

EXPLORING INFERTILITY WITH CHRISTIAN WOMEN

**A Phenomenological Study Exploring an Infertile Christian Woman's Experience from  
Clergy Counseling in a Local Church**

by

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## ABSTRACT

The purpose of this phenomenological study was to discover the perceptions of infertile women's perceived experiences with receiving counseling from their local church pastor. The theories guiding this study were identity theory and narrative identity theory, as an infertile woman often feels a loss in their identity due to not being able to become a mother. This study explored how an infertile woman had hope to identify as a mother perceived counseling from her local church. The central research question for this transcendental phenomenological study was: How does a Christian woman who is coping with infertility describe the impact of clergy counseling from her church pastors on mental health and well-being? Data were collected through questionnaires to find participants that fit the criteria for the study. Semi-structured interviews were audio-recorded and transcribed to look for themes. Data analysis was accomplished in a seven-step process that involved organizing, coding, and interpreting the data. This was accomplished by reviewing the transcripts of the interviews several times while taking notes, looking for themes, coding and organizing them, interpreting the themes, and getting feedback from a peer unrelated to the study. The results of this study found themes from the interviews that infertile women found ways to positively cope and to get help through clergy counsel for issues such as identity loss, marital struggles, and social issues.

*Keywords:* Infertility, identity, counseling pastor, infertility counseling, clergy counseling spirituality, motherhood

**Dedication**

There is no one I would like to thank more than my family, who have supported and prayed for me throughout my journey, and who have encouraged me to keep going.

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## CHAPTER ONE: INTRODUCTION

### Overview

This chapter provides a brief background on infertility. The background details the prevalence of infertility and explains how this issue dates back to biblical times. The need for a qualitative study on the impact of clergy counseling from a local church pastor is discussed. The rationale for conducting a qualitative transcendental phenomenological study is given.

### Background

#### Historical Background

Infertility, which is defined as an inability to conceive after 12 consecutive months of trying, is a global issue that affects 80 million people worldwide (Abedi Shargh et al., 2015; Batool et al., 2016; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Greil et al., 2010; Karaca et al., 2016; Lakatos et al., 2017; Li et al., 2020). Infertility is an issue that has caused much stress to both men and women and has been known to cause emotional and psychological issues throughout history. In fact, even in the Bible from the very beginning of time infertility caused Abraham's wife Sarah distress (Smith et al., 2004; *New Living Translation*, 2005, Genesis 16:1). When women experience infertility, they can experience an identity crisis, marital issues, isolation, increases in anxiety and depression, and often are stigmatized by society (Ghafouri et al., 2016; Kaya & Oskay, 2019; Kim et al., 2020).

#### Social Background

Infertility affects individuals in all parts of their lives and causes extreme social, psychological, and economic stress to those who are diagnosed infertile (Ghafouri et al., 2016; Kaya & Oskay, 2019; Kim et al., 2020). Researchers have expressed that infertility is one of the most stressful life events a person can experience (Ghafouri et al., 2016). Studies have shown

that infertility causes psychological distress, relationship difficulties, marital instability, and decreases in sexual satisfaction (Anokye et al., 2017; Bhamani et al., 2020; Karaca et al., 2016; Latifnejad & Allan, 2011). Infertility affects intrapersonal parts of life such as life satisfaction, mental health, and quality of life (Casu et al., 2016; Karaca et al., 2016).

An infertile woman may turn to medical interventions such as invitro-fertilization (IVF) or intro-uterine insemination (IUI) to have a child of her own which can be successful, yet the woman may still bear many of these emotional issues due to the stress of infertility and its treatments (Afshani et al., 2020; Bhamani et al., 2020). Her decision to seek other options to have a child can cause stress and is often influenced by her faith (Asplund, 2020). For instance, some religious beliefs such as Catholicism strictly forbid their church members from seeking fertility treatments while other religious beliefs such as Judaism see fertility treatments as favorable (Asplund, 2020). Whether a woman chooses to use fertility treatments or other options to have a child, studies have shown that she experiences tremendous amounts of stress due to infertility, which has been described as one of the worst life crises a person may experience (Batool et al., 2016; Casu et al., 2016).

### **Theoretical Background**

Infertility-related issues such as stress, marital problems, anxiety, isolation, and depression can be addressed through counseling (Latifnejad & Allan, 2011). For instance, one study of infertile women from Ghana and a separate study of infertile Jewish women revealed that there is a direct correlation between religious coping strategies and a reduction in infertility-related issues (Nouman et al., 2019; Oti-Boadi et al., 2017).

There are many quantitative studies that have shown religious-based counseling has effectively decreased infertility-related issues among women and increased positive coping skills

and hope (Ghafouri et al., 2016; Klitzman, 2018; Nouman et al., 2019; Oti-Boadi et al., 2017). Yet there is a lack of qualitative studies from the perspective of women who have gone through infertility and faith-based counseling. Many studies have shown that women from various religious groups will often seek counseling from their local religious leaders, yet there are no known qualitative studies on women who have sought counseling for infertility from local Christian pastors.

Given the global prevalence of infertility and how infertility negatively impacts women on many levels, it is imperative that women receive proper counseling. Studies (Golshani et al., 2021; Latifnejad & Allan, 2011) have shown there is a need for women suffering with infertility to receive counseling; however, there are no known studies that have addressed the experiences women have had when they have received counseling for infertility from local church pastors. Thus, this current transcendental phenomenological study aimed to discover the lived experiences of infertile Christian women who have received counseling from local church pastors. As such, this study adds to the body of literature related to infertility, infertility counseling, and faith-based counseling. This study can benefit women who have experienced infertility, as well as local church pastors. Women could benefit from this study since the study revealed positive outcomes from local church clergy counseling, thus women can be aware of an option to help them during their time of need. Local church pastors can benefit also as this study revealed the need for pastors to offer some help to women who are struggling with infertility.

### **Situation to Self**

I am a 35-year-old married Christian woman. After my husband and I struggled with secondary infertility for 7 years we decided to seek fertility treatment to conceive our son in 2021. Going through infertility caused issues in our marriage as well as issues with my emotional

health and well-being. This experience led me to conduct this study, as my hope was to find a way in which women who have struggled with infertility may be able to find help through a local church pastor as their counselor. It is my belief that there is no better healing than that which comes from Christ as His word reminds us, “give all your worries and cares to God, for he cares for you” (*New Living Translation*, 2005, 1 Peter 5:7). Although I did not receive any type of counseling for my infertility-related issues, it is my view that if a person turns to a local church pastor for their counseling needs, they will learn valuable biblical teachings that can help them cope with their struggles. I feel that a local church pastor could help alleviate negative issues that stem from infertility because I have received counseling from my local church pastor for other issues in which I found hope and healing.

In planning this study, I started with the belief that people are products of their social construction, meaning that their understanding of the world is developed by their experiences in their everyday lives based on their interactions with others (Creswell & Poth, 2018). This is evident to me with women who have gone through infertility as they often feel they have lost their identity by not becoming a mother due to cultural norms (Bell, 2019; Gillespie, 2003). Thus, my approach for this study was to explore the lived experiences of women who have sought clergy counseling from a local church pastor.

### **Problem Statement**

Infertility negatively impacts women in many ways, as they can experience a reduction in life satisfaction, more marital stress, increases in depression and anxiety, and many other emotional, psychological, and psychosocial issues (Anokye et al., 2017; Bhamani et al., 2020; Karaca et al., 2016; Latifnejad & Allan, 2011). When women face infertility, they sometimes seek clergy for counseling in addition to utilizing religious coping strategies. In fact, a

quantitative study found that among 1,062 women who have gone through infertility 72.5% turned to prayer and 18.7% turned to a spiritual leader for support (Collins et al., 2018; Kim et al., 2016). This same survey also found that African American and Hispanic women were more likely to seek faith-based counseling for infertility than Caucasian women (Collins et al., 2018; Kim et al., 2016); however, the study did not report how the women perceived their counseling experiences. Quantitative studies have shown that Ghanaian women as well as Jewish women who sought out their spiritual leaders for support during their struggle with infertility, experienced a reduction in stress and anxiety, as well as improvements in their emotional adjustments (Nouman et al., 2019; Oti-Boadi et al., 2017). However, there are no qualitative studies that describe the experiences of Christian women who received counseling from a local church pastor for infertility. According to Collins et al. (2018) there is a need for a qualitative, phenomenological study to assess “the perspectives of infertile women and religious leaders about the necessity, utility, and content of clergy counseling for infertility” (p. 2237). Therefore, this study took their recommendation and focused specifically on Christian women who have struggled with infertility to explore the experience they had with clergy counseling from their local church pastor.

