as I became one once. Gerkin thus touch and reminds me of these traditional shepherds as follows:

They are people who care for the life of the flock, i.e. the flock depends on their safety for its life in general. A shepherd MUST firstly know their flock and the pastures and also be known by the flock. The knowledge of the pastures includes (and is not limited to):

- ✓ Knowing the vegetation that composes the said pasture area (veldt) and their differences, season by season. This helps them choose what is best for the flock and when in the year.
- ✓ Knowing other animals (carnivorous) and birds cohabiting and complementing that community. This helps them decide on their proximity with the flock for defense at different spots and angles in his pastures, i.e. where the flock is vulnerable and calls for closer vigilance and what kind of defense they must possess. Africans shepherds always have instruments that help them protect the flock e.g. sword, spear and shield, whip and other different ones.
- ✓ Knowing different sounds made by these different animals and what the sounds mean, i.e. whether the bird, for instance, is sounding a call, fright, rage etc.
- ✓ Knowing how to read times by shade during the day and by stars during the night.
- ✓ Shepherds must relate to the flock in such a way that they respond to its care. They should be able to read and interpret different reactions e.g. weakness from disease, hunger, shock from scavengers etc.

Shepherds in general must be excellent observers and reliable interpreters, sharp listeners and very able to use the inter-relatedness of life around them to simplifying the surfacing problems and to the advantage of the flock. I have seen all these incorporated in the shepherding method.

Let me introduce the following three couples:

Brian and Suzan Rusten
Sam and Eva Goodwood
Teko and Dinkwetse Phatsima

I interviewed them about their problem of barrenness, and in those interviews I followed the questionnaire underneath in a semi-structured way.

2.2 QUESTIONNAIRE USED

- There are many problems that come as a result of any couple that is unable to bear children. Do you know of any and can you share a bit with of your knowledge?
- Just as a by the way, what do people refer to you as? A couple or a family? What are you comfortable with, or does it matter anyway?
- OK. In your case, do you know and understand exactly what bars you people from conceiving? Put simply, why are you not conceiving?
- Do you have any medical confirmation of your knowledge?
- By any chance, have you ever entered any treatment? How long was it? What was the result? Why did you consequently stop it?
- In your view, what characterize good marriage/family whatever the case may be?
- Barrenness, what a life! Do you take it as the worst thing that can ever happen to any human being? Say in a 5-point scale how do you rate it?
- Can you classify your marriage, in particular, as a 'lost' cause or do you find comfort here and there somehow?
- Is there anybody/thing to blame for this condition? What/who is that person? Why blame him/her?
- What do you think can be done to heal this? Be it medical, spiritual or otherwise?
- How you affected by this in your plans for the future? Where and how do you see yourself in, say, three years, ten years, old age?
- What do you deem very much worth mentioning about you and the social world around you, your church, work place, community etc.?
- How do feel amongst them? Important, needed or almost useless?
- Who knows about all this, the one you categorically reported to?
- Can you share your in-laws' reaction to this condition?
- Suppose you are to give a short speech to a newly wed couple on their wedding day, like 'inducting' them into marriage, what would you say to them?
- Suppose you are to represent families like yours, barren families, by a short comment to the church or community, what would that comment be?
- In the following list of feelings, choose the few ones that prevail in your home because of this problem. ---angry, annoyed, sad, fearful, panicky, energetic, conflicted, regretful, hopeless, depressed, anxious, ashamed, envious, guilty, happy, helpless, relaxed, jealous, you may add.

- Anything that comes from heart that you can say in sharing about this problem?

The above questions resulted in the formulation of the following stories, from the said couples, to analyze:

2.2.1 The Brian and Suzan Rusten's Story.

This is a couple in their late 40s and has been married for 14 years, they are still childless to date. The story is clearly owned by Suzan and Brian chose to sit there, generally not participating very well. He kept showing obvious affirmation of other aspects and sensitivity to others.

Suzan: I am suffering, and really suffering from the fact that I do not have a child.

This problem, to tell the truth, is so deep in my heart so much so that I have difficulty in sharing it. People sometimes come to me with discussions about far future, the insurance people are fond of doing that, I tell you, they don't know how much they pain me and leave me worthless. Society never sees us as a family but couples, well, even if it would matter, there are many more serious issues that matter and therefore it seem much trivial to really matter. I ever tested, infact, 3 times to date. First instance, 1998, my doctor could not complete my treatment because he had to leave the country for London. Second instance, 2001, the doctor differed with all former diagnosis and said I could conceive and the third, 2003, the doctor concluded and said my fallopian tubes are not functioning. I got devastated especially because I had to top every treatment because of lack of finance. At this point Brian started movements in and out the house.

She continued to say she occasionally feels helpless and lonely because quite often, she has to face her endless home chores alone and her loneliness culminates into depression many-a-times. She pronounced statements like 'I view marriage as

grounded on mutual respect and tolerance and the knowledge of God', and also kept sighing as she admitted, unwillingly, that her marriage is indeed lost at the face of her barrenness. She said she lost her happiness forever and even her stability on prayer got shaken. Suzan cursed barrenness and made it clear that to her it is the worst thing that ever came to her eyes that dooms any promising future in marriage.

Asked who to blame she said: 'well, I am to blame especially for not continuing that 2nd doctor's treatment and I attribute all that to my poverty, mind you, I was not working then---I could not pay for anything about that treatment---look now where I am'.

She believes in vitro fertilization would help them or adoption. But here she sounded Brian's continuous opposition in almost everything she says. She told me that she spends most of her time in church because it is a place where she happens to feel needed always. What about your in-laws' reaction to this Suzy? She sighed, suggesting avoidance of the question and said: 'they don't know anything except the fact that I am not conceiving. I shared a bid to Elsie, my sister -in-law' (she paused and there was a sudden emotional change). After a while she said: "they always remark negatively about me"

"Look" Suzan continued, "I really do not feel I can ever stand anywhere in public and utter any word, not to a church or community, who would I be? Barren as I am, no! I can maybe teach newly wed couples about the sacredness of marriage, stressing on healthy communication as good instrument through different times in life and urging them to invite God to their guidance and sustenance."

Out of her heart, Suzy looked very strongly believing what she said in her comment: "accept and face situations as they come and stay focused on what you want out of life brother"

By this time, Brian was seated and listening attentively to what his wife, Suzan, was saying and I, also very moved, said let us pray. They bowed down sadly and I led them in a short prayer. After that I thanked them for everything and left.

2.2.2 The Sam and Eva Good wood's Story.

This is a couple in their early 40s and is 9 years in marriage. They shared the following story about their marriage barrenness. Sam started and said: “we have driven far distances a number of times. From here to Pretoria Academic Hospital, then called H.F. Verwoerd hospital, to undergo tests. I mean impotency and infertility tests. I can still remember how always hopeful we became about having children at the end of the tiresome journey. Our privacy was totally invaded by the so-called female and male clinic. Our whole bedroom, it seemed, was in the open. They were giving us appointment date after another and almost instructing us when to have sex. One date came and we toiled as usual having to drive 596 km in the morning only to be told ‘according to the results of this test, the doctor looked at Eva, you cannot conceive because you have hormonal imbalance---it is like you have reached menopause’. It is still very clear in my memory how destroyed my wife became that day. I personally heard the term ‘menopause’ for the first time and never new what it meant, but reading from her expression I found out I never had to ask what it meant---it was clear.

That doctor continued by saying: ‘it is very sad to say this to you but I feel the earlier you deal with the truth the better’. Eva’s first word in that consultation was a question: ‘at my age?’. The doctor said it is possible. Without anything that I could say I found out I had to rescue my wife but I also asked the doctor---do you mean there’s nothing you people can do? She (doctor) said: ‘no. Why don’t you try

adoption? I could connect you with the relevant social workers’. The word ‘adoption’ also sounded very new in my ears. I lost all hope instantly and I invited Eva on a long trip back. I wondered how I was going to drive in that completely strange city then and the long journey needing me to be alert. I invited God to accompany us and I can tell you---my God listened and heard.

We came home very empty. Much as I felt I had to support her, I was also weakening from time to time. I slipped now and then into oneness and cried bitterly. The next morning as Eva was preparing for work she suddenly burst into tears and she fell down. We were only two in the house and I suffered along. I can remember how I tried to speak to her when I was involved in what troubled her so much. Somehow she got a bid of courage and I drove her to work. After dropping her there (at work) I drove alone and I got a chance of also giving in to my ‘vulnerability as a human’, I shared my tears, I cried and I really cried. I remembered in the midst of that confusion my ‘Mamogolo’ (Aunt) and I drove to her work place, about 16 km away, to tell the story. Though she also cried she gave me courage. I came back that day very helpless.”

