

**Infertility a Female Problem?**  
**Engaging with Narrative Theory and Biblical Narratives**  
**in Pastoral Counselling for Infertile Couples**

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## **DECLARATION**

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: .....

## Abstract

The aim of this study to present the problem that there is a large faith community, especially ministers and counsellors, who are not sensitive to the matter of infertility. By employing a feminist and gender lens, I also wish to point out that male infertility is an often taboo topic. Nevertheless, couples come to ministers and counsellors for counselling. By conducting this research, I want to explore possible ways that ministers and pastoral counsellors can help to deconstruct the dominant stories regarding infertility, which are loaded with stigma. By employing the narrative approach, the counsellor and the counselees can construct a new preferred reality and make new meanings out of the crisis of infertility. Secondly, I argue that by being informed about the crisis of infertility, the counsellor will be better equipped to engage with empathy in a pastoral counselling journey with the couple. It is important that couples discover safe spaces to share their infertility story. The pastoral counsellor or minister should be one of those safe spaces and not contribute to the dominant problem story. By following the narrative approach and by sharing a self-narrative of infertility, I wish to paint the background of why a study such as this is important.

The study offers an in-depth investigation to find biblical narratives that could be used by pastoral counsellors. The Bible stories that were chosen for this aim are mainly the stories of Ruth, Judah and Tamar. Other biblical and extra-biblical stories are also investigated as sub-narratives. However, this endeavour points to the fact that these are narratives that only illustrate implied male infertility. There are no biblical narratives regarding male infertility due to the stigma that has enveloped infertility from the earliest times.

The researcher also unpacks male infertility and how it affects male identity, in other words, masculinity. The link between virility and fertility is explored in an attempt to better understand to what extent infertility causes a crisis for males and for the couple. By understanding this link, we are better equipped to understand that two individuals are affected by this crisis, but they are also affected as partners in the marital unit. The narrative counselling process allows the couple to create new meaning around the crisis and allows them to build preferred realities of what other goals they have for their marriage. It is also

critically important that ministers, pastors and members of congregations begin to realise that they have the responsibility and privilege to form a support structure around this couple.

### **Opsomming**

Die doel van hierdie studie is om die probleem voor te hou dat daar in die groter geloofsgemeenskap, onder predikante en beraders, 'n onsensitieweit teenoor infertiliteit bestaan. Deur 'n feministiese- en genderlens toe te pas wys ek uit dat manlike infertiliteit nog meer 'n taboe onderwerp is. Tog is daar baie paartjies wat die berader of predikant raadpleeg vir berading in hierdie krisistyd. Deur hierdie navorsingstesis wil ek graag 'n manier ondersoek hoe die narratiewe benadering ons kan help om die dominante stories rondom infertiliteit te dekonstrueer.

Narratiewe teorie stel die berader en kliënte in staat om 'n nuwe gekose realiteit te konstrueer en nuwe betekenis toe te ken vanuit die krisis van infertiliteit. Tweedens poog ek om uit te wys dat indien die berader meer ingelig is oor die krisis wat infertiliteit veroorsaak, meer empatie in die pastorale beradingsreis ontgin kan word wat die paartjie in staat sal stel om gehoor te voel in hierdie krisistyd. Die pastorale berader of predikant moet 'n veilige ruimte vir paartjies wees en juis nie bydra tot die dominante narratief nie. Deur die narratiewe benadering te volg en deur my eie self-narratief te deel oor infertiliteit probeer ek die agtergrond skilder van hoekom 'n studie soos hierdie een juis nodig is.

Die studie bied 'n in-diepte ondersoek na die Bybelse verhale wat moontlik deur pastorale beraders aangewend kan word. Die Bybelverhale wat gekies is vir hierdie doel is hoofsaaklik die storie van Rut asook dié van Juda en Tamar. Ander Bybelse verhale en verhale buite die Bybel word ook ondersoek as sub-narratiewe. Hierdie ondersoek wys egter daarop dat hierdie verhale slegs op veronderstelde infertiliteit wys. Daar is geen Bybelse narratiewe oor manlike infertiliteit nie. Dit is hoofsaaklik vanweë die stigma wat daar van die vroegste tye af bestaan oor infertiliteit en veral manlike infertiliteit.

Die navorser bekyk dan in 'n poging tot 'n beter verstaan manlike infertiliteit soos dit vandag verstaan word en ondersoek die impak wat manlike infertiliteit op 'n man se verstaan van sy manlike identiteit het. Die verhouding tussen viriliteit en fertiliteit word ondersoek in 'n poging om beter te verstaan tot watter mate infertiliteit 'n krisis veroorsaak vir die man en

vir die paartjie. Deur hierdie verhouding beter te verstaan, word die pastorale berader beter toegerus om te verstaan dat dit nie bloot 'n individu is wat geraak word deur infertiliteit nie, maar dat die paartjie in hul huwelikseenheid daardeur geraak word.

Die narratiewe benadering tot berading laat die paartjie toe om nuwe betekenis te skep vanuit die krisis en stel hulle in staat om ander doelwitte of redes te ondersoek vir hul huwelik. Dit is ook van kardinale belang dat predikante, pastors, pastorale beraders en gemeentelede tot die besef kom dat hulle deel vorm van die ondersteuningsnetwerk rondom die paartjie en dat hulle 'n verantwoordelikheid het om met groter sensitiwiteit om te gaan met paartjies wat deur die krisis van infertiliteit geraak word.

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## **Dedications**

This study is done to inspire all the couples who struggle with infertility and have no safe space to share their infertility story. I dedicate my prayer to God that through this humbling exercise of writing this thesis, we are called to be agents of change in our marriages, families and congregations. May we break the silence and the stigma and discover God as present in our journey through and with infertility.

In memory of my late father, Reynier Johannes Visagie. † 27-10-2017.

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**Lists of abbreviations:**

AI	Artificial Insemination
IVF	In Vitro Fertilisation
WHO	World Health Organisation

## CHAPTER 1

### INTRODUCTION

#### 1.1. Background and motivation

##### 1.1.1. What infertility means

According to the World Health Organization (WHO, 2018), one out of four heterosexual couples in developing countries are affected by infertility. Research by the WHO shows that infertility and sub-category fertility leaves a large number of people in distress. This organisation has calculated that more than 10% of women suffer from infertility – “women who have tried unsuccessfully and have remained in a stable relationship for five years or more”. According to the WHO, the burden in men is unknown. Healthcare concerned with the reproduction of human bodies, either male or female, is called reproductive healthcare. In reproductive healthcare and the considerable body of sociological and anthropological work on reproduction there are questions being asked about the fact that most of the research studies have focused on understanding the experiences of female infertility rather than those of men (Culley, Hudson & Lohan, 2013: 225).

Nobody can be sure of their ability to procreate until the mother has given birth. An individual is classified as “infertile” when they are trying to have children, without success, and have consequently consulted with a medical practitioner concerning their procreative abilities. The WHO defines infertility as “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (2009, WHO-International Committee for Monitoring Assisted Reproductive Technologies (ICMART)).

The WHO (WHO, 2018), further classify their definition of infertility with the following distinctions:

- 1) A demographic classification of infertility: The incapacity of a woman aged 15-49 years to achieve pregnancy and continue in pregnancy up until the birth of the baby.
- 2) An “epidemiological description of infertility”: Women within the age where procreation is biologically possible (the above-mentioned age), who is not using contraceptives, who

are not breastfeeding, and who are having sex with their partners on a regular basis but still testify that they are not getting pregnant in a time frame of two years.

The WHO categorises infertility as a health problem, and they state further that infertility, especially in women, is categorised as the fifth uppermost “global disability” (WHO, 2018). I will later unpack the words “infertility as a disability”. Other research has successfully shown that infertility is affecting males and females equally: 35% men, 35% women (Culley et al., 2013; Daniluk & Webb, 1999:6). The WHO, however, fails to mention of the probability of male infertility in their definition of primary or secondary infertility.

Other statistics paint a more hopeful picture. According to Gieseler-Devor (Gieseler-Devor, 1994:355), 20% of childless couples are incapable of getting pregnant due to complications in both spouses. In 10% of the couples, infertility is “unexplained”, meaning that no medical reasons can be found for the problem. Globally, five million children have been born with the help of medical intervention, namely in vitro fertilisation and other medical interventions.

### **1.1.2. What does infertility do?**

Infertility can lead to stigma. Therefore I want to go further than the WHO’s definition of infertility and say it also creates a social problem. When people interpret infertility and consequently ostracise people and treat them differently or do not create a welcoming space for people with this problem, it leads to a social problem with far-reaching effects. Moss and Baden remark that this draws our attention to the fact that infertility is more than just a medical condition but should also further be explored from the vantage point of culture, religion, age, biology and gender (Moss & Baden, 2015:4).

For both men and women, infertility can mean health, social, economic and spiritual “problems”. I have put “problems” in quotation mark, because through this thesis I want to unpack the different layers of this particular issue concerning to what extent couples or individuals face turmoil and various crises. From here on, I will use the term problem-saturatedness to talk about the complexity of infertility. Infertility is generally theorised, like reproduction more commonly, as a female problem. However, Culley, Hudson and Lohan state that the natural reality, of course, is that in a considerable percentage of couples, male problems are the single or contributing influence to

infertility (Culley et al., referencing National Collaborating Centre for Women's and Children's Health, 2012; Skakkebaek et al., 1994).

Perhaps unfairly, it is women who are the most stigmatised because of infertility, but it is also a serious problem for men (Vähäkangas, 2009:1). Through my research, I came to the conclusion that studies about infertility have likely been more dedicated to the understandings and considerations of women than those of men. Keylor and Apfel found in their studies that in the archives of the seven principal psychoanalytic academic journals from 1927 to 2000, there is not even one article focusing on male infertility.

### **1.1.3. Where does infertility fit in?**

My study fits into the category of Gender, Health and Theology because of the intersectional approach to infertility. Female infertility in the Bible is well documented. There are various narratives in the very beginning (genesis) of the Bible. Male infertility, though, is a silent matter in the Bible and remains so to this day. Yet it is evidently a problem. Infertility is thus not a “female problem” as portrayed in our modern world and the ancient biblical world. Believers often look to the Bible for concrete hope when facing difficult challenges in life, and the biblical text provides various narratives on infertility. It is not, however, always applicable to our modern context (Moss & Baden, 2015).

To say that infertility is a disability is already quite a loaded statement. It signifies the physical inability to conceive babies. However, as Moss and Baden reflect on infertility as a disability, “this inability, and the lived experience that stems from it, is less easily defined than it might initially appear” (Moss & Baden, 2015:2). The lived experience of an infertile person, and the couple, is often overseen in society.

Moss and Baden unpack the fundamental principles of critical disability theory in a unique way that I have not come across in any of my other readings. To say that infertility is a disability asks that we should consider the cultural ideas and investigate the social context from which we make these “diagnoses” that we use to understand the physical, cognitive and emotional differences that exist and how we ‘story’ them in different ways. The moment there are distinctions made between

what is ‘ability’ and what is ‘disability’ or ‘inability’, we are starting to label more than just a health verdict. They argue that then we are keeping track of political, religious, sexual and legal factors (to name a few) that are associated with the social and environmental situation in which these differences present themselves (Moss& Baden, 2015:5).

If we accept that infertility is indeed a disability, we would have to further agree that it is an “invisible disability” that individuals face, as Moss and Baden point out. The far-reaching effects of naming and labelling infertility as a disability have contributed to other varying reasons, including social, economic and religious reasons, that only half of suffering infertile individuals have sought medical or counselling services.

This way of thinking about disability is also alternatively explained as the “cultural model” of disability. This particular way of thinking about disability had a substantial impact on the subfield of critical disability studies in biblical scholarship (Moss & Baden, 2015:5, 239).

Paradoxically to the World Health Organisation’s definition of infertility as a disability, it also acknowledges on its website that the invention of human IVF was established by Robert Edwards. He received a Nobel Prize for his contribution to addressing this crisis for many couples. I am extremely grateful for his invention, which allowed many couples to conceive. More than five million babies have been born due to this ground breaking scientific research, thus allowing millions of parents the privilege of not being damned by a medical diagnosis of infertility.

It is true that infertile women experience even higher rates of alienation in social situations where society places a higher value on reproduction and fertility (Dykstra & Hagestad , 2007: 1278; Moss & Baden, 2015:6). The assumptions made about childless women (and Dykstra & Hagestad adds ‘men’) is that it was by choice and they are often labelled as selfish, bitter, “un-maternal”, career-driven, pleasure-seeking, self-indulgent, and lacking a sense of responsibility (Dykstra & Hagestad, 2007:1284). Most commonly, the same labels are not given to men who are childless. It is often assumed that it is due to the career-driven wife’s choice that the “poor man” is left childless, or when infertility is suspected, it would be accepted that the wife, once again, is the infertile one (Moss & Baden, 2015:8). Dykstra remarks in his study on childlessness that the



childless couples are perceived not only by the social community, but also throughout the academic research field, as problem cases or as deviating from the norm (Dykstra & Hagestad, 2007:1284).

Cooper-Hilbert points out that the impact of gender in dealing with infertility issues is that gender often serves to magnify the pain and confusion experienced by both partners (Cooper-Hilbert, 1998:64). It is even further complicated by the fact that husbands and wives experience infertility differently. Although infertility can be a ‘common’ experience of both partners, where both male factor and female factor infertility is evident, it is not to say that infertility can be treated like every other illness, because the experience for each partner is different due to the quintessence of maleness and femaleness (Cooper-Hilbert, 1998:65; Webb & Daniluk, 1999:9).

Not only in the ancient world but also in our modern times, there was and is not much conversation about male infertility. Culley et al. take into consideration that because infertility is predominantly seen to be a “female problem” residing and operationalised in female bodies, the desires, experiences and concerns of men are silenced and stigmatised (Culley et al., 2013:226). With exposure to the core module of the MTh Gender and Health, I became more aware of and moved by the silence of men in their experience of infertility. On the other hand, we are extremely aware of the fact that women struggle immensely when infertility is diagnosed. It is almost expected that a woman should ‘struggle’ with this news.

When I am doing narrative counselling with a couple, I have two conversation partners, namely the man and the wife. It is possible that male infertility or female infertility or both might be the cause of their struggle. Therefore, through this thesis, I wish to learn more about the experience of both partners facing infertility, in order for me to be empathetically engaged in their journey. As a pastoral narrative theologian, I also need to know which biblical narratives I can employ during our conversation sessions.

There are quite extensive journal papers that quote studies advocating that women experience more suffering than men and say that there are differences when considering sexual characteristics and coping tactics. What interests me is that recent studies with more sophisticated proposals show that men show equal amounts of distress (Culley et al., 2013:227). The absence of support structures

for couples on this painful journey is worrisome. “The crisis of infertility is a heavily psychological crisis where social support is often needed” (Vähäkangas, 2009:14).

Gieseler asserts that infertility causes a crisis in people’s lives on different levels. Quite often, the problems that arise could be defined as a developmental crisis and a crisis of faith. Vergin contributes two other crises that infertile couples face, namely developmental and situational crises (Vergin, 1983:93-94). Moss and Baden add another dimension by explaining the term “childlessness” as intimations of loss and bereavement.

## **1.2. Literature review**

One can only question this evident paradox because the probability of male factor infertility has not been denied for many centuries (Keylor & Apfel, 2010: 61). In recent years (2000 to 2018), more research has been done in the medical and psychological academic terrains about male infertility. In theology, however, it is still a silent matter.

At the time of this research, in the theology section of the University of Stellenbosch library, there were only three books about couples struggling with infertility, and not a single book on how we pastor and counsel the males in our congregations struggling with male infertility. At the University of Pretoria, there was a dissertation done by Ilse Gravett. It is promising to see, however, that more recent journal articles have been published in the field of practical theology and psychology about counselling individuals (males and females) as well as couples. Still, I cannot help but wonder why this matter is still absent in our daily conversations, from our pulpits and in our training at theology campuses.

Culley et al. argue for research that goes beyond a somewhat pathologising focus on measuring gender differences in stress, anxiety and depression among women and men about infertility and suggest a need to explore more comprehensive and profound considerations of how both men and women understand and experience and eventually live with their infertility status. Culley et al. further ask of the academic field on infertility studies that special consideration should be given to how men evaluate the medical, psychological and pastoral counselling that they receive from professionals (Culley et al., 2013:226).

Because society does not allow men to voice their emotions or “[claim] ownership of their role in reproduction, some men may be out of touch or secretive about infertility and their distress may be missed” (Cooper-Hillbert, 1998:69). The need for further pastoral journeys is evident through these quotes. In the next section, I will formulate the problem statement that I perceive in the study of infertility from a male perspective.

### **1.3. Problem Statement**

In my context as a minister of the Dutch Reformed Church and the context of Christianity, the Bible plays a central role. People often refer to the biblical narratives for guidance when they face problems or challenges in life. With regard to infertility, the Bible does not address it, as a couple’s problem for one and only one of the participants in counselling, namely the woman, is addressed in the biblical narratives.

Moss and Baden point out that modern societies place just as high a premium on fertility and childbearing as was the case in the ancient world. However, the authors do reckon that this is due to the biological DNA of the human species that determines the desire to procreate as well. The language and ideas, however, used to convey the worth of family for individuals is more commonly religious language. “For individuals struggling with infertility, religious communities are often a natural place to turn for solace, validation, consolation and meaning. This process is complicated by... the deeply religious and biblically-based commandments to reproduce” (Moss & Baden, 2015:10).

I agree with this opinion of Moss and Baden, as it is often evident in the conversations that follow very soon after the marriage of a couple. It is not long before friends, families and colleagues start asking when the couple is planning on having a baby. It is not as uncommon anymore in our modern age, that a couple seeking medical guidance will get a clear medical diagnosis where either female factor infertility or male factor infertility, or both, is seen as the root cause for their challenges of becoming parents.

For a long time in the church, as is in the social community outside the home of the couple, it has often only been the women’s infertility that was discussed. Male factor infertility is a taboo subject

with the men suffering from it and their close relatives and friends as well. My question is, where do these men go with their struggles? Are women equipped to understand how to support their husbands with their male factor infertility, if men so often do not even understand their diagnosis or cannot accept their diagnosis?

The question is how I can engage in dialogue with the couple with integrity by acknowledging both the male and female struggle of infertility. Furthermore, how can I offer the biblical narratives in a responsible, holistic, ungendered way that invites them into a safe counselling space?

The literature I read on infertility is typically written only from a woman's perspective, and I have not found a sufficient amount on couple's infertility. It is thus portrayed as a female problem but, in general, is not addressed by theologians as a problem. Our main pastoral source for counselling couples, namely the Bible, endorses the myth that childlessness is a predominantly female problem (Byron, 2010:87).

Our scriptural approach when dealing with the challenge of infertility intensifies this dialogue. Couples, their families and society have different theological reflections about infertility. The instruction that the whole of creation was to "be fruitful and multiply" is interpreted in different frameworks as either blessing or as a curse or punishment.

I am conscious of the research gap for pastoral material on infertility from a male perspective and a more holistic approach to see infertility as a couple's problem. We need tools for facilitating these dialogue encounters. If one is going to reconsider infertility, the need for a new interpretation of the biblical text arises and especially how we approach counselling for couples who struggle with infertility.

The contextual realities of modern Bible readers and their unique social location are important here. The dialogue between text and reader within a context confronts us with particular dilemmas. Some issues we are confronted with today are not squarely addressed in the biblical texts. The Bible is written predominantly from a male perspective, hence we need to explore new interpretations of biblical texts for narrative counselling purposes to address the crises that people as individuals and as a couple experience. I wish to explore what it is that the Bible does say about infertility and how we can interpret that as a starting point for narrative discussion in pastoral counselling.

By not directing our attention to the birth of Isaac, Joseph and others, readers are summoned to recognise the plight and struggle that infertility inserts into the lives of the characters of Genesis. There was an immense struggle with infertility before the resolution of a birth. “For those who read the Bible as an inspired source for faith and practice, such a reading strategy will be more helpful” (Byron, 2010:87). The biblical narratives, although gendered, can be read as narrative texts and not as descriptive.

Vähäkangas refers to research studies that have been conducted on infertility and the lack of research that focuses on infertility as a couple’s issue. She refers to Catherine Kohler Riessman and Cuthbert K. Omari’s research, who both regard infertility as a communal problem that affects the relationship of the couple and the childless wife in the community. Omari, as well as Riessman, do however not deal with male infertility (Vähäkangas, 2009:15). Most of the studies on infertility concentrate on female infertility. The few studies that do consider the male attitude of fertility in an African context focus more on men’s desire for fertility, but they do not research the impact of male infertility on men, male identity or on the couple. “However, all of these studies (the author unpacks the studies in each specific context), avoided the pastoral side of the problem of infertility” (Vähäkangas, 2009:16).

Vähäkangas further explores African feminist theologians’ work, such as that of Nigerian Daisy Nwachuku, who argues that highly professionalised pastoral counselling sessions are needed to get down to the source of the emotional strains and crises of a childless couple within the Christian context. Although there are a few African theologians who have dealt mainly with childlessness within African marriages, they have not studied childlessness or infertility as a pastoral problem in their writings (Vähäkangas, 2009:20).

We often miscalculate what infertility does to an individual’s (either male or female) sense of identity or the sense of masculinity and femininity and the impact the infertility journey has on a marriage. Furthermore, society has attributed certain roles to both males and females, and when you cannot contribute to the upholding of these roles or the execution of these functions, you experience a sense of failure or crisis – especially for not being able to conceive. Byron explains that “the roles of wife and mother, as constructed by society, each carry a particular set of expectations that are not shouldered in the same way by the man” (Byron, 2010:2). When we further engage with the Bible, it seems evident that infertility was a problem from very early on.

But childlessness or infertility, in the Hebrew Bible, is presented as a predominantly female problem. “There are no biblical stories that centre on an infertile man” (Byron, 2010:6).

Moss and Baden and Byron are two examples of authors who, in my opinion, are aware of the gendered character of infertility. These authors see the gap of implied male infertility and look for examples in Scripture, in order to have a foundation where conversations can start on a sensitive matter, such as male infertility.

The stories of Tamar and Ruth are presented as instances where male infertility is implied. Their first spouses were incapable of producing children, since both women were left childless when their husbands passed away, but they easily become pregnant with other men. Very unique to this conversation is how the levirate law is in the background of both these stories. These stories will be further explored and ventured upon in chapter three of this thesis.

In light of the information above, the problem statement came to be formulated as the following, that infertility is seen to be a female problem. Research shows that male infertility is evident. There is a stigma surrounding infertility which forces it to be a silent and very private matter that couples face. In ancient times infertility did more than generate social dishonour. It had vast consequences for the woman’s social and financial location in her community. There is thus a gendered nature to the problem of infertility (Vähäkangas, 2009:2). She also refers to Kegan Gardiner, who states that seeing gender as socially constructed is the most noteworthy accomplishment of 20<sup>th</sup>-century feminist philosophy because it challenges the comparison of sex to gender and instead recognises that diverse cultures and different times dynamically (re)construct and sanction gender in different ways.

Vähäkangas points out that not having children is considered deviant behaviour for both women and men and therefore addresses infertility as a couple’s problem (Vähäkangas, 2009:2). Culley et al. assert in their essay that although several studies have been done that propose that females undergo greater levels of suffering, there are more recent findings that suggest that men who are subject to infertility treatment experience similar levels of distress to women (Culley et al., 2013: 227). They further go on to say that although few studies have been piloted on men regarding the subject of infertility, recent social studies suggest that infertility creates a great life crisis for both

women and men, although the studies have also suggested that men experience additional gender-specific challenges related to their interpretation of endangering their masculinity. This is due to the link that exists between potency and virility (Culley et al., 2013:228).

The framing of infertility as a female problem ignores the effects of infertility on a marriage in a Christian community. The aim is to establish what the role of the church is in coping with the problem of barrenness.

In terms of my own positionality, I am currently in my eighth year of serving in the Dutch Reformed Church. In the past years I have met numerous couples who are faced with the struggle of infertility. During my undergraduate studies as well as exposure to continued ministerial education, I have not come across any academically influences to guide me on a congregational level when faced with this dilemma on a congregational level. It would seem that the lack of training on a subject as important and far-reaching as infertility that ministers in the Dutch Reformed Church are not fully equipped to address this crisis in a pastoral counselling environment.

The purpose of the study discussed above directs me to a gap in the field of inquiry: infertility in a Christian community has not extensively been studied as a couple's problem and as a theological and sociological problem. The studies that have been conducted also do not focus on the pastoral problems of such a couple and what role the church plays in addressing these crises that couples face.

#### **1.4. Research Question**

After presenting the research problem as formulated above, the main research question of this study is as follows: in what way can pastoral counselling be helpful for addressing a heterosexual Christian couple's experience of infertility?

This study will also consider the following sub-questions:

- In what way can ancient biblical texts, read through a focus on male infertility, be helpful in counselling to couples struggling with infertility?
- How can pastoral narrative care concerning modern personal narratives of people in our congregations today serve to help couples to come to terms with their experience of infertility?

## **1.5. Hypothesis**

My hypothesis is that infertility is a couple's problem. When a couple reaches the stage in their relationship where they agree to have children and face the devastating news by medical practitioners that there are infertility problems, there is a great sense of loss for both partners.

Counselling within the setting of Christian faith communities aimed at both partners instead of only the woman is a more holistic approach to counsel infertility. Such loss can be 'storied' through discussion, and a journey of healing can be explored.

## **1.6. Research objectives**

I will explore these research questions in the following manner. In the first instance, I will seek to show that infertility should be studied from a couple's perspective. Secondly, I will show how narrative theory offers us a way to journey through infertility in a meaning-making way and how narrative therapy invites the couple to construct new narratives. Thirdly, I will consider the biblical stories that convey the probability of implied male infertility. My own reading strategies may be contextualised using two tools particularly appropriate for my set of questions about infertility. I will explore literature and specific biblical texts as part of wider ancient texts on reproduction and childbearing. This includes an awareness of the restrictions of ancient genres. I will apply a discourse overview of the appropriated texts that address male and female infertility and see how gender plays a role in the presentation and application of texts.

Fourthly, I will focus specifically on how infertility impacts male identity, masculinity and self-esteem. Lastly, I will approach infertility from a couple's perspective and consider how the different genders respond differently to the crisis and challenge of infertility. The question of how men and women interact differently with infertility helps me to approach couples' counselling with greater caution.

In conclusion, I will review how practical theology assists the counsellor/minister in applying the knowledge of the different gender responses to infertility to equip the counsellor to act with greater empathy and as a co-companion on their road to healing. I will give some examples from literature and research of what can be practically done to help lift the stigma surrounding infertility and how to enable communities and families to embrace couples struggling with infertility.



## 1.7. Methodology

From the very beginning of this journey of research on infertility from a couple's perspective, it was not only my intent to collect data but also to possibly change the outcome of future data after the completion of this thesis. If I could change my own thinking about how I will engage with couples, and if I could offer healing to just one couple, the endeavour of this study would have sufficed. I would like to ground my thesis within the social constructionist narrative research approach. This approach belongs to the discipline of practical theology. The practical theological epistemology and chosen approach will be detailed down further in chapter two. My research design is not an empirical research study, but one where the self, anecdotes and stories collected from literature is used as data to construct this thesis. This huge variety of resources allows me to build a richer source and multiple layer understanding of the problem. According to Denzin and Lincoln this study would be categorised as a qualitative research study. Therefore this study will include case studies, my own personal story, contemplation and other interactional texts that was accumulated (Denzin & Lincoln, 2003: 5).

In narrative theory, people's stories are very important in understanding their struggle, pain and journey. Jansen van Rensburg says that in pastoral counselling the resources with which you work are the people who sit in front of you. "People are not just documents of paper and ink, but have to be studied for our pastoral efforts to make any difference" (Jansen van Rensburg, 2010:1). I have to follow a narrative theory approach to pastoral counselling and create a safe space for the pastoral care of the infertile couple. The narratives of (male) infertility could relate to the stories of couples' infertility.

The pastoral counsellor must uncover the potential of a solution by enabling the "client" through the use of "questions, answers, narratives and other forms of interaction" (Jansen van Rensburg, 2010:1). Here the biblical narratives of infertility or implied infertility will possibly enable further dialogue. The choice for such pastoral theology unlocks the potential for a more comprehensive methodology to pastoral activities.

With this in mind, I choose to use my own story of infertility (the story of the researcher) and the story of my husband's infertility (travel companion) as an underlying interpretative context to

relate to the research narrative. These two stories were used to weave together this thesis narrative. We will “story” our struggle, attempt to formulate our emotions and feelings, and recapitulate our journey.

By means of employing a narrative and feminist theology, I will engage as a woman with the gendered texts of the Bible and be aware of the real-life narratives of men in contexts where stigmatisation takes place through the gendered nature of infertility. The memories of my personal journey as I was struggling with female infertility and the story of my husband’s male infertility are my departure point to engage with couples facing the same struggles. This allows me the opportunity to work towards a positive contribution to individual healing and the re-telling of stories that do not include stigmatisation of any kind. Ackermann helps me to formulate the aim of my study and why I undertook this academic endeavour when she says that “The longing for changes that will mend the world, is born in awareness” (Ackermann, 1998:90).

I strive for changes that will restore and heal the world, and this is born out of my personal awareness regarding the stigma and silence in suffering from infertility. According to Michael White, one of the leading founders of the narrative theological approach to counselling, meaning is often “made” due to the critical engagement in the process of understanding our stories. “The success of this storying of experience provides persons with a sense of continuity and meaning in their lives, and this is relied upon for the ordering of daily lives and for the interpretation of further experiences (White & Epston, 1990: 10 as quoted by Freedman & Combs, 1996: 31).

By positioning myself within the social constructionist departure point, I can agree with Freedman and Combs, who state that “We view ‘self’ not as a core or essential or preordained entity, but as something that we constitute in relationship with other people” (Freedman & Combs, 1996:268). I am thus an informant of an infertility story, but also I am an interpreter, trying to make sense of life and its challenges. I am simultaneously a researcher, and I strive to be a social constructionist of preferred realities. Remembering is an active part of building a preferred reality and not just “a walk down memory lane” (Gravett, 2008:2).

The title of Michael White’s book is *Narrative means to therapeutic ends* implies that it not just the case of sitting on the couch with a mug of coffee in your hands and thinking of the good old

days. It is often remembering and reliving the painful stories of your realities in order to change those realities for greater ends.

In the remembering, in the telling, the interpreting by choosing what words, language and expressions you will use, you begin to allow a new story to unfold. That is why it is called social constructionism: the intentional action of rearranging the story on your plate, cutting it into smaller, bite-size portions which are more easily digestible (deconstructing) and then reconstructing it into a more delightful and nutritious story to live by.

Morgan refers to the term “re-membering” as an “aspect of the narrative re-authoring process whereby people deliberately choose those whom they want to have a stronger presence or those whose presence they would like to exclude from their lives” (Gravett, 2008:2). Our narratives, however painful they might be, “are not neutral in their effects on our lives but have real effects on what we do and the steps that we take” (Morkel, 2012:2)<sup>1</sup>. It is only realistic to expect that as long as we as the “victims” of these narratives search for meaning and discover new meaning, new interpretations will be generated. Therefore it is safe to say that meaning can be an evolutionary process. More than three years ago, when I was the infertile woman and my husband was the infertile man, meaning eluded us. But as time, and experience and grace were granted to us, we could find meaning and now as we are talking about our past experiences, we see that meaning has grown richer.

This approach provides us in modern times with a vehicle of conversation to critically engage with the gendered narratives of Scripture that often form part of the struggle of infertile couples. My own narrative gives me the conversation vehicle to dialogue in a narrative counselling setting. Through the Scripture narratives and my own narratives I at least now have two conversation starters when in dialogue with an infertile couple.

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<sup>1</sup> “White (in Epston & White 1992; 1995) proposes that it is the story or self-narrative that determines which aspects of our lives are expressed. In this way, we live by the stories that we have about our lives: they shape and constitute our lives. Thus, when I tell my personal story it is because I believe that it has real significance in shaping my understanding of my social reality and my relationship with God as well as in shaping the practices in which I engage” (Morkel, 2012:2).

