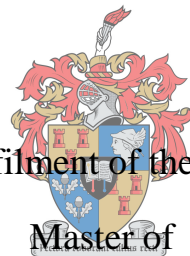


Is ovarian cancer the end of womanhood? A feminist theological engagement

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1 Declaration

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2 Abstract

This thesis is a study of the contemporary notions of the body that may seem to challenge concepts of womanhood among women who are diagnosed with ovarian cancer who, as a result, may not be able to bear children. The research engages with certain social, biblical and political ideas of what it means to be a woman, and how these social perspectives impact and influence women's identities as a whole, especially when one's body no longer performs the way it did before. These notions will be viewed through a theological lens.

Social notions of motherhood influence the ideology of womanhood socially, emotionally and psychologically, which implicates how women understand their own femininity, sexuality and their bodies. The aim of this project?? is to reconstruct the social and Christian assumption that women are created for the purpose of childbirth and mothering. The intention of this research is to critically engage with the complex ideologies and concepts of motherhood and womanhood, how theology plays a role in both reinforcing and/or addressing this ideology and to criticise theological and social engagement between body theology and ideas of motherhood. This will be done by using a qualitative research method since it will engage with existing secondary research on women with ovarian cancer. This research will be a descriptive and a critical analysis of the social and political nature of society and media and how it plays a role in the self –identity of women and their femininity. In addition, feminist theologians including Lisa Isherwood and Gayle Letherby have contributed significantly as secondary sources to widen the critical theological engagement and discussion on body theology and womanhood.

In chapter 2, the research will describe key medical procedures before and after women are diagnosed with ovarian cancer, to illustrate the emotional, psychological and physical trauma women experience from ovarian cancer. Chapter 2 introduces social notions and implications of sexuality, body theology, motherhood, and womanhood. These notions are then critically engaged within Chapter 3, where the intersectionality of these social issues is interlinked through the health condition of ovarian cancer. Chapter 4 of the research communicates the theological complexity of ideologies of motherhood and engages with both voluntary and involuntary childlessness. In

addition, chapter 4 suggests the need for church engagement with the social construction of motherhood and draws on a West African conference in Nigeria as a primary source. The study is then concluded by summarising the research findings of ideologies of womanhood, childbirth, and motherhood and problematizing this critical social construction through a theological engagement with body theology. It suggests further research should be done in future to help develop a richer research project.

3 Opsomming

Hierdie tesis is 'n studie van die hedendaagse persepsies van die liggaam wat blykbaar konsepte van vroulikheid onder vroue wat met eierstokkanker gediagnoseer word, uitdaag en dus nie kinders kan hê nie. Die navorsing hou verband met die sosiale, Bybelse en politieke idee van wat dit beteken om 'n vrou te wees en hoe hierdie sosiale perspektiewe 'n impak maak op die vrou se identiteit en dit beïnvloed, veral as die liggaam nie meer funksioneer soos dit voorheen gedoen het nie, sal hierdie konsepte gesien word deur 'n teologiese lens.

Hierdie sosiale persepsies van moederskap beïnvloed die ideologie van vroulikwees sosiaal, emosioneel en sielkundig, wat beïnvloed hoe vroue hul eie vroulikheid, seksualiteit en hul liggame verstaan. Die doel is om die sosiale en Christelike aanname dat vroue geskep word vir die doel van voortplanting en moederskap, te rekonstrueer. Die doel van hierdie navorsing is om krities die komplekse ideologie en konsep van moederskap en vrouwees aan te spreek, hoe teologie 'n rol speel in die aanspreek van hierdie ideologie en om die teologiese en sosiale interaksie tussen die (body) liggaamsteologie¹ en moederskap te kritiseer. Dit sal gedoen word deur gebruik te maak van kwalitatiewe navorsing, aangesien dit navorsing sal wees met betrekking tot vroue met eierstokkanker. Hierdie navorsing sal 'n beskrywende en kritiese analise wees van die sosiale en politieke aard van die samelewing en die media en hoe dit 'n rol speel in die selfidentiteit van vroue en hul vroulikheid. Daarbenewens het feministiese teoloë, waaronder Lisa Isherwood en Gayle Letherby, 'n betekenisvol bygedra as sekondêre bronne gelewer om die kritiese teologiese aanknopings en bespreking oor liggaams-teologie en vroulikheid te verbreed.

In hoofstuk 2 sal die navorsing die mediese prosedures beskryf voor en na vroue met eierstokkanker gediagnoseer word. Dit help om die emosionele, sielkundige en fisiese trauma wat vroue ondervind met eierstokkanker te illustreer. Hoofstuk 2 help om die sosiale persepsies en

¹ In Afrikaans the term 'body theology' does not exist

implikasies van seksualiteit, liggaamsteologie, moederskap en vroulikheid bekend te stel. Hierdie begrippe is krities aangespreek in hoofstuk 3 waar die oorvleuelings van elk van hierdie sosiale kwessies verbind word deur die gesondheidstoestand van eierstokkanker asook hoe dit aan mekaar verbind word. Hoofstuk 4 van die navorsing bespreek die teologiese kompleksiteit van die ideologie van moederskap en betrek vrywillige en onwillekeurige kinderloosheid. Daarbenewens stel hoofstuk 4 kerklike betrokkenheid voor by die sosiale konstruksie van moederskap en verwys na 'n Wes-Afrikaanse konferensie as 'n primêre bron. Die studie word dan afgesluit deur die navorsingsbevindinge van die ideologie van vroulikwees, bevalling en moederskap op te som en hierdie kritiese sosiale konstruksie deur middel van 'n teologiese betrokkenheid te problematiseer. Dit dui daarop dat verdere navorsing in die toekoms gedoen moet word om 'n ryker navorsing te help ontwikkel.

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Chapter 1

Introduction to study

1.1. Background and rationale

Being diagnosed with ovarian cancer arguably impacts women in a significant way as they are already shaped by being a woman in a society where the expectation of femininity is a social construction exacerbated by culture, the media, and society itself. This makes certain stigmatizations and social expectations hard on diagnosed women. (Petersen & Benishek, 2001, p. 75). Ovarian cancer is particularly challenging for women, both psychologically, physically and emotionally due to the often advanced nature of the disease during the time of diagnosis (Howell & Karen, 2003, p. 1). According to Howell and Karen, “the side effects of the disease, the repetitive cycles of aggressive therapy, and the perceived loss of femininity from the removal of reproductive organs is a lot for women to understand at first” (Howell & Karen, 2003, p. 1). In addition, women with ovarian cancer seldom have an opportunity to access a cure. The majority will face the very real possibility of dying (Howell & Karen, 2003, p. 1). Many women who get diagnosed with ovarian cancer experience interpret their bodies as a betrayal of their identity (as women/mothers?) as the majority of women who are diagnosed with ovarian cancer have to take steps to get it removed which means not being able to bear children (Kitzinger & Willmott, 2002, p. 349).

The cultural and social construction of the female body, or embodied self, has attracted much research in the twentieth century (Thompson and Hirschman, 1998) especially since the idea of being in control of and over one’s body, has been addressing in studies focusing on human beings sense of body image (Leskinen, 2011, p. 361). Leskinen says that “it is hard to overstate the significance of body image as a research area at the interface of social and clinical psychology” (Leskinen, 2011, p. 361). Body discontentment, the experience of negative self-esteem and thoughts about one's body, is linked to a variety of psychological and emotional health problems and within this research thesis, the research will be addressing the social and health complication of specifically being diagnosed with ovarian cancer. (Prospective and?) longitudinal studies confirm that, “dissatisfaction with one’s body, or negative body image, can be understood as one

of the most consistent and significant precursors of negative self-perception, negative emotional states, and unhealthy body-related behaviours” (Grabe, Ward, & Hyde, 2008).

According to Lisa Isherwood (1997), (secular??relevance) feminists are aware of the fact that the subjugation of women often begins at a basic level, namely in the female body. They make it clear how the female body is at the disposal of the patriarchal system on every level of society – that is "from the factory floor to the bedroom, the paddy field to the labour ward" (Isherwood 1997). Isherwood (1997 – page be consistent) and Nelson (1992: 29, 30) both refer to the fact that women's bodies have often been used to objectify and oppress them, casting them into the unfavourable position of "the other" and even making their bodies the possessions of men.

Being diagnosed with ovarian cancer is unique for women is that the cancer is manifested in the inside, while breast cancer manifests on the outside, yet within both these illnesses, women are in danger to lose their ability to feel feminine. Women diagnosed with ovarian cancer can feel as if they lose their womanhood and feel flawed, like many other women who do not fit into the societal norm, these women are not only ill with a disease but can feel like an error, flawed both in their failure to fit within the normative role of a woman (Chapkis, 1986, p. 5). These women lose their inability to feel emotional, physically and psychologically like a normative female (Chapkis, 1986, p. 5). Is repeat? Chapkis describes this as a feeling of indifference, of being a foreigner who tries to assimilate into a hostile culture, where their bodies continue to fail them, “I am not what I seem” (Chapkis, 1986, p. 5). Nelson (1978: 20) notes that: “we experience our own concreteness as body-selves occupying space in a concrete world. We experience the world only through our body-selves”.

A woman’s understanding of their body is arguably an important key to their understanding of bodies and places beyond themselves. The body, thus, is always more than just an object. The body is also the means by which they can know objects, persons and events. The body is interpreted as a marker of its bearer and therefore it forms an integrated part of the identity especially since bodies are important cultural codes in our social world (Leskinen, 2011, p. 361).

With this view in mind, we see that Leskinen (2011, 361) argues that “the body as a project highlights the postmodern account of considering themselves both as responsible and capable of their bodily welfare”. Thus feminist’s scholars argue that the problem of male supremacist culture is the problem of a process in which women are defined by men, that is, by a group who has a contrasting point of view and a possible fear and hatred of women. The effect of this has been a misrepresentation and de-valuation of feminine characteristic and how women identify themselves. The identity and social perspective of women have been shaped and driven from a male perspective. Societally and historically within patriarchal biblical times, women have been seen as nothing more than a sexual partner, property, housewife, designed for conception and as a mother (Alcoff, 1988, p. 407).

Rich (1977, p. 290) argues that “women should not reject the importance of the female body just because of the patriarchal dominance that is grounded in the biological identity of women” but simply Rich says that, a woman’s “biological grounding, the miracles and paradox of the female body and its spiritual and political meaning holds the key to [their] rejuvenation and our reconnection” (Rich, 1977, p. 290).

Feminist theologian, Serene Jones also touches on this topic of women’s identity in relation to motherhood; she says that “women’s sense of failure around not being able to bear children is related to powerful cultural assumptions about the value of motherhood (Jones, 2001, p. 230). Furthermore, Jones, the idea of growing up as a woman within this social culture is to grow within a “gendered identity script to one’s body” and the only way to be a full woman is through childbirth (Jones, 2001, p. 230). The purpose of this research is to explore the idea that women with ovarian cancer are often challenged in their perceptions of themselves as feminine and as women.

It is not unusual for some women who are diagnosed with ovarian cancer, who become infertile, for them to begin to question their ability to be defined and understood as a “normative” woman. Both feminist and queer theories have challenged the notion of “woman” as a socially constructed narrative (Kessler, 1998) (Kitzinger & Willmott, 2002). Kessler (1998, p. 105) says that, “‘real’ womanhood is a precarious construct in relation to which many women find themselves

inadequate”. Many women who do not remove their ovaries or any part of their body infected by cancer do not regain their elusive femininity. Consequently, this constructs the idea of a culturally prescribed body as a choice (McKinley & Hyde, 1996).

1.2. Problem statement

This research critically analysed some contemporary notions of the body that seem to challenge concepts of womanhood among women who are diagnosed with ovarian cancer and so may not be able to bear children. Social, biblical and political ideas of what it means to be a woman, and how these social perspectives impact and influence women's identity as a whole, especially when one's body no longer performs the way it did before, will come under theological consideration.

1.3. Research questions

1.3.1. Primary question

- How can feminist theology help us to re-conceptualize notions of motherhood among women who are diagnosed with ovarian cancer?

1.3.2 Secondary questions

- In what way does ovarian cancer challenge normative views of femininity?
- How can a feminist approach to the body help to engage non-conventional notions of women's identity?
- How would a feminist theological engagement with reproductive loss contribute towards a constructive theological engagement with this complex problem?

1.4. Contribution and relevance

Throughout centuries women have been told how to act, what to wear, how to represent themselves; their husbands and family, through being obedient to their husbands and acting accordingly to social standards. Women's identity and the body have been rooted in biblical, cultural and social norms that have and still is determined and dictated by men. Historically it

would be through a father, husband and church leaders but within our modern society a women's worth, status and identity are still linked to the social and cultural understanding of "what it means to be a lady"².

As a result, cultural feminists argue that the problem of male supremacist culture is the problem of a process in which women are defined by men, that is, by a group who has a contrasting point of view and set of interests from women, not to mention a possible fear and hatred of women. The result of this has been a distortion and de-valuation of feminine characteristic and how women identify themselves. When we think about this image of what it means to be a "full woman" and add the negative stigmatization of cancer, the identity, and self-worth of women and the female body become complex and even traumatic. According to Goffman (1963) "the stigmatization of cancer has the potential to transform and reduce some from being seen as "a whole person to a discounted one" (Oliver & Moyer, 2009, p. 2798).

This study aims to contribute to encouraging women to move away from one normative ideology and understanding of motherhood and womanhood. The research encouraged a new perspective that criticises both the stigmatization of womanhood and the notion of childbearing being seen as the only or main fulfilment of womanhood

1.5. Hypothesis

. Women that have to remove their ovaries because of cancer shouldn't have to feel less of women because of unhelpfully stigmatized idea of what it means to be a woman and the reinforcement of a 'victim identity' that can come with the cancer disease. All of this just reinforces society's negative attitude and stigmatization towards to cancer patients as a whole.

Jones says that as human beings we make the assumption that we are in control of our bodies and that we can control and choose the conditions of our sexuality and reproductively (Jones, 2001, p.

² In the meanings "refined, polite woman" and "woman of high social position"

233). When this reality is shattered one can feel powerless and theologically Jones says that we should turn to the image of God “standing with the woman ravaged by grief and loss” (Jones, 2001, p. 240).. Jones continues to suggest that this poetic move is a “metaphorical space within which woman can imagine God’s solidarity with them as those who lost a future they had hoped for and who carry the weight of loss inside them” (Jones, 2001, p. 242).

1.6. Research methodology

The research approach used is qualitative since it will engage existing secondary research sources on women with ovarian cancer. This research will offer a descriptive and a critical analysis of the social and political nature of society and media and how it plays a role in the self-identity of women and their femininity.

A feminist critical analysis is used to understand, and ultimately resist the gender inequalities and oppression of women shaped and maintained by the ideologies proposed by society. An attempt was made to deconstruct these ideologies, with a specific focus on elements, concerning the female body and female identity. The research undertakes this task through critically engaging with primary and secondary literature that deals with the various themes and discourses that the study will be addressing.

1.7. Relevance within the program

The research topic addresses the health issue of being diagnosed with ovarian cancer but within this thesis, the specific aim of the research is to explore and address the psychological, social and emotional journey and affect ovarian cancer have on women. Within the thesis, there is a critical theological engagement around the understanding of the female body, femininity, and woman’s self-identity, embedded within a patriarchal society. The thesis will touch on issues such as infertility and motherhood as aspects of the wider political and social identity of women will offer suggestions as to how to address these issues in a theological way from the perspective of body theology.

1.8. Demarcation of investigation

Chapter 1

This chapter served as a general introduction to this study thesis and consist of the research proposal. A general overview of the theme, structure, methodology, background and rationale, research questions studied are included in this chapter.

Chapter 2

This chapter served as an extensive discussion on the specific ovarian cancer that will be addressed, the symptoms, medical requirements and options and the medical process that one needs to follow. This chapter also addressed the problematic stigmatization of ovarian cancer and the negative effects this has on cancer patients and on the female identity

Chapter 3

This chapter consists of an extensive, but not an exhaustive discussion on a feminist theological approach to women's identity, with a specific focus on the female body and socially embedded self-identity. The aim of this chapter is to create a theoretical basis for further engagement with the ideologies and views proposed.

Chapter 4

The chapter is addressing the political, social, religious and liberating aspects of the female body that contributes to the identity of women.

Chapter 5

This chapter concludes the thesis research and sum up the end goal of the research thesis as well as making possible suggestions.

1.9. Conclusion

In conclusion chapter one is an introduction to the study. In this chapter the background, problem statement, contribution and relevance, research methodology and relevance of the thesis within the Gender and Health program was looked at. The following chapter will be an analysis of the medical procedure when one is diagnosed with ovarian cancer and how this influences cancer patients and their family emotionally, physically and psychologically.

Chapter 2

A medical consideration of ovarian cancer

2.1.Introduction

This chapter will engage with the medical treatment and procedures of ovarian cancer, and how all these procedures and treatments influence the ovarian cancer patient. It will focus on the effects these medical procedures may have on the ovarian cancer patient, specifically focusing on emotional, psychological and physical influences and how all these intersect with wider social expectations of motherhood.

2.2 The medical procedures of ovarian cancer

Ovarian cancer is a gynaecological malignancy disease that has caused more deaths among women than any other cancer,. In general, a woman with ovarian cancer has a 46% survival rate, (Liu, et al., 2017, p. 2). The survival rates may vary, depending on geographical and facilitative reasons. Research reports that gynaecological cancer is one of the greatest deaths caused by cancer. Ovarian cancer as the sixth most common cancer in women (Liu, et al., 2017, p. 2)

Treatment of ovarian cancer can bring significant psychological and physical trauma, especially between patients and their partners (Liu, et al., 2017, p. 2). One of the biggest causes of psychological trauma is the fear of death, along with the cost of treatment, emotional suffering and the fear of recurrence (Liu, et al., 2017, p. 2). Patients with ovarian cancer have suffered from surgery, side effects of platinum chemotherapy and radiation therapy (Liu, et al., 2017, p. 2). Many women self-reported that they experienced a high degree of distress because of ovarian cancer diagnosis and treatment (Liu, et al., 2017, p. 2)

While there has been progress in the treatment of many tumours, being diagnosed with cancer still generates fear and inflicts stress in the lives of cancer patients and their families (Zabora, et al., 2001, p. 19). In many cases, scholars suggest that cancer diagnosis can create a sense of anxiety more than many other illnesses that have a poorer prognosis (Zabora, et al., 2001, p. 19). The daily routines and aspects of a cancer patients' life are disrupted, including work, finances, family and

friendships (Zabora, et al., 2001, p. 19). Most cancer patients are dependent on the critical support of family and a significant other to create a cushion against multiple stress triggers and to facilitate problem-solving strategies concerning the demands of their illness (Zabora, et al., 2001, p. 19). Many cancer patients and their family and friends struggle to resolve the challenges and concerns that confront them after the diagnosis (Zabora, et al., 2001, p. 19). Zabora suggests that “after cancer diagnosis, the patient’s initial adaptation to the diagnosis is significantly influenced by pre-existing psychosocial factors that patients bring to their cancer journey and experience” (Zabora, et al., 2001, p. 19).

2.2. The emotional, psychological and physical impact of ovarian cancer

According to research, the diagnosis and treatment of cancer are major stress triggers that have the potential to impact and influence the psychological and emotional well-being, of both the cancer patient, their family and friends (Shao, et al., 2016, p. 1383).

Furthermore, with regard to ovarian cancer, the integrated treatment of reproductive organs that serve and hormonal functions may have insightful implications on female fertility, self-identity and sexual function (Shao, et al., 2016, p. 1383).

2.3. The development of ovarian cancer

Cancer begins when healthy cells within the body begin to multiply out of control, which can happen to any part of the body (American Cancer Society medical , 2014). With ovarian cancer, the malignant cells begin inside the ovaries, which are responsible for reproduction (American Cancer Society medical , 2014). The ovaries are reproductive glands, which produce eggs (ova) for reproduction (American Cancer Society medical , 2014). The ova (eggs) travel through the fallopian tubes into the uterus where the eggs develop into fetes when being fertilized (American Cancer Society medical , 2014). The ovaries are essential to the women as it is the main source of female oestrogen and progesterone. Within the female reproductive organs, the ovaries form an essential part, which houses the ova, responsible for the creation of sex hormones (Herbst, 2016, p. 1). The ovaries are located on both sides of the uterus below the fallopian tubes (Herbst, 2016,

p. 1). The role and responsibility of the ovaries are for the releasing and housing of the eggs, which is essential for reproduction (Herbst, 2016, p. 1). From birth, a female has between 1-2 million eggs, but approximately 300 of these eggs will never mature, nor used for fertilisation (Herbst, 2016, p. 1).

There are three types of ovarian cancers and the type depends on the type of cell:

- Epithelial tumour: this cell covers the outer surface of the ovary and majority of ovarian tumours develop from epithelial cell tumours (American Cancer Society medical , 2014).
- Germ tumour: this cell becomes malignant within the ova, the cell with is responsible for reproduction and for producing the eggs (American Cancer Society medical , 2014).
- Stromal tumour: this cell starts from the structural tissue cells, which produces female hormones such as oestrogen and progesterone, and it is responsible for holding the ovary together (American Cancer Society medical , 2014).

Within this research, I will be focusing on malignant epithelial tumour cancers, since it is the most common ovarian cancer which causes infertility. According to research, 85% of ovarian cancer patients are normally diagnosed with epithelial ovarian cancer (American Cancer Society medical , 2014). Epithelial ovarian cancer tends to spread to the lining of the pelvis and abdomen first, which can lead to a build-up of fluid in the abdominal cavity (American Cancer Society medical , 2014). As cancer gets more advanced, it can spread to the liver and lung but it rarely spreads to the bones, skin or brain (American Cancer Society medical , 2014).

Most of the tumours mentioned previously are benign (non- cancerous) and will never spread beyond the ovary (American Cancer Society medical , 2014). On the other hand, malignant (cancerous) or low malignant ovarian tumours can spread and multiply to other parts of the body (American Cancer Society medical , 2014). Benign tumours treated medically through the removal of the ovary or parts of the ovary containing the tumour; may lead to death (American Cancer Society medical , 2014). Within this research the focus of removing one's ovary will be the emphasis and the decision making process in regards to ovarian cancer and infertility.

2.4. The physical impact that ovarian cancer has on women

According to many clinicians, ovarian cancer is seen as the “silent disease” especially since the symptomatology is not always easy to recognise within the early stages (Ferrell, et al., 2003, p. 528).

Many physicians and women are unaware of ovarian cancer symptoms and this may lead to failure of diagnosis by physicians. Approximately 90% of women with ovarian cancer have reported experiencing at least one symptom that has made them seek medical help (Vine, et al., 2003, p. 75).

In many case studies involving the advanced stages of ovarian cancer, the tumour growth leads to abdominal distension and pain (Ferrell, et al., 2003, p. 529).

Reports indicate that ovarian tumours normally occur with abnormal bleeding, gastrointestinal problems, urinary frequency and weight loss (Ferrell, et al., 2003, p. 528). Early stage symptomatology is subtle which consequently leads to medical delay in treatment and health care (Ferrell, et al., 2003, p. 529). Due to the general nature of ovarian cancer symptomatology, many women consider the symptoms as futile. For example, common symptoms like irritable bowel syndrome; they do not consider reporting it to a doctor (Vine, et al., 2003, p. 76). Delaying diagnostic testing and screening for cancer testing has consequently led to women being diagnosed with ovarian cancer at a later stage (Vine, et al., 2003, p. 76).

Smith and Anderson (2003) conducted a survey with 83 women focusing on their pre-diagnoses symptomatology and reasons for delaying seeing medical health treatment (Ferrell, et al., 2003, p. 529). According to Smith and Anderson research, only irregular occurrences encouraged women to seek medical treatment during the early stages of ovarian cancer (Ferrell, et al., 2003, p. 529).

Following early stage symptomatology, in contrast, patients within the late stage of ovarian cancer seek treatment because of pain and abdominal distension, despite their earlier symptoms (Ferrell, et al., 2003, p. 529).

After diagnosis, many ovarian cancer patients face a lengthy course of treatment, which may cause various changing symptoms due to chemotherapy, surgery and extensive radiation (Ferrell, et al., 2003, p. 529).

Most of the time the extensive and high dosage of radiation is more painful and severe than certain of the symptoms experienced within the late or early stages of the disease, including fatigue, pain syndrome, and gastrointestinal changes (Ferrell, et al., 2003, p. 529).

Because of the high dosages of radiation, symptoms like the perception of the body, changes in sexuality and neuropathy are also reported as harsher symptoms that patients experience after treatment. Many ovarian patients report on persistent pelvic and abdominal pain. This causes an interference with daily functioning, especially certain activities, work and overall pleasures of life (Ferrell, et al., 2003, p. 529). In many standard chemotherapeutic regimes, paclitaxel³ causes neuropathic changes⁴, which inhibits daily activities (Ferrell, et al., 2003, p. 529).

2.5. Causes of Ovarian Cancer

According to a number of reports, it is still not clear what causes ovarian cancer. Generally, cancer begins with healthy cells that genetically mutate and turn normal cells into abnormal cells (Herbst, 2016, p. 2). As cancer cells grow, they do not die; instead, they multiply out of control. The accumulation of abnormal cells forms a tumour (Herbst, 2016, p. 2). Cancer cells enter and invade

³ Chemotherapy medication used to treat a number of types of cancer. This includes ovarian cancer, breast cancer, lung cancer, Kaposi sarcoma, cervical cancer, and pancreatic cancer (Chemocare , 2002).

⁴ an abnormal and usually degenerative state of the nervous system or nerves; *also* : a systemic condition that stems from a neuropathy (merriam-webster,2018).

tissues and can break off from a tumour to spread anywhere else in the body, this is known as metastasis (Herbst, 2016, p. 2).