Eva was listening to all what Sam was saying as if she did know. After a while she sighed deeply and said: “You know this problem, my brother, can make you feel you are nothing. Very often partners get tempted into extramarital relationships. It humiliate so much, and you feel the best kind of emotional abuse. People say bad things about you” I said tell me more. She said: “well a lot of things they say to Sam and he decided to keep them in attempt to protect me from the ongoing hurt.” She continued to tell me how she was put on six months hormonal treatment, which

achieved no results except her subsequent excessive bleeding which brought them to their (couple) analysis of the whole story when Sam reminded her what the doctor said about adoption. Sam said “we decided to stop that medication because already we could see side effects and we thought we might slowly be drawing ourselves into more serious and probably chronic illnesses and weaknesses.”

Eva said: “this problem makes me feel guilty sometimes, sad often, occasionally helpless and at times ashamed of myself. Why do you feel like that? I asked. She said: “Look, Sam already cheated on me, he has three children with other women. What do you think?” she asked and I kept quite. She became almost nervous and said: “moreover, our bedroom life changed seriously. My thought of HIV infection is unbearable.”

She later on talked very strongly about how she believes a recipe for a good marriage would differ but will come out of a mixture of love, trust, honesty, mutual support and courage, openness which allows perfect sharing of the good and the bad. She said good listening with understanding and acceptance would award every couple’s time together with quality. Though she made known the care she receives from her Aunt-in-law, she also affirmed her continuous sadness about the matter because, in her view, she has led Sam into sinning. i.e. She is the reason behind Sam’s going into other women. About the future plans they both kept quite a bid, and after a while, Eva (changing clearly in emotion) said: “we have no future, why plan for it. We are unable to be productive and positive in thought, all we can positively things wishes while expecting many challenges, which they (the marrying couple) should face with dignity. I listened to Eva talking from her heart saying: “...it is hurting to be in a barren marriage especially when you know you are the cause. It is humiliating and has all negatives one can think about. I curse the day I was born sometimes and other

times I regret why I got married. I think it could have been far, far better if I remained single.” She kept quiet. I decided to close our discussion in a short prayer.

2.2.3 The Teko and Dinkwetse Phatsima’s Story.

I visited this couple which is in their late thirties and seven years in marriage. I began interview with them and following Teko’s high rank in one of our professions where one is continuously on call even after hours, he was called to duty that afternoon. He had however gave his views and graced the meeting with open heart.

Teko agrees with Dinkwetse that, every time when the problem of infertility/barrenness hits the marriage, the man figure in that marriage find themselves easily going out of the marriage to prove their ability, (to put it in his words). One way or another Dinkwetse said it victimizes the woman. She said tension of mutual blaming between partners will always grow and the family members in many instances brings all negative influences leading, ultimately, to divorce because the faithfulness of the couple to each other comes under parent’s test. Which parents? I asked and I got an answer from both each saying the other one’s parents. This made me notice that somehow each get some kind of pressure from each parents, whether directly or otherwise.

Dinkwetse shared how the community refers to them as husband and wife and not recognizing them as a family, something that does not really matter to them because they have become comfortable with it anyhow. The Phatsimas are not clear about their infertility problem reading form what Dinkwetse said, “everywhere we go, nobody ever confirmed we have any visible problem---gynaecologists, general

doctors and even traditional healers.” She said she went for operation three times to date. What was the result? I asked and directed this question to Teko who referred it to Dinkwetse and she said: “first operation was in 1999, they could not see anything. Second one in 2001, they then blew the tubes only, and I am still waiting for the third operation results”. Teko augmented by saying “my brother, to date we have undergone numerous treatments, from one doctor to another since 1998. Yes, we do get promises here and there, like the miscarriage we got in 2001, it is hurting” he concluded. ‘Miscarriage, a promise? I noted how different people views can become different following their circumstances.’ They described their general feeling about this problem as ---angry, sad, helpless, regretful, unhappy quite often and sometimes ashamed, I understood it.

These feelings are brought about by, amongst others, the business of moving from one doctor to another, seeking solution and finding none, the in-laws causing some troubles with their concerns. She (Dinkwetse) mentioned, even, menstruation as leading her to such feelings and I understood. They feel a lot of acceptance of things that can’t be changed, can help build stronger marriages, support and motivation from either spouse with joint effort in challenging all problems can increase on the tolerance of failures. The Phatsima do not regard their marriage ‘lost’ and agree that they do work hard on comforting each other in trouble times.

As regards blaming, Dinkwetse could not blame any one particular person but said she is conflicting with the jealousy on the members of both families and the curses from ex-lovers, something coming which came now and then. She said the heart-brokenness on the side of parents, she believes, also brings them hard-luck. She continued to share how she believes spiritual healing could be used to make things

better. She also strongly believes that LOVE DOES OVERCOME. About their future plans, she talked about how her mind blocks every time she tries to think. For the reason that she has no beneficiary, every motivation towards planning gets destroyed. Dinkwetse also said they are acceptable with some people and is also aware that they are not with some other people. The occasional comments made about them inform her. “The world is divided over me” she concluded that. The fact that she knows she is not the cause, comforts her to some limit.

She has shared her problem with her own family, and a few friends and not everybody knows exactly everything about it. Her parents are so worried about her, so much so that they even approached her in-laws in a gesture asking them “is there anything we can do to help?”. The in-laws have not responded, at least, to the best of her knowledge. She feels she can say to young couples by way of advice, they should base their marriage on love and mutual tolerance allowing them a holistic response to every problem.

A very bold speech Dinkwetse can give to the church is: “we are human like you, accept us and make us feel like you would want us to make you feel. We are not causers of our problem, and we hate it much more than you do. Please do not ‘look at that side’ and predict God”. I thanked her for time and in Teko’s absence we prayed and I left.

These stories provides a virtual understanding of what the barrenness field is like in our churches, communities and homes. I will explore the concept barrenness and its causes in the next chapter and will subsequently figure out as to what can be the church’s response to this problem.

CHAPTER 3

EXPLORING Barrenness

and its effects on people

experiencing it.

3.1 BARRENNESS---What is it?

I went from doctor to another asking them this question and all I remember from their explanations, is how much they always ‘rectified’ what I was saying by answering “so you want to know about infertility in marriage not barrenness” and as I listened to what they said, I can sum it up as:

‘Infertility is an absolutely and highly medical term, it is very scientific and everything about it can only be understood through highly scientific research and only by medically literate persons’

I always read this as a discouragement and instead of agreeing with their thought I wanted to know even more.

From the introduction, barrenness was defined as that condition whereby there is no production of children or off springs. Hudson, Pepperell and Wood agree that without contraceptive practices pregnancy can be achieved within 12 months by 75% of couples. They write:

“For this reason we believe that if a couple has not conceived after 12 months of normal sexual practice without contraception, they should be regarded as potentially infertile and be investigated” (Pepperell R J et al, 1987: 1)

But historically too, there have been descriptions of miraculous births from ancient times to present. The Bible tells the story of Sarah and Abraham. One also remembers that of Isaac and Rebecca and Jacob and Rachel.

Drawn from the biblical stories above, a quick observation one makes is about the then believe that the solution to barrenness is for the husband to take a second wife or concubine, or put simply, every culture has had its set of customs and folklore for the relief or solution of barrenness. Benedek, 1952, Bos & Cleghorn, 1958, Deutsch, 1944, Fischer, 1953, Kroger & Freed, 1950, wrote:

“Historically, women were considered responsible for infertility---either directly, through anatomic or endocrinologic defects or indirectly---through unconscious fear, anger and depression. Indeed, the psychiatric and gynecologic literature during the 25 year period from 1945 to the early 1970s nearly uniformly supports the hypothesis that psychological state---particularly in women ---plays an important role in causing infertility” (Leiblum S R & Greenfeld D, 1997: 84)

Yes it is, I have also seen and heard it being said everywhere where I live. When barrenness results from any marriage, the woman party of the marriage is always to blame---by the husband sometimes, by the in-laws, by the community up to even co-church members. Laurence C also noted that:

“Once a couple is experiencing infertility problems, it is usually taken for granted that the wife has the infertility problem. It is seldom considered that the husband, or even both husband and wife could be contributing to their infertility.”(Laurence C, 1989: 37)

Charlene continues to quote Valentine (1986:61) talking about couples in U S A and the same problem as: “40% male, 40% female and 20% both male and female” The same figure was quoted by Sevenster (1988) at a symposium for South African couples. (Laurence C, 1989: 37).

The production of children is biologically termed to be reproduction and scientifically result after fertilization, which is completed only when the male cell (gamete/sperm) has fused with the female cell (ovum/egg). The role of reproduction is to provide for continued existence of a species, it is a process by which living organism duplicate.

