**Distribution Agreement**

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

_____ _____

Gretchen M. Van Ess Date

# Infertility and the Bible: How Women Use Their Personal Faith, Scripture and the Church When Struggling With Infertility

By

Gretchen M. Van Ess

Master of Public Health, Department of Global Health

Master of Divinity, Candler School of Theology

_____

Dr. Amy Webb Girard, Hubert Department of Global Health
Committee Chair

_____

Dr. Noel Erskine, Theology and Ethics
Committee Member

# Infertility and the Bible: How Women Use Their Personal Faith, Scripture and the Church When Struggling With Infertility

By

Gretchen M. Van Ess

Bachelor of Art and Bachelor of Architecture
University of North Carolina at Charlotte
2006

Thesis Committee Chair: Amy Webb Girard, PhD

An abstract of
a thesis submitted to the faculty of the
Rollins School of Public Health of Emory University and
Candler School of Theology of Emory University
in partial fulfillment of the requirements for the degrees of
Master of Public Health in Global Health
and Master of Divinity
2012

# Abstract

Infertility and the Bible: How Women Use Their Personal Faith, Scripture and the Church When Struggling With Infertility

By Gretchen M. Van Ess

**Objective:** To assess how Atlanta-based Christian women relate to their faith, scripture and the church when faced with infertility.

**Methods:** The data for this study were collected through a cross-sectional qualitative study utilizing in-depth interviews. Thirty interviews were conducted with women aged twenty-three to fifty-six (Mean 40.6, SD 8.0). Data were analyzed using the grounded theory approach allowing main themes to emerge from the data. Exegetical analysis was conducted on the four most mentioned scripture passages.

**Results:** Given the elements of the infertility narrative consistently experienced by infertile women, faith played a key role in the decision-making process about infertility treatments. Women also called upon their faith when transitioning from one treatment option to another, and in the realization and acceptance that they may not be able to bear biological children. The ways women made meaning of their situations revealed the different theologies held by infertile women. Women referenced over thirty-five different scriptures, but four Biblical narratives about infertility and barrenness were mentioned most frequently. While a few churches offered support to women experiencing infertility, this was not the norm. In many churches there is silence around the issue of infertility. The cycle of silence around infertility is perpetuated because pastors are unaware of women's struggle with infertility, do not discuss it within the church and therefore churches do not offer support services. The cycle continues, as women do not publicly share their struggle with infertility.

**Conclusions:** Churches are in desperate need of avenues to raise awareness and educate congregations about infertility. Pastors and priests should be knowledgeable about the prevalence of and emotional responses to infertility and be available to women struggling with infertility. Theological education is denying future church leaders the training necessary to counsel infertile congregants and break the cycle of silence. The medical community should be discussing perceptions about women's personal beliefs and the role of faith in regard to infertility treatment. The medical community should provide infertile women with resources for grief counseling, and referrals should be made to chaplains and other supportive resources upon infertility diagnoses and unsuccessful infertility treatments.

**Key Words:** Infertility, Infertility Decision-Making, Faith, Religion, Scripture, Support, Infertility Treatment, Barrenness, Silence, Cycle of Silence, Church, Infertility Narrative

# Infertility and the Bible: How Women Use Their Personal Faith, Scripture and the Church When Struggling With Infertility

By

Gretchen M. Van Ess

Bachelor of Art and Bachelor of Architecture
University of North Carolina at Charlotte
2006

Thesis Committee Chair: Amy Webb Girard, PhD

A thesis submitted to the faculty of the
Rollins School of Public Health of Emory University and
Candler School of Theology of Emory University
in partial fulfillment of the requirements for the degrees of
Master of Public Health in Global Health
and Master of Divinity
2012

# Acknowledgement

I would like to first thank the 30 amazing women who participated in this research study. I am honored by your willingness and strength to discuss your struggles with me and I am thankful for your commitment to help other women on similar journeys.

I would also like to thank my husband, Dane. You encouraged me while writing, were a sounding board when things got difficult and picked up the slack around the house while I was collecting data and writing this thesis.

Mom and Dad, thanks so much for supporting this dyslexic girl who once thought advance degrees were unattainable. You instilled in me a value of education and learning that has brought me to where I am today.

Dr. Aimee Webb Girard, my thesis chair, thank you for your words of encouragement, your critical examination of this work and for believing that faith is an important component in women's struggles with infertility.

Dr. Noel Erskine, my adviser from Candler School of Theology, thank you for your hours of counsel during the inception of this research and for your support of my pursuit of the dual degree.

# Table of Contents

## Chapter 1: Introduction

Infertility, or the inability to become pregnant, is a problem that affects more than 6 million American women. According to the Centers for Disease Control and Prevention (CDC) about 10% of women in the US ages 15-44 face difficulties trying to become or stay pregnant.[1] Although both male and female infertility exist, this paper focuses exclusively on the female perspective of infertility. While female infertility can have many causes, it is primarily attributed to problems with ovulation, when a woman experiences irregular or no menstrual cycles. Polycystic Ovarian Syndrome (PCOS) or Primary Ovarian Insufficiency (POI) are common diagnoses when women face problems, specifically with ovulation. Other causes of infertility can include pelvic inflammatory disease, endometriosis, or problems with the uterus, including uterine fibroids.[2] Some women also experience unexplained infertility, where standard infertility testing cannot determine a cause for the inability to become pregnant.

There are many factors that increase the risk of infertility. These include age, smoking, alcohol use, stress, poor diet, athletic training, being overweight or underweight, sexually transmitted infections and health problems with hormonal changes.[3] Age is one of the most influential factors contributing to infertility and is included in the definition. Infertility is defined: A woman over 35 years of age is considered infertile if she is unable to become pregnant after having unprotected sex with the intention to become pregnant for more than six months. A woman under 35 years of age is considered infertile if she is unable to become pregnant after having unprotected sex with the intention to become pregnant for more than one year. In the last few decades, age has been a growing factor associated with fertility problems, as many women are waiting until their 30's and 40's to have children. Because of the rising age of women attempting to become pregnant, about one third of women over the age of 35 will experience fertility problems.[4] Some studies have shown that nearly one in eight couples will experience infertility.[5]

When women are faced with infertility, there are many economic and emotional costs. Many women and their partners must succumb to a battery of tests. These tests begin with the general infertility checkup, which includes a physical exam and review of the health and sexual history of each partner. Male partners undergo semen testing while women monitor their ovulation through charting and regular temperature checks. If these tests do not produce an explanation for infertility, women will undergo X-rays of the uterus and fallopian tubes. Special dyes are used allowing doctors to see on the X-rays if "the dye moves freely through the uterus and fallopian tubes. This can help [doctors] find physical blocks that may be causing infertility."[6] As one can imagine, these tests are expensive, and so too are the treatments for infertility. Treatments can include hormonal medication, artificial insemination, intrauterine insemination (IUI), in vitro fertilization (IVF), embryo transfers, embryo adoption, surrogacy, and infant/child adoption. Each method is expensive and insurance coverage varies considerably.

While the economic toll on families is significant, one must not forget about the emotional toll infertility takes on women, their partners and their families. The consistent nature and stress of testing, along with the fear of the unknown, can create considerable emotional pain for women faced with infertility. Also, infertility can create considerable marital hardship, along with stress, grief, anxiety, and depression.

While many believe that infertility is a private matter, it can and should be recognized in the realm of public health. Public health is defined in A Dictionary of Epidemiology (2001) as

> "one of the efforts to protect, promote and restore the public's health. It is a combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of all the people through collective social actions."[7]

With this definition in mind, infertility is seen as a public health problem, because treatment and policy decisions are based on data and evidence. In their 1999 article, Fidler and Berstein state that various fields of public health are engaged in the dialogue and research around infertility.[8] Epidemiologists are involved in quantifying the problem, identifying preventable causes for infertility and measuring the effectiveness and potential risks of treatment. Some public health

professionals are involved in the risk/benefits and cost/benefits analysis of treatment, while others contribute to public polices about access and cost of infertility treatment. Others are involved with conversations about the ethical, moral and legal implications of treatment, and some public health professionals try to protect the rights of women and promote their emotional and physical wellbeing. In the last ten years, prevalence of infertility for American females has risen from 7.2% to over 10% of US women affected.[9] As infertility continues to affect more women each year, what is learned from individual researchers should be considered in the public health arena. The more knowledge and data that is generated about causes, prevention and treatments for infertility, the more women will be helped.

In addition to science and skills, beliefs are also recognized as a key component to public health; in any public health issue, this may be the beliefs of policy makers, scientists, researchers, doctors and nurses, or the personal beliefs of the patients and their families. In regards to infertility, both patients' and doctors' beliefs are a crucial element in how one understands and treats infertility. While research has been done on the emotional, physical and economic impacts infertility has on women and their families, little research has been conducted on the ways women relate to infertility through the lens of faith. In addition, little research has been done on the impact of women's religious beliefs, faith communities and understanding of religious texts on their decision-making process and how they handle infertility.[10]

Because little research has been done in this area, there could be several consequences. First, doctors may be unaware of the significance of women's faith beliefs and its role in the decision-making process around infertility. In turn, doctors may not include women's faith beliefs when developing treatment plans. Second, women who are suffering with the difficult decisions surrounding infertility may have little or no religious resources available to help make these decisions in light of their faith. Third, churches and their leaders may be unaware of the prevalence and impact of infertility in their congregations. As the primary sources for religious and spiritual support, churches may not be functioning to their fullest capacity when interfacing

with infertile women. Finally, because of the silence around faith and infertility in the medical research and the silence about infertility in general in the church, women often face infertility alone.

Given the gap in research around infertility and women's faith and belief systems, this study may offer some solutions to these foreseen consequences. As a result of this research, both health professionals and church leaders will be more aware of this relationship between faith and health. With this raised awareness medical practitioners can introduce the dialogue of faith in regard to medical treatment and churches can better meet the needs of their female parishioners. Once churches and their leaders begin to provide resources and develop programs to assist infertile women, perhaps women will become more comfortable to reach out to their churches and faith communities for support.

This study was designed to further examine the relationship between faith and health as it relates to infertility. In-depth interviews were conducted with Atlanta based Christian women to understand how they relate to their faith, their church and Biblical texts when faced with infertility. Women were asked to tell their infertility story. Many shared how they used the Bible and their personal faith during their struggle with infertility and the role of the church during this time. Women were also asked to share advice for other Christian women faced with infertility and to church leaders who support women along their infertility journey.

The research question this thesis examined was: *How do Atlanta based Christian women relate to their faith, scripture and the church when faced with infertility?* While the principal investigator assumed women would rely on their faith during this struggle, exactly how this happened was unknown. This research investigated the ways women drew strength from or struggled with their faith when making decisions around infertility. The principal investigator was also aware of Biblical stories about infertility, including Sarah, Rebecca, Rachel, Hannah, and Elizabeth. (Please see Appendix A for a brief summary of these stories.) Another focus for this research was to discover if women looked to or drew support from these particular stories or other

stories in the Bible. The final focus for this research was to discover how churches were using resources and offering support to women faced with infertility.

This research has the potential to help educate church leaders and assist with religious program development focused on infertility. When churches are prepared to talk about and offer support on the topic of infertility, women will then be able to turn to their churches when faced with the difficult decisions around treatment, grief, depression, or stress. This research might also lead to articles, handbooks or curriculum to help equip churches on how to meet the specific needs of women faced with infertility. Before these documents are written, pastors and priests could use this thesis as a resource when interfacing with women struggling with infertility as it offers a summary of Biblical narratives about infertility and ways that women have interpreted such scriptures. This thesis also offers pastors an extensive list of coping rituals, books, and scripture passages that they can share with infertile women.

A second, and equally important goal of this research is to relay to the medical community the significance of women's faith when faced with infertility. If doctors and medical staff understand the role personal faith and religion play in the decision-making process, health care providers can be sensitive to and include these beliefs when developing a treatment plan. By considering a woman's personal beliefs and spiritual interpretation of infertility, doctors will be able to provide more holistic care, attending not only to women's physical health but also their mental, emotional and spiritual well-being.

### 1.2 Definition of Terms

**Assisted Reproductive Technology (ART):** "ART includes all fertility treatments in which both eggs and sperm are handled. In general, ART procedures involve surgically removing eggs from a woman's ovaries, combining them with sperm in the laboratory, and returning them to the woman's body or donating them to another woman. They do NOT include treatments in which only sperm are handled (i.e., intrauterine—or artificial—insemination) or procedures in which a woman takes medicine only to stimulate egg production without the intention of having eggs retrieved."[11]

**Bible:** The Christian scriptures including the Old and New Testaments. For this research the translation from The New Revised Standard Version will be used.

**Dilation and Curettage (D&C):** A surgical procedure often performed after a first trimester miscarriage. Dilation means to open up the cervix; curettage means to remove the contents of the uterus. Curettage may be performed by scraping the uterine wall with a curette instrument or by a suction curettage using a vacuum-type instrument.[12]

**Embryo:** In the reproductive cycle, the stage after fertilization of the egg, that precedes the development into a fetus (which happens eight weeks after conception).

**Embryo Adoption:** When owners of frozen embryos choose to adopt out their embryos to infertile couples, who cannot create their own embryos, rather than donating the embryos to research or having them destroyed.

**Embryo Transfer:** A step in the process of assisted reproductive therapy (including IVF or embryo adoption) where one or several embryos are placed into the uterus of the female with the intent to establish a pregnancy.

**Endometriosis:** A condition in which tissue that normally lines the uterus grows in other areas of the body, usually inside the abdominal cavity, acting as if it were inside the uterus. Blood, shed monthly from the misplaced tissue, has no place to go, and tissues surrounding the area of endometriosis may become inflamed or swollen.[13]

**Faith:** Belief system as it pertains to a transcendent being (God) in which belief is based on understanding without proof. A feeling, conviction or belief that something is true, real, or will happen.

**Follicle-Stimulating Hormone (FSH):** FSH is produced by the pituitary gland and helps control the menstrual cycle and the production of eggs by the ovaries. The amount of FSH varies throughout a woman's menstrual cycle and is highest just before she ovulates. A FSH Test measures the amount of follicle-stimulating hormone in a blood sample.[14]

**Hysterosalpingogram (HSG):** A test done to determine if the fallopian tubes are open or blocked. A radiographic dye is injected into the uterine cavity through the vagina and the cervix. The uterine cavity fills with the dye and if the fallopian tubes are open, the dye fills the tubes and spills into the abdominal cavity.[15]

**Infertility or Primary Infertility:** A woman over 35 years of age is considered infertile if she is unable to become pregnant after having unprotected sex with the intention to become pregnant for more than six months. A woman under 35 years of age is considered infertile if she is unable to become pregnant after having unprotected sex with the intention to become pregnant for more than one year.

**Intra Uterine Fetal Death or Demise:** The clinical term for the death of a baby in the uterus, during pregnancy and before birth, typically after the 20th week of gestation.

**Intra Uterine Insemination (IUI):** Also known as artificial insemination, IUI is a procedure for treating infertility in which sperm that have been "washed" and concentrated are placed directly in a woman’s uterus on the day after her ovary releases one or more eggs to be fertilized.[16]

**In Vitro Fertilization (IVF):** A procedure used to treat infertility problems during which mature eggs are retrieved from a woman’s ovaries and fertilized by sperm in a lab. Then the fertilized egg (embryo) or eggs are implanted into the uterus.[17]

**Miscarriage:** The spontaneous loss of a fetus before the 20th week of pregnancy.[18]

**Polycystic Ovarian Syndrome (PCOS):** A health problem that can affect a woman's menstrual cycle, ability to have children, hormones, heart, blood vessels, and appearance. With PCOS, women typically have high levels of androgens or male hormones, missed or irregular periods, and many small cysts in their ovaries.[19]

**Religion:** Belief in and worship of a transcendent being (God) within a system or institution with shared beliefs, values and worship styles. Being religious speaks to the worship practices and outward expressions of one's faith.

**Secondary Infertility:** Refers to couples who have been pregnant at least once, but never again.[20]

**Spiritual/Spirituality:** An acknowledgement of a transient being or power, and the search for the ultimate truth. Spirituality is not necessarily associated with specific doctrine or religion's beliefs or denomination's practices.

**Unexplained Infertility:** Infertility where standard infertility testing cannot determine a cause for the inability to become pregnant.

## Chapter 2: A Review of the Literature

Over the last 30 years, religion, faith and spirituality have become increasingly important to the holistic nature of medical care and treatment. Several researchers have shown positive impacts of religious or spiritual practices on a wide variety of health outcomes. Indirectly, researchers have found that religion, faith and spirituality have been an important factor when making decisions about and coping with infertility, miscarriage and infant loss. In the United States, less than a handful of scientific researchers have intentionally studied the role of faith and religion in regard to infertility.

### Infertility in the United States

In the late 1990's, projections were made that by 2025, 6.1 to 6.5 million American women would be infertile.[21] According to the National Survey of Family Growth in 2002, 7.3 million women, or 12% of reproductive-aged women (15-44 years) in the United States reported having ever used infertility services.[22, 23] Popular perception suggests that rates of infertility have risen over the years, because of the rising age of marriage. Delaying the age of childbearing causes first children to be born to women of older, less fertile ages.[24]

For women utilizing infertility-associated treatment, these services most often include medical advice, diagnostic tests, and medical help to prevent miscarriages. Specific infertility treatments have included ovulation induction medications, surgery or other treatment for blocked fallopian tubes, artificial insemination and assisted reproductive technologies. In 2002, almost 2% of women used ART and 4% of new mothers claimed conception was achieved by utilizing some form of ART.[25]

It is important to note that there may be racial disparities in medical help-seeking behavior and access to services for women faced with infertility. For example, national data indicates that the racial and socio-economic status of infertile women is representative of the

overall population of women in the United States. But the demographics of women who have sought and received medical interventions for infertility are predominately Caucasian, educated and wealthy.[26] There are numerous obstacles that poor and racial minority women face when struggling with infertility. These could include socio-economic factors, lack of access to infertility specialists, limited insurance coverage, racism or cultural expectations that discourage the use of ART.[27]

Due to incredibly high costs and limited insurance coverage, many women do not receive the advanced infertility care that they need. Some studies estimate that as many as 50% of those who need treatment do not receive it, due to lack of affordability in the absence of insurance coverage for ART.[28] Despite the enactment of the Pregnancy Discrimination Act, an amendment to the Civil Rights Act of 1964, which requires basic coverage for services related to pregnancy, "'challenged conception' and its therapies continue to be treated largely as 'medically elective' in the U.S. health care system."[29]

No matter a woman's race, ethnicity or insurance coverage, infertile women experience a wide range of emotional reactions to an infertility diagnosis.[30] Issues can include psychological distress, depression, marital strife, loss and trauma. Studies have found that compared with women with no fertility problems, infertile women without any children experience substantially more sadness, frustration, anxiety and other negative mood states.[31] Involuntary childlessness and unsuccessful attempts at motherhood threaten women's identities and well-being. Some women describe their experience with infertility as a "role failure, interpreting it as a challenge to their womanhood,"[32] while others describe it as "an inability to work normally."[33] Women experiencing infertility also report depressive symptoms. Some studies have shown that compared to women with biological children, infertile women experience more depression and are less satisfied with their lives.[34]

One commonly reported aspect of the infertility experience is marital strife and sexual anxiety, as some couples experience serious stress in their relationships. Both partners often

report negative effects on their sexual relationship because of the experience with infertility.[35] One study found that anxiety from infertility created many types of stress which often manifested in the sexual relationship.[36] One mediating factor for marital stress is the relationship between spouses. Researchers report that the husband's interpretation and reaction to infertility influence how wives' perceive the effects of infertility on their marriage.[37] When husbands did not want to talk with their wives about treatment or trying to have a baby, and were not proactive in trying to conceive, women perceived a negative effect of infertility on their marriage.

Women also experience feelings of loss, anxiety and grief. While infertile women do not have something physical to mourn or a specific date of loss, they still grieve the loss of motherhood and the child of their dreams.[38] Current research suggests that the experience with infertility may be a traumatic stressor. According to the American Psychiatric Association, a person has been exposed to a traumatic event in which both of the following have been present:

> "1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. 2. The person's response involved intense fear, helplessness, or horror."[39]

Infertility and pregnancy loss could therefore be considered traumas, especially if women and their families understand perinatal loss as a death of a child. Women who experience this type of loss express symptoms often associated with trauma, including isolation, hopelessness, stress, unhappiness and grief. [40]

## Theological Writings about Infertility

Given the sense of grief, depression, loss, and trauma commonly associated with infertility, a natural source of support for women could be their spirituality or their personal faith. Women can find numerous stories about infertility and barrenness in the Christian scriptures. Table 1 highlights five prominent Biblical stories, their key characters and the characters' actions to become pregnant. A brief synopsis of each story can be found in Appendix A.

| **Table 1: Five prominent Biblical stories about infertile women** | | |
|---|---|---|
| *Scriptural Reference* | *Key Characters* | *Actions Taken to Become Pregnant* |
| Genesis 15-21 | Sarah, Abraham and Hagar | - Prayer by Abraham<br>- Sarah gives her handmaid Hagar to her husband Abraham to bear children for her |
| Genesis 25 | Isaac and Rebekah | - Isaac prays to the Lord on Rebekah's behalf |
| Genesis 29-30 | Rachel, Leah, Jacob and 2 handmaids | - Rachel gives her handmaid to Jacob to bear a child for her |
| 1 Samuel 1 | Hannah and Elkanah | - Fervent prayer and pleading to God in the temple by Hannah<br>- Before her child is conceived, Hannah promises to give her son to the temple<br>- Prayer by the Priest on Hannah's behalf |
| Luke 1 | Elizabeth and Zachariah | - Belief in Gabriel's proclamation |

Given the frequency of infertility narratives in the Christian scriptures, many theologians and pastors have written commentaries and reflections about these stories. Rachel Havrelock describes the transition from barrenness to motherhood as a

> "mode of female initiation into a relationship with the divine. [In the Biblical stories about infertility when the focus is on the mother rather than the child] the story becomes about the ways in which women discover and then transcend the limitations of their circumstances transforming their bodies and social status in the process."[41]

In the Biblical narratives, female infertility often interferes with God's covenant with the patriarchs, the promises that their descendants will be great, and nations will come from their loins. In these circumstances, the patriarchs' faithfulness and prayers do not fulfill the promises, but rather female desire and intimacy with God is required. Havrelock continues saying that through the struggle of Biblical matriarchs, the

> "measures that each woman takes to reverse the situation of infertility are simultaneously the means through which she forges a relationship with God… These moments of female articulation challenge spouse and God alike to participate in the woman's grief as well as in her determination to reverse the situation. By refusing to submit to a present reality, the barren women initiate change."[42]

In each story there is no potential for children until the woman takes control; God's promises to the patriarchs are only realized upon the intercessions of the matriarchs. After the child is born, it is through the name of the child that the mothers are able to tell their stories of transition from barrenness to motherhood. In many of the Biblical narratives of infertility, both husband and wife need to develop a relationship with God in order to fill the divine promise for descendants.[43]

For some, the birth of John the Baptist, son of righteous but barren parents Elizabeth and Zechariah, is the end of the generational lineage of barren women bearing children whose births have been promised and foretold.[44] Luke 23 could be seen as a reversal in the understanding of barrenness. In this passage, Jesus says, "For the days are surely coming when they will say: Blessed are the barren and the wombs that never bore and the breasts that never nursed." (Luke 23:29) Here Jesus erases the curse of barrenness and lays a blessing on those who experience infertility. Encouragement can be found from Paul, whose message in many of the scriptures is that, "God sent his son, born of a woman, born under the law… so that we might receive adoption as children." (Galatians 4:4-5) In other words, it is through the birth and death of Jesus that we are adopted into God's family; in this new covenant with God we live not by blood, but by promise.

For many couples, infertility and pregnancy loss cause pain and suffering often unseen by society and the church. Feske suggests that, given the rate of infertility in the United States, "in a congregation of 200 members, approximately 15-20 families could be suffering in silence over the inability to bear a child."[45] Unfortunately, many infertile couples describe their experience in church as both lonely and isolating. Churches and pastors are not prepared to help with rituals or to offer care for couples struggling with infertility. Infertile women share that the best form of pastoral care that they can receive is true acknowledgment of the pain and grief they feel.[46] Women and couples experiencing infertility or pregnancy loss also yearn for rituals that could help facilitate the grief and mourning process.

Despite the prevalence of infertility in most Christian denominations, ritual services for infants and stillborns are much more common than rituals or services for miscarriages and infertility. Tucker points out that for infertility "there is a notable absence of ritual texts, both in official and unofficial ecclesiastical sources, and in the 'grassroots' and feminist resources."[47] There are few resources reflecting the character of loss and grief for women experiencing miscarriages, stillbirth and infertility.

The church and its leaders can be and should be a compassionate partner in the journey toward healing, through the acknowledgment of loss and grief and through a shared hope for the future. Where official denominational services do not exist, pastors often develop services that can serve as an opportunity for couples to construct and articulate meaning for loss, sorrow and forgiveness. One in three women over the age of thirty-five, who experience infertility, need the support of the church; they need a safe and familiar space to expose their feelings and emotions and find healing in the church environment.[48] Couples need the church when struggling with infertility just as they would, should they experience the joy of new life.