When we have introduced the narratives of implied male infertility and explicit narratives of female infertility, we can begin the deconstruction of these scripture texts, the contexts they were written in and the stigmatisation that surround them. Gravett reflects on the story of infertility as a “story about people on the periphery”. It is a painful and uncomfortable story to put it lightly, as it is one of the heaviest surprises that life can hand you to cope with. It is the tragic story of “sterility and loss” (Gravett, 2008:4).

Moss and Baden offer fresh and creative perspectives in understanding the biblical narrative texts of the matriarchs and reminds us that we as modern readers are residents of the “lived worlds” that we encounter. “We feel a constant need to fill the gaps left in the story and in our own stories. We are readers of our own lives as much as we are readers of the biblical texts” (Moss & Baden, 2015: 69). This tango between our world and the scriptural world is not always an easy one. The steps to bring these two conversation partners closer is not an intimate one. Sometimes, to bridge the gap between our worldly challenges and pain and the biblical world’s dilemmas are very different. The stories of infertility in the Bible cannot be used as a “quick fix” for the emotional and social dilemmas that we face today. Without devaluing the gift of Scripture, let us remind ourselves that infertility treatments today entail of moral and ethical dilemmas that the inhabitants of the ancient world did not have to deal with. Since these dilemmas were absent in the biblical societies, we do not find clear guidance on such matters. And to say the least, the absence of these stories intensifies or contributes to the struggle of infertile couples.

Both Gravett and Moss and Baden as authors, throughout their work, thus invite us to a hermeneutic journey by employing narratives as a method and vehicle. Moss and Baden outline, in their attempt to reconceive infertility through their study, that the narratives of the matriarchs, and the context from which these stories came into existence, offer an alternative reading: “... one that does not lay blame at the feet of the sufferer, nor forces us to encounter a God who would intentionally cause the emotional trauma of infertility” (Moss & Baden, 2012:69).

This explanation does not ‘solve’ the problem. It does not bring instant relief to the suffering. It does, however, remove the social stigma of responsibility from the infertile woman, and this is an important step” (Moss & Baden, 2012:69). This is true to narrative theory, where the counsellor’s stance is that they are non-judgmental and furthermore that the “client is the expert” on their own

life. Therefore the pastoral narrative counsellor cannot come in and “fix” problems. Rather, they invite the infertile couple to journey through their story, often a painful, problem-saturated story, and invites them to build new meaning and a new preferred reality.

By retelling our story of infertility, I do not have a method to ease the sting of the story of the couple sitting in front of me. But it allows me to show my humanness, my own fragility and woundedness.

Narrative therapy offers a wide variety of options that offer an invitation to challenge and engage with the prevailing problem-saturated stories that were constructed and became available. In our lives, we are aware of instances of stigmatisation and problem-saturatedness in dealing with infertility. Many of the overriding problem stories are presented through the hermeneutic interpretation of biblical texts. “These practices assist clients to feel joined by others in the challenges that they experience in life” (Morkel, 2012:30 referencing White 2007:129; 165 & 166).

In qualitative research, a vast diversity of experiential resources can be accumulated and applied. According to Denzin and Lincoln, this might consist of “case studies, personal experience, introspection, life stories, interviews, artefacts, cultural texts, observational, historical, interactional and visual texts” (Denzin & Lincoln 2003:5). In this thesis I will engage with storytelling – firstly my own story and that of my husband, in other words, “our couple story” of infertility, secondly the stories of the counselees (in the form of anecdotes that will be told) and lastly the biblical narratives.

## **1.8. Chapter Outline**

**The** chapters will consist of the following:

**Chapter one** will serve as an introductory chapter supplying the motivation for this thesis, as well as the background to infertility. Then I will move on to present the problem statement and formulate the research question. In this introductory chapter, I will pose a hypothesis and lay down the research objectives of this thesis. It is also important that the reader will understand the methodology that will run like a golden thread through the whole of this thesis.

**Chapter two** will form the foundation of this thesis. I chose the narrative approach to counselling to help me address the problem-statement and possibly help me reach the research objectives. By positioning myself in narrative theory, I will present my own story of infertility in the form of a self-narrative. However, since this thesis aims at giving the couple an opportunity for counselling, I will also present my husband's and other male infertility stories. I wish to lay down the different theories with which I will be engaging, namely: practical theology, feminist theology and pastoral counselling from a feminist perspective.

In **Chapter three**, I will look for narratives in scripture on male infertility. The terminology of "infertile" or "childless" will be explored in the context of the biblical world. As a departure point to finding infertility stories, I will start with the well-known female infertility narratives. I will then move on to find the narratives where male infertility is presented or implied. The biblical narratives of Ruth and Tamar will be explored, as well as other stories that might be presented as examples of male infertility. I will also take a further look at how the couple faced with infertility handled the crisis of infertility in the Bible. All of the above is an attempt to offer biblical narratives for the pastoral counsellor to engage with when counselling a couple.

**Chapter four** will unpack male infertility with the modern research that has educated the academic readers to better understand the different factors at play. I will specifically look at the link between male factor infertility and masculinity and the link between virility and masculinity. It is important for me as an academic researcher to appreciate what the impact of male infertility is on men and their sense of male identity. When the narrative pastoral counsellor understands male infertility and the impact of it on a couple, we will be able to have empathy and the opening for men to safely tell their experience of the crisis of infertility.

In **Chapter five**, we will use the building blocks of chapter four to help us approach the couple with a better understanding of how each of the sexes experiences the crisis of infertility. I will unpack the statement that infertility is a crisis for individuals but even more so for the couple. When we begin to unpack the emotions of this experience or crisis for each different gender, we will be able to enter into dialogue with a greater empathy and understanding when addressing infertility as a couple's problem. I wish to present the pastoral narrative approach as a way to enter into dialogue with the couple when hearing their stories of infertility.

In the concluding chapter, **chapter six**, I will summarise the findings and evaluate the different lenses that I used in this thesis to approach the problem of infertility. I wish to leave some practical ideas of how ministers or clergy can be more sensitive towards couples who struggle with infertility. These examples include approaches to preaching from the pulpit to considerations for the counselling room and how the minister can help the congregation members to create a safe space for couples to feel that they are not stigmatised.

## CHAPTER TWO

### A NARRATIVE APPROACH TO INFERTILITY

Daar is altyd 'n wêreld  
Wat jy nog nie ken nie  
Daar is altyd 'n taal  
Wat ons nie verstaan  
Een deel van jouself  
Waarvan jy vergeet het  
Daar is altyd 'n pad  
Wat jy nog kan gaan  
Daar is altyd 'n lewe wat jy nog kan leef  
Daar is altyd 'n grens om verby te beweeg  
Stef Bos, “Komatiepoot”, Stillewe (2009)

#### 2.1. Introduction

Alice Morgan states in the introductory chapter of her book *What is narrative therapy?* that as humans we are interpretive beings. The abovementioned poem by Stef Bos underlines this fact by saying that there is always “one part of yourself that you have forgotten. There is always yet another road which you can also take... another boundary to move.” Through the exercise of writing this academic thesis I have realised that there are still many of my own life experiences that need to be explored and a great deal that needs to be interpreted. Morgan goes on to say that we all have everyday experiences in life that we seek to attribute meaning to. The meaning we attribute to certain events forms the plot of the story (Morgan, 2000: 5).

In this chapter, I wish to engage with the narrative framework as a structure or plot to enable me to find meaning in my own story of infertility, thereby equipping myself as theologian to assist others in their *meaning-making* processes. Swart states that “narrative work begins with the idea that *a* word opens a world” (Swart, 2013:1). This means that we exist in a domain where the manner in which we express ourselves, what we say and the narratives we articulate describe and become who we are (Swart, 2013:1). I agree with Swart by acknowledging just by “writing” my



story I have opened a world for myself and my spouse. By “speaking up” we have defined that we shall not be silenced by the stigmatisation that infertility often allows couples to fall into.

## **2.2. Positioning myself within narrative theory**

In this chapter, I aim to position myself as a narrative theologian by using Narrative Theory as my methodology. Furthermore, my narrative framework is also situated within the post-constructionism and feminist theology and further enables me to deconstruct the problem-saturated story of infertility. The term “problem-saturated” can be explained as follows:

“Rather than being defining of my identity, then, the problems can be seen as having a powerful effect on the story that most prominently constitutes my life” (Nooney, 2019). In other words, the counselee tells a story in which the problem, in this case infertility, seems so overriding, or in narrative therapy terms “dominant”, that there initially appears no sign of an alternate story.

By using this methodology I am actively deconstructing a stigmatised story and am also in the process of *meaning-making*. The story of infertility has been woven and written in dialogue not only with academic literature but also with another narrative: the story of the researcher. In this chapter I aim to present the reader with the theme of my personal infertility, thus also explaining my position as researcher and the underlying hermeneutic framework. Gravett identifies that in her research work, her personal individual narrative is “present, expressive and even influential in the research process” (Gravett, 2008:2). As is the case with Gravett, my intention for this study endeavour was not to collect data or statistics, but rather to tell a story that will hopefully open up opportunities for others to tell their stories as well. As a practical narrative theologian it is my aim to hear those stories that might in some cases not have been voiced before.

According to this departure point, my husband and I are not the objects of this study, but this research thesis is also very subjective. As social constructionists “we view the ‘self’ not as a core or essential or preordained entity, but as something that we constitute in relationship with other people” (Freedman & Combs, 1996:268). I am writing this chapter from both a personal and academic orientation, thereby creating an emotional, introspective narrative from where the context of my research study will be built on.

By using her own personal story as the connection between researcher and researcher context, she gives her journey as researcher the metaphor of researching the issue of infertility from the notion that it lies within the intimate lines of her womb (Gravett, 2008:40). For us as a couple (myself and my husband), using your own intimate space as departure point for research is to put yourself out there “naked”. It is to dig very deep into the private spaces of your being and taking off the layers of clothing (mechanisms) that we often put in place to shield ourselves from vulnerability.

### **2.3. Self-narrative of infertility**

My first awareness is my personal story and the story of my husband. My first pregnancy with my eldest daughter in 2007 was without any complications because I fell pregnant unexpectedly and unplanned. After my partner died in the fifth month of my pregnancy I was suddenly a single mother. For five years I was a single mother before I met and married my husband, Reuben.

A week after our honeymoon in 2013, I had my first operation to surgically remove ovarian cysts. We as a couple and the gynaecologists expected that this was just a minor setback. However, after struggling get pregnant for more than a year and a half, both we as a couple and the medical doctors realised that polycystic ovary syndrome (PCOS) was the source of my fertility problems. PCOS is a hormonal condition where very high testosterone levels can be detected in a female’s body.

The fact that I already had one child previously meant I was diagnosed with “secondary infertility”. This is the “inability to conceive a pregnancy or carry a pregnancy to term following the birth of one or more children (Simons, 1995:2 as quoted by Gravett, 2010: 4). A diagnosis or description of an illness is not just bound to the medical rooms where this news is communicated to you but is carried within your body as you leave those offices with a new emotional struggle. Only later do you realise that this diagnosis also holds a ‘social diagnosis’ in place, although it is a very silent and masked one.

No one prepares you that you might leave the hospital with your first born and never return to give life to another child. Secondary infertility appears to be more common than primary infertility but it is indeed in the words of Gravett “a hidden form of infertility, an unfamiliar loss, and communities lack proper language to give adequate support” (Gravett, 2010: 4).

There were many people that would comment that since I had one daughter from my previous relationship, “At least you have one child.” This did not offer me or my husband any consolation,

because we wanted to conceive a child together. These were unsolicited comments and contributed to even more guilt: was I selfish to want more children? “You can genuinely love what you have while still desiring more,” is often said.

Here I had one daughter, but now suffering from secondary infertility, I wanted another child. I felt discouraged that no one ever prepared me when leaving with my baby from the hospital after her birth that I might never have that same experience again. As one blogger writes about infertility: “Infertility is a stark and brutal reminder that we live in an imperfect world. That our bodies do not always work as well as we would hope. That there can be questions without answers. Unexplained. Mystery.”

### 2.3.1. **Some stories do not fit in the main storyline**

Some stories in life separate us more than anything else. Freedman and Combs are of the opinion that we dwell within some narratives of our surrounding culture. “We live through our stories. We are *lived* by the stories of our race and place” (Freedman & Combs, 1996:32). What I think people often do not acknowledge enough is that it is not necessarily “healthy, balanced, joyful” stories that we live. The stories of our surrounding culture and society often make our “lived” experiences or stories more problem-saturated, without us necessarily giving our consent, by dragging us into the position of the victim mentality. Some individuals do not allow themselves to be lived by the stories of life. They take a firm stand and say, “Well, these are the cards that I’ve been dealt, and I will make it my own by attributing meaning to it and interpreting it in my unique way.” But this is not the normative stance.

If our stories do not fit into the dominant “And they lived happily ever after” formula, we often become silent and stop sharing our narratives. Stories like these are not necessarily shared, because the couples who experience this journey are reluctant to expose all the facets of their painful journey. It is plausible that the couple themselves do not even understand this journey, so how can they share their feelings when they cannot name exactly what they feel? Gravett reveals more of this in the following words: “In my experience, many from the Land of the Childless feel odd, different, even disabled in comparison with those who do not experience infertility difficulties” (Gravett, 2008:23).

Although you read a great deal about the dehumanising and humiliating medical procedure, one does not really know what to expect up until the point where one realises that in order to get the

sperm sample, a man is confined to a room to masturbate in order to provide the much necessary “seed” in order for the medical team to “wash the sperm”. It was recommended that the ‘sample’ was to be kept warm in my underwear in transit to the laboratory.

No one dies of infertility. You just wish you could.

—*A woman whose son was born after four years of infertility treatments* (Feske, 2012:1).

We knew that the possibility existed that my husband had male infertility problems, because, in his first marriage, they were unsuccessful in conceiving a child. The emotional turmoil of trying to conceive took its toll after four years of marriage. Among the “main” reasons that were given for the disintegration of the marriage was the blame-shifting that took place. Reuben was blamed for not being able to make her pregnant. This is nothing new. Very often you hear after a divorce of the childless couple’s that it is implied that one of the individuals held the other liable and they decided to separate.

Gravett tells the story of how a couple she knew divorced after the painful reality of infertility: “It was suggested that the collective pain over the children they would never have cancelled out everything that was worthwhile in their relationship. Perhaps they wanted to be free to find new partners, get married, and again try to have children” (Gravett, 2008:41).

### **2.3.2. A male infertility story**

My husband explains the feelings that he felt: “You feel that this vehicle that you’ve been given, your body, is not performing as it ought to. Then you find that your wife separates from you to try a new, other, maybe “working” vehicle. You feel alone because you cannot share this story with just anyone. Even though I and my father, as well as my brother, are quite close, I did not share it with them initially (in my first marriage). You don’t vent towards your male friends because they are uncomfortable with the subject and change it very quickly. Then you realise while talking that your own masculinity is in jeopardy here. What do these men think of me: I can’t even make a baby?” At some stages in our conversation about this painful journey, he would fall silent as to collect himself from emotions taking over.

“When my wife announced that she wanted a divorce because she wants children that I couldn’t give her, I only then realised the impact of this silent struggle against infertility and what it had done to our marriage”. She left, divorcing him and marrying very soon after this. Unfortunately,

she was medically diagnosed with permanent infertility but was gifted the opportunity and grace to be a stepmother to her new husband's children from a previous marriage.

### **2.3.3. Our story**

The reality was that we would meet the same crisis in our marriage. The questions he faced once again were: “What if I can't impregnate my wife? Will this marriage be strong enough to survive another infertility journey? You start doing what the doctor advises, take vitamins, exercise, and wear looser underwear. But still nothing... A medical procedure where my wife is *impregnated* by a female gynaecologist inserting (at least) *my* sperm into her, in a cold, clinical doctor's room is how it would play out for us. I would rather have made love to her in the old-fashioned way and enjoyed the process of conception. Yet this was not how it was determined for us.”

One could imagine that this left scars on his self-belief, self-image and masculinity. The world portrays the message that a man should make his wife pregnant. A fundamental part of a man's identity is tied to being able to take care of his wife (this includes getting her pregnant, meeting her needs, and the internal desire to be a parent himself). Infertility is one of the utmost intimate and private spaces of our lives. And although his sperm was enough, through medical assistance, to begin the process of forming life in my womb, our story still remains the story of infertility, no matter how far we have ventured in life. The pain and the stigma remain.

### **2.3.4. Other stories of infertility**

Some responses I have accumulated by sharing our story with others I will narrate with caution. Either the experience of sharing your story is followed with a deafening silence, or unwanted (well-meant) advice in an attempt to respond to what you have just revealed. If you were not amid the struggle of infertility, these remarks could very easily be brushed off, and the couple could be labelled as being ‘too sensitive’. But when you are sitting in the desert of an infertility struggle, remarks (often unwanted and uncalled for) just illuminate your pain of being rendered childless.

Below are listed some of the remarks that *we* as a couple have encountered:

“It must be nice practising to get pregnant”. This is usually followed with an awkward silence from our side. Sex is a very private matter for us and a remark like this lets us withdraw our spontaneity to share our intimate struggles.

A man told me when Reuben was not there: “You must come over, I will very easily make you pregnant,” as if the desire for a child was just a desire for me as a woman and that men do not necessarily share the desire to have children with their wife. It was also written between the lines that I would be so desperate to get pregnant that I would turn to infidelity and discard my marriage vows and Christian values in order to gain a child.

Someone asked my husband: “So I hear you are shooting blanks,” (in other words that his sperm is not sufficient or that there is something wrong with the sperm quality). At all these comments, you are stunned into a painful silence.

Morgan states that stories are not created in isolation (Morgan, 2000:7). I would like to emphasise this further by sharing other remarks that might be received by an infertile couple and thus highlighting my belief that there are many other such stories than our own... many other painful stories, but unfortunately due to limited space, I will not be able to list all of them. Here are some of the comments that were recorded by Gravett, a woman also faced with a childless marriage:

“‘Are you sure you know how children are made? You have to have sex, remember!’ *(Thank you, I didn’t think of that).*

‘You can have my children with pleasure.’ *(No, thank you, I want my own).*

‘Count your blessings that you don’t have kids, they ruin your body and your budget’. *(I don’t think I would mind, I feel as if my body has let me down).*

‘My husband just looks at me, and the next thing you know, I’m pregnant!’ *(Are you trying to make me feel better?)*

‘My life would have been completely empty without my children.’ *(Yes, that is a good description of the painful hole in my heart.)*

‘God has a reason for not giving you children’. *(I don’t understand what I did wrong not to deserve children, and what you did right.)*

‘Just pray and believe, and God will bless you with children.’ *(I have prayed and believed, but maybe I should pray harder.)*

‘Whose fault is it?’ (*Would that change anything? Should the one ‘at fault’ then offer to separate from the one who is ‘not at fault’?*)” (Gravett, 2008:24).

Gabobonwe emphasises the exterior pressure of these comments by saying “advices are given generally without any knowledge of the couple’s infertility problem and thereby distressing” (Gabobonwe, 2004:23). These are often not remarks only by strangers, but often by the people closest to you. Not only men, but also women experience these tough questions and remarks, highlighting the absence of a resolution and strengthening the thought that this is an individual, personal and lonely battle for the couple.

#### **2.4. The untold stories of infertility**

“The story of infertility is a story about people on the periphery, those outside of the mainstream. It is, at best, an uncomfortable narrative of one of the surprises life throws at one, and, at worst, an angry, tragic tale of sterility and loss” (Gravett, 2008:4). Indeed, much of the tragedy of an infertility journey lies in either the uncomfortableness of your own struggle or other people’s uneasiness or in the manner they prove themselves incompetent as to how to react to your struggle.

It is assumed that female infertility is talked about more often than male infertility. The generalisation is that it is a topic that you discuss with your ‘girlfriends’ while chit-chatting in a coffee shop or while shopping. Not only was my tragic discovery and my experience that even as a woman, you do not have a lot of safe space to introduce your struggle, but that for men, there is even less space. For many, the only space is their marriage partner. Some men are not even able to share their crisis with their marriage partner.

In narrative theory, it is established that the entirety of “stories are constitutive and shape our lives” in different ways (Morgan, 2000:8). Furthermore, Morgan states that life consist of multiple narratives. “There are many stories occurring at the same time and different stories can be told about the same events” (Morgan, 2000:8). There are narratives about the past, present and the future. Some stories are easy to re-tell, and others are painful to remember. In our journey, we decided deliberately not to allow my husband’s past experience (past story) to be a constituting factor in our hope of conceiving. But the fact remained that telling our story was only one phase that we could courageously venture down. What we did not keep in mind was that the listeners were not necessarily informed or prepared for receiving our story. Society has shaped people to

think, interpret and listen in a very particular, maybe even damaging way. I can fully position myself within the words of Morgan:

“The ways in which we understand our lives are influenced by the broader stories of the culture in which we live. Some of the stories we have about our lives will have positive effects and some will have negative effects on life in the past, present and future” (Morgan, 2000:9).

We certainly felt the negative effect. Even with our closest family members, namely both our fathers, a very uncomfortable journey unfolded when we shared both of our infertility stories. We could see that it would have been easier for them to accept if there was someone to blame. If the other partner could be ‘accused’ of being infertile, it would have elevated some of their pain as parents. But now our infertility became their infertility because many parents, and parents-in-law cherish the dream of becoming grandparents and the continuation of the bloodline.

In our marriage, we struggled with both the female and male contributing factor to infertility. I do believe this medical knowledge – that both partners have infertility challenges – gave us the “golden nugget” for our marriage to survive this infertility journey. We could not blame each other. However, this journey was not without blame. Self-blame, guilt, and depression are just some of the emotions that you experience in a wide variety of ways.

The crisis of infertility and the accompanying identity crisis places immense pressure on a marriage. For men, the experience of infertility is emasculating, and for women, it creates social stigmatisation. From the very start of our marriage in 2013, we were both diagnosed with infertility issues. My husband had no prior medical diagnoses because only his first wife went for a medical examination by a gynaecologist and after a physical body evaluation made the summary that the “fault was not with her”. In January 2015, we went for our first medical tests, and it proved that Reuben had male infertility challenges.

In the second year of our marriage, we successfully conceived through the medical intervention of artificial insemination. Although the outcome of this medical procedure was worth it, this is not an easy medical procedure to go through. The process of infertility treatment is costly in terms of energy, time and money. Our financial resources were a considerable challenge when beginning our fertility treatment. We had to make the choice to take some of our future pension funds to fund this artificial insemination procedure. There are many couples who exhaust their finances after



multiple tries in the IVF or artificial insemination procedure. This puts further strain on the marriage.

The account given above is what we experienced “on the inside” of our marriage. On the outside, there is a tight silence around the issue of infertility. The struggle with infertility in a couple is a complicated subject to talk about with outsiders. In the first place, as mentioned earlier, it is a private, intimate matter. And although many people believe today that sexuality and sexual expression should no longer be a forbidden subject doomed to stay in the intimate four walls of a bedroom, there is still a lot of uneasiness about sharing your personal struggle. Although many people might be relieved that this prevents a couple from really sharing the humiliating and often stressing aspects of an infertility journey, the absence of those laments by these couples does not educate close family and friends, nor society at large, as to how to react or not to react to these brave confessions of “disgrace”. “It can be even more gruelling for those who suffer from infertility and its effects to share their feelings and emotions. This is because fertility is, without doubt, one of the most intimate areas of human existence” (Gravett, 2008:4).

The multi-storiedness of life often complicates our individual life narratives. Narrative theologians keep this in mind and say that there is continuously a background from which our narratives are fashioned (Morgan, 2000:9). But not only that; the context contributes to the interpretations and meaning that we give to dealings of our lives. In our narrative, people often tried to give their interpretations of reality as they see it to us. However, our lived experience was different from their interpretation of reality. I vividly (and painfully) remember that a member of our congregation said to me that we are trespassing God’s will by proceeding to artificial insemination because “it was God’s will that we would not be parents”. We as a couple experienced the possibility that medical science could afford us the opportunity to make our inner desires a reality as a gift from God.

The absurdity exists that in revisiting our story, remembering, formulating and sharing our story, we are allowed to build a new part of our identity that did not formerly exist, and although the experience of being broken was the departure point, the destination is one of feeling renewed and transformed (Gravett, 2008: 3).

Nevertheless, I will endure the discomfort of telling my story because I believe that “there is power in empathy and compassion, of delight in otherness, and strength in the solidarity of listening to others, bearing together stories of pain and resistance” (Welsch, 1990: 135). Kotzé and Kotzé elaborate on this statement and say that real change and renovation of oneself take place from a position of empathy. You first need to allow yourself to face your own pain, but you do not stop there. One courageously then ventures further to find delight in other people’s stories, and furthermore, challenge particular meanings that arise out of this very contradiction and complicated situation (Kotzé & Kotzé, 2001:3).

### **2.5. Why is narrative theory helpful in the journey of infertility?**

“Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between researcher and what is studied, and the situational constraints that shape inquiry”. Denzin and Lincoln go on to say that these academics highlight the value-laden nature of investigation. “They seek answers to questions that stress how social experience is created and given meaning” (Denzin & Lincoln, 1994:4). This is the precise interest behind my study.

It is my one of my main objectives to provide a detailed account of how our experience and that of other couples facing the struggle of infertility are shaped by the social constructionist paradigms in our culture and societies.

One would think, due the general expectation, that the church community would offer a safe space for the childless couple. But there are a vast variety of societies, cultures and groups where the infertile couple (both men and women) are met with an absence of comfort and instead couples find a “deafening silence within the Church, which echoes the cruel, hushed stigmatisation they face in their communities” (Gravett, 2008:5). It seems to be a very common experience that couples lack a space for safe conversing (Saghal, 2018:240).

As a white South African woman in church ministry it was no different. We did not experience much embracing from our congregation or colleagues. In a church setting where the church council and my colleagues were men, there was not a safe space to share my journey. The stigmatisation of infertility is so immense that I would rather take the shameful experience of being “the infertile one” than to reveal to others that my husband was struggling with male infertility. A strange part of a woman wants to defend her husband from the shame of being labelled as the infertile one. Once again, I acknowledged the fact that our *shared* infertility diagnosis was perceived as a

blessing. We had empathy with each other that is not necessarily present in other marriages where *only* female-factor infertility or male-factor infertility is present.

One then goes on to ponder whether sufficient words can amply name the infertile person's description in an imaginative way to such an extent that the fresh description goes beyond the boundaries or stigma that a medical diagnosis or label provides (Gravett, 2008:5). Njoroge reminds how Oduyoye explores this notion further when she asks for a "life-giving theology" (Njoroge 2006:63). Her hope is that by employing this theology, it will bring forth the recognition that ample ways exist in which people can be "fruitful" (Njoroge, 2006:63). Gravett interprets this to say that "There is no aid for the judgments of inferiority and shame, no clarity for the childless couple from an alternative theological view of their forms of fruitfulness, their participation in the glory of God. Only passive resignation is offered in an inadequate eschatological perspective" (Gravett, 2008:5).

### **2.5.1. A narrative departure towards infertility counselling**

The narrative metaphor and social constructionism are not necessarily associated with a paradigm or metaphor but with a person named Michael White. White promoted that we no longer try to solve people's problems. Narrative counselling is not principally fixed methods or practices or a science of behavioural change. "It is a philosophy grounded in a belief that deep within their own stories people have the assets and possibilities to generate less problematic and more prolific lives – often called preferred narratives."

The narrative-oriented counsellor has a solid belief regarding the ability and agency of the counselees. The main departure point of the counsellor in the narrative journey of counselling is that of an empathetic, inquisitive, and respectful hearer who gives careful consideration to the narrative. This is done to help the counsellor discover subplots or other stories interplaying with the main problem story and overbearing discourses. The counsellor has confidence in sanctioning agency in the counselee and thus generates a counselling atmosphere in which the client has the principal agency in the therapeutic relationship.

The second point of departure in narrative therapy is that people are not problems. The foundational truth of this approach is that "people are people and problems are problems" (Freedman & Combs, 1996:42). Freedman and Combs (1996:43) invite therapists and counsellors

to look in the mirror and at their clients and see that we have been trained, indoctrinated and influenced to listen with a “diagnostic, pathologising ear”.

Keeping in mind that within the narrative approach, and aligning yourself within the social constructionist perspective, it is also necessary to acknowledge that it is difficult for the researcher to be separated from that which is researched or academically explored.

As Gravett points out, by admitting our “epistemological, gendered, historical and social positions, as writers, researchers and storytellers”, we engage from a mindful reference point, and thus accordingly perform research more ethically (Gravett, 2008:19). To admit that I am a female conducting research on couples experiencing infertility, and especially from the perspective of how male infertility is often left out of the scope, I hope to convey my ethical aspiration to interpret the research sources not only on a balanced way, but also with honesty.

In this research, I am absorbed in the experience of couples who dream about becoming parents and the way they construct their realities when this dream cannot be executed due to medical challenges diagnosed, and they fail to produce biological children the natural way. The word ‘couples’ in this research refers to heterosexual couples. I have not chosen to include gay couples in my research.

“A narrative approach to pastoral counselling with women is a significant resource, particularly in the context of needing to find empowering stories to resist oppressive narratives” (Neuger, 2001:86). Narrative counselling theory uses a constructionist set of assumptions that entails that couples can construct meaning, that that meaning is what they experience personally and that this meaning establishes their identity. It further constitutes resources for living a meaningful life. The stories we create for ourselves is what gives us meaning.

Our understanding of reality and the meaning we attribute to it are socially constructed, according to narrative theory. Narrative work generates detachment from narratives that we classify as prevailing problem-saturated descriptions. We give the “problem” a storied name. “We explore the history of the story, as well as how we influence and are influenced by the narrative. We examine how the taken-for-granted ideas and beliefs in a particular society inform and sustain the problem narrative” (Swart, 2013:1).

## 2.6. Practical Theology and Feminist Practical Theology

Apart from the fact that this study is deeply rooted in practical narrative theory and feminist theory, I will also add another dimension to what the potential of this study might be. This is also a contextual and liberation endeavour. What makes it liberating for me, and hopefully for the readers of this study, is that one has a choice in how one interprets one's life experiences and challenges. We are especially challenged by the "socio-economic pattern of contextualization" designated by Bosch (2011:421) as "evolutionary (political theology and the theology of development) or revolutionary (liberation theology, black theology, feminist theology, etc.)" (Kotzé & Kotzé, 2001:4). One of the claims that contextual theology makes is that it is an epistemological break from traditional theologies. Bosch names the concept that theology (spirituality) can only be practised with persons who hurt, as one of the various features of contextual theologies.

Furthermore, Bosch places an emphasis on *doing* theology, since performance is more far-reaching than just "knowing or speaking" (Bosch, 1991:424). This is further elaborated by saying that it dares us to move from "*being* right to *doing* right" (Kotzé & Kotzé, 2001:7). Bosch interprets the biblical scripture to exemplify that our blessedness lies in doing theology. According to Bosch, "In the Scriptures it is the doers who are blessed" (Bosch, 1991:425).

Practical, liberation, feminist theology gives the basis for us to "do" theology. Whatever my academic endeavours are, I wish to take it out into the counselling room, to the pulpit, into my personal relationships. Not only I am called to "do" theology by bringing God's presence to those who struggle with the challenges of infertility, but also to educate the families and friends, and the congregations of those who often suffer alone, but also to give hope to the couple in their spiritual journey with God and to connect them into a network of support with other couples suffering from infertility.

"Meaningful healing resists the pursuit of only individual and personal healing and rather recognises the interlocking of social, political and religious forces and the challenge to bring healing to people's lives on multiple levels" (Gravett, 2010:2). True to the spirit of feminism as detailed by Denise Ackerman on African soil, we strive to implement a "hermeneutic of healing". This is based on a transformed consciousness of seeing things 'from the outer circles' (Ackermann, 1996:42). Healing can not only be an individual endeavour of the couple, because then, therefore, there will continue to be stigmatised comments and unwanted questions and accusations. If healing

can be employed from the outer circles, as Ackermann advises, and true change can come from the faith community and the families that encompasses the couple, the couple will have fertile ground for their healing and acceptance to start taking place.