“Human beings are characterized by the bearing of off-springs that have attained considerable development within the uterus or womb. Provided all organs are present, normally constructed and functioning properly, the essential features of human reproduction are:

- liberation of an egg from the ovary at the right time in the reproductive cycle
- internal fertilization by spermatozoa of the ovum in the tube
- transport of the fertilized ovum along the uterine tube to the uterus
- implantation of the blastocyst, the early embryo that develops from the fertilized ovum, in the wall of the uterus.
- formation of a placenta and maintenance of the intra-uterine existence of the unborn child
- birth of the child and expulsion of the placenta and
- suckling and care of the child with an eventual return of the maternal organs virtually to their original state. (Gwinn Robert et al, Vol. 26: 696)

I am confident in stating, therefore, that the birth of any child is primarily made possible by a man and a woman and thus any inability for the same is brought about by either one of them alike or both of them. It stands to reason that the ultimate barrenness of a couple is caused by any provision where not all organs are present, there is under-development somewhere or there is a mal-functioning somehow. All these, I think, result in infertility, as it is called and, to me, as far as human investigation can go has left uncountable couples of the world barren. **BARRENNESS IN ANY MARRIAGE IS NOT A DISEASE BUT A RESULT.** Let us then investigate the causes of infertility.

3.2 CAUSES OF INFERTILITY

Fully agreeing that the problem of barrenness has troubled human nature from time immemorial, that there are ever important discoveries done on the subject, and moreover that in marriage situation, it is a problem of both man and woman directly or indirectly, I moved from a number of findings but came to a conclusion that Laurence Charlene has summed up the best. She listed the following:

3.2.1 FEMALE FACTORS

3.2.1.1 Tubal factors

Tubal abnormalities occur in approximately twenty percent of all infertile woman according to Wood and Pepperell et al, (1980:43). These include abnormalities in the normal tubal physiology entailing ovum pick-up by the fimbriae, nutrition of the ovum, sperm and embryo, and transport of the gametes and embryo in the tube through muscular contraction. Tubal abnormalities can be due to congenital abnormalities, but the vast majority seems to be the result of infection. These infections include: gonorrhoea, tuberculosis, and bacteria such as streptococci and staphylococci, post-pregnancy inflammatory disease or post abortal sepsis, intra-uterine contraceptive devices causing infection, and post- surgical adhesion.

Tubal factors can mostly be treated with medication or tubal surgery. Sterilization cannot always be reversed and could also damage the fallopian tubes

3.2.1.2 Ovulation disorders

Ovulation problem occur in fifteen to twenty percent of infertile woman according to Brown et al, in Pepperell et al.

- ❖ Primary amenorrhoea---no spontaneous bleeding by the age of eighteen years.
- ❖ Secondary amenorrhoea ---no spontaneous bleeding for periods of six months or more.
- ❖ Oligomenorrhoea --- where cycle are occurring at intervals varying between six weeks and six months.
- ❖ Anovulatory cycles ---cycles are of three to six weeks' duration but are anovulatory.

- ❖ Ovulation --- occurs as judged by usual criteria but follicular development or corpus luteum function is deficient and the patient remains infertile. (Brown J.B et al., 1980: 7)

To understand these disorders of ovulation, knowledge of endocrinology is therefore essential for the pastor or some congregation members with whom the pastor is exercising his/her pastoral care.

These disorders can be treated by means of ovulation induction and medication such as clomiphene, which induces ovulation. (Compared Jones, H. W. and Jones, G.S., 1982:420-421; Brown et al, in Pepperell et al, 1980:7-10; and Reilly in de Vere White, 1982:204.)

3.2.1.3 Cervical factors

The cervix plays an important role in encouraging spermatozoal invasion during the ovulatory phase of a cycle. Spermatozoa can only survive for a few hours in the acid medium of the vagina.

Those that invade the cervical mucus within the limited time-span, can survive longer and can progress further into the uterus, with a greater possibility of reaching the fallopian tubes. Cervicitis or inflammation of the cervix and congenital abnormalities are other cervical factors, which influence fertility (Compared Jones, H.W.and Jones G.S., 1982:179-180; Reilly in de Vere White, 1982:202; and Kroeks and Kremer in Pepperell et al, 1980: 112.)

3.2.1.4 Uterine factors

- ❖ Myomas or tumors of the uterus
- ❖ Intra-uterine adhesions
- ❖ Abnormal maturation of the post-ovulatory endometrium
- ❖ Congenital abnormalities of the uterus

(Compared Jones H.W. and Jones, G.S., 1982:254, Reilly in de Vere White, 1983:203 and Jones and Rock in Pepperell et al, 1980:147-148)

3.2.1.5 Endometriosis

Endometrial cells which break down during the menstrual phase, escape through the fallopian tubes and are implanted in the pelvic region causing cysts of the ovaries. This is known as endometriosis and causes infertility on an immunological basis. (Compared Jones and Rock in Pepperell et al, 1980:147-148; and Jones H.W. and Jones, G.S, 346-357.)

3.2.1.6 Vulva and vaginal causes

Abnormalities of the vulva and lower part of the vagina lessen fertility by interfering with normal intercourse. Cysts and inflammation of the vulva or vagina, scarring of the vagina during operation, an imperforate hymen and congenital abnormalities, such as the absence of a vagina (stenosed vagina), contribute to infertility (Compared Jones H.W. and Jones, G.S. 1982:146-177.)

3.2.1.7 Thyroid gland and/ or hormonal disturbances

An over-or under-active thyroid gland causes a disturbance in the metabolism and hence leads to infertility. Hormonal disturbances can occur as a result of an imbalance in the hormone production through the endocrine glands, causing disturbances in the reproductive process and infertility (Compare Barker, 1982:66-69; and Brown et al, in Pepperell et al, 1980:12-14.)

3.2.1.8 Antisperm antibodies

Antisperm antibodies immobilize the sperm in the cervical mucus, preventing conception from taking place (Compared Barker 1982:63-64; and Jones, 1980:127-128.)

It can thus be concluded that there are many female factors contributing to infertility, which explains how forty percent of the causes of infertility can be female causes.

3.2.2 MALE FACTORS

3.2.2.1 Abnormal semen production

- ❖ **Varicocele-** approximately forty percent of all male infertility cases are caused by a varicocele or dilated vein around one testis or both testis. A varicocele is usually more prominent in the left testis. A varicocele increases scrotal temperature and affects testicular functioning, causing a reduction in sperm morphology.
- ❖ **Testicular failure-** This is found in approximately fourteen percent of all male infertile cases and could be due to multiple causes, a few of which are: Klinefelter's syndrome, mumps orchitis, testicular damage, a tumour of the testis, and trauma or injury to the testes.
- ❖ **Endocrine disorders-** Hormonal abnormalities cause decreased semen production and is found in approximately nine percent of male infertile cases.
- ❖ **Cryptorchidism** –Late descent of the testes after five or seven years of age. Cryptorchid testes are small in size or absent from the scrotum.

- ❖ **Long term exposure to chemicals**, x-rays or radiotherapy causes decreased sperm production
- ❖ **Smoking, drinking and drugs**- Nicotine from cigarettes, marijuana, drugs and alcohol interfere with sperm production or with the endocrine system, which is related to spermatogenesis.
- ❖ **Weight problems and stress**-Obesity or excessive weight reduction, as well as being under constant emotional stress, can decrease sperm production.

All of these factors related to abnormal semen production results in an abnormal semen analysis.

(Compared Hudson, Baker and De Krestser in Pepperell et al, 1980:93-103; Keller et al, 1984:104-108; Chan Cunningham and Lipschultz in De Vere-White, 1982:121-132; Pryor in Hargreave; 1983:212-224; Fenster and McLaughlin in Bain et al, 1982:209-210; and Bandhauer in Bandhauer et al, 1982:199.)

3.2.2.2 Obstruction in sperm transportation

- ❖ **Infections** – Gonorrhoea and tuberculosis cause obstruction in the vas deferens or ducts affecting the transportation of sperm.
- ❖ **Congenital defects**- Absence of, or malformation of the epididymis, vas deferens or any of the abovementioned ducts or glands cause obstruction in sperm transportation.
- ❖ **Vasectomy**- Where both vas deferential have been cut and tied, sterility is caused. Reversal of the operation is usually unsuccessful.

3.2.2.3 Impotence or erectile disturbances

- The failure to achieve an erection necessary for intercourse can be organic or psychological.

Organic disorder-Congenital or acquired abnormalities:

- Neurological causes: multiple sclerosis, tumours and spinal cord injury.
- Vascular causes: thrombosis of the penile fracture.
- Disease of the penis: cancer and infections.
- Trauma: of the penis or pelvic fracture.
- Diabetes Mellitus: Vascular, neurogenic and endocrine disorders cause impotence.
- Inflammation: acute urethritis, prostatitis or gonorrhoea.
- Drugs and Poisons: chronic alcohol, nicotine, drug abuse and poisons, such as lead and arsenic, influence potency.