The Christmas season can also be difficult for infertile women, as the focus is on children and the pending birth of the Christ child. The holiday season is also about Advent, a time of preparation and waiting for the Lord. For infertile women, not only the holiday season, but every day of their lives can feel like an "endless Advent," as they are always preparing and waiting to become pregnant.[49] The difficulty with the Advent season in the church is that the end result is a baby, with many churches focusing only on the birth of Jesus. Shifting the focus to "Emmanuel" or "God with us," reminds infertile women that God is with them in their suffering, while they endure their personal Advent.[50] Faith does not erase the suffering, but instead enables infertile women to see every day struggles against the backdrop of God's larger creation.[51] One of the core tenents of Christianity is that humanity is made in the image of God; if this is true, then perhaps there is freedom from being defined by infertility, and remembering that everyone no matter their fertility, is a perfect child of God.

To address the needs of infertile women, the atmosphere of the church needs to be examined to see how childless couples are affirmed. Churches must make a committed effort to assess how infertile women and their families are being treated.[52] Also, if the church respects the individual's ability to make moral decisions about reproductive therapies, the church needs to make this stance absolutely clear. Pastors need to increase their awareness about infertility and need to be able to deal with scriptures about infertility. Pastors may then find it more comfortable to mention infertility in prayers and when introducing scripture that might be difficult for those faced with infertility.[53] When counseling couples, pastors need to listen carefully to the couples' concerns, and be aware that everyone handles trauma differently. The church should know where appropriate resources can be found, and be willing to direct the couple to them.

Church leaders must not forget that reproductive loss is constantly surrounded by grief, and that this grief does not occur in a vacuum. Serene Jones suggests that women's understandings of infertility and motherhood are

> "always socially mediated… 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 thereby to make one a mother."[54]

When infertile women are faced with such grief, they long for an image that can hold their experiences; women want an image of God that shows God is with them. This image of "God with us" can be seen in the Trinity, "a community of mutually indwelling persons [who exist] fully and freely for the sake of the other and in the other."[55] In the Trinity, part of the Trinity comes to this world, to walk on the earth as a person and to die on a cross. Through the sacrifice of a son, God shows humanity that nothing, not even a humiliating death by crucifixion, can cause God to abandon God's chosen people.[56] Christ's death on the cross shows God's redemptive love to all of creation, and perhaps even more importantly for women experiencing infertility and reproductive loss, it shows God's solidarity with those who grieve. The three-in-one God, the giver of everlasting life, has experienced an earthly death.[57] If God is viewed in the feminine, can this divine image of Christ's death on the cross be an image of maternal loss?

Impact of Religion and Spirituality in Health Care

One cannot help but wonder how faith beliefs and church support systems affect health. Several studies have been conducted about the role of spirituality in health care[58] and the associations between religious practices, spiritual beliefs and individual faith with positive health outcomes.[59] One study found that religion and spirituality had a positive effect on health outcomes for conditions such as cardiovascular disease, cancer, disorders of the immune system and many other conditions.[60] Other studies have found positive associations between religiosity and well-being, and the use of religion as a coping mechanism when experiencing adverse life events.[61] Researchers have also found that church attendance is associated with increased participation in certain health care practices and health outcomes.[62, 63]

Spiritual values are increasingly recognized as a component of health care to be discussed with patients and taught in medical school.[64] Some health care providers suggest that basic information about a patient's spiritual life be obtained as part of the patient's medical and personal history, as a way to better refer patients to clergy when spiritual support is needed.[65] In an American Medical Association publication, the recommendation was made that "clinicians ask 'what can I do to support your faith or religious commitment?' to patients who responded favorably to questions about whether religion or faith are helpful" in managing illness. [66] Gaining this type of information from women during infertility treatment could be beneficial; this could help doctors understand women's decision-making process in relation to the application of their faith, and women could benefit from referrals to chaplains during emotional and difficult parts of the clinical experience.

Other studies have examined the role of religion when faced with stressful life events.[67,68] Communities of faith and individual religious beliefs are one of the main ways people cope and deal with trauma.[69] In the wake of traumatic events such as experiencing a hurricane, flood, missile attacks or personal violence, religion and prayer have been shown to be positive coping mechanisms. Clergy are often called upon to act as key facilitators and providers for the

parishioners' mental and emotional health, as religious leaders are often the first person people turn to after traumatic experiences.[70] This is important in light of the research on infertility, because many women describe the testing and treatment procedures associated with infertility as traumatic.

Emergent Findings about the Role of Religion and Infertility

A few studies, while not intentionally studying the role of religion on infertile couples, have found that religion can be a major source of strength, a mechanism for coping, and a way in which to make meaning out of the current situation. After unsuccessful fertility treatments or miscarriages, women's mourning process is often intense; several women considered their unborn child to be part of their family and grieved their death as intensely and emotionally as other deaths. One woman said, "I felt a very strong sense of loss. I really felt that a death had occurred and I felt that I had lost something dear to me."[71] These feelings of grief are often experienced in silence and isolation. "It is more a lost dream, the loss of a hoped-for child rather than an actual child who can be actively grieved in a communal context where others recognize that something has happened."[72] Women have an overt attachment to their fetus as well as to the dreams associated with motherhood, so when a pregnancy is lost or a diagnosis of infertility is received, grief is felt. Because of the sudden nature of this type of loss, women have not anticipated the feelings of grief or loss, therefore making it even more intense.

After an unsuccessful infertility treatment or a miscarriage, women often search for the causes of their loss. Some women understand their loss as part of God's plan or as "God's will," while others blame certain activities such as strenuous work, health complications, or consumption of unhealthy substances.[73] Many women speak of resolving the pain of infertility and finding hope for the future in the context of a spiritual search; women describe the importance of faith in making meaning of their situation and having a positive outlook on life. [74]

Not to be overlooked is language and context that religion and spirituality give women in (re)creating their story with or without biological children.

Prayer is a method women used to cope and manage their personal grief reactions. Continually cultivating and investing in their prayer life and trusting in God were incredibly important for infertile women. For women struggling with infertility, belief that "'God does everything for a reason', 'can fix anything', and 'is a protector,'" were all sources of hope and support.[75] Even women who did not officially participate in a particular denomination's religious services, used their personal faith as a coping mechanism.[76] While the personal relationship with God is unique, spirituality and religious methods of coping are of key importance and should be encouraged.

One study found that women receiving treatment in clinics and women receiving treatment in private practices had different perceptions of how God was working in their infertility treatment. Women seeking treatment in the clinic were "more accepting of God's plan, believing that they would have children when it was *meant* for them and when *God was ready*." [77] On the contrary, women receiving treatment in private practices had an antagonism with and estrangement from God, and could not comprehend why God would give people children who did not deserve them.[78] Medical staff must seek clarity in the individual expression of the understanding of pregnancy loss or infertility.

> "Religious people continue to present for medical attention in significant numbers. For as long as religion remains an important human activity, family formation will continue to be part of its core business…Policy makers and regulators will need to continue to acknowledge the dominant religion in their region as a stakeholder in ART, and clinicians will need to accommodate the type of impact that infertility may have on religious people."[79]

Since spiritual well-being can be essential in healing, researchers suggest that when physicians assess a woman's mental health status, spiritual well-being should be discussed, and referrals should be made to supportive resources when needed.[80] Making this connection between physicians and chaplains can only help the spiritual well-being of women experiencing infertility

and unsuccessful treatments. Researchers also suggest that nurses should assess women's religious affiliation and spirituality, encouraging those who experience involuntary pregnancy loss to use and rely on spiritual resources, such as prayer.[81] Facilities should also be encouraged to have religious materials and readings, and to include spiritual assessments and strategies in the discharge planning.[82] This could be pivotal in a woman's healing, and could be a reminder to women to utilize the resources available in their religious communities.

Church leaders, interfacing with women struggling with infertility or trouble becoming or staying pregnant, should not assume what women need in terms of support. Religious leaders should offer a compassionate and safe space for women to express their feelings and emotions.[83] There is no blanket statement one can offer as support to a woman who has experienced a miscarriage or infertility; those in a supportive role need not discount any of the feelings women convey, but rather, allow women to express these feelings and begin the grieving process.

Recent Studies Examining Infertility and Religion/Spirituality

While limited, a few researchers have intentionally examined the relationship between women's experiences with infertility and religion or spirituality in the United States. One leader in this field is Alice D. Domar, who is a "pioneer in the application of mind/body medicine to men's and women's health issues."[84] In 2005, Domar et. al. presented findings from a study examining if religion helps women cope with the stress and distress of infertility. The researchers found that 75% of the participants indicated that they were Christian (52% Catholic), while 85% of the participants had received some formal religious education, and 65% reported 'regular' religious attendance. In addition to attending religious services, 79% of participants said they currently prayed and 24% reported becoming more religious since experiencing infertility.[85] This shows that women who are seeking infertility treatment have religious beliefs, draw on religious practices (prayer, worship attendance, etc.) and some women become more religious because of the experience of infertility. While the study also found that spirituality decreases the presence of

depressive symptoms and stress, the researchers argue that immediate conclusions should not be drawn that religion or spirituality will automatically diminish these symptoms, as researchers feel religious issues many either be healing or disruptive. Instead, they encourage physicians to talk with patients about their religious beliefs and practices, and assess how the woman's belief system will impact her spiritual well-being. Physicians can also encourage women to utilize religious coping strategies and to participate in religious services that allow women to memorialize their loss.[86] These findings point to the individual nature of spirituality and religious beliefs and the need for communication around them, in order to determine the most supportive and positive steps women can take when experiencing infertility.

Greil et. al. assessed the influence of religion on medical help-seeking, specifically around infertility. Neither religiosity nor religious attendance was associated with help-seeking in any of the analysis, but this does not mean that they are unrelated. For women considering treatment, talking to a doctor and undergoing tests, the importance of motherhood and ethical concerns create no significant net effect of religiosity on infertility and help-seeking. [87] But, for women undergoing treatment and utilizing ART, religiosity does have a direct effect on infertility help-seeking.[88] As the procedures and treatment become more involved and complex, women draw on their religious beliefs in the decision-making process. Again, this is an opportunity for the church and its leaders to be in conversation with women utilizing ART and other treatments, as women may wish to discuss these difficult decisions in the context of their faith and denominational beliefs.

Ethical concerns are important to religious women, suggesting that church-attending women are exposed to church doctrine and denominational statements on the use of ART.[89] This suggests that churches are discussing ethical concerns around infertility treatment or reproductive issues such as abortion or stem cell research. It may be mutually beneficial for church leaders and women experiencing infertility to discuss these issues, as it may shed light on the church's stance, but also on the practical application of these beliefs on the women's decision-making processes.

A third researcher who intentionally examined the relationship between infertility and religion is Dr. Joseph G. Schenker. He acknowledges there are a wide variety of beliefs and attitudes toward reproductive technologies, surrogacy, multiple pregnancy reduction, posthumous reproduction, gender pre-selection and cloning among Christian traditions. In regard to assisted reproduction, a clear distinction is made between the perspectives of Protestantism and the Roman Catholic Church. Nearly every Protestant denomination has liberal attitudes toward infertility treatments. On the other hand, the Vatican's stance on the use of artificial conception has little room for negotiation; IVF and other treatments in which an egg is fertilized outside of the woman's womb are not allowed. From the Roman Catholic point of view, "fertilization is allowed when it is the result of a conjugal act, that is, sexual intercourse between husband and wife… [and] procreation is deprived of its proper perfection when it is not a result of the conjugal act."[90] It is necessary for physicians to understand the role of religion in the decision-making process around reproductive technologies. When physicians include faith and religion in the conversation, it honors women's and couple's perspectives, and allows for treatment that coincides with their religious beliefs.[91]

In addition to the few studies conducted in the United States, several studies about infertility have been conducted around the globe. Since this current study is about American women and their experience with infertility, the international articles are only mentioned here as a way to show that women's experiences of infertility are worthy of global investigation. Studies about infertility have been conducted in Botswana,[92] India,[93] Israel,[94] Ghana,[95] Nigeria,[96] and Mozambique.[97]

One study, conducted in South Africa, found several ways that religion impacted the handling of infertility. In South Africa

> "infertility: a) was a form of retribution for wrong doing; b) was a destiny that prepared one for a higher purpose in life; c) provided an opportunity to re-evaluate one's life and values and one's relationship with God; d) was beyond human understanding; and e) could not really be attributed to God since infertility was a reflection of a biological error."[98]

These findings, although particular to the South African context, reflect similar findings from the United States about infertile women's understandings of God's will and the divine along the infertility journey.

In Turkey, people deployed a religious language about infertility as a way to normalize their childlessness and to remain connected to their friends and social circles.[99] Researchers found that to manage their infertility, women used language such as "God gave them infertility for a reason," or "God could endow them with a child in the future."[100] Some women would reference this passage from the Koran to validate their perceptions.

> "Allah's in the kingdom of the heavens and the earth; He creates what He pleases; He grants to whom He pleases daughters and grants to whom He pleases sons. Or He makes them of both sorts, male and female; and He makes whom he pleases barren; surely He is the Knowing and the Powerful. (42 Sura [Council]:49-50)"[101]

Turkish women, when questioning why they personally experience the suffering associated with infertility, usually answer in three main ways: infertility is a test from God, it is a reward given by God, or it is a God-given retribution.[102]

These methods of using religion to justify one's situation and to persuade others of its normalcy are present across cultures and religions. One note about international studies is that often religion, culture and gender identity are woven together in ways not present in America. This may change the scope, depth and impact religion and culture have on women's experiences with infertility. This study focused on Atlanta-based Christian women's perceptions on infertility and their use of personal faith, scripture and the church during this struggle. The principle investigator hoped to discover the reasons for limited research around infertility and the roles of faith and faith communities. The research aimed to address the knowledge gap around the ways in which women utilize their faith in the decision-making process of infertility, how scripture is used and how it can be either a source of strength or frustration, and how the church plays a role in supporting women during this journey.

## Chapter 3 – Methodology

In this research study, the principle investigator sought to fill a gap in the knowledge about the relationship between women's faith and health, specifically about infertility. To supplement the research gap, a cross sectional qualitative study utilizing in-depth interviews was conducted to understand how Atlanta-based Christian women relate to their faith, scripture and the church, when faced with infertility. Interviews were conducted with thirty women, representing twelve different Christian denominations.

### Population, Sampling Strategy and Procedures

All interview participants were based in the Metro Atlanta area and were above the age of eighteen.[103] All participants self-identified as being either infertile or struggling to become or stay pregnant. Thirty women, ages twenty-three to fifty-six, participated in this study. Twenty-five of the women (83%) were Caucasian, while four were African American and one was Hispanic. Twenty-six women (87%) were married, and four were either single or divorced. The highest level of completed education for these women ranged from some college to PhD. Information about their employment or socio-economic status was not collected. Information about health care coverage was not asked directly but was often discussed during the interview process. All women were asked to identify with a Christian denomination; the Table 2 shows the denominational representation of study participants.

**Table 2: Denominational representation of women in this study (n=30)**

| Denomination | Number | Denomination | Number | Denomination | Number |
|---|---|---|---|---|---|
| AME Zion | 1 | Church of Christ | 2 | Methodist | 7 |
| Anglican | 1 | Disciples of Christ | 1 | Non-Denominational | 3 |
| Baptist | 1 | Episcopal | 3 | Presbyterian | 3 |
| Catholic | 4 | Lutheran | 2 | United Church of Christ | 2 |

The sample was targeted through churches in the Atlanta area that were affiliated with Candler School of Theology's Contextual Education II program at Emory University.[104] Contact was made with the pastors of these churches through an introductory email. After contact was made with all of the churches affiliated with Candler School of Theology, the principal investigator assessed if any denominations were missing or underrepresented. A few denominations were not represented, so a Google search was conducted to find churches representing these denominations in the Atlanta area. In total, 144 churches were contacted, representing eighteen denominations. Table 3 shows the denominational diversity of church contacts.

**Table 3: Denominational diversity for recruitment (n=144)**

| **Denomination** | **Number** | **Denomination** | **Number** |
|---|---|---|---|
| AME | 5 | Greek Orthodox | 4 |
| AME Zion | 2 | Lutheran | 7 |
| Anglican | 4 | Mennonite | 2 |
| Baptist | 15 | Methodist | 35 |
| Catholic | 12 | Non-Denominational | 10 |
| Church of Christ | 4 | Presbyterian | 12 |
| Church of God | 1 | Quaker | 1 |
| Disciples of Christ | 7 | United Church of Christ | 5 |
| Episcopal | 12 | Unitarian Universalist | 6 |

Based on responses from church leadership, the following steps were taken in the recruitment process.

1. If a pastor knew specific women in their church struggling with infertility (s)he would share the research contact information with these women.

2. If a pastor did not personally know women struggling with infertility, but wanted the church to help in the recruitment process, pastors asked the principal investigator for additional information. A recruitment flyer was shared with these pastors to display in their churches where they deemed appropriate. Please see Appendix B for the recruitment flyer. Church leaders also received information about the research study to include in their weekly bulletins or newsletters.
3. Some pastors responded that no one in their congregation struggled with infertility problems. Hearing this, correspondence between the pastor and the principal investigator continued, in order to share statistics about infertility. The principal investigator also conveyed that infertility is a private issue that women may not discuss in public or in the church. Recruitment flyers and information for the bulletins or newsletters was also sent to these churches.
4. A few pastors said it was not appropriate to conduct this research at their church, citing that they were a new pastor, the church had recently been started or the entire congregation was very elderly. Communication was discontinued after this dialogue.
5. If no response was received within two weeks of the introductory email, a follow-up email was sent. This email contained the recruitment flyer and the information for the church to include in their bulletins or newsletter.

After pastors had disseminated the information, interested participants emailed or called the principal investigator to inquire about the study. After confirming that women wished to participate, an interview time and location were confirmed. Before the interview began, participants were made aware of the potential emotional and/or psychological risks associated with their participation.

Interviews lasted between one hour and one and a half hours in length, and were audio recorded on the principal investigator's personal computer. Interviews were conducted at various

times of the day, according to participant preference. The setting for the interviews was at the discretion of the participant and included the principle investigator's private office at Emory University, the participant's home, church or workplace or other location of their choosing. One woman was interviewed by phone, as she was unable to travel on the day of her interview. The principal investigator did not provide any form of compensation for participation. Following the interview, all women were given referral information so they could discuss this topic further with a professional if necessary. Interviews were conducted between August and December, 2011.

Snowball sampling was a small part of the recruitment methods. The principal investigator asked interview participants to recommend others they may know, who fit the inclusion criteria. Interview participants were eager for friends, who also struggled with infertility, to participate in this research. Some women sent private emails to their friends, while others posted the opportunity on their personal Facebook pages. The specific path of recruitment of each interview participant was not recorded.

Instruments

Data were collected for this study through semi-structured, in-depth interviews. The principal investigator developed the interview guide based on reviews of the literature. The guide was reviewed and edited by the faculty advisor at the Rollins School of Public Health. Using the grounded theory approach, as new ideas emerged during the interview process, the interview guide was modified. For example, per the request of participants to talk about their spouses and the family dynamics present during the struggle with infertility, in future interviews the principal investigator asked women about their spouses when appropriate. The final version of the interview guide can be found in Appendix C.

The interviews began by asking the women to tell their infertility story. If a woman needed more direction, suggestions were made to start the story when they first met their partner, when they started to think about having kids, or when they realized there was a problem. Often

included in this story were details about trying to conceive, medical testing and treatments, and the family dynamics during the treatment process. Other topics that were discussed were frustrations with the medical community and the confrontation with cultural expectations about gender and fertility. Next, interview participants were asked about the general role of their faith during this process. Some probes included questions about times when women relied on their faith, times when their faith was particularity helpful, if their faith was ever challenged, or if they were ever angry at God during the struggle with infertility. Women also discussed the role of their faith during the decision-making process, both in choosing and moving away from treatment options.

Next, women were asked about how they used the Bible during this time. Most women offered scriptures or Biblical stories that were either helpful, hurtful or anxiety-producing during their struggle with infertility. Women then talked about the role of the church during this time, describing how the church and its leaders were and were not sources of support. To close the interview, women were asked to share advice for other Christian women struggling with infertility, and for church leaders interfacing with women struggling with infertility

## Data Analysis

For this research study, thirty in-depth interviews were conducted, digitally recorded and transcribed verbatim. In order to preserve the confidentiality of interview participants, no personal information was included, and unique identifiers were assigned to each interview. The number of participants was determined based on the concept of theoretical saturation and denominational representation.

Transcriptions were uploaded and analyzed using the MAXQDA10 software package available through Emory University. One quarter of the transcripts were used to develop a basic codebook. Analysis was conducted using the grounded theory approach, which is “the discovery

of theory from data systematically obtained from social research."[105] In other words, the key themes and results emerged from the data and analysis process.

The codebook included 59 deductive and inductive codes with specific "thick" definitions. Deductive codes, codes for ideas in direct response to the research question, included "scriptures," "church responsibilities" and "recommendations to other infertile women." These are examples of deductive codes, as each of these themes were questions in the interview guide. Inductive codes were developed based on themes that emerged from the transcript data. Examples of inductive codes include "elements of the infertility narrative," "emotional responses to infertility," "sources of support," and the "cycles of silence." The principal investigator meticulously read each transcript and coded interviews according to the codebook. Through this process, core themes directly related to the research question were then identified.

In addition to scientific analysis on the data, theological analysis was also conducted on the scriptures women indicated were important to them during their journey with infertility. After compiling a list of referenced scriptures, the most frequently mentioned were analyzed. Analysis used the "brief exegetical method" developed by Tomas G. Long.[106] In his book, The Witness of Preaching, Long presents a five-step method for understanding and analyzing scripture passages. This method includes establishing a reliable translation of the text, discovering the meanings of Greek or Hebrew words, and placing the text in its larger context. This method also hopes to uncover the history *in* the text and the history *of* the text while also uncovering the passages' literary character.

While Long developed this method to help pastors prepare for sermons, the analysis conducted for this research utilized this method to discover what these particular texts could say to women struggling with infertility. The end result, appearing in, "state the claim of the text" could be used as discussion points for pastors interfacing with women struggling with infertility or pregnancy loss. This five-step method can be found in Appendix D.

## Ethical Considerations

Because this study included human subjects and their personal health information, IRB approval was required. Protocol and research instruments were submitted to Emory's IRB and expedited approval was granted on July 27, 2011. Following IRB approval, recruitment of participants began. Written informed consent was received from each participant, which included a description of the study's purpose and procedures, the possible risks and benefits, a statement on confidentiality and information about publication. Participants were also provided contact information for the study staff, as well as contact information for Emory's IRB.

## Limitations and Inclusion Criteria

Because this study recruited participants through purposive sampling there are several limitations. Only women who were ready and willing to talk about their struggles with infertility participated in this study. This may make findings less generalizable, as women who were not willing to participate may have different feelings and opinions than women who were emotionally able to talk about their journey. Also, because all of the women were from the Metro Atlanta area, the results may not be representative of women living in more rural settings. Women who live in Atlanta have more access to assisted reproductive therapies, support networks and groups, perhaps producing a unique view of infertility. Several women living in other areas of the United States inquired about this study. Often family members saw recruitment information at their church in Atlanta, and had shared the information with infertile women. These women were not allowed to participate because the inclusion criteria required them to be in the Atlanta metro area.

Recruitment solely through personal connections to church leaders and advertisement in the church may create bias in the results. Women needed to be present in the church building to read or hear the recruitment announcement. If women going through an extremely emotional experience with infertility pull away from the church, they may not be represented in this sample

population. Also, if pastors did personal recruiting and did not post flyers or put the recruitment information in the bulletin, women who were not talking about their struggles with infertility with their pastors may have been missed in this study. Therefore, the results may not be representative of infertile women who do not attend church or who are not communicating about infertility to their church leaders.

In regard to denominational representation, twelve different denominations were represented in this study. In some cases one woman was the sole representation for a denomination. One quarter of the research participants were Methodist. This is a direct result of recruitment through Candler School of Theology, a predominantly Methodist seminary. Therefore nearly 25% of the recruitment was conducted through Methodist churches. Because of the limitations in regard to denomination, data were not stratified by denomination and were instead presented in the aggregate. Therefore, results may not be representative of particular denominational beliefs, due to the small sample size of some denominations.

When thinking about what populations may be missing or underrepresented from this study, three areas are noteworthy. First, the population for this study was primarily Caucasian, so the results may not be generalizable across all cultures and races. Second, there was only one lesbian woman who participated in this study, so the experiences and perspectives from the lesbian point of view are underrepresented. Finally there were no male perspectives included in this study. Infertility is an issue that typically includes two people, so it is acknowledged that only half of each partnership was represented in this study.

Another limitation occurs as only one researcher conducted this research. Because of this, all results are an interpretation of what was heard and understood by the principal investigator. Because there was only one researcher, validation methods such as inter-coder agreement were not able to be conducted.

Finally, when collecting identifiers and demographic data, women were not asked about their socio-economic status. Income level, employment status and insurance coverage may

change women's perceptions and opinions about infertility. Because of this, the results may not be generalizable to all women experiencing infertility. Women who participated in this study may have disproportionately had insurance coverage or the funds to be able to seek treatments, medical intervention, or adoption.

There were some inclusion and exclusion criteria for this study. Study participants had to be women over the age of eighteen. Since this study focused on women's understanding of infertility, men were excluded from this study. To avoid needing parental permission to participate, women under eighteen were not included in this study. No one was excluded from this study based on race or sexual orientation. Women also had to self-identify as struggling with infertility, take the initiative to inquire about the research project, and personally feel they were an appropriate candidate for this study.

Lastly, only women from Christian traditions were included in this study; including other religions would have made this study too broad and would have required a much larger population to reach theoretical saturation. Further research among women of other religions would provide more nuanced understanding of how women utilize faith in managing infertility.

## Chapter 4 – Results

During five months of data collection, the principle investigator conducted a total of thirty interviews with women from the Atlanta area who self-identified as struggling with infertility, or who had trouble becoming or staying pregnant. The mean age of the group was 40.6 (SD 8.0) with an age range from 23 to 56 years of age. Table 4 summarizes the demographic information of study participants.

