

PASTORAL CARE FUNCTIONAL APPROACH AS PANACEA FOR INVOLUNTARY CHILDLESSNESS AMONG CHRISTIAN COUPLES IN AFRICA

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ABSTRACT

The phenomenon of involuntary childlessness is a serious one in Africa where parenthood is given a pride of place. The fact that there is a high population growth has not removed the trauma associated with inability to reproduce from the African society. The weight of the crisis cuts across socio-economic and religious boundaries. Little wonder why studies continue to emerge on the issue from various fields. This paper focused on the application of some functions of pastoral care that can be of help while pastoral caregivers and counselors are caring for childless couples in Africa. The function are educating healing (curative). The intention, since there have been several papers on causes and effects of childlessness, is to avail pastoral caregivers with a handy guideline in the process of ministering to the involuntarily childless couples in Africa

INTRODUCTION

Childlessness is a serious challenge confronting many couples in Africa at present. One is aware of the fact that, due to the influence of western civilization, some African couples now voluntarily choose either to delay childbearing or not to have a child at all. This could be due some medical or social issues personal to the couples concerned. This notwithstanding, there are several couples who are painfully going through childless experiences outside their own volition. Being Africans, many Christian couples going through involuntary childlessness keep seeking solution to the problem to the point that some do not care whether or not the way and places they seek help in congruent with their Christian religious profession. A specific example of a childless woman in Benin Republic was cited; who keep seeking for native and orthodox healers continually for solution to the problem (thenotmom.com/childless-africa-a-campaign-to-banish-barrenness). The basis for this attitude is that, generally, childbearing in Africa is viewed as the key anchor upon which the lifespan of a marriage is hinged (www.krepublishers.com).

Childlessness should attract the attention of pastoral caregivers because the rate at which people experience it is alarming. For instance, as far back as 1995, McGuinness reported that "Difficulty in childbearing are experienced by 10% to 15% of married couples; of these; approximately one in ten is described as 'inexplicable infertile' " (223). Another source indicated that "approximately 70-80million couples would wide are currently infertile" (vanBalen and Bos. www.eshree.eu). This is a serious scenario that must be addressed if life will be bearable for the involuntarily childless couples. The reason is that these couples are already experiencing "bereavement for a person who has never existed" (223). Regrettably again, women feel the pain acutely while their husbands share to a certain degree and the relations who never experienced the trauma of childlessness do not understand its weight. Instead of moving closer, the childless couples are often isolated in the African society where parenthood is encouraged and promoted (en.wikipedia.org/wiki/Childlessness).

Furthermore, the stigma of childlessness in Africa was clearly expressed by an Ugandan childless woman in Kampala by the name Apio. To her, "people will never give you respect,...You have no value. People insult you-'You barren woman! You are useless!' Its horrible. And if you are not strong, youwill not survive" (www.wunrn.com). This was a woman whose husband left for another woman he considered fertile. Little wonder why Oyedele (2012) stated that childlessness is a serious problem among couples in Africa to the point that it cause separation and divorce (61).

The focus of this paper is to present the key functions of pastoral care as practical means of helping Christian couples in Africa who are facing the challenge of involuntary childlessness . In other words the

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paper will not treat causes and effects of the crisis. This is to make the paper a practical one that pastoral caregivers can lay hand upon and be equipped while handling childlessness issues among Christians in Africa. The approaches enumerated are educating, curative, and sustaining. Educating approach includes church-wide enlightenment and proper premarital counseling. The curative approach includes prompt caring response, efficacious prayer, and appropriate referral by pastoral caregivers and counsellors. Sustaining is the third approach and it includes contextualized/inclusive caring response and empathy in pastoral care. Others in the sustaining approach are biblically and theologically sound pastoral care and follow-up. Each of these approaches is considered below. It should be noted that 'pastoral caregivers' and 'pastoral counsellors' are used interchangeably to refer to the representatives of the church who render care to those facing crises in the church setting.

EDUCATING APPROACH

Educating is used here in a preparatory sense. Christians are to be prepared in their local churches by being educated by pastoral caregivers and counsellors on how to cope with different experiences in marriage, childlessness inclusive. This section focuses on church-wide enlightenment and premarital counselling as means of educating church members collectively and individually. These are necessary so that church members will not be caught unawares if they inevitably become victims of unpleasant marital circumstances.

