Involuntary Childlessness and its Socio-Cultural Impact on Married Couples: Implications for Pastoral Counseling

Evans N Nwaomah
Babcock University, Ilishan Remo Ogun State, Nigeria

Sikhumbuzo Dube
West Zimbabwe Conference, Bulawayo, Zimbabwe

I. INTRODUCTION

Involuntary childlessness is a challenge that plagues modern day families all over the world. In the African worldview, childlessness communicates not only the couples’ inchoateness but also the weakness of the husband. The childless man loses dignity and can be labeled as effeminate. To prove his manliness, a man may then decide to marry another wife to replace his childless wife for the purposes of procreation. A marriage in most cultures in Africa is geared toward procreation thus, the childless woman’s “sexuality, femininity, and psychological health is subject to question.” Most times wives are accused of barrenness even when medical tests are not carried out to validate the virility of the husbands concerned.

The complexity of being childless is exacerbated by the gravity of societal demands and expectations on the couple. Once a couple gets married, the extended family members have a keen interest on when they will receive a child. Anecdotal evidences suggest most marriage instability in Africa are precipitated by the extended family members’ expectations. Thus Alexander Izuchukwu Abasili, argue that the readiness for marriage in Africa, is regarded as readiness for procreation. In the African world view, to be married is seen as an opportunity to contribute to life of the community through procreation for the survival of the lineage and society at large hence the prayer: “May God grant you many children, you shall give birth to male and female and in nine months we shall gather to celebrate the birth of your baby.” The perception of these wishes is that society expects much from every marriage than just the mere grand occasion that is witnessed on the day of marriage. Problems arise when after a year or two and the couple’s potential to grow is deemed incapable of procreating. Childlessness leads to stigmatization and the feelings of inferiority. The feelings of inferiority thwarts the couple’s potential to grow, thus pastoral counselling in marriage preparation would help inform and clarify certain problems and misunderstandings of the marriage sacrament.” This would help the counselees to grow into their God-given potentials.

The aim of this paper therefore is to explore the issue of involuntary childlessness using some Biblical narratives. The paper would also explore the aspects of involuntary childlessness as a socio-cultural construct; psychosomatic effects of childlessness; and the implications for pastoral counselling in the twenty-first century.

II. INVOLUNTARY CHILDLESSNESS

A person or couple can be described as infertile for a number of social reasons such as: abnormality of semen, abnormal fallopian tubes, cervical and uterine disorders, immunological problems, infection and sexual dysfunctions. The importance attached to the child in the African context is grounds for separation or divorce. In the African worldview and “in some contexts, the absence of children of a particular sex” especially male children may be considered as childlessness. While infertility may lead to childlessness it may not be accurate to postulate that a couple that is infertile and involuntarily childless cannot live a normal and fulfilled life. This is primarily because a couple that may have been clinically declared infertile may decide to stay childless and contribute to the welfare of others in the society.

There is some literature which views disability as deviance.9 Like a form of disability, childlessness brings about the notion of “accidental deviance” or “involuntary deviance.”10 This makes involuntary childlessness a sociocultural construct which may be brought about by a medical condition. In Letherby’s comparison of infertility with involuntary childlessness, the former is a biological condition and the latter is a social experience.11

Involuntarily childless women “are defined by others, and perhaps by themselves, in terms or their lack of children ... This category includes women who are medically infertile, who are delaying childbearing (i.e., to finish college or to get settled in a job), or who have a situational barrier that prevents childbearing (i.e., lack of a suitable partner).”12

For the purposes of this paper, involuntary childlessness is defined as an unchosen childless way of being that a couple or an individual finds him/herself in. It could be resulting from factors that the couples were not able to control.