3.2.2.4 Psychological or psychosocial factors:

Impotence can be caused by unconscious conflicts or fears, a low self-image, marital problems, stress, homosexuality or religious prescriptions.

3.2.2.5 Ejaculatory incompetence or failure to ejaculate

Three sexual functions are necessary; erection, emission and ejaculation. The ejaculation process comprises of the three different stages following in rapid sequence:

- ❖ **Seminal emission** into the posterior urethra;
- ❖ **Bladder neck closure** to avoid retrograde ejaculation; and
- ❖ **Antegrade ejaculation** through the urethra

Therefore any disorders in any of the abovementioned stages of the ejaculation process, will cause ejaculatory incompetence as follows:

3.2.2.5.1 An ejaculation or failure to ejaculate. Normal intercourse is performed, but ejaculation does not occur. This can be caused by drugs, surgical conditions, spinal cord injuries or genital traumas

3.2.2.5.2 Premature ejaculation- The stages of erection and ejaculation cannot be separated voluntarily for a reasonable length of time and the erection progresses to ejaculation involuntarily, sometimes even before penetration has occurred. This can be caused by infection of the bladder and prostate gland.

3.2.2.5.3 Retrograde ejaculation- The bladder neck fails to close and the semen is discharged backwards into the bladder of the male. It can be associated with diabetes mellitus, the use of drugs, surgery to the bladder neck and prostate gland or a spinal cord injury.

(Compared Collins in Bain et al, 1982:179-184; Glezerman in Bandhauer and Frick, 1982: 188-189, Schill in Paullson et al, 1986:559-604; Krane and Siroky in De Vere White, 1982: 64-65; Phillip and Carruthers, 1981:259; and Bandhauer in Bandhauer and Frick, 1982:406-407.)

3.3 COMBINED FACTORS

Combined male and female causes are found in approximately twenty percent of infertility cases. According to Porter and Christopher (1948:311) and Valentine (1986:61), there could be physiological problems or possibly a lack of knowledge of when to engage in sexual intercourse in order to enhance the chance of pregnancy occurring. The couple will need information on the female menstrual cycle, ovulation and the process of conception. The coital frequency also has to be very regular to achieve a pregnancy, at least four times per week

Rantala and Koskimies (1988:27) studied the coital frequency among ninety-eight infertile couples in Finland and found the average coital frequency to be seven times per month. This decreases the chance of conception occurring and couples should be made aware of this during the initial interview. Sexual functioning is viewed as:

“... a natural reflexive physiologic phenomenon that can be disrupted by anxiety, depression and most couples as a result of their infertility, can disrupt their sexual functioning and decrease their chances of conception”.(Masters and Johnson, 1976: 548)

3.4 Psychogenic infertility

Psychogenic infertility usually relates to psychiatric problems, but can also include psychological factors. Bell in Hargeave (1983:46) refers to psychogenic infertility as a condition where the person is suffering from a major psychiatric disorder such as schizophrenia, manic depression or anorexia nervosa, which are all related to infertility. Greenfeld, Diamond, Breslin and De Cherney (1986:73-74) on the other hand feel that psychological factors should be part of psychogenic infertility, including stress and its effects on the hormone system.

Platt, Ficher and Silver (1973:975) in their study of the personality traits and self-ideal concept in discrepancies of infertile couples, found a high level of anxiety, neuroticism and emotional disturbances among the infertile group, compared to the control group. Mai, Munday and Rump (1972:431) in a similar study found more hysterical and aggressive personality disorders, as well as ambivalence and difficulty concerning sexual relationships, among the infertile females, compared to the fertile females in their psychiatric interviews. These studies show a strong sexual bias against women. In both above-mentioned psychiatric articles the results found in the

male groups were not even mentioned, let alone emphasized, as much as the female results.

Rosenfeld and Mitchell (1979:178) point out that most studies of psychiatric or psychological factors contributing to infertility are retrospective and can produce conflicting data. They continue to state that:

“These studies should follow couples from the time of marriage until the completion of their desired family or until the recognition of involuntary childlessness”.(Rosefeld D and Mitchel E, 1979: 178)

This recommendation would be ideal, but it is not always possible. Most studies are therefore retrospective and according to this viewpoint one would then have to question the majority of data produced. Psychogenic infertility therefore refers to psychiatric and psychological factors contributing to infertility. These patients should undergo intensive psychiatric or psycho-therapy with positive results, before undergoing any form of infertility treatment, as it requires an ability to cope with a great deal of stress and emotional difficulties.

3.5 Idiopathic infertility

If no physiological, psychiatric, psychological or emotional factors can be found contributing to a couple's infertility problem, it is referred to as idiopathic or unexplained infertility. This is usually frustrating to everyone involved, as a definite cause cannot be found and can therefore not be treated.

This is the arena in which the pastor has to play an important role in supporting the couple through this difficult situation and helping them to come to terms with their unexplained infertility. Harrison et al, (1984:361) highlights that in such a situation it

is impossible for both sides to explain, and difficult to accept the failure to conceive in the absence of any abnormalities.

Harrison and Thompson (1984:374) performed psychological tests on couples with idiopathic infertility and found them to be biochemically and psychologically more stressed than their fertile counterparts. If one takes today's lifestyle into consideration and the increasing demands and resulting stress, it is not surprising that the rate of infertility is constantly increasing.

3.6 INFERTILITY TREATMENT

Infertility is treated in various ways in today's world of technology. Medical doctors use ways which includes:-

- **-Ovulation induction**
- **-Artificial insemination with Husband's semen (AIH)**

The procedure is:

- Screening, counseling and preparation
- Ovarian stimulation and monitoring
- Semen specimen and ovulation period
- Insemination
- Pregnancy test.

- **-Vitro Fertilization (IVF) In**

The procedure is:

- Screening, counseling and preparation
- Ovarian stimulation and monitoring
- Laparoscopy and oocyte aspiration

- Sperm collection and in-vitro fertilization
 - Embryo transfer
 - Pregnancy test
- **-Gamete Intra Fallopian Transfer (GIFT)**
- Same procedure as in (IVF)
- **-Artificial insemination with donor semen (AID)**
- Same procedure as in all except that donor semen is used.
- **-In-Vitro Fertilization with donor semen (Donor-IVF)**
- Same procedure as in (IVF) except that donor semen is used.
- **-Gamete Intra Fallopian Transfer with donor semen (Donor GIFT)**
- Same procedure as in Gift except that a donor semen is used instead of the husband's.

We have talked about the couple's reactions and grief in which they find themselves captured at the earliest knowledge of their condition, and the experience they live with. Nancy Gieseler Devor in her research about infertility discovered a particular shape emanating from a number of twists. First, the couple mourns the loss of 'what might have been' and thus different from mourning a more tangible loss. This is not a loss, which is openly acknowledged in our society, it is never discussed in public and its sufferers usually do not receive flowers or condolences. Though it does not kill nor is it a visible disorder, it is a private experience revealed only by one's childlessness and on occasions a few uncontrolled tears. Secondly, very few people, if any,

understand the impact of this devastating and growing problem in our congregations and societies.

3.7 Barrenness is like a Chronic Grief

To be barren (impotent or infertile), like most losses has primary loss---the loss of one's own child and capacity to conceive. It brings with it other secondary losses, for instance, the couple's family is confronted with the loss of grandchildren nieces and nephews, which has led many-a-times to the couple losing substantial social support in their families, society and community. They then struggle with their own grief, which has no clear cut beginning or ending. Focus on Family (Southern Africa) in Hillcrest interviewed one lady on this aspect who said:

“I am infertile and have given myself in for treatment. Being so much in need for a baby I am failing to live with the feeling. My monthly period indicates to me every month that I am a failure. I have followed all the instructions by my doctor for the whole month. It is like my bedroom practices are prescribed. Every month I came for check-up it was one story---not yet---I sat in my doctor's consulting room every time and cried endlessly” (Recording from Focus on Family Southern Africa, Hillcrest)

The grief is for a monthly failure and loss, failure in experiencing the physical processes of pregnancy and birth, the loss of a biological child created with one's spouse, the loss of a child who will see one through old age, the loss of faith, the loss belief in prayer, the list is completed only through the addition of each couple's unique losses. It is like the future is lost and the entire family is stuck between two realities---Hope and Failure. There are always two or more persons involved in this kind of grief and often experience it differently. They are sometimes common in feelings, though men typically express the feelings differently from women.

Completely agreeing with Devor in her discovery that:

“often the woman will verbalize the couple’s feelings and the man take a supportive or silent role. This sometimes leads the woman to assumption (often incorrect) that he does not share her feelings”. (Devor N. 1994: 356)

Different decisions are arrived at, at different times, sometimes some of the instances couples stop medical treatments considering adoption and other forms of giving in or getting out of the problem, informed by the couple’s state of affairs. These, and many other issues, illustrate how critical it is for the couple to work on communication, conflict resolution and decision making skills. It should be borne in mind that all these are requirements amid a grief process. But out of grief, barrenness can be a privileged path towards the poverty of the soul.