This phenomenological study explored how women who have experienced infertility describe the impact of counseling for their mental and emotional well-being from their local church pastors. By accessing clergy counseling from a local church pastor, women may find a faith-based resource to use in their time of stress, and this study’s results could encourage local pastors to support women in their churches by offering counseling for infertility-related issues.

### **Purpose Statement**

The purpose of this phenomenological study was to explore the experiences of Christian women who have received counseling from pastors for infertility. Narrative identity theory as described by McAdams (2018) was a guiding factor in the research. Women who face infertility cope with issues such as loss of identity, anxiety, and depression due to their inability to conceive (Bell, 2019; Bhamani et al., 2020). When a woman loses her identity due to infertility, she often turns to counseling to help her cope with her negative emotional state (Aiyenigba et al., 2019; Latifnejad & Allan, 2011). Studies have shown that women seek counseling options such as group therapy, marital counseling, and psychotherapy that uses cognitive-based methods, as well as other interventions, when they are having mental health issues due to infertility (Golshani et al., 2021; Khoramabadi, 2015; Zahara et al., 2019). Thus, this phenomenological study aimed to discover what it means for women to receive counseling from their local pastors for infertility.

### **Significance of the Study**

Infertility is an issue that negatively affects women not only in the US but throughout the world. Studies have shown that infertile women in Ghana, Hungary, China, the UK, Pakistan, Nigeria, Turkey, and Israel have experienced negative effects such as depression, anxiety, distress, social stigmatization, feelings of identity loss, emotional issues, shame, and inadequacy (Batoool et al., 2016; Bhamani et al., 2020; Kaya & Oskay, 2019; Kim et al., 2020; Lakatos et al., 2017; Li et al., 2020). Due to the many psychological, emotional, and psychosocial issues that are caused by infertility, many women seek out counseling from their religious and spiritual leaders (Hausmann et al., 2009; Kim et al., 2019).

This study was needed, as other studies (Nouman et al., 2019; Oti-Boadi et al., 2017) have shown there is a need for infertile women to get support from faith-based leaders. This



study highlighted Christian women's perceptions of clergy counseling from her local church pastor to reveal the potential role that a pastor can play for this population of people in the church.

This study adds to the field of research for those who work in infertility centers, as well as Christian counseling settings, by showing how infertile Christian women perceive local church pastors as a potential resource beyond other sources of counseling. Since this study revealed that a woman who received counseling from a local church pastor felt less of the emotional effects associated with infertility, those that work in infertility treatment centers may want to consider utilizing local church pastors as another viable referable source.

### **Research Questions**

**Central Research Question:** How does a Christian woman who is coping with infertility describe the impact of clergy counseling from local church pastors on mental health and well-being?

Religion and spirituality have been found through studies to be a positive source of hope, and to increase confidence and improve social relationships among infertile women (Collins et al., 2018; Ghafouri et al., 2016; Klitzman, 2018). When women are facing infertility, studies have shown they prefer religious coping skills such as prayer and seeking God to alleviate their stress (Kaya & Oskay, 2019). Studies have also found that when women are going through infertility, 1 in 5 will seek counseling from clergy and 80% will turn to prayer (Collins et al., 2018). Thus, this research question aimed to discover if clergy counseling from Christian pastors has shown to be beneficial for the women that seek such counseling.

**Guiding Research Question:** What was the impact on a Christian woman's life relationships after receiving counseling from their local church pastor for infertility-related

issues? Infertility can often cause a person to feel stigmatized due to not being able to have children in a society where having children is seen as a normal (Loftus & Namaste, 2011). Often people with infertility isolate to avoid seeing pregnant women or those with young children (Loftus & Namaste, 2011; Swanson & Braverman, 2021). Infertility has been shown to negatively impact one's marriage, is a medical issue that the couple shares together, and is often the first major stressor in a couple's lives (Swanson & Braverman, 2021). This can negatively impact the couple especially if the couple has already had relationship issues previously (Swanson & Braverman, 2021). Infertility is a very stressful time in women's lives because women experience negative social effects (Ghafouri et al., 2016). To treat these effects women should seek support through counseling. Counseling for infertility has been shown to be beneficial for women in that it can give women the support they need. For instance, clergy counseling has been shown to improve marriages, give women clarity in their current situation, offer practical information, and increase satisfaction in life (Aiyenigba et al., 2019; Latifnejad & Allan, 2011; Marcus et al., 2007). Given the need for counseling during infertility and the lack of studies on counseling for infertility from a Christian pastor, there is a need to discover infertile women's experiences with clergy counseling.

### **Definitions**

1. *Infertility*: being unable to conceive after 12 months of having consistent unprotected sex (Aiyenigba et al., 2019; Casu et al., 2016; Donarelli et al., 2016; Ghafouri et al., 2016; Greil et al., 2020; Karaca et al., 2016; Kaya & Oskay, 2019; Kong et al., 2018; Lakatos et al., 2017).
2. *IVF*: Invitro fertilization.
3. *ART*: assisted reproductive technology.

4. *Clergy counseling*: counseling that is not from a psychologist that is religious, in which the spiritual leader of the church is the counselor (Collins et al., 2018).
5. *Identity*: the qualities of a person that make them unique (Hakola, 2009). According to Erikson, identity is shaped in adolescence and is formed early on through one's parents and caregivers (Ergun, 2020).
6. *Gender identity*: knowing the gender category one belongs to, feeling compatible with one's gender group, conforming to one's gender group, and having a certain attitude toward each gender group (Egan et al., 2001).
7. *Narrative identity*: a person's internal life story that is evolving and that integrates their past with the future they imagined, with some part of purpose as well as unity (McAdams et al., 2013).
8. *Motherhood*: something that is seen by women as a key to their identity; they may feel they have a strong mandate to become a mother and that this should come naturally (Batoool et al., 2016; Loftus & Namaste, 2011).
9. *Isolation*: women who are going through infertility may isolate by avoiding places where there are other children, pregnant women, or mothers (Loftus & Namaste, 2011). Infertile women may also isolate themselves from unsupportive friends (Loftus & Namaste, 2011).
10. *Religious coping strategies*: seeking God, seeking spiritual support, and prayer (Kim et al., 2016; Nouman et al., 2019).

### Summary

Infertility is an issue that causes negative effects on women who experience it. Studies have shown that without a doubt infertility negatively impacts women across the globe (Abedi

Shargh et al., 2015). Given that infertility is a prevalent issue today and has been recorded as causing problems even as far back as biblical times, it is not surprising that there are numerous studies on the topic. There are studies that have shown infertility-related stress has been reduced due to women seeking faith-based counseling (Ghafouri et al., 2016; Klitzman, 2018). However, these studies have been quantitative in nature or are studies of women that come from religions other than Christianity. There are no studies that explore the experiences Christian women have receiving counseling from pastors for infertility. Thus, a study was needed to discover the phenomenon of the lived experiences of women who have faced infertility and have received counseling from a Christian pastor.

The study that I conducted was a transcendental phenomenological study, and my purpose was to discover infertile Christian women's perspectives of clergy counseling from their local church pastor. The goal of this study was to aid in adding information to the fields of infertility and clergy counseling.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

The purpose of conducting this literature review was to discover and analyze how infertility has affected individuals, as well as how negative effects can be buffered for such individuals. This literature review aimed to discover the restorative techniques that are found through faith-based counseling for infertility. An analysis of studies and articles is given to explain the need for religious counseling for those who are experiencing infertility.

This literature review provides an overview of infertility and the crisis that individuals go through when facing this diagnosis. Studies show women who have been diagnosed with infertility have a need for faith-based counseling (Nouman et al., 2019; Oti-Boadi et al., 2017). There have been numerous studies that have shown religious coping skills often taught in faith-based counseling improve individuals' mental health and well-being (Kim et al., 2019). In fact, over half of studies conducted before 2012 revealed that depression recovery was quickened due to the use of religious and spiritual coping skills (Kim et al., 2019). Considering that women who face infertility have increases in anxiety and depression (Karaca et al., 2016; Li et al., 2020) and faith-based counseling incorporating spiritual and religious coping strategies reduces depression, there is a clear need for this counseling to be faith-based.