III. BIBLICAL CASES OF INVOLUNTARY CHILDLINESS

Job beautifully presents God’s involvement in procreation when he says, “‘Your hands fashioned and made me altogether, and would You destroy me? Remember now, that You have made me as clay ... Did You not pour me out like milk And curdle me like cheese; Clothe me with skin and flesh, And knit me together with bones and sinews?’” (Job 10:8-11). The psalmist declares the same concept citing that “children are a gift of the Lord, and the fruit of the womb is a reward” (Ps 127:3). Schwarz proposes that “though the writer of the book of Job describes the procreative process that the semen is injected into the female organism and a solid embryonic body is formed . . . this whole process, at the same time, is understood as the work solely wrought by God.”13

The Bible is replete with God’s promises to His children who ask (Mat. 6:7; 7:11). These passages are problems to Bible believing childless couples. They ask and yet do not receive especially in cases of involuntary childlessness where the persons concerned have no medical problems. Now, Let us examine some couples in the Bible that had struggled with issue of childlessness. These cases also show that even the godly couples can be childless.

Abraham, the father of faith, was childless. He complained when “the Lord came to [him] in a vision, saying, ‘Do not fear, Abram, I am a shield to you; Your reward shall be very great.’” He could not see any hope beyond childlessness. “O Lord God, what will you give me,” he protested, “since I am childless?” (Gen 15:1, 2). Even though Abram was blessed by God, he lived with “one of the greatest humiliations in his culture: to lack a son to perpetuate the family name.”14 Involuntary childlessness in his culture was humiliating as is the case in African culture.

Isaac and Rebekah were also childless but they “prayed to the Eternal one on behalf of his wife because she wasn’t becoming pregnant (Genesis 25:21).” Consequently the Lord granted Isaac’s prayer, but only after twenty years of infertility. Rebekah conceived and gave birth to twins (Esau and Jacob) after twenty years of pleading with God (25:24). Once again this shows that God’s timing is different from ours.

Hannah could not stop crying because of her childlessness. The record is that she was “greatly distressed, prayed to the Lord and wept bitterly” (1 Sam 1:10). She described herself as “a woman oppressed in spirit” (1 Sam 1:15). Although her husband lavished gifts upon her, they were nothing to make up for her involuntary childlessness. Hannah’s grief is motivated by the cultural context in which she finds herself in. According to the Hebrew ethos, which is similar to the African culture, contributing to Elkanah’s genealogical line was very crucial for her womanhood to be defined.15

The priest Zechariah and his wife Elisabeth “were both righteous in the sight of God, walking blamelessly in all the commandments and requirements of the Lord” (Luke 1:6), yet they were childless. Additionally, they were both very well past childbearing years. At the appointed time, Elizabeth gave birth to a son. This was breaking news about the Lord’s special kindness which spread through her extended family and the community. Everyone shared her joy, for after all these years of infertility, she had a son. (Luke 1:57-58).

Michal was King Saul’s daughter, and the first wife of David (1 Samuel 19). She was the princess, and became the wife of a king, yet had no children. Hers is the only story of infertility in the Bible that does not end with a miracle child. Michal remained childless until she died (2 Sam 6:23). It appears her infertility had a divine purpose. God saw the

bigger picture and denied Michal an offspring. And because Michal had no child, no descendant of Saul ever regained the throne of Israel.

The Shunammite woman was also barren, but she held her son in her arms one year after Elisha prophesied over her (2 Kings 4:16-17). In each of these stories, including the story of Michal, who had no children, God used infertility to show His care and miraculous power, and to carry out His plan for human history. Except for Michal, God opened all the wombs of these previously barren women. In two instances the women were clearly beyond child bearing years, yet they bore sons of promise. As human, it is difficult to understand the heart of God and His timing but it is evident that God performs miracles then, and he still performs miracles today. All we need to do is wait upon Him.