**Table 4: Demographic characteristics of interview participants (n=30)**

| Characteristic | Mean (SD) or N (%) |
|---|---|
| **AGE** | |
| Mean (SD) | 40.6 (8.0) |
| Range | 23 – 56 |
| **EDUCATION** | |
| Some College | 3 (10.0%) |
| College or Trade School | 10 (33.3%) |
| Masters | 14 (46.6%) |
| PhD | 3 (10.0%) |
| **MARITAL STATUS** | |
| Married | 26 (86.6%) |
| Single/Divorced | 4 (13.3%) |
| **RACE** | |
| Caucasian | 25 (83.3%) |
| African American | 4 (13.3%) |
| Hispanic | 1 (3.3%) |
| **INSURANCE COVERAGE** | |
| Insured | 14 (46.6%) |
| Uninsured | 1 (3.3%) |
| Missing / Did not discuss | 15 (50.0%) |

The following sections examine the responses, and introduce the perceptions given by interview participants about the role of personal faith, scripture, and the church in the struggle with infertility. In order to understand these key themes, the common elements of the infertility narrative are presented as background.

## 4.1 Elements of the Infertility Narrative Consistently Experienced by Women

At the start of each interview, participants were asked to tell their infertility story, starting at any point along the journey. Some began the story when they first started their menstrual cycle, others when they met their spouse or when they started discussing their desire for children. Still others began this narrative when problems arose in their attempts to have children. No matter the starting point of this story, there were several common elements in the infertility narrative.

Nearly every interview participant displayed an incredible attention to dates, seasons, and years, including amazing recall of when and where particular events occurred during the infertility journey. Many of these were in relation to diagnoses, treatment and resulting outcomes during this process. When a woman struggles to become pregnant, every month requires meticulous attention to detail – charting temperatures and ovulation cycles, planning days for intercourse to take place, and keeping track of injections and medications. For example, “We had conversations very early on about [having children]… and he knew that I wanted to do that sooner rather than later, and I was already calculating when I was ovulating, or should be ovulating.” During this calculated process at attempted pregnancy, the primary focus is time, and was expressed by nearly every woman as she told her infertility story.

Once women discovered there was a problem, typically after several months of trying to become pregnant, they began assessing their situations. Many women and their spouses underwent extensive medical testing after the results for their basic check-ups were normal. These tests included blood work-ups, ultra sounds, semen analysis, FSH egg quality testing, biopsies, laparoscopies and hysterosalpingograms (HSG). After several rounds of testing on both partners,

women used medications, including birth control pills, injections, Clomid, Luprin and other drugs, to stimulate the cycle or regulate their hormones. Others underwent more extreme and invasive procedures to assist with reproduction, including D&C, artificial insemination, embryo adoption, IUI, and IVF.

Almost all of the interview participants expressed a time of transition, of switching from one treatment option to another, "coming to grips" with not being able to bear their own children, or an acceptance of adoption or foster care instead of having a child of their own. These times were often difficult, involved a process of acceptance, and were very often filled with grief. For example, "To hear that I couldn't have a child, no, I wasn't ready for that. So, my husband and I decided to go to a specialist." Or "First, trying to make sure we dealt with the loss of having a family the way we originally wanted, so we could have fresh eyes when we turned toward adoption." How faith played a role in the period of transition and decision-making process will be presented in the next section.

There were many sources of support for women during this process, including their spouses, friends and family, official support groups, and other infertile women. Often, the people who were closest to women undergoing infertility treatment seemed to be the most supportive. During the treatment process, spouses who were in charge of giving shots, accompanying women to appointments, and being the caretaker after procedures, were described as supportive, strong, patient and kind. Many women said the infertility process, while incredibly stressful and taxing, ultimately strengthened their relationship with their spouse and made them closer. Women also described their partners as the "steady one," reflecting that infertility treatment made women emotional and hormonal, and they relied on their spouses to be level-headed and emotionally stable.

In other circumstances, women found support from anonymous groups, including RESOLVE, a nation-wide network for men and women experiencing infertility or other reproductive disorders, SHARE Atlanta, a grief support group for women experiencing

pregnancy or newborn loss, as well as informal infertility support groups coordinated by local churches. For interview participants, one of the best sources of support was other women struggling with infertility. Women who have been through an infertility struggle are more receptive, understand where women are coming from, and can identify with the emotions that are involved. One woman said that for "people who have gone through it, the best way they can help you is just by sitting in your emotions with you, because they get it. They know how hard it is." When stories are shared, something therapeutic takes place on both ends; women can know they are not alone, and through sharing of stories, healing takes place.

For other women, families and spouses were sources of anxiety, pressure, and frustration. When relating to their spouses, women mentioned that a point of aggravation was the different ways in which people handle grief. As one participant reflected,

> "Guys seem to grieve differently and you know, their grieving is often quiet and alone. That was just something we had to work through. I was like, *'Why are you not sad?'* and he was like, *'Of course I'm sad.' 'But why are you not wailing and thrashing yourself around the house like I am?'* But, no he was of course doing his own grieving around it."

Another point of contention between spouses was in the ways they each perceived the situation or their outlook on infertility. When one spouse was more optimistic and the other more pessimistic, or when one rationalized the situation differently than the other, this caused arguments and frustrations. One woman described it as a strain on her marriage.

> "It's a strain, because all of it is very, very stressful. At times one of us wanted to stop, so that is a strain because the other one is not ready to [stop]. It's a strain because you can't always know you are going to be in the same place with your husband."

An additional source of tension between spouses was the frustration with calculated sex. Because the window to conceive is so small, timing becomes the focus and therefore reduces the romance and spontaneity of sex. For women in the middle of an infertility struggle, sex is described as "mechanical" and "scientific." One woman said, "There's a lot of conversation with [my husband] about what it's doing for us and to our sex life. It definitely takes the spontaneity out of it and it adds this kind of weightiness to it, like this is not just for fun or for pleasure."

In addition to frustrations with their spouses, women described added pressures and anxieties from their immediate and extended families. These were frustrations with common sayings that reflect cultural expectations, social pressures, gender roles or cultural norms about motherhood and responses to infertility and miscarriages. One woman described added pressure for children from her own mother, who constantly collects clothing for the yet-to-be-conceived grandchild. Another woman described how her mother shares statistics about the difficulties older women experience in the pursuit of pregnancy, and has even offered to pay for fertility treatments for her daughter. While meant to encourage their daughters to have children, the added pressure only adds to the stress of the situation and leaves little room for alternative paths. Several women mentioned the difficulties of family gatherings. Constant barraging and questioning such as, "Why don't you have kids yet?" or "What are you waiting for to start a family?" was difficult to hear. Women struggled with how to handle these encounters either without divulging the entire infertility story or without being rude to their family members. A full list of the infuriating and hurtful common expressions, words of advice and general expectations about the process of getting pregnant can be found in Appendix E.

One unexpected theme of the infertility narrative was expressed dissatisfaction with some aspect of the medical system, including medical staff, physicians, health insurance policies, or the general medicalization of infertility treatment.

*Medical staff:* Several women expressed extreme frustration with medical staff who seemed to know nothing about their struggle with infertility when reporting test results. One woman, after years of trying, became pregnant at the age of thirty-five. She was appalled and devastated when a nurse called her to deliver the news that there was a small percent chance of chromosomal defect, and to ask if she would consider terminating. Not only was this news delivered over the phone while she was on her way to work, it was delivered in a fashion that did not consider or acknowledge her years of trying to become pregnant. Another woman who tried to get pregnant for more than ten years went into the clinic for a pregnancy test. "They told me I

was pregnant, and then a few hours later they called and said oh, you know, we were wrong about that. It was all very matter-of-fact and everything. It was just like nobody cares, and how could you do this to me?"

*Physicians*: It seems that frustration with a physician is a common factor along the infertility journey. Several women said that their needs were not addressed, and they felt as if they could not talk with their physician about their desires for treatment. For example, "It felt like it was a business at this point… I was like, wait a minute, how do I feel about that? Let's talk about it! But at that point, I realized that she wasn't the person who could talk me through my concerns." Some women wanted to talk to their physicians about treatment options in relation to their religion, but their physicians were unwilling to do so. Women also expressed a frustration with physicians' bedside manner and their flippant nature when delivering diagnoses. For example,

> "There was one appointment where the doctor, his bedside manner wasn't good. [My husband] was meeting me there and [my doctor] didn't wait for [my husband] to get there. He went ahead and did the ultrasound with the nurse in the room and he was like, *'I don't see what I need to see to say this is a viable pregnancy.'*"

> "We had been trying for a year and nothing happened. And the doctor, just irritated me so much. This woman was just like, '*Well, you may just not be able to have a child.*' I mean she was just so, ugh! I was just so ticked."

Women described a disconnect between their desires and the standard procedures or objectives of their physicians. One woman, who was unable to become pregnant, went to a fertility specialist only to assess her general health status.

> The physician "had a whole list of things we could try to do. And step one, we're going to do this. And I told him flat out *'I don't want to do anything. I just want to know whether I'm healthy, if I'm healthy…'* He said, *'But I'm in the business of getting women children.'* And I was like, *'Not this woman!'*"

Several women described doctors who discouraged them from doing research on the internet. For one woman, doing research was a way to ease her nerves; the more information she had, the more she understood, and the less nervous she became. She described her experience with her doctor in the following way:

> "Then I would start talking about things I looked up, and she would say, *'You need to stop doing internet research.'* She sort of had [the attitude] that I'm the doctor, you need to relax and do as I say, and don't worry."

*Insurance:* Many women openly expressed dissatisfaction with their insurance coverage, or lack of coverage for infertility treatments. "[Infertility treatment] is very expensive and insurance doesn't cover a lot, which is frustrating. Now that is very frustrating." One woman described that she had coverage to find a diagnosis but then no coverage for treatment. "I went as far as my insurance would go, which was not very far. It's like they'll kind of diagnose infertility and then it's kind of like we don't offer anything beyond that. It's kind of not helpful." For one woman, IVF was the only option to become pregnant, and while she had reasonable insurance, IVF was not included in her coverage. For some women, treatments were covered but women still had to go into debt to cover the remaining costs.

*Medicalization of Treatment:* Women often expressed surprise and shock at the sterile and clinical nature of IVF, IUI, and artificial insemination treatments. Creating a baby is typically a very special and intimate moment, but women did not have that feeling in the clinics. For example,

> "I was just trying to create that very intentional space to relax and to accept this. Which I'm really glad, because everything else was so sterile, it was really hard to kind of enjoy the moment."

Other women said the infertility treatment process is not unique to each client, and instead felt much like a business. One participant reflected on her IVF treatment:

> "I did my best to take myself out of there, because you are cattled. And the group I went to, they don't try to figure out what's your emotion, what's your balance that's hormonal, they put every woman on the same cycle and they manage your cycle. It's very much like a conveyer belt kind of thing, like a factory. And that was so abhorrent to me."

### 4.2 The Role of Faith During the Infertility Journey

While struggling with infertility is often painful and emotional, women on the infertility journey also face incredibly difficult decisions, including financial commitments and sacrifices for infertility treatment, donor selection, decisions around termination, and personal convictions

about the infertility process. Often, the choice the women make depends on their personal beliefs and religious viewpoints, and their doctor's openness to talking about the options.

"What to do with remaining embryos?" is perhaps one of the most debated topics in infertility research and treatment, and women in the midst of the infertility journey are not removed from this debate. While not always explicitly stated, one's answer to this question often includes ethical, moral and religious convictions. For more than ten years, one participant has had two frozen embryos, but feels her family is complete and knows that transferring the embryos back to her is not an option. She questions, "What is the option that's going to bring life, either to them or to someone else?" One woman contemplating IVF treatment believes the doctors

> "take so many eggs out and then they throw away the leftovers which could be almost like abortion because they are fertilized… So we would only take out the amount that we would allow them to put back in."

Part of this conversation is founded in women's beliefs about the sacredness of life and where life begins; some women on the infertility journey feel that embryos created during the process of IVF embody life or a potential for life. The decision process may become more clear-cut for Catholic women following the teachings of the Catholic Church on artificial conception. "We absolutely decided to stick by the Catholic faith and to only do the fertility treatment just as the Catholic faith allows… it has to do with allowing God's will and destruction of life."

In addition to the moral and religious decisions around IVF and extra embryos, women's faith and personal convictions made the decision-making process around infertility treatment all the more difficult. One woman shared, "I struggled with infertility for a while at first, because I kind of felt like conception's supposed to take place inside the woman's body, not outside the woman's body." Another woman felt that "science was interfering with God's plan… What we know as humans and what we have figured out we can do, I thought it was too far ahead of what God had for us."

Similar to the role of faith in the decisions making process around the use of IVF and extra embryos, women used their faith when transitioning from one treatment option to another,

in the realization that they may not be able to bear their own children, or an acceptance of adoption or foster care as a method to start their family. Women starting more aggressive treatment often wondered if they were moving too quickly. One woman explained how she felt "like we were taking over God's job when we know He can and He will, but we want it in our time." Another woman said she and her husband were "just trying to figure out, does God have an opinion on this (IVF) and what is His will for us?" One woman undergoing IUI "asked God for a sign to know whether to go another round." When treatment options do not work, women are faced with the decision of what to do next. Women expressed that "God has a plan for me" or that "maybe God has another plan for us" other than the current medical treatment. Another woman contemplating the possibility of adoption said, "I think another big thing that our faith will step into is if we have to adopt…I think that's when our faith would even come in more, we would let our faith almost make the decision."

The emotions that women showed and articulated while describing the infertility struggle were as different as the participants themselves. Women expressed feelings of grief and sadness, depression, anger, loneliness, jealousy and resentment. A list of all the emotions women expressed and their meanings can be found in Appendix F. One of the words women often used to describe their emotions during the infertility journey was an "emotional rollercoaster." One woman reflects on this,

> "You start to feel stupid for being hopeful and it's such a rollercoaster. I mean this last time I was hopeful. Then it was *very* hopeful because they would say your response was excellent… then it's this dull void and waiting and then it was crashing disappointment and you're like okay, get back up there and go again."

Wrapped up in the rollercoaster of emotions are incredible high highs and then devastating lows, which often last months or even years. Women described hopefulness during the time of the month when they thought they could get pregnant or may already be pregnant, followed by grief and frustration at the presence of their menstrual cycle or another failed fertility treatment. One

woman explains, “At some point in that stretch of time, every month, there would be a day or two when I would sit on the couch and cry, like I cannot believe I’m not pregnant.”

Along with the emotional rollercoaster often involved with infertility, women frequently questioned God and longed for an easier way. Women wondered why God had picked them to endure the struggle with infertility. Women did not seem to understand the struggle in spite of the God-given desire to have children. One woman explains,

> “Why, why, why are we here? What is God’s plan? I just don't understand why this has got to be so hard and this desire that He put on my heart when I was so young to have children, you know. Why? Why? … Why would You put that desire in my heart but then not grant me the joy of actually being able to conceive a child? ”

Another women and her spouse joke that it “may be easier to be Mary… like God would just come upon me and make me pregnant rather than going through all these procedures.”

While a slightly different emotion than longing for an easier way, women sought God’s help and intervention during their struggle with infertility. Many women felt that God knew the desires of their hearts, the dream of giving birth and the longing for motherhood. Some women described a desire for God to rid them of their troubles, “Just take this from me. I just can’t – I’m done.” Others, while not asking for anything specific from God, prayed “let the Holy Spirit intervene please.” Other women prayed for their specific desires, for a successful treatment or “just begging God to give me a baby.”

While some women found comfort in seeking help and longed for an intervention from God, some women were angry at God for their struggle with infertility. One woman said, “I’ve spent a lot of time being angry at God and feeling like a victim, wondering why He’s picking on me… like Lord why this too? Why this too? Why can’t I just have kids?” One woman, having undergone IUI, IVF and a miscarriage, described that she was not on speaking terms with God.

> “It doesn't mean that I don't have my faith. It doesn't mean that I don't believe that He has a plan for me. It’s just like any relationship you have with anybody that you love and care about. There are times when you just need your space. And so I basically asked God to give me a little space right now.”

Other women described times “when I hated God for what we didn’t understand,” or “I really was mad at God” or “I couldn’t believe God could be so malevolent.”

To help women handle and understand these emotions and frustrations with infertility, women found a variety of sources of support. Many of these are seen in the common elements of the infertility narrative, but one source of support that was mentioned in nearly every interview was a reliance on God, and one’s personal faith. With conviction, women stated that God was with them through this time, and especially in moments of great despair they could feel God’s presence. One woman said “there were times when I felt so alone, I relied on my faith and felt God there.” Another woman expressed the need for “relying upon God for strength because it was a pivotal moment in our marriage where it defined who we would really be and who we are.” Not only did women draw on God for strength to get them through the day-to-day struggle with infertility, they also called on God to fulfill their needs and hear their longings. For example “Just saying okay God, you have to fulfill my need here.” Another participant had a sense that “God is with me in the longings and also knows the deep desires of our hearts.”

Many women talked about a surrendering, a letting go of one’s own plans and allowing God to be in control of the situation. Before beginning the IVF procedures one woman reflected, “I’m gonna give control over to God. For the very first time I’m gonna give the control over to God.” Another woman felt that no matter the outcome, “I was relying on my faith, because I was letting God handle that; if he wanted us to have kids, we would, and if not, we wouldn’t.” This reflects the idea of “God’s plan” or “God’s will” which came up often. Women frequently said things such as “we really relied on God and God’s will,” or “God you are so much bigger than what is going on right now, and you can do anything, and I know you can.” While sometimes difficult for women to accept, there was an assurance that things would happen in God’s time.

Faith was not always a source of support, for every interview participant. Some women felt that their faith was called into question, while others lost their faith entirely through the infertility journey. “Rather than my faith being a comfort, I really felt like my faith was being

endangered and being attacked during these experiences." Another woman explains, "I completely lost my faith, had absolutely no relationship with God whatsoever, didn't want to talk about God, didn't want to talk to anyone." Other women expressed the difficulties of seeing God or feeling God during the struggle with infertility. "I think that I felt that God was not – sometimes not present, definitely sometimes not close and I frequently had questions about whether or not God was in control at all of human affairs." One woman described the difficulty she had in trusting God, "It's really hard to surrender the moment-to-moment things and trust that your story will unfold in God's time."

During the struggle to become pregnant, women used a variety of rituals to center themselves, ease pain and stress, or to cope with grief and loss. Rituals were often described in one of two main ways: rituals to help prepare for pregnancy or treatment, and rituals used as coping mechanisms. While there is not a one-size-fits-all prescription for the use of rituals, women expressed that rituals were helpful during the infertility journey. An extensive list of preparatory and coping rituals can be found in Appendix G.

One of the main rituals that nearly every woman utilized was prayer. For some women this prayer came in the form of daily devotionals, silent time with their morning coffee, during their commute to work, or in intentional silent meditation. Other women found prayer to be most helpful while walking a prayer labyrinth or while on women's retreats with their church. What women prayed about or who they prayed to, was different for each participant.

Some women prayed to God for guidance in the decision-making process and for God to reveal what God wanted them to do about the situation. Other women asked God to surround them in the grief, depression and pain. Still others prayed for God to bring them through the experience with infertility with a child or with newfound ways to share their motherly energy. In her prayers, one woman asked God to "Make me fertile for whatever you want to grow [in me] and that may be a baby, it may not." This shows incredible openness to anything God had planned for her, child or not.

A few of the Catholic interview participants prayed directly to Mary because they felt that they could relate to Mary on a human and female level. One woman explains,

> "Sometimes it just feels easier to talk to a woman about women's issues… She was fully human and… her understanding of our condition is, I think, a little bit better… She lived within the parameters that we live in, and so when I'm frustrated and mad, sometimes it's easier to talk to her than it is to go directly to God."

Women also described praying to Mary because of the shared pain in experiencing the death of a child.

> "God's will was for Christ to die while she was still alive. A mother doesn't think about her child dying while she is still alive. Mary knew… She can, in my sort of personal opinion, relate to my disappointments and why… why did you choose this road for me? I can't see it; I can't make sense of it."

Another woman called on Mary to take care of and be with her adoptive daughter, who was on the other side of the world. It gave this woman great comfort to visualize Mary holding her daughter in her lap while she was physically unable to do so.

One woman prayed directly to Jesus because he too, like Mary, was fully human and understood the pain and grief involved with suffering. She explained,

> "Jesus is a person who suffered and died, so he gets it more. At least in my mind, he seems to be a co-grieving force and the idea of God can seem more distant and less personal… I always felt like Jesus understood and was strong to people who were suffering."

She reflected that since Jesus also suffered without a "logical reason" that he too understands her suffering; she found this way of thinking helpful and hopeful.

### 4.3 Meaning Making

While there was often a medical diagnosis for why women were not able to conceive or carry children to term, the ways women made meaning of their situations or expressed how they understood their struggle with infertility reflects the unique theology of each interview participant. The theologies can be divided into four main categories: *God has a bigger or unseen plan, God or people in Heaven are caring for unborn children, Life just happens and God doesn't will each detail, and the situation is punishment for past transgressions.*

*God's Plan:* Many women described their current situation as part of God's plan for them, and while they may not like or understand the current situation, it is or was upon them for a reason. One woman described how she felt God knows the timing for her to birth a child or that God knows that a child will come into her life in a different way. Another participant explained how God knows what is best for her and her family, and that she has "learned that God does things to make you stronger." Another woman had a similar sentiment as she described waiting for God's plan to unfold, and that "God takes you through trials. He takes you through celebrations. He takes you through all these things to deepen your relationship with Him, and His hope is that you'll draw closer to him."

Women also described how they could see God working in their lives and in their infertility journey. One woman reflected on her struggle to become pregnant and said "Hindsight is beautiful because you can see God's hand working and moving and orchestrating things." Another woman felt that "Every step of the way, God's hands [were] obviously all over it." Other women questioned the use of assisted reproductive technologies wondering if God really wanted them to go through with infertility treatments and if scientific intervention was "interfering with God's plan."

*People in Heaven are Caring for Unborn Children:* A few women who experienced miscarriages were comforted by the belief that their children were in Heaven being cared for and loved. One woman shared that Grandma was caring for her children and that the little ones were surely keeping Grandma busy. Another woman reflected on losing twins saying, "I just felt like, you know, for whatever reason, my two little angels needed to bypass everything here on earth and go straight to God, and He needed two little angels."

*Life Just Happens:* A very different way of understanding the situation was to reject the notion that God had a divine plan or that God was orchestrating the current situation. One woman explained that every minute misfortune is not "due to direct divine agency." Reflecting on the nine years it took to get pregnant, one woman felt that "God doesn't visit you with health or

unhealth as a factor of your virtue or your worthiness… I saw it as an accident of genetics or of my personal health situation." Another woman said, "I don't' believe… that God causes bad things to happen to test us or to show us God's love by giving us other things later. I just don't believe that God hurts God's children." For women with this understanding or theology, a resounding sentiment was that God does not choose who gets a child and who does not, but rather, that life happens and God loves you and comforts you in the pains and joys of life.

*Punishment for Past Transgressions:* A less common way of understanding the inability to become pregnant and struggle with infertility is as a just punishment from God for past mistakes. One woman described that "When we first tried, and nothing was happening, I thought I was being punished for past sins or [for] not being faithful." Another woman questioned God asking, "Why do you hate me? We'd have to watch everybody around us have children and it's not something that we get to go through." One woman described her feelings when she saw children during the church service saying, "Like, I feel handicapped pretty much. And I thought, well, what did I do wrong? Like, I felt like God was punishing me a little bit." One woman even related her infertility to the concept of generational sin. She said,

> "I never did anything for some of these circumstances to follow me. I was just there and so that's where all this generational curse thing, I was like there's nothing I can do about it… I did think that not being able to have children and not having a husband was the price I had to pay for the messed up stuff that people in other generations did that left me sitting there holding the bag."

### 4.4 The Use of Scripture by Women Struggling with Infertility

Every interview participant referenced biblical passages or stories that they used either as guidance or support during the infertility struggle, or as a reminder of God's love and compassion for women. Others found scripture to present a frustration with unrealistic outcomes. The following section will describe the ways in which women related to scripture with the emphasis on the four most mentioned scriptures. The full list of scriptural references can be found in

Appendix H and an exegetical analysis on the four most commonly mentioned scriptures can be found in Chapter 5.

*The Story of Hannah:* Several women related to the story of Hannah praying in the temple, because this story shows an outward and aggressive pleading with God. One woman explained that like Hannah, "I just wanted my own, I just want one. I did, I would be like I want to have the exception, just please!" Another woman felt that she could relate to Hannah in particular,

> "just out of desperation getting her husband to pray for her and then going to the temple and praying and they're thinking she's drunk. She's just praying. Just reading about her despair and her sadness and her longing for a child spoke to my heart. It allowed me to be able to express those things."

Another woman described how Hannah is a source of hope because God knows her heart and when she is close to giving up, God blesses her with a child. The interview participant thinks the same could be true for her pleadings to God.

*The Story of Sarah:* Many women recalled the story of Sarah, who conceived a child in her old age, well after menopause. After Abraham and Sarah had both pleaded with the Lord for a child and after Sarah gave her handmaid Hagar to her husband, Sarah was finally able to have a child. One woman said that she drew hope from the story of Sarah but "I don't want to be 99, please, and I don't want my husband to have a concubine in between." Another woman said that "in most of the situations they eventually had a child and there was no medical intervention. And that's the thing that keeps sticking in my mind, if God wants you to have a child, He's going to work that situation out for you." For some, this passage is "very disbelieving, all these stories in the Bible about these old ladies having babies. Because when I see older couples now who are having babies, I'm thinking, I don't know if that is such a good idea." Another woman shares a similar sentiment saying,

> "I know there are stories of women way past childbearing age in the Bible giving birth and I don't get caught up in literalism with the Bible. I get caught up in the meaning of what the story brings you and so I didn't need to think that I could have a baby at 50, I don't even know if that's good, even if it is possible."