3.8 As a Privileged Path Towards Poverty of the Soul

I have seen barrenness as a particular kind of poverty, the condition of being poor, needy, lacking ability, inefficient, unfortunate and needing pity or anything the dictionary might say because the affected persons are in dire need of what is to them more important in the whole world. Moreover the world and society looks at them that way and they have all such feelings. Barrenness, having made part of my life, I have learnt much more about it than I wanted to, so do I think my family, relatives and friends have. What Gustavo Gutierrez has described poverty to be, benefits and is also common to barrenness. He says:

“it is the ability to welcome God, an openness to God, a willingness to be used by God, a humility before God. It is opposed to pride, to an attitude of self sufficiency, on the other hand, it is synonymous with faith, with abandonment and trust in the Lord”. (Gustavo Gutierrez, 1971: 169)

Talking about equating barrenness to faith, Devor's understanding qualifies it as well.

She says:

“it is the developmental faith crises in the lives of individuals and couples. It causes intense feelings---anger, pain, guilt, and of self control---and thus have ability to motivate powerful work out of persons, which produce growth and change. It strikes the core issues in individuals and couples”. (Devor Nancy, 1994: 359)

For individuals it includes crises of identity e.g. when I am unable to produce a child, what does it mean to be a woman or a man? What does it mean to be a family? For couples it taps into deep emotional feelings that are most essential in marital dynamics especially on: how to communicate about painful topics?, how to resolve basic differences?, how to cope with family and friends, sexual expressions, financial choices and decision-making in general? It is, in many occasions, the first moment that the couple faces their barrenness that clearly informs them about the reality of their mortality. The couple thus struggles with what is the question of FAITH and ask several questions including:

- How do we cope with events outside of our control?
- Why did this happen to me/us?
- How do we find hope and meaning when what we took for granted---our health, our capacity to have children---fails us?
- How do we understand prayer and what do we pray for?
- How do we view God and where do we find comfort?

When all does not work, it is only by faith that one is humbled to realize that we are not masters of our own fate. It is liberating to infer that faith does not remove the marks of suffering, but it can transform their meaning, and this call to memory that even resurrection does not erase the wounds of crucifixion. Another liberation is found from the internalization, with pride, the fact that humanity is made in the image of God and to accept for oneself the dignity this bestows, is to be freed of the fear that we are defined by our barren marriages. The presence of God hidden in our midst is

one amongst explanations of Jesus' coming to us in weakness, poverty and in persecution. It is these realities that end our endless 'Advents' that we (as couples) find ourselves having to engage in, in waiting for children who are not forthcoming.

3.9 Myths and Misconceptions

There are myths and misconceptions surrounding the issue of barrenness in the life of any couple. These are harboured by our societies and by the very concerned couples, echoing just the fact that, they are branches coming from the same community, custom, tradition and culture. They are unlimited and yield different reactions to the problem by all who are affected. These include:

- ❖ Bearing children is God's highest calling and purpose for all men and women. This kind of myth has filled the present, for barren persons, with enormous pain, which has instantly emptied their future. It has been made worse by churches and preachers who often, consciously or otherwise, preach it as 'bearing children is to complete a family'.
- ❖ Barrenness is a result of witchcraft. This one reminds me of the pressure that comes to the mother who asks 'ba ntiretse bana eng?' (What have they done to my children?). The obvious believe and acceptance of loss to the evil powers of witchcraft mentality, which mentality enslaves the couple and relatives often and ultimately send them into a lot that can be said, that usually does more harm than good, by our (not very reliable) traditional healers. This mentality has shaken even persons considered firm in faith.
- ❖ Barren couples/families are rich. This ideology has proved very ironic to the concerned and prevails in many people so much so that it has made

congregations and societies exploit and increased these individuals and couples' pain instead of helping them. We reject and isolate them and we are captured in a believe, somewhat like---now that they have no children, they have a lot of time and money to offer to be used in all committees in the church or community and will always be available to shoulder even the trivial responsibilities of different kinds because of their loneliness in their homes. I have always seen, read and qualified this as 'rejoicing in one's agony', which is to me worse than even lack of care.

- ❖ Barrenness is caused by psychological problems. This believe has made members of congregations (who tries to help) add to the guilt and self- blame of concerned couples because of unhelpful advices like 'just relax, and it will be OK'. Experience has clarified, to me as well, that it is the other way round. Psychological problems and emotional stress follow from, and DO NOT cause, barrenness. For couples who are bared from a 'normal' living world by this problem and condition, they are pressurized from all angles and see themselves as in private islands, whilst in these uncomfortable islands, they look at the 'other side' with envy and think (even though it is not true):
 - Families with children never get lonely.
 - Their lonely islands represent rejection and failure on their part.
 - Their loneliness can be cured by changing environments (thoughts may follow one another continuously), but

It is crystal clear that all these are simply untrue and whilst talking about loneliness specifically, it (loneliness) knows exactly who to attack and where to find that person, moreover, if the person has reason to be the client. When all is said and done, barren families feel they have a lot to tell the world but the agony of it is---the only way to

do it best is to keep saying it in the names of children--- the very ‘thing’ that led them to the feeling of telling the world. What is child naming, any person can ask?

3.10 Naming Children

There is cardinal importance of bringing the aspect of child naming by the Batswana people when exploring this problem, because amongst a number of what the childless families miss is the opportunity to name their own children. Easy as it might sound, it cause deep-seated feelings of loss owing to the common practice, by the society, of using the first-born child’s name in the home to name the parents who bore that child. Worth closely noting, is the fact that this child we are referring to must be born within that marriage.eg. if Mothusi (father) and Tshegofatso(mother) bears Thato (child), it follows from the birth and naming of the child that, the mother and father will no more be called/known as Mothusi and Tshegofatso but RraThato (father) and MmaThato (mother). It is believed to bring honour and dignity to the said parents and bring them closer together. Yes, it does bring overwhelming feeling of fulfillment and satisfaction to the parents especially in times when that child becomes an asset to the society in some way---and parents here includes grand-parents and even ancestors. This is absent in the life of childless couples.

Naming children also goes with story telling. In other words, Batswana names have a lot of meaning because they tell stories just like many names we know from the Bible:

“Moses because I drew him out of the water” (Exod 2:10)

“Emmanuel meaning God with us”.(Matt. 1:23) and many others.

Batswana people use historical events and state of affairs in their life’s to name their children. By historical state of affairs I include the times of great loss to the family

and clan, victory, sadness, joy, war and everything that form part of their lives. Resultant from this, we (Batswana) can read one's history or part thereof from knowing and calling the names of one's children in the family tree. This saddens the barren families more every day.

CHAPTER 4

TAKING A WALK

with Couples in Therapy.

The reader should now be aware that the problem of barrenness is more widespread than meets the naked eye. It is also logical to note that the few cited and known cases on this subject cannot simply and blindly be the adequate instrument to be used in drawing very general conclusions, there are many, many unknown cases. However, we can use what we know to answer the question as to what is it that the church can do to care for these people. Whatever is collected here must to the least unveil, from our knowledge and mind, the curtains that bar us from remembrance that this problem is possibly as old as human being him/herself, it is one of the very old human abnormality and problem. Pastoral care should now work out a theology of addressing this issue pastorally.

Of cardinal importance, a note must be made about the point of departure of all questions about this problem. They (questions) revolve around the couple's sex life and all biological aspects of barrenness. The resultant reaction the problem is such that it (barrenness) is as a TABOO topic as it is today. One can mention HIV/AIDS as its almost parallel. It, thus, make individuals suffers in silence and for too long. Subsequently, reaction in either assistance or seeking for it has been denied in many ways. The very private discussion by the elderly informed me on how they long to have grandchildren and how they are unable to support the couple. This draws them to, consciously or unconsciously, reject the women involved in such a marriage at certain points, and somehow force man to marry another woman. This necessitated my interview with elderly in the community of Ganyesa, which is Batswana community to check what they did in history about the problem.

4.1 Batswana Traditional Reaction and Therapy to Infertility and Barrenness.

The Batswana people do agree that the problem of barrenness did exist as it, still, exists today. They also agree that the topic was known as it is today, TABOO, because it challenged, not only the couple concerned, but the couple's whole families (both families) i.e. like it truly is, anyone attempting any questioning about the subject, in essence, questions convergent questions about the couple's bedroom life (sexual intercourse) and this, according to the elderly, never end there. It continues up to until the parents to the couple "and that is abusive!" they say. Hence taboo.