Studies also show that women of many faiths, such the Muslim faith and the Jewish faith, have sought out their spiritual leaders for infertility counseling and felt their mental health and well-being had improved (Nouman et al., 2019; Oti-Boadi et al., 2017). One study, for example, studied 150 Ghanaian women who turned to religious counseling for their infertility, found that these women's distress was reduced when they used religious-based coping strategies (Oti-Boadi et al., 2017). Another study of Jewish women who sought faith-based counseling for their

infertility found that their stress was reduced (Nouman et al., 2019). The research showed that literature is lacking in showing how Christian women feel about pastoral counseling from a local church pastor for infertility, thus showing a need for this current study (Collins et al., 2018). According to Collins et al. (2018) there is a need for a study to find out if clergy counseling among women of faith can lower stress levels during times of infertility. A study on women's experiences with clergy counseling during infertility could lead to more patient referrals from reproductive health doctors and could be beneficial to women who experience the effects of infertility.

Research for this literature review revealed that when a woman has been diagnosed as infertile, she faces a crisis in her identity. Through analyzing articles on the types of counseling methods that pastors use to counsel, it was found that narrative identity was a common approach for pastors to use in their counseling. Therefore, a thorough analysis of identity theory is discussed in this literature review. Other domains of identity theory that are beneficial for understanding the topic of infertility and pastoral counseling are analyzed, including narrative identity theory and gender identity.

This literature review also provides an in-depth overview of infertility and the common issues that individuals face when diagnosed with infertility. An analysis of infertility from a global perspective highlights its effects on marriage and relationships, religion, and treatment options that research has shown from around the world. This review additionally provides an evaluation of common counseling techniques for those women who have been diagnosed with infertility. A review of the usefulness of faith-based counseling techniques for those seeking help during infertility is explained to show the need for pastoral interventions for individuals who struggle with infertility. An analysis of the literature illustrates how faith-based techniques, such

as counseling offered by local pastors, benefit the mental health and well-being of individuals after a diagnosis with infertility. However, there is no research to illuminate infertile women's counseling experiences with their local church pastors to treat their issues related to infertility. Thus, this current study fills in this gap in literature by exploring the phenomenon of infertile women's experiences in receiving clergy counseling from their local church.

The process in which the literature review research was conducted consisted of a search through online library databases. The research utilized peer-reviewed articles from the years 2010-2021 with some exceptions, such as the analysis of the history of progression-identity and narrative identity theories. This time frame was necessary to provide the most relevant research for both topics of pastoral counseling and infertility, as they are rapidly changing. The terminology used to locate the most relevant articles were *infertility counseling*, *infertility and religion*, *the crisis of infertility*, and *infertility stress*. Terminology used to locate research related to pastoral counseling included *pastoral counseling*, *pastoral counseling theories*, and *reasons for pastoral counseling*.

This literature review provides an in-depth analysis of infertility as a justification for the need for this research within the context of counseling offered by local church pastors for women who have been diagnosed with infertility. Peer reviewed articles revealed a lack of research related to infertile women's experiences and perceptions of clergy counseling from their local church pastors. There are many studies showing infertility is a global issue that negatively impacts women and in which they need counseling, especially faith-based counseling. However, there are no known studies that describe the experiences women have had when they received counseling from Christian pastors for infertility. Therefore, phenomenological study is

needed to provide information on infertile women's perceptions of clergy counseling from pastors who counsel. This study explored the infertile woman's experiences after receiving counseling from her local church pastor by utilizing a phenomenological methodology.

### **Theoretical Framework**

#### **Erikson's Identity Theory**

Identity theory first began when Erik Erikson (1968) proposed that identity is formed through a person's caregivers and that one's real identity begins to develop when they are in adolescence. Erikson proposed that adolescent identity continues into young adulthood when an identity crisis may occur (Ergun, 2020). Erikson's theory began the foundation of self-identity in which a person's identity could be separated from their parents, and this process occurs in four stages, one of which is adulthood (Hakola, 2009).

When a woman is in adulthood, she is in Erikson's adulthood stage of identity called generativity versus stagnation (Hakola, 2009). During this time of middle adulthood, a person will work towards leaving an impression that will live past them. A way in which this part of a person's identity develops can be through parenthood (Hakola, 2009). Identity development may be hindered for a woman who is struggling with infertility. When a woman faces infertility her longing to be identified as a mother is not satisfied, which may cause a crisis in her identity leading to stress, anxiety, and depression (Facchin et al., 2021; Lyons et al., 2008).

#### **Motherhood and Female Identity**

While Erikson's theory of identity continues to influence identity many years later, gender identity theory is a domain of one's identity that relates to a woman's inability to conceive. In early childhood a person begins to develop their gender identity. In fact, a child as young as two or three years old already knows if they are a boy or a girl (Egan et al.,



2001; Grysman et al., 2016), while later in childhood they decide the gender formations they should take on as a part of their identity. For example, by the age of six or seven a child has committed to their gender identity and has an idea as to the behaviors that are representative of their gender (Grysman et al., 2016). Culturally a person's gender comes with certain stereotypes that shape how a person will behave based upon their identity. Female stereotypical characteristics include being emotional, gentle, and nurturing, while male stereotypical characteristics include being independent, strong, and aggressive (Grysman et al., 2016). A person's gender plays a huge role in their identity and shapes not only who they are but also their sense of purpose based on what is considered typical for their gender from within their cultural groups (Grysman et al., 2016).

Cultural influences shape a person's gender roles, which is typically understood through social constructionist theory. According to this theory a person acts masculine or feminine based on the stereotypes that have been imposed on them by cultural influences (Lyons et al., 2008). Stereotypes about masculinity and femininity will shape a person's gender roles, with feminine roles typically associated with motherhood (Born et al., 2018). According to Korlat et al. (2021) as early as infancy children learn gender roles. In western culture, for example, boys learn they should be independent and show dominance and assertiveness while girls learn to be nurturing, to care for others and to be kind (Korlat et al., 2021). During adolescence gender roles become more obvious, as this is a time when gender roles are adopted and intensified partially due to social pressure (Korlat et al., 2021). Social constructionists argue that this social pressure to conform to gender roles is learned in one's community, in which knowledge and habits are transmitted socially (Aranguren, 2017).

Given that motherhood is seen as a part of a woman's identity, when a woman is infertile her sense of identity is negatively impacted, leading to changes in her identity (Lima, 2018). For instance, Born et al. (2018) conducted a study of women who had gone through infertility and explained how a woman's identity was impacted by feeling scrutinized due to their inability to conceive. In response, many of these women created a secret type of identity that was an alternate to their normal identity. One woman described her identity as being "abnormal," while other women described hiding their struggles, hiding from others to avoid people's sympathy, which made them feel less valuable and more broken due to their inability to conceive (Born et al., 2018).

A woman's loss of identity due to infertility can cause negative psychological issues such as anxiety and depression due to worry about not becoming a mother (Facchin et al., 2021). This study found that infertility can cause some women to feel incomplete and inferior compared to other women. Loftus and Namaste (2011) also found in a study of infertile women that women feel a loss to their feminine identity due to experiencing insensitive comments about motherhood. In their study, Loftus and Namaste (2011) felt that a woman's damaged sense of self is due to the woman losing a strong desire to become a mother, which a woman may feel is necessary to her feminine identity. In this study of women who had been diagnosed as infertile, they shared those important self-identities including being a daughter, wife, woman, and daughter-in-law, all of which included an expectation of becoming a mother (Loftus & Namaste, 2011). Loftus and Namaste (2011) found that as wives these women felt their husbands expected them to have children, and that the women also felt their parents and in-laws expected grandchildren. This same study (Loftus & Namaste, 2011) also found these women felt motherhood was crucial to their identity. When this crucial element of their identity was

threatened with infertility, they became emotionally distressed. Also, when women feel a loss of identity due to not becoming a mother, they will alter their activities to avoid places where there are children, mothers, or pregnant women (Loftus & Namaste, 2011). In fact, these women will even give up some of their friendships to avoid those who are unsupportive of their need to become a mother (Loftus & Namaste, 2011). Motherhood is seen as a key part of the feminine identity and when motherhood is not achieved a woman feels a significant loss in her identity as a woman.

