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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 if 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 21<sup>st</sup> 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 mislead 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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