IV. INVOLUNTARY CHILDLESSNESS AS A SOCIO-CULTURAL CONSTRUCT

Literature highlights that childlessness is not only a medical condition but it is also a social-cultural construct. The weight of the crisis of involuntary childlessness cuts across socio-economic and religious boundaries. Although couples might be clinically proven to be unable to have children, it remains a socio-cultural issue where parenthood is “given a pride of place”.16

V. MARRIAGE MYTHOLOGY

One frustration that comes to a childless couple is what Wimberly calls the family mythology.17 Each couple comes into this new formed family with a mythology that has developed “because of the expectations that spouses bring from their family of origin.”18

The absence of the children results in couples “mourning the loss of their expectations to have a child.”19 This mourning is motivated by the societal family mythology. It has been observed that “across different cultures and societies, there are two pervasive social expectations of married couples: they should have children, and they should want to have children.”20 He argues that when there is no positive mythology there will be a challenge in maintaining the stability of the family.

Wimberly suggests that “positive family and marital myths are nurturing during troublesome times for the marriage and family. He argues that they provide resources for facing reality.”21 Couples must be assisted to work on their mythologies to have a healthy marriage. This is what Christians call faith and believing in the supernatural.

A. Virility and Fertility in the African Context

The marriage covenant is valued in the African ethos. It is considered as a hallowed institution because it was established by God.22 Regardless of this high regard for marriage, the birth of children becomes “a conditional clause for the validity of marriage or its indissolubility.”23 Absence of children makes it permissible to ignore its inviolability. Every couple is expected to procreate as soon as the marriage is initiated and “childlessness is rarely a voluntary option.”24

The African worldview does not consider man to be infertile – the cause of childlessness is always attributed to the supposedly infertile woman. This is authenticated by a study conducted in Nigeria, where the males indicated ignorance of the fact that it is possible to be infertile even when they were able to sustain an erection. They were shocked to discover that they were the cause of involuntary childlessness.25

Male factor infertility is the least perceived cause of infertility in the African worldview. “African studies on infertile men show how men’s inability to father children brought shame to their extended family and some men,

determined to prove their fertility, had sexual intercourse with multiple partners hoping to impregnate one."26

In African traditional religion, productivity elevates a woman to a level of social acceptance because it is believed that “infertility experienced by individual or couple impacts the entire clan.”27 Subsequently, an African woman feels great when she gives birth to a child, especially if the child is male.28 The standing of the woman in her husband’s family remains questionable and volatile until she gives birth to a child and more firmly fixed when a boy is born. Her status of a wife is confirmed when she gives birth.29

B. Psychological Impact of Childlessness

The private grieving makes the phenomenon challenging. The unwillingly childless couples endure stigmatisation by the community. Their lack of procreative prowess makes them to be “be stigmatised on the basis of abnormality of bodily functions.”30 This has a negative effect on the couple. They feel less human.

In a review of thirty publications that was done by Wilson et al, there was strong connection between infertility and psychological disorders. They observed that “significantly higher psychological distress of patients who referred to an infertility clinic than the control group have been emphasized by them.” They also noted that, “same researches indicated that poor long-term well-being (sic) and higher levels of anxiety and depression were shown between infertile women.”31

In Audu’s study when childless men received jokes about their involuntary childlessness they “reported that they felt insulted and sad during moments of lonesomeness.”32

The psychological burden that they go through may lead to depression if there is no proper intervention. The grieving in this instance is severe because no counselling is held to comfort the couple when they have lost the prospect of having a child.

C. Pastoral Counselling Intervention

Couples who are unable to have children need pastoral care. While pastoral counselling may not be the only solution to their problems, childless couples need a listening ear onto which they may offload their burdens. There is need for pastoral counselling intervention.

Involuntary childless couples often suffer in silence. It is difficult for them to reveal their childless status. In a study conducted by Dyer et al.,33 women concealed their infertility by saying “my husband and I do not want to have a child” or “we use contraceptive methods.” These statements are indicative of the embarrassment that comes with infertility.

There is no doubt that some cases of childlessness occur as a result of miscarriages. Repeated pregnancy losses can be devastating to women. They may have debilitating effects on the psychological well-being of many women. Healthcare givers must ensure that they do some debriefing after a pregnancy loss. Edozien and Shaughn propose that “psychological debriefing processes may have a positive influence on emotional adaptation.”34

The impact of miscarriage may be equal to the loss of an adult and the grieving may be of the same magnitude. Jaffe and Diamond affirm that “although the loss of an adult loved one is painful and said, the loss of a longed for pregnancy is unique and needs to be recognized as such.”35 People may not gather to mourn for the loss but the couple mourns and wishes for an understanding pastoral intervention.