When women face infertility and have a desire to become a mother, motherhood becomes such a strong desire that they will alter their lifestyle to achieve it. A woman who has been diagnosed with infertility and has the desire to become a mother will commit so much to this identity that they will spend much of their time and resources turning to invasive treatments (Loftus & Namaste, 2011; Sormunen et al., 2018). In this way, they have a hope that the identity they long for will become their actual true identity (Loftus & Namaste, 2011). Such women will give up other things in their lives to achieve the identity of motherhood (Loftus & Namaste, 2011). Their life then becomes consumed with trying to attain this potential identity through cycle timing, medication, and so on (Loftus & Namaste, 2011). A woman that is focused on becoming a mother will often give up her previous identities to achieve the identity as a mother (Loftus & Namaste, 2011). In fact, a study of 300 women who had undergone infertility treatment (Sormunen et al., 2018) found that among these women 16% avoided being around women that had children or were pregnant, 10% of the women left places in which there were discussions of children and pregnancy, and 30% turned to work or other things to distract themselves from their infertility.

Becoming a mother can represent such a strong desire for women that they will go through treatments and lifestyle changes that may negatively impact them for the goal of having a child. Motherhood has long been a part of a feminine gender identity in which motherhood is a part of one's social role (Bell, 2019; Gillespie, 2003). The decision for a woman to become a mother or not has been seen as one of the most important decisions a woman can make in her lifetime, as motherhood is an essential part of a female's gender identity (Bell, 2019; Li et al., 2020; Peterson et al., 2013) Cultures globally view motherhood as a key to being seen as a woman (Bell, 2019; Peterson et al., 2013). As motherhood is seen as a crucial part of a woman's gender role, when a woman does not have a child, she may feel less than a woman. For example, reproduction has been seen as a natural part of a woman's role and when a woman does not fulfill this role, she may feel deficient and not like a real woman (Gillespie, 1999). Social cultural influences greatly affect how a person assumes gender roles. A woman that is unable to have children may feel less than a woman due to society teaching women from childhood that a crucial part of the feminine identity is being a mother (Gillespie, 2003). Many women feel a natural desire from childhood to become a mother that has been described as a powerful force (Gillespie, 2003). In western societies an established part of a becoming an adult is motherhood (Gillespie, 2003). Thus, when a woman is unable to become a mother, she cannot help but feel less than a woman, as this is what has been ingrained in her due to social cultural norms which state that being a mother is a part of being an adult woman.

### **Theory of Narrative Identity**

#### **A Brief Background of Narrative Identity**

Dan McAdams founded the theory of narrative identity (McAdams et al., 2013). Dan P. McAdams is a professor of psychology, social policy, and human development at Henry Wade

Rogers and the founder of narrative identity (McAdams, 2008). McAdam's narrative identity theory evolved from questions that were influenced by Erik Erikson's (1968) theory of identity, leading him to propose that one's life stories are crucial features of development into young adulthood, which represents the time when young people question who they are, life's purpose, and the meaning of life (McAdams, 2019). The development of narrative identity began in the 1980s when McAdams began to notice that one's construction of their personality can be seen through the development of their life story (McAdams, 2019). Out of this concept McAdams birthed his theory of narrative identity (McAdams, 2019).

### **Narrative Identity Theory and Motherhood**

One's identity includes a setting, characters, scenes, themes, plots, and a life story that evolves over time in which a person can answer the questions related to identity, such as a sense of personhood and the purpose and meaning of life (McAdams, 2019). According to McAdams (2019) one's life story is shaped by their personal relationships and cultural norms, providing them purpose, meaning, and unity in their life. For example, some cultures value community and a person's identity may revolve around their community's values related to children (McAdams, 2019). If a culture values motherhood as a cultural norm it is key to shaping a person's narrative identity. Consequently, if a woman is unable to conceive due to infertility her narrative identity, which normally reflects purpose and meaning (McAdams, 2019), may be altered due to those cultural norms associating motherhood and a woman's identity (Bell, 2019; Gillespie, 2003).

When women eventually become fertile, their narrative identity changes (Lima, 2018). A study of women who conceived after infertility revealed that their narrative identities changed from first being unable to embrace their pregnancy due to their stress of infertility to then overwriting their memoirs of being infertile and finally being able to integrate the narrative in

which their infertility led them to becoming pregnant (Lima, 2018). Infertility impacts a woman's narrative identity by causing her to feel less than a real woman if she cannot have children. However, a woman's identity changes when she is finally able to conceive; her identity changes and her infertility can be seen as a positive.

According to narrative theory a healthy person will have a narrative that shows their beliefs, hopes, and authentic self (Giblin, 2013). A healthy person's narrative may give life meaning and a hope for a future, whereas a person who has an unhealthy narrative may view their life as incomplete or exhausting because of their perceived inability to solve their problems (Giblin, 2013). A woman, for instance, who desires to be a mother and views motherhood as crucial to her identity may have an unhealthy narrative that can lead to feelings of hopelessness and a lack of meaning in her life (Bell, 2019; Giblin, 2013; Gillespie, 2003). Narratives shape an individual's personal identity and who that person perceives they can become, making it possible for a healthy narrative, which could result in a healthier outlook despite the pressures that are caused by infertility.

### **Local Pastoral Counseling and Narrative Identity**

A woman struggling with an unhealthy narrative identity can find hope and healing through local church pastoral counseling. When local pastors offer counseling, they often use storytelling with their clients to help their clients to find the narrative identity they have taken on and to challenge this identity to form a new one that is positive and of self-worth (Ballaban, 2014). The process of storytelling in a pastoral counseling setting involves a person sharing their trauma and the pastor helping them process it using biblical narratives. For instance, pastors will use scripture and Bible stories in their counseling sessions as a part of healing one from a part of their story that has caused them loss of hope and negative emotions and actions

(Ballaban, 2014; Capps 2003). Pastors use the Bible in counseling to teach their clients that the world is full of sin and that people are not exempt from pain (Klan, 2018). Although there will be pain and people will sin, Pastors help people to change their situations by seeing that there is a God who is caring, helping, and merciful (Klan, 2018). Pastoral care helps those in counseling to find hope in God, as they are taught scripture concerning how God may heal their broken hearts and bind their wounds (Klan, 2018; *New Living Translation*, 2008, Psalms 147:3).

Capps (2003) discussed biblical scholar Wayne Oates's approach to pastoral counseling, which uses Psalms from the Bible. Oates viewed the Psalms as a source of comfort when people feel frustration, such as when a married couple discovers they cannot have children (Capps, 2003). This type of loss of a strong desire can lead to extreme frustration in which their feelings need to be poured out, clearing the way for them to begin to be able to construct positive feelings (Capps, 2003). According to Oates the recommended psalms for such a situation requiring comfort are Psalm 23 and Psalm 27, and Psalm 31 for feelings of frustration and bitterness (Capps, 2003).

Many local pastors counsel to help people improve their relationships with God. For instance, a role of a counseling pastor is to help people find meaning in their lives when they feel their lives have lost meaning (Klaasen, 2020). While trauma and other challenges can impact a person's sense of meaning, pastors can use narrative therapy to help a person rediscover their meaning in life (Klaasen, 2020).

Although narratives represent a person's analysis of their life story, Klaasen (2020) found that the local pastor may be a resource to help analyze the individual's stories, possibly leading to the restoration and reconciliation of relationships and the discovery of life's meaning. The local pastor, who may use narrative therapy, can give vulnerable people the chance to tell their

story so the pastoral counselor can help them alter their distorted memories, giving them a second chance to create a new story that has hope for a positive future (Klaasen, 2020).

Klassen (2020) also found through narrative therapy a local church pastor can help the client find a healthy view of God toward a reinterpretation of their narrative. A person's narrative about God relates to the hope that individuals can find through Jesus' story, through which the pastor can help his or her parishioner find meaning in life that brings them both hope and healing. In doing so, a person has the opportunity to renew their relationship with God to find purpose in life despite the effects of infertility (Klaasen, 2020).

When a woman faces infertility, she may feel as if her identity as a woman is threatened due to her not being able to become a mother (Gillespie, 2003). Facing a loss in identity can negatively impact a woman going through infertility, and narrative therapy along with CBT can help a woman to change her negative thoughts and behaviors associated with such thoughts (Aiyenigba et al., 2019). A woman's narrative, which begins to form during childhood and adolescence, may be threatened due to infertility (Aiyenigba et al., 2019). When a woman's narrative is threatened, she can seek her local church pastor for counseling in which she can learn to find a new identity that comes from a loving God; this can bring her hope and healing (Klaasen, 2020).