1. Educating through Church-wide Enlightenment

It must be noted that the childless people have "... higher expectation about being loved and needed by other people..." (Raphael-Leff, 1992:31). They want people to express love towards them and to let them realize that others can ask them for help. The society is expected to do this, but this is lacking due to breakdown in the traditional communal sense of living which African societies were known for. The society may be sympathizing with good intention but asking embarrassing questions. Unfortunately, the Church is apparently doing the same thing. This has made some couples in this situation to withdraw from some local churches or become lukewarm in religious activities.

The point raised above confirms what R. O. Evans stated in his article on infertility. Evans stated that, "the church may be a source of both hurt and help." (Evans, 1990:580). He further mentioned that "the church may also be a community of faith where the vulnerable suffering of such couples can be shared in a context of God's incarnate love" (580). The only way to achieve this noble goal is by educating the church. The church needs to be aware of its role in the society and in the lives of the individual members regarding crisis situations. The church needs to be made to realize that the individuals are not only important to the nation or the society, they are more important to God, the church, and their homes.

According to Ajayi (1962), "the home as a divine institution is the unit of a nation and the family life must be its sure guarantee. A neglect of this is a thousand times more dangerous than any communist propaganda (73). This means that in educating the members, emphasis should be on the necessity for the well-being of the members of a community as bedrock for the well-being of both the church and the home. If the happiness of the family units is as important as expressed above to the success of the secular society, it becomes imperative for the sacred world called the Church to minister effectively to the needy in the church which include the childless.

Also, the caregiver should educate church members that it is not easy to minister to the childless people. Stigger (1983) thoughtfully puts this point when she stated that,

It is risky to open oneself to the pain and doubts of the infertile person to undertake to support the person empathetically. It is risky, too for the infertile person to accept that support and trust, to lay open the doubts and the suffering. But the isolation which is the alternative is worse. So let us affirm each other by sharing and responding, trusting in the sufficiency of the grace of God, who loves us. (100-101).

What Stigger was expressing is that no matter how risky it may be to support a childless couple, it is the task of the Church to give them succour. The church should, therefore, be made to know that she has to exemplify the continuous presence of God by being available. Even when it looks like there is virtually nothing the Church can do to remove the pain that the childless couples undergo, the ministry of presence cannot be over-emphasized. The community of believers should be enlightened that, "it is the privilege of

Christian to act as God's emissaries to infertile individuals." (101). They should, therefore, act as encouragers in such situations. There are various media that can be used in educating the church. Some of such media include organizing programmes like: 'The engaged retreat' for the youth who have chosen their marriage partners, seminars on the purpose of God for marriage, as well as Bible studies and sermons on related topics.

2. Educating through Premarital Counselling

Due to the fact that "the family is a major social institution" (Stigger, 1983:101), it calls for a thorough preparation before one is established. The couples-to-be are to be prepared for whatever challenges that may come their way in the future. Premarital counselling is an aspect of educating approach to childlessness. Unlike the church-wide enlightenment which aims at educating the generality of the member of a local church, premarital counselling specifically focuses on the two individuals preparing to get married. It has to be biblically based if it will meet the need of the individuals in their married life. The focus must go beyond the good things that may be expected in a married life. The pastoral care-giver needs to carefully help couples-to-be to realize that, as much as it is human to expect good things in life, they must be prepared in case the unexpected happens.

The pastoral caregiver and counsellors need to have time for the intending couple individually and jointly. During the separate meeting with them, he/she should touch the area of expectations in marriage, despite the fact that it should come up in the joint meetings. Issues like money, education, career, sexuality, and religion should be discussed in the joint meeting. Also, personality identity, communication, extended family, and preparation for wedding are to be jointly discussed. (Wood, 1979:47).

Expectations in marriage need special attention because failure to have the expectations met can destabilize a marriage. Most people enter into marriage with unrealistic expectations. For instance, they take seriously the common wish from people that in nine months' time, naming of the child of the new couple will take place. Failure to have a child at the time can disorganize their lives and marriage if the couples are not prepared well ahead of time. The pastoral caregiver and counsellor needs to educate the intending couples to "enter into marriage with an open heart that is ready to adjust" (Odunze, 1983:109) to life situations. The caregiver and counsellor will however, need to go beyond educating the church and individuals preparing for marriage. Those who are already facing the challenge of childlessness should be helped go through the experience with a certain level of ease.

HEALING APPROACH

Having stressed the fact that there is need for church-wide enlightenment and proper premarital counselling as educating approach, this section is on the curative or healing approach. To help the childless couples solve or cope with the condition, there is need for promptness in pastoral care, efficacious prayer, and appropriate referral each of which is considered below.