2.6.Risk Factors

The risk factors for developing cancer are reported to affect several factors. The following are prime factors:

- The earlier women have children and the more children a woman has, lower the risk of ovarian cancer (Herbst, 2016, p. 2).
- Specific genes defects (⁵BRCA1 and BRCA2) are responsible for minor ovarian cancer cases (Herbst, 2016, p. 2). There is an increased risk for women whose family has a history of breast and ovarian cancer.
- There is a higher risk of getting ovarian cancer if women take oestrogen replacement and not progesterone for approximately 5 years (Herbst, 2016, p. 2).
- Birth control pills decrease the risk of ovarian cancer (Herbst, 2016, p. 2).
- Using a coil increases the risk of ovarian cancer (Herbst, 2016, p. 2).

2.7.Protective factors

According to research, there is nothing that can be done or made available to fully help prevent ovarian cancer; however, there are certain things that can be done to reduce the risk of women getting ovarian cancer (Herbst, 2016, p. 3). Through making changes to your lifestyle such as eating healthy, exercising and stop smoking if one does, you can reduce the risk of developing ovarian cancer (Herbst, 2016, p. 3). Research reports that the following will reduce the risk of certain types of ovarian cancer (Herbst, 2016, p. 3):

- Removal of uterus

⁵ BRCA1 and BRCA2 (Breast Cancer genes 1 and 2) are the best-known genes linked to breast cancer risk. BRCA1/2 mutations can be pass on to you from either parent and can affect the risk of cancers in both women and men. (American Cancer Society medical , 2014)

- Removal of ovaries
- Removal of fallopian tubes or getting it tied
- Being or having been pregnant before
- Using oral contraceptives

According to new research, recent studies report that some ovarian cancers can actually begin within the fallopian tubes (American Cancer Society medical , 2016).

These malignant cells within the fallopian tube can become detached and stick to the surface of the ovaries, which can allow it to grow more rapidly within their new location (American Cancer Society medical , 2016).

This new research causes implication for the prevention of ovarian cancer. Physicians will normally suggest the removal of the ovaries but having the ovaries removed early can cause lack of oestrogen problems (American Cancer Society medical , 2016).

These problems include cardiovascular disease, bone loss, and menopause symptoms. Medical experts suggest that women who are high-risk candidates for ovarian cancer are those with strong family history of cancer or those who have BRCA gene mutations (American Cancer Society medical , 2016).

Furthermore, researchers suggest that these high-risk women normally consider having their fallopian tubes removed but now also have the option of removing their ovaries. (American Cancer Society medical , 2016). Most women opt for removing their ovaries when they are older, through this approach women get to keep their ovaries intact for longer (American Cancer Society medical , 2016).

2.8. The treatment of ovarian cancer

The treatment of ovarian cancer normally includes a combination of chemotherapy and surgery. Usually, treatment includes radiotherapy; this depends on the type and stage of ovarian cancer (Herbst, 2016, p. 11).

Treatment performed by a gynaecological oncologist, specialises in the treatment of the reproductive tract (Herbst, 2016, p. 11).

2.9. Early detection

Early detection will help impact the cure rate positively (American Cancer Society medical , 2014).

One method of detecting ovarian cancer early is to look at the pattern of proteins within the blood (proteomics) to be able to detect (American Cancer Society medical , 2016). Concerning early detection, financial privilege, resources and medical facilities made available, plays a huge role and can help to enable early detections, treatment and diagnosis of ovarian cancer.

The negative aspect of this is the reality that privilege, facilities, access to medical resources and money plays a huge role in early detection of ovarian cancer. Many women of colour within South Africa, who live in villages, small towns and in less privilege conditions, do not always recognise their symptomatology as serious. This may lead to a lower chance for early detection.

2.10. The effects of surgery on ovarian cancer patients

The majority of women who have ovarian cancer will need surgery. It is not always possible to identify the stage of cancer until the patient has undergone surgery. Most surgical procedures require the removal of reproductive organs (Herbst, 2016, p. 11). This procedure is omentectomy; it consists of either removing both ovaries and the fallopian tubes (salpingo-oophorectomy), or the removal of the uterus (total abdominal hysterectomy) and the removal of the omentum (Herbst, 2016, p. 11).

The surgery may also include the removal of the lymph nodes from the abdomen and pelvis. During surgery, the surgeon needs to check whether cancer has spread. To do this, the surgeon will take a tissue sample, which is then sent to a laboratory to check the spread of cancer. If the cancer has spread, the surgeon goes through a procedure called debulking, whereby trying to remove as much cancer as possible (Herbst, 2016, p. 11).

If the cancer did not spread and it is neither limited to only one or both ovaries then the ovaries or ovary needs to be removed, leaving the womb still in place. This means that is still possible for a woman to fall pregnant (Herbst, 2016, p. 11).

If this is the case, that cancer did not spread, and then the patient will be ready to go home after the surgery within three to seven days (Herbst, 2016, p. 11). Should it take weeks to recover then the patient is encouraged to start moving as soon as possible (Herbst, 2016, p. 11). According to most physiotherapists, regular leg movement is essential to help prevent blood clots, walking and swimming is the most suitable exercise for after the treatment of ovarian cancer (Herbst, 2016, p. 11).

Many cancer patients, having undergone surgery, experience high anxiety symptoms such as depression, anxiety and emotional distress (Blázquez & Cruzado, 2016, p. 20). These symptoms can occur at the end of radiotherapy and after follow-ups of radiotherapy (Blázquez & Cruzado, 2016, p. 20). According to research, cancer patients that have previously received chemotherapy treatment have a higher prevalence of psychopathological disorders at the beginning and end of radiotherapy compared to cancer patients who did not receive chemotherapy before (Blázquez & Cruzado, 2016, p. 20).

2.11. Chemotherapy

Chemotherapy involves using cytotoxic drugs to kill and eliminate cancer cells; it is frequently given after surgery for ovarian cancer (Herbst, 2016, p. 12).

It is given before surgery to help shrink the tumour and ease removal; this is known as neo-adjuvant chemotherapy (Herbst, 2016, p. 12). There are several different kinds of drugs used in chemotherapy and often a combination is given (Herbst, 2016, p. 12). A common drug used for ovarian cancer, a platinum containing drug is used, called carboplatin, which can be used alone or in combination with paclitaxel (Herbst, 2016, p. 12). The type of drugs used for ovarian cancer generally depends on how these drugs are given, depending on the stage of the cancer, and how far and where within the female body it has spread.

Chemotherapy is usually an injection into the patient's vein but another form to receive it is in tablet form (Herbst, 2016, p. 12). Chemotherapy is usually given in cycles, with a treatment, followed by a period of rest to allow the patient's body to recover; most women have cycles of chemotherapy (Herbst, 2016, p. 12). Research has suggested that chemotherapy should be given directly into the abdomen but most of the time chemotherapy is given on an outpatient basis, which could lead to a shorter stay in the hospital, since many ovarian cancer patients stay in the hospital when receiving chemotherapy (Herbst, 2016, p. 12).

2.12. The effects of stressors on ovarian cancer patients

Many cancer patients are confronted by the feelings and thoughts of “what if” when reflecting on the early stage symptomatology (Ferrell, et al., 2003, p. 529). Many women diagnosed with ovarian cancer feel disappointed in themselves for not identifying with the disease sooner (Ferrell, et al., 2003, p. 529). The sense of needing control over one's body and treatment is a common psychological theme within cancer patients and facing cycles of chemotherapy intensifies this need (Ferrell, et al., 2003, p. 529).

According to research, cancer is widely associated with death, “the living/dying experience” or “the process of becoming conscious of the approaching death sentence of identity” (Muzzin, et al., 1994, p. 1201). This leads to ongoing fluctuation between denial and acceptance by ovarian cancer patients and Weisman calls this state “middle knowledge” (Muzzin, et al., 1994, p. 1201).

Psychological responses to the cancer experience function within two (class??) variables: the stress and burden moulded by the cancer experience and the resources available to manage this stress and burden (Michael Andrykowski & Floyd, 2008, p. 195).

With regard to the psychological experience, there are several points that need to be noted. Firstly, researchers report that the stress and burden posed by the cancer experience are multifaceted (Michael Andrykowski & Floyd, 2008, p. 196). Ovarian cancer patients do not always know how to survive stressors that are physical, psychological and interpersonal. Most ovarian cancer patients do not know how to confront the psychological challenges with regard to social contexts, religious aspect, and self-identity. Many cancer patients have reported that, “Stress and burden is a subjective concept” meaning that “stress is in the eye of the beholder” (Michael Andrykowski & Floyd, 2008, p. 196). Some cancer patients when highly stressed might experience physical effects, such as fatigue, weight gain, and infertility, while others might find a poor prognosis itself as a persistent source of stress and dread (Michael Andrykowski & Floyd, 2008, p. 196).

Consequently, the main stress of the cancer experience is mostly characterised by the threat of a potentially life-threatening illness. The difficulties of making decisions for treatment with family and significant ones, anxiety with regard to how one might respond to treatment, the fear of death, social exclusion, financial difficulties, difficulties with intimacy and sexuality and the constant physical effects (Michael Andrykowski & Floyd, 2008, p. 196).

Consequently, cancer patient’s psychological health is based on the specific stress and burdens confronting the patient and the resources made available especially since resources are multifaceted and can be grouped into four groups: tangible, interpersonal, intrapersonal and information (Michael Andrykowski & Floyd, 2008, p. 196). When resources and support groups are low, the psychological health of cancer patients is reported to be high even if the stress and burden posed by cancer are low (Michael Andrykowski & Floyd, 2008, p. 196).

On the other hand, the psychological health of a cancer patient might be low even when the stress and burden of the cancer experience is tolerable (Michael Andrykowski & Floyd, 2008, p. 196).

2.13. How context and financial differences influence psychological treatment

Being able to cope with the stress and burden of cancer is made easier when one has facilities and access to resources, the social contexts and conditions on ones surroundings play a huge role in how cancer patient's experience cancer (Michael Andrykowski & Floyd, 2008, p. 197).

The support available is diverse and can include social workers, licence therapist, support groups, informal peer-to-peer networks (Michael Andrykowski & Floyd, 2008, p. 197). Medical care can be received in multiple ways, including small community hospitals, academic medical centres and private physician's office, the quality of the services and support is determined by financial reasons (Michael Andrykowski & Floyd, 2008, p. 197). Medical health resources, available within the community represent additional tangible resources, which can affect cancer patient's psychological health. Finances can help to better facilitate access to resources such as education, child-care, housekeeping assistance, vocational retraining and psychological services (Michael Andrykowski & Floyd, 2008, p. 198). There are special clinics facilitated to provide the medical needs and emotional support for cancer patients, poor access to these facilities and resources creates a greater risk for poor emotional and psychological health (Michael Andrykowski & Floyd, 2008, p. 197).

2.14. Social influences on the ovarian cancer patient

Cancer is one of the most common diseases. Ovarian cancer's survival rate is underestimated and the disease is associated with fear, social rejection and death (Petw, 2002, p. 110). According to research, both the stigmatisation of cancer patients and their negative social reactions has psychological effects on cancer patients (Petw, 2002, p. 110). The social reactions of healthy people, the community and family members play a huge role in the emotional well-being of cancer patients. Research reports that healthy women, when interacting with women with ovarian cancer, perceive these women as "needing to be cheered" while, on the other hand, cancer patients report, "unrelenting optimism is disturbing" (Petw, 2002, p. 111).

Healthy people also have the perception that cancer patients do not want to talk about their disease but rather want to focus on the surgical intervention, this understanding contrasts with that of cancer patients who report on their wider anxiety concerning death (Petw, 2002, p. 111).

According to the Andersen model⁶, social support is including within the health care usage, this may include facilitating family and friends to accompany patients to medical visits (Heins, et al., 2016, p. 559).

According to the model, usage of health services (including inpatient care, physician visits, dental care etc.) is determined by three dynamics: predisposing factors, enabling factors, and need. Predisposing factors can be characteristics such as race, age, and health beliefs. For instance, an individual who believes health services are an effective treatment for an ailment is more likely to seek care. Examples of enabling factors could be family support, access to health insurance, one's community etc. Need represents both perceived and actual need for health care services.

Many ovarian cancer patients are likely to rely on family members and friends for practical physical routines and emotional support, but unfortunately this support can sometimes be accompanied with a negative attitude or failures on the part of family members and friends in relation to the cancer patient's desire or expectations (Norton, et al., 2005, p. 144).

According to ovarian cancer patients reports, negative and unsupportive behaviour from family and friends, like criticism about decisions made with regard to treatment and surgical procedures, leads to psychological and emotional turmoil (Norton, et al., 2005, p. 144).

Although unsupportive behaviours normally occur infrequently, these emotions and actions are connected to more psychological distress that cancer patients have to confront (Norton, et al., 2005, p. 144). Research indicates that unsupportive behaviour is strongly associated with psychological

⁶ According to the Anderson Model, there are factors predisposing on demographic and social factors and these factors enable individuals to use service, these service could be used for illness and disease

distress and supportive behaviour plays a vital role in cancer patient's psychological well-being (Norton, et al., 2005, p. 144). Many friends and relatives might even go as far as to physically avoid the cancer patient or avoid discussions about the effects of cancer and discussion of the illness (Norton, et al., 2005, p. 144). If family and friends not only fail to provide the supportive environment and the validation the cancer patient needs but chooses to be avoidant, then this may harm the cancer patients self-esteem which will result in distress (Norton, et al., 2005, p. 144)

The possible reason that unsupportive behaviour may influence psychological distress among cancer patients or anyone dealing with a serious illness is the threat that certain responses may relate to self-esteem issues and behaviour (Norton, et al., 2005, p. 144). Ovarian cancer patients, who are dealing with a life-threatening illness are dependent on family and friends, emotionally, psychologically and seek the validation of their self-worth (Norton, et al., 2005, p. 144).

2.15. Stigmatization

Stigmatization is defined as, “negative evaluation linked to characteristics of a person, which places the person outside socially acceptable standards for human attributes and performance” (Bloom & Kessler, 1994, p. 119).

The term stigmatisation originated from the time period when the Greeks use to burn and cut into the flesh of slaves, traitors and criminals to make it easier for the community to recognise and identify them as immoral people or tainted, helping the community to avoid them (Stutterheim, 2013, p. 1). Within the 21st century, the term stigma is not just limited to physical marks, but rather a term used to associate a widespread of social disapproval. According to Goffman (1963), this social disapproval can be understood as “discrediting social difference that yields a spoiled social identity” (Stutterheim, 2013, p. 1).

Most definitions of stigmatisation include two essential components, according to Stutterheim, this is “the recognition of difference and devaluation” (Stutterheim, 2013, p. 1). These two components also include and emphasise that stigmatization occurs in social interaction and therefore, stigmatisation should not be considered to exist in a person but rather within the social contexts

(Stutterheim, 2013, p. 1). We also need to consider that what may be considered as stigmatization within one social context, might not be recognised as stigmatisation in another social context or situation (Stutterheim, 2013, p. 1).

The stigmatized idea of what it means to be a woman and the victim identity that comes with the cancer disease is challenging with regard to what it means to be a “whole woman”.

All of these patriarchal normative notions reinforce society's negative attitude towards cancer patients and especially women (Petersen & Benishek, 2001, p. 75). According to Goffman, the stigmatization of cancer has the potential to transform and reduce someone from being seen as "a whole person to a discounted one" (Goffman, 1963, p.11) (Oliver & Moyer, 2009, p. 2798).

Many healthy women report that spending time with ovarian cancer patients creates vagueness within the normal course of social interaction, especially since individuals do not want to offend the cancer patient, which makes them uncomfortable and not able to interact well, and creates the feeling of not knowing what to say (Bloom & Kessler, 1994, p. 119). This ambiguity causes tension and through seeking to reduce the tension, some women will avoid the cancer patient altogether, some will withdraw through making visitations shorter and intervals between visits longer (Bloom & Kessler, 1994, p. 119). This leads to social distancing, which has a psychological impact on the cancer patient, however, this withdrawal could be mutual, as the cancer patient may not want to interact socially (Bloom & Kessler, 1994, p. 119).

Many people, even family members, report that they feel uncomfortable in the company of someone with cancer due to its stigma with death and pain (Bloom & Kessler, 1994, p. 119).

One of the worst themes of stigmatization in association with cancer is the perception that “people get what they deserve”, the theory of a “just world” (Bloom & Kessler, 1994, p. 120). The “just world” theory embeds elements of balance theory and equity, this explains the effects of misfortune due to human behaviour and actions, this theory becomes hard when a disease like

ovarian cancer cannot be explained and this makes others uncomfortable (Bloom & Kessler, 1994, p. 120).

With regard to the “just world” theory, many people differ on beliefs regarding how fair the world is and with their judgments, many believe that people get what they deserve (Knapp, et al., 2014, p. 6). The “just world belief” be consistent believed by people so that it can be maladaptive to cancer patients. According to research, “people are motivated to avoid facing their own vulnerability and mortality as a means to reduce anxiety and enhance self-esteem” (Knapp, et al., 2014, p. 6). People do not necessarily want to believe that we live in a tragic world and this is why most start blaming victims (Knapp, et al., 2014, p. 6).

Research reports that “just world” theory can affect the way in which cancer patients evaluate their cancer experience. (Knapp, et al., 2014, p. 6), “If the victim can be blamed for what happened, then the world is not just random and a meaningless place” this attempt at self-protection can result in a derogation of cancer patients (Knapp, et al., 2014, p. 6).

People that are diagnosed with cancer find themselves suddenly suffering from a disease that cannot be explained or justified through their own behaviour (Knapp, et al., 2014, p. 6).

2.16. The internal and external aspects of stigmatisation

Stutterheim reports that the source of stigmatisation lies within the cognitive representation that people hold, especially with regard to those who possess the stigmatised condition (Stutterheim, 2013, p. 2).

According to research these cognitive representations of a stigmatised condition can cause negative behaviour and emotional reactions (Stutterheim, 2013, p. 3).

Internal

Research reports have stated that stigma has harmful consequences for the psychological well-being of stigmatised individuals (Stutterheim, 2013, p. 3). ⁷Self –stigma can occur because of responses from public stigma, many people with stigmatised conditions are vividly aware of the social devaluation associated with their illness, physical deformation and conditions (Stutterheim, 2013, p. 3). Public stigmatisation and self-stigmatization has affective, behavioural and cognitive components and can operate on both the implicit and explicit level (Stutterheim, 2013, p. 3).

Research reports that public stigma can affect cancer patients in three ways: one, through enacted stigma, this is the negative treatment of an individual that poses a stigmatised condition (Stutterheim, 2013, p. 3). Two, through felt stigma, this is the experience or the anticipation of stigmatisation on the part of the person who has a stigmatised condition and thirdly, through internalised stigma, this is the reduction of self-worth, through which psychological distress is also associated and experienced by people with a stigmatised condition (Stutterheim, 2013, p. 3).

With regard to internal stigmatisation, ovarian cancer patients will try to conceal their illness as long as possible and try to come across as “normal” through hiding their stigma and trying to avoid being “shameful” as long as possible (Stutterheim, 2013, p. 3). There are concerns with regard to whom the cancer patient reveals the illness to, especially since there is a fear of discovering which creates a source of psychological distress (Stutterheim, 2013, p. 3).

2.16.1. External

There are certain situations under which stereotypical threats are understood for all cancer patients as well as social stigmatization (Knapp, et al., 2014, p. 3). However, cancer patients are more likely to internalize their situation as the cancer illness might be interpreted as an identity threat (Knapp, et al., 2014, p. 3).

⁷ The evaluation by oneself of one’s worth as an individual in distinction from one’s interpersonal or social roles.

Blatant discrimination has become less socially acceptable, the external stigmatization experienced by ovarian cancer patients are most financial problems, surgical components and treatments (Knapp, et al., 2014, p. 3). Subtle responses to external discrimination would be isolation, avoidance, the possibility of being exposed and barriers to treatment (Knapp, et al., 2014, p. 3).

With most cancers illnesses, it can become visible as the disease progress, especially since the treatment has harsh side effects, which makes it obvious (Knapp, et al., 2014, p. 3). This stigmatization is linked to the idea of “difference”, the removal of women’s ovaries, not being able to reproduce and the loss of one’s hair creates the image of being different from other women (Bloom & Kessler, 1994, p. 119). This negative imagery is reinforced in the social sphere as the reproductive organs are seen as a symbol of sexuality and this affects female’s sense of femininity (Bloom & Kessler, 1994, p. 119). Many cancer patients report on the poor quality of life they experience due to their appearance, especially hair loss, as patients describe it as “having visible cancer in a context where stigmatisation could be perceived as subtle” (Knapp, et al., 2014, p. 3).

2.17. The emotional effects

Cancer is present as a short-term threat or crisis to cancer patients, as reported there is an increase in symptoms of depression and anxiety before the time of diagnosis (Compas, et al., 1994 , p. 507). These emotional spirals may subside for patients in the month following diagnosis (Compas, et al., 1994 , p. 507). During the waiting period of the patient’s diagnosis, the emotional stability of the patient might spike as the cancer patient is confronted with decisions of medical treatment, surgery and psychological help (Compas, et al., 1994 , p. 507).

Within ovarian cancer, a woman must confront both the certainty of a poor prognosis, the uncertainty of how long she has to survive and the possibility of having her reproductive organs removed (Morrell, et al., 2012, p. 382). Research reports that cancer patients are faced with uncertainty and threatening circumstances, during this process, people normally start comparing themselves to others, a process called “social comparison” (Morrell, et al., 2012, p. 383). Within social comparison theory, human beings have a determination to compare themselves to others that are facing similar threatening circumstances or they might compare themselves to those who

are perceived as “better-off” or those who are perceived as “worse-off” than themselves (Morrell, et al., 2012, p. 383).

The most psychological distress for an ovarian cancer patient is the diagnosis process, the abrupt process of going from a healthy person to a cancer patient (Roland, et al., 2013, p. 2414). Diagnosis may bring up negative emotions of fear, loss of control and the uncertainty of the future; many ovarian cancer patients relate the diagnosis process as a “death sentence” because of the high recurrence rate and low survival rate (Roland, et al., 2013, p. 2414).

Ovarian cancer patients who experience physical symptoms have reported to experience a high level of depression, anxiety and distress, due to symptoms being a sign of the disease’s progress (Roland, et al., 2013, p. 2413). Ovarian cancer patients’ physical symptoms can occur, lowering function and reducing the ability to complete daily activities (Roland, et al., 2013, p. 2414).

Many cancer patients viewed negative behaviour and responses from their relatives and friends as signs of rejection and neglect; this further damages the cancer patient’s feelings and self-esteem (Norton, et al., 2005, p. 149).

Cancer patients might also fear social isolation, which is caused by loss of friends within their social network contexts and many individuals with the cancer illness affecting their physical body, may have concerns about social isolation and abandonment (Knapp, et al., 2014, p. 149). These social fears may make cancer patients especially vulnerable to the damaging effects of unsupportive behaviours on self-esteem, research even suggests that the impact of negative interaction, may even contribute to a more heightened stressful period for the cancer patient (Norton, et al., 2005, p. 149).

These psychological symptoms of depression and distress, experienced by cancer patients, can lead to a fear of social isolation from family and friends. Which will be discussed in detail in the next section.

2.18. Family reaction to screening and receiving the information

The diagnosis of ovarian cancer frequently results in a range of emotions that stretches from acute depression, extreme stress or psychological stress, this all effects and confronts the cancer patient and his/her family (Compas, et al., 1994 , p. 507).

Within the contexts of the family, cancer patients will be the first to be tested within the family; therefore, communication between relatives plays an essential role (Claes, et al., 2003, p. 17). A cancer diagnosis is stressful on the patient and the family as they have to adapt to the uncertainty and shock, many family members may experience depression, distress and anxiety (Edwards & Clarke, 2004, p. 562).

Research has shown that families with cancer have experience similar anxiety, depression and negative moods as the cancer patient (Edwards & Clarke, 2004, p. 562).

According to research, many families have their own way of communicating, however families do not live in a vacuum and the vulnerability that family members feel towards the diagnosis of cancer is also shaped by the way the wider society speaks about cancer (Kenen & Eeles, 2004, p. 336).

The similarity in high levels of depression and anxiety between patients and family members suggest that common factors have a huge impact on the whole family and are consistent with⁸family systems theory, which declares that individual's events can resonate throughout the whole family system (Edwards & Clarke, 2004, p. 562). Family functioning and the physical characteristics of cancer patient's illness have been associated with higher levels of distress, depression and anxiety (Edwards & Clarke, 2004, p. 562).

⁸The family systems theory is a theory introduced by Dr. Murray Bowen that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit (Edwards & Clarke, 2004, p. 562).

Evidence of cancer treatment and the distressing impact it has on cancer patients and the patients' family members and friends varies with a range of different treatments (Edwards & Clarke, 2004, p. 564).

New studies report on the importance of family functioning in the psychological adjustment of patients and relatives, these studies encourage that families express their emotions with regard to the diagnosis and early treatment of cancer (Edwards & Clarke, 2004, p. 573).

It is essential for health professionals to assist the family with practical problems that arise because of the diagnosis of ovarian cancer (Edwards & Clarke, 2004, p. 573).

Communication between family members regarding the information surrounding the ovarian cancer diagnosis may also lead to alleviated anxiety levels especially with the involvement of family members and consultations with physicians (Edwards & Clarke, 2004, p. 573).

There is a great need for health professions to expand their focus of health care to include the whole family as the majority of the time; relatives are the ones with the higher levels of depression and anxiety in comparison with the ovarian cancer patient (Edwards & Clarke, 2004, p. 573).