### **Related Literature**

Infertility is an issue that affects both men and women throughout the globe and causes tremendous distress, especially among women. Infertility has impacted people negatively for centuries. In fact, the Bible has highlighted infertility as a crisis for some women (Petok et al., 2015). For example, Hannah's, Sarah's, and Rachel's stories offer three examples of how infertility affected women in the Bible. Hannah prayed for years for God to give her a baby with



such intensity that on one occasion the priest confused her distress with drunkenness (*New Living Translation*, 2005, 1 Samuel 1:9-16). Sarah longed for a baby for years as well, to the point that she convinced her husband Abraham to have a child with her maid servant (*New Living Translation*, 2005, Genesis 16:2). Rachel prayed to God for years to conceive, causing great distress and jealousy towards her sister who was able to bear children (*New Living Translation*, 2005, Genesis 30:1). Women in the Bible describe having extreme emotional pain due to being unable to conceive (Petok et al., 2015). Infertility has proven to be a stressful issue for women that causes deep emotional pain for years.

### **The Prevalence of Infertility**

The Bible's treatment of infertility speaks to its historical prevalence. However, infertility is also a present-day phenomenon that many women are forced to understand and treat. Literature defines infertility as the inability to conceive after 12 months of consistent unprotected sex (Aiyenigba et al., 2019; Casu et al., 2016; Donarelli et al., 2016; Ghafouri et al., 2016; Greil et al., 2020; Karaca et al., 2016; Kaya & Oskay, 2019; Kong et al., 2018; Lakatos et al., 2017). Infertility affects about 80 million people worldwide (Abedi Shargh et al., 2015; Batool et al., 2016; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Greil et al., 2010; Karaca et al., 2016; Lakatos et al., 2017; Li et al., 2020). One and a half million couples in the United States face infertility every year (Collins et al., 2018). Of those who experience infertility 25-60% will have psychological problems (Abedi Shargh et al., 2015). Over half of infertile couples seek medical treatment to resolve their issues (Casu et al., 2016; Donarelli et al., 2016). In the United States 17% of women who are of reproductive age have sought medical assistance for infertility (Collins et al., 2018).

### *The Global Prevalence of Infertility*

Infertility is a worldwide health issue in which couples and individuals struggle to conceive for at least a year. According to the World Health Organization (WHO) in India 3.9-16.8% of women experience primary infertility (De et al., 2017). Also, according to the WHO in developing countries over 186 million women or 1 out of every 4 couples that wish to have a child are affected by infertility (De et al., 2017). In the United Kingdom 1 out of every 7 couples are faced with infertility and in Pakistan 1 out of every 5 married couples struggle with infertility (Batool et al., 2016). Thus, it is evident that infertility is not just something that impacts western countries.

Studies have shown that infertility affects individuals globally. In many cultures across the world childbearing is seen as a crucial role for women. As a result, women who are unable to have children are negatively impacted and socially stigmatized. For example, in countries like Turkey childbearing is seen as the most important role for a woman (Kaya & Oskay, 2019). Children in Turkish societies are an essential part of psychological, economic, and social fields (Kaya & Oskay, 2019). Women in Turkey who are unable to have children are stigmatized, while infertile women in Jordan are seen as being less than a woman (Kaya & Oskay, 2019). Additionally, the Nigerian culture reinforces a female's sense of womanhood by connecting their roles as women to childbearing and preventing infertile women from touching babies or participating socially in society (Kaya & Oskay, 2019). Studies have shown that in Israel having children is crucial and that when women are unable to have children due to fertility issues they are stigmatized at high levels (Kaya & Oskay, 2019).

Since countries throughout the world interpret infertility as a cultural phenomenon, women around the world often experience hopelessness due to feeling inadequate, helpless, and

incomplete (Kaya & Oskay, 2019). In both the United Kingdom and Pakistan women attached their purpose in life to marriage and childbearing, but when many women in these two countries reported infertility, depression and anxiety often followed (Batoool et al., 2016). Studies from scores of other countries such as Ghana, Germany, Iraq, Israel, and Pakistan showed depression, physical, verbal, and emotional abuse resulted (Bhamani, et al., 2020).

Research from some European and Asian countries also report the effects of infertility on women. For instance, infertility in Hungary affects about 9-15% of those trying to conceive (Lakatos et al., 2017). Among this population individuals experience psychological distress, anxiety, depression, and marital dissatisfaction. A study of infertile Hungarian women found that about half of those sampled had depressive symptoms that ranged from moderate to severe. Also, anxiety levels were shown to be high among over a third of the sample. In some Asian cultures, infertility may cause shame because childbearing plays a key part in marriage (Kim et al., 2020). Infertility in China is growing in prevalence with some current estimates as high as 40 million patients in fertility clinics (Li et al., 2020). Research has established that infertility is a global issue, with women across the world feeling the stigmatization and discrimination associated with this personal, cultural, and global phenomenon.

## **The Psychological Impacts of Infertility on Women and their Life Relationships**

### ***The Unique Impacts of Infertility on Women***

Women experience psychological impacts due to infertility, causing them to feel less feminine, depressed, and socially isolated. These issues may be due to the demanding physical changes a woman experiences while managing infertility. Women who are infertile have shown to be in greater distress than men due to the many procedures they endure in addition to the monitoring of ovulation and their menstrual cycles (Kong et al., 2018; Li et al., 2020). A study

that compared the quality of life among men and women who were patients at a fertility center found that men were more resilient than women when facing the crisis of infertility (Batool et al., 2016; Bhamani et al., 2020). This is likely due to the invasive procedures that women must undergo when receiving infertility treatments (Bhamani et al., 2020).

Research has also shown that infertile women have significantly higher depressive symptoms than fertile women (Karaca et al., 2016; Li et al., 2020). Since childbearing is an important component of femininity and womanhood in most societies, infertility impacts women psychosocially due to a perceived failure of femininity at social, personal, and interpersonal levels (Batool et al., 2016). Women who encounter infertility report this phenomenon as being the most significant emotional crisis in their lives (Kong et al., 2018; Wischmann et al., 2009). A woman who is affected by the depressive symptoms of infertility may also have feelings of self-blame and guilt (Batool et al., 2016; De et al., 2017; Greil et al., 2020). De et al. (2017) conducted a comparative study of 60 couples in which 30 couples were infertile and 30 were fertile. This study found that when motherhood was not achieved by women who had a strong desire to become a mother, they had increases in depression, with higher levels of grief, depression, and feelings of a loss of control among the infertile couples as compared to fertile couples.

In a society that is patriarchal and polygamous, married women who are unable to get pregnant are blamed by their husbands and stigmatized, which often leads to depression and lower perceptions of their quality of life (Bhamani et al., 2020). Stress can also become a major issue associated with infertility. As more women in western societies wait to have children, they may get to a point where they feel that their inability to conceive will increase as their age increases, leading to more stress if they continue to have problems conceiving (Ben Shlomo et

al., 2017). If problems to conceive do occur, some women may choose to see a fertility specialist, even though current research also identifies this decision as a source of stress (Ben Shlomo et al., 2017; Donarelli et al., 2016). When women go to a fertility specialist, younger women may feel greater distress and hopelessness compared to older women, even though other findings suggest that the hope of successful outcomes lowers their levels of distress (Ben Shlomo et al., 2017; Donarelli et al., 2016). Because of the treatments associated with monitoring of ovulation cycles and physical procedures to increase the chances of conception, women face more negative impacts on psychological and physical health.

### ***The Impacts of Infertility for Married Couples***

When a couple finds out that one or both partners have been diagnosed with infertility their relationship is negatively affected, with much higher rates of depression and anxiety when compared to fertile couples (Abedi Shargh et al., 2015; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Vikström et al., 2015). Quality of life is lower among couples who have prolonged treatment for infertility (Karaca et al., 2016). Infertility treatments have shown to be very stressful among patients, which could be caused by pressures that are placed on couples by religious, familial, and cultural expectations toward the task of becoming parents (Marcus et al., 2007). When a couple is unable to conceive a child, it is normal to have a grief reaction; however, these grief reactions can be prolonged and may lead to depression (De et al., 2017). Infertile couples may feel a loss of control over their lives, leading to a feeling of helplessness (De et al., 2017). Infertility represents one of the main reasons for divorce because infertility often causes issues with marital intimacy and marital satisfaction (Afshani et al., 2020; Bhamani et al., 2020; Kim et al., 2020; Lakatos et al., 2017). When a couple experiences a lack of intimacy in their marriage it can lead to detrimental issues if left untreated.