For others, this passage was cause for frustration. “You know those passages where God finally decides to open their womb and allow them to be pregnant. What about me?”

*Be Fruitful and Multiply:* Several women were frustrated with the passage in Genesis about being fruitful and multiplying. Women questioned what this passage meant for them if they were literally not able to multiply. One woman who has five adopted children reflected on this passage, but included the second half of the divine command to care for creation. She remembers that during her wedding the minister

> “talked about our forming this union not just being about us, but our attention was to care for the creation. And so I still think there was a – when [our adoptive daughter] came along and we had this whole now new relationships with all these people who we never would have met, had it not been for the infertility… we were, caring for the creation in a way that we would never have [dreamed]. It wasn't the way we had envisioned that we were going to be doing it, you know.”

Other women looked to this passage with a similar sentiment, feeling that if they could not have children of their own, they could care for creation through adoption, being a foster parent, or being a godmother or mentor to young people.

*Not My Will, But Your Will:* One woman reflected on this passage of Jesus praying in the Garden of Gethsemane by sharing an excerpt from her journal,

> “Here was today’s message from my morning devotions. First from Matthew 26:39. *Going a little further, he fell with his face to the ground and prayed, ‘My father, if it is possible, may this cup be taken from me, yet not as I will, but as you will.’* So I say, dear God, if it is possible, may this burden, this struggle with infertility, this struggle with not knowing what to do, be taken from me, yet not as I will, but as you will. Jesus, in this verse, seemed to have much anguish and struggle as he stated ‘*Going a little further, he fell with his face to the ground and prayed,’* like being at the end of a long race and just collapsing from fatigue near the end. I’m starting to feel that way. The explanation of the verse says, “In times of suffering, people sometimes wish they knew the future, or they wish they could understand the reason for their anguish.” Jesus knew what lay ahead of him, and he knew the reason. Even so, his struggle was intense, more wrenching than any struggle we will ever have to face. What does it [mean to] be able to say, ‘As you will?’ It takes firm trust in God’s plan. It takes prayer and obedience each step of the way.”

Another woman felt that this passage was like hearing a “no” from God. She explains, “Jesus in the garden, let this cup pass over me. This has been done. This is interesting what we hear from God and how we take the scripture.”

*Other Passages:* One idea from scripture that gave women great hope in the midst of infertility, was Biblical language about adoption. Some women found comfort in the belief that we are all adopted into the Kingdom of God through Christ's sacrifice. (Galatians 4:5-7 and Ephesians 1:3-6) This heavenly example of adoption seemed to validate the acceptance of adoptive children. Another example of adoption came from the holy family. One woman explained, "Joseph was Jesus' adoptive father. Why, that was good enough, right?" While this is never overtly claimed in scripture, the idea of a virgin birth leads one to assume that Joseph accepted Jesus as his own son.

For some women, scripture was not always the easy remedy. In some instances, women found scripture incredibly frustrating because the scripture promised one thing while they were feeling the opposite. One woman explained, "I struggle with the 'seek and you will find, ask and you will receive," and I struggle with those because… I'm asking, I believe this, and you're still not giving me [what I'm asking]."

### 4.5 The Role of the Church

When women were asked about the role of the church during their struggle with infertility, the church and its leadership were not often mentioned as a place of support. Women mentioned a few churches and pastors who have reached out in amazing ways, and this has brought healing and comfort for the women they have encountered. One woman described an intentional Bible study, designed and coordinated by women struggling with infertility, as a way to support other "people who were trying to conceive or having infertility issues." Women appreciated inclusive language in prayers and readings that honored the stages of life and the longings for motherhood. One participant described a prayer for mothers and "Then they also include, 'For those who are still praying to be a mother or going through infertility, we want to recognize them too.'"

Some churches are taking a proactive stance from the pulpit, acknowledging the pain of infertility. Some steps include the longing for motherhood or parenthood in prayers and liturgy, preaching sermons about things happening in God's time rather than in our time, and assuring all congregants that God is with them during their suffering. One woman was comforted by "the message [that] God is with you in the pit… just that I wasn't alone." Women also appreciated the reminder from the pulpit of the power of prayer, reminding parishioners to lay all of their burdens and desires at God's feet.

A few women described prayer services or memorial services that their pastors/priests held as a way to honor the unborn, providing opportunities for grieving and mourning the loss. One woman describes an intimate and personal service in which she grieved her loss.

> "Our pastor reached out to us and he wanted to know if we wanted to do… something to sort of commemorate and sort of memorialize them in a way and recognize that they *were* and now are gone… There's this little memorial garden in our church between our sanctuary and our main building… and we got this little stone, it has a little verse from Matthew, and we put it there."

Through this service the pastor learned ways he could help other women grieve the loss of pregnancy and miscarriages. Another woman described a larger memorial service saying, "I asked [the priest] to make it about love, just very open… So I didn't want it to be specifically about me and my miscarriages. I wanted it to be about miscarriages and for the loss of a child." More than fifty people attended this service and it was an opportunity for several people to deal with the emotions and grieving process of miscarriages and infertility.

While pastors may not have personal or familial experiences with infertility or pregnancy loss, women respected and valued pastors who acknowledged and helped women and their families work through grief, created spaces for sharing and listening, and offered a pastoral presence.

Though positive messages are coming from some pastors/priests, other messages from the pulpit and church services perpetuated the hurt and pain of longing for a child. One woman reflected on a sermon in which the pastor used the "metaphor of a positive pregnancy test" what a

difficult message for women to hear who have never had that feeling, or when that feeling resulted in a miscarriage or intrauterine fetal demise. Women also struggled with the message that children are a blessing. One woman reflected on this message presented in her church, “Children are a blessing, and that is true, but it can be so hard to hear for anyone [who] really wants to have a child, and doesn't have one. Well if *they* are blessed does that make *me* cursed?” (emphasis added) Women were also frustrated with the focus on singles and family ministries and felt that married couples without children do not fit into either group. Infertile women were often left wondering how their church was serving their demographic.

Women also mentioned that there were particular church seasons and holidays that were incredibly difficult to handle because of their focus on children, new birth or motherhood. For example, Mother’s Day and Father’s Day both focus on celebrating parenthood, and left infertile women wondering where they fit into the celebration. Christmas was also difficult because the entire season is focused on the preparation for the birth of the baby Jesus, and is a constant reminder to women of their longing for a child of their own. Easter was also challenging for women faced with infertility, as the main theme of the season is new life and new beginnings; again another church season that leaves women asking for new life inside their womb.

In addition to the hurtful messages and difficult holiday seasons, women also discussed silences associated with infertility. These silences were felt both in the church and in women’s everyday lives.

*Women and the Church:* When women were asked if they received help or support from their church during the struggle with infertility, they often replied, “No, but I didn't seek it out either.” This was a common theme; women didn’t expose themselves by sharing private information about their infertility struggle or the associated emotions. Several women said very few people in the church community knew what they were going through, and if they did share the need for prayer and support, they did not go into any depth or detail. One woman said, “It’s mainly me, I’m not walking around saying hey, I’m infertile, check me out!” Some women felt

that people don't want to know about the process to get a child (struggles, assisted reproduction, or adoption) but just want to know about the end result. Other women felt that people just don't know how to react to the news about infertility, so they would rather not get into the details with acquaintances at church. One woman in the middle of treatment said "In terms of the broader, social aspect of the church, it's a really hard thing to want to talk about or share because I feel like I don't want to play the part of the educator all the time."

*Churches:* Women felt the silence in their churches on a variety of levels. Most churches did not offer any sort of support group or prayer group for women struggling with infertility. Infertility was rarely or never mentioned in sermons, prayers or in the bulletins. One woman said her pastor was "more likely to talk about Paul Tillich than to talk about the human life issues of his parishioners." Women felt that they could not turn to their church for help, and that the male pastors often didn't understand women's health issues. One participant described the silence in her church in relation to the adoption agency run by the church. She explained that the church promotes adoption but never discusses the reasons why a woman may need to choose adoption.

*Woman to Woman:* Many women said that it was not only difficult to discuss the infertility struggle in the church, but it was also hard to discuss with other women. One woman noted the silence at the clinics, "I found that infertility is a very closed world, like many people don't talk about it. You go to the clinic, and the women are sitting around, but nobody's talking." Women perceived that for some people there was a struggle between understanding infertility as a woman's medical condition verses a lost child or a loss worthy of grief. One woman describes her experience after an ectopic pregnancy,

> "I must have gotten about 300 cards from people in the church. Only one person said, *'I'm sorry about your baby…'* Because, even though everyone knew what had happened, only one of them felt comfortable mentioning the fact that there had been a potential child there."

Many women also described a tension between wanting to share everything with people and having the love, support and prayers through the process, but then also having to tell everyone the

bad news when treatment didn't end as desired. Often, as the process repeated itself (i.e. second and third rounds of IUI or IVF), or as treatment became more intense, women shared less and less with the people around them. One woman reflects on this saying, "We wouldn't tell people when we were going through something, because we were going to have to deal with their feelings when it didn't work out, in addition to dealing with our own."

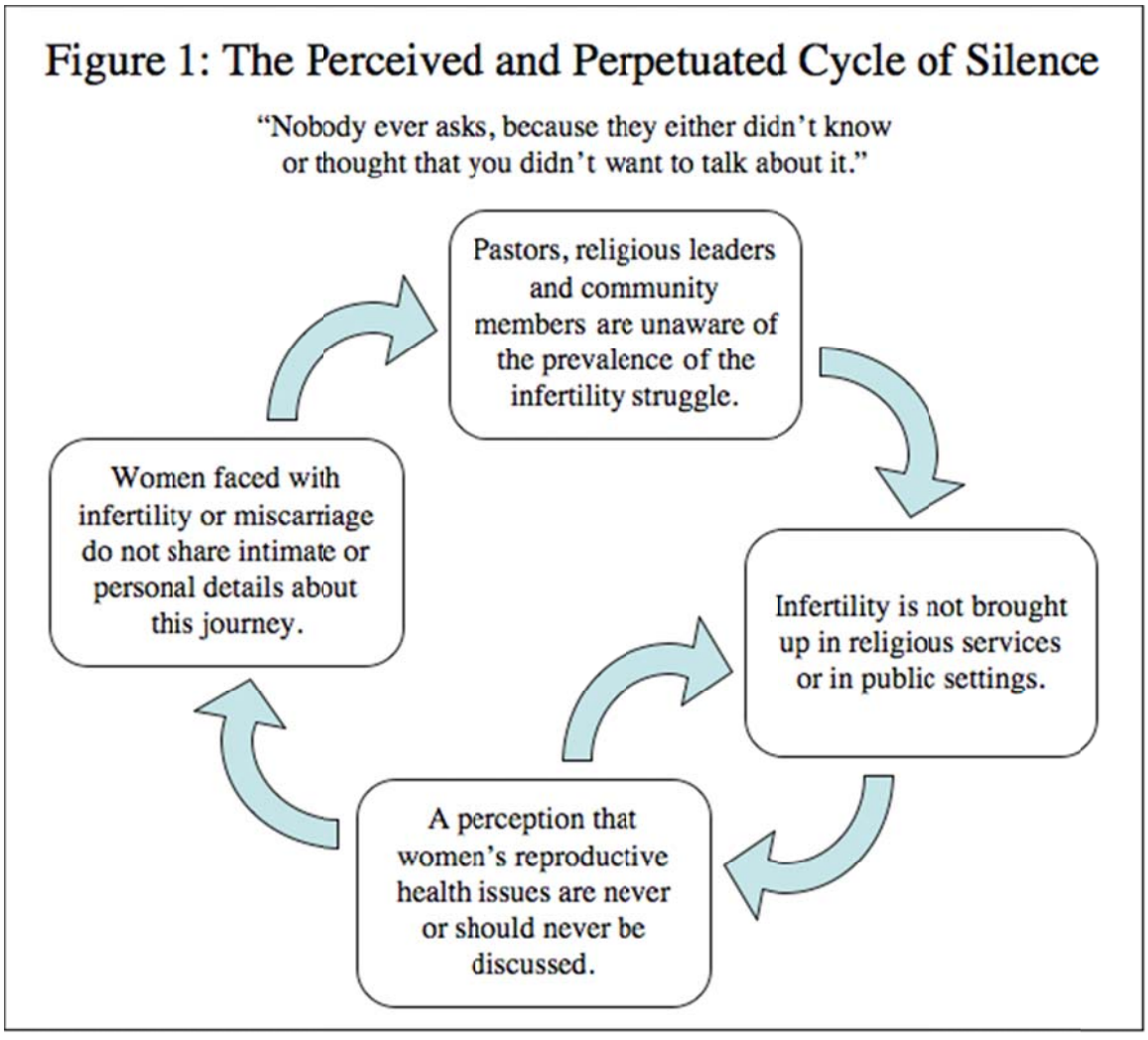


Figure 1 diagrams and summarizes the cycle of silence that many women felt in their churches, communities and relationships with other women.

Given the lack of support that most women felt from their churches, every participant offered advice to the church and its leaders to help them when interfacing with women struggling

with infertility. These recommendations or church responsibilities include: awareness-raising and church education, available and educated church leadership, networking and support groups, providing resources and religious services, and combating social norms.

One of the main recommendations made by women was for churches to increase their efforts in raising awareness and educating their congregations about infertility and miscarriages. Women suggested praying for those who going through the struggle with infertility and long to be mothers, participating in the National Pregnancy and Infant Loss Remembrance Day on October 15th, putting a note in the bulletin, or bringing up infertility and other reproductive health issues on women's Sunday. One woman suggested a simple inclusion in the prayer following baptisms, "to acknowledge that what an incredible gift children are, and God at this time we're aware of those who just stood and made baptismal vows to this family and this child, who themselves are longing for a child." Women expressed that congregation education was necessary, but women in the mist of infertility treatment should not have to be the educators. "I don't want to be the educator; someone else has to be the educator. I mean, that's really important to know that we can't expect women who it's so painful for to be willing to talk about it." Another woman explained, "I think people don't understand infertility fully. They don't grasp everything, the complexity of it. I think it involves asking a lot of questions that are hard questions to ask." She goes on to say that this is where the church could step in to help educate the congregation.

In order for women to feel comfortable discussing infertility issues in the church, women wished their pastors/priests were educated on the prevalence of and emotions associated with infertility. Interview participants said they wanted pastors to recognize the losses involved with miscarriages and infertility and that this experience was full of grief. Women suggested that church leaders be available to sit and listen, giving women permission to "feel how they feel" without discounting their emotions. One woman also felt that if church leaders hear about someone struggling with infertility they should "make an offer to talk with someone about it, you know. Don't wait 'till they're coming to you." Women also felt pastors should know their

church's and denomination's stances on assisted reproductive technologies, because women may be looking to the church for guidance.

Interview participants also suggested that church leaders take an active role in connecting women to each other. Every time leaders are made aware of a woman's infertility struggle or miscarriage, they could connect her to another woman who has had a similar experience. One participant suggested having a point person who could talk to women, know where they are on the roller coaster of emotions or treatment phase, and intentionally connect particular women who could be companions on the journey. Women also said churches should be providing support groups for infertility and other reproductive health issues. Just as churches have support groups for grief, divorce, addiction and alcohol abuse, cancer, loss of spouse, etc. churches should be offering safe and facilitated groups for women to talk about infertility. Women also longed for support groups for adoptive parents providing an opportunity to discuss why they chose adoption. Women thought pre-existing groups such as Stephen Ministry and United Methodist Women could help facilitate this process.

Nearly every interview participant indicated that churches should be providing resources to women struggling with infertility. A few of the resources women suggested included information about grief groups, contact information for church staff willing to talk, information about burial sites and memorial gardens and a list of books and scriptures. "It's not like you walk into the narthex of the church and there's a phone number and an email address of somebody you can contact. So pulling those resources together in a way that's more accessible, I think would be helpful." Women also thought churches should offer religious services to assist in the grieving process. Women suggested remembrance and funeral services, naming ceremonies, baptisms, tree planting, prayer services and services for healing. One woman said she wished the church would offer services "to give space, holy space, for the prayers [that] don't seem to be answered, or the longings and pains that are with people." Participants also suggested religious rituals such as candle lighting or placing flowers on the altar as a visual reminder of the struggle with infertility.

The final recommendation made by women to the church involved the church's responsibility in combating social norms. Women struggling with infertility wanted the church to resist perpetuating the ideas that women's identities are tied to their ability to have children and that legacies can only be shared through children. The church should be supportive of the myriad ways families can be created and defined. Women also wanted the church to work toward removing the embarrassment or taboo of talking about women's reproductive health issues and talking about sex in general.

**Chapter 5 – Scriptural Analysis**

The following four sections are the exegetical analysis on the four scriptures most commonly mentioned by interview participants. While participants referenced over thirty-five scriptures, these four passages were the most discussed: *The Hannah Story, The Sarah Story, Be Fruitful and Multiply, Not My Will, But Your Will.* The analysis found in chapter five, utilizes Tom Long's model of a "Brief Exegetical Model for Preaching." Typically, this method is used as the background work as pastors develop sermons. This analysis helps pastors explore the literary and historical character of the text, as well as the meaning of Greek and Hebrew words. It also generates critical questions of the text and uncovers theological meaning within the text. This model leads preachers to find what the "text wishes to say on this occasion to our congregation."[107] This analysis has utilized Long's method not to develop a sermon, but instead to discover what these particular texts could say to women struggling with infertility. The end result, appearing in "state the claim of the text" could be used as discussion points for pastors interfacing with women struggling with infertility or pregnancy loss.

Regarding the process, The Interlinear Bible: Hebrew-Greek-English was used to establish the reliable and accurate translation of each of the four scriptures.[108] When "reading the text for basic understanding," unless otherwise noted, the definitions are taken from the Expository Dictionary of Bible Words.[109] Finally, the description of this exegetical model and its five step process, can be found in Appendix D.

## 5.1 The Story of Hannah

I. Getting the Text in View

a. **Select the text.** For women struggling with infertility, the story of Hannah was a source of hope and a story in which they found shared pain.

b. **Reconsider where the text begins and ends.** When women referenced this story, they never gave a particular scripture references, but the entire story must be considered to understand the full picture of Hannah's struggle with childlessness. This analysis will cover First Samuel 1:9-20.

c. **Establish a reliable translation of the text.**

> Hannah rose up after eating and drinking at Shiloh. And Eli the priest sat on the seat by the sidepost of the temple of the Lord. She was in bitterness of spirit and prayed to the Lord, and wept copiously. She made a vow saying, 'O Lord of hosts, if you will certainly look on the affliction of your handmaid, and remember me, and not forget your handmaid, but will give to your handmaid a male child, then I will give him unto the Lord all the days of his life, and no razor shall come upon his head.'
>
> And it happened, when she prayed long before the Lord, Eli observed her mouth. Now Hannah was speaking in her heart; only her lips moved, but her voice could not be heard; so Eli thought that she was drunk. So Eli said to her, 'How long will you be drunken? Put away your wine.' But Hannah answered, 'No, my lord, I am a woman with a sorrowful spirit; I have not drunk wine or fermented drink, but I am pouring out my soul before the Lord. Do not regard your handmaid as a daughter of wickedness, for I have been speaking out of my abundant complaint and grief.' Then Eli answered, 'Go in peace; the God of Israel give you the petition you have asked of him.' And she said, 'Let your handmaid find favor in your sight.' Then the woman went away and ate, and her face was no longer sad.
>
> They rose up early in the morning and worshipped before the Lord; then they returned to their house at Ramah. Elkanah knew his wife Hannah, and the Lord remembered her. And it happened at the turning of the days that Hannah conceived and bore a son. She named him Samuel saying, 'because I have asked him of the Lord.'

II. Getting Introduced to the Text

d. **Read the text for basic understanding.**

- Shiloh – "An ancient holy site in the north-central territory of Ephraim… it was the chief northern shrine through much of the premonarchic period."[110]

- Eli – "The priest of the Shiloh sanctuary just before the emergence of the monarchy. In that role, he wears the ephod, pronounced oracles, burns incense, and supervises sacrifice."[111]
- "handmaid" – Hebrew *amah*, indicates a female household servant.
- "bitterness" of spirit – Hebrew *mar*, One element that emerges with the use of this word is the idea of anguish. Hannah is in anguish because of her barrenness.
- "affliction" – Hebrew *'oni*, used here in the general sense of suffering, torment or trauma.
- "remember/remembered" – Hebrew *zakar*, "Where God is concerned, the act of remembering is not a psychological phenomenon of recall, as is the case with human beings. Rather, when *zakar* is associated with God, the divine "remembering" signifies Yahweh's intention to implement the next state of his redemptive plan, whether it be his purpose to bless or bring down judgment."
- "forget" – Hebrew *shakah*, literally means to not remember. "In relation to God himself, such intellectual and psychological weakness is, of course, impossible. In this sense, God never 'forgets.' This observation notwithstanding, the psalmist [and the author of 1 Samuel 1:11] nevertheless beseeches God 'not to forget.'"
- "sorrowful" spirit – Hebrew *qasheh*, here the word means hard or obstinate.
- "knew" his wife – Hebrew *yada'*, here it has a specific sexual connotation with the sense of "knowing" serving as a euphemism for sexual intercourse.

e. **Place the text in its larger context.** This text (1 Samuel 1:9-20) is part of the larger story of Hannah. Preceding this excerpt is an introduction of Elkanah, and his two wives, Peninnah and Hannah. Peninnah had children, but Hannah did not. The relationship between the wives was troubling for Hannah; Peninnah would often provoke Hannah to the point where she would stop eating. Elkanah loved his wife Hannah and would give her a double portion of the sacrificial food; He also would ask her why she was sad and would

say, “Am I not more to you than ten sons?” (1 Samuel 1:8) This questioning directly precedes the passage under analysis. After Hannah’s son Samuel is born and weaned, Hannah takes him to the temple to give him to the Lord. She says, “For this child I prayed; and the Lord has granted me the petition that I made to him. Therefore, I have lent him to the Lord as long as he lives, he is given to the Lord.”(1 Samuel 1:27-28) Then she leaves Samuel at the temple. The story of Hannah’s barrenness is also the beginning of a larger story of Samuel and the crisis of Israel from 1 Samuel 1:1 – 7:17.

III. Attending to the Text

f. **Listen attentively to the text.**

- Why are Hannah’s emotions described in relation to her spirit – bitterness and sorrowful spirit? Does this suggest that barrenness affects ones whole being?
- Why does Hannah refer to herself as a handmaid or servant?
- Hannah seems to repeat herself in her initial prayer, “remember me and do not forget me.” These could mean the same thing, why does she reiterate?
- There are numerous details around Hannah’s silent prayer: lips moving, speaking in the heart, her voice is not heard. Why is the author so concerned with these details?
- Why does Eli think Hannah is drunk? Was silent prayer in the temple uncommon? Was prayer in the temple, in the middle of the day, by a woman uncommon?
- After the accusation of being drunk, Hannah is quite intent to not be referred to as a drunk or wicked woman. What would this claim do to Hannah’s reputation?
- Following Hannah’s intense prayer in the temple, why does Eli’s comparatively simple prayer satisfy Hannah? What power does Eli have that Hannah does not?
- The idea about God’s remembering Hannah is really interesting, given the definition of divine remembering – This is not God’s recall of Hannah’s trouble, but rather, God putting into place the next steps of the divine plan.

- What would it have meant if Hannah had not been remembered? Could Hannah have been remembered and remain barren?
- Does having a child remove Hannah's bitterness and affliction?