1. Healing through Promptness in Pastoral Care of Childlessness

It is generally said that a stitch in time saves nine. This is a relevant saying as regards pastoral care in general and pastoral care of childlessness in particular. Promptness cannot be over-emphasized in this unique ministry. There was an experience about a pastor who failed to visit and pray with a childless couple as he had promised and the wife became pregnant before the pastor could go to visit. This made the couple to lose their confidence in the pastor who was seen not to be caring. The pastoral caregiver is in a position to read the spoken and unspoken language of his parishioners to be able to take the right step at the right time.

Similarly, a marriage and family counsellor shared his experience thus:

As we travel around Nigeria, some African and other countries of the world, with the message of family stability and happiness; we are always dumbfounded at the number of barren couples that surge out for prayers on invitation. Some have been married for a couple of years and perhaps have tried more than a dozen doctors but no positive results. Each time we see this, my wife and I normally ask our-selves a question as to why the increase in the number of barrenness. (Odunze, 109).

What can be deduced from this experience is that the counsellor and his wife were alert to the specific needs of the people and their hearts were touched. Alertness to the needs of the parishioners coupled with compassion should prompt a caregiver into action.

As noted earlier that there could be some difficulties when the pastoral caregiver attempts to enter into the world of the childless his/her role as a religious leader makes it possible for him/her to gain entrance into their problem. This will be possible if his concern for his parishioners does not stop at the point of joining them together in holy wedlock. The pastoral caregiver is expected to continually render care to the couples in order to promptly discover when they have one problem or the other that require his/her immediate action (Basset, 1963:29). The caregiver needs to be aware that, "most people don't go around looking for advice... (yet) there is plenty of advice to be had, free and for a fee – and a lot of 'experts' giving it' (De Haan,, 1993:19). As a trained pastor, the caregiver has a better chance to come to the aid of the childless couple immediately before they may be misled through unrefined places of sources of help. His counselling with them "may be helpful as part of an initial infertility evaluation ... " (Seible and Taymor, 1985:313)

2. Healing through Efficacious Prayer

As much as prayer should not be limited to curing the problem, efficacious prayer is a curative or healing means as regards the problem of childlessness. Childlessness is a condition that requires practical manifestation of the power of God. It is a time that puts the potency of the prayer of the saints to test. The childless want pragmatic establishment of the scriptural passage which states: "The prayer of a righteous man is power and effective" (James 5:16b). The pastoral caregiver needs to take up the challenge and pray earnestly that God may grant the couple children before long. The prayer should however, include the fact that the will of God should prevail.

For the counsellor's prayer to be efficacious, he/she needs to let the childless couple realize that, "it is the homes which are ruled by Christ which are the happiest ... ; a home in which all grief and worries ... are taken straight to the Lord in prayer ..." (*What is Christian Marriage*, 1963:26). God should be earnestly called upon, because He is the ultimate source of life. While and after trying every means that is humanly possible to alleviate this problem, there is the need to pray to God ceaselessly "until the answer comes and ... joy is full." This is not a matter of going to 'prayer houses for candle and incense burning. What is needed is to ask in the name of Jesus Christ and believe that it is so

It must be mentioned that the efficacy of prayer is not limited to successive childbirth in the family of the couples prayed for. The impact of the prayer on the faith of the couple matters much. Prayer is, therefore, viewed as curative in this sense, because it cures some psychological and emotional incongruence in the lives of the childless by raising their hope.

3. Healing through Appropriate Referral

In spite of the importance of efficacious prayer in pastoral care of the childless, referral cannot be over-emphasized. It is noteworthy that "sometimes the best ministry is putting people in need in touch with the right resources. The counsellor should accept the fact that there are areas that he/she cannot handle regarding childlessness. For instance, he should allow the physician to handle the physiological aspect of the problem (Bassett, 1963: 29). The ministry of referral is very essential for wholistic approach to existential problem, childlessness inclusive (Oyedele,2011:91).

Moreover, competence must be taken into consideration when it comes to referral. Parishioners are to be referred to appropriate professionals who will be able to render the needed help to a large extent (Stigger,1983:37-51). These professionals must be competent emotionally, morally, and spiritually. Due to the presence of many fake 'professionals' at present, appropriate referral can only be made if the counsellor is conversant with the resource persons in the community. For example, specialists like physicians, nurses, and some other pastoral counsellors among others can be of help in solving "the more technical or deeper aspect of the situation" (Skidmore et al,1956:233-234).