Although treatment for infertility is available it does not always work (Afshani et al., 2020). When treatment does not work and couples remain childless, many destructive issues arise (Afshani et al., 2020). The couple may feel that their lives are incomplete without having children and that if they had their infertility resolved they would have improved relationships and a sense of control over their futures (Afshani et al., 2020). Couples who endure infertility are often in danger of marital problems associated with quality of life, marital satisfaction, and divorce.

### ***The Impacts of Infertility and Social Relationships***

When people face infertility, their social relationships are negatively impacted. An individual who is infertile may not share their infertility with their friends and family due to uncertainty about how they will react (Swanson & Braverman, 2021). Those who experience infertility may feel that it is a private issue that they do not want to share with their friends and family (Swanson & Braverman, 2021). When a person chooses to share about their infertility, they sometimes do not receive the support they need and may even get negative feedback from their peers (Swanson & Braverman, 2021). If the infertile individual or couple chooses to use fertility treatments, they may receive negative feedback from peers due to ethical and religious perspectives (Swanson & Braverman, 2021). Infertile individuals also tend to notice pregnant people and people with small children more often, which provide constant reminders that they cannot get pregnant and can lead them to isolate and avoid their friends and family (Loftus & Namaste, 2011; Swanson & Braverman, 2021).

### **Infertility and Spirituality**

Spirituality is hard to define, as it is something that changes throughout time and is different across cultures (Romeiro et al., 2022). Spirituality allows a person to connect to others,

God, and nature while giving a person a sense of self and purpose or meaning (Romeiro et al., 2022). Spirituality has been shown to improve one's quality of life in those with a variety of medical conditions (Casu et al., 2018). When couples face infertility, they look for coping mechanisms that help them find their purpose or meaning in their lives, making it imperative that their spiritual needs are addressed (Casu et al., 2018; Romeiro et al., 2022).

Spiritual coping strategies, such as practicing one's religion, have been proven through other studies to increase life satisfaction while decreasing suffering among infertile women (Romeiro et al., 2022). For example, Romeiro et al. (2022) conducted a study to reveal the spiritual needs of infertile men and women to show the need for holistic care in the field of nursing and midwifery. Romeiro et al. (2022) found that a sense of connectedness, which is a component of spirituality, was associated with a feeling of failure due to infertility. Separate studies found that issues within the infertile couple's marriage decreased spiritual well-being and led to isolation, while increases in spirituality lowered stress levels for each partner (Casu et al., 2018; Romeiro et al., 2022).

While spirituality has been shown to be positively associated with decreasing stress for infertile individuals and couples (Casu et al., 2018; Romeiro et al., 2022), spirituality issues have also been found due to infertility (Hobek et al., 2019; 2021). A qualitative study was conducted with 12 infertile women to discover their perceptions of religious and spiritual stigma due to their infertility (Hobek et al., 2019; 2021). The study revealed that the women generally felt unhappy and sad due to the stigmatization from their infertility (Hobek et al., 2019; 2021). According to the study the women described their infertility as being God's will even though these thoughts may have led to spiritual issues, as well as feeling judged by their family and friends (Hobek et al. 2019; 2021).

### **Technological and Counseling Treatments for Infertility**

Infertility causes people to endure tremendous amounts of stress, which will lead many of them to turn to treatment in the hopes of conception. Although treatment can bring a person hope of having a healthy and successful pregnancy, sometimes stress will occur during treatment for infertility. One treatment for infertility is known as Assisted Reproductive Technology (ART). Assisted Reproductive Technology is a method that is widely used and accepted to increase the chances of conception (Huang et al., 2019). Since ART began in 1978 over 7 million children have been born worldwide (Huang et al., 2019). Women who utilize ART and get pregnant experience an increased feeling of vulnerability in having fears of miscarriage and early delivery (Huang et al., 2019). Their anxiety may be attributed to the psychological pressure to have a successful pregnancy because women who use ART are primarily concerned about the health of their baby (Huang et al., 2019).

The use of ART has not solved every issue that goes along with infertility. Research has found that infertility causes infertile women to experience mourning along with loss, like when someone loses their life's goals, confidence, and status (Loftus & Namaste, 2011). Even when a woman seeks treatment for infertility to have a child, when the treatment fails, she often mourns the loss of a child that might have been (Loftus & Namaste, 2011). Although women still struggle through the psychological effects when using ART, Assisted Reproductive Technologies are treatments that can help an individual or a couple achieve a lifelong goal of conceiving a child. Although treatment can cause stress for those that choose ART, once the individual or couple has a successful pregnancy and gives birth to their baby, they are happy they chose treatment for their infertility (Loftus & Namaste, 2011).



### ***The Implications of In Vitro Fertilization as a Treatment***

Infertility treatments can bring hope to those who have been diagnosed as infertile. Individuals and couples who choose infertility treatments may have hope of becoming future parents. Vikström et al. (2015) report that In Vitro Fertilization (IVF) may be a possible option for couples, but it takes longer than hoped to achieve a successful pregnancy or may not work at all. When either scenario occurs, women may face negative consequences. Studies have shown that when women undergo IVF treatments but remain childless, they are at an increased risk of depression, anxiety, stress, and lower self-esteem for up to 10 years after treatment; while women who give birth following IVF treatment report having positive, long-term emotional statuses (Vikström et al., 2015). However, when IVF is unsuccessful, women who did not have children 20 years after the treatment had more psychological issues like depression than women who had biological children or adopted children. Women who remained childless were more likely to get divorced or separated (Vikström et al., 2015). Although IVF treatment can be a good option for those wanting to have a child, sometimes IVF is not successful, which can lead to women enduring more negative mental health issues.

### ***Infertility Counseling as a Treatment***

When women decide to seek fertility treatment their stress levels may increase due to the invasive treatments they endure to conceive, the financial costs of the procedures, the duration of the treatment, and the possibility that the treatments will not work (Hashemieh, 2013; Joelsson et al., 2017; Loftus & Namaste, 2011). When an individual or couple chooses to use treatment for infertility, they should seek counseling support due to the likelihood of increased levels of stress. In fact, in some countries such as the United Kingdom, legislation requires oversight for

counseling when Artificial Reproductive Technologies are used, and there are general requirements for fertility clinics to offer counseling for infertile women (Marcus et al., 2007).

Individuals and couples who receive counseling during infertility treatments report positive experiences because they are able to process their feelings and clarify their understanding of the present situation (Latifnejad & Allan, 2011). Infertility counseling is helpful for patients because it allows them to receive the needed treatment information and the possible implications so that the couple can be more comfortable in their decision-making (Marcus et al., 2007).

When women experience infertility, they may have stress due to having a desire to become a mother and not having this desire met, which has also been shown to lead to feelings of worthlessness, depression, anxiety, low self-esteem, and marital issues (Joelsson et al., 2017). Stress for a woman trying to conceive is increased in societies where having children is seen as an important role (Yusuf, 2016). Quantitative studies have found that in societies such as Ghana, Pakistan, China, Japan, and Gambia high rates of depression were reported among infertile women (Yusuf, 2016). Research has shown that counseling is needed for infertility-related issues. Studies show that when women and couples seek infertility counseling their mental health improves (Golshani et al., 2021; Khoramabadi, 2015; Zahara et al., 2019). Golshani et al., 2021 conducted a study to find out if counseling using Cognitive Based Therapy (CBT) was effective in reducing stress and anxiety among women who had been infertile prior to becoming pregnant. The authors interviewed 56 women who were pregnant but had been previously diagnosed with infertility. They found out that the women who had received CBT counseling had a reduction in stress and anxiety as well as an improvement in their quality of life (Golshani et al., 2021). Khoramabadi (2015) found that pregnancy rates increased when psychological interventions

were used for infertile women. This study also found that teaching communication skills to couples, such as listening, speaking, and response techniques, led to an increased sense of relationship quality (Khoramabadi, 2015).