According to physicians and research, relatives and friends contribute positively to the psychological well-being and professional health care of cancer patients; many medical experts stress the need for care by family and friends (Heins, et al., 2016, p. 559).

The partners of ovarian cancer patients often play an essential role with regard to support during the cancer experience; this is due to health and treatment decisions affecting reproduction (Heins, et al., 2016, p. 559).

There is the possibility that cancer diagnosis and care support could have a negative effect on the psychological and physical health of the ovarian cancer patient (Heins, et al., 2016, p. 559) (Norton, et al., 2005, p. 144)

2.19. Ovarian cancer treatment and infertility

The most common concern and distress that women experience, when being diagnosed with ovarian cancer, is the reality of infertility (Sullivan, et al., 2016, p. 1591). For many women, ovarian cancer does not respond to traditional infertility treatments and their option of childbearing is limited to adoption, donor embryo, egg donation, surrogate, a small chance of spontaneous pregnancy or the use of vitro fertilization (Sullivan, et al., 2016, p. 1591). Three out of four women with ovarian cancer have ovarian follicles remaining. Research reports that spontaneous pregnancy occurs in 5%- 10% for women, these statistics show that even though the odds of pregnancy are slim, there is hope for procreation (Sullivan, et al., 2016, p. 1591).

It is clear, based on research that ovarian cancer is not a “failure” on the ovary, but rather unpredictable and irregular ovarian function that can preserve for decades (Sullivan, et al., 2016, p. 1591).

One of the main stressors that cancer patients face is the psychological distress associated with physical impairment experienced as a result of the cancer illness (Norton, et al., 2005, p. 143). With regard to ovarian cancer, many women experience being infertile as a physical impairment as this is a typical effect of surgical treatment for ovarian cancer (Norton, et al., 2005, p. 143)

The relationship between physical impairment and psychological distress is a common established relationship for cancer patients, and studies indicate that symptoms that are more physical and functional are associated with more psychological distress (Norton, et al., 2005, p. 144).

2.20. Sexuality and self-image

After treatment and surgical procedures, women have to confront the physical changes in their body such as abdominal scars; weight gain; hair loss; prophylactic procedures and the possibility

of either an ⁹oophorectomy or ¹⁰hysterectomy, which is the removal of organs that is socially symbolic for the female body and identity (Roland, et al., 2013, p. 2413). This surgical process and reproductive organ removal has a huge effect on the female identity and sexuality and affects the body image of women (Roland, et al., 2013, p. 2413).

Ovarian cancer patients experience significantly more physical changes and this plays a significant role in the patient's self-image. Many women experience a loss of control in some ways due to the change in their body because of the consequence of their illness and treatment (Roland, et al., 2013, p. 2413). According to Roland, the regrowth of hair helps ovarian cancer patients to "heal psychological wounds" and to refocus socially on their lives, which can help with creating a positive self-image (Roland, et al., 2013, p. 2413).

Many researchers have reported sexual problems and sexual dysfunction, post diagnosis and how many women experience a decrease in sexual activity (Roland, et al., 2013, p. 2413). Ovarian cancer patients report on low sexual satisfaction and low sexual activity, which causes strain on their sexual and personal relationships (Roland, et al., 2013, p. 2413).

According to women diagnosed with ovarian cancer, surgical treatment and chemotherapy that induced menopause from oophorectomy can cause vaginal dryness, decreased libido, fatigue and painful intercourse (Roland, et al., 2013, p. 2413). Many ovarian cancer patients report on the lack of interest, decrease arousal and problems with orgasm due to sexual inactivity (Roland, et al., 2013, p. 2413).

Women with higher menstrual and gynaecological symptoms experienced sexual discomfort and more reproductive concerns (Roland, et al., 2013, p. 2413). Research has reported that sexual

⁹ A surgical procedure to remove one or both of your ovaries. Your ovaries are almond-shaped organs that sit on each side of the uterus in your pelvis (Roland, et al., 2013, p. 2413).

¹⁰ A surgical operation to remove all or part of the uterus (Roland, et al., 2013, p. 2413).

issues (decrease sexual activity, decrease interest in sex and pain during sex) are the greatest unmet needs, many ovarian cancer women report that they have received less help with regard to sexual issues (Roland, et al., 2013, p. 2413).

Women who did not receive treatment, with a longer period since diagnoses, are more sexually active, and experienced more sexual pleasure than women who had less gynaecological symptoms, (Roland, et al., 2013, p. 2413). Most married women report that they experience more sexual pleasure (Roland, et al., 2013, p. 2413). According to research, married women report that they experience more sexual pleasure because their partner knew about their health condition and this helped with sexual intercourse, while some women who are unmarried were afraid to honestly inform their sexual partners about their health condition (Roland, et al., 2013, p. 2413).

2.21. The influence of cancer on women's identities

Ovarian cancer is damaging both physically and mentally. At the time of diagnosis, the cancer is generally in advanced stages, making a cure unlikely and death a real and imminent possibility (Howell & Karen, 2003, p. 1). The repetitive and aggressive therapy, its side effects, and the perceived loss of femininity and womanhood from the removal of reproductive organs are an unusually cruel combination (Howell & Karen, 2003, p. 1).

Women diagnosed with ovarian cancer can see their bodies as vessels that have betrayed them and their identity (Kitzinger & Willmott, 2002, p. 349). The majority of ovarian cancer sufferers opt to remove their ovaries, making biological reproduction impossible. This is a deeply personal and difficult decision for most woman to make. Within the twenty first century, researchers have been increasingly attracted to topics of the embodied self; partly due to studies on human beings' wider sense of body image (Kitzinger & Willmott, 2002, p. 349).

According to research, ovarian cancer patients experience greater limitations with regard to their body function and confronting the change in body image. These women were more likely to see themselves as having less control over their body, which is one of few consequences of having cancer and receiving treatment (Norton, et al., 2005, p. 148).

This information is consistent with the conceptualisation of physical impairment as a constant stressor that influences cancer patient's personal control (Norton, et al., 2005, p. 149). According to research, this has the potential to diminish the sense of control among cancer patients (Norton, et al., 2005, p. 149).

2.21.1 The social expectations of women

According to research conducted by Du Toit (2009, 20), historically women remain excluded within the South African environment both traditionally and socially and this politically makes South Africa a patriarchal context (Du Toit, 2009, p. 20).

Within South African society, there has been an established norm, through which most South Africans define our/their sexual roles as male and female (Bernard & Whitley, 1979, p. 1309). This creates the social idea that "a woman's body belongs to the private rather than the political realm" (Du Toit, 2009, p. 20)

Du Toit (2009,26) argues that woman's role within politics often leans towards a more transcendental (maternal) or a more transcendent (erotic) position which forms clear distinctions between the sexes and re-establishes the masculine politic position (Du Toit, 2009, pp. 26-27).

Within South Africa, there are dominant cultures, which emphasise the one-sided masculine symbols and express men's fears. These masculine desires, male- driven media, economics, gaze, and politics, arguably leave a diminutive space and opportunity for women to voice and express their own sexual identities (Du Toit, 2009, p. 28).

In the 21st century, women are still associated and seen as representatives of a home, who belongs within a male political, social and economic realm and therefore should have a relationship with a home (Du Toit, 2009, p. 28). This association and relation with the home and women are universally used to limit women's access to the public- political space. Their identities are used as a means of perpetuating women's bodies and minds as belonging to men (Du Toit, 2009, p. 28). This encourages the correlation of what it means to be feminine and woman's role within the

domestic sphere, childbearing and sex specific responsibilities as limiting women's contribution to the public and political sphere (Du Toit, 2009, p. 28).

Prospective studies confirm that "dissatisfaction with one's body, or negative body image, can be understood as one of the most consistent and significant precursors of negative self-perception, negative emotional states, and unhealthy body-related behaviour's" (Grabe & Hyde, 2008).

According to Isherwood (1997, 74), secular feminists¹¹ are aware that subjugation of women often begins at a basic level, namely within the female body. They make it clear that the female body is at the disposal of the patriarchal system on every level of society that is "from the factory floor to the bedroom, the paddy field to the labour ward" (Isherwood 1997: pg. 75.). Isherwood (1997) and Nelson (1992: 29, 30) refers to the fact that women's bodies have been used to objectification and oppression, casting them into the unfavourable position of "the other" and making their bodies the possessions of men.

According to Ugrina (2009, 1), the female body is challenged in an attempt to misrepresent the relationship between femininity and theology. Ugrina argues against this statement and says that this understanding is an "underdeveloped theological understanding of gender, which fails to acknowledge sexual difference and to provide the social, political and economic needs of women (Ugrina, 2009, p. 1).

Isherwood suggests that the politics of the female body started the moment Christians were asked to believe that Eve was removed from Adam's rib; this perspective showed that theology is embedded within the body (Isherwood, 1997, p. 74). According to many Christians, Eve's actions with the fruit, eating the forbidden apple inside the Garden of Eden caused the collapse of the

¹¹ Secular feminists unwaveringly support the practice of equality for all human beings (Isherwood, 1997, p. 74).

"They have deconstructed and exposed the use of an imposed notion of complementarity, which aims at sustaining and shoring up inequality and, in so doing, patriarchal hegemony and power (Isherwood, 1997, p. 74).

human race. Isherwood (1997,74) reports that, “her body set the political agenda, especially the way Eve’s actions are used as a mirror for women and their bodies under the Christian regime” and today in our secular world (Isherwood, 1997, p. 74).

Isherwood reports that, “Augustine believed that, many women are whores and had to be controlled”, this was the view of some church fathers within that time-period and this idea and message influenced the way women’s bodies were treated and viewed, seen as evil and viewed with suspicion (Isherwood, 1997, p. 75).

Aquinas believed that God made human beings only for the purpose of reproduction while Jerome, an early church father, interpreted that women should be controlled (by men) in how they dress, act and their bodies (Isherwood, 1997, p. 75).

Jerome’s viewpoint started because he wanted to limit the negative power of women’s bodies and many Christian women had, and still within our present day are confronted with the traditional form of oppression. These forms of oppression are executed in the way women’s bodies, sexuality, femininity and bodies are undervalued (Isherwood, 1997, p. 75).

Still today, women’s reproductive organs, their status, bodies, sexuality are used as a form of political exploitation within the systematic??? What is this? Theology? spheres. Rosemary Ruether referenced in Isherwood discusses this as, “the colonization of women’s wombs by patriarchy” (Isherwood, 1997, p. 75).

Many church fathers and mostly Catholic and Protestant churches still shape a form of “reality” to suit their Christian needs, this is the reason why Catholic clergy remains celibate and understand sex as a form of reproduction only and not for erotic behaviour (Isherwood, 1997, p. 75).

Many Christians believe that a woman’s body belongs to her husband and the duty of a Christian wife is to have children, to glorify God (Isherwood, 1997, p. 76). This Christian theory becomes even more problematic when women are diagnosed with ovarian cancer and surgically have to remove their ovaries or fallopian tubes. Within many societal systems, the recognition of value,

work and status still rotates around patriarchal societies (Irigaray, 1985, p. 171). Cultural values and traditions are formed and moulded from ideas of biblical scripture (Irigaray, 1985, p. 171).

2.21.2 Infertility and the female identity

According to Notman's (2008,p.573) research, the female genitals are not only physical components of the body but play a core role in defining femininity and is used as an identification of one's gender (Notman, 2008, p. 573). The role of the body is more often than not limited to the genitals. According to Silverman (1981), the body and genitals reflect wider emotional and cognitive development around the body for women (Silverman, 1981).This information is given to women at a young age, in an emotional context, which influences her feelings about her body and her feminine self (Notman, 2008, p. 577).

According to Freud's position in Notman, the original formulation about genital difference, "the absence of something" creates the expectation; that a girl's expectation of reproduction as a woman is part of their identity and that, "their full identity as a woman is achieved through pregnancy" (Notman, 2008, p. 577). Notman (2008) argues that cultural passivity¹² encourages the importance and "hidden" meaning of reproduction, which refers us to the idea of the presence of something, which fundamentally obstructs the "absence" of something (Notman, 2008, p. 577). What Notman means by this is that the importance of reproduction within culture influences the expectation of pregnancy and when women are diagnosed as infertile, they experience the feeling of "absence" (Notman, 2008, p. 577)

Notman (2008) reports that the mental representation of the body includes the effect the body has on others and their approval, criticism and responses (Notman, 2008, p. 578). These social responses from women's wider social context are then integrated into how a woman diagnosed

¹² Cultural and social norms that are enforced passively onto women, such as the ideology of childbirth.

with ovarian cancer reflects on her own body image and self-identity and affect her self-image, femininity and sexuality (Notman, 2008, p. 579).

According to Notman's (2008) research, whether a woman chooses to have children or not, the potential of being able to become pregnant and for childbearing is still an important part of a woman's identity (Notman, 2008, p. 582).

Serene Jones (2001, p.1), a feminist theologian, confronts the emotional, psychological and even spiritual journey that women go through in life and says that, "as human beings we make the assumption that we are in control of our bodies and that we can control and choose the conditions of our sexuality and reproductively" (Jones, 2001, p. 233). When this reality is shattered by ovarian cancer one can feel powerless. Theologically Jones, (2001, pg. 240) suggests that we should turn to the image of God "standing with the woman ravaged by grief and loss". Jones (2001) continues and says that this poetic move is a "metaphorical space within which woman can imagine God's solidarity with us as those who lost a future they had hoped for and who carry the weight of loss inside them" (Jones, 2001, p. 242).

2.22. Conclusion

Within this research, the female body and the spirit are present as dichotomy which needs to be challenged. Irigaray (2009) makes this comparison and states that she considers that it must be hard to be a Christian woman when your female identity does not correspond with the biblical texts (Ugrina, 2009, p. 2). The question that emerges and challenges both the secular world and religious contexts is how to redefine the notion of womanhood for women diagnosed with ovarian cancer which will be explored in the next chapter.

One of the central arguments around women and ovarian cancer is the question regarding reproduction and being barren. Ugrina says (2009, 2) from a priesthood perspective, being barren

symbolises the inability to image Christ and “to act in persona Christ in the Mass¹³” (Ugrina, 2009, p. 2). This Roman Catholic understanding of Christ and being barren diagnosed with ovarian cancer and experiencing the inability to give birth, according to Ugrina depicts the failing of the body to do what it is “designed by Christ” to do. It can be seen that this is a highly problematic form of theologising the women’s body

Through stigmatisation of and the prevailing gender views on the female body, religious and biblical aspects with regard to ovarian cancer confront the female body to reconfigure the relationship between femininity and the sacred (Ugrina, 2009, p. 2). Rework sentence – does not make sense.

McKinley and Hyde (1996, p.30) report that some women do not opt for the removal of their ovaries or any cancer infected body organ in order to maintain their elusive femininity and womanhood. . This reflects the social constructing of achieving a “culturally prescribed body” (McKinley & Hyde, 1996, p. 30). The female body becomes the “other” and tolerates the burden of guilt and distrust that men are unable to carry themselves. Within much of Christian history, the female body is perceived as evil and everything related to the female body was charged with corruption (Isherwood, 2000, p. 21).

In conclusion, this research chapter indicates that many women, who are diagnosed with ovarian cancer, are challenged in their perceptions of themselves as feminine and as women. “The women questioned their ability to be defined as “normative” women, both feminist and queer theories have challenged the concept of “woman” as a socially constructed fiction” (Kessler, 1998, p. 74).

¹³ “persona Christ in Mass” in Latin means “in the person of Christ”

Chapter 3

Social expectation and motherhood

3.1.Introduction

In the previous chapter, the medical procedures, emotional, physical and psychological impact of being diagnosed with ovarian cancer was discussed. This introduced the social, political and economic influence ovarian cancer has on women's bodies and opened the discussion for a feminist perspective on infertility as well as on childlessness.

For the purpose of this study, a feminist approach is used to explore the theme of reproduction. It is women and not men who are the focus of reproductive medical intervention, because it is women's bodies and not their partners who are seen as at fault, Women are the ones who experience the physical suffering of reproductive failure and the social stigma that is attached to failing to attain motherhood (Dohlen, 1992, p. 1). Normally, women bear the emotional and physical pain regarding new reproductive technologies and generally, women also have the responsibility for childcare (Dohlen, 1992, p. 1).

A feminist approach is based on the central issues regarding motherhood, womanhood and infertility. This chapter will be working from the perspective of body theology and bodily self-determination, especially since feminist argue, that in order to be free, women should have more control over their bodies and procreative capacities. Two scholars, Lisa Isherwood and Gayle Letherby will be used within this chapter to address sociological ideologies of motherhood and womanhood with a focus on sexuality, body theology and childbirth.

3.2.Isherwood and Letherby

Lisa Isherwood is one of the 21st century's most influential Western feminist voices concerning 'body theology' from a political theology viewpoint. She is well known for her work on sexuality and ethics. In her various books, which is used within this chapter, Isherwood pays attention to both the misuse and the complex understanding of sexuality, the female body and how the Christian community should address these critical concepts. Isherwood also touches on the

embodiment of desire and the multiple symbols we have within the Christian world (Muers, 2008, p. 1). Isherwood presents a theological critique on the feminist body, sexuality and ethical responsibility of the church community. This is the reason why this chapter will be focusing on her work. Her critical theological voice and feminist literature articulates the voices of women suffering socially, economically, psychologically and theologically and can be applied to women being diagnosed with ovarian cancer.

Letherby has also contributed significantly (with Nelson) on the theme of the body and body theology. Letherby and Nelson both focus on the female body and the multicultural ways the female body is influenced and oppressed. James Nelson is the author of several books including “Body Theology” and is a professor of Christian Ethics. Gayle Letherby wrote and contributed to the concept and themes of motherhood and has dealt specifically with the social, psychologically and emotional influence infertility has on the ideology of motherhood and womanhood. Therefore, this chapter will use her feminist perspective to contribute to the understanding of womanhood and motherhood, from a sociological perspective as she is a sociology professor at Plymouth University.

3.3. The Body as a personal space

Within our bodies, sexuality and health are arguably our most intimate spaces as individuals and that is why it is essential to challenge and confront religious and social components that construct our body in a negative way. Isherwood (2000:21) says that, “our body and sexuality is an intimate space where our bodies can either be colonized or liberated”. Our bodies and sexuality should be our own as human beings, but can be colonized and taken away by systematic systems such as patriarchy, religion, medicine, psychology, sexology and law (Isherwood, 2000, p. 21). As a feminist theologian, this chapter will focus on the female body and the social, psychological, physical and religious impact a secular world has on women’s bodies and its implications for women diagnosed with ovarian cancer.

How do Christian women, who are diagnosed with ovarian cancer, confront social and biblical expectations of femininity, sexuality, motherhood and reproduction when an illness like ovarian cancer no longer allow the female body to operate in a normative way?

Donna Haraway reports in Isherwood that social or personal bodies are not natural; she insists, “Naturalized body is not relativism but location” (Isherwood, 2000, p. 24). According to Haraway, “we are as human beings positioned in a non-equivalent location in webs of interconnection” this makes us aware of the unknown and the limited nature of the connections we made and the knowledge we have (Isherwood, 2000, p. 24). Isherwood (2000:24) takes this concept of location a step further and says that, our position within the world is as females in a patriarchal society and even though this may differ from situation to situation and culture to culture, there are nevertheless certain constants.

As women, “we are not free until we all are free” (Isherwood, 2000, p. 24), however, there are women diagnosed with breast cancer, walking around with a prosthetic breast, just to fit into the social contexts of femininity, because they do not feel socially comfortable and free enough to be without a prosthetic breast. This research will try to challenge these normative ideas of femininity, womanhood, and sexuality through addressing the emotional, psychological and physical journey of women diagnosed with ovarian cancer.

3.4. Self-esteem

According to research, self-esteem relating to body image is described as “a core aspect between the mental and physical well-being of an individual” (Foo, 2010, p. 75). Self-esteem also influences body imagery and can either cause satisfaction and acceptance or dissatisfaction and non-acceptance towards one’s self (Foo, 2010, p. 75). With the increase of female body dissatisfaction and the growing need for women to want to alter their bodies either through diet, beauty practices and surgery, many experts see the connections between self-esteem and body imagery (Foo, 2010, p. 75).

Research suggests that within the 21st century, there is a growing concern towards body dissatisfaction among women. With this in mind, women diagnosed with ovarian cancer may experience the desire to conform to the beauty standards of the social world even more so than normative women did (Foo, 2010, p. 75) .

Beauty can act and influence individuals' self-esteem. Societal standard of beauty can also have the ability to highly influence self-esteem towards the body and self (Foo, 2010, p. 75). Foo reports that research shows that unrealistic portrayals of women's bodies lead to women feeling less confident about their bodies and leave many cynical about the ideas of "real women" body imagery (Foo, 2010, p. 75). The arguments made affirm the existence of real women's bodies and argue that self-esteem and body satisfaction are connected with one another in relation to feminine beauty and its portrayal by society and media (Foo, 2010, p. 75) .

3.5.Social and Westernized understandings of beauty

Foo (2010:11) reports that beauty principles have been created and projected by dominate social communication platforms and throughout time, from high culture to mythology. Wolf argues that beauty is romanticized in many cultures and it "determines not only the relation to men to women but also the relation of women to themselves" (Wolf, 1990, p. 59). There is a price to pay for young women and girls who are diagnosed with ovarian cancer and have the desire to attempt to achieve the societal ideal beauty and fashionable look (Phelan, 2002, p. 138). Many women continue to regulate their bodies and re-create a social understanding of femininity through beauty practices where the female identity is "believed to be tainted, casing women to face tension between the assertions of individualism and the demands of conformism" (Kunzle, 1982, p. 5).

Jeffrey (2005:59) argues that the desire to fulfil and live up to beauty trends whether traditional or contemporary are harmful to the health of women and creates a "stereotyped femininity". Burke (1996:139) points out that, "human appearance is not limited to the clothes we wear and our bodies, but it also affects the perception of masculinity and femininity". For this reason, many women diagnosed with breast cancer choose to get prosthetic breast, so that socially and publically, she would fit in with the social normative standard of womanhood. (repeat sent)

Regarding ovarian cancer, the removal of ovaries, fallopian tubes and uterus are internal and not visible publically so the loss manifests inside of the body. However this does not make the feeling of loss of femininity, womanhood and sexuality any easier.

Wolf (1990:236) believes there should be a pro-woman definition of beauty to ensure women to defy the beauty myth, which is promoted by society and the media to enforce beauty construction. McBryde (1996:41) says that to criticise one's body image and self-image means "to perpetuate the social habit of judging other women by their appearance. According to research and Budgeon (2003, p.39), "the body is a medium through which oppressive cultural norms of femininity are expressed". Feminists actively worked to create construction strategies to critically engage with questions of how the female body came to acquire particular meanings (Budgeon, 2003, p. 39).

So many women fall victim to cultural constructions of femininity, Bordo (1993:166) tries to refigure women to be no longer passive victims but active producers of their own bodies, through continually shifting ideals. Bordo (1993:166) reports that "female bodies become docile bodies, whose forces and energies are habituated to external regulation, subjection, transformation and improvement through the exacting and normalizing disciplines". Through Bordo's work and analysis, we can see that women come to discipline and survey their own bodies by engaging in practices which produces their own docile bodies according to the dictates of idealising constructions of feminine embodiment (Budgeon, 2003, p. 39). The body of women are constantly placed in a position to be arbitrated; Budgeon (2003:39) says that, "women have to live with the constant sense of their own body as in need of improvement". Society, ideologies and cultural norms govern women's bodies to fall victim to constructions of womanhood and femininity.

Normative disciplinary practices such as leg-shaving and bearing children, may encourage and enforces the gendered imbalance of systematic power, especially since these powers seem "natural" (Willmott, 2002, p. 358). The social world deliberately encourages and aggravates the idea of femininity and the feminine appearance. This endangers women who are unable to meet the feminine appearance; their womanhood and femininity are put at risk (Willmott, 2002, p. 358).

3.6. Body Theology

Nelson (1979:15) says that, “the style of our Christian belief will be influenced by the way in which we experienced ourselves and others sexually”. Nelson also makes the statement that sexual theology and body theology are seen as equal (Nelson: 1979:20). For him, the question is not, “what does theology have to say about the body”, rather he focuses on how the body participates in the reality of God and how we as body individuals reflect on this reality (Nelson: 1979:20).

Sigurdson (2008:41) in Meiring & Muller (2010:3) focuses on the body in another way and says that, “it matters on how we speak of the body”, and that we should do it in a manner of “conceiving our embodiment with practical implications”. For Sigurdson, the body is more than just a solid foundation, instead, the body can be viewed “as an enigmatic dimension of ourselves that constantly faces the invisible and transcendent” (Sigurdson: 2008:41). Punt (2005; 371) in Meiring & Muller (2010) says that there are three specific themes that contribute to the conceptualisation of body theology: firstly, process thought¹⁴; secondly liberation theology¹⁵ and thirdly feminist theory¹⁶.

Before we can start on body theology, we need to understand that the body itself is more than just a vessel, Lisa Isherwood says, “the body is a site on which many discourses of power and Knowledge are enacted” (Isherwood & Stuart, 1998). Denis Ackerman says that, “the body is more than skin, bone and flesh. Our bodies encompass the totality of our human experience: our thoughts, our needs, memories, our emotions and difference, as well as our belief and our hopes” (Ackerman, 2006, p. 238).

¹⁴ “Seeing the world as ever becoming and its nature as relational and not dualistic” (Punt: 2005:371).

¹⁵ “Liberation theology is seeing the justice of God unfolding through individual’s bodies and in the lives of the oppressed” (Punt: 2005:371).

¹⁶ “Feminist theory entails seeing human experiences as the creation of theology, with the body as the site of experience” (Punt: 2005:371).