The counsellor however, should be aware of the fact that no matter how sure he is about the specialist he/she is recommending, the new helper should not be forced on the couple. The duty of the caregiver is to help them realize sources of help that are available. More than one specialist may be recommended to them to choose from. Also, the caregiver needs not to "hang on to a client too long or get rid of him too hastily" (Skidmore, 234). The basic principle is that the caregiver's concern should be more on the help needed than on seeking to be recognized as the means of help. Appropriate referral should be made at the right time and

to the right specialist. It should neither be too early to avoid perceiving it by the couple concerned as being rejected nor too late in order to prevent the condition from being worsened. Appropriate referral is a necessity because the counsellor may not have enough time, emotional stability, coupled with limitation in skill for effective handling of the problem (Oglesby, 1978:59-60). Having considered promptness in pastoral care of childlessness, efficacious prayer, and appropriate referral as curative pastoral care approach to handling childlessness, sustaining approach is needed in the case where all efforts have yielded no lasting result.

SUSTAINING APPROACH

The pastoral care of childlessness among the Africans extends beyond the educating and curative/healing levels because some infertility cases do defy every attempt made toward helping the couples concerned have children and some take some time before the condition is rectified. Sustaining is one of the pastoral functions described by Hiltner (1958) as “ministry of support and encouragement through standing by when what had been a whole has been broken or impaired and is incapable of total situational restoration, or at least not now” (170). It is a supportive approach meant for stabilizing, understating, girding, nurturing, motivating, or guiding the childless couple while the condition persists. It is to help the childless who are hurting “to endure and transcend their circumstance” (Clebsch and Jaekle, 1994:8). The section is subdivided into five areas which are treated below.

1. Sustaining through Contextualized and Inclusive Pastoral Care

Contextualization and inclusiveness are essential if the pastoral care of the childless would be effective. To contextualize is to bring the pastoral care to the level of the recipient within the cultural milieu. The African context must be considered in relation to their world-view about childlessness. The pastoral care-giver should know that from the African point of view, there is no positive thing that can result from childlessness. The care-giver should bear in mind that childless marriage is second to nothing among the traditional African people, the traces of which is still reflecting nowadays, religious inclination notwithstanding. The caregiver needs to concern himself/herself “with their motives for pregnant ..., their theological concepts of sterility ... and their prayer to God concerning their barrenness (Bassett, 29-30).

Regarding inclusiveness, it means that the care and counselling to be given should not be limited to only the couple like in the western culture where marital issues focus on the couple and the immediate family members. This is due to the fact that marriage and marital problems in Africa are family problems and not just for the couple. To sustain such a couple in this situation many other people are to be ministered to. Among such people are the parents, siblings, and other relations from families of both the husband and wife in question. Others to consider are the relations from the couple’s fathers’ and mothers’ natal homes to two or three generations. Friends are not to be exempted because their impact on the marriage of such a couple mainly determines whether or not the couple would cope with the condition.

2. Sustaining through Empathic Pastoral Care

Empathy has been defined as “the ability to ‘feel with’ the counselee and to see the world as he or she sees it” (Carkhuff, 2000: 173). This means that the counsellor needs to put himself/herself in the shoes of those undergoing childlessness experience. The caregiver is to analyze their experience cognitively to indicate demonstration of mature empathy. This will facilitate the couple’s self-exploration and resolution of conflicted feelings they go through. This is possible if the caregiver understands the frame of reference of the childless couples (Runkel, 1985:358). The pastoral caregiver must listen actively to create an acceptance and conducive atmosphere for the couples concerned to express their feelings. When this is done from time to time, as the situation may require, the couple is sustained.

3. Sustaining through Biblically Sound Pastoral Care

The Bible is the main manual for an effective pastoral ministry. Oates has rightly stated that, “the pastor who uses the Bible in his counselling ministry cannot be dominated by secular concepts devised by men who have little or no knowledge of God in the instruction, patience, and comfort of distressed people” (71-72). This implies that to cushion the marital relationship of the childless couple, the counselor needs to interpret some Bible passages when and where necessary.

As regards relevant passages, it is the counsellor’s task to relate passages to situations. For instance, when the caregiver observes that the couple is having a problem relating to sexual intercourse due to lack of

interest caused by lack of expected pregnancy after the past coital experiences, he should stress the importance of 'one flesh' (cf. Genesis 2:24). Such a couple should be made to realize the weight of 'one flesh' relationship. This relationship which is consummated in sexual union, which is approved of God (Bassett,34-35). He may cite passages like Exodus 21: 10 and I Corinthians 7:3-5 where the need to satisfy each other's sexual rights is emphasized.