Christie Neuger promotes that both believe that every single life must be approached in the “context of the power arrangements and rules of the dominant culture and that the construction of theory and practice must also listen carefully to each individual marginalized voice” (Neuger, 2001:3). According to Neuger, it is not only women who engage in feminist practices but also often men. The groundbreaking work of employing feminist theory to “persuade, to change, to open up and to transform”, as Neuger puts it, has the potential to work towards the greater healing that not only we as individual theologians strive for, but also what we as a faith community dream of (Neuger, 2001:3).

Neuger reminds her readers that much of the fresh, exciting literature in the “men’s movement, which explores the dynamics of men’s lives, is built on pro-feminist assumptions” (Neuger, 2001: 8) and thus further implicates that by the inclusion of men to break the stigmatisation of infertility, in this case, we have better odds of being agents of transformation. This is the reason my thesis is also constructed to include the male experience of infertility.

Males are just as excluded – or maybe even *more* excluded – from empathy from society when it comes to the matter of infertility. Because when we study infertility through the lens of feminism and narrative social constructionism, we are looking at lives in general – the stories of both men and women and their lived experiences of infertility and how either male infertility or female infertility, or both, affect the lives of couples. Neuger expands her framework to extend towards the context of a dualistic philosophy in our culture around authority spheres concerning race, class, gender, age, able-bodiedness as well as sexual orientation (Neuger, 2001: 4).

## **2.7. Narrative Pastoral Counselling as a form of Pastoral Care.**

### **2.7.1 A definition of pastoral care and pastoral counselling.**

I would like to begin by differentiating between pastoral care and pastoral counselling. According to Daniel Louw, pastoral care refers to the traditional theological understanding of *cura animarum* which in synonymous terms is referred to as “soul care”. New developments in the field of psychology, Louw argues, has made a choice for the term “pastoral care” which entails a broader understanding. “Theologically spoken, the term pastoral care refers to the consoling and supportive

function of God's empowering and transformational presence through His Holy Spirit in this world" (Louw, 1999: 27). Müller agrees with this definition but also adds that terms like "consolation", "care" and "help" operationalise the will of God in crises and suffering (Müller, 1996: 34). Müller elaborates on the shift of focus in pastoral, from the healing of individuals to the healing of communities within concrete contexts. He goes on to say that: "human problems are at its deepest level structural because of the influence of particular society structures...and therefore we are forced to approach problems as contextual" (Müller, 1996: 10, 22).

Some authors, like O'Connor argues that there is not a distinct difference between pastoral care and pastoral counselling. He builds this notion on the work of Gerkin (1977) who "states that pastoral care and pastoral counselling and indeed all pastoral ministry ought to use a narrative hermeneutical theory. Here, he underlines more similarity than difference" (O'Connor, 2003: 8). O'Connor further elaborates on this when he says that "pastoral counselling is a specialty of pastoral care" (O'Connor, 2003: 9).

In this thesis I recognize that there is a small difference between pastoral care and pastoral counselling, as to the extent in which the couple is approached. In the case of journeying with a couple affected by the infertility crisis a pastoral care relationship would have already been established as it is a very intimate and private crisis to begin with. With this in mind I will build forth on the focus on pastoral counselling.

For the purpose of this study, I would however like to focus and situate myself within pastoral counselling. In the words of Gerkin (Gerkin, 1984, 20), "Pastoral counselling will be here seen as a process of interpretation and reinterpretation of human experience within the framework of a primary orientation toward the Christian mode of interpretation in dialogue with contemporary psychological modes of interpretation" (as quoted by Müller, 1996: 164). A main point made by Müller forms my understanding of the narrative model as it is executed by pastoral narrative counselling, is that this process is a process of hermeneutical analysis of human experience as it presents itself often in faith language (Müller, 1996: 165).

According to Daniel Louw, pastoral counselling refers to the theory, procedures, methods, communication and listening skills of discussion (Louw, 2008":849; 1996: 28), and specifically the above mentioned aspects are applied in a helping relationship between counsellor and

counselee and this pastoral counselling is an aimed therapy because of an identified crisis, problem or need (Louw, 1999:28). Müller adds that in narrative pastoral counselling we do not work with strategies but with a sense of responsibility (Müller, 2000:17, 64). The narrative approach to counselling is not a strategic approach (Müller, 2000:64). It is rather a space where appropriate sources could be mobilised. This is done particularly by activating the sense of agency or responsibility of the counselee and encourage them to work towards a better future (Müller, 2000:65).

This responsibility can be summarised in his statement that not only the story of the counselee, but also the story of the pastoral counsellor is to be listened to (Müller, 2000:18). This creates the image of a creative process rather than a linear and strategic process. Müller refers to pastoral counselling as a form of art- where there is not as much a focus on diagnoses, but rather on creativity to open the curtains on numerous new life giving opportunities and expectations (Müller, 2000:65). This creative conversational space which narrative pastoral counselling offers, is a space where the purpose is not to seek out information but rather a space to come to terms (*“om tot verhaal te kom”*). Therefore Müller says that the counselees are led in such a way that stories are set free, to be told and retold, in such a way that eventually reinterpretation, reorientation and reconstruction can take place (Müller, 2000:70).

With this goal of pastoral counselling in consideration the following statement by Müller helps to understanding that there is some kind of structure and purpose behind pastoral counselling, although not necessarily pre-formulated strategies. Müller invites us to comprehend that “narrative practical theology is, therefore, an ongoing hermeneutical process within the immediate storied content of ministry. The intention of that process is the transformation of the human story, both individual and corporate, in ways that open the future of that story to creative possibilities” (Gerken, 1986: 59 as quoted by Müller, 1996:5).

Louw says that pastoral counselling is an opportunity to seek to highlight God’s promises in all life circumstances and lies draws the lines between peoples own life stories/narratives and the gospel story. Counselling aims at structured aid within a Christian context. (Louw, 2008: 849). This can happen according to Müller, when the narrative counsellor is tuned into free and equal communication by employing dialogue. He further states that by taking every story and the whole



story is considered seriously this communication creates the platform for pastoral counselling (Müller, 2000:17).

According to Müller, pastoral conversations can be equated to be a travel companion. He goes on to say that pastoral counselling is not a miracle cure to “fix” some of life’s problems (Müller, 2000: 71). The task of pastoral counselling is that narratives or stories can be told and reconstructed against the backdrop of the décor of the story. Müller reminds us that the challenge for the pastoral counsellor is to discover the touching points of the story in such a way that other stories can be integrated to the extent to where a new story, can be constructed (Müller, 1996:85).

As will be shown in the rest of this theses, this will be my focus.

## **2.8. Pastoral counselling from a feminist perspective**

Postmodernism implies, according to Neuger, that who we are, how we share and form part of the different influence structures in the culture, and what our historical experiences have been, determine how we can comprehend reality and the means by which we construct it (Neuger, 2001:6).

The reason I want to approach pastoral counselling from a feminist pastoral perspective is that this “development of a theoretical and theological base” enables me to “stimulate and sustain radical and empowering pastoral practices is the goal of a feminist perspective in pastoral counselling” (Neuger, 2001:7). According to Neuger, the deconstructive framework of feminist and other liberation methodologies has been vital in permitting the vital distance to begin to do reclaiming and reconstructive work. Reclaiming methods are those that search for opportunities where we can listen to stories, experiences and understandings in order for those stories to be included in the “meaning-making” progressions in our modern era and culture (Neuger, 2001:8).

A pastoral feminist theologian is aware of the layers of reality and various possible meaning-making processes that people can engage in. Not all processes are as healthy and life-generating as they ought to be. Pastoral counsellors employ theology as a ‘lens of assessment’. As we know, many of the stories surrounding the experience of infertility are indeed stigmatised and problem-saturated and cause further suffering and social ostracising for the couple who is already going through a difficult time. Pastoral narrative methodology, through employing a feminist perspective, gives the counsellor the opportunity to listen to the counselee’s narrative of infertility,

and, through both the theological classifications and the categories that we employ to investigate, assess and track vital life issues that people face in our modern world (Neuger, 2001:10).

Neuger goes further to say that through multiple theological standards held by the counselor, counselees, and the communities where they come from (who hold them responsible or support them), the understandings as well the hopes that the counselees foster are tested and challenged by theology and new directions are envisioned. We “dream up a reality” that does not currently exist but is not entirely beyond reach. By engaging with their thoughts about how God is involved in their life stories, we seek to establish how God is part of the *imago dei* contained in themselves” (Neuger, 2001:11).

In a counselling setting, we challenge the counselee to think about the stakes of life if they were to continue on the path they are on. We try to engage with them to find out what the theological meanings are that they hold and whether the theological language and meanings are in line with the general consistent idea of God ‘out there’. We challenge them to see how God fits in with their perception of the crisis or phase in their journey they are currently experiencing.

## **2.9. Conclusion**

The narrative pastoral approach to doing theology enables a communal inspiring of lives between therapists/the researcher and families/co-researchers. This ‘mutual enriching’ takes place not only by trading out information, but especially through the sharing of ‘selves’ by the different participants, as they jointly make meaning of their worlds (Gravett, 2008:76). I am in the very privileged position that my co-storyteller is also my husband. Together we journey to create meaning and a preferred reality by means of social constructionism. One of the high premiums of the narrative approach is the emphasis it places on people’s ‘telling of their own lives’ (Freedman & Combs, 1996:29). According to Gravett, this has associations on various levels, namely whatever is being investigated, the researcher and the kind of material that is accumulated, and further the way in which information is interpreted and applied (Gravett, 2008: 78). What the narrative theory does is to re-orientate and liberate us to acknowledge that “problems are problems, and people are people” (Freedman & Combs, 1996: xii). By that very distinction, it has already afforded us a great deal of healing in the infertility journey. We had infertility struggles. We made the choice not to make it part of our identity and let it seep into our framework of how we value

ourselves and each other. Much of the literature that I will explore in chapter four refers to people making infertility intrinsic to their value as man/husband or woman/wife. Neuger employs the same narrative lens to establish the following:

“Often it seems to us, problems are such because we feel unable to move them – we have lost agency in our life. What is happening is that the stories we are telling ourselves about what is happening are disabling” (Neuger, 2001:86).

Through the narrative approach to infertility I wish to explore how the problem of infertility can be externalised. Freedman and Combs explain that externalising problems enables us to see clients for who they are (Freedman & Combs, 1996:47). We have a choice to see people either as problems or as stories. The gift of the constructivist departure point lies in the fact that every individual’s story is seen in its distinctiveness and isolated to its own specific context. “Generalisations are avoided, limiting the power any one story (or cultural narrative) can have over another” (Neuger, 2001:67). Neuger explains further that a person often comes for counselling due to the fact that their existing description of their reality is problem-saturated or too constricted to grasp a future with constructive possibilities. “This is a particularly significant issue for people who have experienced marginalization and oppression within the dominant discourses of the culture” (Neuger, 2001:86).

Thus couples who struggle with infertility do not have to see it as only their problem but can embrace it as part of their story of infertility. It allows one to “own” your situation and not be the victim of a problem-saturated situation. A narrative approach enables the counselee to voice and self-author their story. Using the analogy of social construction enables us to deliberate on the ways in which every individual’s “social, interpersonal reality has been constructed through interaction with other human beings and human institutions” (Freedman & Combs, 1996:1). Through this representation, we can pay attention to the power of social realities on the meaning of people’s lives.

In the introduction of this chapter, I gave an honest account of my experience (as researcher) and the account of my husband (co-storyteller) as a couple who experienced infertility. It was a daring endeavour to position myself within infertility. We are the subjects and not the objects of this study. Through writing this chapter in the thesis, I was owning and proclaiming that infertility is part of our story. Sentence by sentence, chapter by chapter I will continue to liberate myself and

my husband of the stigma and pain of infertility. By employing this self-narrative, I hope to open up the arena to other couples to be daring and brave in the owing of their experience. Our experiences do not need to define us, although we can be shaped by them and we can learn tremendously from these experiences.

Epston and White (1992:16) say that in expressing stories to others, they ‘free their lives’ and become ‘reincorporated’. Furthermore, through the re-telling of stories it also inspires others to articulate their own ideal ways of incarnating their life stories. By employing the narrative social constructive approach for this reason we are enabling couples to break free of the stigmatisation of infertility as a problem-saturated story.

It is time that the stories of infertility are told not just for the sake of the infertile individual or couples’ sake but also for the sake of the dominant culture to be educated and to be freed from the judgment, misunderstanding and stigmatisation that often comes very easily. By employing language to express these inner struggles we are taking a stand against the dominant culture and the dominant stories, which, as we will see, have existed from very early on.

Neuger stresses that it not just a matter of being able to tell one’s story as if you were telling a bed-time story. “It is the empowerment of hearing oneself speak and learning to believe in the truth of that long-denied voice, language, and narrative.” Voicing and giving language and meaning to the often silenced and stigmatised stories of the world, feminist theology aims to open not only one’s mouth but also one’s heart with brutal honesty.

In dialogue with Neuger, Greenspan narrates her own understanding: “The simple process of women sitting and listening to each other’s stories respectfully and with an ear to the shared strengths as well as the shared ordeals had some very powerful therapeutic effects... Together we saw that the old terms used to describe politics, relationships, sexuality, power and language itself were an outgrowth of male experience and had to be reinvented from our own point of view as women. For many of us, the overwhelming sense was of seeing the world through our eyes for the very first time” (Neuger, 2001:69).

Through employing my narrative and the personal narrative of my husband I aim to explore that listening to stories, and celebrating them, respecting them and accepting our stories, we are giving authority back to people to see yourself, your life story and the God story in your life as of

importance. As Freedman and Combs put it, they become absorbed in engaging with people to give birth to stories and “thicken stories” that were different to the problem story and did not fit into that domain. In a new approach to stories, the counselees were invited to enact new identities, potentials for their relationships with others and thereby creating new prospects for the future (Freedman & Combs, 1996:16).

The central idea of social constructionism is that the principles, morals, establishments, customs, stigmas, decrees, separations of labour and so forth of our society and reality are fashioned by participants of a culture and this was often in the past passed down unknowingly into the future. Freedman and Combs go on to say, “... that is, societies construct the ‘lenses’ through which their members interpret the world” (Freedman & Combs, 1996:16).

One by one, we are forming new lenses when we allow ourselves to be storied. If we fall victim to the negative stories of life that narrate our experiences and allow them to give us meaning, then we might as well allow ourselves to be constituted by positive meanings that we gain through our journey in stories. As Freedman and Combs (1996:16) say: “Stories can constitute people but also the individual stories constitute others.” As a researcher I offer my storied experience to constitute new positive meanings for couples who struggle with infertility.

“Our stories have the potential not only to be helpful but also to be harmful” (Freedman & Combs, 1996:17). Aware of the fact that a dominant story caused me pain, and that the alteration of that story led to healing and hope, and the fact that I have lived through an infertility story makes me aware that I have to celebrate this story and also be aware that I, as a minister, theologian, and narrative counsellor do not want to replicate the same harassment, judgment, stigmatisation and misunderstanding that people in my congregation experience out there due to the dominant culture. In narrative theory we attempt to delve for individual victories and then we seek ways to celebrate the individual conquests, to circulate these narratives to keep our culture growing and educating the dominant culture, even it is only one story at a time (Freedman & Combs, 1996:18).

Not all people have access to the extensive collection of sociocultural narratives that the narrative pastoral and feminist theologian have at their disposal. It is evident from our modern-day narratives as well as the stories extending from our past that some stories are more governing or overriding than others that are often silenced and extended to the periphery (Freedman & Combs, 1996:36).

Freedman and Combs uphold a very specific, and I think a useful, approach to the narratives of our contexts and cultures. They maintain that “Retellings are what culture is all about.” They elaborate on this and say that fresh stories must be practised. “Stories become transformative only in their performance” (Freedman & Combs, 1996:33). The individual triumph of one couple that has not allowed themselves or their story to be silenced allows at least one context to be transformed. In the married life of that one couple, extending to the family, friends and faith community of that couple, change is then evident and has the potential to engage an active process of transformation by inviting other stories, although not the same “struggle” as that of infertility, can also be aired.

“Social realities may not be ‘essentially true’ but that doesn’t stop them from having real effects”—for example how infertility is seen as a female problem (Freedman & Combs, 1996:36). In the next chapter I will explore how the social reality that was created in the ancient world from which the Old and New Testaments originated contributed to the stigmatisation that infertility was seen as only a female problem. I will explore the texts that suggest male infertility, for nowhere in the Biblical texts it is explicitly stated that a man could probably contribute to the infertility problem. It was seen as a “female problem” and thus accordingly a gendered problem.

I am of the opinion that the meaning that you attribute to certain aspects, struggles, problems or experiences of your life can evolve, and consequently the process of hermeneutics of my own narrative(s) is far from finished. I foresee that in the dialogue opportunities that will come forth from the completion of this dissertation new processes of meaning creation and the social construction of new preferred realities will continue to take place.

## CHAPTER 3

### MALE INFERTILITY IN SCRIPTURE

Narrative theory works with people's stories. When we approach the ancient Hebrew Bible, we find a vast number of stories. In this chapter, I seek to explore the stories of both female infertility and the often silent, left-out stories of male infertility. Narrative theory aims to socially deconstruct the dominant narratives that exist in the public religious domain as well as the very personal accounts of people's faith stories.

I will aim in this chapter to offer the reader some of the expressions of ancient understandings of infertility and how they contributed to our present understanding. I am interested in exploring whether the stigmatisation that forms part of our modern-day treatment of infertile couples has its roots in the biblical texts that we hold dear.

#### 3.1.1. *Our story as departure point*

When beginning to think about whether I should venture forth academically with my own experience with infertility, I struggled to think where I would position 'my journey' within the framework of the larger narrative of this thesis. In my decision to use the narrative approach, I followed the social constructionist viewpoint, which proclaims that the academic finds it difficult to position themselves as separate from that which they are researching. While I as researcher and Reuben as storyteller cannot represent all men and women, we are mindful that we can become more aware of our departure point, and act morally in the undertaking of this research.

As we have storied our infertility journey in chapter two of this study and have acknowledged that both female factor infertility as well as male factor infertility were influencers in our narrative of infertility, I will not be looking at female factor infertility in Scripture. In our infertility journey we were seeking guidance from the Bible and found ample examples of female struggles with infertility but *none* from a male perspective, although we can assume that male fertility problems also existed then, as they still occur today (Petok, 2015:260). There are numerous books, articles and interpretations of the stories of the victims of female infertility in Scripture (namely Sarah, Rebekah, Rachel, Hannah, and Samson's mother). As Petok puts it: "Literature, both popular and biblical, focuses on female infertility" (Petok, 2015:260).

In this chapter, I aim to show that although there are a large number of infertility stories in Scripture, not all of them include both genders.

I will first look at what infertility is from a theological and biblical perspective. Secondly, I will delve into the famous female infertility stories of Scripture, and I will investigate whether there are stories of male infertility in Scripture. Lastly, I will look at infertility from a couple's perspective as portrayed in Scripture. The main focus of this thesis is that infertility should be addressed as a couple's problem. But in order for that to be acknowledged, we must first understand female and male infertility. The notion of female infertility has been widely researched in all the different academic fields (psychology, medicine, and even theology). However, in this chapter, I will try to point out that the lack of research on male infertility in theology is evident. I will look at three main examples of implied male infertility narratives in biblical scripture and unpack them.

Through narrative pastoral counselling, the narrative theologian will attempt to 'un-gender' the biblical narratives. The vast number of female infertility narratives opens up the need to explore male infertility stories as well. Venturing a step further and looking at the biblical stories of infertility from a couple's perspective bring us closer to opening up the dialogue in pastoral counselling to converse about infertility from a theological viewpoint.

### **3.2. The term infertile/childless in the biblical context**

The first thought when defining infertility is that it is the physical inability to have children. If one understands the biology of reproduction one could go further and say that "infertility" is the attempt to conceive by having sex with one's partner, but lacking the success of conceiving (Moss & Baden, 2015:26). This inability/disability is not as easily defined when the lived understanding is considered.

The term 'childless' has intimations of loss and bereavement, but technically applies to anyone without children. This does not, however, include the interpretation that some people make the choice to stay child-free. "Alternatively, the terms "barren" and "infertile" can be used to describe a biological state or condition" (Moss & Baden, 2015:2).



There are other scriptural denotations for infertility. According to Gravett, “the metaphors of the barren earth and unfertile soil are often used in Scripture to convey a place, a people or a situation that is uncultivable” (Gravett, 2008:27-28). Moss and Baden also add that “the terms ‘barren’ or ‘infertile’ are gendered” and typically applied to women, and further that these definitions are embedded in agrarian metaphors (Moss & Baden, 2015:2).

### 3.2.1. Gendered terminology of infertility

Finkelstein and Finkelstein state in their work that the biblical Hebrew words for infertility are different for a man and a woman. “Each word expresses the tragedy unique to each gender” (Finkelstein & Finkelstein, 2005:237). Could we make the assumption that from very early on in Scripture there was a gendered nature attributed to fertility or infertility? The authors then go on to explore the meaning of the word and maintain that the word that the Torah employs to define the childless man is *ariri* (אָרירי). Genesis 15: 2 is translated as follows: “And Abram said, Lord GOD, what wilt thou give me, seeing I go *childless*...”

The narrative surrounding the understanding of infertility from a theological vantage point is of interest here. I was surprised to see that the commentary on the Talmud and the Tanakh is also presented in the form of stories surrounding certain interpretations. I will engage with these commentaries briefly to see what these ancient traditions reveal about how infertility was understood.

Finkelstein refers to Rashi, a French rabbi and author of an elaborate commentary of the Talmud and the Tanakh. Rashi comments that the word *ariri* denotes inheritance. By implication, this means that Abraham was saying in his dialogue with God that there was no one to inherit him. Seforno, also a Jewish rabbi of Italian descent and Biblical commentator, strengthens the idea that “there was no one to take his place”. Finkelstein interprets these commentaries of the Jewish rabbis to say that “according to both interpretations, the tragedy for Abraham vis-à-vis his infertility was that there was no continuation of his line” (Finkelstein & Finkelstein, 2005:237). Hamilton adds to this also how the levirate law was interpreted and implemented so that family property could be safeguarded (Hamilton, 1992:560).

The word *ariri*, which means an infertile man, is used later in the Torah, in Deuteronomy 7:14, but is used there as a general term and not to describe a specific individual (Finkelstein & Finkelstein, 2005:432). “Thou shalt be blessed above all people: there shall not be male (עָקָר) or female (עֲקָרָה) barren among you, or among your cattle.” The word could thus be applied to both people and animals being barren.

What is more interesting is that the general word used in the Jewish law (Torah) is the term *akurus*, which is commonly applied to women. When we read the first words about Sarai in Genesis 11:30 it says: “Sarai was infertile (*barren*)” (akarah עֲקָרָה) and just to further emphasise her infertility, a double death penalty in the words following: ‘אֵין לָהּ יֶלֶד (ain l’e uld – there is no child). The word is from the root *akar* (עָקָר), which denotes being uprooted, eradicated (Finkelstein & Finkelstein, 2005:238).

I agree with Finkelstein and Finkelstein’s interpretation of this denotation of *akar* that it is often the case (if not mostly the case) that the infertile woman feels “uprooted”, displaced, and her dreams of being a mother turned around. The woman feels estranged and pushed aside like soil being turned over to be replaced with more fertile compost. The example of Rachel who was labelled the *akares-ha-bayis* portrays this exactly: as the barren wife, she was pushed aside, “removed” from the other wives in Jacob’s house, being removed from the rest of the world. Applied to a man, the term *akar* denotes that “a man feels a loss of continuity when he doesn’t have any children. A woman, however, feels alienated” (Finkelstein & Finkelstein, 2005:238). Moss and Baden engage with this position by adding that the experience of the infertile woman is one with higher rates of alienation where there is an advanced expectation of women bearing children and being active in reproduction (Moss & Baden, 2015:6).

What both Finkelstein and Finkelstein and Moss and Baden are stating is that in the very meaning of the word ‘*akar*’ there is a gendered nature in how it is applied differently to men and women. They imply that from the start, there is a difference between the way men and women understand the struggle of barrenness. “One is concerned for the future; the other has to cope with the present” (Finkelstein & Finkelstein, 2005:238; Moss & Baden, 2015:6).

### 3.3. Infertility as a “storied” term

When one looks at the story of one word, one does not expect to find such a tale behind it. It is as if the choice of words used by the biblical authors already tell a story. Unfortunately, the negative trend of stigmatisation and the gendered nature of infertility that starts very early in the biblical scripture, as early as in the Genesis narrative, sets the scene for how other biblical narratives continue to stigmatise and gender infertility.

These narrative representations are not only found in the ancient Hebrew Bible. The stories from other cultures and their ideas on infertility also become evident when we explore the narratives of the Ancient Near East. The imagery that was used in ancient Egypt and Mesopotamia gives us an impression of how the definition of infertility was rooted in the agricultural metaphor, therefore contaminating the idea of how conception can be equated to other parts of nature where “procreation” or “growth” seem to happen effortlessly.

Procreation and the process of reproduction was understood by the agricultural image of the male partner embedding the male seed in the female meadow. It was thus understood that “if” the male “delivered” the seed, and conception did not take place, then something must be wrong with the land/field. The “if” of the last sentence above represents the only circumstance in which responsibility for childlessness fell on the husband rather than on the wife. Here the interpretation left space for the occurrence of male impotence, which would necessarily mean that the seed could not have been delivered. As Moss and Baden point out, male infertility was essentially an unknown territory in the understanding of fertility and infertility (Moss & Baden, 2015:36).

In the next section, I will investigate how female infertility was presented in the ancient Hebrew Scripture. Because infertility was often understood in gendered terms, the above-mentioned metaphor of the woman’s womb as a field/meadow had substance in some ways. It was generally understood that it is God who opens the womb, or to make use of my imagery, it is God who makes the land fertile for the seed that is delivered.

### **3.4. Female infertility in Scripture**

From a brief survey of the biblical narratives, it is evident that there are only references to the woman's apparent incapability to conceive (Byron, 2010:19; 2010(b):2). I will give a brief explanation of some of the most prominent narratives of female infertility. If blame was given for infertility, it was often laid at the feet of the woman. In some cases, the blame or shame was lifted if by God's intervention (God opening the womb) the woman did eventually conceive.

#### **3.4.1. The popular narratives of the matriarchs**

In their book *Reconceiving Infertility: Biblical perspectives on Procreation and Childlessness* Moss and Baden investigate five narratives of unfruitful women in the Hebrew Bible in order to reinterpret infertility. The women included in their study are the matriarchs, namely Sarah, Rebekah and Rachel, as well as the unidentified mother of Samson and the story of Hannah. These narratives are used to explore how the biblical traditions need to be reconceived by modern readers to give an unshackled understanding of infertility (Moss & Baden, 2015:22).

Hannah's story of infertility is told in only eight verses but it is an emotional account of the inner turmoil that infertility causes. This is presented as a female account of infertility, but it soon becomes the significant descriptive label/characteristic that binds Hannah to her fertility or the lack thereof. Even today, if you mention the name Hannah to any believer, the picture is of Hannah pleading before God to be able to conceive, in agony of being infertile. It seems to be all anyone would ever remember her for. I would like to follow in the steps of Moss and Baden, who also remind us that in these eight verses, her infertility is the main theme that everyone (Elkanah, Penninah, and Eli) concentrates on (Moss & Baden, 2015:23).

#### **3.4.2. A feminist reading of the matriarchal infertility narratives**

With the remarkable gender focus with which Moss and Baden investigate the biblical narratives, they introduce the comment that in the accounts of Sarah and Rebekah's infertility, we must also acknowledge that the Biblical authors do not describe who they were, what they looked like or who they were as people. We do not even know what Samson's mother's name was. Her identity is not of importance it seems, although this nameless, faceless woman receives the label of

infertile/barren woman. These women's infertility effectively forms part of their identity (Moss & Baden, 2015:23-24).

“The laser-like focus on each woman's infertility, to the exclusion of nearly every other aspect of her identity, means that infertility is effectively her identity. If women in the ancient world were reduced to vessels for childbearing, barren women were just fragile shells, empty of consequence” (Moss & Baden, 2015:24). Clearly, we can accept that the weight of childbearing on women was a make or break situation. Byron agrees with this when he says that an unbalanced quantity of the emotive and bodily burden of infertility consistently falls on the woman (Byron, 2010(b):1). Byron goes on to say that this does not mean that “males do not experience grief and a sense of loss”. We find the plea of men in their prayers to God. The stories that come closest are a prayer by Abraham (Gen 15:2) and the appeal of that of Isaac for the sake of his wife (Gen 25:21).

This of course is not to say that in the whole of the Ancient Near East there were no such experiences. However, the biblical authors, mostly men, did not include such experiences in the biblical scripture. It would have lessened the burden on the wife in such case, but it also would have supplied us as modern readers with the texts we so desperately need to console couples who struggle with infertility.

The personal accounts of the matriarchs and the accompanying struggles and emotions are put in the background because their stories are implied to narrate their infertility and God's greater plan with these women to establish the Israelite nation. In each instance, these characters were chosen to be part of God's plan for the world.

### **3.4.3. Narrative theory and biblical narratives of infertility**

In terms of narrative theory, we would say that the understanding of infertility, as the Hebrew Scripture presents it, is constructed on a few levels, on a gendered level, as well as socially and culturally. There are a few considerations as to why the premium on procreation is so evident in Scripture. The enormous pressure on a couple to procreate was felt on different levels and originated from numerous areas. Moss and Baden provide a few examples of the different levels. Many couples would admit that to this day, the multiple levels of pressure are still evident, but to

be fair, it is mostly on a social and religious level. However, in ancient Israel, the pressure was firstly on the level of building the community to enhance the demographic and economic growth of the clan. This included children to transfer the inheritance to and also for the protection of the clan in the cases where defense was deemed necessary.

Because the economy of that time was household-based, it would make sense that the more children you had, the lighter the workload and the greater your profit margins would be because you had readily available labour. Furthermore, other considerations were the transfer of inheritance, care of the elderly and the family story or lineage. Children would secure your remembrance or, in other words, the continuation of the family and ancestral story (Moss & Baden, 2015:28-29). Byron agrees with Moss and Baden and says that it is no coincidence that the biblical authors made “be fruitful and multiply” (Gen 1:28) the first words that God speaks to humanity (Byron, 2010(b):2). What Moss and Baden also fail to take into account, which Byron points to, is that the high infant mortality rate contributed to a high expectancy of progeny.

Frymer-Kensky makes another valuable contribution in acknowledging the extreme value that the Ancient Near East attributed to childbearing by commenting on Deuteronomy 20:7 and 24:5. (Frymer-Kensky, 1998:66) It is advocated in this text that a young man should be excused from one year’s military service. Three commentaries are of the opinion that this law was implemented because of the high expectancy that a couple should produce offspring as soon as possible.

Frymer-Kensky and Byron, as authors, remarks that this has always been interpreted to grant the couple an extended “honeymoon” (Frymer-Kensky, 1998:66; Byron, 2010(b):2). However, if applied correctly, the enforcement of this law would mean that reproduction could take place earlier in married life and the newly married man would instantly achieve immortality by securing his heir (Frymer-Kensky, 1998:66; Byron, 2010(b):2, Driver, 1996:273).

#### **3.4.4. Female infertility and social perception**

Female infertility is always seen either as a curse, disaster, disability or incapability. However, in a society where procreation was highly esteemed, it was an even greater cause of grief when a woman was incapable of giving birth. In Judges 11:39, we read about Jephthah’s daughter who is

grieved for before she passed away because “she had never known a man”. Embedded here is not so much the fact that she never had any sexual encounters before her death, but rather the fact that she never bore children. A comparable state of affairs is evident in 2 Samuel 6:23 when Michal, the daughter of Saul, passes away. The narrator of 2 Samuel comments here “she had no child until the day of her death”. Because the expectancy was that if you are a woman, you are supposed to bear children, mourning accompanied the lack of fertility (Byron, 2010(b):2). This is very close to what an infertile woman would experience. Although not mourning the actual death of a child, she is mourning her dreams of becoming a mother and mothering children.