Body theology is used as a lens through which the female body is seen against the patriarchal society, through body theology the politics of the body can be challenged (Isherwood & Stuart, 1998, p. 20).

3.4.1 The contribution of Body theology

It is argued that the feminist critique, which might be effectively engaging with the economics of representation, remains constrained regarding theorising women's embodied agency and the choices that women make concerning their embodiment (Budgeon, 2003, p. 51). Many times, these critiques often remain within a binary logic, which fails adequately to acknowledge the embodied self, which exceeds representation (Budgeon, 2003, p. 51). Within the westernized world, women who are diagnosed with ovarian cancer, whose bodies are in pain; rejected, become stigmatized within a political, social and religious struggle (Ackerman, 2006, p. 239). These women's bodies' body serves as a symbol and focus on and against the oppression of patriarchy (Ackerman, 2006, p. 239).

Some ovarian cancer diagnosed woman feel as if they have lost their womanhood¹⁷ and feel as Chapkis (1986: p.5) reported, "like women who do not fit into the societal norm, these women are not only ill with an disease ,but feel like they do not fit into the normative role of a woman". These women lose their inability to feel emotional, physically and psychologically like a normative feminine female (Chapkis, 1986, p. 5).Chapkis describes this feeling of indifference, Chapkis reports that it increases the "feeling of being a foreigner who tries to assimilate into a hostile culture, where their bodies continue to fail them" (Chapkis, 1986, p. 5)

Nelson (1978: 20) notes that, "we experience our own concreteness as body-selves occupying space in a concrete world". We experience the world only through our body-selves. Leskinen (2011, 361) says that "your understanding of your body is the key to your understanding of bodies and places beyond yourself". The body, thus, is always more than just an object (Leskinen, 2011,

¹⁷ The qualities considered to be natural to or characteristic of a woman.

p. 361). Furthermore, according to Leskinen (2011: 361) “The body is the means by which I can know objects, persons, and events”. The body is interpreted as a marker of its bearer and therefore it forms an integrated part of the identity especially since bodies are important cultural codes in our social reality (Leskinen, 2011, p. 361). With this view in mind, we see that Leskinen (2011:361) argues that the “body as a project highlights the postmodern account of considering themselves both as responsible and capable of their bodily welfare”. The identity and social perspective of women have also been shaped and driven from a male perspective.

Rich (1977:290) argues that, women should not reject the importance of the female body just because of patriarchal dominance, which is grounded in the biological identity of women. Instead, Rich (1977:290) says that, “our biological grounding, the miracles and paradox of the female body and its spiritual and political meaning holds the key to our rejuvenation and our reconnection”. Serene Jones touches on this topic of women’s identity in relation to motherhood. Jones (2001:230) says, “Women’s sense of failure around not being able to bear children is related to powerful cultural assumptions about the value of motherhood” (Jones, 2001, p. 230).

Isherwood (2000:20) points out that even though within the church structure and doctrines, “sex is not a natural matter”. Isherwood also states that “sex is a highly constructed reality reflecting the power structures of the society in which it is both experienced and lived” (Isherwood, 2000, p. 20). This quote demonstrates that sex, the body and sexuality is socially constructed which influences our human understanding on cultural norms and our surroundings , especially how our body is interpreted by ourselves and others and how we interact with the world.

The body is highly political, as the body is used to shape and regulate reality and society, sex is not God-given (Isherwood, 2000, p. 20), even though for many Christian believers, it is God who decides what is blessed or what is evil with regard to sexual pleasure (Isherwood, 2000, p. 20). The God that makes these decisions is a patriarchal God and Christian females need to be careful on the interplay between religion and society as it is complex and we do not always know which one influences the other (Isherwood, 2000, p. 20). It is, however, important to realise the connection between the two, (especially within these secular days?). Isherwood (2000:21) argues

that, “patriarchal structures underpin both society and religion”, they feed upon each other and produce patterns of relating that may seem to be liberating but are really narrow and constructing.

Spelman (1982: 128) notes that our bodies, whether male or female, are always unique and we cannot, “attend to the social significance attached to the embodiment without recognizing them”. Our bodies play a role in our self-esteem especially with regard to female and male experiences and these experiences influences our psychological and physical health. Connell reports in Foo that it is essential that both men and women experience re-embodiment as, “it is needed, not just to help individuals to find different ways of feeling and showing their bodies but also to develop capacities of unique bodies other than those developed through industrial labour and sport” (Foo, 2010, p. 58).

Budgeon (2003:51) says that, “Bodies cannot simply be treated as though they are the natural foundation or passive surface upon which culture overlays a disciplinary system of meanings”. Budgeon builds on this comment and says that even though this might be the case, there are various “forms of constructionism that do not recognise the body as a lived entity by capturing the body only insofar as they show how its functions” (Budgeon, 2003, p. 51). “Movements, inner and outer workings, have been shaped by social structures and discourses and leave the body as flesh marginalized” (Budgeon, 2003, p. 51).

Recent work has contributed significantly towards the attitudes of the experience of embodiment. Many feminist theological movements are focusing on the on-going connection between the self and corporality (Scully, 1998, p. 11). Many feminist theologians are trying to undo and reinterpret centuries of rejection towards the female body; research suggests that this rejection derived from the fear of human sexuality (Scully, 1998, p. 11). The feminist critical voice with regard to body theology will be discussed in detail later in the research work.

3.7.A philosophical consideration of the body and illness

The philosopher Edmund Husserl makes a distinction between the body as a physical object and the body as a living object. The latter sees the body not as an object but rather, a body that is

connected and in a relationship with the world, living and experiencing it (Sigurdson, 2015, p. 4). As a result, the body becomes an object of communication and perfectly perceives the embodiment of experience of participation in the world instead of separation between the self and the world (Sigurdson, 2015, p. 4). Sigurdson (2015: 4) uses the example of reaching for a coffee cup with one hand. The hand is not simply a thing that the 'self' move towards the coffee cup, but it is an embodiment of a particular way of being in the world, where all my bodily attention steers towards the object of desire, instead of the body as such. Sigurdson (2015:4) argues that your hand, in this case, becomes an object when one's attention is moving from the coffee cup to the hand; this experience depicts the paradoxical human ability to be the object and subject of an experience.

Sigurdson (2012: 10) argues that language creates a range of possibilities for bodily existence, even though the language is present between and through bodies; this implies that the world is not always the object of human subjectivity; rather it is something we live in and through. According to Sigurdson (2012:10), "our subjectivity is not something that we can place". The religious embodiment between modernity and medicine is not found outside of our bodies; instead, our bodies become subjects that can also reach out for something else (Sigurdson, 2012, p. 11). The body has always been part of the world, the body and the world cannot be explored independently on how the body experiences the world (Sigurdson, 2012, p. 11). This emphasises the importance of bodily experience and how one understands one's own body is reflected within the world, therefore being diagnosed with ovarian cancer and experiencing the body within a negative way influences ovarian cancer patients outlook on life and experiences.

Sigurdson (2012:11) argues that this method of embodiment "is a presupposition of the possibility of experiencing the body as an object of our gaze and therefore a more fundamental dimension of our embodiment". Sigurdson (2012:11) reports that the fact that we still think of the body as an object is because we as human beings only become aware of our own bodies through our interaction with other bodies within the world. This is also dependently because our contemporary cultures and social contexts communicate to us to understand the body as an object (Sigurdson, 2012, p. 11).

Merleau-Ponty agrees with this phenomenological tradition and argues that, “the subjective experience of being embodied and the biological body belong together, or even two abstract aspects of some more primordial embodiment” (Sigurdson, 2012, p. 11). What Sigurdson (2012:11) critically engages on the phenomenological perspective on embodiment and says that “there is a forceful need that interconnects with the essential representation of cultural embodiment, which is needed to understand both”. This is because the cultural representation of embodiment is not static but historically given, therefore any discussion regarding religious embodiment should stand in need of a critical historical justification (Sigurdson, 2012, p. 11).

3.5.1 A ‘Normal’ body/ill body

What is considered a normal body? Moreover, what does it look like? Does a normal body mean good or healthy? Scully suggests that from an early age, we are taught to recognise difference and deviation from normality, by the time we are adults we are sensitive to any deviation from the norm (Scully, 1998, p. 14). Anthropological and sociological research has indicated that the development and understanding of the body is complex and encompasses the understanding of healthy and disable within cultures (Scully, 1998, p. 14). The concept of a “normal body” changes according to biographical time, we experience our body differently as time changes and the course of our lives, the process of gradual accommodating to contemporary experiences highlights the fact that the understanding of normality is linked to familiarity (Scully, 1998, p. 15). This reasoning for familiarity can be understood as ‘natural’, so what people are used to by culture, religion or society is used as a guide to natural and this can lead to an understating of what is intended by God or nature (Scully, 1998, p. 15).

Research provides some insights on how culture and religion construct common human elements. All cultures recognize a form of deviation from society, this critically depicts that normality is not derived from nature but from a framework of implicit social and personal beliefs which gets complicated further through rigid social classifications of what is ‘normal’ such as age, economic status and gender (Scully, 1998, p. 15). Mainstream western culture views people with disabilities as abnormal and different. Many women, diagnosed with ovarian cancer, experience this feeling of abnormality when conversations around infertility, treatment and medical procedures occur.

3.5.2 The disabled body as the ‘other’

Women diagnosed with ovarian cancer often experience feeling like “the other” especially within the mainstream western society, feeling of being something other than normal human being (Scully, 1998, p. 18).

Through various liberation movements, many people who have been historically socially classified as “different” or “abnormal” have started to resist their marginalised status within social institutions, which usually includes the church community (Eiesland, 1994, p. 20).

Human beings experience most things through our bodies. The interaction between doing something influence your emotion, psychological and cognitive experience, but if we do not accept our bodies as ill bodies then social rejection and exclusion become a reality (Eiesland, 1994, p. 22). Theologically when our bodies become ill, we need a theological re-assessment on how to address the female body. Women diagnosed with ovarian cancer may not experience the Christian tradition as full recognition because many experience church¹⁸ as not addressing their dignity in a theological way; instead, they are being addressed as the “other”. Clearly, churches are failing to confront their common human experiences and instead are isolating them regarding womanhood and motherhood (Eiesland, 1994, p. 21).

It is important to realize that able bodied narratives? socially distinguish people with disabilities, sicknesses and ovarian cancer not based on shared psychological, emotional traits but solely in relation to physical attention (Eiesland, 1994, p. 24). This leads to the argument based on the fact that many people and researchers understand the body as a “vehicle for self- performance and the target through which rituals of degradation of social exclusion” (Eiesland, 1994, p. 25).

¹⁸ Church in this space in generalised

Eisland's imagery of a disabled God, "God as a sip-puff wheelchair, bowing and sucking on a straw-like device" (Eiesland, 1994, p. 80) creates a deeper understanding of difference and the disabled body. Through her imagery of a disabled God, disabled people no longer feel so far away from God but closer, seeing God as a survivor. Arguably women suffering from ovarian cancer can use a similar approach to see themselves as survivors too.

3.8. The body in relation to the social and philosophical contexts of the Bible

The main historical view made at the council of Chalcedon in 451CE about the body was that "Jesus Christ was one being yet with two natures, fully divine and fully human" (Spalding, 1999, p. 72). Before the council, Augustine assumes a divinely ordained, hierarchal rule over woman, and soul ruled over the body. Augustine's view was formed by and reflected in his time and social structure and was supported by a longer philosophical heritage (Spalding, 1999, p. 72).

During the Augustinian period, political order and kingship dominated the contexts, and what is controlled was assumed closer to the divine, which all had consequences in physical, spiritual and social aspects of life, uncontrollable is suspect to the divine (Spalding, 1999, p. 72). For women, changes in pregnancy, lactation and menstruation were evidence of sinfulness and corruption only because they flouted the idea of changelessness (Spalding, 1999, p. 72). According to Augustine's understanding, menstrual fluid was a symbol of the "flood of chaos, knowing neither boundary nor order" which made sexuality the worst aspect of the body for women (Spalding, 1999, p. 72). According to this, the philosophical view was that woman's bodies were seen as opposed to the orderliness of the divine and women were seen as "living locus of disorder and passion" (Spalding, 1999, p. 72).

During the patriarchal era of the Bible, socially,¹⁹ men were seen as superior to women and requirements of female sexual chastity often meant female withdrawing from public affairs where

¹⁹ I understand that this statement is made by a non-biblical scholar

the female body was also not seen as fit for ecclesial responsibility (Spalding, 1999, p. 72). The physical bodily difference between men and women led to difference in social involvement, regardless of their “common nature” according to Augustine. The common nature referred to Augustine’s understanding of the human image of God where , women do share and participate in the *imago dei*, despite their physical qualities (Spalding, 1999, p. 72).

All these Christian hierarchal expressions of spirit over body have to be seen and understood within the biblical historical context of the Augustinian time, the contexts of the social structures of Augustine’s world or the later intellectual world around the Puritans, (jumped to 17th century?) where sex, drink, food and affection were received with restraint (Spalding, 1999, p. 74).

Within the ancient patriarchal cultural contexts of the Bible, the body is read from a patriarchal interpretation especially on the female body²⁰ (Staubli, 1998, p. 9). The body was understood then as a placeholder for honour, while many modern philosophers such as Kant see the body for the purpose of knowledge (Staubli, 1998, p. 9).

3.9. Sexuality, the body and persons

According to Scully (1998:11), sexuality is more than just “our biological identity as sexually reproducing social mammals”. Sexuality entails pleasure (and due to westernisation has become respectable, especially since it is seen as good, as a gift from God and part of created nature (Scully, 1998, p. 11). Sexuality is a comprehensive matter, richer and broader for our cognitive and human experience; it goes further than just genital sex (Nelson & Longfellow, 1994, p. 8). Furthermore, our human sexuality is created by God to serve the purpose of a fully integrated spirituality (Nelson & Longfellow, 1994, p. 8). While sexuality may include desire and pleasure, it is more than this; essentially it is fundamentally who we are as body selves, human beings who experience both ‘having’ and ‘being’ bodies (Nelson & Longfellow, 1994, p. 8). Sexuality embraces our being within the world as an embodied person with biological maleness and femaleness with an

²⁰ Once again , I do understand that this statement is not made by a biblical scholar

understanding of what these genders mean (Nelson & Longfellow, 1994, p. 8). Sexuality also includes a variety of interpretations, feelings and behaviours through which we as human beings express our sensuous relationships with ourselves, the world and others (Nelson & Longfellow, 1994, p. 8).

Theologically, many Christians now believe that human sexuality includes God's gift and this gift is seen fundamentally as a divine invitation to find one another not in lust but with a deep connection (Nelson & Longfellow, 1994, p. 8). It is important for us as human beings to realise that the word "sexuality" comes from the Latin, "*sexus*" which is similar to the Latin "*secare*", meaning, "to cut or divide" (Nelson & Longfellow, 1994, p. 8). This suggests an incompleteness which seeks a connection that stretches beyond our differences and a division, meaning that sexuality is the emotional and physiological grounding of our capacities to love (Nelson & Longfellow, 1994, p. 8).

Spalding (1999:77) states that within the Christian church, the body's sexuality and sexual acts are the only things that received a lot of attention. Sex is often interconnected with sinful and dangerous views especially from a biblical, cultural and scientific perspective (Spalding, 1999, p. 77). According to Spalding (1999:78) spirituality, love and sexuality are inseparably bound together and where they all integrate, that is where Christians experience "God's intention when seeking appropriate ways of expressing pleasure in all relationship" (Spalding, 1999, p. 78). Relationships are important within sexual acts and within the Christian perspective; there is a non-verbal agreement that sexual interaction is more than just physical genital action (Spalding, 1999, p. 78).

3.9.1. Christianity and sexuality

According to Nelson (1979:236), "the church is seen as a sexual community, a community that is concerned with the sexuality of its members in a creative space but also in a destructive way". The liturgy and doctrines of a church shape the sexual ideologies and perspectives of a church community (Nelson, 1979, p.236). It's important to note that Nelson (1979:246) understand the affirmation of human sexuality as essential to a positive doctrine of the *imago Dei*, 'the image of

God in humankind'. Nelson (1979:246) sees "the insistence on human body lines as an affirmation of human transcendence, "my body is my being in the world". The image of God has often been distorted within the Christian tradition where the fullness of the image of God has often been associated with women being interpreted as evil and with male wholeness (Nelson; 1979, 246). Nelson (1979: 248) and Murphy (2006: 141) both refer to 'bodily identity', they try to explain that "a person's identity can be understood in terms of the person's own body". According to Van Huyssteen (2006: 320) "the image of God is not found in some intellectual or spiritual capacity, but in the whole embodied human being, 'body and soul'".

Many young women's sexual and personal perspectives are informed by regular church and peer relationships that can frequently hide the conditions of oppression which women are not always aware of (Sharma, 2008, p. 350). Many young women feel that they should be accountable to their church regarding their sexual decisions and sometimes feel that it is not their own but rather that their sexual self belongs to the church community (Sharma, 2008, p. 350). The only time and place the church converses about the privileges of sex are after and during a wedding. A wedding grants you the right to have sex with one person, while sex outside a marriage is off limits (Winner, 2005, p. 4). According to Winner however (2005:59), "sex is communal and Christians have an obligation to talk to each other about sexual sin".

When we look at Foucault's (1999:182) arguments about Christianity, he mentions two kinds of 'obligations', firstly: he speaks about the obligation to stay true to the faith and the Bible which many feminist theologians argue "constitute dogma". Secondly, Foucault speaks about the self, the soul and the heart, which are linked together, but the second obligation requires one to discover whom he/she is and what is happening within himself/herself (the mistakes and the temptations experiences, everyone is obligated to share and bear witness to these things and to oneself (Foucault, 1999, p. 182). Many Christians experience this as a spiritual struggle against impurity of thought, especially since their moral sexual behaviour originated and is accustomed to faith and church community.(Foucault, 1999, p. 183).

Isherwood (2000:20) states that most “Christians agree that sex is ‘natural’ and God- given”. Isherwood argues that this statement in itself is not natural and says that, “sex is a highly constructed reality reflecting the power structures of the society in which it resides”. She argues instead that sex is not God-given even though as Christians we assume God decides what is blessed and what is cursed concerning sexual expression (Isherwood, 2000, p. 20). It is hard to precisely say how much influence religion and society play on each other. Isherwood (2000: 21) however argues that both religion and society feed upon one another to ideally create patterns of liberation and freedom but in reality, they are often constraining and narrow. Isherwood begins to explain this concept further through body and sexuality, especially since these are one of the spaces in which we can either be colonized or liberated from, especially since our bodies and sexuality are only often partly our own but simultaneously can be “taken away” by patriarchy, religion, medicine and law (Isherwood, 2000, p. 21). Women’s bodies are taken away through patterns of abuse, systematic structures that oppress them and cultural laws and ideologies that actually construct the female body.

According to research, Christianity has maintained a good/ binary between body and spirit, which has had a variety of different effects, one of these effects has been the traditional Christian perception of sexuality, being a sinful experience outside of a heterosexual marriage (Martha J. Horn, 2005, p. 82). In the language of Christian theology, the embodiment is incarnation and the experience of erotic connection with God is interpreted as embodied spirituality, which is found in most Judeo- Christian tradition literature (Martha J. Horn, 2005, p. 82). Many theologians consider sensual language as an expression of spiritual experience as metaphorical in nature, an attempt to go beyond the limitations of human language (Martha J. Horn, 2005, p. 82). These metaphors express the unknown through linking two human experiences together for a deep intensity (Martha J. Horn, 2005, p. 82). Research suggests that the connection between the spiritual and sexual can be more than just language and psychology; some suggest that the changes that occur within the brain during prayer or meditation are a similar experience that occurs during sexual activity (Martha J. Horn, 2005, p. 82). This suggests that the connection between sexuality and spirituality is not just metaphorical but can result from human language limitations and that they may share a common human body connection (Martha J. Horn, 2005, p. 82)

3.9.2. Contraceptives and sexual education

With the rise of production of contraceptives, there became a division between feminist as many had different opinions and arguments for and against the use of contraceptives. Some females who argue against the use of contraceptives offered a reason, which related the biblical concept of “your body is a temple” (Isherwood, 2000, p. 144). Many of these religious females argue against the use of contraception, as it contributes to selfishness, promiscuity and lack of respect, furthermore, these woman’s argument against contraceptives are based on the idea of “losing control over their bodies” (Isherwood, 2000, p. 142). These females perceive men’s desire for heterosexual sexual intercourse as the root of their own sexuality and that the exclusion of the fear of pregnancy can lead to the reformation of sexual relations between men and women (Isherwood, 2000, p. 142).

Some Christians argue for the support of celibacy, and this ideology was reinforced by a way of life, while feminists open a discussion with this regard to unwanted pregnancy, whether inside or outside a marriage (Isherwood, 2000, p. 144). While many feminists argued for contraceptives and condoms use, as it gave women control over their fertility and sexuality, Isherwood suggest that other feminists remain against and hold “an alternative interpretation of their achievement held that they were in many respects undermining the sexual autonomy of women even further” (Isherwood,, 2000, p. 144).

What we need to take into consideration too is that with the production of contraceptive, which arguably give women more control over sexual intimacy and decision, there is a new generation that is growing up, according to Isherwood (2000, 147) who nevertheless appear to have less control over their decisions, especially regarding sexuality and sex. Isherwood (2000, 147) argues that this is the case because sexual intercourse has become routinized, socially acceptable and a social form of sexual practice and that the more refined contraception becomes, like the morning after the pill, the less there is a need to avoid pregnancy happening through the tactic of abstinence or avoiding intercourse (Isherwood,, 2000, p. 147). There is also the Christian form of union regarding sex, as for many Christians there is a specific understanding that marriage is a form of

union, which is enhanced through sexual intercourse. Many religious females argue that contraception breaks the link between lovemaking and procreation (Isherwood, 2000, p. 147).

With this in mind, there becomes a bigger need for theological communities to endorse and communicate the view that the natural joy that children have within their bodies should be enhanced and not restricted through gendered interpretations of their embodied connection. Nihinlola²¹ argues that's, "it is crucially important for young girls, to find a strong sense of embodied pleasure, especially if they want to withstand the attack of patriarchy" (Nihinlola, 2016, p. 281) and not make the female body the enemy or a kept secret (Nihinlola, 2016, p. 281). Within the theological sphere, there should be sex education programmes that celebrate the joy of awakening sexuality, this can be sensuous and empower, which engages with the whole body in celebration (Nihinlola, 2016, p. 281). Women should not just be celebrated for their procreative nature but rather women should also be seen within the capacity for pleasure, since this vast pleasure can change the world (Nihinlola, 2016, p. 281).

Contraceptives created a platform for women to take control over their body, giving women freedom of choice, regulating sex and childbirth. In relation to women diagnosed with ovarian cancer, this idea of choice may not be necessary available. The platform that contraceptives do create for women diagnosed with ovarian cancer is to take control of their sexuality, femininity and female body whichever way they choose, the feminist movement of choice in relation to contraceptives is an inclusion of women diagnose with ovarian cancer.

²¹ Dr. Ezekiel Emiola Nihinola²¹ is a theological scholar and currently the president of the Nigerian Baptist Seminary. I understand that Dr. Ezekiel Emiola Nihinola is a male theologian critically engaging from a male perspective on the female body. Throughout this research study, the views and perspectives has been female voices and this is the view through which this research has been written, but male voices and perspectives has been encouraged to create a richer research

3.9.3. Sexuality and the aftermath of ovarian cancer

After treatment of ovarian cancer, on-going sexual dysfunction is common and this encompasses a range of physical and psychological symptoms (Whicker, et al., 2017, p. 1). Many premenopausal women who receive ovarian cancer treatment experience unexpected menopausal symptoms, regardless of this, many women diagnosed with ovarian cancer report high levels of decreased pleasure and discomfort when sexually active (Whicker, et al., 2017, p. 1).

Some women report struggling with maintenance of and initiation of sexual arousal and orgasm (Whicker, et al., 2017, p. 1). Approximately 50% of women diagnosed with ovarian cancer report a decrease in libido, lack of desire for sexual intercourse, this statistic are separate from the physical symptoms experience (Whicker, et al., 2017, p. 1). It is important for physicians and doctors to place value on sexual activity and to hold appropriate interventions to ensure that ovarian cancer patients maintain a high quality of life with their sexual function (Whicker, et al., 2017, p. 1).

Research reports that there is evidence of no or little sexual information and support for women with ovarian cancer, there is especially little open communication and support about post- cancer physical and sexual changes, and the effects of treatment on body image and sexuality, psychological effects and possible relationship issues (Ussher, et al., 2013, p. 1317). Most women with ovarian cancer report that when sexuality is discussed the focus is normally on menopause, fertility, erectile functioning and contraception, where sex is constructed in a narrow hetero-centric framework (Ussher, et al., 2013, p. 1317). Due to the lack of information and narrow focus on communication, this can leave women diagnosed with ovarian cancer and their partners struggling to handle the changes that they experience, especially sexuality and the feeling of being let down by health care professions (Ussher, et al., 2013, p. 1317). Many healthcare professions recognise the sexual changes and the concerns of post- cancer patients, especially since many cancer patients reported to feeling as if their sexual needs and concerns are not authentic (Ussher, et al., 2013, p. 1317).

3.10. Reshaping the notion of liberation

The Greeks dominated the cultural community of the West. They influenced their citizens, cosmos and cities around the principals of the individual body (Isherwood, 2004, p. 275). From Plato, through to Irigaray, the body and the restriction placed upon the body have been understood as being more than personal and for this reason, moulding and control of bodies are political acts (Isherwood, 2004, p. 275). According to feminist, the feminist gaze is controlled through gender, sexualisation and racialization, with some women gaining and others not (Isherwood, 2004, p. 275). Isherwood (2004:275) reports that this is unfortunate, as sexuality is linked to the female body, there seems to be no other way out because people are led to believe that the way things are is natural, and this normative view of “natural” comes from a Christian perspective, one that is seen as divinely ordained.