Therefore, they would advice the couple to consult with their traditional healers. The healers would commonly prescribe and give herbs to the couple in question. The herbs would be used as the healer directed. Depending on that particular healer, the herbs would either be preceded, accompanied or followed by some rituals. Rituals differed from one healer to another and from clan to clan. In some cases, the man was encouraged to divorce his wife in the event of failure to conceive.

Whatever the case may be, the Batswana never believed that A MAN can be infertile, and this will always be heard from their discussions, especially the fact that they never had any reliable yardstick to use in measuring this aspect. So the healers became (to them) 'reliable', qualifying the saying that '---in the absence of truth, lies can be holy gospel'. The healer was whole-heartedly given the trust.

In cases where rituals already performed failed, a secret advice to the man by elders that he gets another woman to have children with (as in the Sarah episode in the Bible) would follow. The first preference would be given to the same wife's relatives. The aim and reason as to 'why relatives?' was about the LOBOLA which is

associated with children. “We paid lobola to that family and so if the woman we married cannot bear us children, the family should give us someone to do so” This is what is commonly said around this aspect. Living the lobola issues for now, the whole arrangement being done was treated and believed to be done with utmost secrecy and confidence. In some instances, the elders themselves had to do it, i.e. getting the lady from the other family after negotiating it behind the man’s back, and this lady was not viewed as a nyatsi (concubine) and this lady would be given to this man in a way they would plan. Asked why? Mr. Reetsang, an old man, answered, “we are the ones who married (not our boy) that woman and hence, it is important to continue the family tree and leanage”. This emanates from their treasure of the patrilineal relationship of Africans that we mentioned in chapter one between the two women (wife and her sister or relative). “They are one in blood and history, that’s why”, he said. (I realized that when they talk about marrying they mean that time when they negotiated for lobola and marriage of that ‘daughter’ to the family)

Note and notice should be made here that this old African process of negotiating in marrying the younger sister of the wife or any other woman was based on pro-creation. The basis thus is pro-creation and not love (also alluded to in chapter one), which is expected to develop later though there is no importance put on to it.

All the actions answer why there is so much pressure around the couple, and most particularly to the woman, in any marriage when barrenness results. All children born in this way are accepted as ‘legitimate’ children in the family, (the Abram, Hagar and Ishmael story Gen. 16). The concepts and ideologies cited above explains why the Batswana and other Black/African tribes define FAMILY the way they do. Pastoral

care through shepherding method requires the therapist to work with a couple, family, relatives and even community.

There were instances where the above 'remedy' drew blank. It is in those few circumstances that virtually, Batswana came to a suspicion of the man, much against their liking given their belief. If this resulted, they (elders again) would call one of his (man) brothers to have intercourse with his brother's wife (husband) so that conception of a child should result. These arrangements worked out with the same believe that brothers have the same 'chemistry' blood and history, and so the children would resemble the 'father'. The outsiders would not know the taboo question of barrenness, it was a secret kept within the family. To them, the infertile woman and impotent man, they would be protected and 'healed' because; dependent on the secrecy of the whole arrangement, there would be nothing to affirm either infertility or impotency. Batswana call this action and exercise 'go tlhapisa dirope' (the cleansing/washing of thighs). This has been one reason why some countries accept polygamy.

The view of the Batswana and all countries in favor of this kind of marriage is the aspect of it being one of the solutions of barrenness. It has not pricked any questioning given the fact that the African definition of family is embraced---the members belong together by blood in a patrilineal way i.e. if a woman (women) have children with one man, that child belongs to all the family members alike not mattering whether one woman happens to be infertile and hence childless. Put simply, a woman could be childless but not barren. She became a mother to all the children of her husband with other women. It was the way to solution of the said problem In modern times, women have rights and should be respected. Hence Western

Medicine and therapy will be followed. It must be clearer to the reader that the Traditional Batswana people did not regard women to hold any authority (second-class citizenship). All the stories brings to life the Hagar situation were she had no rights even to her body, she could not be allowed to be angry, hence, she was chased away by Sarah. In all instances, woman, had to give herself in without putting her choice or discretion primary.

I, however, have to hasten to explain that everything was not taken to be forceful and oppressive because 'experts' in culture, then, and 'excellent' negotiators handled it, as they were seen. This was so because there had to be discussions to convince somebody---man and/or woman. They (the two) were usually convinced through using all cultural biases and superstitions, only in the event of failure which as they judged as suggesting resistance, they were coerced into action.

I think, for pastors, this presents, one way or another, the context at which couple often find themselves giving-in into the temptation of immorality arranged by heads of the families or extra-marital relationship-- (bonyatsi) or part thereof.

Barrenness as a result of infertility defined by Stammer, Wischmann and Verrez as:

“the inability to conceive after twelve months of unprotected sex”(Stammer et al, 2002:111).

For couples, men and women, of Batswana today, especially women, to evade all unbearable forces, rituals and conspiracies, they find themselves consciously or otherwise marrying and devoting their first few months to testing and experimentation about infertility. They silently observe any reasonable suspicion on their side i.e.

whether they conceive or not and now a days, they divert to extra-marital affairs very early in exercise of their autonomy. They say they do it following logic:

- ❖ They cannot be against it if it finally comes because it affects family, relatives as well as the tribe.
- ❖ They are also capable of keeping secrets within the family and if through such movements the child comes, they cling to the common Setswana saying “ngwana ke wa lelapa” the child belongs to the home.
- ❖ Women also feel they harbour equal responsibility of bringing children in the home, so to say, it is another way in which they challenge their second class citizenship mentality, and for
- ❖ Men, allowing another man for the sake of pro-creation, they feel challenged by the problem early and thus want to counter-act early, something culturally acceptable/normal on their side.

Many women who conceived children with different men from their husbands, held that as their ‘dark’ secretive truth for life. This became the cradle for the common saying “ngwana o itsiwe mereto ke mmagwe” (it is the mother who knows the child’s names/praise-names). I feel, much as the whole practice has some degree of acceptance throughout a number of our black groups, it does heal here and there but it has turned out to be very ignorant in the face of the scourge of HIV/AIDS, which is the cry of the whole world today. The present views which come from intrinsic will to redress the cultural biases by societies render all these traditional methods somehow abusive of human dignity, moreover, the fact that contexts in which they are practiced differ greatly and the proximity in which human beings live today violates expertise by which the methods are used. Serious questions are spontaneously coming up as to

where is the Church in these times and what is its function there? Is there anything the Church can do in the acute times people find themselves often?

4.2 ANYTHING THE CHURCH CAN DO?

The Church **MUST** care for the people by way of Pastoral care.

The crucial role of the church, I feel, is to help the affected couples move beyond an experience of barrenness and find meaning and purpose in new life blessed and filled with God's grace. It must be borne in mind, by anybody commencing any action in dealing with barrenness, that one is dealing with a problem that disconnects the affected with the future, because children are quite often viewed as a 'link with the future', however, the event of barrenness may be a 'developmental faith crisis' in the lives of individuals and couples, as seen by Nancy Gieseler Devor, and pricks on various feelings already alluded to in chapter 1. But one of the surest and most simple ways to be helpful is simple awareness of such couples facing the problem every day as a reality. By being aware, the church must reach out more and bring new awareness every time and to every 'special day' that comes in a year. I think a number of advocacies and petitions can be brought to Mothers' days, Women's days, Christmas days and other such days. Such awareness will easily unlock doors of communications between and amongst members of congregations about this subject.

Support in all phases, is one thing that the entire Church has to put top of their priorities about this problem especially taking the level of ignorance on the side of the many families of Africa which are drowned in their believes about women in any event of a barren marriage. The worth of women should be one of the important

aspects in all the church teachings moreover, in those lessons about marriage and the pre-marital counseling sessions to those who want to marry.

Any minister must be conscious of the uniqueness of his/her position and responsibility to help barren couples face all crisis manifesting themselves as psycho-social effects talked about already in chapter 1... communication, conflict resolution, decision making, sexuality, finances and dealing with family and friends about the issues of barrenness.

The interaction with childless couples somehow will acquaint anyone with the kind and level of faith of the said couple in whatever they do. Quite often, they would narrate stories of mysterious births that we know about, uncountable number of examples will be cited in our immediate and practical living world which range from:

- ✓ Those couples who tried and tried and never succeeded in conceiving
- ✓ Those who conceived but still miscarried a number of times
- ✓ Those who only had symptoms of conception after hard labour and was disproved after a short time
- ✓ Those who laboured and ended with success after a long time, and other stories.

But all the couples, whether their infertility ends with birth or compulsive barrenness, the experience leaves scars which need to be worked through i.e. a subsequent birth does not take away the pain of infertility or its consequences completely, which consequences becomes an individual process for any couple. The pastor must listen and assist the couple in naming and mourning their loses and moving on.