By distinguishing the social forces accompanying the biblical valuation of childbearing, we can also admit that fundamentally none of these is relevant today. We are in the process of overpopulating the world, not under-populating it. Many of the factors that emphasised the need for children are not relevant anymore, except for the intense desire of a couple to become parents, and to a great extent the accompanying social pressures from family and friends. “The social context from which the biblical emphasis on fertility emerged has not been perpetuated down to the present; and yet the valuation of childbirth, and the related views of those who cannot bear, have remained with us” (Moss & Baden, 2015:29-30).

The social pressures today possibly exist because we have adopted much of the value that was put on procreation in the ancient biblical world. However, as I have tried to point out in this section, the same social, cultural and religious considerations are no longer applicable to us. But the shame, the blame and the pressure have remained, and much of the burden still falls on the woman. As I have also mentioned above, in many circumstances there is still the idea that it is a female problem. And, therefore, the woman is alone in her emotional turmoil.

### **3.4.5. Biblical narratives of female infertility and the modern reader**

Upon further investigation, I also found that many of the female infertility narratives would not be of great consolation for couples who have to face the medical diagnosis of permanent infertility. *All* of the biblical examples of female infertility are where the narratives are absolved through conception due to divine intervention. What these stories do afford us, is to acknowledge the struggle that the woman faces as is portrayed in the exasperation and cries of agony in Rebekah

and Hannah's accounts. It does offer the woman the opportunity to say that although she cannot necessarily do something with her infertility, she can at least voice the emotions surrounding her experiences. That much the Scripture does afford us.

Employing a feminist narrative approach, I would like to ask the following question: why is infertility and the accompanying burden, shame and blame, laid only at the feet of the woman? Today it is quite evident from medical research that the inability to conceive is just as much due to the male's inability to contribute to the procreation process. In my husband's and my own journey with infertility, we had to face both female and male infertility. I could easily identify with the cries and prayers of Hannah. However, on male infertility, there were no explicit stories that we could visit for guidance or inspiration.

In the next section, I will investigate the narratives of the Hebrew biblical text where male infertility is implied. My hope is that by exploring these biblical narratives and possibly other narratives from the Ancient Near East, we will find space to be able to converse with men who come for infertility counselling.

### **3.5. Male infertility**

In order to show the absence of literature on male infertility, I will contrast the vast amount of female infertility narratives with the lack of any explicit stories centering on male infertility.

In the modern era where medical science has taught us a great deal about the different factors impacting procreation and fertilisation, we realise that a metaphor like the one cited above and one that was common in the ancient world contributed to the view that childlessness would be portrayed as a predominantly female problem. As Byron argues:

*"No biblical stories center on an infertile man, nor is the imagery of barrenness ever applied to a man. The focus and preoccupation with childlessness in the Bible fall solely and consistently on women".* Byron goes forth to state that childlessness was under no conditions offered as an encouraging or tolerable circumstance (Byron, 2010:20). One could have easily accepted this observation and end this research right here. But if male factor infertility is such a startling reality for couples today, it must be evident in the ancient scripture as well.



### **3.5.1. Male impotence or male infertility?**

Moss and Baden elaborate that the information contained in various texts unambiguously point to male impotence, “but [that there are] none for male infertility suggests the possibility that male impotency was in fact, the functional counterpart to female infertility in the Ancient Near East” (Moss & Baden, 2015:36). There were different symbolisms for the pictorial definition of the sexual act for each of the genders, namely that the man would acquire an erection and pregnancy/childbirth would follow for the female.

What medical science has taught us today is that there is much that the naked eye cannot perceive and through medical technology, it can be established that men are often found just to be as infertile as women. “And here the gender equality shifts precipitously against the woman: for so long as the man delivered the seed, the absence of offspring would be blamed on her, and she would be the one to suffer the consequences” (Moss & Baden, 2015:36). This quote by Moss and Baden underlines my argument that in the ancient biblical world male infertility was a non-issue for as long as the man could maintain an erection and ejaculate. Today we know from semen sampling that various factors could be the reason on the male’s side for not reaching the egg. Factors like low semen count or semen weaknesses and various other testicular diseases might be contributing factors.

### **3.5.2. A brief look at Biblical narratives of implied male infertility**

We find that male infertility is implied in a few scriptural accounts. I will now go on to explore these biblical accounts to investigate whether these instances do prove to be examples of implied male infertility in the ancient Hebrew Scripture.

Genesis 20:14-18 proposes that King Abimelech had temporary infertility due to his sin and asked Abraham to pray for him in order for him to be healed. However, the storyteller records that it was indeed not only Abimelech who was in distress due to infertility. His entire household was tormented, and it is stated that God had “closed the wombs of the entire household” (v18). Deuteronomy 7:14, however, assures help for both male and female infertility.

Some Bible commentators are open-minded about the idea that the cause of sterility or infertility might just as much lie with the husband as with the wife, as is often suggested in the case of Abraham (Gen 15:2). Engaging again with the narrative commentary on the scripture, the Talmud includes the probability of both Abraham and Isaac suffering from male infertility. As we know from the narratives of Abraham, he impregnates Hagar, and thus “frees” himself from the assumption of being the possible reason for infertility, and so the burden falls back into Sarah’s empty lap.

The Talmud makes provision for (or condemns?) a husband to be separated from his wife and divorce her after ten years of unsuccessful fertility. She is, however, offered the option to get married again. For men involved in childless marriages, there was another option available, namely to include another wife (take a second wife) rather than divorce the apparently infertile wife. One may only wonder if this was the case with Elkanah having Peninah and Hannah. However, Aggadic texts disapprove of the termination of marriages, even when male infertility is a probability because the emotions and human feelings are the main deciding factor, overruling any legal recommendations. This notion underlines my intuition that male factor infertility might have been there from the very start of creation, but due to the weight of stigmatisation, many women might have carried the burden unfairly or maybe to protect their husband’s honour.

Accordingly, the first examples above do not give me much to work with in engaging with narratives implying male infertility. However, we find the levirate law applied in three biblical stories: the story of Tamar (Genesis 38), the story of Ruth (Ruth 1:4) and in the laws surrounding the levirate approach in Deuteronomy 25:5-10 (Merrill, 1994:326, Westermann & Scullion, 2002:52). These texts give us a window to investigate how male infertility might be disguised in the ancient biblical text. According to Westermann & Scullion, the meaning of the custom of levirate was so that “his name may not be blotted out of Israel”. Of course, the meaning also further made room for the transfer of inheritance and to secure an heir (Westermann & Scullion, 2002:52). I have to voice a question: why is it that some men did not have any problems securing their lineage before their death, and others seemingly (Er and Mahlon) did not succeed in bearing children and left their widows childless?

### **3.5.3. Investigating narratives of implied male infertility**

In the next section, I will look at the instances of Ruth (Ruth 1:4), Tamar (Genesis 38:6), and the Shunammite woman (2 Kings 4), where the infertility of the male is implied. For many years scholars have just brushed over these narratives. These are not your typical “infertility” narratives, and you have to put on very particular lenses to see the implied infertility here.

#### **3.5.3.1. The story of Ruth, Mahlon and her offspring with Boaz**

Within the few short chapters of the book of Ruth lies the well-known story of Ruth, the Moabite woman who would be the ancestor of King David. The story of stigmatisation is well known in the book of Ruth, for in Ruth and Orpah we find that they were members of a stigmatised nation. Trauma and struggle further strike them when both their husbands pass away, leaving the widows childless. It is said that Naomi and her sons lived in Moab for ten years. “Supposedly a land of plenty, Moab proves to be the site of sterility and death” (Levine, 1998:85, Weinstein, 2004:48). Because we do not know the story of what happened to Orpah, we have no evidence whether Orpah or her husband Chilion might have also suffered infertility challenges, since the texts narrate in one breath that both of Naomi’s sons were childless when they die ten years later. Was it not for the fact that Ruth married Boaz, would she have remained a childless widow? In some way, the levirate law served her better than it would serve Tamar (as we will see later).

Ruth’s husband is named Mahlon, which translates roughly as “sickly” and Chilion as “extermination” – perhaps in subtle recognition of the fact not only that he would die young, but that he suffered some reproductive impairment as well (cf. Kirsten, 1997:42, Moss & Baden, 2015:249, Bush, 1996:64). However, it could be posited that these were fictitious names for the two deceased brothers. Since the narrative is not built upon these two characters and their role in the Ruth story, the notion that their names had some prophetic meaning attached to their eventual fate is not taken seriously.

#### **i. Ruth’s story against the backdrop of the Jewish law**

According to the Jewish law, as stated by M.Yevamot 6:6, “If a man took a wife and lived with her for ten years, and she bore no child, he may not abstain” (Baskin, 2002:126). What happens

after this is not necessarily brought to light through the Mishnah. According to Baskin, T. Yevamot 8:5 say that a man who is childless should separate from his wife “for perhaps he did not merit being built up through her”. Baskin goes on to explain that because there is not any evidence that their infertility is the separated wife’s burden, the Tosefta at Yevamot 8:6 illuminates what we were are searching for: “... that the divorced wife may marry again, for perhaps she did not merit being built up through this man” (Baskin, 2002:126).

In other words, in the Jewish tradition of scripture interpretation, the door is left open – even just a little bit – that male factor infertility might be the reason why a couple cannot conceive. Although many couples today would not apply these biblical or Jewish laws and regulations to find their way out of a childless marriage, we can see that from very early on the Jewish law left room for the interpretation of the struggle and desire of childbearing and reality that infertility does affect some couples. What the Jewish law and culture allow us to see is that provision is made that blame is not mistakenly laid at the feet of the woman alone. Space is left, a little space indeed, for consideration that maybe male factor infertility is at stake here.

According to the text of Ruth 1:4, Ruth and Mahlon were married for about ten years. Is it possible that Ruth was spared the further stigmatisation, other than being a Moabite, by further being stigmatised in the future as the childless/infertile wife if Mahlon did not die? The reason was that in Jewish tradition “ten years was the term in which infertility had to be established before dissolving marriage” (Baskin, 2002:127). According to Baskin, the hypothesis of infertility was made after ten years of typical marital relationships. Mahlon died very soon after the ten years. The questions and social pressures on the couple would have begun to rise after the ten-year anniversary of their marriage. As we have seen, the stigmatisation and blame of infertility would have naturally fallen on the woman, in this case on Ruth.

The Jewish law goes on to make room for the “ten-year waiting period/assumption time” as we see stated in M. Yevamot 6:6: “If he divorced her, she is allowed to marry another and the second husband may also live with her (no more than) ten years (without offspring)”. The implication of how this law was applied leaves me quite unsettled in some ways, for if the emotional struggle of the first ten years was not enough, of hoping and praying that she would conceive, if the woman

did not succeed in conceiving during the second ten years (this would now be in her next marriage) then she is recognised as infertile/barren. And as if that realisation is not enough, it was also expected of her to be once again divorced.

Now supposedly the law makes provision for her by implicating that she was indeed not obliged to produce offspring, and has accordingly failed to do so, there are no legal implications resting on her. So the law tries to convey the idea that a woman was not religiously ordained to procreate, but in essence, the social and cultural pressures on couples were so enormous that this would not have made any difference to how they experienced their apparent infertility. “However, she cannot impede fulfilment of this commandment by knowingly marrying a childless man” (Baskin, 2002:127). In other words, the probability existed that some men could be labelled “childless” – although this does not necessarily denote infertile men. It could have been the case that a man married at a very late stage in life and had not previously tried conceiving a child. The law, once again, protects the man.

## ii. Ruth in dialogue with other biblical narratives

Schipper makes an even more unsettling observation in his comparison between Ruth and the matriarchs Sarai, Rebekah and Rachel, and assumes Ruth’s beauty can be compared to the descriptions stated in Genesis on the beauty of the matriarchs. He assumes these are enough grounds to further compare Ruth’s “infertility” to that of the matriarchs. “One could on the same basis also assume her infertility prior to a divine intervention (Ruth 4:13). Schipper goes on to state that the “absence of the word *akara* in Ruth does not necessarily mean that one should assume the character is fertile by default” (Schipper, 2016:396).

In reaction to this statement by Schipper, by employing a gender lens, the question needs to be raised: Why is it that Ruth is assumed to be infertile, and not Mahlon, particularly if infertility is the case here as stated by the fact that a ten-year period has lapsed? Schipper goes on and compares this ten-year period to the ten-year period after which Sarai gave Hagar to Abraham in her desperate attempt to overcome her barrenness. I differ here from Schipper, because in the Genesis text, the word, *akarah*, “barren” is used to introduce Sarai to the reader, whereas in the case of the Ruth story there is no depiction that this story is about fertility or infertility. However, I am using

this narrative to depict, through a gender narrative reading of the text, the common thought that if infertility was to be suspected, it should by default be that of the woman.

I cannot help but wonder how many couples would be able to survive the ten-year trial of assuming or hoping that conception will take place. In ten years, a great deal of pain and turmoil can occur. In our modern understanding of infertility, it is often diagnosed after twelve months of unprotected sexual intercourse. Through medical science, some couples might even know that they will have fertility dilemmas before they get married. I wonder how many marriages would have made the ten-year cut today, where divorces are so much more readily available.

### **iii. Conclusion on the investigation of implied male infertility in the Book of Ruth**

On account of these perspectives, we can say that there are two possibilities evident in the case study of the biblical narrative of Ruth. Either Ruth struggled with female infertility, or it was solved before her marriage to Boaz with, God having “opened her womb”. This possibility seems improbable, however, because we were provided with the information in the text that Ruth and her first husband, Mahlon were married for about ten years.

The second assumption, and the one I find most probable, is that we can safely say that the infertility dilemma did not lie with Ruth, for after Mahlon dies, she goes on to marry Boaz, and together the couple conceived Obed. Another consideration is the factor of male impotence rather than male infertility that may be a factor in the story of Ruth (Moss & Baden, 2015:38). One should note that Mahlon’s brother, Chillion, and his wife Orpah were also childless when Chillion passed away. It is also assumed that they were married for about ten years. Could male impotence be a factor in this story, and the one of Er and Tamar that I will present in the following section?

We have no evidence to prove the assumption that a genetic factor of male infertility might be at stake for the two brothers’ narrative that we find in the book of Ruth. Since we have no account of what happened to Orpah after her return to her father’s house, and whether she indeed did remarry or if she had children or not, we cannot conclude that Chillion might have suffered from male infertility as well. Much more convincing is that we can conclude that Mahlon was the one with male factor infertility.

### **3.5.3.2. Tamar and the levirate law**

In the next narrative of Judah and Tamar, one finds yet another opportunity to look for implied male infertility.

#### **i. Reconsidering fertility in the story of Judah**

A few Hebrew Bible commentators make the observation that we find it odd that the story of Joseph in Genesis 37-50 is interrupted by this story of Judah and Tamar. Various commentators interpret this interruption in a variety of different ways. Undoubtedly the first five verses of Judah's story lead us in a false direction. The narrative begins by focusing on Judah's marriage to a Canaanite woman, who gives birth to their three sons, "thereby establishing the expectation that the remainder of Genesis 38 will also deal with the theme of procreation" (Menn, 1997:135). It does seem that this will be the case eventually, but when we read between the lines, we will see how male infertility is implied in this story.

The account of Judah and Tamar begins with Judah having three sons, Er, Onan and Shelah. Tamar is married to Er and Er dies childless. Due to this unforeseen state of affairs, it is expected of the next oldest brother-in-law, in this case (Onan) to fulfil the commitment to have sexual intercourse with the wife (Tamar) since his brother is now deceased. However, we read that Onan does not live up to the expectation because of his misconduct and misinterpretation of the levirate law (Niditch, 1998:25).

#### **ii. The sufferer of implied male infertility**

As readers, we are not supplied with much information regarding the situation around Er's passing. The essential detail that we seek is absent. The storyteller is narrating in one sentence that Er married Tamar, and in the next, we are informed that he is dead. No indication is given of how long the couple was married. Even the detail of whether Er and Tamar had intercourse or not is left out, although in the brief description of Judah's marriage to the nameless Canaanite wife it is evident (Byron, 2010(b):69).

Hamilton gives us another insight into how marriage customs worked in the Ancient Near East and states that in some Nuzi texts found “the payment of the bride-price could be postponed until the marriage was consummated, or until the bride had proven her fertility” (Hamilton, 1995:562). In the case of Tamar and Er, we do not have enough evidence to state that the marriage was postponed for the “female fertility evidence” to be proven, because when we meet them this story already has a gendered tone to it, namely that poor Tamar is the wife to a “possibly” infertile man.

### **iii. Ancient marriage customs to help us understand the predicament of the couple**

Keeping in mind how wedding customs worked, we can conclude that the marriage must have included intercourse and the showing of the bed linen to prove that the wife was a virgin before the wedding night. However, we must take into account that fertility peak times make it possible that when the married couple, Er and Tamar, had sexual intercourse, she was possibly not in the fertile window of her ovulation cycle.

Keeping that in mind, let us then assume that the marriage was consecrated in the appropriate manner and that Er and Tamar did get to enjoy a “honeymoon”, it must have been cut short by Er’s death. This couple did not receive ample opportunity to procreate.

We are told that Er was punished to death by God in Genesis 38:7. Could it be possible that Er was suffering from male infertility and for that reason could not impregnate Tamar? It is fascinating that when we look at the denotations of the names of Judah’s sons, we find hidden clues to their relevant character that will be revealed in their future.

### **iv. Levirate law and infertility**

Judah then goes on to instruct his second son and brother-in-law of Tamar to have intercourse with her, in the hope that she will conceive and carry forth the name of Er. Onan is to perform as *levir* and be responsible for a child for his dead brother’s wife. Levirate marriage was not limited to the Israelite nation but was seen throughout the Ancient Near East. Therefore the Genesis author finds it suitable to include it in this story as well (Merrill, 1994:326).



Menn adds another contributing factor to strengthen the understanding of why Onan was punished by God for having intercourse with Tamar for a reason other than to impregnate her by including a note in Leviticus 20:21 that states that the *levir* who takes his brother's wife shall be deemed "childless" due to the fact that the purpose of the levirate marriage was to bear children in the name of his deceased brother. "This note is doubly suggestive in that the adjective "childless" (אֲרִירִים) is reminiscent of the name of Judah's oldest son Er (אֶר) and therefore recalls the disastrous attempts in Genesis 38 to implement a levirate relationship (Menn, 1997:61).

What Niditch further points out in her commentary on Genesis 38 is that the aim of the children to be born from this sexual intercourse was, in fact, more than to merely accomplish the responsibility of a brother-in-law. She goes on to say that the law was implemented from a "male-preserving, male-protecting" perspective to safeguard the inheritance and family name of the deceased male's family lineage. However, we can also interpret Tamar's engagements in Genesis 38:13-19 as a wife's deed of devoutness to her deceased husband. "The man's reproductive powers extend in this way even beyond the grave" (Niditch, 1998:25).

Frymer-Kensky explains that according to the understanding of the levirate law of Deuteronomy, another means is provided for a woman in a seemingly hopeless state: "She can perform a ceremony of removing the reluctant *levir*'s shoe and spitting in his face, and his house will thereupon be known as "the house with the shoe removed" (Frymer-Kensky, 1998:66). This ritual would result in "public defamation". This would result in the "shaming" of men who were responsible for performing the levirate. "Even when the threat of this shoe ceremony was not enough to bring the brother to perform the levirate, the ceremony at least ensured that the woman would be free to go and would not, like Tamar, be bound as a widow" (Frymer-Kensky, 1998:66).

What is interesting about Genesis 38 is Judah's involvement as father and father-in-law. The description of levirate marriage in Deuteronomy 25:5-10 focuses on the interaction between the widow and the dead man's brother. While it may be necessary to get the city elders involved, there is no mention of the father being an advocate for either party. The legal situation, it seems, exists solely between the widow and her brother-in-law. This is illustrated in Ruth 4:1-6, where the decision who will marry the widowed Ruth is made in the presence of the elders at the city gate.

In light of this, it appears that Judah's actions resemble a scheme to perpetuate his own line. He does not give Onan an option, he simply instructs him to produce a child for his brother. Onan realises that the child he is supposed to produce will not be recognised as his, or it might be possible that he did not want his brother's line to continue and so he formulates his own option. Rather than impregnate his sister-in-law, he practices *coitus interruptus* whenever they have sexual intercourse (Wenham, 1994:367). But this is not a once-off dodging of responsibility. The syntax of the Hebrew indicates that Onan did this repeatedly whenever he had sex with Tamar (Hamilton: 436; Byron, 2010(b):70).

By sleeping with Tamar on multiple occasions, he gives the appearance of obeying his father even though he is faking it. What is more, the longer it takes Tamar to become pregnant, the more it appears that she is infertile. She has already had one husband die and leave her childless. Until she becomes pregnant, she is overshadowed by suspicion and concern that the reason she was left a childless widow is because she is incapable of becoming pregnant. "The law of the levirate suits a male-centered symbol system in that it neatens up that which has become anomalous according to the categories of that system... no longer under father, but having no husband or son to secure her place in the patriarchal clan" (Niditch, 1998:25).

#### v. Levirate law possibly contributing to Tamar's suffering

Onan may have calculated that, given enough time, Judah would conclude that Tamar was incapable of bearing children and abandon his goal of producing children for his firstborn. With his dead brother finally out of the way, Onan would be the next in line to inherit Judah's legacy and perhaps the Abrahamic promise. While women might have seen levirate marriage as an opportunity for security, men could view it as a threat. Biblical law states that if a man passes away without a son, then his inheritance is to be passed on to his daughter. If the man had no daughter, then it is transferred to the dead man's brother (Num. 27:8-11). If Onan fulfilled his duty as *levir*, the child would not be recognised as his, but as Er's. Onan is attempting to steal the inheritance (Byron, 2010(b):39-71). The reason Onan is being reprehended, according to Wenham, is because God repeatedly gave his assurance to the patriarchs that they would be a fruitful nation, and now it seems that Onan is a hurdle in the way of the fulfilment of that promise of God (Wenham, 1994:367). This could be one further explanation as to why God punishes Onan with death.

#### **vi. Tamar's fertility story**

The Genesis narrator implies that even before Tamar gets up from being with Judah, she became aware that she might be pregnant. After Tamar disguises herself, and Judah makes the agreement to give his cord and staff in exchange for “laying” down with Tamar, three quick verbs give us the impression that the story of fertility that started in the beginning section of Genesis 38 is now back on track. The verbs “he gave, he lay, and she conceived” signify Tamar’s single-minded purpose, which, from her first marriage, has been to become the channel of the seed of Judah (Wenham, 1994:367). To further enhance the idea that a fertility story is back on track on both the male and female side, we see that Judah’s sexual act and Tamar’s conception are related in one breath.

“Her return home and redressing in widow’s garments suggests that she suspects that she has conceived” (Byron, 2010(b):78). According to Byron, this implies that Tamar was not the one having infertility challenges in her marriage to Er, as she is aware of her own fertility potential.

#### **vii. Complexity of the Genesis 38 text**

I once again state that this is a more difficult text to work with than the text of Ruth and Mahlon. In the Ruth narrative, we are informed through the story that they were married for about ten years. However, when we work with the Genesis 38 depiction of the story regarding Er’s sudden death, we have to acknowledge that this text does limit us as to the amount of information it feeds the reader. We have no clear idea of the time frame the couple was afforded for sexual intercourse. If we had to include the text of Er-Tamar-Judah in the sources of implied male infertility narratives, we could say that it is possible that Er might have suffered from male factor infertility, since Tamar is very easily impregnated by the one occasion of intercourse with Judah.

#### **3.5.3.3. Other biblical narratives as examples of implied male infertility**

Byron opens another probability through the examples of Samson’s father, Manoah (Judges 13:2) and the father of John the Baptist, Zacharias (Luke 1:7).

According to Byron in the case of Samson and John the Baptist, it is less explicitly evident whether male infertility could be implied, as there are no alternative chronicles that the fathers of these men

(Manoah and Zacharias) succeeded to have children with other women. “Thus it is possible that the husband was the infertile one rather than the wife” (Byron, 2010:19; 2010(b):2).

I do not, however, agree with Byron. In the Hebrew text of Judges 13:2, the female reference of barrenness עֲקָרָה (*akarah*) is used to denote female factor infertility. The text states: “... and *his [Manoah’s] wife* was barren and had no children”. This is also the case with the New Testament text of Luke 1:7: “And they had no child, because that Elisabeth was barren (*steira*), and they both were [now] well stricken in years.”

We cannot thus draw a different conclusion from the text, yet, we are still faced with the probability that the blame for the infertility was laid at the feet of Manoah’s nameless wife. We know by now that male infertility was not in the mind frame of the ancient biblical authors. I still feel we should employ this text with caution when we are looking at texts with implied male infertility.

I can trace where Byron got the notion of implied infertility in the story of Samson’s father. According to Moss and Baden, we find a corresponding rabbinic story where male infertility is implied in the dialogue between Samson’s mother and his father before his coming. According to this story, there was a dispute between Manoah and his wife. He said to her, “You are barren and this is the reason why you do not bear.” In response she said, “You are barren and this is the reason why I have not borne.” “But in fact Manoah was *not* barren” – because the divine messenger appears to Samson’s mother, and tells her explicitly, “You are barren” – “in order to make peace between her and her husband” (Num. Rab 10.5).

Moss and Baden follow Byron’s lead by stating through this Midrash that the reality of male infertility is acknowledged, “Which is an innovation over the biblical text”. However, Moss and Baden, staying true to employing the gender lens, say that “the “peace” won by the arrival of the divine messenger was surely of little comfort to Samson’s mother” (Moss & Baden, 2015:249). Once again we are faced with the likelihood that the label of “barrenness” was hung around the female’s neck due to the fact that the ancient social and cultural norms, where honour and shame were the evident guiding principles would not allow men to come over as weak, disabled, or incapable of “planting the seed”. In the case of the Judges narrative, it is also difficult to

theologically attest to the appearance and the dialogue of the angel addressing Samson's mother as "barren".

"For the rabbis, procreation is a masculine act of potency quite different from the feminine role of bearing and birthing the fruit of the male seed" (Baskin, 2002:126). What the Midrash thus affords us, is a sneak preview into an extra-biblical source where once again there was more extensively thought about the probability of male infertility and how male infertility had an impact on the masculine identity of men. Keeping my own infertility narrative in mind, I can completely see that many couples would relate to such stories. The blame, the frustration, the powerlessness and, possibly in some cases, the arguments that surface due to the deep pain and anguish of infertility is something that appears here in the biblical characters. The value of such narratives is to have them voice the emotions and the experience of infertility for a couple to give them permission to voice these struggles in safe spaces, and not to condemn them into any more silence that they have already experienced to such a great extent.

#### **i. Extra-biblical sources considered**

However, many members of our congregations do not have ready access to these sources from the ancient world, such as the Midrash, the Talmud, and the Tanakh. To many Christian congregants who seek pastoral care, these sources might be of little consolation, since in the reformed protestant tradition, where I held office, we focus only on the biblical texts in the Christian traditions. However, biblical interpretative traditions in the Jewish tradition, as well as other stories of the Ancient Near East and the occurrence of male infertility, may be quite interesting for congregants in our churches, as they offer a window to the world of other couples who struggled with the same issues of infertility long ago.

The Hittites applied the convention of the levirate law, as demonstrated in documents from Ugarit and justified by a number of Middle Assyrian laws that existed. Furthermore, when we consider the New Testament biblical texts, we also find evidence of the levirate law, making provision for our argument for the possibility of implied male infertility of the deceased husband. We could also include the parallel scripture of the levirate law we find in Matthew 22:23-33, Mark 12:18-27 and Luke 20:27-40, where the Sadducees use the story of the widow of six brothers to point to

implied male infertility. However, since the purpose of this New Testament narrative was to evoke Jesus' reaction, I will not further explore this as a probable text for implied male infertility.<sup>2</sup>

A further text from Deuteronomy also stipulates that the firstborn son from the relationship between the widow and the brother-in-law will succeed the dead man's name so as not to "blot out his name from Israel" (cf. Moss & Baden – living monument of the family memories) for a man to die without a son was apparently a grievous thing (Absalom erects a pillar in the Kidron valley in his own memory since he has no son (2 Sam 18:18) (Moss & Baden, 2015:29)).

We thus see that even though we do not find any explicit texts surrounding male infertility, we do find that the Hebrew scripture allows a possibility of male infertility by the interpretation of the levirate law. However, this law was set in place, not to extinguish any stigmatisation or shame caused by the deceased male's infertility, but rather by supplying an heir, for when the widow married her brother-in-law, the first son she gave birth to would be attributed to her first husband. This law was accordingly implemented for the sole purpose of inheritance rights and land ownership. However, Moss and Baden see another opportunity that the levirate law accounts for, namely that it "also depicts a situation in which a couple has been married for an indeterminate period and has no sons, a situation in which we would assume fault lies with the woman" (Moss & Baden, 2015:37).

However, when her husband is deceased, it is required of the wife to remarry for the main purpose of having children, in order to secure her economic and social survival. This, however, acknowledges the possibility that male factor infertility might be at stake, for it would be proven by her second marriage in her conceiving a child that the infertility cannot be attributed to her. The levirate law, although male-centered and produced by males for the sake of males, unconsciously afforded room for women, who were probably affected by the male infertility of their husbands, to now be given a second chance to prove their fertility and to establish their social location within the cultural realm where a childless widow would have been in dire straits.

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<sup>2</sup> The purpose of the levirate law was to keep property in the family by raising up an heir to inherit it and not necessarily to save a man's reputation from being an infertile husband.

According to Moss and Baden, the levirate marriage is interpreted as the coming together “between *yebama*, a widow whose husband has died without having fathered any offspring, and the *yabam*, the brother of the deceased” (Moss & Baden, 2015:249-250). Moss and Baden classify this as an alternative of the levirate tradition. “This remarriage of the widow to her brother-in-law should take place only when there are no offspring whatsoever, and thus tacitly suggests the possibility of male infertility (Moss & Baden, 2015:249-250; Davies, 1981:139; Byron: 2010(b):21). Davies goes on to say that there are academic scholars who doubt that the example of the marriage between Ruth and Boaz should be interpreted as a levirate marriage since Boaz was not Ruth’s brother-in-law or the only next-of-kin of the deceased Mahlon. However, Davies goes on to state that this does not modify the levirate nature of their marriage since Naomi, Ruth’s mother in law, identifies Boaz as one of the family’s *levirs* (Davies, 1981:139). It is further to be considered that if the marriage between Ruth and Boaz cannot be accounted for as a levirate marriage, what do we do with the scriptural reference to Tamar (Ruth 4:12), another example of how the levirate law makes provision for the childless widow and how God provided for a disadvantaged woman?”

## ii. Ancient Near East texts and Male Infertility

Byron refers to other ancient texts to illustrate that the problem of stigmatisation of male infertility was not unique to the ancient Israelites because it is a human struggle that encompasses any culture in any given time in history. In Hennie Marsman’s book *Women in Ugarit and Israel: Their Social and Religious Position in the Context of the Ancient Near East* (Marsman, 2003:176), he examines the predicament of the childless wife who is left bereaved of a role and status in her cultural setting.

The earliest ethnographer writing about the Ashanti reported a story of male infertility. It is interesting to note that in a culture where infertility was often seen as a women’s problem, the occurrence of male infertility was judged with just as much shame. In this cultural setting, there is a name used to describe men who are infertile, *kole krawa*, which literally translates as “wax penis” (De-Whyte, 2018:24). Marsman gives the account of the Ugaritic folktale of King Kirtu, who was married seven times in his attempt to guarantee a predecessor. In all of these cases, the failure was allocated to female infertility and not male infertility of King Kirtu (Marsman, 2003: 208,459). Furthermore, Marsman gives another account of where the probability of female infertility is used by an Ugarit king as an excuse to take a second wife. It is only when the absence of children is still

evident that the conclusion is made that the king was the one incapable of producing offspring (Marsman, 2003: 637-638).