While some studies focus on individual or couple counseling, others highlight the benefits of group counseling. Zahara et al. (2019) conducted a study to find out whether group counseling was effective in reducing stress among women who had experienced infertility. In this study, 50 women were chosen to participate in either a control group or experimental group. The control group received no counseling, while the experimental group received 10 group counseling sessions. The study discovered that the experimental group who received counseling showed a reduction in stress in several areas of their life related to sexual, relational, and social issues associated with their infertility, while the control group did not show a reduction in stress in the same areas. Studies for individuals or groups show the veracity of counseling for individuals who face the stress of infertility (Golshani et al., 2021; Zagara et al., 2019)

### ***The Implications of Religion on Treatment Choices***

One's religion often plays a role in what type of fertility treatments one uses. A survey of male patients of an infertility clinic found that 75% of the men who were Jewish would use donor gametes if needed, whereas only 5% of those who identified as Catholic would and 46% of those that identified as Protestant would (Klitzman, 2018). There are ethical issues that arise within religions that prohibit reproductive treatments (Greil et al., 2010). Roman Catholics for example oppose artificial insemination and in vitro fertilization (IVF) due to their thoughts that they impose on the sanctity of an embryo and of marriage (Greil et al., 2010). Sometimes when their religion opposes the use of fertility treatments, individuals will secretly use treatment to achieve a pregnancy (Klitzman, 2018). Due to the high value that many religions place on

parenthood, when a religious person is unable to conceive, they are faced with devastation, and if there is not opposition from their religious beliefs, they will often seek treatments for their infertility.

### **Spiritual Coping Strategies During Infertility**

Many studies show a direct correlation between infertility stress and spiritual coping strategies (Nouman et al., 2019). For instance, stress is reduced for infertile women when they use spiritual coping strategies (Oti-Boadi et al., 2017). A study of 150 women who used “negative religious coping” strategies experienced higher levels of anxiety and depression, while this same study found when women used “positive religious coping, such as pursuing support for spiritual needs, working with God to cope, and connecting spiritually anxiety levels were decreased” (Oti-Boadi et al., 2017, p. 2). Another study examined how infertile women of the Jewish faith perceived their stress and anxiety after turning to “religious coping strategies,” such as seeking God, their Rabbi, and a sense of community (Nouman et al., 2019, p. 155). This study found when women sought support from God there was a reduction in psychological distress, improvements in emotional adjustments as a result of seeking support from their Rabbi, and a decrease in levels of stress from their community’s influence (Nouman et al., 2019). Thus, this sample of studies shows how religious coping strategies can help alleviate stress when women face infertility.

Prayer and counseling from spiritual leaders have shown to be positive coping mechanisms for those who face infertility. Kim et al. (2016) conducted a nationwide survey of 1,062 infertile women and found that 72.5% of women used prayer during infertility, while more women sought their spiritual leader as opposed to a support group or a therapist. The survey also found when women regularly attended their religious services, they were more likely to use

prayer than the ones who did not to seek aid from their spiritual leader. When facing infertility women will seek coping strategies from spiritual leaders, religious communities, and prayer.

Research also shows attendance at significant life events can either induce more stress or alleviate stress depending upon the context of the event. For example, when infertile couples attend events at their church, where parenthood is an accepted value, this often causes them to feel excluded and uncomfortable. Smith et al. (2004) conducted a study of 25 infertile couples to find out how significant life events such as Mother's Day, Father's Day, baby showers, and youth events affected them. The study found that many of the couples felt discomfort due to feelings of failure for being infertile. Many of the couples also shared feelings of jealousy, leading them to avoid attending these events (Smith et al., 2004).

Considering the correlation between the psychological impacts of infertility and attendance at religious life events, spiritual institutions could play a significant role in the mental health and well-being of infertile couples depending upon how churches value helping individuals and couples cope with infertility during the planning of those events. Thus, Smith et al. (2004) argued that religious institutions should take steps to ensure they are assisting childless couples to cope with infertility by offering counseling and support groups, creating a loving culture toward infertile individuals, and considering infertile individuals and couples when organizing significant life events that are focused on children.

### **The Psychological Implications of Spiritual Interventions**

Recent research shows that secular or religious counseling should incorporate a spiritual component to achieve the best results. Studies over the years have shown that there is a direct correlation between spirituality and mental and physical health improvements (Hausmann et al., 2009; Kim et al., 2019). For example, breathing techniques, spiritualities, and meditation are

beneficial for health (Lasair, 2020). Over 50% of studies conducted before 2012 have reported that religious or spiritual interventions have decreased depression and quickened depression recovery, as well as increased psychological well-being, life satisfaction, a sense of safety, a positive view of the love of God, and a positive sense of self (Kim et al., 2019).

Spiritual and religious interventions have also shown to improve psychological well-being and life satisfaction (Kim et al., 2019). Spiritual and religious interventions can improve an individual's relationship with God, leading to an increase in their self-esteem, improved relationships, and more competence in social settings (Kim et al., 2019). A study that researched spirituality and the link to a reduction in psychological manifestations found that when the participants reported to have a positive attachment to God, they felt safe and secure during stressful times, and due to having a knowledge of the love of God they had a positive view of self (Kim et al., 2019). It is evident there is a need to have a spiritual component added into counseling, given that many studies have shown the need to incorporate spirituality or religion into counseling.

### **Local Church Pastors and Spiritual Counseling for Infertility**

Spiritual leaders have provided counseling to alleviate the pain of those suffering from emotional, mental, or relational problems (Streets, 2014). While pastoral counseling has changed over the years from religious-based counseling to psychotherapy, it offers support that addresses spiritual needs for the counselee (Beaumont, 2011; Streets, 2014).

People who experience distress often turn to their local church pastors because many of them present a caring nature and compassion for others. Local church counseling is different from more traditional or secular counseling, as it offers a more qualitative approach by bringing

a personal relationship into the counseling where grace is shown to counselees (Townsend, 2011).

### *The Unique Service of Local Church Pastors*

Pastors incorporate spiritual and religious components into counseling, which is why many people turn to them in times of hospitalizations, deaths, and suicidal issues (Townsend, 2011). Pastors incorporate scripture, prayer, and religious imagery into the counseling sessions (Townsend, 2011). Streets (2014) argued that the need for pastoral counseling will always exist to aid in the healing process because people need to be able to speak about their issues. A pastor can help the counselee to feel cared for and remember that they were created in God's image, in which they can learn to feel the love of God and a love for themselves as pastoral counselors are guided by love (Dayringer, 2012; Streets, 2014). Pastoral counselors work as healers, offering care for their clients who are in distress or emotionally ill and addressing spiritual issues that may have impacted their attitudes and behaviors (Hausmann et al., 2009; Streets, 2014). Pastors who offer counseling bring a quality of care that is not often seen among secular counseling, making them more approachable for those who are seeking counseling during times of need.

While pastors may help those in need in many ways, Chisale (2018) lists some specific ways pastors may offer support to those they lead. For example, a pastor may offer healing by bringing restoration into the individual's life. Pastors may guide individuals to make positive life choices that encourage individuals to reconcile broken relationships. Pastors also nurture people by helping them make positive transformations as well as develop and explore their strengths (Chisale, 2018).

Viljoen et al. (2017) introduced life coaching as another role that local pastors may play when counseling people in their churches. Pastors in the role of life coaches help people

incorporate change by developing a healthy view of their future. By doing so, they help people focus on a hope for the eternal that comes through Christ, as well as a hope for the life they are living now by setting new life goals based upon knowing they are God's children (Viljoen et al., 2017). Local church pastors can offer hope and healing through life coaching by helping a person attain goals for their future with the hope that comes from Christ.

A pastor's counsel is guided by the theological principle of healing a person's soul, helping them focus on the salvation from the death and resurrection of Jesus Christ (Viljoen et al., 2017). Teaching about soul care is an aspect of the pastor's life coaching role as they help people have a correct view of God, leading them to a new hope and direction for their life. When the counselee has a new perception of their soul their life's approach becomes focused on God, which can bring healing and growth (Viljoen et al., 2017). A counseling pastor has a great opportunity to bring hope to those they counsel through sharing a hope in an eternal life, which allows them to focus on caring for their soul.