Gerkin confirms this by saying:

“Good pastoral care is not simply talk about the gospel or some general statement of its applicability to people’s lives. Rather, good pastoral care embodies the gospel in relationships by speaking to the inner being of individuals. Good pastors seek to relate to persons in ways that make possible what the theologian H. Richard Niebuhr call “moments of revelation”. What is communicated in the relationship makes a connection with the internal history of the person in a new and potentially transforming way.”(Gerkin C.V, 1997: 88).

This is what he (Gerkin) calls the pastoral listening to the inner life of individuals.

After naming it, I remained in total agreement with Nancy Devor that:

“A liturgy can be developed in a way to symbolize letting go and moving on”(Devor, 1994: 4).

This is a way the Church can assimilate the affected and together they can be one.

They will cry and laugh together, name the new life that will become possible, form new dreams and hopes. With all concerned with adequate crisp of the problem and what it entails, the collective ability surfaces that enable the couple to offer all to God.

The Church has to also be careful of its preaching in periods of the year and in our lives like the Advent period. This kind of reproductive loss to the people experiencing it is, like endless Advent because, Liturgically and Theologically, Advent is a time of waiting. Mary Stimming remembers one such insensitivity and the questions, which came in her mind. She says:

“A few years ago, my husband and I were dismayed to read in our parish bulletin that a special blessing would be offered to pregnant women at all masses on the third Sunday of the Advent. We didn’t object to the offer of a special blessing, but why only for pregnant women? Why not for all expectant mothers---including those waiting to adopt? Above all, we object to the implied message of this liturgical innovation: that Christmas is about a baby. It is not. It is about “Emmanuel,” God with us.” Infertile and grieving parents-to-have-been need to hear this gospel, this GOOD NEWS. We need to know that God is present with us in our suffering---that God is “Emmanuel,” “God with us,” not against us, while we endure our personal Advent.” (Stimming Mary, 2000: 1273)

Karen B. Westerfield Tucker also picks on one such example used by preachers and not helping the said persons. She says:

“although childbearing is significant in Israel’s understanding of covenant continuity and messianic hope, to cite the biblical stories as proof that prayer necessarily conquers infertility and insufficient faith is a cause of childlessness is to misunderstand the purpose of the narratives in the broader scheme of salvation history. A verse taken from the New Testament, classically seen as a continuation of the Old Testament position, is sometimes found in liturgical texts to reinforce the centrality ---- and even the spiritual necessity ----of fertility for women. Thus a prayer for the blessing of the girl alone in the marriage texts of the eleventh century Visigothic concludes with a phrase derived from 1 Tim. 2:15: “And let her work out her salvation in the bearing of faithful children” John Chrysostom, in his sermon on the same verse was compelled to ask in interpretation--- what would be the case, with virgins, with the barren, with widows who have lots their husbands, before they had children? Yet even in its ‘classical’ reading, it is important to recognize that the content of this verse from a doubtfully Pauline letter stands counter to the dominant perspective on childbearing that is found in the New Testament and particularly in the recognized Pauline corpus. (Karen B. Westerfield Tucker, 1992: 498).

The Church must employ everything that is at its disposal to be the best support group, let me use the UCCSA as an example of the church.

4.3 THE UCCSA AS AN INSTANCE

The minister in the congregational church must use the mission council in partnership. As the minister provides, as the first step, a safe office to discuss difficult topics, like barrenness, a fair introspection by the entire church would be made, which will inform the church about the expertise they have on this aspect. The mission council must then go out and arm the church with the needs by way of attracting professionals who will lead and guide everyone who happen to handle this problem.

There are tricky facts that need to be mentioned. These include:

- There is obvious silence from the male side

- There is acute wrestling by couples with customs/culture and Christian doctrines.
- Patriarchy on the society is evident and lead to patriarchal views in solving the issue of barrenness.
- There is subsequent self-blame by female partners and all feelings (negative) ultimately breaking hearts of one partner.
- There is also hopelessness and is accompanied by a lot of barriers in the minds which resultantly conceal commendable truth in any kind of communication that can be facilitated. Some couples die with the secret.

Pastoral care in this area needs to take into consideration the issue of culture, the secrecy and process of rituals involved. Today women are raising questions of morality, ethics and vows of marriage. The therapists also need to deal with the issue of pressure from the family of the man. Stammer, Wischmann and Verres, as in Hammer, Burns and Covington, 1999, has over the years demonstrated that:

“contrary to previous scientific assumptions, childless couples cannot be assigned to any psycho pathologically defined class. At the same time there is increasing need for qualified psychological support because improved medical treatment possibilities of solving the problem encourage the, sometimes, unrealistic hope of ultimately having a biological child.” (Stammer et al., 2002: 112)

It should be realistic that in addition, the medical treatment is frequently very time-consuming and also very expensive, thereby unaffordable to many couples. It sometimes represents, an unforeseen source of stress for the majority of couples undergoing it.

4.4 THEORETICAL FOUNDATIONS

The Church must work within theoretical foundations that the Church sets to help them focus on to its mission of caring to the affected and not causing more pain to them. These foundations should include:

- ✓ Strengthening the ability to cope with the given state of childlessness, independently of the likelihood of somatic measures being successful.
- ✓ Reducing potential (couple) conflicts about handling treatment.
- ✓ Improving communication with one another and with the doctors.
- ✓ Encouraging acceptance of the fact that the physical disorder involved may not be susceptible to medical therapy and
- ✓ Providing support in managing any challenges that may be necessary in life style and plans for the future.

The overall objective, here, will be to achieve a general reduction of stress, the secondary effects of which may also have positive impact on the medical side of therapy. Therapy in the area of shepherding has to concentrate on the issue of stress, especially around the women.

- She has to confine to another man for the sake of pro-creation
- It is the woman not the man to undergo rituals.
- She is also forced to keep secrecy.

There has got to be a facilitation of a more rational approach to decision about medical treatment and to improve the general prospects of success by enhancing the quality and depth of the information available to the counselee. The believe is that, within this overall objective, major individual concerns are to alleviate any sexual disorders that may be involved and, in the long-term, to increase life satisfaction by putting into perspective the unfulfilled desire for a child and giving greater prominence to alternate plans for the future. Shepherding process is a most important process of therapy.

In view of all this as acceptable foundations, a promising holistic approach and satisfactory knowledge of the field of counseling, the minister/counselor would work on:

- ✓ Building a working alliance and rapport between him/her and the client
- ✓ Defining the problem and in some instances, the goal clearly

Stammer et al developed the following strategy for couple therapy:

- ❖ Making hopes and complaints explicit
- ❖ Pinpointing differences between the partners and giving the positive connotation
- ❖ Normalizing crises and negative effects
- ❖ Making sure that psychotherapy is not misused as an additional source of moral pressure
- ❖ Externalizing barrenness
- ❖ Talking about the couple's present sexual relationship
- ❖ Allowing sorrow
- ❖ Making couples aware of their resources
- ❖ Exposing the prospects for a future without children.

(Stammer et al, 2002:117-121)

The above process will help in dealing with the issue of barrenness. Towards the end of dealing with the couple, termination must be worked with them in a careful way.

The other area, which the minister/therapist can work with the couples, is adoption.

4.5 CHILD ADOPTION

As part of the out reach programmers by the church through its mission council the church can link with institutions on child care and through all its members alike, provide a haven for those children---the homeless and parentless. The church can then work to satisfy the requirements by such institutions, so as to host these children even if it is for holidays only. The concreteness of the needs in both sides will surface and the paradox of ---so many childless homes yet so many homeless children will also become clearer. This paradox will naturally be bridged easily because mutual bonds

will occur amongst homes and children. It comes also as part of the liturgy that the therapist has to bring in his/her teachings in the church. Adoption replaces procreation as the principal means by which the faithful are 'made'---'born, not of blood or the will of the flesh or of the will of man, but of God' (Joh. 1:12-13, NRSV). The spiritual inheritance is received by being children of God, not by parenthood, by being heirs, not progenitors (Rom.8: 14-17, Gal. 4-7, Eph. 1:5) By adoption into the family of God, new kinship relationship are formed as brothers and sisters are created without genetic ties: "Whoever does the will of God is my brother and sister and mother"(Mark 3:35, Matt. 12:50, Luk.8: 21)

This is one area that the therapist has to work with modern couples like the three couples we have in chapter 2. I perceive it as the best compromise, from any view, and it does not embrace a lot of biases given the cultural 'remedies' of the problem of barrenness. The pandemic of AIDS is another issue that we must deal with, with the couple and the issue of faith and all theological issues. The far greater percentage of what would be lost by childless couples can be brought back by adoption because it will:

- ✓ Give them the opportunity to be parents and exercise their parenting responsibilities and
- ✓ Give them, subsequently, power and position themselves such as to carry their sadness that so far had been carrying them conspicuously.