In an article of Scurlock and Andersen, I found an ancient Mesopotamian curse that, according to the authors, comes close to acknowledging male infertility: “May your semen dry up like that of a barren eunuch” (Scurlock& Andersen, 2005:113). The metaphor in this curse is not necessarily the standard sexual problem of males unable to yield descendants, but rather the imagery supports a man with an unusual sexual function, namely with “dried up” semen. However, the authors draw the eventual conclusion that one can rather suspect that this implies male impotence rather than male infertility (Scurlock& Andersen, 2005:113).

If there were disguised references to male infertility in both the Hebrew scriptures as well as the literature coming from the surrounding cultures of the Ancient Near East, the rabbinic literature offers a liberating act by not whispering about infertility but by sounding it aloud that both male and female infertility was a well-known hypothesis in the child-bearing journey.

### **3.6.The gendered nature of infertility, still with us from antiquity**

The gendered nature of the ancient world, as shown by scriptures and traditions, meant that the biblical and other authors from surrounding areas were not ready to admit that male factor infertility was a distinguishable struggle for many couples. This leads Moss and Baden to state that “the fact that every one of these biblical stories is about a barren woman rather than an infertile man – even while it is the man to whom God makes the promise of offspring – testifies to the casual assumption that infertility was a fundamentally female condition” (Moss & Baden, 2015:38).

Thus even though I have visited ample examples of infertility or implied male infertility, there exists not one text where male factor infertility is explicitly acknowledged. However, as was shown through the inclusion of the levirate laws, Scripture assumes the possibility of both male and female infertility, which is consistent with the findings of medical science (Cutrer, 2009:60).

Today we know through medical science that both male and female infertility might be at stake when a couple is childless. It is, however, saddening to see that in the modern era, a lot of the



stigmatisation and emotional struggle and experience of infertility still reside mainly in the woman. Much of this stigmatisation and the silence surrounding the infertility struggle, especially of men, can be traced back to the Bible and is still present in mainstream thinking about infertility.

### **3.7. The dilemma of the lack of biblical texts on implied male infertility**

In a personal letter from Joel Baden, he points out that “how fertility worked in the ancient world was very different from ours today. They had no concept of how sperm and egg and fertilisation worked, at least not anything remotely accurate. There is thus nothing explicit or even generally clear that would look like our concept of male infertility” (Baden, 2018: personal correspondence).

Baden does, however, consider the notion that the levirate opens the door to see that the shackles of infertility are taken from the female who was apparently “infertile” with one partner (the deceased), and then fertile with another. This leaves room for Baden to recognise Ruth’s story in this category. However, Baden agrees with my suggestion that there is hesitation as to whether Tamar falls into this classification as well, since the narrative does not elaborate on the time frame of sexual intercourse in order to procreate.

Baden adds another story where implied male infertility might be considered. It is the story of the Shunammite woman in 2 Kings 4, about whom we have even less information than any of the examples stated above (Baden, 2018: personal correspondence). I have chosen not to investigate this example further, as the first reading of the text did not convince me that it gives an account of male factor infertility but rather a woman who had the desire to become a mother.

Baden underlines my understanding (generated through the work of Byron) that in a broader sense, the laws about what is called levirate marriage might reflect an awareness that a couple can be childless but that the woman might still be fertile. This is the closest the Hebrew biblical text and Jewish tradition comes to admitting the possibility of male infertility. Baden states “that the woman’s fertility cannot be in question, but she did have a childless marriage. Where else could the blame lie other than with the man?” (Baden, 2018: personal correspondence). The law that allows a couple to be divorced after ten childless years opens the door to establish the fertility issue for certain, but “that surely happened occasionally” (Baden, 2018: personal correspondence).

### **3.8. Infertility as a couple's problem**

The reason I structured this chapter to have a section focusing on female infertility in the Bible and another section where I sought to find stories of male infertility, is because in a pastoral narrative counselling session we might have to work in deconstructing both of these stories for the couple. There is a chance that the wife is the one who is suffering from infertility, or the man might be the one struggling. And in some unique cases, which have become more prevalent in our era, both male and female infertility is on the table. To address infertility as a couple's problem, I will now in this concluding section, look at how the Bible illustrates this.

Although the emotional and social stigmatisation of infertility was mainly laid at the feet of the woman, we see that there are biblical accounts that acknowledge it as a couple's problem. The Hebrew Bible mirrors the necessity for God's assistance in bearing children.

#### **3.8.1. The couple's plea**

When we look at Scripture, we find that prayers and pleas towards God for fertility were often made not only by women but also by men. "In the cases where a couple has no children to begin with, it is the man: Abraham (Gen 15:2) and Isaac (Gen 25:21) that bring their prayers before God" (Moss & Baden, 2015:34). Because there were not many options for the childless couple, the first, and most definitely the only option in the ancient world, was the appeal that they could make to the gods. Byron refers to several Mesopotamian prayers that have been preserved where the woman raised her appeals to God (Byron, 2010(b):10).

A wife would pray for different reasons than Abraham and Isaac who offered their prayers "for their names and their lineage, for the family and the upholding of God's promise to become a great nation". We find that either one of them would "make a vow to the deity in the hopes that they would be granted children" (Byron, 2010:24). From other ancient resources, it is evident that men from other religious traditions also appealed to the gods in an attempt to be granted children, as is the case of the case of Appu, a Hittite man who was rich in material things, but had a lack of offspring. He chanted his prayers to the sun god, and according to the legend, the god granted him his wish (Marsman, 2003:193).

This story must be of significance if the authors Moss and Baden cite the same story and narrate that the central character is childless and his wife, when one more endeavour in conception fails, accuses him: “You have never taken me correctly! Have you taken me correctly now?”

As modern readers, we brush over her response with much empathy, but taking into account the status of a woman in the ancient world, she is acting quite progressively and unconventionally. Appu’s response to her question/verbal accusation is almost shocking if you take into account how infertility affects a couple in their quest to conceive. Appu responds by saying: “You are only a woman of the usual female sort and consequently don’t know anything!” (Moss & Baden, 2015:37). Once again, we are back to facing the gendered nature of infertility.

This rings very similar to a biblical account we find in the Hebrew scriptures between Rachel and Jacob as narrated in Genesis 30:1-2, where Rachel acclaims: “Give me children, or I shall die.” Jacob, very similar to the response of Appu, then states: “Can I take the place of God?” It is evident that these biblical accounts of infertility struggles give an accurate account of how blame-shifting impacts a couples’ marriage. “In both stories blame is explicitly or implicitly levelled at the husband, who redirects it to the unknowing or the unknowable” (Moss & Baden, 2015:37).

Where there are already other children in the household provided by the husband and another wife, the woman pleads for herself, as is the case with Rachel (Gen 30:1) and Hannah (1 Samuel 1:11) (Moss & Baden, 2015:34). They make a distinction in the gendering of infertility between males and females in the Bible. “... in the ancient Near East, before there were any tests to establish whether it was the husband or the wife who was infertile, the responsibility of fertility fell almost entirely on the woman” (Moss & Baden, 2015: 36 cf. Byron, 2010:26).

### **3.9. Conclusion**

#### **The biblical narratives as a tool for the narrative pastoral theologian**

As a narrative pastoral counsellor and theologian, the biblical stories are an important tool in pastoral counselling. However, the same biblical stories also limit us to some extent, because when

we consider the case of infertility the Bible, Byron notes that “all of the biblical stories, without exception, find resolution when God opens the women’s womb” (Byron, 2010:19). We do not read of any couples whose infertility journey remains with them in a permanent state. I agree with Byron that it might be difficult for the modern couple to get comfort from this narrative on infertility.

Through the writing of this chapter, I have come to realise that although Scripture does not give us an account of male infertility from which we can approach this particular crisis. In order to identify with characters, we have to learn how they coped with or approached the struggle, or how God talks about the struggle. There is, however, one thing that is clear to me about the use of Scripture in pastoral narrative counselling: It confirms the powerful emotional agony of infertility for both men and women.

Not only do the texts that I have studied highlights this notion, but also other well-known infertility texts such as those of the matriarchs demonstrate the importance that childbearing carried and the reality of infertility that accompanies it (Cutrer, 2009:59).

In the next chapter, I will specifically explore how male infertility is experienced and what impact male infertility has on the sexual identity (masculinity or male identity) of the man. Because my approach is to offer pastoral narrative counselling to a couple struggling with infertility, and because in our society today the “blame” or stigmatisation is still often laid at the feet of the woman, I will also take into account female factor infertility and how it impacts a woman’s sense of femininity and womanhood.

## CHAPTER 4

### MALE INFERTILITY AND MASCULINITY

#### 4.1. Introduction: Impact of infertility on men and women

In chapter three, I looked at how male infertility is on the periphery of the biblical texts. There are *no* texts in the Bible that centre on male infertility and the two texts that imply male infertility do not necessarily make a strong practical case in scripture. Today we are more aware of the harrowing emotional struggles that men and women go through equally when faced with the struggle of infertility, and the lack of texts in a time where infertility awareness is on the rise is a tremendous challenge for the narrative pastoral counsellor. However, the last section on the plea of the couple, offers me a tool in a narrative counselling session to explore that both individual's emotions regarding the struggle matters.

According to research, infertility is evident in 10% of couples. Male factor infertility can be attributed partly or entirely to 50% of cases (Petok, 2015:260). Even with statistics available, when the "fault" for the couple's infertility is sought, the first person to undergo an examination is the woman. One would think that there has been a change in how male infertility would be perceived in the modern post-feminist era. However, Wischmann and Thorn state that understandings of male infertility are still "somewhat in the dark ages" (Wischmann & Thorn, 2013:236).

Today we know through various studies in the field of psychology and medicine that infertility has an impact on one's perception of self-identity. Studies in the above-mentioned fields have increased to show the impact of male infertility and the experience of men in male factor infertility (Culley et al., 2013; Keylor & Apfel, 2010; Petok, 2015; Mehta et al., 2016). If we consider that, for the first time in history, there are more than ample opportunities for men to reconceive their own infertility struggles, we must also admit that these opportunities must have been lacking in biblical times. Still, I feel that we need to better understand male infertility from a male perspective and the different areas that it impacts, and not only on the level of health, but especially on emotional and spiritual levels.

Mehta et al. state that "male infertility is under-recognised scientifically, epidemiologically, socially, psychologically, financially, and politically. Overall, male infertility is underrepresented as a disease" (Mehta et al., 2016:1128). Baloyi joins the conversation with Mehta, saying that ill-

fated circumstances cause medical professionals, family members, and even the couple themselves to suspect that the problem of infertility might lie with the husband. Baloyi argues in his article how the practice of infertility treatment endorses gender inequality (Baloyi, 2017:2).

As a result of what Baloyi argues to be a gender-unequal approach to infertility, Petok introduces another consideration, namely that the men who continue to struggle with infertility do not have a “popular yardstick against which to measure their problem”. Accordingly, this means that men suffering from infertility find their experience rare and sporadic, and they feel at odds when comparing their experiences with other men (Petok, 2015:261). This can be attributed to the statement that ‘infertility’ as a health problem is stigmatised – even for women but not to such a great extent as for men.

Wischmann and Thorn share that the number of books published to guide women experiencing infertility is much higher than for men suffering from male infertility. Culley et al. go on to say that the emotional scope of male infertility is still under-researched and therefore the treatment and counselling of men with regard to male infertility is still limited (Culley et al., 2013:226). In pastoral theology, there is even less academic research than in the field of psychology.

In this chapter, I aim to gain a better understanding of how male infertility impacts the male identity, or in other words, its effect on masculinity. In any counselling environment, empathy is a vital starting value. Although I as a woman can never fully grasp the extent to which male infertility affects men, I would like to start with their experience. In the narrative pastoral counselling environment, the counsellor needs to remember that the “client is the expert” on their experiences (Anderson & Goolishian, 1992:25-39). Swart illustrates this brilliantly by saying that “Narrative practitioners position the storyteller as the expert in telling. This positioning comes with a careful curiosity about the life, history and gifts that each storyteller brings into conversation” (Swart, 2013:26).

#### **4.1.1. Male and female infertility should be approached differently**

Wischmann and Thorn provide an elaborate literature review and point out that from 1948 to 1985, 56% of research only referred to women, whereas 29% addressed it as a couples problem

and a mere 15% of infertility was attributed to the man alone. The authors then state that “twenty years later of 157 articles on gender and reproduction” considered, only one focused on men (Wischmann & Thorn, 2013:237). However, since the dawn of a new millennium, more recent studies are beginning to consider the male factor in the experience of the couple (Wischmann & Thorn, 2013:236). They both also advise that a combination of scientific research and the stories from a clinical or counselling environment forms part of the expansion of current understanding on the subject of male infertility (Wischmann & Thorn, 2013:237).

Wischmann and Thorn ask that “established differences in men’s and women’s psychological responses to infertility need to be interpreted through an understanding of broader gender differences in reactions to stress, emotional distress and grief rather than reactions specific to infertility”. The reason is that it is possible that the existing research on how women experience pain in reaction to infertility might also help us to understand how men have been conditioned to cope with the distress of infertility (Webb and Daniluk, 1999:9). In the study done by Webb and Daniluk, they point out that modern researchers are beginning to question the instruments used to measure the emotional experience of infertility, because Webb and Daniluk add their voice to many other researchers who say that the experience is different and therefore we can no longer assume what men feel or do not feel (Webb and Daniluk, 1999:8). I use the word “conditioned” because I suspect that men obeying the gender role or the masculinity norms (as Wischmann & Thorn puts it) allow men to subdue their own experiences and accompanying emotions in an attempt to “be there” and to “be strong” for their female partners. The possibility thus exists that although men do experience the distress of infertility, they do not voice their experience. Wischmann and Thorn go on to support this suspicion by saying that it is most likely that the different sexes approach grief/distress/feelings in the expected stereotypical way (Wischmann & Thorn, 2013:237).

To further highlight this notion, Wischmann and Thorn state that “whereas women voice their sadness emotionally and need to talk about it extensively, men usually avoid overt emotions and take on the role of the stoic partner” (Wischmann & Thorn, 2013:237). In other words, men and women handle their emotional struggles differently. Apparently, there are different coping styles for each gender that have been established through the research done on the infertility experience

of couples. Both partners experience a variable degree of loss-orientation and restoration-orientation in their styles of coping (Wischmann & Thorn, 2013:237). In Wischmann and Thorn's research, they point out that "women appear to be more loss-oriented following bereavement, feeling and expressing their distress at their loss; men more restoration-oriented, actively engaging with the problems and practical issues associated with loss" (Wischmann & Thorn, 2013:237).

It is thus evident that, in coping with infertility, men and women handle the journey differently, although at some points in the counselling process there might be a greater commonality in the struggle around infertility for the couple. When a wife and husband are confronted with infertility problems, it is often the woman that grieves the loss, or the possible loss of children that she dreamed of having. The man needs to revision the "reproductive story" in such a way that it includes hope and significance for the path forward (Wischmann & Thorn, 2013:237). This understanding of how men and women deal with this reality differently helps us in a counselling environment to establish the departure point for the healing process.

Gibson and Myers state that reproducing children "is one of the most normative transitions for both men and women" (Gibson & Myers, 2000:68). Therefore it is understandable that the "non-event" experience of infertility creates a significant crisis for the couple, both individually and as a team (Gibson & Myers, 2002:68). This further strengthens my argument that first separating the male and the female experience of infertility and how each of the sexes deals with it differently, and putting the shared experience back on the table, will enable a deeper and richer counselling conversation.

#### **4.1.2. An ungendered approach to counselling**

According to Wischmann and Thorn, a study dealing with women and men after a period of four and a half to five years of unsuccessful IVF compared to successful infertility treatment, "the quality of life in men seems more negatively affected". In summary of the study, Wischmann and Thorn determine that the experiences in life quality between infertile women and men and fertile mothers and fathers are only small differences in the long term (Wischmann & Thorn, 2013:238). However, we must be mindful of the fact that in congregations we have a pastoral responsibility to help couples come to terms with their involuntary childlessness and that five years do not necessarily have to pass before they arrive at an emotional and spiritual healthier place.



In a South African study with 120 participants, infertile men's experiences were compared to participants in Germany. It was found that the experiences of men can be traced back to their cultural backgrounds. "As an important aspect of the psychosocial impact of infertility on both partners of the couple, stigmatisation may be influenced by the cultural background of the society as well as by the meaning and the status of reproductive medicine treatment in the public media discourse" (Wischmann & Thorn, 2013:238). In a South African setting, masculinity and gender roles are quite evident, and this does have an impact on how men conceive the news of infertility as well as how they cope with the experience, and whether or not they either seek support from professionals or share with close relatives and friends.

When male infertility is considered, it is quite often perceived as being in relation to sexual disorders, compared to when female factor infertility is considered. Male infertility is stereotypically associated with impotence. However, Wischmann and Thorn point out that it is "common knowledge" that infertility does not have an influence on the bodily features of virility. In a study conducted by a questionnaire study, 37% of the research participants pointed out that their diagnosis of concentrated sperm quality had an impact on their sensitivity regarding their masculinity. It is further stated that it was not necessarily the ICSI medical procedure that had in fact had impacted their masculinity as much as the diagnosis itself (Wischmann & Thorn, 2013:238).

If it is in fact "common knowledge", I wonder why so many men still allow the link between virility and fertility to determine their experience of infertility. Do we as academics who conduct the research not have a greater responsibility to educate and counsel couples who are struggling with infertility?

#### **4.2. The link between male infertility and masculinity**

In Feske's article, she writes that one young male who participated in the study reported that when he was identified as the source for the couple's infertility by his zero sperm count, his reaction was as follows: "When I found out it was because of a deficiency in me that was even more difficult. I'm thinking, I must not be fully male. I can't contribute what the male is supposed to contribute, as there seemed to be a real defect in me. I was sure I wasn't meant to be a man... Because we're

biological, we're material, God has made us in certain ways, so in certain ways, I am one brick short" (Feske, 2012:5).

In our infertility narrative, my husband never blamed me or his first wife for his medical diagnosis. However, this was further complicated by the fact that later, due to blame-shifting in his first marriage, for many years my husband assumed that he was the only one to blame, because a gynaecologist could not establish the "fault" with his first wife. The blame automatically shifted to him, due to the fact that until the point when they divorced, he had never undergone any medical testing.

With infertility treatment it is often the wife that instigates the medical treatment. When we married, I suggested and motivated that we should undergo medical testing to establish why we were not conceiving. As stated in chapter two, the fact that both male factor and female factor infertility were diagnosed meant that we were spared much of the blame-shifting.

In a sense, knowing the cause was relieving, for now, we could better understand, through the help of a fertility specialist, how to approach and treat both his and my infertility. In this case, "knowledge was power". Knowing did a strange thing. It elevated his own sense of masculinity, because he was not the only one to blame, but knowing that male factor infertility was indeed evident as well did increase the damaged sense of his masculinity.

My husband recalls that "it definitely affects your kind of core identity as a man". It is often assumed that only women strongly desire parenthood. But my husband had a very deep desire to become a biological parent himself. The possibility of not bearing children, and the fear that it would not happen for us, did indeed shake his identity.

Typically, male factor infertility is viewed as a greater "shame" than even female infertility and is actively stigmatised in society. The stigma of male infertility is also strongly linked to masculinity. As noted in chapter two, when I shared our story of infertility, I also included some of the remarks that men ascribe to each other regarding male infertility. Some men would tease another man by employing "emasculating language", as Hanna and Gough put it (Hanna & Gough, 2015:6). Using degrading phrases, although in a lighthearted manner, such as "you are shooting blanks", or "you should bring your wife, I'll make her pregnant", leaves some scars on a man's sense of male

identity. It is proposed that “while wives are pitied, husbands are teased” (Almendrala, 2017: online). These forms of “unrestricted mockery” add to the reactions to male infertility (Hanna & Gough, 2015:6). This also corresponds to what Hanna and Gough say about the effect of this “innocent humor”: “This infertility–masculinity linkage is then suggested to create greater stigma for men than women in relation to infertility” (Hanna & Gough, 2015:6).

Because of this stigmatisation and the cruel attack on their masculinity, it is no surprise that men will keep their sexual disappointments to themselves. Morris, however, points out that this practice takes away any opportunity for men to truly deal with the issue at stake, and for possibly finding an appropriate space to share their infertility story and deal with it efficiently (Morris, 1977:210). This highlights once again the importance and the urgency of creating safe areas in congregations through inviting couples facing infertility into safe conversational spaces. This will allow them to deal with their feelings about infertility and their spiritual questions.

Because of the increased stigma regarding male infertility and the strong link with a man’s sense of masculinity, many women are unfairly blamed for the infertility, and in many cases, women assume the blame for the infertility in order to cover their male spouse’s infertility (Webb & Daniluk, 1999:13).

#### **4.2.1. Virility--Fertility link**

According to Petok, masculinity linked to fertility presents itself as a collective occurrence. Petok refers to research done in Greece, where men repress their anxiety regarding infertility, compared to their partners who also suffer from infertility (Petok, 2015:261). Webb and Daniluk, as well as Morris, highlight that a number of studies point to the masculinity-fertility association and the strong link between fertility and virility (Morris, 1997:212, Webb & Daniluk, 1999:15).

They further illustrate that this link constitutes a significant element of hegemonic masculinity. The leading understanding of masculinity is that being the “breadwinner” and being “tough” are the key components of masculinity. Some men further claim that by becoming a father, they will fulfil the roles of hegemonic masculinity (Connell, 1995; Culley et al., 2013; Webb & Daniluk,

1999:15). Proving that you can impregnate a woman becomes a “badge for manhood”, says Morris (Morris, 1997:212).

My husband now sees his children as one of the core successes of his life. In many societies, the failure to produce offspring is seen to be emasculating. For men, the sense of failure when diagnosed with male infertility is perceived as an insult to their sexual aptitude, and their sense of male identity is enforced by being able to produce offspring.

Men not only place pressure on each other but also on themselves due to their perception of the male role. One of the research contributors in Webb and Daniluk’s study reported that he felt that it is expected of a man to be able to make his wife pregnant. “So because I couldn’t, I wasn’t a real man. Simple, straightforward... that’s why I felt an attack on my maleness” (Webb & Daniluk, 1999:15). The link between virility and fertility is a very prominent one, as can be seen not only through my husband’s testimony but also through the research participants quoted above (Morris, 1977:212, Webb & Daniluk, 1999:15, Connell, 1995; Culley et al., 2013).

Many men suffering from male factor infertility deny it, as well as quite interestingly, caregivers (such as medical professionals). Petok assumes that this is due to the “protection of the male ego and a man's ‘superior’ role as the norm” (Petok, 2015:261). He says that “unconsciously the equation with impotence is likely to remain” (Petok, 2015:261). As long as the academic and professional stigma is further encouraged, to break the stigmatisation from ‘below’, where couples are faced with the silence regarding infertility, it will be difficult to address the problem of infertility.

#### **4.2.2. Donor insemination and masculinity**

Although DI is not part of our personal story, it could be part of some couples stories. Therefore I will give brief consideration to this topic. Peterson et al. highlights that for men, the stress caused by sexual infertility is closely related to the experience of abridged masculinity and this is perceived furthermore as intimidation of their male identity (Peterson et al., 2007:911). This is especially so in the case of decreased semen quality where the medical treatment would be IVF – greater signs of psychological stress can be expected.

In this study, I am not going to unpack the in-depth scope of donor insemination as a possible way for a couple to solve their problem of involuntary childlessness. I do wish, however, to

acknowledge that studies show that when donor insemination is considered, it might have an even further impact on a male's sense of male identity. A couple will most likely only consider DI as a last resort when all other options have been exhausted. In other words, this comes after the 'fatal' diagnosis of male infertility and the emotional ramifications of medical treatment that might not be available or might have failed.

Wischmann and Thorn explain that this entails the following: they must decide whether the alternative option of building a family that is not 'normal' in society will be the right decision for them. This further includes the 'meaning' that they attribute to the sperm donation of another male, a man contributing to their dream of becoming parents. It also includes the realisation that their child would have a biological mother and a 'social' father, and how this will impact their ability to bond with the child. For some couples, this also entails what the donor's role will be with the child and furthermore how they would handle the stigma of donor insemination (Wischmann & Thorn, 2013:238).

One could thus conclude that this requires a particular pastoral counselling approach, and this journey would include a deeper level of understanding as to how male infertility and the impact on masculinity would be perceived. Wischmann and Thorn contribute further to this vital consideration by saying that "the counselling process of men and their partners in this particular situation therefore typically raises issues such as male self-esteem, the stigma of male infertility and quality of life including sexual satisfaction and provides men with a possibility of voicing their emotional needs – and men tend to use this opportunity" (Wischmann & Thorn, 2013:238).

A couple we are acquainted with had a daughter through donor insemination. The husband had suffered an injury during his military service and had permanent damage. The couple decided together that they would try donor insemination. They, however, decided that they would use the semen samples of medical students who could only deliver a semen sample once for payment. After six unsuccessful artificial inseminations, the doctor advised that they use the IVF procedure as an option. This time the couple had to pay for the semen sample. When I talked to them regarding my research, his wife admitted that she thought the fact that donor semen was used put tremendous strain on their marriage relationship, but also on how he perceived his parenting. He often remarked that the child does not listen to him since he is not her "real" father.

For this particular couple, along with male infertility, using DI had tremendous effects on their marriage. Although the fertility problem was resolved, it left cracks in the man's sense of masculinity. The purpose of my study is not to consider the effects of donor insemination on the sense of masculinity of an infertile man. I argue that this is a very complex and far-reaching situation and that a particular context and considerations are needed to explore the effects on the experiences of men in these circumstances.

#### **4.3. The availability of male-infertility specialists**

Petok makes an invaluable contribution when he points that the sheer number of medical professionals that specialise in male infertility is an indication of the stigma and the gendered nature of infertility, especially male infertility. According to studies done in the United States, 320 practitioners specialise in male factor infertility, due to their specialisation in andrology or urology. That is in stark contrast to the number of specialists in female factor infertility, namely 4,583 (Petok, 2015:262).

One could think that just trying to establish which medical professionals specialise in male infertility is a huge challenge. Petok confirms this by stating that “although infertility is distributed about evenly between men and women, mental health providers who specialise in infertility are not” (Petok, 2015:262). As pointed out earlier in this thesis, 50% of infertility cases can be attributed to male factor infertility (Afkhondi et al., 2013:90). The minimum focus of professionals in the area of male infertility further highlights the fact that much of the stigma that exists in the larger society infiltrates the medical professional and vice versa.

Petok says, that in some US states the nearest male infertility specialist is 60 minutes' drive away and in some US states there are none. He concludes that “in the aggregate, these data indicate that male fertility specialists are underrepresented, organised support networks are underutilised by men, and male mental health providers who specialise in infertility are almost invisible” (Petok, 2015:263). If this is the case in the medical profession, which seems to be larger and has more resources at its disposal than that of therapists, counsellors and church ministers, to what extent do men feel ‘alone’, and lack safe spaces to deal with their infertility struggles? I am of the opinion

that there are almost no such organised, professional spaces at all for men, especially in church communities.

In this section above, I have tried to show the great extent to which male infertility affects men. As I have ventured down this road, I have come to realise that men have a tremendous challenge to overcome. The considerations above show the practical effects, or in other words, the exterior side of the journey of infertility. In the following section, I will look at the inner turmoil that plays an enormous role as well. I will consider masculinity as the inner role player in the infertility struggle.

#### **4.4. Infertility's impact on masculinity**

As is the case with women, the diagnosis of infertility leaves a man devastated and shattered. In the words of my husband, "One does not think that the vehicle does not function." To explore this "manly" metaphor further, "You can't just book yourself in for a maintenance check, have your bonnet lifted, and have *it* fixed." The reactions that men, as is the case with women, experience are those of disbelief, shock, denial, powerlessness, helplessness, and despair. I could sense that the identification of my husband's male infertility affected his maleness.

Furthermore, Wischmann and Thorn point out that "infertility is not only perceived to be a physical deficiency, but as a factor impacting negatively on male self-esteem and identity as well as on the social expectation of a man to be virile and potent: There are male ideals which are propagated again and again, there is this template of a perfect male – and now I do not fit into this template anymore" (Wischmann & Thorn, 2013:239). This same struggle applies to women who feel that as a woman, you are supposed to bear children; that is what you are 'made' for. But the strange thing that Wischmann and Thorn also point out is that often the wives also share this opinion that it is not intended that a man should be infertile. From the earliest times, both men and women have become falsely indoctrinated to believe that infertility is a female problem.

##### **4.4.1. The quest for a new approach**

Hanna & Gough point out in their article that there is a gap in the mindset about *how* infertility research is conducted. Even though there is a rise in the amount of research conducted on male

infertility, the methodology, according to Hanna & Gough, is not making a huge contribution to the treatment of the problem.

According to Hanna & Gough, although there is value in quantitative research, it does not offer a useful picture to help us assess at exactly which level the distress of infertility is experienced. This type of research does give a generally gendered picture, but “they do not allow access to the type of distress men experience, how this may be manifest, the personal implications of such emotive responses, preferred support, and what this means in terms of understanding the nuances of how men (or women) experience infertility” (Hanna & Gough, 2015:1). This complicates the matter of couples counselling in infertility if we do not understand the full extent of how infertility impacts one’s hopes and dreams, one’s emotional state, one’s health and spirituality.

As a person who has suffered from female infertility, I can agree that a qualitative approach would offer more room for the research participant to feel “heard”. For my husband who has never received counselling for male infertility, this research environment where his infertility story could eventually be voiced has enabled him to interpret and ‘story’ the experience and accompanying struggles that comes with male infertility and how it impacted not only his sense of self-identity, in other words masculinity, but also how male infertility had an impact on his marriage.

Therefore, I fully agree with Hanna and Gough when they state that qualitative research on male infertility and the impact of it on the marital unit could enjoy greater attention from the academic community. Most of the articles that I read for the research of this dissertation were quantitative in their approach. This is also what Hanna and Gough try to point out. The authors are also of the opinion that a qualitative focus on reconceiving male infertility (or infertility in general) would be more beneficial, as it would leave us with the experiences, especially the lived experiences of men themselves (Hanna & Gough, 2015:1).

In the study done by Daniluk & Webb, some of the research participants’ first experience of talking to a male person about the problem of male infertility was in the research environment when qualitative dialogue was promoted (Daniluk & Webb, 1999:21). However, Hanna and Gough state that infertility is profoundly differently experienced by men compared to women. The narrative



approach to counselling an infertile couple or individual acknowledges that the ‘client is the expert’ on their feelings and therefore knows best how to articulate the experience (Anderson & Goolishian, 1992:25-39). There is no prescribed script for how or to which extent you should or should not feel. The professional, or in this case, the counsellor, takes a “not-knowing position” (Freedman & Combs, 1996:44, 118). This is not saying that they do not know anything about the problem of infertility, but rather that they know nothing about the meaning of the problem or the extent of the infertility problem in the couple’s lives.

In the narrative approach to counselling, the problem is seen as the problem (Freedman & Combs, 1996:43). In other words, infertility is the problem, not the man/woman suffering from the health problem. The title of Freedman and Comb’s 1996 book is *Narrative Therapy: The social construction of preferred realities*, portraying the dream of the narrative approach, creating new, preferred realities. These new realities that are created through the team, the couple and the counsellor, is a reality that is not stigmatised or problem-saturated.