IV. Testing What is Heard in the Text

g. **Explore the text historically.** "There is an identifiable and significant socio-historical context to which the narratives of 1 and 2 Samuel give witness… These stories are rooted in a time of considerable social and political transformation in the life of Israel, and these realities challenged the theological categories by which Israel understood its life in relation to God."[112]

h. **Explore the literary character of the text.** The literary origins and date of 1 Samuel are debated. Scholars can agree that it is prophetic history, and "part of the Deuteronomistic history, which extends from Deuteronomy through 2 Kings."[113] Scholars find it interesting that the book of Samuel opens with the story of a barren woman. This is perhaps prophetic that the "story of Hannah's barrenness opens to the story of Israel's barren future."[114]

i. **Explore the text theologically.**

The two most important things this text shows theologically are relationships: the relationship between God and Hannah and that of Hannah and Elkanah. When Hannah is praying to God, she begs God not to forget, her but to remember her. Depending on the translation of the word "remembering," this relationship between God and Hannah is drastically different. If "remembered" is translated in the earthly sense, then God hears Hannah and grants her the petition. But, if translated as a "divine remembrance," then God has not headed Hannah's plea, only proceeded with God's original plan. The relationship between Hannah and Elkanah is tender and loving. Elkanah's compassion for Hannah speaks to a new dynamic between man and woman: if there is love, there is no need for children.

j. **Check the text in commentaries.**

- When thinking about the relationship between Elkanah's wives, Hannah and Peninnah, one must also think of the complex and similar relationship between Rachel and Leah, both wives of Jacob (Genesis 29-30). "One of the implications of these narratives is that children were seen as a solace or even compensation to a woman whose relationship with her husband was not good enough to fill her emotional needs. First Samuel goes further, however, and actually suggests that, from a man's point of view, a woman with a happy marriage need not be distraught about not having any children." [115] Elkanah's concern for Hannah is worth noting: "Hannah, why do you weep? Why do you not eat? Why is your heart sad? Am I not more to you than ten sons?" "This is hardly the response of a patriarch who can see value in women only as childbearers, and implies the possibility of a relationship in which love was more important than childbearing."[116]
- "To the narrator, and presumably his audience, childlessness was not understood as a physical phenomenon, but as a decision of God."[117]
- "Robert Polzin has suggested that the situation in Elkanah's family is intended as a parable of Israel's situation at this moment in history. Hannah's anxiety over having no children, even though Elkanah loves her, parallels Israel's anxiety over having no king in spite of the care and love of God. The taunting of Peninnah, described as a rival, suggests the taunts of Israel's neighboring "rival" nations, who have kings. The granting of a son to Hannah and the future granting of a king to Israel do not occur without conditions."[118]
- While Hannah is at the temple, "Eli responds without ever learning the content of Hannah's vow. Perhaps he responds to the passion of her trust in God's grace. He simply announces a blessing on her request and sends her forth in peace. His comment is as much an expression of confidence that God *will* respond to such a fervent and trusting petition as it is a hope that God will do so."[119]

V. Moving Toward the Sermon

j. **State the claim of the text.** When thinking about what this scripture can mean to women struggling with infertility, there are several responses. First, women may identify with Hannah in her pleading, fervent prayer and petitions to God. What may be difficult is that this story has a happy ending; God does not forget Hannah, and she bears a son. What does it mean if infertile women never have children? Does it mean that God has forgotten them? We need to recall the definition of divine "remembrance." When God "remembers" Hannah, God is putting into place the next piece of the plan, and for Hannah, a plan to have a son. Infertile women should keep in mind that divine "remembering" is unique to each individual.

Women may also identify with Hannah not only in her longings for a child, but also her sense of jealousy and rivalry with Peninnah. Many women struggling with infertility have found themselves feeling jealous of other women with children. The story of Hannah may help women name the range of emotions associated with infertility, and how to share those feelings with God or church leaders.

The relationship between Elkanah and Hannah is significant. Elkanah's concern for his wife suggests that a relationship with love may be more important than a marriage that produces children. This is an interesting transition for the status of women – no longer seen as solely childbearers (and barrenness as grounds for divorce) but as a counterpart in the relationship between husband and wife. Perhaps this relationship between Hannah and Elkanah can be a Biblical reminder about the significance of the marital relationship.

Finally, one must examine what it means to have a sorrowful spirit, or more accurately translated, obstinate or persistent spirit. What does it mean that Hannah did not quit praying and pleading to the Lord? Was it her steadfastness and trust in the Lord that produced the desired results? Women struggling with infertility, while they may have a sorrowful spirit, can draw encouragement from Hannah's steadfast spirit.

## 5.2 The Story of Sarah

I. Getting the Text in View

a. **Select the Text.** Over a third of the interview participants mentioned the story of Sarah, often described as the woman who became pregnant at age 99.

b. **Reconsider where the text begins and ends.** This story spans multiple chapters of Genesis, starting in chapter 15 as Abraham pleads to God for children, and ends in Chapter 21, as his son Isaac is born. For this analysis, two passages will be used. First, the promise of a son to Abraham and Sarah (Genesis 18:9-15) and the birth of Isaac (Genesis 21:1-7).

c. **Establish a reliable translation of the text.**

The Promise of a Son
They said to him, 'Where is your wife Sarah?' And he said, 'See, in the tent.' Then He said, 'I will surely return to you in due season, and your wife Sarah shall have a son.' And Sarah was listening at the door of the tent behind him. Now Abraham and Sarah were old, advanced in age; it had ceased to be with Sarah after the manner of women. So Sarah laughed within herself, saying, 'After I have grown old, and my husband is old, shall I have pleasure, my lord also being old?' The Lord said to Abraham, 'Why has Sarah laughed at this, saying, "Shall I indeed bear a child, even I who am old?" Is anything too difficult for the Lord? At the appointed time I will return to you, at the time of life, and there will be a son to Sarah.' But Sarah denied saying, 'I did not laugh'; for she was afraid. He said, 'Oh yes, you did laugh.'

The Birth of Isaac
The Lord visited Sarah as He had said. Yea, the Lord did to Sarah as he had spoken. Sarah conceived and bore Abraham a son in his old age, at the time appointed, that which God had spoken to him. Abraham gave the name Isaac to his son whom Sarah bore him. And Abraham circumcised his son Isaac when he was eight days old, as God had commanded him. And Abraham was a son of a hundred years when his son Isaac was born to him. Now Sarah said, 'God has made laughter for me; all who hear will laugh with me.' And she said to Abraham, 'Will Sarah suckle sons? For I have borne a son to his old age.'

II. Getting Introduced to the Text

d. **Read the text for basic understanding**

- the "manner" of woman – Hebrew *'orah*, literally means the path or way. Figuratively, it is used to refer to a lifestyle or a way of life.

- "pleasure" – Hebrew *'edenah*, is a noun found only four times denoting the "delights" of sexual pleasure.
- "laugh" – Hebrew *sahaq*, means to "laugh," to "make sport of," or to "mock." The meaning "laugh," with the underlying sense of incredulity or amazement is found here in relation to Abraham and Sarah's reactions at learning they will have a child in their old age.
- "laughter" – Hebrew *sehoq*, derived from *sahaq* (above). This term is only found twice, but is translated with verbal force on each occasion and refers to the action of "laughing to scorn" or "scoffing." In Genesis 21:6 Sarah feels she will be an object of ridicule for having a child at her old age.
- "difficult" – Hebrew *pale*, is a verb that conveys the primary sense of that which is "wonderful" or "marvelous."
- "afraid" –does not reflect mortal fear, but instead an awesome reverence of God.[120]
- The Lord "visited" Sarah – Hebrew *paqad*, here implying the principal idea of God initiating and delivering blessing.
- "son a hundred" – Hebrew *yasha'*, a common word whose primary meaning is "save," including to deliver, rescue or preserve.

e. **Place the text in its larger context.** The text under examination here is part of the larger story of Abraham and Sarah. At the beginning of Abraham and Sarah's struggle with childlessness, God tells Abraham about the promise of a son. Abraham's reaction to this promise is also laughter and disbelief. Later in their story, to ease the pain of childlessness, Sarah gives her handmaid Hagar to Abraham to bear a child for her. This only perpetuates jealousy and contempt for Hagar. Following the birth of Isaac, Sarah's only son, Abraham takes a concubine, with whom he has many children.

III. Attending to the Text

f. **Listen attentively to the text.**

- Does the phrase "it has ceased to be with Sarah after the manner of women" mean that she no longer has a menstrual period or is past menopause?
- Sarah asks if she will have pleasure (sex) with her husband. Does this suggest that they no longer have sex?
- Why is Sarah in the tent, listening from behind? Is she eavesdropping; is she in the kitchen working; is she not allowed to join Abraham entertaining guests?
- Why does Sarah laugh? Disbelief, happiness, mocking…
- Why does God question/accuse Sarah for laughing? Is God aggravated by this? It seems like Sarah does not believe or trust the Lord's prediction.
- The Lord "did" to Sarah as he had spoken – does this mean that the Lord returned to her or that there was some sort of divine assistance with conception?
- Will people laugh <u>with</u> Sarah or <u>at</u> Sarah for having a baby at such an old age?

IV. Testing What is Heard in the Text

g. **Explore the text historically.** The book of Genesis is a narration of the traditions, concepts, and history of the people of Israel. According to Jewish and Christian traditions, the book of Genesis was dictated by God to Moses.[121] Genesis has two main components, the primeval history (Genesis 1-11) and the patriarchal or ancestral history (Genesis 12-50). The passages under analysis here are part of the patriarchal history, in which Abraham marks a "new stage in God's relationship with the world."[122]

h. **Explore the literary character of the text.** The book of Genesis "consists primarily of three interwoven sources, the Yahwist, Elohist and the Preiestly. Genesis grew over time, with these sources gradually brought together by redactors over five hundred years or more."[123]

i. **Explore the text theologically.** The promise of a son passage seems to have two main theological foci: hosting the Lord in your home, and the announcement of a son for Abraham and Sarah. The first point shows Abraham being hospitable to the stranger.

Showing hospitality is one of the key ways of being a man of the Lord, especially hospitality to an unknown guest. In this case Abraham is unknowingly hosting the Lord, making Abraham's hospitality all the more important. The second theological point from the promise of a son passage implies that God makes the future possible, and that God is a source of hope when things seem impossible. Since God is part of the process, the problems of daily life seem easier to undertake. Here, even though Sarah is old and no longer menstruates, with God's help she is able to see a future with children.

The second story, the birth of Isaac, shows God's return and fulfillment of God's word. This passage highlights matriarchal barrenness, a pattern that continues for several generations. One must wonder if barrenness and conception are part of God's plan or the way in which God speaks to and develops relationships with women.

j. **Check the text in commentaries**

- "Isaac's birth to an incredibly old couple proves the reliability of God's promise and that nothing is *too hard for the Lord…* Sarah's laughter expressed her jubilation at Isaac's birth and shows the appropriateness of his name (Isaac means 'he laughs')."[124]
- "The reader will remember that God had spoken such a promise to Abraham and that he had also laughed to himself, asking essentially the same questions." [125] God's question, "is anything to difficult for the Lord?" "moves Abraham and Sarah beyond their limited view of the future to a consideration of God's possibilities."[126] Does the use of the word "pale," meaning difficult or wonderful, push the meaning "in the direction of competence, or ability to accomplish something, or something extraordinary or marvelous?"[127]
- "The distinct divine act in Gen 21:1 stresses that God has made Isaac's birth possible… so one should think of a divine *creative* activity that makes Sarah's pregnancy possible."[128]

- "The birth of Isaac is a turning point in the Abraham narrative, a first step in the fulfillment of the patriarchal promises."[129]

V. Moving Toward the Sermon

j. **State the claim of the text.** For women struggling with infertility, this passage may be both comforting and challenging. Abraham's example of hospitality and welcoming the stranger may be a hopeful example of bringing people and children into ones' home. Perhaps infertile women can follow Abraham's example through the options of foster care or adoption. Abraham welcomed God into his midst in the form of a stranger; maybe women will find that they too are welcoming God as they care for others. This passage is also hopeful in the sense that God makes the future possible and manageable. It was through God's word and presence that Sarah was able to see a hopeful future. While the future for some women may not include children or childbirth, with God's help they are given the opportunity to see a positive future.

This passage may also be troubling for some women given the generational pattern of barrenness. For the Biblical matriarchs, infertility and "closed wombs" are ways God engages women; in other words, it is through the inability to have a child that women communicate with God and grow to trust in God's promise and compassion. While it may be difficult, women struggling with infertility today should be encouraged to begin and sustain the conversation with God. Women may find that their trust and relationship with God is stronger by being in conversation about infertility, just as the historical matriarchs.

### 5.3 Be Fruitful and Multiply

I. Getting the Text in View

a. **Select the Text:** Interview participants said that they often looked to the "be fruitful and multiply" passage. For some, this included the care for creation and for others it did not.

b. **Reconsider where the text begins and ends.** While some women only mentioned the "go forth and multiply" aspect of this passage, one must include the reason for creating human kind and the dual command from God, not only to go forth and multiply but also the need to care for creation. Genesis 1:26-30

c. **Establish a reliable translation of the text.**

> Then God said, 'Let us make man in our image, according to our likeness; and let them rule over the fish of the sea, and over the birds of the heavens, and over the cattle, and over all of the earth, and over every creeping thing that creeps upon this earth.' So God created the man in his own image, in the image of God he created him. He created them, male and female. God blessed them, and God said to them, 'Be fruitful and multiply, and replenish the earth and subdue it; and rule over the fish of the sea and over the birds of the heavens and over all living things that creep upon this earth.'

II. Getting Introduced to the Text

d. **Read the text for basic understanding**

- "in our image" – Hebrew *selem*, meaning similar or likeness.
- "be fruitful" – Hebrew *parah*, used in the sense of "have a large number of children."
- "multiply" – Hebrew *rabah*, means to increase and has an underlying sense of becoming large, great or numerous. Found as part of the "cultural mandate," where God commands Adam and Eve to produce many offspring and so increase their numbers on earth.
- "replenish" – Hebrew *male*, used here in the literal sense, it means to fill up, and it indicates the occupation of physical space.

- "subdue" – Hebrew *kabash*, to bring into subjection, used here as to make subservient, to dominate or to bring under control

e. **Place the text in its larger context.** This text is part of the larger creation narrative present in Genesis 1:1-2:3. What we find is the Priestly account of creation, which shows "God's transcendent power and the intricate order with which he created the cosmos."[130] Creation of humankind falls into the second half of the creation narrative, which consists of things that will populate the cosmos.

III. Attending to the Text

f. **Listen attentively to the text.**

- Why is there a dual command, both to multiply and to care for creation?
- In this account of creation there is great detail about humankind's dominion over, cattle, fish, foul, creepy things. There is little detail about what it means to be fruitful and multiply.
- Why is the distinction of male and female only given to humans and not to the animals? One would anticipate that animals would multiply as well.
- Particular to this research, what does it mean if someone is not able to multiply?
- If the earth is filled up is there a new meaning to be fruitful and multiply?
- When God was planning the creation of humans (Gen 1:26) there is no mention of humankind multiplying, only for them to have dominion over the earth. Why was "be fruitful and multiply" not part of God's stated plan but part of God's command?
- God says that humans will be made in "our image." Who is with God?
- The text seems to answer what humans are to do on earth: increase in numbers (without saying how this happens) and to have dominion over the earth.
- While there is a connection to the other creation story found in Genesis 2:4-3:24, these stories are quite different. In the second story, God makes man and puts him

in the garden to till and keep it. Woman is later created as a helper and a partner, but there is no command to multiply.

IV. Testing What is Heard in the Text

g. **Explore the text historically.** See section 5.2 – IV – g for the history of the book of Genesis.

h. **Explore the literary character of the text.** The passage found in Genesis 1:26-30 is Priestly writing. For additional literary information please see section 5.2 – IV – h.

i. **Explore the text theologically.** When we think of God in relation to humanity, this passage expresses how humanity is created in God's image. "Used twice by the Priestly writer to describe the unique relationship between humans and God… The Biblical text does not explicitly explain in what ways humans are created in that image, leading to numerous scholarly interpretations."[131] Humans might be like God in appearance or form, or be functionally like God, ruling as God would rule. Both male and female are made in the image of God; therefore both are God's representatives on earth.

j. **Check the text in commentaries**

- "The divine command to humanity to reproduce prepares for God's genealogies, the continuation of God's initial act of creation."[132]
- "God deliberately created humankind in two sexes to *be fruitful and increase in number.* He thereby blesses sexual intercourse and indicates its importance in his plan… The God of Genesis repeatedly urged the first people to be fruitful (1:28, 8:17, 9:1-7) and promised the patriarchs that they would be successful in fathering innumerable children. Sex is thus seen as an important part of God's very good creation."[133]
- "The first divine words to human beings are about their relationship, not to God, but to the earth… God chose not to be the only one who has or exercises creative power… God establishes a power-sharing relationship with humans."[134]

- "The command to be fruitful, to multiply and to fill the earth, immediately follows the word of blessing and involves a sharing of the divine creative capacities… The writer was obviously concerned about populating the earth. There was plenty of room for the human race to expand and grow. But should the point arrive at which the earth appears to be filled, then the human responsibility in this area would need adjustment."[135]
- "It is said "male and female he created them." Without establishing relative rank or worth of the genders, the spinner of this creation tale indicates that humankind is found in two varieties, the male and the female, and this humanity in its complementary [nature] is a reflection of the deity."[136]

V. Moving Toward the Sermon

j. **State the claim of the text.** When thinking about what this text is saying to this given audience on this particular occasion, one may derive three main points. First, the divine command was a dual command, to be fruitful and multiply but also to care for creation. Both must be addressed especially when embroiled in the struggle for infertility, one must not forget the second half of this command. Being in relationships with others might fall under the care for creation and therefore fulfill God's request. Second, we must consider the reason God told humankind to multiply in the first place. Humankind was commanded to fill and populate the earth, which one could argue humankind has accomplished. Humankind may need to reassess if it is responsible for every human to multiply or if more importantly we care for the earth and those around us. Given the over population of our planet and the number of children in the foster-care system, women can find multiple outlets to care for creation. Finally, for women who cannot "multiply," because they are faced with infertility, they must remember that God gave humanity creative power. Whether this means creating a biological family through scientific means or through foster care or adoption, God has shared the power to create genealogies.

**5.4 Not My Will, But Your Will**

I. Getting the Text in View

a. **Select the Text.** One passage mentioned frequently involved Jesus talking to God in the garden of Gethsemane. In this passage, Jesus is begging to not be crucified, but is also saying that whatever unfolds needs to be God's will, not his own earthly desires.

b. **Reconsider where the text begins and ends.** This text is part of the larger story of Jesus praying in Gethsemane. Matthew 26:36-46. A similar story can be found in Mark 14:32-42 and in Luke 22:40-46. For this analysis, Matthew will be used.

c. **Establish a reliable translation of the text.**

> Then Jesus came with them to a place called Gethsemane; and he said to the disciples, 'Sit here while I go over there to pray.' He took with him Peter and the two sons of Zebedee, and began to be sorrowful and depressed. Then he said to them, "My soul is exceedingly sorrowful, even to death; remain here, and stay here and watch with me." And going forward a little, he fell on his face praying and saying. 'My Father, if it is possible, let this cup pass from me; nevertheless not as I will but as you will.' Then he came to the disciples and found them sleeping; and he said to Peter, 'So could you not watch with me one hour? Watch and pray that you may not enter into temptation; the spirit indeed is willing but the flesh is weak.' And again going away a second time he prayed, saying, 'My Father, If this cannot pass away from me without my drinking, let your will be done.' Again he came and found them sleeping, for their eyes were heavy. So leaving them, going away again, He prayed for the third time saying the same words. Then he came to his disciples and said to them, 'Sleep on and rest for what time remains. Behold the hour is at hand, and the Son of Man is betrayed into the hands of sinners. Rise up, let us go. Behold, the one betraying me draws near.'

II. Getting Introduced to the Text

d. **Read the text for basic understanding**

- "Gethsemane" – "While the exact location is unknown, it is probably somewhere near the Mount of Olives, since all four Gospels agree that Jesus was betrayed and arrested on or near the Mount of Olives."[137]
- "watch" – Greek *saphah*, this word is often translated as "stay awake," but the word literally means to keep watch or to look about or look after.

- "sorrowful" – Greek, *perilypos*, an adjective found in only five contexts, meaning "very sad."
- "depressed" – Greek, *ademoneo*, a very rare verb found in only three places, meaning "being heavy" with anguish, sorrow, or grief.
- "temptation" – Greek, *peirasmos*, often translated as trial, testing or temptation. Here it means the urge to turn back against God in the face of difficulties.
- "Let this cup pass from me" – The imagery of cup and its contents is significant in the Bible; the cup can hold a blessing, something that sustains life, or a curse, liquid that induces drunkenness or death. "Jesus' repeated use of the word *cup* to signify his impending death takes on great [significance]. When he pleads 'Father, take this cup from me…' we realize that his anguish grows principally from the prospect of feeling the full weight of his Father's anger against sin fall on himself."[138]
- "the hour is at hand" – This phrase states that time is up. "This imagery serves as a reminder that God is not only involved in events but orders their timing."[139]

e. **Place the text in its larger context.** The pericope about Jesus in the garden of Gethsemane is part of the larger narrative of the passion and death of Christ found in Mathew 26:1 – 27:66. This passage is found immediately before Jesus' betrayal and death.

III. Attending to the Text

f. **Listen attentively to the text.**

- Before this passage, has Jesus ever been portrayed as being sorrowful or depressed? What does this show about his humanity?
- What is the significance of Jesus falling on his face to pray? Also, why does Jesus refer to God as Father… has Jesus used this name for God before?
- The imagery of the cup is interesting. Here it signifies his impending death, but in the sacrament of communion the cup symbolizes his sacrificial and saving blood.

- Jesus seems to be torn between what he wants and what God wants/has planned. Again, this hints at his humanity and his longing for an easier way.
- What is Jesus asking of his disciples when he asks them to "watch" with him?
- What is the significance of the phrase "the spirit is willing, but the flesh is weak"?
- Is it significant that Jesus pleaded three times for a different way?
- The element of the "hour is at hand" is interesting because it shows that Jesus knows and accepts his fate.

IV. Testing What is Heard in the Text

g. **Explore the text historically.** Because there are four Gospel accounts, we must consider why the Matthean account was written, and what makes it unique. Matthew was probably written in Antioch between 80-100 CE, although no date or location can be exact. Matthew does have "interests that are distinctively Jewish… and he feels no need to explain the Jewish customs as did the Markan source."[140]

h. **Explore the literary character of the text.** Matthew can best be understood not as a historical report but as a "narrative composed by the author." Although recently disputed by Biblical scholars, most believe that Matthew used both Mark and the sayings of Jesus (also known as the "Q" source) and some of his own traditions to write the Matthean account of the Gospel.[141]

i. **Explore the text theologically.** This text brings up several very complex theological concepts. First, this pericope shows a God with a plan, or an omnipotent God. The way Jesus relates to his father shows that Jesus' death is not Jesus' will, but God's. Readers may wonder if this is God saying "no" to Jesus' plea or God's inability/unwillingness to change the course of events. This passage also raises the reader's awareness about Christ's humanity. Jesus is described as depressed and full of sorrow and begging God to change the course of events. Jesus seems scared and anxious for a humiliating death.

j. **Check the text in commentaries**

- "The contrast between the willing spirit and the weakness of the flesh is not a dualistic anthropology, but represents two aspects of the whole person that struggle with each other. Jesus himself is caught up in this struggle, and his prayer moves from deliverance from death, to trust and commitment to God's will."[142]
- "The prospect of his coming suffering repelled him, and he pleaded for some other way, if God's purpose could allow it… The whole passage is a powerful testimony to the reality of Jesus' human nature. This makes it all the more impressive that there was, in the end, no question that the Father's will had to take priority, whatever the cost."[143]

V. Moving Toward the Sermon

j. **State the claim of the text.** When thinking about what this text could mean for women struggling with infertility, several key messages arise. First, women can be relieved to know that when they feel overwhelmed, desperate and wishing for an easier, way they have good company. The Son of God himself became depressed, sorrowful and longed for an easier way. These feelings are human and natural when we find ourselves in an uncomfortable situation or in a place where the outcomes seem bleak. Just as Jesus surrounded himself with his disciples, it is equally important for women to develop and call on their support system during this journey. Second, we must remember that in every circumstance God cannot deliver us from suffering. In this moment in Gethsemane, God's will was necessary to save humanity. While I am not suggesting that infertility is God's will, I am suggesting that God's will or plan may be larger than one can understand. Finally, we must remember the necessity of prayer, the need to ask God to intercede on our behalf. Just as Jesus did not hear a response, we must remember that if we do not hear a response it does not mean that God has forgotten or abandoned us.

# Chapter 6 – Discussion and Implications

## 6.1 Summary of Key Findings

Several common elements of women's infertility narratives came to light through this research. Whether women were in the midst of treatment or years beyond it, women consistently described a keen attention to time and the pressures of a timeline, motivation to problem-solve, and difficulty with times of transition. They also referenced family dynamics and sources of support, frustrations with the medical community and cultural and gender expectations. While telling their infertility story, some women cried and others became visibly angry, showing that the wounds of the infertility process are very deep and take a long time to heal.

Given the elements of the infertility narrative that are consistently experienced by women, infertile women also described the role of their faith, scripture and the church during the struggle with infertility. Faith played a key role in the decision-making process about infertility treatments. Women often wondered if science was interfering with God's plan, and were concerned about the faith and spiritual implications if conception occurred outside of the woman's body. Women's faith was critical in decisions regarding harvesting and storing embryos. Women called on their faith when transitioning from one treatment option to another, in the realization that they may not be able to bear their own children, or the acceptance of adoption or foster care as a method to start their family. In this period of transition, many women felt that God had a plan for them and that things would work out according to God's plan. Other women felt that God does not orchestrate the details of their lives, but rather, God is present to comfort them when "life happens." This illuminates the very different theologies of women struggling with infertility. Women used many preparatory and coping rituals, with prayer being mentioned most often. Some women prayed to God for strength and guidance, while others prayed to Mary and Jesus because of their shared humanity.

Women referenced over thirty-five Biblical scriptures that were both helpful and hopeful. The four most-mentioned scriptures were the *Story of Hannah*, the *Story of Sarah*, the *Be Fruitful and Multiply* passage and Jesus' prayer, *Not My Will But Your Will*. Women could relate to the story of Hannah because it showed an outward and aggressive pleading to God. Women drew hope from Sarah, feeling this story showed God's promise and God's plan. While some women struggled with the story in Genesis with God's command to be fruitful and multiply because they themselves could not multiply, others were hopeful in the dual command to multiply and care for creation. Women felt they could use the passage when Jesus prayed in the Garden of Gethsemane, "not my will but your will" as an example of firm trust in God's plan and giving up personal desires.