3.10.1. Cultural, religious and historical influences on sexuality

Within the western world, many Christian communities continue to encourage the idea of sex only being applicable within a heterosexual marriage (Sharma, 2008, p. 345).

“What are important to the success of normative heterosexuality are the conservative gendered constructions of femininity and masculinity”. Rooted in the work of sociologist R.W Connell (1987, p. 188), ‘emphasized femininity’ is a social practice that is organised in response to men’s power and underlines obedience, understanding and nurturance as womanly qualities. It is not dominant among other femininities, but marginalises other forms and remains subordinate to hegemonic masculinity, which is always constructed in relation to subordinated masculinities as well as in relation to women. Many young women create or model a conservative femininity in their behaviour and often do this in response to certain expectations about what is appropriate, acceptable and normal female sexuality and conduct (Sharma, 2008, p. 347).

Within church contexts, monitoring women especially sexual behaviour can be interpreted as an attempt to separate young women’s identities as Christians and as embodied sexual women (Sharma, 2008, p. 347). The church creates a sense of accountability from young women, which

often reflects as a limited sexuality, which can deny the deep diversity of sexual experiences and be seen as oppressive (Sharma, 2008, p. 347). However, this kind of accountability can create a “sense of community” and serve the purpose of empowerment, offering women different contexts other than the mainstream cultures that state sexuality as essential to youth (Sharma, 2008, p. 347). This oppressive nature of accountability can be problematic to unravel for young women as their religious commitments and church community is an ecclesiastical context (Sharma, 2008, p. 347). This is especially true since there is a desire to confess one’s thoughts in relation to sexuality, such accountability is a social, religious and personal commitment (Sharma, 2008, p. 347). Many churches still insist on a chaste sexuality until a heterosexual marriage, this remains limiting with regard to sexuality especially since a church community that forms young women’s feminine identity can also prevent important self-growth with regard to sexuality (Sharma, 2008, p. 347).

Members of the church create a powerful social construction, which many women believe they have to obey which can result in harmful self-scrutiny and the policing of one another (Sharma, 2008, p. 350). A church community creates a growth in connection that can through relationships delay sexual exploration and development due to the idea of accountability (Sharma, 2008, p. 350). This negatively effects how women understand and experience sexual relationships and behaviour.

3.10.2. Where we are, where we started, and what we still need to do

Ackerman (2003:27) refers to the words of Dorothee Solle, “All true theology starts with pain, and it is concerned with the very stuff of life, our questions, our experiences of alienation, our search for meaning”. Many feminists experience women’s forms of oppression at heart (in their own lives?), which makes it essential for theologians to critically address patriarchal views that are still embedded in the 21st century which oppress women. Theological feminists are concerned on turning history around and working hard towards a better future for young girls and for the whole creation (Ackerman: 2003:32). Ackerman (2003:32) says that this “is an egalitarian and social movement that is aimed at transforming a sexist society”.

A feminist perspective Several feminists have addressed and focused on the issues of the female body, sexuality and motherhood. Within this next section, this chapter will essentially highlight and critically engage with selected feminist voices and their work and perspectives on this issue.

3.11.1. ?

Simone De Beauvoir (1949:306) states in her book, *The Second Sex*, that “[a] phenomenology of the body as lived throughout the different stages of a woman’s life”. De Beauvoir (1949: 306) says that within her own lived experience as a young girl, her body was experienced in a different way from that of young boys, especially since he was encouraged to play rough games, climb trees while young girls like her are often told to be a passive object and taught to please others. This forms the foundation of how many women experience their bodies, “as objects for another’s gaze, something which has its own origin not in anatomy but within education and surroundings” (De Beauvoir, 1949, p. 307). The problem of a living body, the female body as an object of another gaze is that it creates “an inhibited intentionality, her spontaneous movements inhibited, the exuberance of life restrained” (De Beauvoir, 1949, p. 323). De Beauvoir reflects that the way in which many women live within their bodies is an objectified way with regard to how they internalize the gaze of others and create their bodies in an objective manner for others (De Beauvoir, 1949, p. 323). When girls enter puberty, De Beauvoir (1949:333) describes this as young girl’s transformation into a source of “horror and shame”. Her changing body and menstrual blood often becomes as a source of disgust and her armpit hair is viewed as animalistic. All these negative relations to her body can continue into marriage, sexual initiation and motherhood (Beattie, 2002, p. 333).

With regard to the maternal body, De Beauvoir’s statement is quite controversial since she says that the female body “ensured by nature the pregnant woman is plant and animal, an incubator, a conscious and free individual who has become life’s passive instrument and not so much mothers” (De Beauvoir, 1949, p. 513). This statement as received a lot of criticism, especially since within the 21st century; many feminists experience their body as a source of fertility, empowerment and pleasure (De Beauvoir, 1949, p. 356). We need to keep in mind that it is important to recognise

that what De Beauvoir was offering was a descriptive phenomenology of the female body within a specific lived situation often different to today.

3.11.2. A feminist critical view on sexuality

Within the 21st century, sexual intimacy within a marriage is still within the Christian contexts considered mainly? justified for procreation (Stander, 2016, p. 77). Women's bodies can be seen as an object with the sole purpose of either the gratification of men or for childbearing (Ruether, 1974, p. 163). Women's bodies are therefore seen as an objectification and not as an individual to whom males can relate to and this objectification of women's bodies are seen as an integration of the female-male relationship (Ruether, 1974, p. 163).

This form of objectification of women can result in a relationship between women and men, which leads to three possible images in relation to women: 1) women as whores, 2) women as wives and 3) women as virgins (Ruether, 1974, p. 164). The objectification of women is experienced when women are seen as whores with an imagery of the female body as "revolting carnality" (Ruether, 1974, p. 164). Women are seen as a "temptress that lead the mind to give into fleshy desire" or as "whores who are revolting against its head and use both natural and artificial charms to deny the correct ordering between mind and body" (Ruether, 1974, p. 164).

3.11.3. A feminist engagement with womanhood and motherhood

Stearney suggests that motherhood is still seen as one of the most central and important parts of women's identity, an essential part of the female identity development (Stearney, 1994, p. 2). this term is understood as both an occupation and part of a wider social structure, while specifically childbearing is seen as the primary physical and emotional fulfilment for women (Stearney, 1994, p. 2). Many feminists point out that the central identity of women as mothers is found in the tendency to perceive childless women either as mother or failed child bearer or as a "selfish individualist who has chosen to remain childless" (Phoenix, 19991, p. 7). Research shows that the identity of a woman is shaped by her identity as mother who is, according to Plaza (1982:79), "defined by the services she gives to a child; her existence has no meaning except in relation to a child whom she must carry, bring up, attend to, serve and calm down".

Within a multicultural world, the maternal identity is a powerful means of communicating the importance of a selfless devotion and a caring relationship (Stearney, 1994, p. 3). The term ‘mother’ and female identity as mother cast a condition that characterises women as having instincts of caretaking, encompassing the female psychological capacity for self-sacrifice and limitless love (Stearney, 1994, p. 3). According to the social perspective of the archetypal ideal of motherhood, women are first and foremost mothers and this linked to their ability to both, bear children and contribute to their healthy development and growth (Stearney, 1994, p. 3). The imagery of motherhood is powerful and idealised, especially when compared to many actual experiences of raising children (Stearney, 1994, p. 3).

In the last few years, the rise of a new feminist movement united with a critique of social conditions, has started to influence the way in which women devote their time and energy into mothering (Stearney, 1994, p. 3). This has led to women’s identity expanding; shaped by marrying later, access to abortion and the wider use of contraceptives (Stearney, 1994, p. 3). Regardless of this, Ireland suggests the ideology of motherhood remains universally relevant, as there is little to no recognition for women without children, within the media, academic studies and everyday conversations (Ireland, 1993, p. 1). According to Ireland (1993:1), “it is still nearly impossible to think of a woman not being a mother without the spectre of absence” (Ireland, 1993, p. 1). Feminists have started to theorise and critically engage with the ideology of motherhood, through focusing on the maternal ideal as part of women’s source of oppression and listening to the experiences of mothering as a complex and ambiguous experience (Stearney, 1994, p. 3). One of the first things the feminist movement did was to detangle motherhood from the perspective of being “natural” part of women and to understand it as a social, economic and historical construction and a socially specific experience (Stearney, 1994, p. 3). Between the year 1963 and 1980’s, (2nd wave) many feminists understood the term motherhood as a description constructed by patriarchy and used to romanticize the experiences of mothering and to make motherhood a required role (Stearney, 1994, p. 3).

Simone De Beauvoir was one of the first feminists to address and critically analyse the term motherhood as women's oppression, ironically²² Stearney suggests this is done at times through devaluing actual mothers (Stearney, 1994, p. 3). This set the stage for a focus on motherhood from a political lens and exploring it as a form of social control, this feminine critique considered women as individuals and arguably dismissed the notion of motherhood as the "ultimate fulfilment for white middle-class women" (Stearney, 1994, p. 3).

The importance of women has however started to move beyond the family, political power and economics, Firestone mentions that many feminists have examined motherhood through a patriarchal lens and concluded that "men's social and economic power is depended on the construction of a desire on women's part to have children" (Firestone, 1970, p. 199). Within our present western world, women are endangered if they try to come out publically against motherhood, Firestone says that , "Until the taboo is lifted, until the decision not to have children or not to have them naturally is at least as legitimate as traditional childbearing, women are as good as forced into their female roles" (Firestone, 1970, pp. 199-200).The feminist Firestone was the first to speak critically against the taboo about motherhood, she questioned the ideology of women's natural desire to mother and her concerned was emphasised within the female body, women and pregnancy (Stearney, 1994, p. 4). The social world at large made women believe that ultimate fulfilment is achieved through their reproductive function and at the same time discouraging women within the work world (Stearney, 1994, p. 4).

Within the 1970's, feminist critiques were developed that described women's emotional, social and psychological experience of mothering and in doing this, separated motherhood from the patriarchal contexts (Stearney, 1994, p. 4). Rich emphasis the difference between the institution of motherhood and her own political, social and psychological experience of motherhood, while other feminists focused on developing a deeper understanding of the commitment that mothers embody within oppressive circumstances (Stuart, 2000, p. 4).Many feminists have critically analysed the

²² As mentioned earlier in 3.11.1

meaning and understanding of motherhood as a “specific experience that defied attempts at universal definition and functioned to maintain social control” (Stearney, 1994, p. 4).

Winnicott argues that psychologically women were urged to return to “the proper sphere of women by presenting an image of the mother as submerged in the mother-child dyad and who loves to lose herself by the baby’s whole world” (Winnicott, 1973, p. 88). Plaza critiques Winnicott and points to ‘the scheme of the maternal’ when referring to Winnicott’s comment that says, “this is a form of madness that only a woman can have, the woman defining herself by her capacity for an abandonment of self” (Plaza, 1982, p. 83).

Feminist research shows that there is a huge complexity of the mother-child relationship; this depicts women as a powerful presence but at the same time also as an object instead of a subject (Stearney, 1994, p. 4). Plaza and many other feminists agree that there is a great need to dismantle the assumption that “motherhood is a natural desire of women”, but many feminists argue about the extent to which social norms influence women themselves, especially a patriarchal institution/notion of motherhood (Plaza, 1982, p. 83). Carol Gilligan understands the term women as relating to being caring, empathic and connecting with others, she understands this as a strength of difference and a potential source of feminist ethics (Gilligan, 1982, p. 2). Gilligan’s work points to the notion that motherhood and these capacities form part of a social relation since they are present within a social context where factors of power and social status are combined with reproductive biology (Gilligan, 1982, p. 2). When we think of these notions, we realize that as women we are not truly free until we all are free, this can be understood as freedom within motherhood which means that women can freely choose to have children or not (Stearney, 1994, p. 4). After decades of feminist critical engagement, research has showed an alternative perspective on mothering, this spoke for women, served their needs and created a new reality for women (Stearney, 1994, p. 4).

All these feminist critiques attempt to distinguish between mothers and women. There is no difference between mothering as a lived experience and motherhood as an ideology but we need to realize that motherhood is not an aspirational standard for all women (Stearney, 1994, p. 5).

Contemporary feminism has two contradictory positions with regard to motherhood. The first position is to re-evaluate the role of a mother and encourage a feminist ethic of mothering, while the other deeper perspective is to analyse the underlying assumption of mothers as primary caregivers and that motherhood is essential within all women's lives (Stearney, 1994, p. 5).

Many women who choose to have children can feel devalued by feminist critique on motherhood especially since these feminists wish to celebrate in the de-valuation of nurturing and caretaking as well (Stearney, 1994, p. 5). Then those who do not want children, but at the same time want motherhood to be a partial aspect of their life can feel guilt ridden by feminists and the patriarchal culture especially since some cultural feminists state that, "women are natural mothers and women who are not mothers are unnatural" (Stearney, 1994, p. 5). Within the last few years, many feminists have analysed that motherhood as a political agenda is no longer a key concept and it has been replaced by "the resurrection of maternal ideals within the feminism and culture at large" (Stearney, 1994, p. 6).

3.11. Motherhood

Motherhood is defined as "a set of behaviours, expectations and responsibilities that constitute culturally defined kinship roles" (Chigumira, 2011, p. 134). The care for children can be identified as significant as women's birthing process; many scholars note that women who have not given birth achieve motherhood through adoption, surrogate or upbringing children of their relatives (Sudarkasa, 2004, p. 2). According to Sudarkasa, these forms of motherhood take the obligation of educating, launching and rearing the careers for children, she states that the respect due to such mothers is not diminished (Sudarkasa, 2004, p. 20).

Motherhood within an African culture²³ also means communal mothering, especially since African motherhood is typically placed within a firm family structure (Sudarkasa, 2004, p. 20). This

²³ This is a general African culture notion within a westernized African context.

motherhood ordinary involves a network of women within the community taking a collective responsibility to help raise their children (Sudarkasa, 2004, p. 20). The common statement that says, “It takes a village to raise a child” is deeply rooted in African cultural practices. Akosua Ampofo agrees with the previous statement and says that, “the experience of being mothered as a child by a whole community and taking responsibility creates an ethic of caring and advocacy for a collective good” (Ampofo, 2012, p. 10).

Due to this notion of motherhood as tied to communal responsibility, there is no term within an African culture that uniquely designates the birth mother, which discourages any distinction between a biological mother and communal motherhood (Chigumira, 2011, p. 134). Chigumira says that, ‘the biological motherhood and communal motherhood do not contradict but overlap’ (Chigumira, 2011, p. 134).

When we think about African cultural notions of motherhood, we see that there is no difference between biological mothers and motherhood; instead there are encouragements for communal responsibility for raising their children. Within the western world, the concept of motherhood has created an enormous pressure for women; this pressure creates the idea of fulfilment within motherhood, which makes it hard for prevention of infection (Rabenoro, 2003, p. 8). The pressure of motherhood can also limit women’s alternatives with regard to their life and career; many teenage girls leave their career prospective behind for starting a family (Chigumira, 2011, p. 137). Biological determinism suggests that it is the woman’s responsibility to raise and take care of the children while many men leave the upbringing of children to mother. According to research, some men believe that infertility is a good enough reason for a man to divorce his wife or to get another one (Chigumira, 2011, p. 137).

Within social construction theory, a social construction such as motherhood is often still re-affirmed and maintained and with the rise in feminist movements and theology women within

South Africa can learn from the idea that gender roles are not inevitable but are instead a product of social forces (Chigumira, 2011, p. 137). Within De Beauvoir's book, 'The Second Sex', (1994, 514) she argues against the naturalism of wifedom and motherhood practices by Southern African and the social construction, which seems inevitable (Chigumira, 2011, p. 137). The social construction of motherhood excludes women who are infertile and cannot experience mothering, which creates social identity and femininity difference between women.

3.12.1. The loss of motherhood

According to Serene Jones' research on grief literature, infertility is defined as "a biological condition in which conception cannot take place" (Jones, 2009, p. 130). This description is helpful but this research discusses the emotional and psychological journey, women with ovarian cancer experience, as women who want to have their own biological children but no longer can, who are biologically unable to do so. Research reports, that due to treatment and surgical procedures, many women with ovarian cancer experience their bodily inability as a failure, "a loss of a potential child they hoped for and expected" (Jones, 2009, p. 130). Within this section, the research will focus only on women with ovarian cancer, who become infertile and experience grief at the death of this hope.

The grief experience of infertility is normally socially associated; shaped and connected by cultural contexts and social ideologies (Jones, 2009, p. 132). This cultural relation happens within many levels, from feminists working on the topic of motherhood, to helping us to understand the close feminine identity related to bearing children and the sense of failure associated with infertility because of the powerful cultural association about the value of motherhood (Jones, 2009, p. 132). To grow up as a woman within this social culture creates not only a huge amount of pressure for women but increase the social discrimination against women diagnosed with ovarian cancer. This is especially true, since to grow up a woman in this culture is to grow up in terms of a gendered identity where one's body is assessed in terms of the capacity to bear and give life, to be a mother (Jones, 2009, p. 132). Serene Jones argues that within the 21st century there is still the assumption that to be a "full women", one needs to be able to bear children (Jones, 2009, p. 132) this

assumption takes on different forms depending on one's social location which can influence one's self- understanding.

With the empowerment of feminism, women now have more power and choice. However regardless of this, the theological dominance and social pull towards the unconscious expectation of bearing and raising your own biological children is strong and it is continually reinforced by dominating theological and social images of women as mothers (Jones, 2009, p. 132). Within a societal cultural contexts, being a woman diagnosed with ovarian cancer and experiencing one's body as attacking your social and theological desires, can be compared to seeing your female body as "a social failure and to view hopes that were tied to your body as a failure as well" (Jones, 2009, p. 133).

When we think of the social identity of a woman, two words are constructed around the description of women. Motherhood and reproduction are two main challenges faced by women diagnosed with ovarian cancer, as well as death especially since emotionally they feel like they have failed as a woman (With these feeling of failure, the "just theory" comes into play as; women go over their daily routines, actions and thought, constantly wondering what they did to deserve this. The theodicy question comes into play, "is God punishing me?" what have I done in my past to serve this? Medically, women suffering from infertility because of ovarian cancer treatment and surgery, the loss of trust and integrity within the body results in the invasion of the body by medical technologies and medical practitioners (Jones, 2009, p. 138).

Serene Jones says that within our society, we do not have vivid images of women that carry death within them, and because of this, society often addresses women who know such loss with merely silence and pity. In relation to ovarian cancer, the cancer illness is killing the life of 'the other', ovarian cancer ill women ask the question as to "why their bodies are rejecting something they desire to have" and this thought is so normative since we live in a society that encourages maternal care and motherhood (Jones, 2009, p. 139).

According to Jones, these suffering women can experience themselves as an agent in four ways, First, she describes it as “a woman grieving reproductive loss knows herself as powerless to stop it and yet guilty for her perceived failure” (Jones, 2009, p. 139). The second way is as “her hope dies; she also becomes a self without a future” (Jones, 2009, p. 139). Third, “she is a self whose borders are fluid, a self-undone” and last, Jones describes the infertility of a woman as “she is the anti-maternal self who does not give life, she takes it away” (Jones, 2009, p. 139). These four concepts of grief and infertility create an imagery of suffering that calls feminist theologians to respond. Sociologically Letherby addresses the issue of motherhood and infertility as a relationship. When looking at the relationship between infertility and involuntary childlessness, the issue of the self, draws on social identity (Letherby, 2002, p. 281). According to social identity theory, one’s identity rests on the method of social comparison, where one evaluates your own abilities and achievements in comparison to others with regard to social encounter (Letherby, 2002, p. 281). With regard to this argument, many scholars state that women are still seen as the disadvantaged gender group; this perception is derived from social identity comparisons with men (Letherby, 2002, p. 281). We do not only have to consider the differences between men and women but we need to consider the differences amongst women, mostly since some women have power positions over others (Letherby, 2002, p. 281). In line with this regard, studies show that motherhood for many women is viewed as equal with achieving full womanhood/adulthood, thus then will make infertility and childless women seem less and as a key comparison between women and themselves (Letherby, 2002, p. 281).

Within the experience of childlessness and infertility, this is one of the many cases where men and women lives intersect in some way, especially if it is a married couple, the male’s identity will most likely also affected by this experience (Letherby, 2002, p. 281). This wider negative experience and feelings can also be identified as supporting the view of infertility as making a woman less than a whole, which has been the dominant viewpoint within many social spheres and the media (Letherby, 2002, p. 281). Studies have shown that many women who are barren or infertile can experience a sense of desperation, they do not only focus on the biological and medical aspect but also on the social experience of motherhood that they are missing out on. Many scholars and studies reduce infertility and involuntarily childless women as “desperate people that are now

reduced to a complex set of changing emotions and needs that only leads to a single negative word and image” (Letherby, 2002, p. 282). We need to keep in mind that the experiences of women are personal and interconnected with social identity as multi-faceted and that these experiences do change and shift depending on circumstances within women’s lives (Letherby, 2002, p. 282).

If motherhood is valued rhetorically as success then non-motherhood would be deemed as lesser, some studies even view women who achieve motherhood in unconventional ways²⁴ within the medical, social and feminist contexts as ‘unnatural’ or ‘problematic’ (Letherby, 2002, p. 285). If we take a step further, we see that medical science encourages infertile women to seek biological medical treatment and solutions to social problems and expectations (Letherby, 2002, p. 285). In this regard, the dominant expectations of women, the social pressure of biological identical children and the power of medical science become interconnected and encourage each other. Within feminist thinking, many women have been viewed as ‘the other’ in relation to the male normative world. When we take this theme a step further we see that many feminists see infertile women or mothers who achieve motherhood in an unconventional way as ‘the other’ , ‘other’ to the “womanly feminine ideal” (Letherby, 2002, p. 285).

While, feminist scholars have challenged the idea of motherhood, some women still experience the moment of becoming a mother as “the full reality of what it means to be a woman in society” (Letherby, 2002, p. 286). This is a limited approach to such a rich and complex topic, especially since this ideology encourages the view of non-mothers as not being full women or feminine, which neglects the complex options and way in which motherhood can be achieved (Letherby, 2002, p. 286). It is important to realize that it is impossible to decide when to have a child, one can only choose when not to have a child and this decision is only an option for a minority of women. Traditionally feminist thinking woman still defines ‘the other’ in relation to infertile women and

²⁴ Through adoption , sperm donor or surrogate

non-mothers which leads to the feeling of ‘the other’ as the less feminine ideal (De Beauvoir, 1949, p. 18) (Letherby, 2002, p. 268).

Further, research suggests that individuals who are not parents or women who have not achieved motherhood feel uncomfortable and unusual within a society that values the idea of motherhood closely linked to the feminine status (Letherby, 2002, p. 369). Majority of women confess that this perspective of motherhood has negatively affected their self-image and their relationship with others especially since according to research societal expectations does affect an individual’s views of parenthood, motherhood and family identity (Letherby, 1990, p. 369). For many women within this position, dealing with ovarian cancer is an emotional and medical burden but with ovarian cancer, many women have to deal with infertility and coping with an identity, which is different from another woman. This leads to dealing with a considerable amount of emotional self-management and often women have to deal with other negative emotions as well, especially husbands (Letherby, 1990, p. 369). For this reason, it is essential to place emphasis and consideration on non-motherhood and infertile women as a central feminist analysis, as Letherby mentions, it is an important contribution to any political and theoretical discussion (Letherby, 1990, p. 369).

3.12.2. Social stigma and motherhood

According to research by Letherby, women who do not have children, whether it is voluntarily or non-voluntarily, are often identified as “the other” and most times women who are infertile are received with pity and an attribute of selfishness may be placed on women who voluntarily choose to be childless (Letherby & Williams, 1999, p. 719). Women who are childless due to infertility have to endure ongoing social stigma that comes with cancer and the social expectation of motherhood.

The female body moves from belonging to a living person to being an agent of ovarian cancer, the female body becomes part of a medical chart and the patient story is conceived in the intersection of scientific medicine and the symptoms of the ovarian cancer illness (Sigurdson, 2015, p. 13).

Western feminist argues that maternal experience was determined by patriarchal culture and ideology (Isherwood, 2000, p. 22). Art, medicine, psychoanalysis and religion were considered the locks of male power, which objectified mother and disregarded the female body and experience (Isherwood, 2000, p. 22). Feminist activist participated in public life, arguing that motherhood is not essential to women, nor is it necessary for a women's fulfilment (Okure, 1995, p. 198). Simon de Beauvoir argues within her book, *The Second Sex*, that there is a link between "childbearing and childbearing as socially manipulative and undergirding social practices which limit women's possibilities to the domestic sphere, and which serve to exclude and restrict women from entering into the public domain" (De Beauvoir, 1949, p. 128). Instead, feminist theologians argue to liberate motherhood from the conventional family structures and create space for women to choose alternative identities and demystify social pressures of mothering roles, which were created to control women's bodies and energy (Chigumira, 2011, p. 128).

Within the feminist movement, theologians have started to use the Marian figure to liberate themselves from destructive constructions of patriarchal interpretations of motherhood through applying their own understandings of Mary to liberate them from oppressive formulations (Chigumira, 2011, p. 129). According to studies within the more progressive western cultures, motherhood is seen as important for women's identity but there is a lot of reinterpretation with regard to motherhood and womanhood. Within the African cultures, motherhood is celebrated as central to femininity and women's identity (Chigumira, 2011, p. 129).