Wischmann and Thorn advocate that voluminous studies still need to be done, *especially* (my emphasis) in “non-Western societies” in order for us to understand the impact of infertility on a cultural and societal level. The authors motivate this by saying that “results of studies conducted so far indicate that the emotional impact of infertility on men is much stronger in more traditional oriented cultures and in cultures where reproductive medicine treatment is still a social taboo” (Wischmann & Thorn, 2013:241). Afkhondi et al. show in their studies that were conducted as a bio-psycho-social phenomenon, that infertility has the potential to affect all features of life. Afkhondi also emphasises that the connection between gender and the journey through infertility should be further investigated in order for treatment of the emotional effects of infertility to be more far-reaching (Afkhondi et al., 2013:90).

In the studies that were conducted by Afkhondi et al. by comparing the experiences of fertile vs infertile men, the two groups showed noteworthy variances in “trust, autonomy, identity and generativity and integrity stages and the infertile men showed greater guilt, mistrust, isolation and inferiority” (Afkhondi et al., 2013:91). The conclusion after conducting their study was to say that infertility as an occurrence has real effects on men, whether it is psychosocially or emotionally.

Afkhondi et al. however, go on to say that “good coping skills are powerful tools to manage these myriads of feelings surrounding infertile men” (Afkhondi et al., 2013:90).

Afkhondi et al. thus show that we are not studying the experiences of males suffering from infertility to amplify their pain or to further stigmatise them, but precisely the opposite. If more studies point to the stigmatisation and gendered nature of infertility, we can begin to change not only the interpretation of male infertility, but we can also accompany couples, especially the man suffering on a whole different and unique level contrasted to the experience of a woman. Hanna and Gough also underline the importance of studying male infertility to achieve a greater understanding of this crisis, to assist us in building their new identities to still perceive themselves as useful and appropriate (Hanna and Gough, 2015:2).

#### **4.5. Masculinity as socially constructed**

Connell, one of the main contributors to the modern understanding of masculinity, especially hegemonic masculinity, says that masculinity “is not just an idea in the head or a personal identity”. According to Connell, masculinity is protracted into all spheres of the world and forms a part of many social relations (Connell, 1995:29). Gender is considered as a launching point because it plays such a vital role in our society. “Gender is an evolving engagement with situations and social structures” (Connell, 1995:19).

Connell’s explanation of gender as “constructed in interaction” correlates with the narrative approach saying that reality, and thus the approach to specific challenges and problems, is also socially constructed (Connell, 1995:35). “Masculinity to the extent the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender and the effects of these practices in bodily experience, personality and culture” (Connell, 1995:71). Connell thus implies that not only men but also women constitute an understanding of gender and how masculinity and femininity are thus seen. Freedman and Combs engage with this understanding when they say: “We think about the interactions between the stories that they are living out in their personal lives and the stories that are circulating in their cultures – both their local culture and the larger culture” (Freedman & Combs, 1996:17).

According to Freedman and Combs, the cultural stories that we are surrounded with act as a stimulus to how we understand our everyday lived experiences but more importantly also “how their daily actions are influencing the stories that circulate in society” (Freedman & Combs, 1996:17).

Deeney et al. join the conversation about the importance of understanding both masculinity and femininity as gendered and socially constructed by stating that acknowledging gender as socially constructed is the greatest contribution of 20<sup>th</sup>-century feminist philosophy. Deeney et al. go on to say that feminist theory contests the comparison of “sex with gender” and as an alternative distinguishes that diverse cultures and different times actively contributed to the construction or reconstruction of how gender is endorsed within the continuously shared relations and gendered authority relations. “It means holding a mirror to the ‘male gaze’ and researching the gendered constructions of men’s lives alongside those of women’s” (Deeney et al., 2012:1107).

Moss and Baden also acknowledge that one of the central influences of third-wave feminists is that in their critique of second-wave feminism, “this new narrative did not allow space for women, or men for that matter, to feel conflicted or divided about their situation” (Moss & Baden, 2015:19). What this entails is that a solid understanding of male infertility is established, but with an alternative: where the infertile individual would always have been stigmatised or ostracised, now space is created for the recognition of “liminal identities” (Moss & Baden, 2015:19). It seems as if Connell might support this notion when he says: “No one is an innocent bystander in this arena of change. We are all engaged in constructing a world of gender relations” (Connell, 1995:86). Men, as well as women, are active participants in the reality of how infertility should be perceived. We can dream up a new reality or a new preferred story if the dominant story is excluding people’s real feelings and struggles.

Connell writes: “‘Hegemonic masculinity’ is not a fixed character type, always and everywhere the same” (Connell, 1995:76). This particular form of masculinity, namely hegemonic masculinity, becomes the “main” version of masculinity. It is often found implanted in utilitarian and traditional practices. Deeney et al. add that hegemonic masculinity also tries to even out a “culture of dominance in the gender order as a whole”. These alternative models of masculinity look less

authentic or legitimate. “Men’s differential abilities to emulate hegemonic masculine ideals in their own lives are the basis for specific forms of gender hierarchies between men” (Deeney, et al., 2012:1107).

Once again, with the social constructionism that the narrative theory presents, it allows the client/counselee to create a preferred reality. Narrative theory is about the social building of desired realities or favoured stories. Freedman and Combs introduce this notion in their first chapter, entitled ‘Shifting Paradigms: From Systems to Stories’, by saying that the “metaphor of social construction leads us to consider the ways in which every person’s social, interpersonal reality has been constructed through interaction with other human beings and human institutions and to focus on their influence of social realities on the meaning of people’s lives” (Freedman & Combs, 1996:1).

A man suffering from male infertility might decide that the social stigma surrounding male infertility will not be his dominant story; rather, he will engage in building a preferred reality by deconstructing the dominant and often problem-saturated story by engaging with the narrative counsellor in a process of both deconstructive questioning (Freedman & Combs, 1996:120), deconstructive listening (Freedman & Combs, 1996:46-48) and externalisation (Freedman & Combs, 1996:57-63). The process of externalisation occurs when the narrative counsellor creatively engages through questions to deconstruct the problem (Freedman & Combs, 1996:47). Atwood & Dobkin further illustrate the potential of using narrative counselling to assist couples to reconstruct the crisis of infertility by saying that when a therapist/counsellor is assisting a couple over a period of time, they can support couples to “visualise a future in which the fertility problem plays a minor role” (Atwood & Dobkin, 1992:385).

Michael White, the originator of the narrative metaphor and social constructionism, changed the way we think about problems. Freedman and Combs testify about this contribution when they say: “Listening to White, we no longer tried to solve problems. Instead, we became interested in working with people to bring forth and ‘thicken’ stories that did not support or sustain problems” (Freedman & Combs, 1996:15-16). They further discovered that “as people began to inhabit and live out these alternative stories, the result went beyond solving problems”, and this is why they

see the potential in using the social constructionist approach to counselling infertile couples. To their surprise, in this novel approach of conducting and practising counselling, “people could live out new self-images, new possibilities for relationships, and new futures” (Freedman & Combs, 1996:16).

Not all interpretations of masculinity are healthy. This is especially so when men engage with their own self-image or self-identity when faced with infertility. Narrative counselling affords us space where a new understanding can be formed, and new stories can emerge and create a preferred story or reality. Freedman and Combs highlight this when they say quote Bruner: “We believe that stories become transformative in their performance” (Freedman & Combs, 1996:88 quoting Bruner, 1986a:25).

#### **4.5.1. Masculinity situated in men’s bodies**

Men’s infertility diagnosis is perceived to have an ‘emasculating’ effect on their self-identity. Much of the shock regarding infertility has to do with the social notion that infertility is seen to be a female problem. “It is not only the medical approach to infertility that enforces ideas of infertility as feminised, but some men are said to think of infertility as a *woman’s problem*” (Webb & Daniluk, 1999; Hanna & Gough, 2015:4). It is a tremendous struggle for men to make peace with the medical diagnosis that male infertility is situated in their bodies.

The link between men’s understanding of masculinity and their body experiences is quite apparent. According to Connell, the perception exists that “true masculinity” is advanced from men’s bodies. He goes on to say that “with bodies both objects and agents of practice, and the practice itself forming the structures within which bodies are appropriated and defined, we face a pattern beyond the formulae of current social theory” (Connell, 1995:61). Morris adds to this argument by saying that “once a male discovers his penis, he must learn how to use it and how to use it well. It is time to perform”. According to Morris, most males dread any form of “failure” with regard to their sexual functioning; men also actively sanction the myth that there is a connection between masculinity and sexual performance or sexual ability. “Whatever the reason, producing children has become another badge of manhood for some males” (Morris, 1997:212). The same can be said of women and femininity.

Part of the masculine message about manhood and sexuality is that real men also impregnate women. The belief is that a man's virility and sexuality are assured if he can produce a large number of children" (Morris, 1997:212). If they are incapable of impregnating their partners, men experience that their male identity is brought into question, and they often feel inadequate. According to Hanna & Gough, "being able to procreate is then viewed as a signifier of manhood". Failing to 'father' is then understood as a disappointment because the masculinity could not be physically *proved* (Hanna & Gough, 2015:4).

Culley et al. add another dimension to this dilemma by saying that the masculine message of how men with male infertility carry the burden of not only their infertility but also the effect of the infertility on their masculinity because of the extra dilemma of how their problem has impacted their spouses who have the desire to become parents (Culley et al., 2013:228). The men often feel that they are the cause of the pain and distress that their marriage partners are experiencing. Not being able to carry the idea forward of acting as a "real man" is one of the ways that the customs of hegemonic masculinity (Connell, 1995) are being carried over, and "used to narrate the experiences of fertility and infertility for men" (Hanna & Gough, 2015:4).

The reason men tend to become victims of a myth that they in fact wish was not true is because they want to uphold their status in the male community and to support a confident self-image (Morris, 1977:210). This brings us to the advancement of Connell's first observations (1995) about masculinity and men's bodies and his more recent works of 2005. Connell and Messerschmidt argue "that masculinity is not a fixed entity embedded in the body or personality traits of individuals. Masculinities are configurations of practice that are accomplished in social action and, therefore, can differ according to the gender relations in a particular social setting" (Connell & Messerschmidt, 2005:836). This entails that research about men and masculinity starts to acknowledge an interaction between physical bodies and social processes. Connell & Messerschmidt go on to say that men's bodies are participants "in generating social practice". Not only can men's bodies be seen as objects or participants but also agents of social practice (Connell & Messerschmidt, 2005:851).

Morris says that males often hide their sexual disappointments not only from themselves, but also from their peers. The effect of this is that men do not have a safe space to talk about their failures, their sexual competence or any form of malfunctioning that might exist. I agree with Morris, who says that this removes them from any opportunity to deal with these challenges effectually (Morris, 1997:210). The same is of course true for women as well. If the burden of infertility is so great, and there are no safe spaces to deal constructively with these problem-stories, the problem and stigma are only reinforced.

However, in modern times, we are more often confronted with couples who decide not to have children, in other words, elective childlessness. One can ask how these individuals then form the basis of their masculinity or femininity, because we cannot say that these individuals lack some form of masculinity. The question is instead, how do they choose to live out their masculinity or femininity in appropriate and healthy ways? Connell says that masculinity is not situated in bodies (Connell, 1995:39). This is one of the important aspects of masculinity that could be externalised in a pastoral narrative setting. When we can help men understand, through employing externalising and deconstructive questioning, that there is no link between virility and fertility, or in other words, that a man's masculinity is not determined by his procreative abilities or lack thereof, we are moving towards the breaking down of stigmas surrounding masculinity and male infertility.

Through the process of social deconstruction that the narrative counselling process affords us, much of this "personal" burden can be lifted. What narrative theory also promotes is inviting other characters in to enforce the story development. This is what Freedman & Combs refer to as the "landscape of action" where the "who, what, when, where, and how of journalism" is used to establish the development of the story (Freedman & Combs, 1996:97). In the case of male infertility, it will trace the masculinity story as well. By asking questions that will thicken the story, and by inviting spectators to engage with the alternative healthier and healing story that the couple is working with, we can begin to deconstruct the dominant story that culture enforces that a man's masculinity is affected by barrenness. Morgan says that this "audience may consist of people, present or absent from the session, real or imaginary, from the person's past or present" (Morgan, 2000:74).

In the process of trying to understand masculinity over the past centuries and from the very earliest times, the body has become a victim of the “inescapable construction of masculinity”. Through this statement, Connell underlines the social constructionist view that evolves out of narrative theory. This understanding allows one to see that the “social processes that engulf the body are also certain to change” (Connell, 1995:56). If it is true that the understanding of masculinity is also socially constructed, and so is the problem of infertility, then one can see that deconstruction of certain gendered understandings of problems and challenges that couples face are urgently needed.

#### **4.5.2. How men deal with the link between masculinity and infertility**

Studies by Webb & Daniluk (1999:7) and Hanna & Gough (2015:3) propose that reaching fatherhood is an essential stage for a man to venture through to establish his masculinity, as reproduction formalises his heterosexuality and confirms his masculinity. One can thus understand that this “non-event” as route marker can cause a crisis in his identity (Hanna & Gough, 2015:3). The crisis is not only because of the threat to procreation but also to what we as people hold close, namely the dream of a future family, marriage and especially personal identity. The disappointment and crisis are also experienced on the level of dreams “mapped out, and now everything has changed” (Webb & Daniluk, 1999:17; Hanna & Gough, 2015:4). It has also been said that this non-event transition is experienced as a trauma similar to the experience of the death of a child or spouse because it is experienced as a loss of a “dream-child”. Neuger states that the male dilemma can be described as “patriarchal masculinity denigrating and trivialising the world of inner experience, feeling and intuition. This inner world is deemed weak, making men vulnerable” (Neuger, 1997:226).

Clearly, “infertility touches all aspects of their lives, challenging their notions about relationships, marriage, parenting and masculinity” (Daniluk & Webb, 1999:23). Exactly how far-reaching the effects of a diagnosis such as infertility can be will be explored in the following section.

For different men, in different contexts, the question of how they deal with male infertility can be answered in a variety of ways. It is evident that not all couples have the financial means for expensive and protracted medical treatments that might be an option to ‘solve’ male infertility



problems. Today we are trying to decrease population growth and not necessarily enhance it. Therefore, state-subsidised medical treatment for either male or female infertility is not available. Infertility can already be perceived as a stigmatised problem in a fertile world, or in a society where much emphasis is placed on families, but now, infertile couples are further stigmatised and challenged by the fact that not all couples can afford the medical procedures that can become a hurdle for even for the most affluent couples. The same opportunities simply do not extend to poorer couples struggling with infertility.

Baloyi says that in an African context, the cultural pressure on fertility not only makes it difficult for a man to maintain the male identity but also to substantiate his fertility. According to Baloyi, there may be male family members who would motivate (or put more strongly by Baloyi – ‘influence’) the infertile man to allow another male from the family to have sexual intercourse with his wife in an attempt to impregnate her (Baloyi, 2017:4). One could speculate that the infertile male’s masculinity should be protected, that divorce is being prevented and that because there are no other medical options, this at least offers the husband an opportunity to become a “social father”.

Daniluk and Webb say that in a European context the infertile man would try to compensate for his failed infertility by making it up in some other way, for example, an affair or acting hyper-masculine (Daniluk & Webb, 1999:15). Afkhondi et al. also say that these compensatory engagements had the potential to cover up their lowered self-esteem (Afkhondi et al., 2013:91).

Daniluk and Webb recall a research participant who admitted that he would compensate for his emotional state of inadequacy by performing more ‘manly’, “by looking and acting like a super jock” (Daniluk & Webb, 1999:15). Other men would try compensating by working harder on their physical appearance (especially fitness), and some also reported compensating by working harder on their careers in order to feel more successful (Afkhondi et al. 2013: 91). In the case of our infertility journey, my husband admitted that going to the gym for a work-out not only helped him to cope, but he felt that in one area of his life at least he was not helpless. Here he could determine the outcome of his physical stature since he was powerless against infertility.

Some men had affairs to prove their masculinity after they were diagnosed with male-factor infertility. Adoption has been an option from the earliest times in the ancient biblical world. One father stated that in his journey after adoption he came to realise that “it may be just a whole journey of convincing myself, intellectually... that it isn’t necessary for me to be fertile in order for me to be a complete person”. He came to realise that he was still a husband and a father and that he was just as capable in all other aspects of his life (Daniluk & Webb, 1999:15).

Another dimension that Daniluk and Webb add, which is more consistent with narrative social constructionism, is that in the study they conducted they found that men would act according to the dominant male gender roles (Daniluk & Webb, 1999:21). It is often believed that men need to be “strong” because that is what the general and common perception is. They would not share their sense of grief or loss, or even their emotional pain after being the one diagnosed with male infertility, because they had the perception that they had to get “permission” to step out of these traditional gender roles.

According to Neuger, “men assume a hyper-masculine pose when threatened with diminishment”. She says: “... when the loss men experience produces a fear of being made smaller, the temptation is to swagger and strut so as not to appear diminished.” The impulse is to puff oneself up in order not to be overlooked or to be labelled as pathetic. “If manliness is equated with poise and composure in the face of tragedy, grief must be kept hidden so that male invincibility retains its veneer” (Neuger, 1997:209).

Once they gave themselves permission to extend beyond the borders of the self-erected and socially constructed barriers, they were able to work through the extensive variety of emotions that accompany infertility. Only once this has happened, could they start with the meaning-making process through their individual narratives.

A further contributing element that helped the men in Daniluk and Webb’s study was that the participants felt that their male factor infertility was a great setback to their masculinity. “It was felt as an assault on their manhood” (Daniluk & Webb, 1999:21). One of the things that struck me from Freedman and Combs’ approach to narrative counselling is how liberating the fact can be that not all dominant stories or themes or beliefs are necessarily essential truths. They say: “Social

realities may not be ‘essentially true’, but that doesn’t stop them from having real effects” (Freedman & Combs, 1996:36). It is true that some storylines are overriding while others are ostracised (Freedman & Combs, 1996:36), as is the case that male infertility is a problem and one that should not be talked about. Unfortunately, the dominant stories are often the ones that are “units of power as well as of meaning” (Freedman & Combs, 1996:38).

#### **4.5.3. Time for a different approach?**

Daniluk and Webb make it apparent that when the men in their study made the distinction between their virility and their masculinity, they were able to reconstruct their self-identity and could begin to establish the viewpoint of themselves as capable and valuable despite their infertility status.

This illustrates the valuable process of deconstruction. Daniluk and Webb are in effect proposing what the narrative dialogue does, namely that the problem should be separated from the person (Freedman & Combs, 1996:48; Daniluk & Webb, 1999:18) so that a preferred reality can be established and that this new reality should be performed as lived. Daniluk and Webb report that by coming to terms with their reality, the men had “a need to positively reconstruct their experiences” (Daniluk & Webb, 1999:18). As Freedman and Combs say, “In order to make a difference, new stories must be experienced and lived outside the four walls of a therapist’s office” (Freedman & Combs, 1996:33).

#### **4.6. The narrative lens to open conversations**

O’Donnell states that in general men perceive that sharing their emotional state around infertility as a “conversation taboo”. “If I told her how upset I was about not having kids... well, it would be like, telling her she’s fat – it’s a cardinal sin” (O’Donnell, 2007:30).

Webb and Daniluk conclude in their studies on male infertility that it is recommended that subsequent to a male factor infertility identification, “the men needed to learn to separate their sense of masculinity from their fertility status” (Webb & Daniluk, 1999:18). This rings true to the narrative approach of social construction, where the problem *is* the problem, and space is generated amongst the individual experiencing the problem and the problem, in this case, male infertility. The male selves are now socially constructed through the choice of which language they use to

describe themselves (Freedman & Combs, 1996:34). The process of perceiving the problem as separate from the person is called ‘externalisation’ (Freedman & Combs, 1996:47). This notion was developed by Michael White and David Epston (Morgan, 2000:17). Freedman and Combs state that externalisation as an attitude is more important than utilising it as a technique (Freedman & Combs, 1996:47).

What excites me is how these men were busy exploring the notions of narrative social constructionism without them even realising it. Narrative theory includes the discovery of unique outcomes by the deconstruction of dominant stories and consequently naming the unique outcome or creating an alternative story. This is quite obvious in the next quote of Daniluk and Webb: “The experience of living with and working through their infertility provided these men with an opportunity to construct lives, marriages and families that were less bound by rigid gender role proscriptions, lives that more fully reflected their complete humanity” (Daniluk & Webb, 1999:22).

Hanna and Gough also agree that the way that men “*reconstruct* their masculinity in the context of infertility remains an underdeveloped area and the part of becoming a father via reproductive assistance or adoption would potentially offer further illuminations into constructions of masculinity in relation to fatherhood” (Hanna & Gough, 2015:5). In order for new understandings of masculinities to be constructed, as an alternative story, the notions of ‘hegemonic masculinity’ need to be re-authored.

In alternative understandings, the new masculinity story must allow men to share their pain and loss with others as well as where they are opening their private spaces for allowing others to support and comfort them in their meaning-making process (Webb & Daniluk, 1999: 21). Morgan explains that the narrative counsellor is attracted to create a new or different story about people’s lives and relations in association with the individual seeking help. Furthermore, they explore the dominant stories and delve deeper into finding out when exceptions occurred in the story not dominating a person’s life. With the help of a narrative counsellor, the couple can be activated to look for “unique outcomes”, which are situations when the problem was confronted. Through this

process, alternative stories are established which are less problem-saturated, and allow new meaning for the person facing the struggle (Morgan, 2000:58).

#### **4.6.1. Providing the open space for men to tell their stories**

“For us, the aim of research is not to bring about change, but to listen to the stories and to be drawn into these stories” (Müller et al., 2001:2 in Gravett, 2008:47). I am hopeful together with Gravett when she says: “I am confident that new meaning, new possibilities, will be born out of the telling and interpreting, the re-telling and re-interpreting that go hand in hand with narrative research” (Gravett, 2008:48). Research is not just for the sake of finding new interesting facts, but in being agents of change. Freedman and Combs understand that there are dominant narratives that perform as “units of power as well as of meaning” (Freedman & Combs, 1996:38). Not all dominant stories are healthy ones, however, as I have tried to illustrate in this chapter regarding how male infertility is linked to masculinity and how this closes the opportunities for men, as individuals and consequently also for couples, to find hope and meaning after the diagnosis of infertility.

The biggest contribution is that the telling of narratives is also changing lives by the fact that individuals (and therefore also couples) are encouraged to view their stories as socially constructed narratives. For me this means that, even though we cannot change a medical diagnosis, we can still choose how we will react to it and to what extent we will allow it to shape us and our future lives. According to Freedman and Combs, “deconstruction loosens the grip of restrictive stories”. When we attend *deconstructively* to people’s narratives, “our listening is guided by the belief that those stories may have many possible meanings” (Freedman & Combs, 1996:33).

The narrative method allows one to not only ‘name’ your problem but also to separate oneself from the problem. The identity of the problem is established: “The problem is the problem, the person is not the problem” (Freedman & Combs, 1996:42). Therefore, with regard to male infertility, or just as likely the case with female infertility, the male sense of identity (namely masculinity) must be separated from male infertility.

Secondly, the narrative approach creatively fashions a more comprehensive landscape when we start to consider the influence that the problem has had on the person and whether or not this is the ideal. Shouldn’t one rather be asking what influence people can have on the problem? This is where I am excited to dream about the liberation potential of telling the problem-saturated stories

of infertility. If the problem of how both men and women react to infertility and the accompanying stigmatisation is socially constructed, then it must be possible that a new understanding or a reconceiving of infertility can take place which is also socially (re)constructed. A third advantage of the narrative social constructionist approach is that "... it mobilises people to join together in working to oppose the effects of the problem (Freedman & Combs, 1996:67). In other words, if there is a joining of voices of the victims of infertility, then they are already stronger to face the problem of infertility and the accompanying stigmatisation.

We want to firstly find the stories of men who have struggled with male infertility and who have decided to build alternative masculinities build on their altered fertility status. We want to share and celebrate the stories of the people who are living out the alternative stories they have created, and the new lived experiences of infertile couples who find a new sense of meaning in a preferred reality of which they are the authors.

I want to dream further with Freedman and Combs who say: "We think about the interactions between the stories that they are living out in their personal lives and the stories that are circulating in their cultures – both their local culture and the larger culture" (Freedman & Combs, 1996:17). This notion is further highlighted by them where they say that life will comprise of wounding meanings and it will be apparent that sometimes life offers one hostile choices, but that these stories of life can be altered by emphasising different, formerly "un-storied events or by taking new meaning from already storied events, thereby constructing new narratives" (Freedman & Combs, 1996:32).

Neuger also highlights the potential of stories by saying that through language and allowing people to voice their struggles, it enables one to feel empowered by "hearing oneself speak and learning to believe in the truth of that long-denied voice, language, and narrative" (Neuger, 2001:69). The feminist movement has been successful in offering people the opportunity to voice their story by stressing the prominence of language and voice.

The feminist movement has, according to Neuger, not only allowed women to share their struggles, but also their strengths. The benefit of the feminist movement also, in reality, extends to the voiceless men and offers the prospect to pay attention to their stories of oppression and stigmatisation, as is the case in male infertility. It allows us to respectfully listen, but listen to such an extent that it circumvents powerful therapeutic consequences (Neuger, 2001:69). Narrative

counselling offers men as well as women the opportunity to voice a story that is not violating their well-being and empowers them by stating that they are the experts of their lives and not a medical doctor or psychologist or minister or any family member. She concurs with my understanding of the potential of approaching a problem, such as infertility, from a narrative vantage by saying that: “It is in finding that language and claiming the right to speak it that empowerment for change is made possible... Regaining language and voice for the power of naming one’s self, one’s environment, and one’s God has been a primary agenda for feminist theology as well” (Neuger, 2001:71).

#### **4.7. Conclusion**

In this chapter, I have shown how the dominant discourses about infertility close off the opportunity for men to thickly describe their identity. What a diagnosis of male infertility has done is to elevate the dominant problem-saturated stories that exist in our society, and existed before our modern times.

However, I am excited to see that there are more studies being done on male infertility and especially the emotional struggle that men experience due to male infertility. I have tried to illustrate that not all forms of understanding masculinity with regard to the link with virility and fertility is healthy. What the narrative approach invites us to do is to reconstruct the social viewpoints of masculinity and the link to infertility.

In the next chapter, I will look at infertility as a couple’s problem, not only to liberate men from the experience that they are alone in the struggle but also to seek helpful and empowering spaces for them (men and women) to turn to when faced with infertility matters.

## CHAPTER 5:

### INFERTILITY AND PASTORAL COUNSELLING FOR COUPLES.

#### 5.1 Introduction

The unspoken fear about infertility for a couple is that their marriage is doomed, mostly due to the traditional understanding that marriage is one of the spaces for procreation. In the Christian belief system, marriage is the space where we would most want procreation to take place. Baloyi gives a liberating statement on this perception: “It is not only wrong, but also dangerous to think that marriage is only meant for procreation. If the main aim of marriage is undermined or overlooked because of procreation, marriage will be meaningless” (Baloyi, 2009: 10).

He references the biblical narratives, where many couples showed the opposite. “We can take a look at marriages like that of Sarah and Abraham, which lasted for many years, until they were old enough to have been grandparents, but without a child of their own. Rebecca and Isaac also stayed in their marriage for a long time without children.” He then summarises that although marriage is the mutual space for procreation, it is also the safe space where mutual love, understanding and support is offered (Baloyi, 2009:10). Furthermore, if we searched we would find stories of infertile couples today who built a new reality for their marriage without children and still enjoyed their companionship.

Statistics of how many people are faced with infertility are startling. These statistics, as presented by Feske, confront us with the reality that “in a congregation of 200 members, approximately 15-20 families could be suffering silently over the inability to bear a child”. Feske says that these stigmatised losses are concealed sources of hurt and suffering in our congregations and our communities. At the deepest levels these struggles are not only medical and emotional but also deeply theological (Feske, 2012:1). Gabobonwe believes that these issues are due to the socialisation stories in our communities, and the example of our parents who write the social script that all couples should have children (Gabobonwe, 2004:25). We are too often not prepared to take into account a different reality than the presented one.



In a workshop I attended at the University of Stellenbosch in 2018 on infertility, I observed that in school our biology classes teach us about procreation abilities, and educators, parents and other sources inform us that biologically our genitals give us the ability to achieve pregnancy. Although I understand that popular literature like *What every girl should know* and *What every boy should know* prepares children for the transition to becoming teenagers, these books about sex education fail to educate young girls and boys that this social script does not make room for infertility, although some of them might be part of the statistics of individuals or couples who will struggle with infertility. If we want to break the cycle of this socialisation of fertility, we should rewrite popular books like these. That, however, could be a study on its own.

Even in marriage preparation courses that I as a minister have come across, couples are not offered the other side of the coin. By the time engaged couples visit me for marriage preparation, they already believe that children will definitely be part of their future reality. In our narrative journey, I do paint this possibility as carefully and sensitively as I can: you might form part of the statistic of couples for whom infertility might be a crisis. My goal is not to instill fear in couples, but to allow them to build the values of their marriage, to form a solid foundation in order that any crisis that they might encounter, can be countered.

In other instances, I have encountered married couples for whom the shocking reality has hit home that they will face infertility. Many young couples and individuals are highly prosperous. They have enjoyed academic, financial and other successes. Now, faced with infertility, “they perceive their childless condition as a personal failure rather than a cruel twist of nature” (Cooper-Hilbert, 1998: 30). No matter how successful, they are powerless to change this state of being infertile. Cooper-Hilbert says that the pain and struggle of infertility is intensified when they do not fit the social script of society. “The “cultural narrative” tells individuals how and when they should or should not live together, whether and when they should marry, and the preferred rites and routines they should follow (Cooper-Hilbert, 1998:35). Therefore, to sum up Cooper-Hilbert’s understanding, these couples are getting a double sentence: being infertile and not being able to conform to the social narratives. They are often left stigmatised and alone (Cooper-Hilbert, 1998:36).

### **5.1.1. The departure point in couples counselling**

As a narrative pastoral counsellor, it is important to acknowledge that there are three persons in a couple's counselling session: you as the counsellor, the wife and the husband. Either of them or both of them might suffer from infertility issues, and this has an impact on the other individual but also the marriage as a unit. In this chapter I will try to examine some critical factors for counsellors to explore when doing counselling with a couple suffering from infertility. In a marriage, infertility is often viewed as an "invisible" topic that causes people to feel uncomfortable talking about issues such as sexuality and loss (Feske, 2012:1).

Peterson et al. emphasise the prominence of this departure point when engaging in couple's therapy when they acknowledge: "Because infertility is recognised as a shared experience, it is important to study the interactions of partners and explore how each partner's coping with infertility may impact his or her partner's adjustment". They say that the emphasis then moves away from a singular focus on an individual, either the wife or the husband who is suffering from the "problem", to the "larger scheme", namely the couple's relationship (Peterson, Newton, Rosen & Schulman, 2006: 228). Of course, this is exactly what is often overlooked as the sympathy is only with the wife. Society often portrays it as if parenthood is only sought after by females, or that it is only a female problem, when indeed the loss is often felt by both partners, and the fault may lie with either the husband or the wife, or with both.

Peterson et al. summarise this observation by saying "many clinical approaches to working with infertility fail to take into account the relational and systemic nature of the experience... Such approaches to therapy fail to take into account the complex interpersonal relationships that are often found among couples coping with infertility" (Peterson, Newton, Rosen & Schulman, 2006:237). This observation leads me to the following point I wish to explore in this chapter. How does infertility lead to a crisis?

## **5.2. Infertility as a crisis**

Berger, Paul & Henshaw refer to the perception of the infertility experience as "a struggle, a loss, a failure, a stressor, a painful experience and an emotional roller coaster" (Berger, Paul & Henshaw, 2013: 60). Gieseler-Devor studied the infertility struggle as a crisis on many different

levels (Gieseler-Devor, 1994:355). As a person who has struggled with infertility, any of the terms used would be applicable to me when describing the journey. It is indeed a multi-complex crisis or experience that evokes many different feelings at the various phases of the journey.