Finally, women talked about the role of the church during their struggle with infertility. A few churches are doing amazing things to help women struggling with infertility, such as including the longing for motherhood in prayers and liturgy, conducting services for healing and remembrance and developing support groups. Unfortunately, in many churches there is silence around the issue of infertility. There are many reasons why the cycle of silence continues. Women are not sharing their struggles with infertility, and therefore pastors are unaware of its prevalence. Because pastors are unaware of infertility issues within their churches, religious leaders do not discuss infertility, and support systems for women struggling with infertility do not exist. This perpetuates the perception that women's reproductive health issues are never, and should never be discussed, which discourages women from sharing publicly their struggle with infertility. This completes the cycle of silence around infertility. To combat this cycle of silence, many women suggested ways to raise awareness and educate their congregations. They also discussed the need for educated and available church leaders, in addition to systems for networking and supporting infertile women. Women also felt the church should offer religious services and other resources while combating social norms about gender roles, societal pressures for children, and ways families are defined.

**6.2 Discussion**

Some of the results from this study corroborate findings in the literature. Elements of the infertility narrative consistently mentioned by women in this study were similar to those of other studies. One element of this narrative is the attention to time and waiting. Mary T. Stimming suggests that women are always aware of time and the waiting period between cycles, to receive test results and for what the future might hold.[144] Women in this study expressed a similar concern, often reflecting on their age and the precious and fleeting nature of time. Spousal relationships and support were another common element of the infertility narrative. Similar to other research, women in this study felt that if their spouses had similar outlooks on the infertility struggle and were open to talking about the process, their spouses could be seen as sources of support.[145, 146] Here and in other studies, women described frustrations and anxieties with their spouses as sex was described as clinical and mechanical.[147]

Two other elements of the infertility narrative that were also present in the literature were the frustration with the medical community, and a confrontation with cultural norms. Every woman expressed some frustration with the health system, either with her doctor, staff, insurance or medicalization of the process in general, revealing a perception that the medical community is not responding to the immediate needs and concerns of infertility patients. Wilson confirms these feelings in her article saying, “Doctors look at our bodies as problems to solve. They started trying to solve our problems before we even absorbed the horrible truth that there was a problem.”[148]

Many women expressed the desire to talk with the doctor about their fears and comfort levels with available treatment. Other women expressed how sterile and clinical the artificial insemination, IUI or IVF procedures were, compared to the intimate and passionate moment when the child is conceived naturally. Women hope for a change in the clinical feeling of these procedures, similar to the transition from sterile delivery rooms to contemporary birthing rooms when women are delivering. While preserving a germ-free environment, simple modifications

could be made to make the process feel more comfortable and natural, including: lower level lighting, music, aroma-therapy, room decorations, and comfortable furniture.

Many times, women felt that there were cultural pressures to not grieve following a miscarriage or an infertility diagnosis, and women should remain hopeful because there was always a "next time." One study confirmed this feeling stating,

> "Minimal, if any, support is extended to women who experience early pregnancy losses… Health care professionals have been reported to treat such occurrences as only biological or medical events… the woman's grief may be compounded by the response of family and friends who treat the loss as a nonevent."[149]

The same holds true for women who experience infertility and unsuccessful infertility treatments. This reflects an overarching societal expectation that women pick their chin up and keep trying to have a baby; this attitude does not provide the space or acknowledge that women need to grieve the loss of the *almost*, the loss of *what could have been* and the loss of what *may never be*.

The use of faith in the decision-making process for infertility treatment and during periods of transition from one treatment to another or switching from treatment to adoption has not been presented in the literature. This is one area that should be examined in greater depth and breadth. Studies have shown that women use their faith as a coping mechanism and that often faith decreases infertility-related stress and depressive symptoms.[150, 151] While this study did not investigate stress and depressive aspects directly, the use of prayer, spiritual rituals and scripture may show that women's reliance on their faith helped them cope with these aspects during the struggle with infertility.

Although the ways in which women rely on scripture when faced with infertility is understudied in scientific literature, it has been discussed in theological reflections. Similar to this study, women in other studies drew support from and were frustrated with the stories of the Biblical matriarchs. Feske, Havrelock, Johnson and Jones all describe ways that scripture passages about infertility or barren women can be both helpful and hopeful. Also discussed is the wide variety of emotions presented in the Psalms; the Psalms give women both the words and the

permission to express their anger, longings and praise, through the ups and downs along the infertility journey. The findings in this research exposed additional scriptures which gave voice to emotions and feelings experienced by women struggling with infertility. The results from this study can supplement the research on ways in which scripture can be a source of support.

Adding another layer of complexity to the discussion about infertility are the different ways women make meaning of their situations; each woman has an individual theology about how God is or is not present in her life and the infertility journey. While it would be remiss not to mention theodicy in this discussion, it is a topic for yet another paper. Theodicy, or the ways women understand the manifestation of evil, was not discussed by any interview participant and was not linked to the inability to have children or the struggle with infertility. Most women saw the world as broken, and acknowledged that part of the reality of the broken world includes things that cause pain, heartache and grief.

Most women described God in relation to their infertility in one of three ways: God has a plan for me, God is punishing me for past sins, or life just happens and God comforts me. Jones and Demircioglu both describe similar ways that women make meaning of their situations.[152, 153] While neither refers to these in theological terms, when women describe God's role in daily life, they are referring to either an omnipotent or omniscient God.

Women who describe God's plan unfolding in their lives, or state that things happen for a reason or as a punishment from God, understand God as omnipotent. This is an understanding that God is all-powerful and that God controls every situation. God is able to do anything that God chooses and every situation, positive or negative, fits into God's ultimate plan.

A very different way of thinking about God is as omniscient, or all-knowing. Women who describe their infertility as part of life or as a product of genetics, relate to an all-knowing and all-comforting God. When women describe an omniscient God, they feel that God does not orchestrate or cause pain in their daily lives, but when these things do occur, God knows and is there to comfort and love them.

When women were asked about the role of the church during this process, many women said they did not reach out to their church for support and in turn churches did not offer support. In addition to limited support groups and rituals for religious services, churches lack ritual texts and liturgical sources. Devor and Tucker both see this absence, and offer comment on ways the church can respond to address the need for religious and memorial services.[154, 155]

Women appreciated their pastors and friends who acknowledged the varied emotions and difficult decisions involved in the struggle with infertility. Interview participants suggested that the best way to begin to break the cycle of silence was to talk about the issue of infertility. The more people know about the causes, treatment and emotions involved, the better people can care for and respect women on this journey. Johnson presented similar observations offering several suggestions for ministering to people who struggle with infertility.[156]

One of the key results from this study is the development of the "Perceived and Perpetuated Cycle of Silence." (Section 4.5) While other authors did not use this phrase or grasp the entire cycle, they pointed to pieces of this cycle. Johnson described how most couples choose to be private about their struggle, but that "keeping their feelings to themselves increases the isolation so that even friends who see them every day are shut off from the world in which the infertile couple lives."[157] She also noted that couples rarely seek help from their clergy, which as discovered in this research, only perpetuated the cycle of silence. Chester also described the "hidden stigma" associated with infertility, suggesting that women who use infertility treatments do not feel like "real" women, and that infertile women have few acceptable routes for grieving.[158] Interview participants in this research study offered insight on the multiple pieces of the cycle of silence. When combined as the "Perceived and Perpetuated Cycle of Silence" this result reveals the complexity and magnitude of the silences previously hinted at by other researchers.

Because women are not talking about the details of the infertility journey, and because religious leaders and members of society are not talking about the prevalence or presence of

infertility in our society, there are some incredible misconceptions and oversights around infertility. These include that infertility is a rare occurrence, that women can always try again, a debate if an embryo or fetus is a child or a group of cells and that infertility is not something to grieve. All of these elements, and many more not discussed in this paper, perpetuate both the cycle of silence and the cultural norms and expectations for women struggling with infertility. Many churches are missing opportunities to meet the needs of their struggling congregants. Infertility should be included in the ministries and support groups that are often available for other forms of grieving.

The Catholic Church seems to be a step ahead of most churches when it comes to discussing infertility, which was surprising, given the church's strict doctrines about artificial conception. This awareness and un-silencing may be happening for several reasons. First, some Catholic women hold in tension their desire for a biological child only possible through the use of artificial reproductive technologies, against the Catholic teaching that restricts its use. Since the Catholic Church has these strict teachings and regulations on the use of contraceptives and artificial conception, in confessions priests are hearing about the desire for their use or the need for forgiveness because they were used. Second, because of these strict doctrines, many Catholic churches have natural family planning (NFP) specialists in their churches. The main intent of these specialists is to help women chart their menstrual cycles and assist women who are actively trying to become pregnant. An unforeseen benefit of these NFP specialists is that they know when women are not becoming pregnant. The Catholic Church then has a built-in awareness/detection system and infertile women have an instant support network. These NFP specialists can also refer women to infertility specialists for testing and other interventions. Finally, when Catholic women are referred to infertility specialists, they all tend to receive treatment from the same clinic in the Atlanta area, a clinic that is hyper-sensitive to the unique needs and beliefs of Catholic women. This, in turn, creates opportunities for peer-to-peer conversation and support.

In many interviews, there was discussion about the potential tipping point, to transition the topic of infertility from a silenced and taboo subject to a household topic and well-discussed public health issue. Examples included the wide-spread awareness of issues such as breast cancer or adoption. Women longed for a similar association between a color or a logo and the issue of infertility, just as pink or pink ribbons are associated with breast cancer awareness. Women also mentioned Angelina Jolie and her commitment to being the ambassador and advocate for adoption. We may be seeing the first steps of infertility awareness on the national scene. Current celebrities, such as Giuliana Rancic (E! News), Sherri Shepherd (The View), and Sarah Jessica Parker (Sex and the City) have openly discussed their difficulty becoming pregnant and their personal choices for using reproductive technologies. Print media has also raised awareness about the struggle with infertility as seen in the article, “The Invisible Truth about Infertility” in the November issue of REBOOK Magazine. REDBOOK and RESOLVE have joined forces to launch their video campaign, entitled “The Truth about Trying,” in an effort to encourage dialogue about infertility.[159] How far this discussion will go, and if there will be national recognition of the emotional and psycho-social struggles associated with infertility, is yet to be determined.

### 6.3 Implications for Future Research

To clarify and validate the findings from this study, more research needs to be done at the national level. Atlanta is a large, urban area, which has a wide variety of resources, including infertility clinics and specialists, support groups, counseling services, and representation from nearly every Christian denomination. Because of these resources, the findings from this study may be unique to the Metro Atlanta area. Women in other parts of the country, or in rural settings, may understand their infertility differently. These women may have different forms of support and church involvement, and may or may not experience the cycle of silence associated with infertility. This study did not take into consideration socio-economic status, however future studies should examine if women's opinions vary, based on income, employment or insurance coverage.

In addition to validating the responses from women across the country, a national study would also allow for larger representation within each denomination. In this study, women represented 12 Christian denominations, but often there were only one or two women from each denomination. By including more women, and therefore more women within each denomination, researchers may be able to identify opinions and themes unique to each denomination.

Future studies should also consider the variety of recruitment methods. For this study, women were recruited strictly through the church, therefore the sample is representative of women who attend church or were women who were in communication with church leaders. Women who do not attend church may or may not have similar opinions. Collecting data through infertility clinics, hospitals, private OBGYN offices and public clinics would make the constant variable the medical help seeking behavior rather than church connections. Hopefully, results from future studies would be consistent with and confirm the results presented here.

### 6.4 Recommendations for Other Women Struggling with Infertility

At the end of every interview, participants were asked if they had any recommendations for other Christian women struggling to become pregnant or faced with infertility. Every woman had several pieces of advice which fell into four broad categories: express the emotions you are feeling, find a support network, use the available resources, and practice self-care.

Women in the midst of infertility treatment, or years past it, encouraged other women to express their emotions and to talk about their situation. They wanted women to feel that it is okay to have whatever emotion they are experiencing and to let it out; if women are grieving and crying or feeling angry, anxious, sad, lonely or "crazy-making," women should feel that it is okay to express these emotions. The naming of the emotions and sharing one's story acknowledges the struggle and can offer a moment for healing.

Another recommendation made to women currently struggling with infertility was to "get connected" and "seek community," whether in a formal support group such as RESOLVE or a self-generated support group. One woman suggested, "seeking out those who can support you and hold you in the longing and pain… and not add to it." Women felt that for those who find themselves alone on this journey, they can "find great solace in other women's struggle with infertility." It is a wonderful feeling to know that there is someone who knows the situation, and can be praying for and supporting you in the situation. In this suggestion there was a subtle caution to not *compare* stories; infertility and struggling to become pregnant are not competitions.

Women also suggested finding and using available resources in a way that makes life easier. For example, one woman recommended buying the electronic ovulation kit, which will tell you when you are ovulating. She said it was "so much more helpful [and] it took the pressure off of having to take your temperature." Other suggestions included acupuncture and yoga to help the body relax. Women also recommended reading brochures, books, and websites to increase awareness about all of the options available. A list of books used or recommended by interview

participants can be found in Appendix I. They also recommended talking with the hospital's social workers, who are trained to counsel women struggling with these issues.

Self-care is anything that helps maintain one's physical, emotional or spiritual health. For women struggling with infertility, self-care can come in many shapes and sizes. As a way to alleviate stress, one recommendation was to continue to look forward or to remember the "big picture." It is important to not just focus on having a child, but to also "try to look around as well, as you're going through this process." Several women also suggested to take a deep look at the desire for children, and to examine where the feelings are coming from and what those feelings mean. Many women found that once they examined these feelings, the desire was to share love with a child, and was not contingent on a biological relationship. Being able to share this love with adopted or foster children, as well as other children in the church or community, filled that desire or longing for motherhood. For some women this was too painful and reminded them of their inability to have biological children. Interview participants reminded women to give themselves permission to not be around children and not to force themselves to attend baby showers or events celebrating children. Interview participants also encouraged women to create their own rituals for grieving, coping and healing. Every woman's experience with infertility is unique, so prayer, rituals and self-care should be tailored to the individual.

### 6.5 Recommendations for the Medical Community

1. Hospitals, OBGYN offices, and infertility clinics should have information and resources available for women who have had miscarriages, D&C's or received an infertility diagnosis. Some hospitals are already doing this for miscarriages and D&C's but including information about infertility acknowledges it as something worthy of grief. Resources could include lists of books, websites, information about the grieving process, suggestions for burial, etc.
2. Doctors can help debunk the scientific myths about infertility common to our culture. For example, doctors could discuss the common myths about stress causing infertility or that once women switch to adoption they will become pregnant.
3. Doctors should talk with women about their perceptions about the role of faith or God in regard to treatment. Health care providers working with women who struggle with infertility need to consider and discuss women's theologies before and during infertility treatment(s). The ways in which women see the current situation, and God's involvement in it, may influence the decision-making process.
4. Doctors can take a proactive approach in assessing if there is anything physically wrong with infertile women before starting any medical treatment or intervention. Women appreciate a holistic method of care rather than explicit focus on reproductive abilities.
5. Women appreciated laid-back doctors who listened to their patients' needs and concerns and then proposed the treatment plan. Women want to be heard and cared about, and appreciate a thirty-minute conversation with their provider. Women longed for their doctors to say, *'Tell me about yourselves and what your needs are.'*"
6. Women expressed a desire to sit in their doctor's office and discuss the possible routes for treatment and other options if treatment does not work. The best way to accomplish this is through consultations dedicated to hearing what the patients want and discussing their comfort levels in regard to certain treatment options. This will also give the patient

an opportunity to express their fears, concerns, and beliefs, and to develop a treatment plan as a team.

7. During treatment or after tests, women valued a phone call from their personal physician rather than a nurse or staff person who was unfamiliar with their story. If the doctor does not call to deliver tests results to women in the midst of infertility treatment, there needs to be protocol for staff completing these tasks. Staff should look at the patient's chart and assess the infertility journey before delivering tests results. "Bad news" should be delivered in a compassionate and sensitive manner.
8. Women want to discuss a plan if something goes wrong, but this needs to be done in a delicate and caring way. While chaplains are typically not available in small clinics, whenever possible, chaplains should be called upon when difficult news is being delivered to an infertile couple, before or after women undergo procedures, and in any case of intra-uterine fetal demise or infant death. This will allow women to be comforted by someone trained in pastoral care and grief counseling. Women appreciate a doctor that is supportive not only of their treatment process, but also in an emotional and spiritual sense.

### 6.6 Recommendations for Faith Communities

1. Churches and their leaders need to take proactive steps in raising awareness and educating their congregations about infertility. This can be done through prayers, newsletters, websites, bulletins, and in women's Bible studies. Inclusion of the longing for motherhood in prayers offered during worship services is an easy way to begin the awareness-raising process. This is especially important on Mother's and Father's Day, Christmas and Easter, and during baptisms, as the focus is on children. Another step that is not invasive is announcements in church newsletters, bulletins or websites that ask women if they have experienced a loss or are struggling with infertility, and directing them to in-house counseling services or other resources. Churches could also use children's dramas as a way to talk about the myriad ways families can be formed. Churches should also acknowledge the National Pregnancy and Infant Loss Awareness Month in October or participate in the Remembrance Day on October 15th.
2. Communities of faith should be talking about women's reproductive health issues and sex. While this may not be appropriate to present from the pulpit, small groups can provide safe environments for education and discussion. Churches could also bring up infertility and other women's reproductive health issues in women's Bible studies or in health ministries. If churches are discussing adoption and foster care, this would be an excellent way to talk about some of the reasons women may adopt, including infertility.
3. Pastors or church leaders, both male and female, should be available to discuss and counsel women on the grief and trauma infertility can bring. In an unbiased and non-judgmental way, pastors should be ready to hear and help sort out women's theologies or the ways in which women express how God is working or present in the infertility journey. If pastors can present a calm and healing presence, women will feel comfortable to express their range of emotions.

4. Pastors/Priests should also be providing resources to women struggling with infertility or miscarriages, including referral information for local support groups and counseling services, burial sites, or memorial gardens. Resources could be presented in a simple packet or brochure including lists of books, websites, scriptures, and prayers or other readings that would be helpful, comforting or educational for women struggling with infertility.
5. Pastors/Priests should assess their denominational doctrine as it pertains to assisted reproductive technologies, and offer denominational specific religious services to assist in the mourning and grieving process. This could include remembrance and funeral services, naming ceremonies, baptisms, prayer services and other services for healing. The church should create space and give permission for women to grieve miscarriages and infertility, as society does not acknowledge the loss.
6. Theological education should include discussion about men's and women's reproductive health issues. By not discussing infertility in the preparatory years of pastoral education, theology schools are perpetuating the cycle of silence. Future church leaders are being denied the training to counsel their parishioners about infertility. Classes, such as Church Administration and Leadership at Candler School of Theology, discuss the need for pastors to have information at their fingertips for local food pantries, domestic violence shelters, Department of Family and Child Services, crisis counseling, and alcohol and substance abuse. Resources for infertility and miscarriages should also be included in pastors' and churches' "must have" resources lists.

### 6.7 Concluding Remarks

In summary, the results show that the women in this study expressed substantial reliance on their personal faith and Biblical scriptures while faced with infertility. While some pastors are acknowledging the struggle with infertility, most churches are not providing supportive services. Unfortunately, there is much silence in the church about the prevalence of and emotions surrounding infertility. There is also silence in the medical community about the significance of women's personal faith and religious beliefs in the decision-making process around infertility. Therefore there are gaps in the care women are receiving from both their communities of faith and their health care providers, thus increasing the stress, trauma and isolation women feel while on this journey. By not discussing infertility within the faith community or faith during medical treatments, the cycle of silence around infertility is only perpetuated.

Several steps have been recommended for both the faith and medical communities. Churches need to raise awareness and educate their congregations about infertility, while church leaders need to be educated and available to interface with women struggling with infertility. Churches can also implement religious services and rituals to help women manage and cope with the stress, grief and pain often associated with infertility. The medical community needs to take steps to acknowledge the significance of women's faith beliefs and their impact on infertility related decision making. The ways women understand God's presence in the infertility journey affect how they understand and treat infertility.

**Appendix A: Brief summary of five Biblical narratives about infertility.**

In the Christian scriptures, in addition to much language around barrenness and closed wombs, there are several prominent stories about women who experience infertility. This section is intended to present these stories and is not an analysis of their meaning, interpretation or use by women experiencing infertility today.

Sarah and Abraham

The first story is of Sarah and Abraham, known as Sarai and Abram before God makes a covenant with them. In the fifteenth Genesis, God appears to Abram, who pleads with the Lord for children. Abram says "O Lord God, what will you give me, for I continue childless… you have given me no offspring, so a slave born in my house is to be my heir."[160] (Genesis 15: 2-3) But, God promises Abram that he will have a child of his own and this child will be his heir. As a way to show Abram this promise, God leads Abram outside, and says, "Look toward heaven and count the stars, if you are able to count them. So shall your descendants be." (Genesis 15: 5) It is here that God makes a covenant with Abram, promising that Abram will have descendants and that the land from the river of Egypt to the Euphrates River will belong to his children. In the first verses of chapter Genesis 16 we hear again of the ever-present desire for children.

> "Now Sarai, Abram's wife, bore him no children. She had an Egyptian slave-girl whose name was Hagar, and Sarai said to Abram, "You see the Lord has prevented me from bearing children; go to my slave-girl; it may be that I shall obtain children by her." And Abram listened to the voice of Sarai. So, after Abram had lived ten years in the land of Canaan, Sarai, Abram's wife took Hagar, the Egyptian, her slave-girl, and gave her to her husband Abram as a wife. He went in to Hagar, and she conceived; and when she saw that she had conceived, she looked with contempt upon the mistress." (Genesis 16:1-4)

The story continues as God is making a covenant with Abraham. God promises Abraham that he will be the ancestor of a multitude of nations, that God will make him exceedingly fruitful and that God will give Abraham a son by Sarah. Abraham laughs and says to himself, "can a child be born to a man who is a hundred years old? Can Sarah, who is ninety nine years old, bear a child?"

(Genesis 17:17) God promises that Sarah will bear a son and that Abraham should name him Isaac. Later in this story Sarah overhears some travelers talking about the pending birth of her son.

> "So Sarah laughed to herself, saying, "After I have grown old, and my husband is old, shall I have pleasure?" The Lord said to Abraham, "Why did Sarah laugh and say, 'Shall I indeed bear a child, now that I am old?' Is anything too wonderful for the Lord? At the set time I will return to you, in due season, and Sarah shall have a son." (Genesis 18:12-14)

It is not until the twenty-first chapter of Genesis that we hear about the birth of Sarah's son.

> "The Lord dealt with Sarah as he had said, and the Lord did for Sarah as he had promised. Sarah conceived and bore Abraham a son in his old age, at the time of which God had spoken to him. Abraham gave the name Isaac to his son whom Sarah bore him… Abraham was a hundred years old when his son, Isaac, was born to him." (Genesis 21: 1-3, 5)

Isaac and Rebekah

The next story about infertility is in the same family line as Abraham and Sarah; their son Isaac and his wife Rebekah are unable to have children. In the twenty-fifth chapter of Genesis we read, "Abraham was the father of Isaac, and Isaac was forty years old when he married Rebekah... Isaac prayed to the Lord for his wife, because she was barren; and the Lord granted his prayer, and his wife Rebekah conceived." (Genesis 25: 19-21) Rebekah was pregnant with twins and the two children struggled with each other inside of her. She said, "If it is to be this way, why do I live?' So she went to inquire of the Lord. And the Lord said to her, 'Two nations are in your womb, and two people born of you shall be divided; the one shall be stronger than the other, the elder shall serve the younger.' When her time to give birth was at hand, there were twins in her womb." (Genesis 25: 22-24) These twins were named Esau and Jacob.

Rachel, Leah, and Jacob

The next story about infertility in Genesis depicts the third generation where the matriarch struggles to have children. Jacob meets Rachel and falls in love with her, so Jacob makes a deal with her father that he will work for seven years after which time Jacob will be

allowed to marry Rachel. But, after seven years, the father does not give his youngest daughter Rachel to be married; instead the father gives his eldest daughter, Leah. In order to marry Rachel, Jacob must work another seven years for the father. Jacob agrees, because he loved Rachel more than Leah. "When the Lord saw that Leah was unloved, he opened her womb; but Rachel was barren. Leah conceived and bore a son, and she named him Ruben; for she said, 'Because the Lord has looked on my affliction, surely now my husband will love me." (Genesis 29:31-32) After her first son, Leah gave birth to three more sons; after each birth she hoped her husband would love her more because she had given him sons. Upon the birth of Leah's fourth son,

> "Rachel saw that she bore Jacob no children, she envied her sister; and she said to Jacob, 'Give me children, or I shall die!' Jacob became very angry with Rachel and said, 'Am I in the place of God, who has withheld from you the fruit of the womb?' The she said, 'Here is my maid Bilhah, go in to her, that she may bear upon my knees and that I too may have children through her. So she gave him her maid Bilhah as a wife; and Jacob went in to her. And Bilhah conceived and bore Jacob a son." (Genesis 30:1-5)

Later, Bilhah, Rachel's handmaid, bore Jacob a second son. Seeing this, Leah gave her handmaid, Zilpah, to Jacob as a wife; Zilpah also bore Jacob two sons. Now that there were eight children, Leah bore two more sons and a daughter. "Then God remembered Rachel, and God heeded her and opened her womb. She conceived and bore a son, and she said, 'God has taken away my reproach;' and she named him Joseph." (Genesis 30:22-24)

Hannah, Peninnah and Elkanah

In the opening verses 1 Samuel, we hear about a man named Elkanah, who has two wives, Hannah and Peninnah. "Peninnah had children, but Hannah had no children." (1 Samuel 1:2b) Every year, Elkanah went to the temple to make sacrifices. He would give the sacred food to his wife Peninnah and her children, "but to Hannah he gave a double portion, because he loved her, though the Lord had closed her womb." (1 Samuel 1:5) There was a strong rivalry between these two women, and often Peninnah would provoke Hannah. "Her rival used to provoke her severely, to irritate her, because the Lord had closed her womb." Every time they went to the

temple, Hannah would weep and not eat. Her husband said to her, “Hannah, why do you weep? Why do you not eat? Why is your heart sad? Am I not more to you than ten sons?” (1 Samuel 1:8) While they were at the temple, Hannah rose and presented herself before the Lord. As she prayed and wept she made a promise to the Lord,

> “O Lord of hosts, if only you will kook on the misery of your servant, and remember me, and not forget your servant, but will to your servant a male child, then I will set him before you as a nazirite until the day of his death. He shall drink neither wine nor intoxicants and no razor shall touch his head.” (1 Samuel 1:11)

Hannah continued praying, but now her lips were moving but no words were coming out of her mouth. Eli, the temple priest, saw this and thought that Hannah was drunk; he asked her to put away her wine and discontinue the drunken behavior. She responded,

> “No, my lord, I am a woman who is deeply troubled; I have drunk neither wine nor strong drink, but I have been pouring my soul before the Lord. Do not regard you servant as a worthless woman, for I have been speaking out of my great anxiety and vexation at this time. Then Eli answered, ‘Go in peace; the God of Israel grant the petition you have made to him.’ And he said, ‘Let your servant find favor in your sight.” (1 Samuel 1:15-18a)

Hannah then left the temple and went to eat and drink with her husband. They rose early the next morning and worshiped before the Lord, and then returned to their home. Then “Elkanah knew his wife Hannah, and the Lord remembered her. In due time Hannah conceived and bore a son. She named him Samuel, for she said, ‘I have asked him of the Lord.” (1Samuel 1:19b-20)

After the child was born and weaned, Hannah took her son to the temple to present him to the Lord. She said to the Lord, “For this child I prayed; and the Lord has granted me the petition that I made to him. Therefore I have lent him to the Lord as long as he lives, he is given to the Lord.” (1Samuel 1:27-28) Having said these words, Hannah left the child at the temple.