Also, when the scripture passages are used to support whatever step a childless couple takes, or whatever feelings they express, the pastoral caregiver has to straighten the application where it wobbles. For example, there are childless couples who feel forsaken by God and say like the Psalmist, "My God, my God, why have you forsaken me?" (Ps. 22:1). Such feelings should be countered with verses of the Scriptures which prove the ever-abiding presence of God with His children (Cf. Psalm 16:8; Matthew 28:20; Luke 13:1-5; and Romans 8:1, 28). Psalm 128:3; 66:9 and Jeremiah 29:11. Other passages of hope include Romans 15:4 and Colossians 1:27. There are passages to caution them against vices like adultery (Cf. Matthew 5:27-30), divorce (Cf. Matthew 5:31, 32; 19:9; Mark 10:8-12; I Corinthians 7:10, 11), and hostility or anger (of Mathew 5:21, 22; Ephesians 4:26; James 1:20). These passages and other relevant ones are to be used to minister to the childless couples from time to time. The counsellor should be cautious in using the passages so that they will be used pastorally and not penally.

4. Sustaining through Theologically Sound Pastoral Care

Taking off from the biblical fact that all the creation of God was good and that "none of your men or women will be childless,(Gen. 1: 9-25; Deut. 7:14,NIV), it can be established that it is God's will for human beings to procreate. It is because God made it so that it is possible for a fully-grown body which is in good shape as God created it to reproduce the image of God (Bassett,31) Having this theological fact as background, the counsellor should be aware that there are those who attach their childless condition to act of God. Among such, some feel bad about God whom they view as having destined that they will be barren for life or have children lately. Whichever the case may be whether verbalized by the victim of the circumstance or not, theological sustaining is needed. The counsellor should note that the above assumptions about God are not in consonance with His nature as the Giver of all good things. Therefore, it behoves the counsellor to guide the victims not to

Take circumstantial evidence of what 'seems to be' in a given instance of infertility and malign the Lord by attributing to Him heinous purposes which are alien and opposite to His nature... The pastors can strengthen childless couples by supporting their efforts to correct infertility as reverent trust in God rather than as a negation of faith in divine providence (Bassett, 30).

By implication, the counsellor is to help them see God in the right perspective. He/She needs to help the childless couple to mend their horizontal and vertical relationships. They should be guided to reconcile with both humans and God.

Moreover, the childless couple needs to be helped to realize that as much as it is factual that children are gifts from God, He gives other gifts than children. For instance, "when a Christian couple without children stays together in their love, they are God's gift to the world to show the worth of Christian marriage. Their mutual love, unspoilt by disappointment, is His gift to them" (*Some Marriage Problems in African Society*,1974:24)

5. Sustaining through Follow-up in Pastoral Care

Consequent upon medical pronouncement that a couple is infertile, there are some things that they may be guided to achieve as a follow-up programme. They should be guided on how to maintain themselves financially throughout life. They may invest on what will be used to take care of themselves at old age. Such things should not require servicing. It may be in partnership with some other people. The church, where practicable, may help them to buy shares. They may also use whatever they have to immortalize their names. Child-fostering or child adoption may be recommended but consideration should be given to cultural perspective in order not to create a more stigmatic scenario for the couple since adoption is not a traditionally acceptable alternative for childlessness in Africa.

CONCLUSION

This paper has considered educating, curative, and sustaining or supportive approaches to pastoral care of childlessness among the Christians in Africa. Consideration is given to church-wide enlightenment, and

proper premarital counseling under educating approach. Promptness, efficacious prayer, and appropriate referral constitute curative approach. Under sustaining approach, the need for contextualization and inclusiveness as well as empathy in pastoral care are stressed. Biblically and theologically sound pastoral care coupled with follow-up are also treated under sustaining approach. Suffice it to state in the words of Clinebell that, "the sustaining function of the cure of souls in our day continues to be a crucially important helping ministry" (170).

Life can be bearable for the childless Christian couples in Africa who are not expected to seek solution to their plight through means that are not congruent with Christian faith and professions. This will be possible if pastoral caregivers and counsellors will apply the functions of educating, healing and sustaining discussed in this paper in the process of helping Christians in Africa who are faced with the challenge of involuntary childlessness.

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