It is as much an emotional, a faith, identity and a developmental crisis for individuals as for the couple as a team. Berger, Paul and Henshaw add the relational dimension and how it disturbs the “personhood of the individual and the couple” (Berger, Paul & Henshaw, 2013:60-61). For couples, another level is added when the struggle of infertility begins to affect the marital dynamics where communication is affected, the intimacy of sexual expression and the powerlessness that accompanies infertility become more prominent as the struggle begins to affect the couple on wholly different levels (Gieseler-Devor, 1994:355).

Vergin says that it is precisely in the midst of this extreme crisis that experts, for example medical doctors and infertility specialists, meet the couple. Most couples visit these professionals with high expectations that the statistics will not include them and that this is only a minor setback in the achievement of the pregnancy and “hoped-for” child or children. It is only after the diagnosis of infertility that counsellors and other psychologists become involved, once the couple realises how deeply this crisis is affecting them and that they lack the tools to cope with reality. Often, they might not even realise the lack of mechanisms to cope with the crisis, until it eventually affects other areas of their life or more prominent features of their marital relationship. This crisis further intensifies if the medical prognosis is *not* positive that the couple will conceive even with major medical interventions. In this process, much time has elapsed before the couple reaches this point. At this stage the crisis is beginning to interfere with important milestones for the couple (Vergin, 1983:94) – in other words, the crisis represents itself as a developmental crisis as well and has an impact on the “generativity” of the couple. This term was first coined by Erik Erikson (Vergin, 1983: 94): “An emotional crisis occurs when all of the individual’s usual problem-solving skills are either blocked or ineffective” (Vergin, 1983:92). The couple realises that they are unable to move forward with their feelings.

Atwood and Dobkin describe the major emotional response as “a deep sense of loss” (Atwood & Dobkin, 1992:389). In essence, the couple is grieving about something they never had. This could

be one way to relate to the loss experienced through infertility. Vergin defines infertility grief as follows: “The couple who are not able to have a child, or to have as many children as they want are a couple who have suffered a loss” (Vergin, 1983:100).

Gieseler-Devor adds that “one twist is that the loss in infertility is intangible” (Gieseler-Devor, 1994: 356). Once the couple comes to the point where they feel that they cannot go on with their current coping or communication skills, a process is begun where they will first discuss the possibility of consulting a professional counsellor. This process might take longer for some couples than for others. It is typically at this point that the minister or pastoral counsellor will become part of the journey. Many couples would have journeyed in silence about their infertility struggle without necessarily including the pastor/minister or counsellor from the beginning.

With the start of this counselling journey, the minister now becomes part of the couple’s new story. “Perhaps more than any other professional, the minister has extensive and extended personal contact with persons who have suffered significant losses. The gradual resolution of infertility is a grief process” (Vergin, 1983:100).

### **5.3 The content of the narrative counselling process**

The first task of the counsellor is to acknowledge that for each person and every couple it is essential to talk about how the loss is experienced. This can be of greater importance than the tangible physical extent of the hurt of being diagnosed as infertile (Vergin, 1983:100). This is what Gieseler-Devor highlights when she says that the couple is mourning the loss of “what might have been” (Gieseler-Devor, 1994:356-357). What further complicates this grief process is that because infertility is an unmentionable topic that couples or their families now need to discuss, it adds a unpleasant complication to the way the couple works through it. Gieseler-Devor expands on this when she says: “Infertility, like most losses, has a primary loss – the loss of one’s own child and capacity to conceive. But there are also secondary losses: the couple’s family is also confronted with the loss of grandchildren, nieces and nephews” (Gieseler-Devor, 1994:357).

As mentioned in chapter two in narrating our story of infertility, this was precisely the case when my husband, in his first marriage, had to mourn the loss not only of infertility but how it was affecting their marriage unit. He did not have the opportunity to share this with his parents, male

friends or his wife. The perception was that infertility was only affecting the wife, and his experience of the “loss” of a dream for a child and the reality of that dream not becoming reality, was rejected not only by his wife but also by his family.

Gieseler-Devor underlines once again a crucial notion for counsellors to remember in a counselling environment, namely: “Infertility is a grief process which involves two separate persons, both of whom are likely to process the experience differently” (Gieseler-Devor, 1994: 357). She says that although both partners may experience similar emotions, the different genders frequently communicate these emotions inversely (Gieseler-Devor, 1994:357).

Gieseler-Devor thus points out that dealing with infertility is an extremely complex endeavour. Because infertility is so complex for the different sexes, Vergin says that therefore the approach to counselling cannot and should not only deal with the emotional, physical, or intellectual aspects of a couple’s infertility crisis, ignoring the spiritual and “meaning” dimensions (Vergin, 1983: 95-96). This also underlines the narrative approach to counselling, especially couples suffering from infertility. The narrative approach helps couples to create a new reality that is more inclined to accommodate the new meanings that transpire from the crisis of infertility. No crisis in life leaves a person unchanged.

According to Lawson, there are “three possible outcomes of a crisis (in Menning’s understanding of a crisis (Menning: 1980): The person may emerge from the crisis with the same, greater, or lesser level of functioning as prior to the event. There may be repeated crisis states during infertility investigation and treatment, therefore, there is a risk of maladaptive behavior changes” (Lawson, 1988:5). Lawson summarises Menning’s theory of how complicated the numerous platforms of infertility truly are, in their attempt to journey through infertility and the crisis that infertility causes (Lawson, 1988:41).

#### **5.4 The emotions of the crisis**

In this section, I wish to address some of the emotions that the crisis of infertility can cause the couple to experience. It is not a simple list that can be ticked off once a particular emotion or feeling is experienced. Like the phases of grief, it is often a roller coaster ride. The founder of the

theory of the grief process of infertility – Menning (1988) – shows that the process resembles the stages of grief when a relative passes away (Kübler-Ross, 1969) (Clarke, Matthews & Matthews, 2006:103).

The reason why this is of importance for counsellors is to enable them to have empathy with the emotions or experience that the individuals or couples cannot put into words themselves and to help them to articulate what they are experiencing. We also have a role as counsellors to communicate with couples in such a way that they are educated about their feelings, because what you cannot understand, you cannot work through.

Allowing couples to describe their emotions to themselves and their partners means they can at least feel heard and understood. Counselling is allowing people to voice their feelings without them feeling that they will be condoned or judged for the feelings that they are experiencing. With men especially it is important to be attentive to the fact that research shows that it is improbable that men will express these feelings verbally (Keylor & Apfel, 2010:71). This may worsen the communication crisis that infertility also causes.

Atwood lists the stages in response to the crisis of infertility as follows:

The first phase is when the physical toll of infertility sets in (Atwood & Dobkin, 1999:388-389). The second phase then follows when the response to the emotions of infertility sets in: “isolation, alienation, guilt, low self-esteem, grief and depression, and lastly resolution” (Atwood, 1999: 389-394). Keylor and Apfel also add advanced feelings of “hopelessness and helplessness” (Keylor & Apfel, 2010:69). Daniluk and Webb add other terms as responses to the diagnosis of infertility: “denial, devastated, shocked, numb, angry, disbelieving, and depressed” (Daniluk & Webb, 1999:13). Additionally, the main emotions that both could experience are “shame, feelings of deviance, and fear of being labeled a failure” (Atwood & Dobkin, 1992:389). Watkins and Baldo add a few responses to the lists that especially add more pressure on the couple: “inadequacy, anxiety, stress, fear of spousal rejection, devastation, rage, loss of control, feeling cheated, frustration, moodiness, fatigue, disappointment and loneliness” (Watkins & Baldo, 2004:397).

The second phase is further complicated when not only the emotion has surfaced, but one also tries to begin to seek meaning out the experience. It is through deconstruction of the idea that the individual held of how or when they would be a biological parent that meaning is reconstructed. Deconstruction is followed by “the construction of a new identity consonant with the infertility

information which for many is psychologically the most difficult and stressful undertaking of the grieving process” (Atwood & Dobkin, 1992:393-394). It is in this challenging phase where the counsellor is of utmost importance. The narrative pastoral counsellor helps to deconstruct by asking and prompting questions that help the individuals to move forward in their journey.

The next phase is resolution. Although it sounds like three easy steps, this is indeed not the case. Because this is a narrative process or journey and not a linear process with a clear beginning or end, there is not a particular time frame allocated to dealing with the crisis of infertility and the resolution thereof. Atwood and Dobkin conclude that if the spouses made the decision to not separate, in due course they begin to experience a fresh sense of empowerment (Atwood & Dobkin, 1992:394).

#### **5.4.1 Considering gender to further help us in the counselling conversation**

This thesis has a particular emphasis on the experience of male infertility. Because I believe that male infertility is often stigmatised and overlooked not only by the individuals of the couple but also by the counsellor and the larger communities surrounding the couple, I would like to pay special attention to the emotional experience in the stages of male infertility.

#### **5.4.2. The stages in the crisis of male infertility**

Modern researchers follow Menning (1977), who found that couples experience eight stages in the crisis of infertility (Lawson, 1988:9). More recently, Daniluk and Webb found through their studies that there are seven “phenomenological” subjects that form a golden thread in the understanding of the feelings concerned with male infertility of the six male participants of their study. The authors (Daniluk & Webb, 1999:12) list these experiences as follows:

- “1. A sense of profound grief and loss.
2. A sense of powerlessness and loss of control.
3. Sense of personal inadequacy.
4. Sense of betrayal and isolation.
5. Sense of threat and foreboding.
6. Desire to overcome and survive.
7. Need to positively reconstruct their experiences” (Daniluk & Webb, 1999:12).

This does not mean that there are no other feelings or experiences, as this was a qualitative study among only six male participants. However, Daniluk and Webb are doing groundbreaking work in the field of understanding the impact of male infertility on the emotional state of men. This enables us to be better equipped when dialoguing in narrative counselling. Menning adds another experience to the stages, namely a stage where anxiety and guilt are felt (Lawson, 1988:9). However, Daniluk and Webb do not include this phase, although it could be combined with one of the above-mentioned stages.

As one can see, the current research on male infertility already enables the counsellor to step even further in his shoes and this information can help us in the counselling process to narrow down the husband's emotions.

### **5.5. Addressing infertility as a couple's problem**

From the research, it is quite evident that husbands and wives will cope differently with the various emotions that each of them are confronted with in the crisis of infertility. Cooper-Hilbert adds that this leads to them being uncertain of how they should or could support each other, since they are also facing their own emotions and not only that of the partner (Cooper-Hilbert, 1998:65). Wischmann and Thorn argue that both partners are confronted with variable degrees of "loss-orientation and restoration-orientation styles of coping". However, it would seem that "one person in the couple (woman) is grieving the loss, while at the same time, the other (the man) needs to rewrite the reproductive story in order to restore meaning and hope for the future" (Wischmann & Thorn, 2013:237).

Cooper-Hilbert, however, says that whether men and women grieve in a comparable way or great differences can be seen in their suffering, this area needs even more research. He adds, however, that "the research also needs to neutralise gender bias by targeting both men's and women's issues more equitably and to explain differences in reactions with the context of differences in how the genders respond, rather than attributing reactions necessarily to differences in feelings (Cooper-Hilbert, 1998:67). He takes into account influences such as socialisation and the biological experience of the medical procedures. O' Donnell makes a significant remark on this point and says that "although it might seem appropriate to describe infertility as a *couple problem*, men and women generally experience treatment as observer and participant, respectively" (O'Donnell, 2007:29).



Furthermore, body awareness and the communication styles of men and women subsequently might underlie the distinct interpretations of the crisis (Cooper-Hilbert, 1998:73).

For this thesis, with a specific focus on infertility that affects both partners, no matter who is biologically at fault, I would like to highlight Anderson's viewpoint that "the reality of loss is not gender-specific". The significance of the loss might be different, and may vary from one person to another due to the value attributed to the loss, but the loss remains. We should not fall into the trap to think that men do not suffer the loss symbolised by infertility. "When a child loses a pet, or a son or daughter leaves home or when a person is fired or a friend moves away or when a marriage ends in divorce or a parent dies, the loss is real for women and for men" (Anderson, 1997:211).

Neuger further promotes this critical departure point for pastoral narrative counselling when she highlights that men might not be capable of fully explaining how they dreamed of being a parent. "When men become aware that their dreams will not be realised, they experience intrapsychic or internal loss, that is difficult to mourn because, in order to talk about the loss, they have to talk about the dream" (Neuger, 1997:220). This once again highlights the role of the pastor or counsellor, to help the couple verbalise the loss in all its different dimensions.

Anderson advises that men should be helped by exploring shared experiences but highlighting that they are, just like their wives, at liberty to deal with the loss in their own unique way, in their own time with the persons they would like to allow to share this experience of loss. Anderson warns counsellors: "It is fruitless for caregivers to strive to make men grieve like women" (Anderson, 1997:222).

Petok underlines this particular awareness in modern research when he adds that gender role conflict can result in behaviour forms that further restrict the communication of feelings, and this has further consequences for their marriage relationship. This has further implications. According to Petok, "there is evidence that men with higher gender role conflict have greater negative attitudes toward counselling services and are less likely to seek those services" (Petok, 2015: 263). Cholette agrees but adds, "recognition, respect and acknowledgement of grief as a valid response of a bereaved father, is an intricate part of caring and lays the central foundation in establishing a therapeutic-healing relationship with the father and his family" (Cholette, 2012:36).

## 5.6 Unique challenges when counselling infertile couples

The above reflections on addressing infertility as a problem faced by couples culminate in one appropriate statement: “Barrenness in marriage is a challenge to pastoral care” (Gabobonwe, 2004:29).

As one can see through the abovementioned studies, there are some general experiences of infertility, but how the individuals express the feelings of the crisis differs as between male to female. “The goal of counselling infertile couples is not to have a child, but to resolve the crisis of infertility” (Lawson, 1988:12). The narrative pastoral counsellor is in the position to help couples deal with their infertility by offering a safe space where they can come to realise that they are not isolated due to the crisis. “Not only is the counselor, or other helper, there for them, but God is there also” (Lawson, 1988:43). This is a very unique approach that a pastoral narrative counsellor adds in this tremendous sensitive and complex crisis that the couple and the counsellor face together.

In a study done by Peterson et al., the researchers explore three main approaches to coping, namely separation, self-discipline and accepting accountability, that help the couple eventually cope not only with infertility stress but in the long term with the marital adjustment that was needed when working through the crisis (Peterson, Newton, Rosen & Schulman, 2006:234). The authors further explore an assimilation of cognitive behavioural strategies to enable the couple to “re-story” their experience of infertility (Peterson, Newton, Rosen & Schulman, 2006: 237).

Once again, the inclusion of both partners is of critical importance in couples counselling and both partners’ need to co-operate for the marital adjustment to move out of this crisis. Wischmann and Thorn report that by acknowledging both partners’ role and by enabling or inviting both genders to the counselling journey has tremendous success (Wishmann & Thorn, 2013:241).

Therefore, Cooper-Hilbert says that counselling “should focus on strengthening communication while addressing gender differences (Cooper-Hilbert, 1998:78-79). She gives the following points to remember when counselling infertile couples to help them to understand how their different emotions or the experience of those feelings can lower the stress that accompanies the crisis:

1. It is the counsellor's role to guide the couple in understanding that partners might experience infertility differently. According to Cooper-Hilbert, this enables empathy for the other person's struggle and reduces stress.
2. The counsellor also contributes by stabilising the differences in each gender and by unpacking the engagement with infertility from "a male-female experience". This engagement halts the partners blaming each other because they then begin to acknowledge that this is common for couples facing infertility problems.
3. Although no one is to blame for the infertility problem per se, the counsellor encourages taking responsibility for the communication of emotions.

Cooper-Hilbert further educates counsellors by assisting with a list of skills that will help spouses decrease the grief and other barriers they face in their journey through infertility. She firstly suggests that the couple begin to set a boundary regarding time to talk about these issues. She encourages them to truly listen to each other without trying to "fix" the infertility crisis. By educating them about their gender differences in communication, they open up and begin to listen to each other. At this point, she also says that the counsellor needs to illuminate "the gender-specific coping strategies". Furthermore, the husband especially is encouraged to accept his sense of grief and loss. The counsellor can assist the couple by assigning a time boundary with regard to their medical treatments. Lastly, the couple needs to reinvent a new future by talking about other goals and values they held for their marriage (Cooper-Hilbert, 1998:79-80).

Watkins and Baldo further advise that it is of primary importance that the counsellor normalises the infertility experience (Watkins & Baldo, 2004:399). The counsellor helps the couple to explore meaning and worth in their journey in narrative couples therapy. By developing a new identity for each individual but also a collective couple's identity, they build a "new role in society with or without children" (Watkins & Baldo, 2004:399). In narrative counselling this process is called the landscape of action. By assisting the couple to gain control, the counsellor leads the couple to strengthen a new joint story where they take control of their crisis. An example can be that the couple decides that they will let go of the aspirations of being biological parents, and they use a ritual to symbolise their letting go of a dream. Watkins and Baldo give the example of the couple writing a letter as a ritual (Watkins & Baldo, 2004:401). A further example of their new joint story

might be that the couple decides who they will inform about their decision of letting go, or deciding who they will include in their support group in coping with infertility.

### **5.7 A pastoral narrative couple's approach to infertility counselling**

Initially, when the couple first seeks the help of a counsellor, they would have created their own meaning regarding the problem of infertility. Atwood and Dobkin points out that this would have happened on an individual level as well as within the marriage unit (Atwood & Dobkin, 1992:397). The couple would not seek the support of a counsellor unless they had a positive story about their infertility struggle. Therefore, the task of the counsellor is to begin unpacking the problem-story in such a way that deconstruction can take place. The goal of couples' counselling with infertile couples is beautifully summarised by Atwood and Dobkin in the following statement: "The goal of therapy, therefore, is to help couples, separately and as a couple, deconstruct the fertility crisis, to move to the acceptance stage, and then, through *linguaging* with the couple, to help them to construct a new reality around their marriage and children" (Atwood & Dobkin, 1992:397).

Neuger suggests the couple can be assisted to gain control of their life-story by using the five tools (five Rs) of the narrative method. She says that these five tools are vital "processes in feminist-oriented pastoral counselling". These are also theologically encouraged as they seek to help build authenticity and power for counselees and "for a culture struggling to resist patriarchal and *kyriarchal* forces that destroy its members" (Neuger, 2001:142). What follows is a list and explanation of how the Rs can be engaged with in the counselling journey (Neuger, 2001:143-147).

The first R that Neuger activates is "remembering". Neuger points out that a common feature of a problem narrative, such is the case with infertility, is that the problem blocks our memory "to remember anything else than the problem-saturatedness of the story". The counsellor activates the counselees to remember times when the couple's life was dominated by the problem of infertility. In this, they find "alternative preferred truths' that can help them build the desired alternative story they can live with.

The next R stands for "reframing". According to Neuger, reframing acquires a moderate approach to search for the accurate and truthful elements of the story, but then ventures further to put new

perspectives on the table, to assist the couple to make meaning of the content of this story. This point is further demonstrated when Neuger says that “narrative theory affirms that language is reality – how we interpret and make meaning out of events becomes the truth of those events” (Neuger, 2001:142).

The main task of the narrative counsellor is to assist the couple in providing fresh viewpoints on the problem or crisis that they are facing. Furthermore, they offer a less problematic context in order to activate the couple to search for new interpretations or meanings.

The third R is activated when the couple is guided to clarity by reversing. Here Neuger uses a feminist lens especially to “reverse the great reversals of patriarchy”. Neuger’s notion is that most standards that patriarchy hold are not healthy for women. In this dissertation, however, I have maintained that, for example, the patriarchal value of masculinity is in effect what is causing both men and women so much pain. If this value could be reversed, “those reversals would represent much greater truth for women’s lives.”

The next R is to acquire meaning in the crisis, to re-imagine. The narrative approach to counselling uses imagination as a resource to help people create a new preferred reality, and especially one that offers new choices. Neuger expands on this when she says “the integrative power of imagination allows new narrative possibilities to emerge that come out of authentic self-experience and yet takes the various contextual realities of the woman’s life into consideration”.

The fifth R is to re-story. This process entails the stories that were hidden or not yet discovered. In other words, some stories included in the experience, in this case, the infertility crisis experience, were so prominent as a problem story that the couple could not see that there are other possibilities to this story as well. Atwood and Dobkin suggests that through employing language we create not only a new preferred reality but also we constitute change. “It is through *linguaging* in therapy that persons define and experience reality” (Atwood & Dobkin, 1992:396)

By using the abovementioned tools that both Neuger and Atwood and Dobkin suggest, with the narrative counselling techniques mentioned in chapter two, we as counsellors are assisting couples faced with the crisis of infertility to firstly acknowledge and name the problem. Furthermore, we

are activating communication skills such as metaphors, deconstruction, imagination, externalisation, and so forth, to minimalise the effects of the crisis. Then we help the couple to build the new alternative or preferred story, and we celebrate their journey (Atwood & Dobkin, 1992:396-402).

Although the couple has not acquired the outcome they wished for, namely the birth of a biological child, through the counsellor's guidance they have at least made meaning of what this crisis meant in their lives and how they can go on in the future. Neuger summarises this endeavour of consulting a counsellor for support and guidance in a crisis by saying that "the narrative regains a sense of continuity and meaning, which can be communicated to the self and to others in ways that lead to a more abundant and faithful life" (Neuger, 2001:147). Atwood and Dobkin agree to this when they say that the narrative process is a process where new constructions of self-narratives are being established and these self-narratives or new preferred realities enable the couple to make sense out of something that initially had made no sense at all to them when they were first confronted with the crisis. Now they are equipped to understand and constitute meaning out of events, or crises such as these (Atwood & Dobkin, 1992: 395). Vergin illustrates a crucial point that we as counsellors should communicate to couples who leave our practices or counselling rooms after our counselling journey has been professionally concluded: "One's awareness of infertility never really disappears, but eventually it can and must be accepted and lived with. This can be called the experience of surrender, according to Vergin (Vergin, 1983:108).

### **5.8 The pastoral counselling of infertile couples**

The pastoral counselling of infertile couples is a tremendous void in our congregations. Due to the stigma surrounding infertility, it is often not even known to the pastor that a couple is struggling. Gieseler-Devor found her research that couples often revealed the absence of care and support to them. However, Gieseler-Devor also points out that couples spoke of how much it meant to them when they indeed had at least someone praying for them and speaking to them. These remarks, and my own encounter with infertility and the lack of support and safe spaces, or even pastoral counsellors that could have journeyed with us, makes me more aware that pastors and ministers are ideally located to assist couples in their journey. Gieseler-Devor adds to this viewpoint when she says "clergy are in a unique position to help couples deal with their crises of faith". She adds

other fundamental struggles that we have not yet discussed, but that I only wish to list: The theodicy question: anger at God, the biblical interpretation of bearing children, financial and emotional support and the need for particular liturgy or rituals that can be a way to symbolise letting go (Gieseler-Devor, 1994:358-59).

I have made it a point to include infertility in my marriage preparation conversations with couples to lay the foundation for future counselling if they may be necessary. Building a relationship with all the members of your congregation is, of course, a dream that all pastors and ministers hold dear. Therefore Savitz-Smith suggests a relational approach. I would recommend pastors to see this as an additional approach to counselling. The relational approach has a specific emphasis on empathy and mutuality (Savitz-Smith, 2003:383).

Pastoral counsellors will most likely be approached in times of crisis. According to Neuger, the role of a pastoral counsellor is to assist couples and individuals to “make choices that open up a preferred direction that is healthy, moral and helpful” (Neuger, 2001:188). Counsellors should demonstrate the resources to the couple by constructing a sincere “growth-fostering relationship with their clients” (Gibson & Myers, 2002:77). However, Gibson and Myers also warn that aside from that, the pastoral counsellor also motivate clients during the counselling journey to find other support relationships that will also provide the empathy and understanding that the couple has found with the counsellor (Gibson & Myers, 2002:77).

## **5.9 Conclusion**

I would like to end this chapter by reiterating the understanding that couples would be able to deal better with the crisis of infertility when they know that they are not alone in congregations but have a pastor or pastoral counsellor to whom they can talk.

Through this chapter, I wished to illustrate that it is important that the counsellor is informed about the different responses that men and women have, but also the mutual emotions that they share in their experience of infertility. Savitz-Smith helps me to understand that the “counselor is able to respond to the individual needs of each person in the couple”(Savitz-Smith, 2003: 383). Counselling can never be approached from a “one-size-fits-all” approach. Even through this chapter, where I tried to illustrate where there are differences or similarities in the experience of infertility, the couple who might end up sitting in front of you might bring other elements of their

experience to the table. Therefore as counsellors, we have to be aware of the fact that we will never know it all. In the narrative approach to counselling it is maintained that the “client is the expert”. They know best what they are feeling or experiencing and how it affects their life.

Watkins and Baldo leave me with hope when they conclude: “From a positive perspective, when the infertility is acknowledged by both partners, the infertility can actually bring the couple closer through their experience of sharing the problem” (Watkins & Baldo, 2004:398).

Even where infertility could not be resolved, we as counsellors have ventured, explored, and journeyed with couples to the point where the crisis of infertility did not succeed in ruining their marriage. That is the main goal for me in pastoral counselling of infertile couples.



## CHAPTER 6

### CONCLUSION

#### 6.1. Summary of findings

After the completion of this research thesis I am convinced of the following findings:

Firstly, infertility is one of life's occurrences that destroy a person's dreams of how they thought their life would be. This experience has the potential to destroy more of those dreams, namely the person's marriage. Numerous studies point to the fact that infertility is indeed a huge crisis and one that should be addressed. My finding is that ministers and clergy should be aware that they have a role to play in the pastoral care and pastoral counselling of couples facing this struggle.

Using a feminist narrative approach, I tried to illustrate in this thesis that it is both partners that experience the crisis of infertility and all the accompanying feelings and emotions, no matter whose medical diagnosis it is. Watkins and Baldo conclude that it can be said that "infertility does not discriminate by gender or ethnicity...." (Watkins & Baldo, 2004:394).

My finding is that there is not a sufficient amount of resources on the pastoral implication of infertility on couples and especially men. Therefore my specific scope was the couple and not only the individual, although I did illuminate a number of significant considerations regarding male infertility that are often overlooked by counsellors. Because there is not a substantial amount of studies on the experience of pastoral counselling for men who suffer from male infertility, I tried to educate the reader in this regard. It is important that the counsellor is aware of the fact that a medical identification of infertility presents challenges for both men and women.

Secondly, in chapter three, I investigated whether there are biblical narratives about male infertility that could be employed in a counselling session. There are no stories of explicit male infertility: it is only suggested. That does not, however, mean that we cannot guide the couple in a pastoral counselling session by using other biblical narratives that centre on God's care and presence in difficult times of life. The final part of chapter three showed that the narratives of the couple's plea before God is a resource that can be further explored to be of use in the church and counselling environment. Baloyi uses the example of Elkanah as the supportive husband to his barren wife.

“This is the kind of husband every barren woman should expect to have in difficult times, rather than one who joins those who inflict pain on them” (Baloyi, 2017:4). However, Baloyi fails to use this same example when we turn it around, that the wife should also be supportive of her husband when the medical diagnosis lies with him. Baloyi does not consider the reality that the woman is not always the problem of infertility. The value of the story, however, could still be of use in a pastoral setting when we use the moral of unconditional love regardless of the partner being able to bear children or not. Baloyi still makes a valuable contribution when he says that pastoral counsellors could help couples to comprehend that they should not blame each other (Baloyi, 2017:4).

It is furthermore the task of the church to reformulate the problems that both individuals and couples face. Here he explicitly says that the misunderstandings regarding infertility should be reformulated in such a way that it is not condemning and does not contribute to the pain that the couple suffers (Baloyi, 2017:5, 13). “The empowerment structures should also view this problem as a serious one and help those who are stigmatised” (Baloyi, 2009:13).

Thirdly, I found that the practice of narrative theory helps us to highlight that the couples’ story and their experiences are just as important as any story that we find in Scripture. Their story might also begin with a problem, as is the case with most of the biblical narratives, and the resolution will come. “Resolution” must be reframed through the journey of narrative counselling in order for them to build a new reality or attribute new meaning to the crisis of infertility. Therefore, the importance of narrative counselling becomes evident – it restores people’s sense of agency and gives new meaning to a crisis. Neuger further emphasises the outcome of narrative counselling when she says: “When counselees begin to realise that they do have choices and at least some power to make meaning out of their experiences, they begin to have confidence in a future story that has value for them” (Neuger, 2001:188). As a narrative pastoral counsellor, I would like to add that God is still part of that future narrative.

As a minister of the Dutch Reformed Church, I can also acknowledge that the benefit of narrative counselling theory is that it uses the community, whether the family as a community, or the church community or even the community at large, as a principal tool. Staying true to deconstructionism,

questions are a way of deconstructing the current paradigms and to truly hear the story that lies at the core of the experience of an infertile couple. Neuger adds that when we begin to comprehend the interrelatedness of gender constructions and socialisation as cultural paradigms, we will be equipped to offer “relevant and transformational pastoral care” (Neuger, 1997:231). Through my study I have found that as ministers we do not fully comprehend the extent to which stories has the potential to be both dominant and oppressing but when story-telling is employed as a counselling tool, stories can be liberating and transformative.

Fourthly, I found that the task of the minister is to apply Scripture in a true hermeneutical way to illustrate that the purpose of marriage is not only to procreate, but also to enjoy their marital companionship (Baloyi, 2009:14). “The church is a natural partner for helping to develop and sustain these kinds of communities of care if it takes the heritage of prophecy and justice seriously” (Neuger, 2001:235).

Lastly, I would like to highlight that this study found that we have not yet fully comprehended the extent of the crisis and that more work on this subject lies ahead if we as ministers truly want to assists our congregation members who are faced with this crisis.

## **6.2 Evaluating the different lenses used in this thesis**

### **6.2.1. Gender**

The gender framework that was employed in this thesis enabled me to understand that a new movement in pastoral counselling is necessary, and I take great joy that it is indeed slowly emerging. As Neuger points out, “pastoral counselling has potentially allowed much of pastoral counselling practice to shift from being harmful (especially to women and other marginalised groups as it unwittingly reinforced an oppressive status quo) to being radically life-giving and empowering for women, men, families, institutions, and the culture” (Neuger, 2001:9). The gender lens enables us to dialogue with whoever was marginalised or stigmatised in the major discourses of our society. In the case of this thesis, I have argued that both women and men fall into this category. Although much research has been done on how to counsel women suffering from infertility, there is still a lot of work that needs to be done on the communal level outside the four

walls of the counselling office. Regarding counselling for infertile men, there is even more work to be done before counsellors, ministers and professionals can begin to have an effect on the communal level.

### **6.2.2. Narrative approach**

The narrative practise helps an individual or a couple to gain an improved understanding of their problem and the possible outcome of the problem. Freedman and Combs say that narrative therapy is a certain attitude about reality (Freedman & Combs, 1996:19). This particular approach is one that refuses to accept the problem as the only reality there is and enables an individual or couple to model a new reality.

The narrative approach to pastoral counselling “help[s] people experience alternative realities in their lives” (Freedman & Combs, 1996:11). The narrative approach employs language to constitute these alternative realities. “Finding meaning, negotiating meaning between people, unearthing new meaning in the things we think we’ve understood in a certain way can be a continuously enriching experience” (Gravett, 2008:36).

In the words of Neuger: “This is not an individualistic kind of counselling theory. It is helping people to actively lay claim to voice and participation in the larger stories of the culture. The opposite is also true. Any person’s private story of oppression, marginalisation, or harm becomes a story of the culture and limits the possibilities for that culture to be whole.”

She therefore encourages pastoral counsellors to operate in such a way that they contribute to undo some of these dominant stories in society that stigmatise and oppress. Not only do these prevailing stories cause agony for women, but also for men, and according to Neuger, in society as a whole (Neuger, 2001:92). Freedman and Combs join the conversation by adding that “if the realities we inhabit are brought forth in the language we use, they are then kept alive and passed along in the stories that we live and tell” (Freedman & Combs, 1996:30).