Elizabeth and Zechariah

In the first chapters of the Gospel of Luke we hear about Zechariah, a priest from the order of Abijah and his wife, Elizabeth a descendant of Aaron. “Both of them were righteous before God, living blamelessly according to all the commandments and regulations of the Lord.

But they had no children, because Elizabeth was barren, and both were getting on in years." (Luke 1:6-7) One day, when Zechariah was serving in the temple, an angel of the Lord appeared to him saying, "Do not be afraid, Zechariah, for your prayers have been heard. Your wife Elizabeth will bear you a son, and you will name him John. You will have joy and gladness, and many will rejoice at his birth, for he will be great in the sight of the Lord." (Luke 1:13-15a)

Since Zechariah and his wife were old, he asked the angel how he would know that these things were happening. Because Zechariah disbelief, the angel made Zechariah mute, unable to speak until these things happened.

> "After those days his wife Elizabeth conceived, and for five months she remained in seclusion. She said, 'This is what the Lord has done for me when he looked favorably on me and took away the disgrace I have endured among my people'… Now the time came for Elizabeth to give birth, and she bore a son. Her neighbors and relatives heard that the Lord had shown his great mercy to her, and they rejoiced with her." (Luke 1:24-25, 57-58)

Not until after the child was born, and Zechariah wrote the name of the child on a tablet, did his mouth open and he was able to speak and praise the Lord.

**Appendix B: Recruitment Flyer**

# Faith and Health

## How do women rely on their faith and the Biblical text when faced with infertility?

**Experiencing infertility and want to know more?**

Gretchen Van Ess, a dual degree student studying theology and public health at Emory University, is researching the relationship between faith and health. She is currently conducting interviews with local women who are experiencing infertility or struggling to become pregnant. She hopes to gain insight on how women call upon their faith and how they use the Bible for strength, insight and decision making when struggling with conception or infertiity.

For more information about the study or to participate in a 1 to 1 1/2 hour interview please contact Gretchen directly at faith.infertility@gmail.com or (404) 955-2573

All correspondence is confidental and inquiry into the project does not require participation. This study is approved by the Emory University Institutional Review Board, which facilitates ethically responsible human subjects research by assuring the rights and welfare of study participants.

Faith and Health faith.infertility@gmail.com

Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com
Faith and Health faith.infertility@gmail.com

**Appendix C: Interview Guide**

Thank you for agreeing to an interview today. My name is Gretchen Van Ess and I am a dual degree student from the Rollins School of Public Health and Candler School of Theology both at Emory University. I am conducting research about the intersection of faith and health, specifically around women's faith and their personal struggles with infertility and conception. Your participation in this interview is completely voluntary and please let me know if you have any questions at any point in our conversation or if you would like to stop the interview.

During this interview today, we will be talking about your experience with infertility or troubles becoming pregnant. I am most interested in your own personal experiences, perceptions and opinions on the issues we cover, so please feel comfortable sharing your honest thoughts. I also realize that this topic is very sensitive and emotional, and that some questions may be difficult to answer. Please let me know if you would like to skip a question or stop the interview. Either option is fine, please just let me know. I have a list of topics I would like to discuss, but I want this to feel more like a conversation, so please feel free to bring up any topics you feel are related.

If it's okay with you, I would like to tape-record our discussion, so that I don't miss any of the topics we cover. However, our conversation today is completely confidential and no one else will hear the tape recording or know what topics we covered. Additionally, none of the documents associated with this interview will identify your name. Do I have permission to tape-record our discussion?

Our interview will last about one hour to an hour and a half. Do you have any questions at this point? Shall we begin?

1. I would like to start out the interview by asking you to tell your story. You can start from wherever seems appropriate.
    a. This could be about when you met your spouse, when you first started talking about kids, when you first noticed there was a problem with infertility, etc.

2. Can you tell me a little bit more about your partner during this process?
    a. Was your spouse supportive?
    b. What was your partner's reaction to the infertility diagnosis or the need for treatment?

3. I would now like to talk to you about your experiences with trying to conceive. Please share with me your experiences with trying to conceive children or with infertility.
    a. How long did you try/have you been trying to become pregnant?
    b. How did you realize there was a problem?
    c. What did you do first to figure out what was going on?
        - Did you find out who had the issue? How?
    d. What different methods have you tried to become pregnant?
        - Fertility drugs, IVF, Surrogate motherhood, traditional practices,…
        - Please describe this process.
    e. How did your partner respond to this?

4. I would now like to talk more generally about the role your faith played in this experience, if at all.

   a. Were there times you relied on your faith more than other times?
      - Were there ever times you were, angry with God, questioned God, challenged your faith?
   b. Do you have/could you describe moments where your faith was particularly helpful or important during this time?
   c. Are there times during this process when your faith proved to be stressful?

5. I would now like to talk about how you used the Bible during this time.
   a. Are there particular verses or stories that influence the way you think about having children or being a mother?
   b. Are there particular verses or stories that influence the way you think about infertility?
   c. Are there certain verses or stories that were useful/helpful during this time?
   d. Are there verses or stories that you found troubling or created anxiety or uncertainty?
   e. Are there verses or stories that helped you make decisions about what to do in regard to your reactions, treatment, or solutions?
      - If so, I want to be sure to discuss them.
   f. Thinking back, was there a particular moment during your experience with infertility when a passage or story from the Bible was particularly useful? Particularly stressful?

6. I would now like to talk more generally about the role of the church in your experience with infertility.
   a. What role did the church play in this experience?
   b. Were there particular people or groups that you were able to reach out to?
   c. Have you been able to find support in your local church community?
   d. Has your pastor/priest offered guidance through this time?
   e. Are you aware of any church doctrines dealing with infertility?
      - Did any of these influence how you reacted or made decisions during this time?

7. Let's talk about where you are now in the process.
   a. What are your plans for the future with respect to parenthood and children?
   b. If you could give advice to church leaders, what would it be?
      - What could the church do to be more helpful to women experiencing infertility?
   c. What kind of advice would you give other Christian women faced with infertility or struggling with conception?

Thank you

<u>Demographic Information for Each Participant</u>
Denomination:
Age, if willing to share:
Race:
Marital Status:
Highest Level of Education:

Interview ID # _____

**Appendix D: Outline for a "Brief Exegetical Model for Preaching"**[161]

| | |
|---|---|
| I. Getting the Text in View | **a. Select the text**<br>The texts for this analysis were determined by the interview participants. |
| | **b. Reconsider where the text begins and ends**<br>Examine what comes before and after the selected text to see if it is connected to the material around it. |
| | **c. Establish a reliable translation of the text**<br>Every translation of the biblical text is already an interpretation of the original text. Examine the Greek or Hebrew translations; the goal is for reliability and accuracy, not readability. |
| II. Getting Introduced to the Text | **d. Read the text for basic understanding**<br>Make sure there is an understanding of the basic and straightforward meaning of the words and syntax of the text. |
| | **e. Place the text in its larger context**<br>Understand how the passage fits into the larger structure and into the overall flow and development of the book. |
| III. Attending to the Text | **f. Listen attentively to the text**<br>This is the interrogation of the text, asking the text every potentially fruitful question that comes to mind. This can include looking for out-of-place details, asking if the text has a center of gravity, if the text answers any questions, or what the text is doing. Look for conflict in or behind the text, and for connections between the text and what comes before and after it. |

| | |
|---|---|
| IV. Testing What is Heard in the Text | **g. Explore the text historically**<br>Biblical texts were written in particular moments in history and sometimes modified throughout time. |
| | **h. Explore the literary character of the text**<br>Each type of literature has its own stylistic features and patterns of construction. The goal is to find the literary character and function. |
| | **i. Explore the text theologically**<br>Try to discover what specific assumptions and claims are present in the text regarding God, in relation to humanity. |
| | **j. Check the text in commentaries**<br>Consultation with the commentaries is a way to create a community of interpretation, a scholarly seminar on the biblical text. |
| V. Moving Toward the Sermon | **k. State the claim of the text upon the hearers**<br>Determine what the text saying to the given audience on this particular occasion. |

**Appendix E: Frustration with cultural expectations, social pressures and cultural/gender norms about motherhood and responses to infertility.**

| **Common expressions infertile women wish they would never hear again.** | |
|---|---|
| 1. | As soon as you adopt a child you will get pregnant. |
| 2. | You can always try again. |
| 3. | You can always adopt. |
| 4. | I'm sure it will work out next time. |
| 5. | Well, there are other ways to have children. |
| 6. | Infertility comes from stress; just relax and it will happen. |
| 7. | Don't you want to have kids? |
| 8. | God told us to be fruitful and multiply. |
| 9. | You are so focused on your career that you don't have time for kids. |
| 10. | When are you going to start having kids? / When are you going to have a family? |
| 11. | Why haven't you had a baby yet? / When are you going to have another? |
| 12. | Maybe it's not meant to be. |
| 13. | Are y'all "trying"? |
| 14. | It's God's will. / God's timing is perfect. |
| 15. | God has a better plan for you. / You'll find out later what God has in store for you. |
| 16. | You can take my children home for a night and you will rethink what you are trying so hard to do. |
| 17. | No children? You should really count your blessings. |

Some general expectations of women and the process of getting pregnant that were equally as frustrating, even though they were not specifically stated or voiced:

- Creating babies is something a woman's body should do naturally.
- All women can get pregnant easily.

- Once you stop taking birth control you will get pregnant any second.
- Pressure for what a family “should look like”
- Exploring other options is met with resistance and here seems to be little room for alternatives.
- If you are unable to get pregnant you should be angry with God and the situation, and should attempt to have a child with intense treatment.
- After a miscarriage or an intra-uterine fetal demise society tells women that it is not a loss, and that they should just get “back on the horse” and try again. One woman describes her feelings after a miscarriage, “It was devastating on so many levels. But it’s the loss, it’s like you’re feeling all this loss, and you’re not supposed to. Like you’re supposed to try again or it’s supposed to be [okay].”

**Appendix F: Emotions women expressed about their struggle with infertility**

| Emotion | Meaning |
|---|---|
| Anger | Having a strong feeling of or showing annoyance, displeasure or hostility – this was directed at God, self, or other women |
| Crazy<br>Crazy-Making | Feeling out of control or obsessed with treatment, charting, becoming pregnant or "fixing" the situation |
| Grief | Expressing intense, deep and profound sadness or sorrow; showing signs of mourning a loss or death |
| Helplessness | Feeling that there is nothing one can do to change or ease the situation |
| Jealousy | Feeling or showing envy of someone else's achievements in relation to pregnancy, successful treatment, or motherhood |
| Loneliness | A strong sense of solitude and inadequate levels of social support during the infertility process. Feeling as if you are alone in the situation or in your feelings about the situation |
| Longing for an easier way | Explicit expression of wanting pregnancy or motherhood to be simple and straight-forward, including the statement: "Why is it so easy for others and so difficult for me?" |
| Resentment | Expressed or covert recognition of the tension between one's intentional trying and deliberate steps to become pregnant vs. people who get pregnant without planning or wanting to become pregnant |
| Roller Coaster | Description of the emotions involved as being incredibly high highs and devastating lows |
| Seeking God's Help | Asking or wishing that God would intervene and remedy the situation |
| Self-Judgment | Placing self-blame for the current circumstances: "Did I do something wrong?" or "Is this my fault?" |
| Trouble Relating | A feeling that others don't understand the struggles or emotions involved because they have not experienced a similar situation |
| Questioning | Women asking themselves and society in general how far they should take treatment, if certain treatments are ethically responsible or too invasive, or how much they should risk to have a child. |

**Appendix G: Preparatory and Coping Rituals**

| **Preparatory rituals used before treatment and before becoming pregnant.** | |
|---|---|
| 1. | Acupuncture |
| 2. | A day or two of solitude and silence – mainly used to pray and be alone with God |
| 3. | Beads used for charting the menstrual cycle |
| 4. | Yoga |
| 5. | Maya Abdominal Therapy – a massage technique for women who struggle with infertility, to realign your organs and systems |
| 6. | Personal meditation or meditation classes |
| 7. | Prayer |
| 8. | Changes in diet – cutting out certain foods, eating only organic foods |
| 9. | Smudging – a form of prayer in which the smoke is believed to clear away negative energy and prepare the body for something new |
| 10. | Creating a relaxing and warm space during treatment – using candles, music, etc. |
| 11. | Visualization – visualizing one's body being healed and working through things |
| 12. | Wearing specific jewelry that represents fertility |
| 13. | Vision collage – cutting things out of magazines and making a collage as a way to visually describe hopes and dreams for the future. |

| **Rituals used for coping with grief and loss** | |
|---|---|
| 1. | Personal Devotions |
| 2. | God Box – when you are struggling with something, just write it down on a little piece of paper and throw it in this box, in a sense, giving things to God. |
| 3. | Commemorative Services – either private or communal in one's own yard/space or in a formal memorial/church setting. This can be services for both remembering and healing. |
| 4. | Social Media – Facebook, blogs or prayer bulletin boards as a way to share what is going on and as a way to ask for support. Both posting and reading other's sites. |

| | |
|---|---|
| 5. | Visualizing unborn children in heaven with God or loved ones who have passed |
| 6. | Prayer Books |
| 7. | Daily prayer – alone, with spouse, or in a formal religious setting |
| 8. | Prayer Retreats – often not organized for women struggling with infertility, but they offer a supportive, caring and healing environment |
| 9. | Reading the Bible |
| 10. | Memory Box – a place to put memories of the unborn child or the dream of children. (Ex. clothes, ultrasound photos, footprints, emails announcing pregnancy, photos, etc.) |
| 11. | Memorial statue, stone or other commemorative item |
| 12. | Writing a letter to the unborn children expressing love and loss |
| 13. | Baptism |
| 14. | Naming ceremony |
| 15. | Positive Affirmation Journal – writing down something positive from the day, from the news, something that happened, a Bible verse, a quote as a way to end the day on a positive note |
| 16. | Journaling – expressing the emotions associated with the infertility journey |
| 17. | Listening to music |
| 18. | Being involved in support and prayer groups |
| 19. | Sharing your infertility story, talking about it with your spouse and also with other women |
| 20. | Reading books – educating yourself about infertility but also reading for fun, putting your head and thoughts somewhere else |
| 21. | Attending church services and getting involved with church groups |
| 22. | Walking a prayer labyrinth |
| 23. | Wearing jewelry or finding something that symbolizes the child helps you remember and grieve |
| 24. | Wearing a prayer shawl |
| 25. | Keeping track of and remembering important dates – egg transfers, failed treatments, pregnancy losses, due dates/birthdays, etc. |
| 26. | Writing poetry or songs to express the difficult decisions and variety of emotions |

**Appendix H: Scriptural References**

| **Scriptural references made by women during the interview process.*** <br> * All translations are from the New Revised Standard Version unless a woman read or quoted a specific translation. | |
|---|---|
| Genesis 1:28-30 | "God blessed them, and God said to them 'Be fruitful and multiply, and fill the earth and subdue it; and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth.' God said, 'See, I have given you every plant yielding seed that is upon the face of all the earth, and every tree with seed in its fruit; you shall have them for food. And to every beast of the earth, and to every bird of the air, and to everything that creeps on the earth, everything that has the breath of life, I have given every green plant for food.'" |
| Genesis 15-21 | The Story of Sarah |
| Genesis 29-30 | The Story of Rachael |
| First Samuel 1 | They Story of Hannah |
| Second Samuel 6:23 | "And Michal the daughter of Saul had no child to the day of her death." |
| Psalm 1:6 | "For the Lord watches over the ways of the righteous." |
| Psalm 31:1-5 | "In you, O Lord, I seek refuge; do not let me ever be put to shame; in your righteousness deliver me. Incline your ear to me; rescue me speedily. Be a rock of refuge for me, a strong fortress to save me. You are indeed my rock and my fortress; for your name's sake lead me and guide me, take me out of the net that is hidden for me, for you are my refuge. Into your hand I commit my spirit; you have redeemed me, O Lord, faithful God." |
| Psalm 33:1-4 | "Sing joyfully to the LORD, you righteous; it is fitting for the upright to praise him. Praise the LORD with the harp; make music to him on the ten-stringed lyre. Sing to him a new song; play skillfully, and shout for joy. For the word of the LORD is right and true; he is faithful in all he does." |
| Psalm 33:13-15 | "From heaven the LORD looks down and sees all mankind; from his dwelling place he watches all who live on earth – he who forms the hearts of all, who considers everything they do." |
| Psalm 37:4 | "Take delight in the Lord, and he will give you the desires of your heart." |

| | |
|---|---|
| Psalm 113 | “Praise the Lord! Praise, O servants of the Lord; praise the name of the Lord. Blessed be the name of the Lord from this time on and for evermore. From the rising of the sun to its setting the name of the Lord is to be praised. The Lord is high above all nations, and his glory above the heavens. Who is like the Lord our God, who is seated on high, who looks far down on the heavens and the earth? He raises the poor from the dust, and lifts the needy from the ash heap, to make them sit with princes, with the princes of his people. He gives the barren woman a home, making her the joyous mother of children. Praise the Lord!” |
| Psalm 121 | “I lift up my eyes to the hills - from where will my help come? My help comes from the Lord, who made heaven and earth. He will not let your foot be moved; he who keeps you will not slumber. He who keeps Israel will neither slumber nor sleep. The Lord is your keeper; the Lord is your shade at your right hand. The sun shall not strike you by day, nor the moon by night. The Lord will keep you from all evil; he will keep your life. The Lord will keep your going out and your coming in from this time on and for evermore.” |
| Psalm 139: 7-16 | “Where can I go from your spirit? Or where can I flee from your presence? If I ascend to heaven, you are there; if I make my bed in Sheol, you are there. If I take the wings of the morning and settle at the farthest limits of the sea, even there your hand shall lead me, and your right hand shall hold me fast. If I say, ‘Surely the darkness shall cover me, and the light around me become night’, even the darkness is not dark to you; the night is as bright as the day, for darkness is as light to you. For it was you who formed my inward parts; you knit me together in my mother’s womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; that I know very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. Your eyes beheld my unformed substance. In your book were written all the days that were formed for me, when none of them as yet existed.” |
| Proverbs 3:5-6 | “Trust in the Lord with all your heart and lean not on your own understanding. In all your ways acknowledge Him, and He will set your paths straight.” |
| Proverbs 13:12 | “Hope deferred makes the heart sick, but a desire fulfilled is a tree of life.” |
| Proverbs 17:17 | “A friend loves at all times, and kinsfolk are born to share adversity.” |

| | |
|---|---|
| Ecclesiastes 3:1-8 | "For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted; a time to kill, and a time to heal; a time to break down, and a time to build up; a time to weep, and a time to laugh; a time to mourn, and a time to dance; a time to throw away stones, and a time to gather stones together; a time to embrace, and a time to refrain from embracing; a time to seek, and a time to lose; a time to keep, and a time to throw away; a time to tear, and a time to sew; a time to keep silence, and a time to speak; a time to love, and a time to hate; a time for war, and a time for peace." |
| Isaiah 43:1-3a | "But now thus says the Lord, he who created you, O Jacob, he who formed you, O Israel: Do not fear, for I have redeemed you; I have called you by name, you are mine. When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you. For I am the Lord your God, the Holy One of Israel, your Savior." |
| Isaiah 43:18-21 | "Do not remember the former things, or consider the things of old. I am about to do a new thing; now it springs forth, do you not perceive it? I will make a way in the wilderness and rivers in the desert. The wild animals will honor me, the jackals and the ostriches; for I give water in the wilderness, rivers in the desert, to give drink to my chosen people, the people whom I formed for myself so that they might declare my praise." |
| Isaiah 54:1-3 | "Sing, O barren one who did not bear; burst into song and shout, you who have not been in labor! For the children of the desolate woman will be more than the children of her that is married, says the Lord. Enlarge the site of your tent, and let the curtains of your habitations be stretched out; do not hold back; lengthen your cords and strengthen your stakes. For you will spread out to the right and to the left, and your descendants will possess the nations and will settle the desolate towns." |
| Isaiah 56:4-5 | "For thus says the Lord: To the eunuchs who keep my Sabbaths, who choose the things that please me and hold fast my covenant, I will give, in my house and within my walls, a monument and a name better than sons and daughters; I will give them an everlasting name that shall not be cut off." |
| Jeremiah 29:11-14 | "For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope. Then when you call upon me and come and pray to me, I will hear you. When you search for me, you will find me; if you seek me with all your heart, I will let you find me, says the Lord, and I will restore your fortunes and gather you from all the nations and all the places where I have driven you, says the Lord, and I will bring you back to the place from which I sent you into exile." |

| | |
|---|---|
| Matthew 11:28-29 | “Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls.” |
| Matthew 26:39 | “Going a little farther, he fell with his face to the ground and prayed, ‘My father, if it is possible, may this cup be taken from me, yet not as I will, but as you will.’” |
| Matthew 28:20b | “And remember, I am with you always, to the end of the age.” |
| Luke 1:36-39 | “’And now, your relative Elizabeth in her old age has also conceived a son; and this is the sixth month for her who was said to be barren. For nothing will be impossible with God.’ Then Mary said, ‘Here am I, the servant of the Lord; let it be with me according to your word.’ Then the angel departed from her.” |
| Luke 2:19 | “But Mary treasured all these words and pondered them in her heart.” |
| Luke 8:43-48 | “Now there was a woman who had been suffering from hemorrhages for twelve years; and though she had spent all she had on physicians, no one could cure her. She came up behind him and touched the fringe of his clothes, and immediately her hemorrhage stopped. Then Jesus asked, ‘Who touched me?’ When all denied it, Peter said, ‘Master, the crowds surround you and press in on you.’ But Jesus said, ‘Someone touched me; for I noticed that power had gone out from me.’ When the woman saw that she could not remain hidden, she came trembling; and falling down before him, she declared in the presence of all the people why she had touched him, and how she had been immediately healed. He said to her, ‘Daughter, your faith has made you well; go in peace.’” |
| John 14:1 | “Do not let your hearts be troubled. Believe in God, believe also in me.” |
| Romans 8:18-23 | “I consider that the sufferings of this present time are not worth comparing with the glory about to be revealed to us. For the creation waits with eager longing for the revealing of the children of God; for the creation was subjected to futility, not of its own will but by the will of the one who subjected it, in hope that the creation itself will be set free from its bondage to decay and will obtain the freedom of the glory of the children of God. We know that the whole creation has been groaning in labor pains until now; and not only the creation, but we ourselves, who have the first fruits of the Spirit, groan inwardly while we wait for adoption, the redemption of our bodies.” |
| Galatians 4:4-7 | “But when the fullness of time had come, God sent his Son, born of a woman, born under the law, in order to redeem those who were under the law, so that we might receive adoption as children. And because you are children, God has sent the Spirit of his Son into our hearts, crying, ‘Abba! Father!’ So you are no longer a slave but a child, and if a child then also an heir, through God.” |

| | |
|---|---|
| Ephesians 1:3-6 | “Blessed be the God and Father of our Lord Jesus Christ, who has blessed us in Christ with every spiritual blessing in the heavenly places, just as he chose us in Christ before the foundation of the world to be holy and blameless before him in love. He destined us for adoption as his children through Jesus Christ, according to the good pleasure of his will, to the praise of his glorious grace that he freely bestowed on us in the Beloved.” |
| Ephesians 5:22-33 | “Wives, be subject to your husbands as you are to the Lord. For the husband is the head of the wife just as Christ is the head of the church, the body of which he is the Savior. Just as the church is subject to Christ, so also wives ought to be, in everything, to their husbands. Husbands, love your wives, just as Christ loved the church and gave himself up for her, in order to make her holy by cleansing her with the washing of water by the word, so as to present the church to himself in splendor, without a spot or wrinkle or anything of the kind—yes, so that she may be holy and without blemish. In the same way, husbands should love their wives as they do their own bodies. He who loves his wife loves himself. For no one ever hates his own body, but he nourishes and tenderly cares for it, just as Christ does for the church, because we are members of his body. ‘For this reason a man will leave his father and mother and be joined to his wife, and the two will become one flesh.’ This is a great mystery, and I am applying it to Christ and the church. Each of you, however, should love his wife as himself, and a wife should respect her husband.” |
| Ephesians 6:4 | “And, fathers, do not provoke your children to anger, but bring them up in the discipline and instruction of the Lord.” |
| Philippians 4:6-7 | "Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.” |
| Philippians 4:13 | “I can do all things through Christ who strengthens me.” |
| Hebrews 4:16 | “Let us therefore approach the throne of grace with boldness, so that we may receive mercy and find grace to help in time of need.” |
| James 1:27 | “Religion that is pure and undefiled before God, the Father, is this: to care for orphans and widows in their distress, and to keep oneself unstained by the world.” |
| James 2:17 | “So faith by itself, if it has no works, is dead.” |

**Appendix I: List of books used or recommended by interview participants**

Barrett, Elise Erikson. (2010) What Was Lost: A Christian Journey Through Miscarriage. Westminster John Knox Press.