Pregnancy loss and involuntary childlessness tends to be the burden of the couple and not society’s challenge. Doka notes that the “the grief that persons experience when they incur a loss that is not or cannot be openly

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acknowledged, is deep and painful. This calls for specialised pastoral therapy to assist the struggling couple. After a pregnancy loss:

Holistic management . . . should address women’s different needs, such as understanding the reasons for the loss of their pregnancy as well as the emotional side . . . . Miscarriage should be conceptualized not as a trigger to psychological morbidity but as a process involving the stages of turmoil, adjustment and resolution. Miscarriage has been considered as a pivotal point in the lives of some women resulting in the reassessment of both their past and future experiences.

D. Religiosity Assessment

The religion of the patient seeking care is instrumental in the acceptance of childlessness. Clinicians attending to clients that have the hope of correcting their childlessness and are doing something about it, must be “educated about the role of religion and spirituality in the lives of those clients.”

One’s religion is important because it has been noted in studies carried out in America that “many women of low socioeconomic status turn to religion to cope with their childlessness.” This is not peculiar to Americans only but such is noticed among the Africans too. The “Igbo and many other people appeal to the ‘High God’ in their distress, believing that he is not completely separated from the affairs of men.”

The pastoral counsellor must “examine the reasons for one’s own behaviour as carefully as possible because they are essential to good self-management.” Religion has a decisive function in one’s behaviour. Studies show some of the ultra-conservatives in their own religion have some difficulties in coping with grief. In these findings, it has been indicated that “higher levels of religiosity have been found to be associated with lower levels of acceptance of childlessness, and higher levels of intent to seek assistance with solutions to infertility.” A pastoral counsellor must develop an understanding as to why couples look to the future.

While spirituality has its place in counselling, it may fail to help the couples during their time of grief. However, couples should be encouraged to hold on to their faith even when there might not be any human solutions to their predicament.

Indeed infertility is a great concern for married couples. The pain is real and intense and should never be underestimated for the harrowing effect it has on their lives. Therefore, counsellors must be aware of this pain as they provide therapy to suit. Counselling those in pain requires listening and caring more than anything else. Therefore, providing sermons and lectures as the friends of Job did (Job 4) to hurting ones before processing their pain and loss, is not in their best interest. Since grief occurs with losses other than death and people process grief differently, we recommend that:

- Counselees be encouraged to mourn and say good-bye to their loss. This process will facilitate holistic healing as couples look to the future.
- Caregivers understand the socio-cultural impact of infertility on the married couples and tailor their therapy to suit and not to harm.
- While spirituality has its place in counselling, it may fail to help the couples during their time of grief. However, couples should be encouraged to hold on to their faith even when there might not be any human solutions to their predicament.
- The African worldview of childlessness must inform the pastoral counsellors on the kind of therapy they provide. Couples should be encouraged to discard all myths that are dangerous to faith formation.
- Couples surround themselves with support groups that could provide friendliness, compassion and understanding as they live the rest of their lives trusting in divine for strength and courage to live life to the fullest.

VI. CONCLUSION AND RECOMMENDATIONS

As uncomfortable and unpleasant, as the case of infertility might be, it is not beyond the grace of God. What we as humans cannot achieve we must learn to hand over to God. The first is to recognize that we cannot help the situation especially when we have done everything we can do medically and the situation remains the same. One of the Hymns that in times of troubles and tribulations is the one written by Eward Mote (1797-1874) titled “My hope is built on nothing less than Jesus Blood and righteousness”. The author in this hymn says “When darkness seems to veil His face, I will rest on His unchanging grace; in every high and stormy gale, (hurricanes and destructive storms in my life) my anchor holds within the veil, On Christ the solid Rock I stand all other ground is sinking sand, All other ground is sinking sand.