### **6.2.3. Self-narrative**

Kotzé & Kotzé quote the words of a social worker Lilla Watson to guide their commitment to self-other relationships. I would like to add my commitment to theirs by quoting the same text: “If you’ve come to help me, you’re wasting your time. But if you’ve come because your liberation is bound up with mine, then let us work together” (Kotzé & Kotzé, 2001:4). This is a beautiful

illustration of how this thesis has enabled me to share my story and heal through this endeavour. Infertility will always be a part of my story, even though we have been blessed with two children after our infertility journey. In the words of Dorian Haarhoff, I have become “a storied academic” (Kotzé & Kotzé, 2001:49). Kotzé and Kotzé elaborate on Haarhoff’s statement by saying that through asking questions, you as the researcher are also changed by the answers, or, I would like to add, by the lack of them.

#### **6.2.4. Feminist approach**

Reinharz reports that feminist research often holds a unique gift for the researcher, namely “that the research changes the researcher”. Several academics who use feminist theory for their research departure describe their own journey as one of change and transformation in themselves. “Many feminist researchers report being profoundly changed by what they learned about themselves” (Reinharz, 1992:195 in Kotzé & Kotzé, 2001:173-174). This particular thesis has afforded me the opportunity to change the way I will do counselling with couples who suffer from infertility from now on. I can recognise myself in the echo of Gravett’s account of her groundbreaking dissertation on infertility: “I believed that the insights and interpretations that this research would bring forth would be helpful in empowering and emancipating these silent, and sometimes shamed, voices” (Gravett, 2008:44). This is exactly why I chose to conduct this thesis’ scope on male infertility, for our experience was one that men are often shamed and ostracised for their diagnosis and experience of the crisis.

I started my methodology by saying that if one couple could find value in this academic endeavour of collecting, reflecting and interpreting data and literature about infertility, it would be sufficient for me. I would never have guessed that we as a couple (the researcher and her co-storyteller and spouse) would be the ones that would benefit so greatly from sharing our story.

As a couple, we as storytellers hoped that our narrative would be heard by infertile couples, but also in particular the ears and the hearts of a church community and society where people are often unaware of and insensitive to the painful journey and struggle of those who try to live with childlessness and infertility.

### **6.3 Practical considerations for ministers and clergy**

I would like to end this thesis and conclusion with an extremely honest plea to ministers, pastors and counsellors. “Just as Eli the priest did not understand Hannah’s plea for a child, church and ministry leaders often miss the cry from women and couples in their congregations.” Feske highlights this further, stating that many couples who are affected by the crisis of infertility, miscarriage or the journey of adoption get caught up in another crisis when they become “disillusioned with their places of worship, thinking they can receive help” (Feske, 2012:6). Feske lists a summary of these concerns that infertile couples face when seeking help from a local congregation:

- (1) “the isolation and loneliness they feel in family-centered churches,
- (2) the need for both individual and institutional recognition of their pain and grief,
- (3) the ability of church members and religious professionals to offer comfort and support that is informed and sensitive to the particularities of these losses” (Feske, 2012:6).

How can ministers, pastors and counsellors create a safety net for these couples? What follows are some practical ideas that I have accumulated in the research of this thesis.

The most important point is that pastors, ministers, and especially counsellors should be informed about infertility and the different experiences that accompany this crisis.

Of course, the approach to this whole thesis was that the counselling environment is one which is the most qualitative approach for the minister/pastor to journey with the infertile couple. Once again, I would like to highlight Lawson’s understanding of the goal of counselling: “The goal of counseling infertile couples is not to have a child, but to resolve the crisis of infertility” (Lawson, 1988:12).

I would like to offer practical advice in two groups: from the pulpit, and secondly in the counselling office. Lastly, I want to highlight our educational task in the congregation.

#### **6.3.1. What should be advocated from the pulpit:**

- i. Most of our modern churches have a clear focus on family ministry. Through participating in this study, I was made aware that as a society, and often as faith communities, we elevate parenthood to a great extent. Of course, families are

- important, but the couple unable to conceive should never feel that they are cursed due to their childlessness. This further alerts me to the awareness that there might be couples or individuals in our congregations that choose not to have children. We have to preach in such a way that they feel included in our approach to ministry. Feske shares the story of a member of the congregation who reported that she felt like there was no room for childlessness in her congregation. Feske suggests that every congregation asks: “As a place of worship, what is your definition of family? For those who are involuntarily childless, this emphasis can produce a profound sense of isolation, loneliness, and inadequacy” (Feske, 2012:8).
- ii. According to Layne, we must seek to find meaningful rituals that couples who face either pregnancy loss or infertility can use to acknowledge their loss. I am aware of rituals that have been developed for pregnancy loss or miscarriage, but not of any rituals to help the couple demonstrate their loss of a “would-have-been-child”, as Layne puts it (Layne, 1997:309).
  - iii. Baloyi gives valuable advice to pastoral counsellors and church communities when he says that it would be valuable if congregations had premarital programmes that educated couples to have realistic expectations of marriage. “It is vital for the couple to know that marriage is not only joyful, but that sorrows are also a part of life and that they need to be ready to deal with those challenging situations” (Baloyi, 2017:4).
  - iv. We could cultivate relationships where these couples can find solace. The church is in the relationship business. Relationships are the DNA of the church. “A person is a person through other persons (*umuntu ngumuntu ngabantu*)” (Sweet, 2009:10). This proverb reminds us that God reveals Himself in a relational matter, and this is also his dream for his bride, the Church. Sweet illustrates this by saying: “God even exists in relationship. By yourself you are nothing: in relationship you are everything” (Sweet, 2009:150). Neuger states that the relationships other than the husband and wife’s relationship with each other have to be cultivated in such a way that this couple can find what they do not often find in society out there. Neuger summarises a crucial

- observation from what men (and I would add women as well) want from their friendships, and subsequently, other relationships as well. "... the qualities they most frequently named were acceptance, honesty, and understanding" (Neuger, 1997: 223).
- v. From ministers or pastors, it is expected to have a greater sensitivity regarding special celebrations such as Mother's or Father's Day or even baptism occasions. As I was struggling with infertility, I have noticed that the same churchgoers would repeatedly stay away from these services. It opened my eyes and created the opportunity for conversation with these couples to find out whether infertility is part of their struggle. With both our Mother's and Father's Day celebration this year, we said a prayer for couples who are struggling to conceive, couples who miscarried or couples who lost a child. Some churches have developed a special bulletin for these celebration days to acknowledge them and to pray for them.

### **6.3.2. In the counselling office:**

- i. "One Catholic parishioner, now the parent of a two-year-old, pointed out that the possibility of infertility is never mentioned in marriage counselling. They spend *ad nauseum* amount of time preparing for raising children. 'What if you can't have any?' she asked" (Feske, 2012:1). Since I was confronted with infertility, this theme has now been added to the marriage preparation material that I work through with couples.
- ii. The authors Hanna and Gough illustrate a very important framework that should be altered by asking a question. They say that we should ask the question of how men feel about fatherhood in the new framework of infertility. "Are the quests for medical fertility treatment motivated by the core of how they understand fatherhood and the social roles associated with that?" (Hanna & Gough, 2015:6). If we were to consider that a couple might decide to adopt, or in the case with male infertility that the wife may receive a semen sample from a donor, how do we guide especially men in this case, with the apparent "intersectionality between masculinity, stigma and fatherhood?" (Hanna & Gough, 2015:6). Ruspini et al. plead that we should consider



that even though there is a modification in the understanding of family roles by men, “dominant discourses of masculinity do not sit easy with these practices” (Ruspini et al., 2011:154).

The counsellor/minister must also establish their understanding of social fatherhood before advising couples who are taking this route of procreating. Gravett and Muller build on the foundation of women’s theology regarding infertility by Oduyoye who advocates a “theology of procreation” that “speaks to both those who reproduce and those who do not”. When such a theology is embraced by the counsellor or minister, it is an understanding that educates both the church and the society that there should be respect for the “state of life” of the infertile individual and couple “that refuses to further blame and shame those who are infertile” (Gravett & Müller, 2010:2).

- iii. Feske adds another theological task for the minister or pastor to consider. With reproductive technology that is still advancing and becoming quite radical, people often struggle with ethical questions. As shared in chapter two, an older congregation member confronted me with the question: “But are you not interfering with the will of God when you are going for AI?” This prepared me to read more extensively, in order for me to be equipped to offer scriptural recommendations and open up further conversations. Feske “encourages the use of multiple images of God and of what it means to be truly human, male and female, in order to decenter the privileging of biological parenting and patriarchal anthropology” (Feske, 2012:13).
- iv. Louw adds to this by saying that “God is more than the sum total of meaning”. Meaning is much rather the discovering of a “suffering God” who can impart significance to life. Meaning is indeed a theological problem. Louw advises pastors to practice *promissiotherapy*. This means that we communicate and remind people of the “promises of God’s faithfulness to patients for their better understanding of the presence of God and to stimulate hope” (Louw, 2008:236).

- v. Theologically, pastors can also encourage couples to use “lamentation as a medium of communication” as Louw puts it (Louw, 2008:261). “Lamentation in the Old Testament allows people to speak to God about their pain, suffering, unrest, despair and anguish” (Louw, 2008:261). The open dialogue in the narrative counselling space where the client is the expert and is not prohibited from sharing their experience gives a couple or an individual the safe space where they will not be judged.
- vi. We must conduct counselling in such a way that both partners have the opportunity to share their feelings without any scripts or stigmas attached. Neuger states that “the freedom to grieve is only one aspect of many changes men are experiencing in our time” (Neuger, 1997:226). She thereby illustrates that men should be allowed to be vulnerable.

#### **6.4. The congregation’s approach to certain life crises, for example, infertility**

- i. Feske summarises some of the most common examples of how we can assist couples going through the infertility crisis. She begins by saying that if you know their problem, simply ask them how they are doing. With any other illness, you would be interested in how they are doing. Furthermore, she advises: cook a meal for the couple. She gives the account of a woman saying: “I’ve had three surgeries, dozens of ultrasounds, about a gazillion blood draws. There are just some days where cooking is the absolute last thing I could have done” (Feske, 2012:7). Feske illustrates two further observations that we can take notice of: these couples have trouble socialising because they do not fit in with a lot of groups (just-married couples, singles or married-with-children). Feske also highlights that it is crucial that the right response should be given, one where there is empathy, but not necessarily advice, is one that promotes healing for a couple.
- ii. Both Lawson and Layne show the importance of pregnancy loss support groups (Layne, 1997:297; Lawson, 1988:18). In the Dutch Reformed Church, we might not have enough members to sustain a group from one congregation, but in this instance, this universal experience can be valuable when getting different congregations or

denominations to encourage their parishioners to join this support group, and the couple, “to increase their feelings of control over their lives” (Lawson, 1988:13). According to Lawson, these groups offer couples the safe space to communicate shared concerns and emotions “in a confidential, nonjudgmental setting” (Lawson, 1988:14).

O’Donnell shares the following story of one of the participants in her study: “The experience was eye-opening... hearing other people’s perspectives on what they were going through, how they handled it.” Another participant testified the following: “I was looking for an answer or a solution when I first came. I was really judgmental, like, ‘How are they going to help me with my problem?’ I saw by the end of the class it is not just me, it is lots of people who have the same problem... After the workshop, I have opened up more, talked to people about it” (O’Donnell, 2007:32). These support groups are one of the fundamental places where stigmas are broken down and from which new, transforming narratives can emerge.

- iii. One of the more radical observations that I do not necessarily have clear solutions for, but is worth mentioning, is that Feske points out to the fact that in popular culture we “have not accepted cultural scripts for responding to losses” like infertility and miscarriage. She goes on to highlight this by saying that people do not buy you a greeting card if one of these losses has occurred (Feske, 2012:7). With the physical death of a child, you would have received a sympathy card. That is not the case when you hear that someone has had a miscarriage or that there has been a medical diagnosis of infertility. Laney goes on to say that the lack of any customary support is not due to the lack of sympathy but rather “the absence of accepted cultural scripts for how to behave in such circumstances” (Laney, 1997:292). One possible solution that could be tried is to start with such a courtesy visit or writing a very personal note from the minister or pastor to begin to establish such a custom in that particular congregation.
- iv. The above-mentioned observation regarding social conventions when it comes to infertility and the transformation of “problem stories” and the pain that it causes the people who are trapped in these dominant discourses has presented itself in a very

creative example that one couple took into their own hands. They took a modern-day social custom, namely the way couples do a pregnancy announcement on a social media platform, for example Facebook, and they turned it into a space where they share their experience of and feelings about miscarriage and infertility. Thus, there would be a photo of the couple sitting on the couch, both of them with large bubbles of bubblegum in their mouths, with the caption: “She’s gonna pop, April 2016”. The very next picture is the same photo with burst bubblegum on their faces with the caption: “Deflated dreams. Infertility still bursting our bubble month after month.” Another announcement is where the couple is in the kitchen, in front of the oven, looking very excitedly at each other with the caption: “Bun in the oven.” The next photograph, however, has their despairing faces with the caption: “We spent all the dough, still no bun in the oven.”

The couple, Anna Almendrala and her husband Simon Ganz, writers for the Huffington Post, who have been married for six years, are struggling with infertility. They voice many of their experiences by documenting their journey of IVF and sharing this on social media in the form of recorded podcasts (Almendrala, 2018). I believe this could be one step closer to breaking the stigma that accompanies infertility, if more platforms like this could be utilised to assist couples to break the silence and to feel that their voices are heard.

## **6.5 Future research**

There are tremendous opportunities for a topic like male infertility to be further researched in the academic field of pastoral theology and narrative counselling. Even though I have gone to a great deal of effort to try to understand the impact of male infertility, especially on the marital unit, and to truly have empathy, not only for the sake of being a better wife for my husband, but also to enhance my understanding of the issue for when confronted as a pastoral narrative counsellor, I have to admit, that as a woman my ability to truly understand this matter is limited.

### **6.5.1 Resources for ministers and counsellors**

#### **i. Development of rituals**

One of the research gaps is the development of rituals that can assist couples to come to terms with the loss of the child “that could have been”. Recent developments include rituals when a couple have had a miscarriage. Some plant a tree, set balloons free or do something similar to assist them in their loss and grief. I am not aware of any rituals with regard to infertility.

#### **ii. Reproductive health workshops**

The Dutch Reformed Church and the universities affiliated with the training of ministers and pastors could host workshops regarding the topic of infertility, like the one that the University of Stellenbosch held in 2018 regarding reproductive health. These workshops could also be hosted in such a way that members of the congregations could also have access to these workshops. The stories and experiences of infertility assist us in breaking the stigma about infertility.

#### **iii. Premarital material**

On a congregational level, the development of a structured programme for engaged couples where the reality of infertility is presented, would be helpful. There are many facets that needs to be covered in premarital material and if the minister of pastor is not guided by a structured programme of possible topics, this opportunity will be lost to address realistic expectations of a marriage and to build solid communication skills to help the couple in crisis times. Guidance from a task team or project team led by academics or scholars together with ministers could develop an enhanced programme that would create the safe space of getting information about this topic and guide them to where future support could be sought. This material could also include guidelines for extended family members to inform them about the extent of this crisis.

#### **iv. Development of liturgies**

One of the websites I came across was from a congregation who developed a Mother’s Day liturgy to be sensitive regarding infertile women. However, there is none developed for

Father's Day. This would serve just as well with baptism occasions. Liturgies that are sensitive to the couples who have dreamed about having children but not being able to due to infertility, miscarriage or the death of their child would begin to give the space for listening to each other's laments in life.

**v. Development of a website**

The technological advantages of our time allow us to give couples free access to resources that already help them to understand what lies ahead. The website Dancing Upon Barren Land – Spiritual Nourishment for the Infertility Road is a wonderful example of such a resource. This website shares a list of books and other articles that are not only helpful resources for couples, but also for church leaders to understand infertility better but also offer concrete support. On this website you find an example of a church bulletin. This is a step in the right direction by acknowledging couples' trauma, grief and loss. The bulletin is titled: "We remember you".

The topic of infertility, both male and female infertility, is a tremendous minefield that could be further exuviated to unlock further understandings of what individuals and couples go through who are struggling with infertility.

## BIBLIOGRAPHY

- Abingdon Press. 1998. *The New Interpreter's Bible: general articles & introduction, commentary, & reflections for each book of the Bible, including the Apocryphal/Deuterocanonical books*. Nashville, Tennessee: Abingdon Press.
- Ackermann, D. & Bons-Storm, R. 1998. *Liberating faith practices: Feminist practical theologies in context*. Leuven: Peeters.
- Akhondi, M.M., Binaafar, S., Ardakani, Z.B., Kamali, K., Kosari, H. & Ghorbani, B. 2013. Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2):90-93.
- Almendra, A. 2017. *Infertility In Men Is Just As Common As In Women, But We Don't Treat It That Way*. [Online], Available: [https://www.huffpost.com/entry/infertility-in-men-is-just-as-common-as-in-women-but-we-dont-treat-it-that-way\\_n\\_58d074e4e4b0ec9d29debeb4](https://www.huffpost.com/entry/infertility-in-men-is-just-as-common-as-in-women-but-we-dont-treat-it-that-way_n_58d074e4e4b0ec9d29debeb4) [2018, November 13].
- Anderson, H. 1997. Men and grief: The hidden sea of tears without outlet. In C.C. Neuger & J.N. Poling (eds.). *The care of men*. Nashville: Abingdon Press. 203-226.
- Anderson, H. & Goolishian, H. 1992. The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. Gergen (eds.). *Therapy as social construction*. London: Sage. 25-39.
- Atwood, J.D. & Dobkin, S. 1992. Storm clouds are coming: Ways to help couples reconstruct the crisis of infertility. *Contemporary Family Therapy*, 14(5):385-403.
- Baden, J.S. 2018. Male infertility. Email to N. Strydom [Online] 8 Oct. Available email: [joel.baden@yale.edu](mailto:joel.baden@yale.edu).
- Baloyi, M.E. 2017. Gendered character of barrenness in an African context: An African pastoral study. *In die Skriflig/In Luce Verbi*, 51(1):1-7.
- Baskin, J.R. 2015. *Midrashic women: Formations of the feminine in rabbinic literature*. Waltham, MA: Brandeis University Press.
- Berger, R., Paul, M.S. & Henshaw, L.A. 2013. Women's experience of infertility: a multi-systemic perspective. *Journal of International Women's Studies*, 14(1):54-68.
- Bosch, D.J. 2011. *Transforming mission: Paradigm shifts in theology of mission*. Maryknoll, N.Y.: Orbis books.
- Bush, F.W. 1996. *Ruth-Esther*. Word Biblical Commentary Vol. 9. Dallas, Texas: Word Books.
- Byron, J. 2010a. Childlessness and Ambiguity in the Ancient World. *Eastern Great Lakes Biblical Society Conference Proceedings*, 30:17-46.
- Byron J. 2010(b). Childlessness and Ambiguity: Reading Genesis through the eyes of the infertile. Unpublished Dissertation. Columbus, Ohio: Ashland Theological Seminary.

- Cholette, M.E. 2012. Through the eyes of a father: A Perinatal Loss. *International Journal of Childbirth Education*, 27(2):33-38.
- Clarke, L.H., Matthews, A. & Matthews, R. 2006. The continuity and discontinuity of the embodied self in infertility. *Canadian Review of Sociology/Revue canadienne de sociologie*, 43(1):95-113.
- Connell, R. 1995. *Masculinities*. Berkeley: University of California Press.
- Connell, R.W. & Messerschmidt, J.W. 2005. Hegemonic masculinity: Rethinking the concept. *Gender & society*, 19(6):829-859.
- Cooper-Hilbert, B. 1998. *Infertility & involuntary childlessness: Helping couples cope*. New York: WW Norton & Co.
- Culley, L., Hudson, N. & Lohan, M. 2013. Where are all the men? The marginalization of men in social scientific research on infertility. *Reproductive biomedicine online*, 27(3):225-235.
- Cutrer, W. 2009. *The Church Leader's Handbook: A Guide to Counseling Families and Individuals in Crisis*. Grand Rapids, MI: Kregel Academic & Professional.
- Daniluk, J. Webb, R. 1999. The end of the line: Infertile men's experiences of being unable to produce a child. *Men and Masculinities* 2: 6-25.
- Daniluk, J.C. 2001. "If we had it to do over again...": Couples' reflections on their experiences of infertility treatments. *The Family Journal*, 9(2):122-133.
- Davies, E.W. 1981. Inheritance rights and the Hebrew levirate marriage. *Vetus Testamentum*, 31(2):138-144.
- Deeney, K., Lohan, M., Spence, D. & Parkes, J. 2012. Experiences of fathering a baby admitted to neonatal intensive care: a critical gender analysis. *Social Science & Medicine*, 75(6):1106-1113.
- Denzin, N.K & Lincoln, Y. 1994. *Introduction: Entering the field of qualitative research*. In Denzin, N & Lincoln Y (eds), *Handbook of Qualitative research*. Thousand Oaks, CA: Sage.
- De-Whyte, J.P. 2018. *Wom(b)an: A Cultural-Narrative Reading of the Hebrew Bible Barrenness Narratives*. Leiden: Brill.
- Driver, S.R. 1996. *A critical and exegetical commentary on Deuteronomy*. Edinburgh: T & T Clark.
- Dykstra, P.A. & Hagestad, G.O. 2007. Roads less taken: Developing a nuanced view of older adults without children. *Journal of family issues*, 28(10):1275-1310.
- Feske, M.C. 2012. Rachel's lament: The impact of infertility and pregnancy loss upon the religious faith of ordinary Christians. *Journal of Pastoral Theology*, 22(1):3-1-3-17.
- Finkelstein, B. & Finkelstein, M. 2005. *The Third Key: The Jewish Couple's Guide to Fertility*. Jerusalem: Feldheim Publishers.
- Fleming, T. 2003. Narrative means to transformative ends: Towards a narrative language for transformation. In C. Wiessner, S. Meyer, N. Pfhal, & P. Neaman (eds.). *Transformative learning in action: Building bridges across contexts and disciplines*. New York: Teacher's College, Columbia University. 179-184.



- Freedman, J., Combs, G. 1996. *Narrative Therapy: The Social Construction of Preferred Realities*. New York. London: W.W. Norton & Company.
- Frymer-Kensky, T. 1998. Deuteronomy. In C.A. Newsom & S.H. Ringe (eds.). Third edition. *Women's Bible Commentary*. Westminister: John Knox Press.
- Gabobonwe, O.H. 2004. Barrenness in marriage: A challenge to pastoral Care. PhD Thesis. Pretoria: University of Pretoria.
- Gaither, K. n.d. *Polycystic Ovary Syndrome (PCOS)*. [Online], Available: <https://www.webmd.com/women/what-is-pcos> [2018, September 08].
- Gibson, D.M. & Myers, J.E. 2000. The effect of social coping resources and growth-fostering relationships on infertility stress in women. PhD Thesis. University of North Carolina.
- Gieseler-Devor, N. 1994. Pastoral care for infertile couples. *Journal of Pastoral Care*, 48(4):355-360.
- Gravett, I. 2008. Narratives of couples affected by infertility: daring to be fruitful. PhD Thesis. Pretoria: University of Pretoria.
- Gravett, I. & Müller, J.C. 2010. Poetic song of Hester. Secondary infertility: Losing infants, inheriting a child. *HTS Teologiese Studies/Theological Studies*, 66(2):1-5.
- Hamilton, V.P. 1992. *Marriage (OT and ANE)*. Anchor Bible Dictionary Vol. 4. New York: Doubleday.
- Hanna, E. & Gough, B. 2015. Experiencing male infertility: A review of the qualitative research literature. *Sage Open*, 5(4):1-9.
- Janse van Rensburg, J. 2010. A holistic approach to pastoral care and poverty. *Verbum et ecclesia*, 31(1):1-7.
- Jill, M.S.W. & Combs, G. 1996. *Narrative therapy: The social construction of preferred realities*. New York: WW Norton & Company.
- Keylor, R. & Apfel, R. 2010. Male infertility: integrating an old psychoanalytic story with the research literature. *Studies in Gender and Sexuality*, 11(2):60-77.
- Kirsten N. 1997. *Ruth*, OTL. Westminister John Knox: Louisville.
- Kotzé, E. & Kotzé, D. 2001. *Telling narratives*. Pretoria: Ethics Alive.
- Lawson, J.L. 1988. A Biblical Model for Counseling Married Couples Experiencing the Emotional Crisis of Infertility. PhD Thesis. CBN University.
- Layne, L.L. 1997. Breaking the silence: An agenda for a feminist discourse of pregnancy loss. *Feminist Studies*, 23(2):289-315.
- Levine, A. 1998. Ruth. In S.H. Ringe & C.A. Newsom (eds.). *Women's Bible Commentary* Westminister: John Knox Press.
- Louw, D.J. 1999. *Pastoraat as vertolking en ontmoeting. Teologiese ontwerp vir 'n basisteorie, antropologie, metode en terapie*. Nuwe hersiene uitgawe. Wellington: Lux Verbi.

- Louw, D.J. 2008 in *Christelike Kern Ensiklopedie*. Gaum, F., Boeska, A., Botha, W (eds). 2008. Christelike Kern Ensiklopedie, Wellington:Lux Verbi.
- Louw, D.J. 2008. *Cura vitae: Illness and the healing of life in pastoral care and counselling: A guide for caregivers*. Wellington: Lux Verbi.
- Marsman, H.J. 2003. *Women in Ugarit and Israel: Their Social and Religious Position in the Context of the Ancient Near East*. OtSt (46). Leiden: Brill.
- Mehta, A., Nangia, A.K., Dupree, J.M. & Smith, J.F. 2016. Limitations and barriers in access to care for male factor infertility. *Fertility and sterility*, 105(5):1128-1137.
- Menn, E.M. 1997. *Judah and Tamar (Genesis 38) in Ancient Jewish Exegesis: Studies in Literary Form and Hermeneutics*. Supplements to the Journal for the study of Judaism Vol. 51.. Leiden: Brill.
- Merrill, E.H. 1994. *Deuteronomy. Vol 4*. The New American Commentary. USA: Broadman& Holman Publishers.
- Morgan, A. 2000. *What is narrative therapy?* Adelaide, Australia: Dulwich Centre Publications Adelaide.
- Morkel, E. 2012. *Pastoral participation in transformation: a narrative perspective*. PhD Thesis. Stellenbosch: Stellenbosch University.
- Morris, L.A. 1997. *The male heterosexual*. London: Sage.
- Moss, C.R. & Baden, J.S. 2015. *Reconceiving infertility: Biblical perspectives on procreation and childlessness*. Princeton, N.J.: Princeton University Press.
- Müller, J. 1999. *Om tot verhaal te kom: Pastorale Gesinsterapie*. Raad vir Geesteswetenskaplike Navorsing, Pretoria.
- Müller, J. 2000. *Reisgeselskap: Die kuns van verhalende gesprekvoering*. Wellington: Lux Verbi.
- Neuger, C.C. & Poling, J.N. (eds.). 1997. *The Care of Men*. Nashville: Abingdon Press.
- Neuger, C.C. 2001. *Counseling women: A narrative, pastoral approach*. Minneapolis, MN: Fortress Press.
- Newsom, C.A. & Ringe, S.H. 1998. *Women's Bible commentary*. Westminster: John Knox Press.
- Niditch, S. 1998. Genesis. In C.A. Newsom & S.H. Ringe (eds.). *Women's Bible Commentary*. Westminster: John Knox Press.
- Niehaus, E. & Niehaus, J. 2001. Therapy as judgement. In E. Kotzé & D. Kotzé (eds.). *Telling narratives*. Pretoria: Ethics Alive.
- Nielsen, K. & Broadbridge, E. 1997. *Ruth: A Commentary*. (Old Testament Library). Westminster: John Knox Press.

- Njoroge, N.J. 2006. Let's celebrate the power of naming in Phiri.I.A & Nadar.S (eds). *African women, religion, and health: Essays in honor of Mercy Amba Equdwiza Oduyoye*, Pietermaritzburg: Cluster Publications.
- Nooney, Greg. n.d. *Narrative Space: terminology*. [Online], Available: <http://www.narrativespace.com/narrative/termsdefined.html> [2019, March 04].
- O'Connor, T.J. 2003. Pastoral Counselling and Pastoral Care: Is there a Difference? *The Journal of Pastoral Care & Counselling*, 57(1): 3-14.
- O'Donnell, E. 2007. Making room for men in infertility counseling. *SRM*, 5(5):28-32.
- Peterson, B.D., Newton, C.R., Rosen, K.H. & Schulman, R.S. 2006. Coping processes of couples experiencing infertility. *Family Relations*, 55(2):227-239.
- Peterson, B.D., Newton, C.R. & Feingold, T. 2007. Anxiety and sexual stress in men and women undergoing infertility treatment. *Fertility and sterility*, 88(4):911-914.
- Petok, W.D. 2015. Infertility counseling (or the lack thereof) of the forgotten male partner. *Fertility and sterility*, 104(2):260-266.
- Reinharz, S. & Davidman, L. 1992. *Feminist methods in social research*. Oxford: Oxford University Press.
- Ruspini, E. (ed.). 2011. *Men and masculinities around the world: Transforming men's practices*. (Global Masculinities). New York: Palgrave MacMillan.
- Sahgal, S. 2018. Levirate in Ancient Israel: Overlapping Frames with Early Indian Practice of Niyoga. *Advances in Social Sciences Research Journal*, 5(7):240-248.
- Savitz-Smith, J. 2003. Couples undergoing infertility treatment: implications for counselors. *The Family Journal*, 11(4):383-387.
- Schipper, J. 2016. Plotting bodies in Biblical Narrative. In D. Fewell (ed.). *The Oxford Handbook of Biblical Narrative*. Oxford: Oxford University Press.
- Scurlock, J.A. & Andersen, B. 2010. *Diagnoses in Assyrian and Babylonian medicine: ancient sources, translations, and modern medical analyses*. Urbana: University of Illinois Press.
- Solevag, A.R. 2013. *Birthing salvation: Gender and class in early Christian childbearing discourse*. Leiden: Brill.
- Swart, C. 2013. *Re-authoring the world: The narrative lens and practices for organisations, communities and individuals*. Randburg: Knowledge Resources Publishing.
- Sweet, L. 2009. *So beautiful: Divine design for life and the church*. Colorado Springs: David C Cook.
- Vähäkangas, A. 2009. *Christian couples coping with childlessness: narratives from Machame, Kilimanjaro*. American Society of Missiology Monograph Series Vol. 4. Eugene, OR: Pickwick Publications.

- Vergin, L. 1983. *Infertility: a guide for pastoral care and counseling*. Ann Arbor, Mich.: University Microfilms.
- Walton, J.H. 2001. *Genesis: From Biblical Text to Contemporary Life*. (The NIV Application Commentary). Grand Rapids, MI: Zondervan.
- Watkins, K.J. & Baldo, T.D. 2004. The infertility experience: Biopsychosocial effects and suggestions for counselors. *Journal of counseling & Development*, 82(4):394-402.
- Webb, R.E. & Daniluk, J.C. 1999. The end of the line: Infertile men's experiences of being unable to produce a child. *Men and Masculinities*, 2(1):6-25.
- Weinstein, B. 2004. Naomi's Mission: A Commentary on the Book of Ruth. *Jewish Bible Quarterly*, 32(1):47-48.
- Wenham, G.J. 1994. *Genesis 16-50*. Word Biblical Commentary vol. 2. Grand Rapids, MI: Zondervan.
- Westermann, C. & Scullion, J.J. 2002. *Genesis 37-50 A Continental Commentary*. Minneapolis, MN: Fortress Press.
- Wischmann, T. & Thorn, P. 2013. (Male) infertility: what does it mean to men? New evidence from quantitative and qualitative studies. *Reproductive biomedicine online*, 27(3):236-243.
- World Health Organization. n.d. *Multiple definitions of infertility*. n.d. [Online], Available: <https://www.who.int/reproductivehealth/topics/infertility/multiple-definitions/en/> [2019, August 14].
- World Health Organization. n.d. *Fertility and infertility: assisting couples*. [Online], Available: <https://www.who.int/reproductivehealth/topics/infertility/en/>. [2018, March].