Brock, Rita Nakashema and Rebecca Ann Parker. (2002) Proverbs of Ashes: Violence, Redemptive Suffering and the Search for What Saves Us. Beacon Press.

Carpenter, Edward. (1997) *The Lake of Beauty* from the New Zealand Prayer Book. HarperOne.

Day, Sandra. (2005) Morning Will Come. Focus Publishing.

Garrett, Becky, Donna Gibbs and Phyllis Rabon. (2002) Water from the Rock: Finding God's Comfort in the Midst of Infertility. Moody Publications.

Herriot, James. (2004) All Creatures Great and Small. St. Martin's Griffin.

Herriot, James. (2004) All Things Bright and Beautiful. St. Martin's Griffin.

Langford, Andy (Ed.) (1992) The United Methodist Book of Worship. (1992) Abingdon Press.

Lewis, C.S. (2001) Mere Christianity (Specifically Book 3: Chapter 5 Sexual Morality, and Chapter 6 Christian Marriage). HarperSanFrancisco.

Masters, Ashley-Anne. (2011) Holding Hope: Grieving Pregnancy Loss During Advent. Church Health Center.

Maunt, Anita Dia. (2007) The Red Tent. Picador.

Orenstein, Peggy. (2007) Waiting for Daisy: A Tale of Two Continents, Three Religions, Five Infertility Doctors, an Oscar, an Atomic Bomb, a Romantic Night, and One Woman's Quest to Become a Mother. Bloomsbury.

Ott, Kate M. (2009) A Time to be Born: A Faith-Based Guide to Assisted Reproductive Technologies. Religious Institute.
http://www.religiousinstitute.org/sites/default/files/study_guides/atimetobeborn.pdf

Pegues, Deborah S. (2008) Emergency Prayers: God's Help in Your Time of Need. Harvest House Publishers.

Quinn, Tami, Jeanie Lee Bussell, Beth Heller. (2010) Fully Fertile: A 12-Week Plan for Optimal Fertility. Findhorn Press.

Rardin, Lori D. (1999) This Too Shall Pass: A Handbook for the Emotions of Infertility. Chasing Rainbows Publications.

Saake, Jennifer. (2005) Hannah's Hope: Seeking God's Heart in the Midst of Infertility, Miscarriage and Adoption Loss. NavPress.

Schalesku, Marlo. (2001) Empty Womb, Aching Heart: Hope and Help for Those Struggling with Infertility. Bethany House Publishers.

Smith, Angie. (2010) I Will Carry You: The Sacred Dance of Grief and Joy. B&H Books

Thompson, Janet. (2011) Dear God, Why Can't I Have a Baby?: A Companion Guide for Women on the Infertility Journey. Leafwood Publishers.

Walsh, Sheila. (2010) Beautiful Things Happen When A Woman Trusts God. Thompson Nelson.

Welch, Claudia. (2011) Balance Your Hormones, Balance Your Life: Achieving Optimal Health and Wellness Through Ayurveda Chinese Medicine and Western Science. Da Copa Lifelong Books.

Weschler, Toni. (2006) Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health. Collins.

West, Christopher. (2009) Theology of the Body for Beginners: A Basic Introduction to Pope John Paul II's Sexual Revolution, Revised Edition. Ascension Press.

Wunnenberg, Kathe, (2001) Grieving the Child I Never Knew. Zondervan.

Young, Peter. (1999) Celebrate Life: Rituals for Home and Church. United Church Press.

Zimmerman, Julie Irwin. (2009) A Spiritual Companion to Infertility. Acta Publications.

**End Notes**

[1] Centers for Disease Control and Prevention (June 28, 2011). "Reproductive Health: Infertility FAQ's." Retrieved January 3, 2012, from http://www.cdc.gov/reproductivehealth/infertility/#2.

[2] Ibid.

[3] Centers for Disease Control and Prevention (2011, June 28, 2011). "Reproductive Health: Infertility FAQ's." Retrieved January 3, 2012, from http://www.cdc.gov/reproductivehealth/infertility/#2.

[4] Ibid.

[5] Chandra, A., G. M. Martinez, et al. (2005). Fertility, Family Planning, and Reproductive Health of the U.S. Women: Data from the 2002 National Survey of Family Growth.

[6] Centers for Disease Control and Prevention (2011, June 28, 2011). "Reproductive Health: Infertility FAQ's." Retrieved January 3, 2012, from http://www.cdc.gov/reproductivehealth/infertility/#2.

[7] Koplan, J. P., T. C. Bond, et al. (2009). "Towards a common definition of global health." The Lancet **373**(9679): 1993-1995.

[8] Fidler, A. T. and J. Berstein (1999). "Infertility: from a personal to a public health problem." Public Health Reports **114**(6): 494-511.

[9] Chandra, A., G. M. Martinez, et al. (2005). Fertility, Family Planning, and Reproductive Health of the U.S. Women: Data from the 2002 National Survey of Family Growth.

[10] Roudsari, R. L., H. T. Allan, et al. (2007). "Looking at infertility through the lens of religion and spirituality: A review of the literature." Human Fertility **10**(3): 141-149.

[11] Centers for Disease Control and Prevention (March 7, 2012). "Assisted Reproductive Technology." Retrieved April 15, 2012, from http://www.cdc.gov/art/.

[12] American Pregnancy Association (November, 2011). "D&C Procedure After a Miscarriage." Retrieved April 2, 2012, from http://www.americanpregnancy.org/pregnancycomplications/dandc.html.

[13] Office of Women's Health at the US Department of Health and Human Services (Sept, 8, 2011). "Glossary of Terms." Retrieved February, 2, 2012, from http://womenshealth.gov/glossary/index.cfm#PCOS.

[14] WebMD (May 18, 2011). "Women's Health: Follicle-Stimulating Hormone." Retrieved April 5, 2012, from http://women.webmd.com/follicle-stimulating-hormone.

[15] Advanced Fertility Center of Chicago. "Hysterosalpingogram - HSG - fertility test for tubal patency and normalcy of the uterine cavity." Retrieved April 2, 2012, from http://www.advancedfertility.com/hsg.htm.

[16] Mayo Clinic Staff (August, 28, 2010). "Intrauterine insemination." Retrieved February, 2, 2012, from http://www.mayoclinic.com/health/intrauterine-insemination/MY00104.

[17] Mayo Clinic Staff (April 22, 2011). "In vitro fertilization (IVF): Definition." Retrieved February, 2, 2012, from http://www.mayoclinic.com/health/in-vitro-fertilization/MY01648.

[18] Vorvick, L. J., S. Storck, et al. (November, 21, 2010). "Miscarriage." Retrieved April 15, 2012, from http://www.nlm.nih.gov/medlineplus/ency/article/001488.htm.

[19] Office of Women's Health at the US Department of Health and Human Services (Sept, 8, 2011). "Glossary of Terms." Retrieved February, 2, 2012, from http://womenshealth.gov/glossary/index.cfm#PCOS.

[20] Vorvick, L. J., S. Storck, et al. (2011). "Infertility." Retrieved February, 2, 2012, from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002173/.

[21] Stephen, E. H. and A. Chandra (1998). "Updated projections of infertility in teh United States: 1995-2025." Fertility and Sterility **70**(1): 30-34.

[22] Chandra, A. and E. H. Stephen (2012). "Infertilty service use among US women: 1995 and 2002." Ibid. **93**(3): 725-736.

[23] Duwe, K. N., J. Reefhuis, et al. (2012). "Epidemiology of Fertility Treatment Use Among U.S. Women with Liveborn Infants, 1997-2004." Journal of Women's Health **19**(3): 407-416.

[24] Chandra, A. and E. H. Stephen (1998). "Inpaired Fecundity int he United States: 1982-1995." Family Planning Perspectives **30**(1): 34-42.

[25] Duwe, K. N., J. Reefhuis, et al. (2012). "Epidemiology of Fertility Treatment Use Among U.S. Women with Liveborn Infants, 1997-2004." Journal of Women's Health **19**(3): 407-416.

[26] Chandra, A. and E. H. Stephen (1998). "Inpaired Fecundity int he United States: 1982-1995." Family Planning Perspectives **30**(1): 34-42.

[27] Ceballo, R., A. Abbey, et al. (2010). "Perceptions of women's infertility: what do physicians see?" Fertility and Sterility **93**(4): 1066-1073.

[28] Isaacs, J. C. (2008). "Infertility coverage is a good business." Ibid. **89**(5): 1049-1052.

[29] Ibid.

[30] Ceballo, R., A. Abbey, et al. (2010). "Perceptions of women's infertility: what do physicians see?" Ibid. **93**(4): 1066-1073.

[31] McQuillan, J., A. L. Greil, et al. (2003). "Frustrated Fertility: Infertility and Psychologial Distress among Women." Journal of Marriage and Family **65**(4): 1007-1018.

[32] Greil, A. L., T. A. Leitko, et al. (1988). "Infertility: His and Hers." Gender and Society **2**(2): 172-199.

[33] Miall, C. E. (1986). "The Stigma of Involuntary Childlessness." Social Problems **33**(4): 268-282.

[34] Kraaij, V., N. Garnefski, et al. (2008). "Cognitive coping and depressive symptoms in definitive infertility: a prospective study." Journal of Psychosomatic Obstetrics & Gynecology **29**(1): 9-16.

[35] Sabatelli, R. M., R. L. Meth, et al. (1988). "Factors Mediating the Adjustment to involuntary Childlessness." Family Relations **37**(2): 338-343.

[36] Peterson, B. D., C. R. Newton, et al. (2007). "Anxiety and sexual stress in men and women undergoing infertility treatment." Fertility and Sterility **88**(4): 911-914.

[37] Pasch, L. A., C. Dunkel-Schetter, et al. (2002). "Differences between husbands' and wives' approach to infertilty affect marital communication and adjustment." Ibid. **77**(6): 1241-1247.

[38] Schwerdtfeger, K. L. and K. M. Shreffler (2009). "Trauma of Pregnancy Loss and Infertility Among Mothers and Involuntarily Childless Women in the United States." Journal of Loss and Trauma **14**(3): 211-227.

[39] US Department of Vetrans Affairs (December 20, 2011). "DSM Criteria for PTSD." Retrieved April 17, 2012, from http://www.ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp.

[40] Schwerdtfeger, K. L. and K. M. Shreffler (2009). "Trauma of Pregnancy Loss and Infertility Among Mothers and Involuntarily Childless Women in the United States." Journal of Loss and Trauma **14**(3): 211-227.

[41] Havrelock, R. (2008). "The Myth of Birthing the Hero: Heroic Barrenness in the Hebrew Bible." Biblical Interpretation **16**: 154-178.

[42] Ibid.

[43] Ibid.

[44] Wilson, S. H. (2007). "Blessed are the Barren: The kingdom of God springs forth from the empty womb." Christianity Today **December**: 22-28.

[45] Feske, M. C. (1998). "Silent Sorrow: Mourning." The Living Pulpit **7**(3): 26-27.

[46] Ibid.

[47] Tucker, K. B. W. (2002). "When the Cradle is Empty: Rites Acknowledging Stillbirth, Miscarriage and Infertility." Worship **76**: 482-502.

[48] Devor, N. G. (1988). "A Service for Isaac." The Christian Century **105**(13): 391.

[49] Stimming, M. T. (2000). "Endless Advent? Childless in December." Ibid. **117**(34): 1273-1275.

[50] Ibid.

[51] Ibid.

[52] Johnson, F. A. (1997). "Infertility." Journal of Family Ministry **11**(1): 16-34.

[53] Ibid.

[54] Jones, L. S. (2001). "Hope Deferred: Theological Reflections on Reproductive Loss (Infertility, Miscarriage, Stillbirth)." Modern Theology **17**(2): 227-245.

[55] Ibid.

[56] Ibid.

[57] Ibid.

[58] Puchalski, C. M. (2001). "The role of spirituality in health care." Baylor University Medical Center Proceedings **14**(4): 352-357.

[59] Seybold, K. S. and P. C. Hill (2001). "The Role of Religion and Spirituality in Mental and Physical Health." Current Directions in Psychological Science **10**(1): 21-24.

[60] Culliford, L. (2002). "Spirituality and clinical care." British Medical Journal **325**: 1434-1435.

[61] Dein, S., C. Cook, et al. (2010). "Religion, spirituality and mental health." The Psychiatrist **34**: 63-64.

[62] Gonnerman, M. E., G. M. Lutz, et al. (2008). "Religion and Health Connection: A study of African American, Protestant Churches." Journal of Health Care for the Poor and Underserved **19**(1): 193-199.

[63] Aaron, K. F., D. Levine, et al. (2003). "African American church participation and health care practices." Journal of General Internal Medicine **18**(11): 908-913.

[64] Culliford, L. (2002). "Spirituality and clinical care." British Medical Journal **325**: 1434-1435.

[65] Astrow, A. B., C. M. Purchalski, et al. (2001). "Religion, Spirituality and Health Care: Social, Ethical and Practical Considerations." The American Journal of Medicine **110**: 283-287.

[66] Sloan, R. P., E. Bagiella, et al. (1999). "Religion, Spirituality and medicine." The Lancet **353**(February 20): 664-667.

[67] Stuckey, J. C. (2001). "Blessed assurance: The role of religion and spirituality in Alzheimer's disease caregiving and other significant life events. ." Journal of Aging Studies **15**: 69-84.

[68] Pargament, K. I., B. W. Smith, et al. (1998). "Patterns of Positive and Negative Religious Coping with Major Life Stressors." Journal for the Scientific Study of Religion **37**(4): 710-724.

[69] Weaver, A. J., L. T. Flannelly, et al. (2003). "A systematic review of research on religion and spirituality in the Journal of Traumatic Stress: 1990-1999." Menatl Health, Religion and Culture **6**(3): 215-228.

[70] Ibid.

[71] Bransen, S. S. and H. A. Stevens (1992). "Women's experiences of miscarriage in early pregnancy." Journal of Nurse-Midwifery **37**(2): 84-90.

[72] McCarthy, M. P. (2008). "Women's Lived Experiences of Infertility after Unsuccessful Medical Intervention." Journal of Midwifery & Women's Health **53**(4): 319-324.

[73] Bransen, S. S. and H. A. Stevens (1992). "Women's experiences of miscarriage in early pregnancy." Journal of Nurse-Midwifery **37**(2): 84-90.

[74] McCarthy, M. P. (2008). "Women's Lived Experiences of Infertility after Unsuccessful Medical Intervention." Journal of Midwifery & Women's Health **53**(4): 319-324.

[75] Van, P. and A. I. Meleis (2003). "Coping with Grief After Involuntary Pregnancy Loss: Perspectives of African American Women." Journal of Obstetric, Gynecologic and Neonatal Nursing **32**(1): 28-39.

[76] Ibid.

[77] Sandelowski, M. and C. Pollock (1986). "Women's Experiences of Infertility." IMAGE: Journal of Nursing Scholarship **18**(4): 140-144.

[78] Ibid.

[79] Dutney, A. (2007). "Religion, Infertility, and assisted reproductive technology." Best Practices & Research Clinical Obstetrics and Gynecology **21**(1): 169-180.

[80] McCarthy, M. P. (2008). "Women's Lived Experiences of Infertility after Unsuccessful Medical Intervention." Journal of Midwifery & Women's Health **53**(4): 319-324.

[81] Van, P. and A. I. Meleis (2003). "Coping with Grief After Involuntary Pregnancy Loss: Perspectives of African American Women." Journal of Obstetric, Gynecologic and Neonatal Nursing **32**(1): 28-39.

[82] Ibid.

[83] Bransen, S. S. and H. A. Stevens (1992). "Women's experiences of miscarriage in early pregnancy." Journal of Nurse-Midwifery **37**(2): 84-90.

[84] Boston IFV (2009). "Alice D. Domar, PhD. A leader in mind.body medicine and women's health." Retrieved Feb. 8, 2012, from http://www.domarcenter.com/about/staff/alice_domar.html.

[85] Domar, A. D., A. Penzias, et al. (2005). "The stress and distress of infertility: Does religion help women cope?" Sexuality, Reproduction & Menopause **3**(2): 45-51.

[86] Ibid.

[87] Greil, A., J. McQuillan, et al. (2010). "Specifying the effects of religion on medical helpseeking: the case of infertility." Social Science & Medicine **71**: 734-742.

[88] Ibid.

[89] Ibid.

[90] Schenker, J. G. (2005). "Assisted reproductive practice: religious perspectives." Reproductive BioMedicine **10**(3): 310-319.

[91] Ibid.

[92] Upton, R. L. (2001). "'Infertility makes you invisible': Gender, Health and the negotiation of fertility in Northern Botswana." Journal of Southern Afriican Studies **27**(2): 349-362.

[93] Riessman, C. K. (2000). "Stigma and Everyday resistance practices: Childless women in South India." Gender and Society **14**(1): 111-135.

[94] Remennick, L. (2000). "Childless in the land of imperative motherhood: Stigma and coping among infertile Israeli women." Sex Roles **43**(11/12): 821-841.

[95] Donkor, E. S. and J. Sandall (2007). "The impact of perceived stigma and mediating social factors on infertility-related stress among women seeking infertility treatment in Southern Ghana." Social Science & Medicine **65**: 1683-1694.

[96] Hollos, M., U. Larsen, et al. (2009). "The problem of infertility in high fertility populations: Meanings, consequences and coping mechanisms in two Nigerian communiteis." Ibid. **68**(2061-2068).

[97] Gerrits, T. (1997). "Social and cultural aspects of infertility in Mozambique." Patient Education and Counseling **31**: 39-48.

[98] Sewpaul, V. (1999). "Culture, Religion and Infertility: A South African Perspective." British Journal of Social Work **29**: 741-754.

[99] Demircioglu, M. (2010). "The rhetoric of belief and identity making in the experience of infertility." Culture and Religion **11**(1): 51-67.

[100] Ibid.

[101] Ibid.

[102] Ibid.

[103] Metro Atlanta Chamber (2009). "28-County Metropolitan Statistical Area (MSA)." Retrieved February, 11 2012, from http://metroatlantachamber.com/files/file/about_atlanta/map_list_counties_primary_cities.pdf.

[104] Candler School of Theology at Emory University. "All Con Ed II Sites." Retrieved August, 1 2011, from http://www.candler.emory.edu/coned/coned2/list.cfm.

[105] Glasser, B. G. and A. L. Strauss (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. New York, Aldine de Gruyter.

[106] Long, T. G. (2005). The Witness of Preaching. Louisville, Westminster John Knox Press.

[107] Ibid.

[108] Green, J. P. (1985). The Interlinear Bible: Hebrew-Greek-English. Peabody, MA, Hendrickson Publishers.

[109] Renn, S. D. (2005). Expository Dictionary of Bible Words. Peabody, MA, Hendrickson Publishers.

[110] Freedman, D. N. (2000). Eerdmans Dictionary of the Bible. Grand Rapids, MI, William B. Eerdmans Publishing Company.

[111] Ibid.

[112] Birch, B. E. (1998). The First and Second Books of Samuel. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. II**.

[113] Attridge, H. W. (1989). The HarperCollins Study Bible: Fully Revised and Updated (New Revised Standard Version). San Francisco, HarperCollins Publishers.

[114] Birch, B. E. (1998). The First and Second Books of Samuel. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. II**.

[115] Hackett, J. A. (1998). 1 and 2 Samuel. Women's Bible Commentary. C. A. Newsom and S. H. Ringe. Louisville, Westminster John Knox Press.

[116] Ibid.

[117] Ibid.

[118] Birch, B. E. (1998). The First and Second Books of Samuel. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. II**.

[119] Ibid.

[120] Freedman, D. N. (2000). Eerdmans Dictionary of the Bible. Grand Rapids, MI, William B. Eerdmans Publishing Company.

[121] Attridge, H. W. (1989). The HarperCollins Study Bible: Fully Revised and Updated (New Revised Standard Version). San Francisco, HarperCollins Publishers.

[122] Fretheim, T. E. (1994). The Book of Genesis. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. I**.

[123] Ibid.

[124] Carson, D. A., R. T. France, et al. (1994). New Bible Commentary: 21st Century Edition. Downers Grove, IL, Intervarsity Press.

[125] Fretheim, T. E. (1994). The Book of Genesis. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. I**.

[126] Ibid.

[127] Ibid.

[128] Ibid.

[129] Attridge, H. W. (1989). The HarperCollins Study Bible: Fully Revised and Updated (New Revised Standard Version). San Francisco, HarperCollins Publishers.

[130] Ibid.

[131] Freedman, D. N. (2000). Eerdmans Dictionary of the Bible. Grand Rapids, MI, William B. Eerdmans Publishing Company.

[132] Mayes, J. L. (2000). The HarperCollins Bible Commentary. San Francisco, HarperSanFrancisco.

[133] Carson, D. A., R. T. France, et al. (1994). New Bible Commentary: 21st Century Edition. Downers Grove, IL, Intervarsity Press.

[134] Fretheim, T. E. (1994). The Book of Genesis. The New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. I**.

[135] Ibid.

[136] Niditch, S. (1998). Genesis. Women's Bible Commentary. C. A. Newsom and S. H. Ringe. Louisville, Westminster John Knox Press.

[137] Freedman, D. N. (2000). Eerdmans Dictionary of the Bible. Grand Rapids, MI, William B. Eerdmans Publishing Company.

[138] Ryken, L., J. C. Wilhoit, et al. (1998). Dictionary of Biblical Imagery. Downers Grove, IL, InterVarsity Press.

[139] Ibid.

[140] Boring, M. E. (1995). Matthew. New Interpreter's Bible. L. E. Keck. Nashville, Abingdon Press. **Vol. VIII**.

[141] Ibid.

[142] Ibid.

[143] Carson, D. A., R. T. France, et al. (1994). New Bible Commentary: 21st Century Edition. Downers Grove, IL, Intervarsity Press.

[144] Stimming, M. T. (2000). "Endless Advent? Childless in December." The Christian Century **117**(34): 1273-1275.

[145] Johnson, F. A. (1997). "Infertility." Journal of Family Ministry **11**(1): 16-34.

[146] Pasch, L. A., C. Dunkel-Schetter, et al. (2002). "Differences between husbands' and wives' approach to infertilty affect marital communication and adjustment." Fertility and Sterility **77**(6): 1241-1247.

[147] Peterson, B. D., C. R. Newton, et al. (2007). "Anxiety and sexual stress in men and women undergoing infertility treatment." Ibid. **88**(4): 911-914.

[148] Wilson, S. H. (2007). "Blessed are the Barren: The kingdom of God springs forth from the empty womb." Christianity Today **December**: 22-28.

[149] Van, P. and A. I. Meleis (2003). "Coping with Grief After Involuntary Pregnancy Loss: Perspectives of African American Women." Journal of Obstetric, Gynecologic and Neonatal Nursing **32**(1): 28-39.

[150] Domar, A. D., A. Penzias, et al. (2005). "The stress and distress of infertility: Does religion help women cope?" Sexuality, Reproduction & Menopause **3**(2): 45-51.

[151] Greil, A., J. McQuillan, et al. (2010). "Specifying the effects of religion on medical helpseeking: the case of infertility." Social Science & Medicine **71**: 734-742.

[152] Jones, L. S. (2001). "Hope Deferred: Theological Reflections on Reproductive Loss (Infertility, Miscarriage, Stillbirth)." Modern Theology **17**(2): 227-245.

[153] Demircioglu, M. (2010). "The rhetoric of belief and identity making in the experience of infertility." Culture and Religion **11**(1): 51-67.

[154] Devor, N. G. (1988). "A Service for Isaac." The Christian Century **105**(13): 391.

[155] Tucker, K. B. W. (2002). "When the Cradle is Empty: Rites Acknowledging Stillbirth, Miscarriage and Infertility." Worship **76**: 482-502.

[156] Johnson, F. A. (1997). "Infertility." Journal of Family Ministry **11**(1): 16-34.

[157] Ibid.

[158] Chester, D. H. (2003). "Mother. Unmother: A storied look at infertility, identity and transformation." Qualitative Inquiry **9**(774-784).

[159] Dworkin-McDaniel, N. (20011). The invisible pain of infertility. REDBOOK. **November:** 86-91.

[160] Attridge, H. W. (1989). The HarperCollins Study Bible: Fully Revised and Updated (New Revised Standard Version). San Francisco, HarperCollins Publishers.

[161] Long, T. G. (2005). The Witness of Preaching. Louisville, Westminster John Knox Press.