There is tremendous healing that can be brought by adoption and I think to the therapist and any congregation exercising care, this will be a way of anchoring the couple in safe harbours given the inevitable 'storms' of the 21st century. It will be one of the ways of dying to our own selves and in that death, carry forward the service of the broader mission of the church in this world.

4.6 Revisiting the Rusten's

The conditions under which to offer the counseling must be structured well taking important note of the fact that helping any person who is living in a family carries with it, at least implicitly, the question, what are assumptions about marriage and family that influence the way care is offered? The Rusten's situation prescribes for itself a number of sessions more than various other situations owing to the fact that, Brian in particular shows how he has dissociated himself from the problem in his own marriage, something that has hooks on the culture he happens to come from. The therapist must relate directly to the whole system under stress, and the presence of the whole does not qualify sight of everyone together each time. Brian's distance from the barrenness in his marriage as per what Eva brings out under non-verbal communication, shows that the marriage relationship is on the brink of subversion if not already subverted, and the pastoral counselor must not be misled into reducing his/her pastoral care to becoming a substitute. John Patton puts it more pointedly by saying:

“The Pastor who fails to take a marital system seriously enough to make every effort to have both spouses involved in the counseling may naively be providing an emotional affair for the spouse who is involved. He/she is contributing to the counselee's disloyalty to the marital system in a way that is ultimately destructive”. (John Patton, 1984: 112)

But the situation and context of the Rusten's is that Brian is just not caring and find no use to come for therapy. However, much as it might be not in line with counseling etiquette, the church through the mission council must be journeying with Eva whilst doing everything to win Brian into the problem. One contextual consideration to be made here is that the direct care to be done on this situation should be done by a

woman lest a new problem be created when Brian out of defense mechanism say Eva and the church betrayed him and rendered him useless.

A number of areas need to be explored with this couple like:

- ❑ Why is that only Eva got medically tested?
- ❑ Why is the name Brian not appearing in persons comforting Eva?
- ❑ What is Brian's feeling about everything that needs be dealt with?
- ❑ The area of in-laws in Eva has a lot say about this problem given the specifications of 'the negative' remarks.
- ❑ No preparation what so ever was done by the medical field for the kind of treatment---this is also very evident.

The church must look closer in these people's lives and identify persons who have meaning to both of them and utilize them to come to Brian and subsequently ventilate this whole story and follow the normal counseling. This will build a working alliance and the needed rapport. As the problem will now be clarified by definition, the shepherding will then commence. Let us re-visit the other two couples together.

4.7 The Goodwood and Phatsima Stories together.

The handling of these two stories together should not suggest any commonality in the stories but the preparedness of the couples to share. It is also out of discovery that the rejection and distance barren couples happen to experience makes them even more remote from the possible assistance. The occasional bringing them together rings to them an idea of realization that they are not alone as they thought all the time. But all in all they are couples who are at this stage ready for help by the church and it is gesture they, even, sounded in they stories. Their stories are genuine though there is in

the Phatsimas a contrary that is like the Rustens above---only Dinkwetse (woman) got medically tested. It is said and believed that this is the competency of medical doctors and thus becoming difficult here and there to go anyway against medical etiquette to question some things but the bottom line requirement is they both have to be taken through counseling in intervention and the shepherding process of therapy. The normal presence and the application of the strategies against stern theoretical foundations alluded to above will seal the process. Much as the therapist(s) should have and know what they should do at and given time, they must respond appropriately to the need in the situation is until they all come to the a careful termination of everything they would have done.

CHAPTER 5

What I have learned from the research and Conclusion

5.1 CONCLUSION

Marriage is a relationship like family and even the entire society, but marriage is a unique relationship and should be appreciated in its uniqueness. Whilst marriage forms a part or stage in life, life is a network of interrelationships, relationships with different species of life and objects. It is these relationships that form a paradox because some of them are harmful when some are useful and liked. In the pain that barrenness cause it is important to heal the relationships in order to heal the marriage.

We live in a society that promotes powerful lies about marriage, many misunderstandings, myths and fairy tales that have become so deeply entrenched in our minds that we are rarely able to approach marriage with reasonable expectations. Almost everyone seems to assume---and wants you to believe--- that if relationship is not successful, it's your fault. Your individual psychological problems are the cause and you should be able to fix the situation. The truth is the opposite. Much of the ruins marriage is not initially caused by personal emotional problems but by powerful forces outside of us that profoundly alter our interactions with our spouse.

Longer life spans, increased standards of living, women's increased economic independence, belief in the right to personal freedom and happiness and the social acceptability of divorce have changed the very meaning of marriage and the marital relationship. Today the only cohesive force holding marriages together is the relationship between the spouses. This must be treasured and protected by the church.

5.1.1 MYTHS DISCOVERED FROM DEALING WITH FAMILIES

There are these myths that tear couples apart:

- ✓ **All you need is love.** The reality is that marital bliss is a myth. Unconditional love, necessary for babies and small children, doesn't---and shouldn't ---exist between partners. People who rely on the absolute power of romance to maintain their relationships are usually unprepared for serious interpersonal problems that eventually emerge in most modern marriages. Modern marriage requires much more than love. It requires a new awareness of the effects of life's complexities on couple hood and the development of interpersonal skills that were never needed or taught to us by our forebears. If you want a loving relationship, the best chance you have is to be practical and explain what, in real life, makes you feel loved, while you also, clearly and forthrightly, set the limits of your tolerance. This myth also shows that marriage can be sacrificed on the altar of work because the spouse will be willing to pit up with it.
- ✓ **People don't really change.** Many people today believe that deep down, that nothing in a marriage can change unless both partners change. These incorrect and pessimistic beliefs sabotage efforts to improve marriage. This is one of the unproductive ways of trying to change people's relationships by other people with little or no understanding of the psychology of couples. First, try changing yourself. Recognize that changing ---giving more or giving something different to your spouse--- doesn't make you a fool or a victim, it only means you have guts to try to make things better.
- ✓ **Children solidify a marriage.** Children are an enormous threat to your marriage sometimes. It is very difficult to admit that the children we love so much can drive a wedge into your life as a couple, especially if one of

the reasons you got married was to have a family. However, the reality is that in a world where married partners already work too hard and don't spend time with each other, the addition of children usually eats up the physical and emotional energy partners have for each other.

- ✓ **Egalitarian marriage is easier than traditional marriage.** In the egalitarian model of marriage, the expectation is that while not every chore will be 50-50, family responsibilities should be divided fairly and decision-making power will be shared. Equality is wonderful in theory, in reality; spouses in trouble often are conflicted over gender-role expectations and responsibilities. More traditional family role models are always competing in our heads with contemporary choices. Confusion over which paradigm to follow, unfulfilled expectations, the mutual feeling of insufficient appreciation and the unresolved resentment this fosters between spouses is killing many marriages.
- ✓ **When you get married, you create your own family legacy.**

You may live far from your family of origin, but its grip on you is tighter than ever. When we become husbands, wives and parents, the models we saw and leftover conflicts we experienced within our families of origin emerge from our intimate relationships. It's especially shocking to find that your family seriously influences you when you have consciously chosen to behave differently than they do.

It is very important to develop the best possible relationship with one's parents because it is often the key to strengthening a marriage even if it is in the face of barrenness.

- ✓ **My spouse just doesn't know how to listen.**

The reality is that most of us talk ourselves to death, but we actually communicate very poorly. We live in an era that encourages us to be open about our feelings. Very few of us know how to speak or listen effectively. The truth is that brutal honesty often encourages brutality more than honesty. Too often, spouses use their version of the truth to bludgeon their partners into submission. Marital communication is much more than honest speech communicated privately, openly and intimately.

✓ **Lovers have great sex all the time**

The sight sex in media has saturated life with many images which images are brought to various bedrooms especially during frustrations and dissatisfactions caused by many aspects of life. Barrenness is not exceptional. The two (couple) are thus never alone in bed and can't measure up in the midst of a thought that there's some one else out there who's more attractive or more fertile. It brings feelings that of losing out.

All these are just but myths. But barrenness has definite psycho-social effects and the church can journey with the affected and ease these effects on individuals and their emotional functioning, emotional reactions and marital relationships. The line in which the church care for these marriages has a second function of even caring for the homeless children through adoption BUT the second area emerge where there are questions about the legitimacy/illegitimacy of children. The societal vision and image about children and everybody born out of a marriage relationship that has caused divisions in our society. It has surfaced again and again during times of quarrels over

chieftaincy, which is African leadership. The despise on such people is such that they can/cannot make leaders in African context. This, I think, as well needs competent research as to why such a healing kind of approach can be so prejudiced to other people and can cause such harm to their future. This makes me draw back from my African roots and sound a common saying ‘THOBO E NTSI E TLHOKA BAROBI’ (The harvest is huge and calling for more harvesters).

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