3.12.3. Motherhood within West African contexts

For African women, motherhood plays an essential part of their culture and identity as women. Even though motherhood is essential, feminist theologian Oduyoye argues that the concepts of women who are sexually active are destined within, a marriage to conform and limit themselves within some African traditional structures to reproductive purposes is unrealistic (Chigumira, 2011, p. 210).

Within West African traditions, the marriage agreement is a process that excludes women, it is a hand over ownership from the father to the husband and men usually have the power that

dominates women within the African tradition (Chigumira, 2011, p. 210). Some West African feminists have questioned the traditional marriage, especially since women do not want to marry into something they cannot escape. Joy Kwesiga states that we should rather start raising little girls to question the tradition of moving from one man's rule to another; we should educate girls on freedom (Kwesiga, 2002, p. 18).

Mojubaolu Okome speaks on the impacts colonialism and Christianity had on the African understanding of motherhood, she argues as an African feminist that matriarchy was the leading ethos of socio-political organisation and played an essential role in moral life within Africa (Okome, 1999, p. 7). For Okome, the historical social setting should be the empowerment of modern African women especially since motherhood still plays a central role within African women's position in reclaiming power and self-definition (Okome, 1999, p. 7). Okome believes that within the western world that modern African women can converse the gender obstructions, which led to suffering during the colonialism by drawing on past structures and through models of women's empowerment (Okome, 1999, p. 7). This argument of Okome focuses on the fact that past mothers exercises power "as wives, grandmothers, political officials, religious leaders and mother-in-laws" (Okome, 1999, p. 7) and many of these traditional power was enjoyed by women as mothers (Oduyoye, 2001, p. 51).

Oduyoye argues that within the African contexts, the traditional way of life is linked closely to religious beliefs to the extent that there is an interdependence of religion and culture (Oduyoye, 2001, p. 25). The African religion and tradition create a holistic view of life, which enables one to understand their status and identity and to accept beliefs that explain prevailing conditions (Oduyoye, 2001, p. 25). a western African religion teaches one how to survive and thrive within the world in which one is placed, this religion shapes the social, political and moral and even economic aspects which explains the heavy moral weight which is placed on African woman's shoulders with regard to motherhood (Oduyoye, 2001, p. 25)

3.12.4. Motherism

One of the prominent depictions of African feminism is the term “motherism” which has recently been developed in former British colonies, mainly Sudan, Zimbabwe and Nigeria as Africa’s substitute for western feminism (Mutangadura, 2005, p. 368). The term motherism essentially see women as mothers, but this term incorporates an African feminist basic, which is centre on motherhood within African philosophy and how to maintain harmony within African families (Chigumira, 2011, p. 131). African feminists argues that motherhood has always been rooted within African art, culture, traditions and literature and for most African women, there is “no greater public institution than motherhood” especially since the whole African community interprets it as essential and invest in motherhood (Chigumira, 2011, p. 131).

For many African women, their identity is centred on the classification of “mother” and the “mother-focused unit” (Chigumira, 2011, p. 131). African female power is derived from the divine importance of motherhood, especially since motherhood constitutes “the main difference between the historical experience of African women and those of European women” (Amadium, 2000, p. 10). For Oyeronke Oyewumin, “mother is the preferred and cherished self- identity of many African women” (Oyewumi, 2000, p. 1094). Motherhood is in itself a position of power and authority, Oyewumin argues that , “the model of motherhood is absolutely natural especially since it binds women together in a collective experience of childbearing and mothering of children and consequently the nurturing of community” (Oyewumi, 2012, p. 2).

3.12. The need to listen to the voices of suffering women

Voicelessness, according to Audre Lorde is someone who remains silent and this person is never a whole person (Lorde, 1984, p. 42). With this argument, women who remain silent are not fully human, for to be human is to be able to express one’s feelings and central concerns (Lorde, 1984, p. 40). Lorde takes this a step further and says, “She/he believes that the truth comes from other seven truths about their own identity, expectations and fears” (Lorde, 1984, p. 40).

Beattie says “to be born a woman is to confront a double evil: the natural evil such as death and the evil of structural sin and androcentric privilege which normally results in the exploitation and oppression of women” (Beattie, 2002, p. 4). Women in the past were unable to play significant roles within society due to colonization and religion having key roles for women to play only (Ayanga, 2016, p. 2). Motherhood in the past meant power, it is now experienced as a burden, especially since in formerly motherhood and the economy were not mutually exclusive it is now as Africa becomes more westernized (Ayanga, 2016, p. 2). Women being depicted as the weaker sex became the norm, which use to be the most important privilege (motherhood) use to be most women’s claim to power, has no become irrelevant due to the separation between the private and public sphere (Ayanga, 2016, p. 2).

3.13. Mary as mother

Mary’s importance within the Christian religion and history begins in her role as as an Israelite girl to the mother of Jesus Christ and develops into the ideal member of Christ’s body and/as the church. Mary has been a friend of sinners, held a maternal authority of Jesus and reflects a noble woman who pleads for her son (Chigumira, 2011, p. 138).

Within the Bible, Mary might have been depicted as the softer side of God, therefore weak but arguably, Mary has had the highest hierarchal position as a woman and was the most competent in influencing human beings to be morally correct (Nauman, 2010, p. 68). Mary’s status has attracted mostly fellow women, especially mothers. In Southern Africa today, Mary plays an essential role within womanhood especially motherhood (Chigumira, 2011, p. 138). This is essential, as many African’s relationships with their mothers are strong because of the identification of Mary as a mother, she is mostly known as ‘Mama Maria’ and within her role as mother. Mary is seen as the closest person to the trinity (Chigumira, 2011, p. 138).

Althaus-Reid says that, “Mary’s motherhood has been used as a tool for women’s subservience” (Althaus-Reid, 2006, p. 80) while other scholars argue that, because Mary is so pure, so tied to the image of motherhood she cannot be a model for sexually active women but rather is indirectly a force for disgrace (Chigumira, 2011, p. 139). For other scholars like Anne Carr however, Mary

was interpreted as the perfect image of womanhood and that meant within the Christian tradition motherhood too and motherhood became the essence of women's purpose in life (Carr, 1996, p. 189).

Simone de Beauvoir argued that 'for the first time in human history the mother kneels before her son: she accepts her inferiority' (De Beauvoir, 1949, p. 160). This, for de Beauvoir, depicted supreme masculine victory that is covered in the cult of the virgin and many other women protest that Mary's imagery of Virgin and mother is impossible and ultimately limits women as it is unattainable (Chigumira, 2011, p. 139). In Luke 11:27, it says the following: "Blessed is the womb that bore you and the breast on which you sucked".

According to Chigumira (2001, 140), this biblical scripture is linked to Mary's motherhood, the blessing and Christendom encouraged many women to see Mary's motherhood as inspirational despite the negative impact it can have on women, especially those who are infertile (Chigumira, 2011, p. 140).

Mary's motherhood came with fame as well, her motherhood made her a model and especially for other mothers. This becomes evident within African traditions, when a child excels this achievement is reflected back to the parents and as the mother, she receives an increase in honour and social status (Chigumira, 2011, p. 140). Mary is the epitome of motherhood and when African women seek an image of motherhood, Mary becomes the model and many African women pay close attention to detail to learn from her (Chigumira, 2011, p. 140).

3.14.1 Mary and the female body

Isherwood and Stuart state that the moment Mary decided to give birth to Jesus; the female body became a location of revelation and redemptive action (Stuart, 2000, p. 11). ²⁵Beattie says that the

²⁵ Within Beattie's book, with regard to "Marian Spirituality", Beattie says that Mary had the freedom to say no to God and if she did she would be a lesser figure than Eve, who was created with the freedom to disobey (Beattie, 2002, p. 99).

Marian spirituality has the power to express the joy of a renewed and redeemed creation, “as the one chosen to speak on behalf of all humankind in freely saying yes, Mary affirms the authority, holiness and dignity of women before God” (Beattie, 2002, p. 99).

According to Isherwood, there are four different bodies: firstly, the physical or individual, which is the lived, experience of the body as self. Secondly; the social, is a representational use of the body as a symbol of nature. Thirdly, the political that involves the regulation and control of the body and then lastly, the divine, which is the feminist subversive body (Isherwood, 2000, p. 22). This understanding of the body is seen as western, while African feminist understands the body as either falling between body theology²⁶ and radical feminist theology (Chigumira, 2011, p. 209).

Pope John Paul II views the female body within the bounds of Christian traditionalist body theology, which views the female body as grounded in motherly nature (Chigumira, 2011, p. 209). For the pope, this maternal nature differentiates women from men, especially since it is physically visible in motherhood, the pope and as many Christians, interpret the purpose of the female body sex organs as being design for fulfilling the purpose of motherhood (Chigumira, 2011, p. 209). “The whole exterior constitution of woman’s body is in close union with motherhood” (Chigumira, 2011, p. 209). Many Christians and church leaders view the modern world as “lost’ as men as women objectify one another in sexual relationships and the pope believes that “women hold the key to social transformation and that a greater presence of women within society will enable systems to redesign for the good of humanity” (Chigumira, 2011, p. 210).

On the other end of the spectrum, feminist body theology views the body as for pleasure and as subversive against the patriarchal status quo (Chigumira, 2011, p. 210). Theologians like Lisa Isherwood challenges gendered relationship and argue that they need to change through defying the boundaries that reinforce patriarchal institutions (Isherwood, 2008, p. 121). Isherwood also

argues against biological essentialism as for her the body is offering bodily performance “which resist the social dictates of sexual and gendered behaviour” (Isherwood, 2008, p. 121).

Johnson and Isherwood agree that women’s bodies are important for revelation and for the transformation of the world, however, Isherwood (200, p11) states “that patriarchal traditional notions of Mary’s body have been idealised which resulted in women not having their own life and offer no real life to women”. ²⁷Isherwood describes Mary as a “women with breast that has been raped so continually and constantly by patriarchy that in place of a vagina she is now depicted with a phallus” (Isherwood, 2008, p. 121). Isherwood argues that the only way Mary could be used for empowering women is through giving her back her human flesh and vagina (Isherwood, 2008, p. 121). Another scholar such as Althaus-Reid states, “Mary is not a real woman but a ‘gas- like substance’ or a fairy tale of a woman (Althaus-Reid, 2000, p. 39). Many feminist scholars says that for Mary to help empower women she first needs to be “undressed and her sexual organs openly exposed to illustrate the illusiveness of her” (Althaus-Reid, 2000, p. 39). Althaus-Reid and Isherwood both seek to “indecently undress Mary and to expose her sexual organs” (Althaus-Reid, 2000, p. 73) and this argument is received likely by many southern African women, where Mary is seen as a mother and where motherhood is essentially sacred (Althaus-Reid, 2000, p. 73). Even though culturally, African is conservative, especially with regard to sexual exposure of the body, this reinterpretation of Mary’s body creates a freedom for the female body (Chigumira, 2011, p. 212)

3.14. Conclusion

In this chapter, the research engaged in the work of Lisa Isherwood and Gayle Letherby on the concepts of feminist engagement with sexuality, childbirth, childlessness and body theology. Isherwood engages on these topics through a theological feminist perspective while Letherby approaches these social issues through a sociologist perspective. Therefore, the focus on body

²⁷ Isherwood describes and argues that we can no longer see Mary without picturing her raped and patriarchy has to stop removing her sexual organs for their own purpose (Isherwood, 2000, p. 11).

theology within this chapter helped to shape the important role the female body plays within our social world and helped to introduce the themes of sexuality, disabled body and the role of motherhood.

These themes are important and we need to address it especially since the Western world in particular and especially in South African the standard of beauty and femininity for women highly and it is constantly being reformed and challenged to fit the patriarchal systems standard of female beauty. Women like Serena and Venus Williams, Caster Semenya, Saartjie Baartman are all coloured public female bodies that have experienced judgement, oppression and receive criticism because of “difference” in regard to their bodies. These women’s bodies were constantly challenged, criticised and objectified by the western and patriarchal standards of female beauty, femininity and sexuality which is rooted within the historical texts of the Bible, based on the perceptions of church fathers. If this is the perspective and the standard to which we measure what it means to be a “full women” then what about women with ovarian cancer, women suffering due to an illness that strips away their reproductive organs, their womanhood, femininity and sexuality? How do we as a Christian community help these women on their cancer journey?

Within the next chapter, these core concerns and questions will be explored from the perspective of theology and the Christian church’s duty and role. Nelson (1979:261) says that “when sexuality gets trivialised, one fails to recognise the intricate, subtle and far-reaching ways in which it permeates current social issues”. The irony in all of this is the fact that these issues are over 70 years old but still continue to play a significant role in the 21st century

Chapter 4 A theological lens

4.1. Introduction

This chapter will discuss the experiences of women within the contemporary social contexts, autonomy experiences and tradition in relation to womanhood and motherhood. The differentiation between motherhood and womanhood in relation to reproduction will help to engage with a body theological lens as a way to view women diagnosed with ovarian cancer.

The discussion of the chapter begins with the social construction and stigmatisation of motherhood which will enable a process of intersectionality and discussion with a normative church view on female bodies, procreation and the use of contraceptives. The main concern within this chapter is to focus on the idea of ‘normal reproduction’ as a social construction, with a specific focus on the motives of reproductive categorises and differentiation in sociological perspectives. There has been a neglect in churches addressing motherhood and reproduction from an illness viewpoint. This chapter argues from a feminist theological perspective that there has been an encouragement to take normative ideologies of reproduction and attach these meanings to the assumption that it is part of the natural order (Macintyre, 1991, p. 1)

This chapter outlines childlessness and argues that there is a social construction on the female identity as woman and mother, especially when women are childless. The study encourages to expand on a feminist perspective on infertility and the role churches can possibly play to create a safe space for women who are childless or infertile. For western women, being able to have control over their fertility through the use of contraception means spending less of their lives pregnant or bearing children. With wider social change, motherhood ideologies have changed tremendously, this leads to the increase in women’s decision and power which gives rise to new femininity discussions and challenges within motherhood (Gillespie, 2000, p. 224).

4.2. Stigma, intersectionality, and contextual risk

Within South Africa women experience and live their lives against a context of cultural and personal assumptions, the assumption that all women want to be mothers and that motherhood is a woman’s final form of adulthood, a natural consequence of marriage (Letherby, 1994, p. 525).

Through the years, psychological and sociological research has started to focus and recognise the role of children within women’s lives and the complexity of reproducing societal assumptions with regard to women deriving their identity from relationships, particularly from motherhood (Letherby, 1994, p. 525). Letherby (1994, 525) says that “as women, we are constantly bombarded with the ‘natural question’ of ‘how many children do you have’ this question depicts the social attitudes and institutionalized assumptions people make with regard to women’s role within

society”. According to sociological research, the assumption is that women, who do not have children, mother or are expected to mother to others through teaching, nursing or through the family as an aunt, sister or partner (Letherby, 1994, p. 525).

4.3. What is ‘normal’ reproduction?

Within the Christian community, the theological understanding of reproduction has been deemed as natural and as a gift from God, therefore researchers have not given it much theoretical attention. Some theories of reproduction focused on the concept of maternal instinct, which implies that human beings, especially women all want to have babies or have an instinctual drive towards reproduction. This drive creates the assumption that pregnancy is normal, that childbearing is a woman’s highest and basic function (Macintyre, 1991, p. 2). Some sociologist claims that the universality belief of maternal instinct, both historically and cross-culturally is embedded in the female body. Theorists argue that if reproduction is interpreted as normal and the concept of maternal instinct is incorporated into our everyday life then in some way reproduction does not need to be examined or explained (Macintyre, 1991, p. 2). Since this is the position of most, what needs to be explained is not the acceptance of individual’s idea of the normative order but the social bases of the construction of ‘the maternal instinct’ (Macintyre, 1991, p. 2).

4.4. Sexuality in relation to motherhood

The meaning of sexuality within a Christian and religious context has been discussed in the previous chapter. This chapter will examine sexuality in connection with motherhood.

Sexuality is understood as sexual identity, gender, sexual desire and sexual orientation which is embedded together as an individual’s sexual subjectivity within society (Fried, 2014, p. 273). According to Fried (2014:274), sexuality is affected by social experiences of class, culture, community, and race as well as social location. The understanding of the body and self is shaped by socio-economic, political and cultural contexts, discourses around these political issues have intersected with discussions about women’s human rights and reproductive rights regarding sexual orientation (Fried, 2014, p. 274). Majority of those who oppose to the affirmations of women’s

human rights to sexuality often shape their concerns in terms of opposing the right to choose one's sexual partner and the starting of families (Fried, 2014, p. 274).

Women are female human beings before they are mothers, and not all women become mothers (Mokobocho-Mohlakoana, 2008, p. 62). Women and sexuality are problematic already on its own but in connection with womanhood, and motherhood the layer of sexuality oppression makes it more complex (Mokobocho-Mohlakoana, 2008, p. 62). According to Madunagu (2007:3), "glorification of women as mothers restricts female expression of sexual activity except for procreation". Within the Lesotho society, a woman's status is connected to the number of children she births and her capability to hold onto a man (Mokobocho-Mohlakoana, 2008, p. 62). Mohlakoana says that, "being a mother becomes a systematic institution rather than a personal responsibility" (Mokobocho-Mohlakoana, 2008, p. 62).

According to McFadden (2003:1), "across almost all societies, the notions of pleasure and choice are rarely mentioned as being among the most contentious aspects of human sexuality, particularly female sexuality". For an African woman, the idea or even mention of sexual pleasure have a political implication and McFadden (2003:1) says that sexuality and eroticism are rarely recognised as fundamental for a wholesome lifestyle. Consequently, this leads to women never experiencing the freedom to express themselves sexually (McFadden, 2003, p. 1).

The debates and arguments around motherhood in connection with sexuality is a vital point in women's experiences (Mokobocho-Mohlakoana, 2008, p. 63). It's important to realize that a woman's understanding of motherhood begins and takes shape at a young age, girls are indoctrinated into a 'good mother' (Mokobocho-Mohlakoana, 2008, p. 63). These initiation practices encompass the way girls are taught to behave, view life and these perspectives are controlled by religious doctrines, communities and family, especially by women around these young girls (Mokobocho-Mohlakoana, 2008, p. 63). Mohlakoana (2008:63) mentions that this "control of sexuality increases exponentially with motherhood".

Hegel in Fried (2014:274) takes on a different approach and argues that childless female selves are isolated from one another, “disrupted by and subordinated to the habits of others, and dissolved in their work of caring for others as opposed to the male selves who are generally characterised by freedom, conceptual thought and volition and more internalised interrelatedness with others”. In terms of public and socio-political contexts, the female body remains a woman’s only means of self-representation especially since according to Hegel’s ethical life, “a woman embodies what is considered to be the other to the politics of body and her body repeats and intensifies its difference in contrast to the will represented by the body of the community” (Fried, 2014, p. 274).

Diprose says that because of the incomplete formation of the self, women return back to their bodies, normally sexually as it serves as a representation of her whole self (Diprose, 1994: 61). For women, the body is seen as something “other than herself” mostly because women are reduced to their body, “but without the means of projecting herself, transcending herself and distinguishing herself from the other” (De Beauvoir, 1997:61). De Beauvoir (1997:61) states that the female body is understood as the sign “for that which cannot be incorporated into the body politic” which emphasises the extent in which women are alienated within an ethos that is based on the male body as being natural and seen as the universal norm. Women are being subjected and limited to social and symbolic constructions of femininity for the purpose of male wholeness. Hegel says that this exclusion and subjectivity of women is necessary to establish the difference between male and female sexuality.

4.5. Motherhood reconceptualised

Constructions of femininity and womanhood have been social, traditionally and historically contextualised through practices and symbols which are assigned to motherhood (Gillespie, 2000, p. 223). Motherhood has historically been perceived as natural for women, the desire to have children is assumed to be unquestionable and central to the construction of femininity (Gillespie, 2000, p. 223). From the start of the 20th century, there has been a significant transformation with regard to women’s reproductive experiences, especially since in the Western Europe, the United States and the United Kingdom; women are having fewer children (Gillespie, 2000, p. 223). The ideologies around motherhood being natural and fulfilling is seen as central to feminine identity

and have become engrained in the western culture, but with the rise of feminist movements, many predominantly married, heterosexual women are starting to move away from the conform idea of motherhood (Gillespie, 2000, p. 223).

Judaeo-Christian religious constructions of womanhood as life-giving emphasis how childbearing, and the pain that comes with childbirth is part of God's curse onto Eve for her sins inside the Garden of Eden (Gillespie, 2000, p. 223). While Mary is maintained as a symbol of perfect motherhood, as mentioned in the previous chapter, the imagery of Eve is seen in a negative light while Mary is the perfect model for motherhood which Christian women strive towards.

Political elements and views play a role in the social construction of motherhood, but the most influential and central element to the motherhood ideology is the construction of femininity and women's health (Gillespie, 2000, p. 224). Modern medicine and reproductive medicine have created control over women's bodies, the medical culture has place powerful ideological assumptions and the socialisation system whose ideas and practices has influenced mothers everyday life (Gillespie, 2000, p. 224). Just as womanhood have been constructed, motherhood has become the central symbolism of understanding adult femininity. Women who are not mothers are seen as 'unnatural' or selfish (Gillespie, 2000, p. 225). Women who fail to become mothers are interpreted within the medical framework as psychological or physically ill, the physical inability to have children, 'failed body' is constructed as infertility (Gillespie, 2000, p. 225). Infertility within medical discourses is associated with abnormality and once diagnosed; the course of action is treatment in the hopes of pregnancy (Gillespie, 2000, p. 225).

Motherhood can be interpreted as entangled in hegemonic ideologies and powerful doctrines, in which powerful elites have been able to create the inevitability of desire for motherhood in a woman, creating it as a social role and feminine identity (Gillespie, 2000, p. 225). The argument is made that this is done through a form of power which shapes individuals perception to the extent that they do not question the social order, this has historically been done by the church, through church doctrines and embedded moral values (Gillespie, 2000, p. 225). Ideologies of motherhood has through the centuries been passed on every day as an understanding of truth and norm, which

created the identity of woman and consequently, the raising of children have been historically seen as ‘what women want to do’ and mother as ‘what women are’(Gillespie, 2000, p. 225). This imagery of motherhood continues to constitute what a healthy femininity identity and norm for women is, their ‘social role’ (Gillespie, 2000, p. 225).

4.6. Childlessness

In the early days of the women’s movement within America and globally there was a huge emphasis on the challenging myth of motherhood being an inevitable destiny for woman, “the right to choose was understood as the right not to have children” and the women’s movement created the power and space for women to voice their opinions, especially with regard to the negative aspects of mothering (Letherby, 1994, p. 527). Letherby argues that “women should be freed from the tyranny of their reproductive biology by any means available (Letherby, 1994, p. 527).

Women, especially feminist, felt that this statement from Letherby was alienating to those women who want to have children. The reaction to this was to develop a strand of women’s experience epistemology, which argues that “society needs to reconstruct reality from the standpoint of women, leading to a transformation of society” (Letherby, 1994, p. 527). This creates an object reality, a reality that is viewed through the lens of women’s experiences, but the challenge to this is the idea that the experiences that most women share are the “capacity to mother, which makes them closer to nature and more peace and caring than males” (Letherby, 1994, p. 527).

Both these arguments are biologically deterministic. Through emphasizing motherhood, the questions asked, are the central thing that women share, and within the cultural and feminine identity, what are the experiences of those women who choose not to have children?

With the help of medical advances, women now have access to contraception, safe abortion and reproductive technologies which helps women to exercise greater control over their fertility in term of when and whether they will have children (Gillespie, 2000, p. 225). Due to the increase in reproductive choice, this has led to the possibility of childlessness within women’s lives. Due to social change, women now have a wider participation in paid work, the nature of relationships has

changed and women have more options other than just motherhood (Gillespie, 2000, p. 225). These social and political changes create a new discourse in engaging with “new femininity”, especially since women are participating in new roles. There is a wider feminine experience, identity, female expectation and contemporary discourses which are becoming relevant (Gillespie, 2000, p. 225).

Not having children in the 21st century has traditionally and historically been framed as a tragedy which is associated with infertility and involuntary childlessness as mentioned before, but for any woman choosing to be childless is often seen as unfeminine or as an unhealthy choice for women which goes against the traditional constructions of femininity (Gillespie, 2003, p. 124). Women who choose to be childless are understood and perceived as selfish, psychologically flawed and unnatural, participating in an unfeminine lifestyle (Gillespie, 2003, p. 124). **3.2.1 Loss Associated with Motherhood** Letherby reports that women who are not mothers are understood and defined by others as missing something from their lives, there is an emphasis on loss or lack (Gillespie, 2003, p. 130). Within Gillespie’s research finding, many participants mentioned things they felt they would lose if they would become mothers, for women motherhood is associated with a sacrifice, burden and encompassing demands that they were not prepared to do (Gillespie, 2003, p. 130).

Some childless women explained and emphasised that the sociological meanings of femininity and the female identity is highly complex and cannot be limited and explained through notions of motherhood (Gillespie, 2003, p. 130). These women’s rejection of motherhood highlights the social changes and how modernity has allowed more possibilities for women to shape and add to the complexity of the female identity which is separate from the hegemonic ideologies of motherhood (Gillespie, 2003, p. 134).

4.7. Disbelief in childlessness

Letherby reports that childless women, both voluntary and involuntary are seen as an outsider or as other and for those who choose not to accept motherhood at all, their status as outsider is constructed further, through being isolated. Their status as an outsider, not being able to experience motherhood limits their lived experiences and this is used as a boundary (Gillespie, 2003, p. 229).

Through drawing on research, social and cultural stereotypes, it is hard trying to resist associating with motherhood, especially to break away from cultural norms, even more, those which are engrained within women's lives (Gillespie, 2003, p. 232).

Bordo reports that due to women's body ideology and the dominant cultural forms that we live in, Bordo in Gillespie (2003:232) says that there should be caution in oversimplifying the idea that cultural and social discourses represent an easy way to liberation, especially through moving away from system controls and normalisation. What Bordo in Gillespie (2003:232) argues is that women who reject motherhood are offering a form of resistance to cultural discourses in which they encounter socially and politically.

Their childlessness acts as a form of resistance in their struggle against others disparagement (Gillespie, 2003, p. 232). Gillespie argues that even though the feminist movement has been challenging ideologies and issues that are assumed as normative within women's lives, going against diversity, subjectivity, and difference in women experiences, feminist have neglected to accommodate the experiences of women who voluntarily choose to be childless (Gillespie, 2003, p. 232). Many of the political projects and discourses of feminism has been the promotion of reproductive choice and rights, contemporary feminists, while considerate and critical of situations and conditions, have found themselves failing to challenge the fixed and cultural ideology of motherhood (Gillespie, 2003, p. 232). Frazer and Nicholson (1990:34) state that the interpretations of "unitary notions of women and feminine gender identity" is referred to and understood as "historical categories for reproduction and mothering". Letherby argues that it is essentially important for feminist theologians that the lives of women who are not mothers to be respected and validated and full women, as well as those who are mothers (Gillespie, 2003, p. 232).

The resistance and push back against childlessness and dominant culture indicates progression to transformation. Research argues that in relation to body ideologies and voluntary childlessness, failure to conform to the norm has a huge personal cost (Gillespie, 2003, p. 232). What Gillespie means by 'personal cost' is the social exclusion from other mothers or women, who are not able to have children, not experiencing the birth process and the social guilt of having the option of

childbirth and choosing to be childless. The challenges against voluntary childlessness suggest radical and developing constructions of the normative idea of feminine identity, separate from motherhood (Gillespie, 2003, p. 232). The resistance to motherhood contributes to a fuller understanding of voluntary childlessness and contributes to a deeper and more complex understanding of femininity, the female identity and brings to questions the re-interpreting of the past (Gillespie, 2003, p. 232).

Within the past, historically women have made the decision to be childless; these women are disguised within our modern world. It is not something “new” to make a decision to voluntarily not have children; Gillespie (2003:233) argues that for centuries women have made the decision to be childless.

In connection with the argument of re-interpreting the past, it helps us to fully understand that there have been women hidden, that have made the choice to be childless, like nuns who made the religious sacrifice, spinsters who have traditionally been seen as infertile and nannies who choose an occupation in resulting that they selflessly deny their own motherhood to help others (Gillespie, 2003, p. 233).

What we need to keep in mind is that few women within the world have the ability to choose childlessness. Campbell (1999:69) says that just because a woman is a mother, it does not mean that she wanted to be one. Cultural discourses on femininity and identity could never really encapsulate what it truly means to be a woman, and with regard to childless women and mothers (Gillespie, 2003, p. 233).

4.7.1. Reasons for childlessness

The reason for childlessness can vary from woman to woman and from situation to situation. The social and political changes that have occurred within the 21st century have increased women’s choices. Women now have better work opportunities, a wider range of social roles and this has led to an increase in choices (Hadfield & Sanderson-Mann, 2007, p. 256). These increase choices is linked to the influence of feminism, economic change, the availability of contraception and how

work is organised, which results in a wider range of social discourse, characterising women with more sexual freedom and with the emerge of ‘new femininity’ as discussed previously (Hadfield & Sanderson-Mann, 2007, p. 256).

Motherhood also comes with choices, when or whether to have a child and in what contexts and situation. These issues of choice relate to discourses of what it means to be a ‘good mother’ and who fits the criteria to be a parent; namely that she is heterosexual, fertile, 25-35 years old and selfless (Hadfield & Sanderson-Mann, 2007, p. 256).

4.7.2. Transformative women

According to academic debates and research on the increase in women childlessness, should it be this voluntary or involuntary, this question reflects on the degradation of motherhood or is it simply a transformation of motherhood?

This transformation reflects on the cultural discourse of ‘superwoman’ and ‘having it all’ (Gillespie, 2000, p. 230). These transformative women consciously choose not to be mothers; they also know they are challenging the normative traditions of motherhood (Hadfield & Sanderson-Mann, 2007, p. 257). Women within these positions, both encounter grieve and loss of the traditional identity of motherhood and according to Wager in Gillespie (200:230), these women experience this at different stages of their lives (Wager, 2000). Gillespie says that, “transformative women could suggest an alternative lifestyle and possibilities for women, as opposed to the social problem.

Most of the feminist liberal movements have struggled and challenged normative orders to attain ‘women-friendly’ work practices which allow women to combine family responsibilities with paid work (Gillespie, 2000, p. 230). Even with the social changes, feminist movements and political freedom for women, motherhood is still seen as the primary responsibility, taking care of children and being a mother is termed as women’s “dual roles” (Gillespie, 2000, p. 230).

4.8. Otherness

People can ‘belong’ to many different things and in many different ways, this can differ depending on a particular person to the whole of humanity and for many, belonging can be a form of self-identification or identification by others (Yuval-Davis, 2006, p. 199). Yuval-Davis (2006:199) says that even within “it’s most stable primordial forms, belonging is always a dynamic process, not a reified fixity, which is only a naturalized construction of a particular hegemonic form of power relations” (Yuval-Davis, 2006, p. 199).

To simplify this notion of belonging, Yuval –Davis differentiates between three analytic levels on which belonging can be constructed (Yuval-Davis, 2006, p. 199). The first level is connected to social locations. The second relates to identification and individuals emotional attachments to groupings. The third level relates to political systems and ethical values which people use to judge their own and other’s belongings (Yuval-Davis, 2006, p. 199). These levels of belonging are interrelated and Yuval-Davis construction of belonging cannot and should not be seen as cognitive stories (Yuval-Davis, 2006, p. 202). As human beings we have a desire for attachment, “individuals and groups are caught within wanting to belong, wanting to become, a process that is fuelled by yearning rather than posting of identity as a stable state” (Yuval-Davis, 2006, p. 202). When we connect this notion of belonging and interlink it with motherhood, we can see that women yearn to be mothers because of the social and cultural grouping and wanting to feel accepted, especially in a church and religious setting which enforces and encourages the female body to procreate for the assumption of ‘natural order’ which God intended. Yuval- Davis (2006:202) states that identity is constructed as a transition, “always producing itself through the combined processes of being and becoming, belonging and desiring to belong”. What is important to realise is that emotions, like perception and the shift in social contexts are more or less reflective, people’s identities become threatened once the emotional component of people’s construction and their identities become more central (Yuval-Davis, 2006, p. 202). In most cases, people are even willing to sacrifice their lives in order for their stories of identity to continue (Yuval-Davis, 2006, p. 202).

Yuval-Davis (2006:203) mentions that the construction of the self and one's identity can sometimes in central historical contexts be forced onto people, within these cases, their identities and belongings become an important dimension. People's social locations and their relationship are formed within these locations and identification can become intertwined, within a social church setting and environment (Yuval-Davis, 2006, p. 203). Women might feel pressured to conform to the normative model of motherhood. According to John Crowley, quoted in Yuval-Davis (2006: p.204), "politics of belonging is defined as the dirty work of boundary maintenance". The boundaries that politics of belonging is focused on are the boundaries of the political community of belonging and these boundaries are what separate "us" from "them" (Yuval-Davis, 2006, p. 204).

4.9. Inviting the church to engage with the female body

As a feminist theologian, it does not come as a surprise that the Christian churches do not want to engage with the topic of sexuality especially since the beginning women have been framed as the cause of ill within the world, due to the actions of Eve (Isherwood, 2007, p. 274).

Within Christianity, the body is interpreted as central to the new world order, thus challenging dominate patterns of church systems and theological reasoning (Isherwood, 2007, p. 275). According to Lemish and Barzel, motherly love is associated with "the desire to protect one's child" and within society; this is seen as a crucial characteristic of femininity (Lemish & Barzel, 2000, p. 148). Within the society like Israel, the glorification of motherhood is interpreted as a "public role" which serves the national goals (Barzel, 2000, p. 148). As women, we are assigned and designed with the biological and social reproduction from God.

Within church contexts, sex education makes little or no church interference. With the rise of the feminist movement and the sexual revolution, women are more sexually available within the 21st century but the male ideology and agenda remain unchanged which becomes limiting to unsatisfactory for women (Isherwood, 2007, p. 274). Isherwood (2007:274) declares that there is "nothing new in the individual body and that it is central in any social or political construction of reality" (Isherwood, 2007, p. 274). When we look at the philosophical realm from the past

centuries, from Plato to Irigaray, the body has always been understood to be more than personal. That is why it is so important to understand that the moulding and the controlling of bodies, especially women's bodies, is a political act (Isherwood, 2007, p. 274). Unfortunately, as with sexuality and the body, there seems to be no way out because people are led to believe that the way things are natural and especially from a Christian perspective (Isherwood, 2007, p. 274).

With technology and information being made available so freely, a few feministic rhetoric's encourage women, church leaders and congregations to be more suspicious of anything considered 'natural(Isherwood, 2007,p.275) '. The reason for this, is that it places certain actions beyond examination or critical analysis (Isherwood, 2007, p. 275). Statements such as 'you may not believe in it but that's the way it is' creates a power status quo expression (Isherwood, 2007, p. 275).

In the sphere of sexuality, women may experience and think of sex as more that penetrative and in fact, might enjoy it in another way, but because sex is classified and defined as penetration, Hite within Isherwood (2007:275) says that the penis dictates where the power lies.

Isherwood builds on to what Hite says, a suggestion that the centralised role of the penis is to make women's genitals appear absent, which suggest the lack of autonomy, physical failure, and unworthiness from women; because she does not have one (Grosz, 1994, p. x).

For Christians, intercourse is interpreted and experienced as 'holy', it is a sacred ritual within a dominant and submissive relationship between women and men (Cline, 1994, p. 152).These narrow assumption about intercourse, sexuality and the body within the Christian religion creates a social interpretation about sex. In other words, sex regulates not only marriages but according to Isherwood is regulates the sexual act as Christians interpret missionary position as the only holy act (Isherwood, 2007, p. 275).

The reasoning behind this sexual position is related to the symbolism of women and men in creation, "the man on top and the woman on the receiving end of sexual power enacted as divine

will” (Isherwood, 2007, p. 275). This creates a space of questioning theology, especially since people are too comfortable with the language which places women on the receiving end of male power. Intercourse is just a small imagery of the patriarchal systems which are embedded within the Christian religion (Isherwood, 2007, p. 275).

Isherwood makes the statement that, “Woman are inhabited, claimed and occupied, within the inequalities of a ²⁸hetero-patriarchal society” (Isherwood, 2007, p. 275) and as a feminist theologian, there needs to be a challenge in the way the church engages in discourse on women’s bodies especially since their bodies are a cultural and social embedded living body, which reflects on the religious past and church doctrines. Eisland (1994:22) says that “there needs to be a strategy that interplays between what is already known to the theologian and active engagement with the particular people who teach them to rework their theories, labels and depiction of reality”.

4.10. A theological ethical response

Feminist, Diamond question, the assumption that, “a woman’s freedom lies in the right to gain control over her body and sexuality” (Diamond, 1994, p. 3). According to Diamond (1994:69) the idea of control in sexual and reproductive matters, the majority supports the view of “sex without consequences” which creates separation and alienates women from their bodies, instead of freeing them to explore their sexuality; it actually subjects them to male sexual dominance. Ruhl (2002:643) critiques Diamond’s research and says that it is misguided especially with regard to historical perspectives that have recently shown the history of contraception and fertility, which indicates that control births are not new

According to research infertility is both a reproductive health condition and a growing health problem (Romeiro, et al., 2016, p. 4). In 2010, 48. 5 million couples around the globe were faced with this health problem and researchers believe that this number does not address the extent of its

²⁸ Patriarchy is a society that gives privilege and power to men within a heterosexual relation (Isherwood, 2007, p. 275)

prevalence due to different definitions across disciplines (Romeiro, et al., 2016, p. 4). These statistics and numbers indicate that infertility is a huge social problem that needs to be addressed through the church and health specialise such as fertility doctors and pastoral care workers.

Dutney (2007, 174) says that, “religion is the way in which people negotiate their prosperity in relation to the powers that bear down upon and sustain them”. Dutney’s research responds that family formation is a core element in religious values and projects and therefore infertility is seen as a religious crisis (Dutney, 2007, p. 179).

Religious structures

It does not come as a surprise that religion plays a huge role in human beings’ behaviours and often starts on the basis of values (McQuillan, 2004, p. 27). Religion has moral codes that guide human behaviour and many religious traditions have within the 21st century started to give attention to essential issues of sexuality, the body, the roles of men and women and the place of family in society (McQuillan, 2004, p. 27).

According to McQuillan (2004: 27), there are two categories of values to consider within religious spheres, namely; (1) norms that seek to regulate behaviour that is connected to fertility and (2) broader values that effect fertility indirectly (McQuillan, 2004, p. 27). The first category consists of teachings from Goldscheider, who recognises the concern of “particularized theology” approach. This consists of rules which influence the determinants of fertility which is typical of Christianity (McQuillan, 2004, p. 27). This consists of a close focus on the church teachings and doctrines with regard to contraception and abortion (McQuillan, 2004, p. 27). This is evident within the Roman Catholic Church as the church’s doctrines forbid the use of any form of birth control and contraception (McQuillan, 2004, p. 27). Even though more denominations have started to be more accepting of the use of contraception, there are still churches that are opposed to the practice of abortion (McQuillan, 2004, p. 28).

Sociologist Kevin McQuillan argues that religious ideology has a huge influence on how fertility is perceived. He argues that religion has an influence on demographic behaviour under certain circumstances (McQuillan, 2004, p.49). Firstly, according to McQuillan (2004:49), “an ideology must articulate behavioural norms that have linkages to demography”. Secondly, “it should possess the means to communicate its teachings to its members and enforce compliance” (McQuillan, 2004, pg. 49). Then finally, McQuillan (2004:49-50) says that a, “religious ideology will only be able to determine fertility behaviour when believers feel a strong sense of attachment to the religious community”

The Roman Catholic Church lives up to McQuillan’s conditions, especially since, for the past centuries, the Catholic church stood out compared to other religions and denominations in continuously opposing chemical birth control methods as well as abortion (Schoonheim, 2005, p 69). Other Catholic doctrines, especially the glorification of motherhood led to behavioural directives that play a role in reproductive in more than just a direct way (Schoonheim, 2005, p.70). Schoonheim (2005:100) says that the Catholic Church is just one example of how the church’s power can influence the larger society as well as the local communities and especially believers; this is done through political parties, schools where reproductive directives are successfully enforced onto believers.

McQuillan (2004:34) discussed, as mention earlier the social power of the Roman Catholic Church. He also describes this form of control as “near monopoly on the symbolic universe to the extent that secular community events invariably involved a religious dimension” It is no wonder that the influence of the churches plays a huge role in fertility behaviour, especially with regard to Catholics, who has come up many times within demographic research (Schoonheim & Marloes Hülsken, 2011, p. 268).

Catholic teachings on marriage, procreation, and fertility directly affect demographic behaviour and the Catholic Church still has strong stands on marriage being a creation from God (Schoonheim & Marloes Hülsken, 2011, p. 273). For most churches, marriage was established by God to preserve and expand God’s realm on earth. This ideology is accomplished through the task

of love and most churches still believe that the purpose of marriage is solely for the purpose of procreation (Somers & Van Poppel, 2003, p. 301). This consequently led to the debate about contraception hindering procreation and being a “crime against God and nature” (Papal Encyclicals Online, 2009a).

McQuillan did research on church regulations on birth control and according to research in the 1960’s and 1970’s, there was an increasing use of contraceptives both in Taiwan and the Netherlands (Schoonheim & Marloes Hülsken, 2011, p. 273). Within the Netherlands 87% of Catholics accepted the use of birth control in 1965, some of these women used this practice under conditions, while 9% regarded the use of birth control as unacceptable (Schoonheim & Marloes Hülsken, 2011, p. 273). This statistic was more or less the same among the Dutch Reformed women, with the comparison to these two denominations, the Calvinist women did not accept the practice of birth control and their statistics is almost twice as high (Schoonheim & Marloes Hülsken, 2011, p. 273). The research pointed out that women without religious denomination were more likely to accept the use of contraceptives and birth control, being: 75% accepted it and 22% did not accept the practice of birth control (Schoonheim & Marloes Hülsken, 2011, p. 273).

Fertility started to decline in the Netherlands, while Catholic fertility remained consistently higher than other denominations, until the 1960’s (Schoonheim & Marloes Hülsken, 2011, p. 275). This difference in statistics proves that McQuillan’s hypothesis on religious influence base on demographic behaviour is connected and that religion does impose certain rules on believers, especially if the believers connect to it through their religious community (Schoonheim & Marloes Hülsken, 2011, p. 275).

4.11.1.theology and ovarian cancer

For the construction of a theological perspective to view ovarian cancer and womanhood, this research will be focusing and using the book, *Feminist theory, and Christian theology: cartographies of grace* by Feminist theologian Serene Jones. Serene Jones uses the imagery of mapping to create a new lens through which to understand and to combine Christian theology and feminist theories. She says that her intentions are to, “layout central concepts that structure the two

worlds of Christian theology and feminist theories and to draw lines that show the interconnections between them” (Jones, 2000, p. viii).

Jones explains that through remapping, she is focusing on creating a new lens, through grappling with the complex nature, she says that, “feminist theory seeks not to generate static set of principles but to analyse the signpost of thinking” (Jones, 2000, p. 50). Jones uses ‘women’s nature and identity’ as discussed in the previous chapter and lay it over a landscape of theological doctrines. Within this chapter, this research aims to create a new lens through which the church, Christian women and the church culture and community can view and understand women who are diagnosed with ovarian cancer, their role and place within the church, their role and place within motherhood and womanhood. According to Jones (2000:50) Christian doctrines are not “a set of strict principals and static belief but rather doctrines are lived, experiences, imaginative landscapes, which persons of faith inhabit and through which their Christian identity is shaped” (Jones, 2000, p. 50).

As mentioned earlier, the Christian tradition and faith are embedded in normative claims about motherhood and human nature. One of the most essential and central doctrines within the Christian faith is the belief that we are all created in the image of God and “called to live in relation to God” (Jones, 2000, p. 51). For feminist theologians, this truth is discussed through claims such as: “all persons are loved by God; our bodies are part of God’s good creation and that we are all fundamentally determined by our relationship with God” (Jones, 2000, p. 51).

For feminist theologians, normative views of women’s nature and sexual difference has historically been used to limit and oppress instead of stimulating growth, promote the humanity of women and the flourishing of women (Jones, 2000, p. 51). Regardless of whether these claims against women’s nature were created from arguments from scripture, natural law, and ecclesiastical teachings, the consequences have set women back (Jones, 2000, p. 51).

This led to the differentiation between women based on a universal model of womanhood that within this research separates mothers from non-mothers, voluntary childlessness from involuntary

childlessness and that is why it is essential to reconstruct a new lens to view women, motherhood and re-create a womanhood model that is socially more inclusive to different woman identities and how woman can be feminine in different ways.

As human beings we cannot cognitively understand nor comprehend the fullness of the creation diversity in all its glory, Jones (2000:52) says that, “we cannot see it as God sees it”. Instead as human beings, we experience and see diversity through a lens of darkness, through which history, culture, language, politics, communities and patriarchy has formed us and our lived conditions. Through theology, the central belief that drives us is the woman and all people receive grace and that as Christians we are called to follow God’s will and seek out conditions for flourishing (Jones, 2000, p. 52). Through God’s grace, through the transformative power of God’s grace, we as Christian human beings can change, transform, redeem and be reborn again and through this perspective, the model of natural reproductive and the model of motherhood which oppresses women can be reshaped, redefined and communities can be recrafted in grace (Jones, 2000, p. 52).

A new liberating perspective on womanhood and motherhood can be freeing, the reworking of theology might open new way on being a women within the 21st century without being tied down to church doctrines, creating and having the privilege of shaping the identity and character that truly related to each and every woman (Jones, 2000, p. 53). It is important to realise that there are theological truths that feminists theologians believes in and that are so fundamental to their life of faith that is why we need to reconstruct and even revolutionise these doctrines and theologies (Jones, 2000, p. 54).

Serene Jones takes her own work a step further in her book, *Trauma and Grace: Theology in a raptured world*. Serene Jones brings theological imagining to lived experiences of trauma, reproductive loss, infertility, stillbirth, miscarriages and cancer as trauma shared by women (Jones, 2009, p. 129). For women, reproductive loss raises enormous philosophical questions, especially about the nature of the self and it does this in a way that allows feminist political theory, trauma studies and systematic theology to engage with one another on an intersectionality level (Jones, 2009, p. 129).

In chapter 2, we discussed the medical, biological conditions, experiences, physical and psychological of being diagnosed with ovarian cancer as well as this leading to infertility. Within this chapter as well as the previous chapter, the research will be discussing the subjective experiences of women for whom these biological procedures have become an occasion of grief. This grief which is experienced by women suffering from reproduction loss is a grief that is influenced socially, through religious, cultural and political contexts and this is shaped at many levels (Jones, 2009, p. 132). This is understood and linked to the previous chapter which emphasizes the sense of failure women experience when they cannot be mothers because of the cultural assumption and value which is placed on motherhood (Jones, 2009, p. 132). Jones (2009:132) mentions that, “to grow up a woman in this culture is to grow up formed by a thickly gendered identity script wherein one’s body is assessed in terms of its treasured capacity to give life and to be a mother” (Jones, 2009, p. 132).

Due to the advancement of feminism women now have more freedom, rights and social permission to resist the pull towards the normative assumptions made with regard to womanhood and the female reproduction (Jones, 2009, p. 132). Even though in cultural levels the power still remains, these dominant theological images of women are hard to unconsciously move away from. Within this culture, to experience one’s body as “unproductive” is according to Jones (2009:133) to “consequently experience the body as a social failure and to view the hopes that were tied to this body as a failure as well (Jones, 2009, p. 133).

Jones uses the ideology of motherhood and production to emphasise and illustrates the intersectionality of these two constructions since they are embedded into the identity of womanhood and emphasizes the experience of grief of reproduction (Jones, 2009, p. 133). There are various factors that has risen within the 21st century that affects the experience of grief, such as; the advancement of new reproductive technologies which has raised women’s expectations for a successful delivery and pregnancy, home pregnancy test, which speeds up the process of possibly being “pregnant” within days of conception, which increases the experience of reproductive loss and grief and then the age of women becoming pregnant has become older because women have more opportunities now (Jones, 2009, p. 132).

The reason why Jones mentions these social factors is to help draw a clear picture of the complexity of this experience of reproductive loss, the cultural and social hold of being seen as a “failed women” if one cannot have children (Jones, 2009, p. 134). With this imagery, we need to understand that when the desired pregnancy fails, regardless of how it happened, the women experiences this known and unknown child “not just as failing but also as dying” (Jones, 2009, p. 136). This dying encompasses a failing future, a future that is both the child’s and the women’s, grieving not only the loss but also the loss of the future planned for the child and her hopes for this lifetime future (Jones, 2009, p. 136). Jones (2009:137) mentions that, women have told her that “along with their inability to make a child there is a sense of their inability to make a future” (Jones, 2009, p. 137).

4.11.2.A theological interpretation

Theologically we are all created in the image of God, we as the Christian community is part of the body of Christ and this is what the Trinitarian doctrines and the New Testament message to us. Jones (2009: 147) says that this message of a community of persons as one God exist eternally when we offer and receive the fullness of love from one another, “existing fully and freely for the sake of the other and in the other” From this Trinitarian community, the creation of the “other” which God creates in freedom for the purpose of loving is born into creation for Christians to join in Trinitarian love (Jones, 2009, p. 147).

This Trinitarian love speaks to God’s redemptive love for all his creations; this love extends to all personnel, including women suffering from ovarian cancer and reproductive loss. This love shows and reflects on God’s solidarity with women who grief the loss of reproduction (Jones, 2009, p. 148). What God’s love and Christian tradition reflect is that in the midst of this grieving imagery is a woman, who experience infertility and “death of reproduction” inside of her, and yet does not die. Jones (2009:148) says that we should consider this image of Trinity

God’s solidarity with these suffering women is an encouragement to see and reflect on God’s love and grace. To look for God’s love in the midst of suffering, as a redemptive source of love. (Jones, 2009, p. 149). Jones (2009:149) says that the imagery of God standing in solidarity with these

grieving women. Women who lose a future they have hope for is a “rupturing, antimaternal tale of the trinity, it will not stop their sorrow but it might lessen their sense of isolation which is a small step towards healing”.

God’s grace is a gift, which we receive freely each and every day. There is no specific theological lens that can help or reduce the grief, pain and suffer both women and men experience when they cannot have a child, but the church should be able to give guidance and create a space for grieving women to reflect on their pain.

4.11. A Feminist perspective on motherhood

The role of motherhood in the 21st century contemporary western world can easily be interpreted as the central point of discourses regarding the rights and roles of women in society, especially since the meaning and purpose of motherhood has changed overtime, culturally, socially, economically and politically (Christine Everingham & Evelyn N. Glenn, 1995, p. 187). This can either be viewed as oppressive or glorifying the female body and women in general. The Christian church has sometimes been criticised for always being the last to respond to developments in society, for reacting rather than addressing the issue, hopefully, these issue of infertility, motherhood and ovarian cancer will take priority within churches “(Miller, 1990, p. 209). Within South Africa, the churches are given the opportunity to respond, to draw on their own doctrines and ideologies that limit and oppress women and to make a positive theological impact. Miller insists that churches should not avoid but should rather face up to their role played and to certain biblical, theological and ethical questions raised especially since it is highly unlikely that no female member within a church has experience infertility or have been diagnosed with ovarian cancer

The church can no longer just ignore this social issue but pastors and congregations should consider re-reading the biblical texts and theological ideologies around motherhood and respond through corrective ways and encourage pastoral care for those in need.

4.12. Who makes decisions with regard to women's identity?

Feminist theologians started to raise questions with regard to the attaining of theological knowledge, according to Bons-Storm (2005:48) the focus was on, “exposing the cultural conditioning of Christian belief” Theological scholars acknowledge that most theological knowledge became part of the biblical canon solely based on the experiences of men (Bons-Storm, 2005, p. 48). These lived experiences came from men who strongly believed in the ideology of patriarchy. These men unconsciously saw themselves as the same gender as God and understood women as being far from God, completely different (Bons-Storm, 2005, p. 48). Due to the changes within society, because of the rise of feminist, there have been some changes, from finger pointing at men to shifting blame towards patriarchy and its effects (Bons-Storm, 2005, p. 48). There is still some anger towards men and women who continue to live out patriarchal ideological norms which cause harm towards women.

The world has changed so much since biblical times and the development of contextual theologies within the last decade has made it clear that experiences and contexts forms and shapes human beings thinking and perspective about the world and the divine into a particular contextual theology (McQuillan, 2004, p. 48). For this reason, feminist theologians emphasis the point that the lived experiences of women are shaped and functioned within a specific context, experiencing the world and thinking about God from a specific perspective (McQuillan, 2004, p. 48). These perspectives open new viewpoints and through maintaining a theology from a male perspective means only seeing half of theology (Bons-Storm, 2005, p. 48).

The complexity of infertility is experienced mostly by women but also by couples, its multi-systems impacts the personal realm of individuals and for many this can manifest as an extremely traumatic experience (Romeiro, et al., 2016, p. 2). Many face this trauma through asking difficult philosophical and religious questions concerning the meaning and purpose of life. Additional to this, a personal perception of adulthood and especially womanhood is related to individual's social and cultural backgrounds, as well as their expectations (Romeiro, et al., 2016, p. 2). For centuries and for many people, the normative next step is to have children, to take care and nurture them

and to preserve the bloodline inheritance; this is a social expectation (Romeiro, et al., 2016, p. 2). Even though there is more choice within the 21st century and in our diverse society, some still believe that not being able to live up to this perceived expectation can affect a couple psychology and make them feel like a failure (Romeiro, et al., 2016, p. 2). The preconceived idea of being a father for men is linked to the idea of a responsibility to create a biological child in order to preserve their genetic heritage (Romeiro, et al., 2016, p. 2).

Being a mother is not only connected to the connotation of society but it is interlinked with the belief in the nature of motherhood (Romeiro, et al., 2016, p. 2). Motherhood has been defined as “a transcendental state, a transitional process to maternity is reached through conceiving, carrying a pregnancy and giving birth, this is normally compared to as a spiritual journey” (Romeiro, et al., 2016, p. 2). Women express the belief that pregnancy is a significant rite of passage, which carries a meaning and spiritual transformation whether women are committed to a religious belief or not (Romeiro, et al., 2016, p. 2). For infertile women, they crave not the purpose of childbearing itself but the self-growth and being able to connect with other women who have gone through this journey (Romeiro, et al., 2016, p. 2).

According to research, the inability to go through this “transitional process” has led many types of researches to describe infertility as “an existential crisis” (Romeiro, et al., 2016, p. 2). Although men and women are affected by the reproductive failure in different ways, their life satisfaction has been a condition from an early age that through having the ability to bear life into this world and to become parents is the normative and right way to life (Romeiro, et al., 2016, p. 2). Research has mentioned several times, that to not be able to follow the “natural order” or even the “natural course of conceiving” lead to a disconnection with one’s self-identity and a diminishing of self-worth (Romeiro, et al., 2016, p. 2).

4.13. Women and choice: An intersectional approach

For many years the protection of women’s reproductive health has not been a priority for the government this is evident in the laws created (Cook, 1993, p. 73). Historically and religiously the sole purpose and duty of women has been to bear children, mostly sons and to build a family, the

cost of women's health to do this is unrecognized (Cook, 1993, p. 73). Maternal mortality and morbidity were not considered controllable through health services, law, and education but rather perceived as divine will (Cook, 1993, p. 73). Women's reproductive health raised sensitive issues for legal traditions especially since the subject is connected with morality and sexuality. The argument made historically and still today by pious Christians and churches is that if women could enjoy sexual intercourse while preventing pregnancy and sexually disease, then family security and sexual morality would be in jeopardy (Cook, 1993, p. 73). Through laws and church doctrines, morality is controlled through laws and these laws reflect an attempt to control women's behaviour through limiting availability and access to reproductive health series (Cook, 1993, p. 73).

Control over women's sexuality and reproductive behaviour manifest itself within laws and policies, for example, to get access to sterilization services in some countries it is dependent on the number of caesarean sections a woman has undergone (Cook, 1993, p. 74). Within many countries law and policies are put in place to punish women because of their role in reproduction, revoking their rights and denying them equal opportunities as those of men (Cook, 1993, p. 74). The disadvantage that women endure and experience through neglect of their reproductive rights, under the laws that are perpetuated by states which denies women their enjoyment of health (Cook, 1993, p. 83). We need to understand that women's reproductive functions have been used to control women themselves, through states rules; women's chosen economic, social and cultural agendas have been implemented to control women's reproduction (Cook, 1993, p. 83).

4.14. The female body and the church

The church has always been used as an instrument to eliminate contraceptive health insurance; the Catholic Church condemns the use of any contraceptives except for fertility awareness methods (Mishtal & Dannefer, 2010, p. 233). Catholicism forbids sexual intercourse for sexual satisfaction and allows it only for the intent to procreate, even within marriage due to the church's views on sexuality and the original sin (Mishtal & Dannefer, 2010, p. 233).

The majority of Catholic churches forbids condom use, based on the argument that it leads to the destruction of the seed and holds that hormonal contraceptives and intrauterine contraceptives

devices act as an agent through preventing an already fertilized egg from attaching to the uterine wall (Mishtal & Dannefer, 2010, p. 233). While within recent years, Christian church denominations have relaxed their positions on contraceptives, the Catholic Church remains a strong position against contraception (Mishtal & Dannefer, 2010, p. 233). Anthropologist Jennifer Hirsch argues that “the use of contraception is influenced by the individual’s interpretation of religion and the ways in which local cultural and historical specificities shape how religions are understood (Mishtal & Dannefer, 2010, p. 233).

Where do we draw the line and start making our own cognitive decisions and formulating our own opinion without being subconsciously influenced by the church or society? According to Goldscheider in McQuillan (2004, 31), “the relationship between religion and fertility is highly influenced by the role of religious value”. Goldscheider argues that religious teachings on issues such as contraceptives, sexuality and the value of children are not the reason for a particular fertility pattern but the religious values are the starting point (McQuillan, 2004, p. 31). There is differentiation among religious groups with regard to fertility and these differentiations are not tied to a religious difference (McQuillan, 2004, p. 31). In this sense, religious belief is not necessarily the influencer but the sociological value of childbirth, family, and motherhood that is formulated through religious value. Religious value, religion as an institution and the church all play a role in the decision making of infertility, voluntary childlessness and motherhood (McQuillan, 2004, p. 32).

This research encourages interpreting and experiencing of the female body as having the potential to be and to be experienced as more than designed by God for procreation but to invite the church to engage and interlink religious values to voluntary and involuntary childlessness. To allow room for discussion and to move away from normative ideologies of motherhood, especially for women diagnosed with ovarian cancer.

4.15. Conclusion

This chapter explores the notions of childlessness and the intersectionality of voluntary and involuntary childlessness with social stigmatisation, religious belief, religious value of family and motherhood. The research chapter offers and invites church structures to engage and be involved

in discussions with motherhood and to critically respond to the ideology of motherhood and womanhood.

In conclusion, this chapter engages with the feminist theological perspective of Jones that encourages the emotional, psychological and spiritual journey of women diagnosed with ovarian cancer. This chapter invites a reader to view the female body, infertility, and childlessness from a new perspective which does not oppress women but rather encourage a safe space which allows women to celebrate their differences in regard to childbearing.

However, there is still room for improvement on how to create this safe space between the church and infertile women. This research chapter suggests that churches should revise their religious values and allow discussion with women who are voluntary and involuntary childless.

Chapter 5

Study conclusion

5.1. Introduction

This chapter will conclude the research through summarising how women who are diagnosed with ovarian cancer no longer fulfil the role of being fully woman, according to social standards and the model of motherhood and womanhood. This critical problem is further criticised in a theological way when integrating it with the biblical imagery of women and their purpose. Within this chapter, there will be a review of the research problem, research questions, research objectives and goals as well as the contribution and relevance of the study. Moreover, this will be an assessment to see whether the study has fulfilled and achieved what was set out in the beginning of the year as well as to suggest possible further study.

5.2. A discussion of the research problem

In chapter 1.2 of this research thesis, the research problem stated that the study was meant to critically analyse the contemporary notions of the body that seem to challenge concepts of womanhood among women who are diagnosed with ovarian cancer and so may not be able to bear

children. The social, biblical and political idea of what it means to be a woman, and how these social perspectives impact and influence women's identity as a whole, especially when one's body no longer performs the way it did before, will come under theological consideration.

5.3. Review of Research questions

Through discussing the research problem, we will now look at the research questions which were asked at the beginning of the study in chapter 1.3 and discuss the answers researched.

5.3.1. Primary research question

The primary research question that was stated at the beginning of this study is: *How can feminist theology help us to re-conceptualize notions of motherhood among women who are diagnosed with ovarian cancer?*

The discussion of findings

Throughout chapter 3, feminist scholars Lisa Isherwood and Gayle Letherby address the question of re-conceptualising the notion of motherhood among women who are diagnosed with ovarian cancer. In section 3.4.2., Scully mentions that feminist theologians are trying to undo and reinterpret the centuries of rejection towards the female body; research suggests that this rejection derived from the fear of human sexuality (Scully, 1998, p. 11).

In chapter 3, section 3.11.3., the research thesis states, that feminists have started to theorise and critically engage with the ideology of motherhood, through focusing on the maternal ideal as women's source of oppression and listening to the experiences of mothering as a complex and ambiguous experience (Stearney, 1994, p. 3). One of the first things the feminist movement did was to detangle the ideology of motherhood from the perspective idea of "natural" as part of women and to understand it as a social, economic and historical construction and a socially specific experience (Stearney, 1994, p. 3).

In Chapter 3, section 3.12.2. , the concept of detangling motherhood gets discussed in depth. The research argues that feminist theologians like Chigumira, want to liberate motherhood from the conventional family structures and create space for women to choose alternative identities and demystify social pressures of mothering roles, which were created to control women's bodies and energy (Chigumira, 2011, p. 128). Additionally, feminist theologians and the feminist movement encourage the use of the Marian figure to liberate women from the destructive constructions of patriarchal interpretation of motherhood, through applying their own understandings of Mary to liberate them from oppressive formulations (Chigumira, 2011, p. 129). Arguably, motherhood is still interpreted as important for the identity for women but chapter 4, section 4.7.2., addresses this argument through suggesting a model of "transformative women" which celebrates the opposing of normative ideologies in relation to motherhood.

This transformation reflects on the cultural discourse of 'superwoman' and 'having it all' (Gillespie, 2000, p. 230). These transformative women consciously choose not to be mothers; they also know they are challenging the normative traditions of motherhood (Hadfield & Sanderson-Mann, 2007, p. 257) Women within these positions, both encounter the grief and loss of the traditional identity of motherhood and according to Wager, these women experience this at different stages of their lives (Wager, 2000). Gillespie says that, "transformative women could suggest an alternative lifestyle and possibilities for women, as opposed to a social problem (Gillespie, 2000, p. 230).

It becomes clear in chapter 4, section 4.12. that the ideology of motherhood is complex and changes with the social movements, times and events which creates a wider platform for women to make a decision with regard to childbirth, femininity, sexuality and motherhood, allowing women to reconceptualize their own identity, needs and understanding of motherhood.

Secondary research questions The following are the secondary research questions that were presented at the beginning of the research study. in chapter 1.3.2.

1. In what way does ovarian cancer challenge normative views of femininity?

2. How can a feminist approach to the body help to engage non-conventional notions of women's identity?
3. How would a feminist theological engagement with reproductive loss contribute towards a constructive theological engagement with this complex problem?

5.3.2.1. The results of research findings in relation to the first secondary research question

In order to answer this question, chapter 2, section 2.22.2., explores and discuss how ovarian cancer has a negative influence psychologically, physically and emotionally. Howell and Karen report that, at the time of diagnosis, cancer is generally in an advanced stage, making cure unlikely and death a real and imminent possibility (Howell & Karen, 2003, p. 1). The medical procedures and chemotherapy mentioned in chapter 2, physically challenge ovarian cancer patients as their body can no longer function and perform as it did before the ovarian cancer diagnosis. According to Howell and Karen, the repetitive and aggressive therapy, its side effects, and the perceived loss of femininity and womanhood from the removal of reproductive organs are an unusually cruel combination (Howell & Karen, 2003, p. 1).

Through research, the intersectionality of the medical procedures and women's femininity became clear in Kitzinger and Willmott work as they state that, women diagnosed with ovarian cancer see their bodies as vessels that have betrayed them and their identity (Kitzinger & Willmott, 2002, p. 349). According to research, ovarian cancer patients experience greater limitations with regard to their body function and confronting the change in body image. These women were more likely to see themselves as having less control over their body, which is one of few consequences of having cancer and receiving treatment (Norton, et al., 2005, p. 148). Additionally, the majority of ovarian cancer sufferers opt to remove their ovaries, making biological reproduction impossible. This is a deeply personal and difficult decision for a woman to make. Chapter 2, section 2.21.2 engages with the complex issue of genital and ovary removal. According to Notman's (2008, p. 573) research, the female genitals are not only physical components to the body but the core role in defining femininity and is used as an identification of one's gender (Notman, 2008, p. 573). The role of the body is more than often limited to the genitals. According to Silverman (1981), the

body and genital reflect emotional and cognitive development for women (Silverman, 1981). These social responses from women 'social context are integrated into how a woman diagnosed with ovarian cancer, reflects on her own body image and self- identity, these feelings affect her self-image, femininity and sexuality (Notman, 2008, p. 579). Chapter 2, section 2.21.1 concludes the first primary question through discussing that in the 21st century, women are still associated and seen as representatives of a home, who belongs within a male political, social and economic realm and therefore should have a relationship with a home (Du Toit, 2009, p. 28). This encourages the correlation of feminine and woman's role within the domestic sphere, childbearing and sex-specific responsibilities as limiting women's contribution to the public and political sphere (Du Toit, 2009, p. 28).

5.3.2.2. The results of research findings in relation to the second secondary research question

Firstly, as discussed in chapter 3, the purpose of this study is to use a feminist approach to the theme of reproduction. As a feminist theologian, my starting point is to focus on the female body, the social, psychological, physical and religious impact our secular world has on women's bodies from the perspective of women diagnosed with ovarian cancer. The reason for this is that women and not men are the focus of reproductive medical intervention, because it is women's bodies and not their partners, women are the ones who experience the physical suffering of reproductive failure and the social stigma that is attached to motherhood (Dohlen, 1992, p. 1).

In chapter 3, section 3.3, the research engages on the complexity of the human body and reports that sexuality and health is our most intimate space as individuals and that is why, it is essential to challenge and confront religious and social components that construct our body in a negative way and limit it to conventional notions. Isherwood (2000:21) says that, "our body and sexuality is an intimate space where our bodies can either be colonized or liberated". Women's identity is encapsulated in their bodies, sexuality and femininity. In additional Isherwood argues that, "our bodies and sexuality is our own as human beings, but can be colonized and taken away by systematic systems such as patriarchy, religion, medicine, psychology, sexology and law" (Isherwood, 2000, p. 21). The feminist approach to body theology helps to create a lens through

which the female body is seen, according to Isherwood and Stuart (1998, 20) “the female body is seen against the patriarchal society and through body theology; the politics of the body can be challenged”.

5.3.2.3. The results of research findings in relation to the third secondary research question

This question is answered in chapter 4, section 4.11.1. , the research that for many feminist theologians, normative views of women’s nature and the sexual difference has historically been used to limit and oppress instead of stimulating growth, promote the humanity of women and the flourishing of women (Jones, 2000, p. 51). Regardless whether these claims against women’s nature were created from arguments from scripture, natural law and ecclesiastical teachings, the consequences have set women back (Jones, 2000, p. 51).

This led to the differentiation between women based on a universal model of womanhood that within this research separates mothers from non-mothers, voluntary childlessness from involuntary childlessness and that is why it is essential to reconstruct a new lens to view women, motherhood and re-create a womanhood model that is socially more inclusive to different woman identities and how woman can be feminine in different ways.

As human beings we cannot cognitively understand nor comprehend the fullness of creation diversity in all its glory, Jones says that, “we cannot see it as God sees it” (Jones, 2000, p. 52). Instead as human beings, we experience and see diversity through a lens of darkness, through which history, culture, language, politics, communities and patriarchy has formed us and our lived conditions. Through theology, the central belief that drives us is that woman and all people receive grace and that as Christians we are called to follow God’s will and seek out conditions for flourishing (Jones, 2000, p. 52). Through God’s grace, through the transformative power of God’s grace, we as Christian human beings can change, transform, redeem and be reborn again and through this perspective, the model of natural reproductive and the model of motherhood which oppresses women can be reshaped, redefined and communities can be recrafted in grace (Jones, 2000, p. 52).

Serene Jones uses the ideology of motherhood and reproduction to emphasise and illustrates the intersectionality of these two constructions since they are embedded into the identity of womanhood and emphasise the experience of grief of reproduction (Jones, 2009, p. 133). There are various of factors that has risen within the 21st century that affects the experience of grief, such as the advancement of new reproductive technologies which has raised women's expectations for a successful delivery and pregnancy , home pregnancy test which spends up the process of possibly being “pregnant” within days of conception, which increases the experience of reproductive loss and grief and then the age of women becoming pregnant has become older because women have more opportunities now (Jones, 2009, p. 132).

The reason why Jones mentions these social factors is to help draw a clear picture of the complexity of this experience of reproductive loss, the cultural and social hold of being seen as a “failed women” if one cannot have children (Jones, 2009, p. 134). With this imagery, we need to understand that when the desired pregnancy fails, regardless of how it happened, the women experience this known and unknown child “not just as failing but also as dying” (Jones, 2009, p. 136). This dying encompasses a failing future, a future that is both the child's and the women's, grieving not only the loss but also the loss of the future planned for the child and her hopes for this lifetime future(Jones, 2009, p. 136). Jones mentions that, women have told her that “along with their inability to make a child there is also a sense of their inability to make a future” (Jones, 2009, p. 137).

Within chapter 4, section 4.11.2. , the research study speaks about Trinitarian love, this Trinitarian love speaks to God's redemptive love for all his creations, this love extends to all personnel, including women suffering from ovarian cancer and reproductive loss. This love shows and reflects on Gods solidarity with women who grieve the loss of reproduction (Jones, 2009, p. 148). What God's love and Christian tradition reflect is that in the midst of this grieving imagery is a woman, who experience infertility and “death of reproduction” inside of her, and yet does not die, Jones says that we should consider this image of Trinity (Jones, 2009, p. 148).

God's solidarity with these suffering women is an encouragement to see and reflect on God's love and grace, to look for God's love in the midst of suffering as a redemptive source of love (Jones, 2009, p. 149). Jones says that the imagery of God standing in solidarity with these grieving women, women who lose a future they have hope for is a "rupturing, anti-maternal tale of the Trinity, it will not stop their sorrow but it might lessen their sense of isolation which is a small step towards healing" (Jones, 2009, p. 149).

God's grace is a gift, which we receive freely each and every day, there is no specific theological lens that can help or reduce the grief, pain and suffering both women and men experience when they cannot have a child, but the church should be able to give guidance and create a space for grieving women to reflect on their pain.

5.4. A review of the research goals and objectives

In chapter 2, the research presented the medical treatments, procedures, risk factors, causes and emotional effect ovarian cancer patients undergo and how this influences the ovarian cancer patient emotionally, physically and psychologically. This information helped to introduce and understand the complexity of the female body and helped to engage the female body from the perspective of ovarian cancer.

In addition, chapter 3 engaged in Lisa Isherwood and Gayle Letherby feminist perspective on reproduction, childbirth, womanhood, sexuality and motherhood. This chapter discussed the intersectionality of these social issues with one another and how each one contributed to the ideology of motherhood. Furthermore, chapter 3 discussed body theology since feminist argue, that in order to be free, women should have control over their bodies and procreative capacities.

In chapter 4, the research explored the notions of childlessness and the intersectionality of voluntary and involuntary childlessness with social stigmatisation, religious belief, religious value of family and motherhood. Furthermore, chapter 4 engaged with a theological perspective that encourages the emotional, psychological and spiritual journey of women diagnosed with ovarian cancer. This chapter encouraged the female body, infertility, and childlessness to be viewed from

a new perspective which does not oppress women but rather encouraged a safe space which allows women to celebrate their differences in regard to childbearing.

5.5. Contribution and relevance of the research

In chapter 1, section 1.4 the hoped for the contribution and relevance of this research study was stipulated. The aim and contribution of the research were to encourage women to move away from the normative ideology and understanding of motherhood and womanhood, this aim was met and discussed in chapter 3. The research encouraged a new perspective that criticises the stigmatization of womanhood and the notion of childbearing being seen as the fulfilment to womanhood and in chapter 2.22.1; 2.22.2; 3.11 and 4.14 this was answered.

This research aimed to be a voice for the woman who chooses not to have children and as well as those who are not able to have children, chapter 4.6, discussed and engaged with voluntary and involuntary childlessness. Furthermore, chapter 4.7.2 stated the reasons why women choice to be childless. Indeed it was hoped for that the research will help to create another lens through which the model and ideology of motherhood and womanhood can be viewed and chapter 4.11.1 contributed to the study through the use of Serene Jones rich theological methodology of mapping to create a new lens through which to understand and to combine Christian theology and feminist theories.

5.6. Limitations of research

The limitation of this study is not having the ethical clearance to conduct research on women who are diagnosed with ovarian cancer to receive primary information, to be able to engage with them and receive their experiences and opinions to make a richer research study. The limitation of the research is being confined to methodology, which made the research limited to secondary research.

The research is also limited to the perspective and voices of women and this limits the study to feminist theologians. Another limitation is the limit of study material available to engage with ovarian cancer from the viewpoint of motherhood and womanhood.

5.7. Suggestions for future research

More work and research is needed to assess the cultural and social circumstances of those who reject motherhood and to generate a deeper understanding of the processes of choice when it comes to reproductive failure and childlessness. The question arise with regard to men's decision and choice in childlessness, these questions were not dealt with within this paper especially since voluntary childlessness was touched on through the perspective of contemporary women.

Further research is needed with regard to spiritual and political policies concerning voluntary childlessness, especially since infertility amongst men and women is growing and becoming a wider health problem.

Future research is needed to address the debates around the impact of reproductive conditioning and a broader research is required to discuss the decision-making of medical treatments for infertility as well as the lived experiences of couples who are affected. Spiritual effectiveness and the church's contribution to pastoral counselling with regard to infertility needs to be addressed in a deeper way with fuller research to help churches to effectively deal with the growing medical problem of infertility and ovarian cancer.

5.8. Conclusion

Through reviewing the research problem and research questions, as well as the contribution and relevance, we can conclude the study.

This research concludes by asserting the importance of understanding the deep and complex nature of motherhood and womanhood. This is conducted through a theological feminist lens.

Firstly, chapter 1 served as an introduction to the research and consist of the research problem, a general overview of the theme; methodology; research questions; background, and literature study of the research thesis.

In chapter 2, the research presented the medical treatment of ovarian cancer, the medical procedures of ovarian cancer and how all these procedures and treatments influence the ovarian cancer patient. The research chapter focused on the effects these medical procedures have on the ovarian cancer patient, specifically focusing on the emotional, psychological and physical influences and how all these notions interlink with social expectation of motherhood.

In addition, chapter 3, the research engaged in the work of Lisa Isherwood and Gayle Letherby on the concepts of feminist engagement with sexuality, childbirth, childlessness and body theology. Isherwood engages on this topic through a theological feminist perspective while Letherby approaches these social issues through a sociologist perspective. Therefore, the focus on body theology within this chapter helped to shape the important role the female body plays within our social world and helped to introduce the themes of sexuality, disabled body and the role of motherhood.

In chapter 4, Serene Jones methodology of mapping formed a new lens to theologically engage and discuss the notion of motherhood, helped to experience God's grace and presence even through suffering and reproductive loss. Furthermore, this approach helped to enrich women's lives who are suffering from ovarian cancer, infertility and childlessness, through offering new possibilities and hope. This chapter also explored the notions of childlessness and the intersectionality of voluntary and involuntary childlessness with social stigmatisation, religious belief, religious value of family and motherhood. Chapter 4, additionally, offered and invited church structures to engage and to be involved in the discussions of motherhood.

In conclusion, this research thesis discussed the ideology of motherhood and the complexity of the female body, especially when facing a diagnosis of ovarian cancer. The emotional, physical and psychological intersectionality with social notion of sexuality, femininity, womanhood and motherhood helped to re-conceptualise the contemporary notions of motherhood and to view this from a theological lens that is not oppressive but inclusive for women.

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