Pastors who counsel are needed to bring aid for many reasons, as they are there to offer their compassion and care in times of need. People in all walks of life globally are affected by traumatic situations including famine, murder, domestic violence, times of loss and diseases (Beaumont, 2011; Streets, 2014). When experiencing trauma, one needs someone to share with who offers safety, support, and relief, and this can be found through pastoral counseling (Streets, 2014). Pastoral counselors offer counseling to those in their congregation and outside of their congregation for many reasons and issues (Beaumont, 2011; Streets, 2014). Those who work in the church such as pastors, church members, and staff have been shown to make positive contributions in their local communities (Beaumont, 2011). Church congregations and pastors have especially aided in providing support to the health of their community (Beaumont, 2011). In



fact, when people are experiencing stressful life situations clergy are often the first people they contact (Beaumont, 2011). Pastors can offer counseling to veterans who are suicidal, and studies have shown that they would also offer counseling to people who are not members of their church, as they feel they have a moral obligation to do so (Hirono, 2019). Clergy and veteran counseling pastors reported they felt that pastoral counseling could help prevent someone from committing suicide, as pastoral counseling offers a love that comes from God and this love can help veterans to heal from their pain (Hirono, 2019). Pastors can help at-risk youth as well (Hausmann et al., 2009). A study that included 196 youths who had been arrested showed that the youths had low rates of recidivism following counseling with pastors (Hausmann et al., 2009). In this study youths who received the most counseling had the lowest recidivism rates (Hausmann et al., 2009). Pastors have also been shown to provide adequate counseling for those in the military (Moon, 2016). When pastoral counseling is offered to those in the military their families are also incorporated into the counseling (Moon, 2016). Principles that are found in pastoral counseling have been shown to be beneficial to many issues people face; Alcoholics Anonymous even uses principles such as faith and repentance as ways to aid in one's recovery from alcohol addiction (Kim et al., 2019). The need for pastoral counseling is evident, considering how successful clients are after turning to clergy for counseling.

### **Local Church Pastors and Counseling for Infertility**

Local church pastors can offer support for those who are struggling with infertility. Studies have found that women who are facing infertility cope through emotion-focused coping skills and prefer religious-based coping skills to deal with their stress (Kaya & Oskay, 2019). During this time in a woman's life religious leaders can play an important role, as women who receive counseling from a pastor have shown increases in post-traumatic growth (PTG) which is

defined as “a process of positive psychological change, which results in improvement from pre-traumatic functioning following the struggle with highly challenging life circumstances” (Paul et al., 2010, p. 134). Studies have shown that Hispanic and African American women turn to clergy counseling and prayer more often than white women do during times of infertility, and African American women report lower levels of distress during times of infertility than white women (Collins et al., 2018). Considering that women often turn to clergy and prayer as ways to cope when needing support during infertility and infertility treatment, there is a need to find out if clergy counseling among women of faith is a factor that mediates levels of distress for women during infertility (Collins et al., 2018).

### Summary

This literature review shows that infertility is a stressful and common issue globally. When men and women fail to conceive detrimental consequences follow, leading them to turn to alternate ways of becoming parents. As they try and become parents their lives drastically change, causing much stress to them and to their marriages (De et al., 2017). Spiritual and religious counseling has been shown to be a positive source of coping for those who are going through several crises, including infertility (Ghafouri et al., 2016). Those who are religious, such as Christians and Orthodox Jews, are commanded by their God to be fruitful and multiply (Asplund, 2020; *New Living Translation*, 2005, Genesis 1:28).

When a Christian woman is unable to have children, she may become stressed, have marital issues, and feel she is not achieving her purpose. Thus, it is imperative that the Christian woman have a place she can receive adequate support during her time of infertility to maintain emotional health. Although studies have shown that women turn to clergy during times of infertility, there is not any known research describing the subjective experiences that women

have when turning to their pastors during infertility (Collins et al., 2018; Nouman et al., 2019; Oti-Boadi et al., 2017). There was a need to find out how women experience clergy counseling from local pastors during infertility so other women facing infertility will know if pastoral counseling could be a viable option to deal with stress and relationship issues related to this struggle. Therefore, a study was needed to fill in this gap in literature.

## CHAPTER THREE: METHODS

### Overview

The purpose of the present study was to explore the experiences of infertile women who have sought counseling from their local church pastors. The questions that were answered involved a woman's experiences before and after receiving counseling from her local church pastor for infertility related emotional and mental issues. This study used a qualitative transcendental phenomenological approach in which semi-structured interviews were conducted with 5-10 participants. The interviews were transcribed and analyzed, and the codes were used to identify themes so that the phenomenon being explored was discovered and described. The process to conduct the study was approved by the Institutional Review Board (IRB) to ensure it was ethical.

### Design

A qualitative transcendental phenomenological approach was utilized. A phenomenological study explains the shared meanings that people have attributed to a certain phenomenon they have experienced (Creswell & Poth, 2018). Phenomenology is "the study of the lived experiences of persons, the view that these experiences are conscious ones, and the development of descriptions of the essences of these experiences, not explanations or analyses" (Creswell & Poth, 2018, p. 75). Phenomenologists aim to discover the participants' commonalities through an experienced phenomenon (Creswell & Poth, 2018). The purpose of phenomenological research is to study how a person experiences being in relationship with others in daily life (Vagle, 2018). A phenomenon is something that is lived and cannot be reasoned (Vagle, 2018); therefore, this type of design is appropriate to describe the real experiences that infertile women have gone through in receiving clergy counseling. The

phenomenological design allowed the researcher to describe the commonalities that were shared among the participants being studied (Creswell & Poth, 2018).

Phenomenology is closely related to philosophy and has been taken from the work of Edmund Husserl and others such as Merleau-Ponty, Sartre, and Heidegger (Creswell & Poth, 2018). Transcendental phenomenology focuses on the descriptions of the participant's experiences rather than the researcher's or participant's interpretations (Creswell & Poth, 2018). Transcendental phenomenological study allows the researcher to set aside biases through bracketing to ensure a perspective that is fresh to explore the phenomenon (Creswell et al., 2007; Moustakas, 1994). This study explored clergy counseling with a local church pastor as a common phenomenon for women who have coped with infertility.

### **Research Questions**

**Central Research Question:** How does a Christian woman who is coping with infertility describe the impact of clergy counseling from local church pastors on mental health and well-being?

**Guiding Research Question:** What was the impact on a Christian woman's life relationships after receiving counseling from her local church pastor for infertility related issues?

### **Participants and Setting**

In selecting the participants for this study, Questionnaires were used through a type of pre-interview with the potential sample to determine if the possible participants have experienced the phenomenon, would participate in the study in which they would be interviewed and recorded, and in which the data provided (leaving out any identifiers) would be used for my dissertation (Moustakas, 1994). A questionnaire was used during participant recruitment to ensure the women were qualified for my study. The questionnaire was necessary as this study

involved the experiences of women who have received counseling from a pastor for infertility, and thus the questionnaire was needed to be sure they met such the criteria. The participants for the study were recruited based on meeting the criteria that they are women, of the Christian faith, and have received counseling from pastors for infertility (in which it was clear that they tried to conceive for at least 12 months). The women were asked if they would like to participate in a study with the intent to find out what experiences they had during counseling form pastors for infertility. The women were informed that the study consisted of questions in which their personal information would not be shared, and they would not be compensated. The questionnaire asked these questions to determine if the women qualified to be participants: (a) Have you gone through infertility in your life, whether it was due to you or your spouse having the inability to conceive? (b) Did you receive counseling for infertility related issues from a pastor of a Christian church? (If the woman answers yes to both questions, then she can be used for the sample) and (c) Are you willing to participate in a study in which you would be asked to share your experiences with receiving counseling from a pastor for infertility (confidentiality is ensured)?

For a qualitative study the sample should be small to allow for in-depth interviews; for less in-depth interviews the sample size can be larger with 10-15 participants (Vagle, 2018). Other phenomenological studies have used a range of 8-18 participants (Premberg et al., 2011; Kautz, 2017). This study was conducted with 5 participants to allow for more in-depth interviews as well as follow-up questions (Vagle, 2018).

Convenience sampling and snowball sampling were used to find the participants. Snowball sampling is used when a population is hard to reach (Goodman, 2011). Snowball sampling involves the researcher finding subjects for the study who can refer the researcher to

other participants that they think may meet the criteria (Goodman, 2011). Purposive sampling rather than random sampling was utilized, as purposive sampling allows the researcher to better explain the phenomenon (Devers et al., 2000). Interviews were conducted in private places at the discretion of the participants, given that the topic was infertility, and the participants may not have felt comfortable sharing this information in certain settings. The private settings allowed for the information to remain confidential.

### **Procedures**

Prior to conduction an Institutional Review Board (IRB) approved the study. To begin the study, participants were first recruited using snowball sampling and a pre-interview process. Participants were informed that the study was being conducted for a dissertation and that no personal information or identifiers would be used in the study or the dissertation. They were given informed consent forms (see Appendix 1) and signed them prior to the interviews. The interviews were tape-recorded upon receiving permission from the participants. Interviews were conducted in person or over video chat and tape-recorded as a way to collect the data needed (Vagel, 2018). Interviews were semi-structured to allow for a deeper understanding of the information (Moustakas, 1994). Semi-structured interviews were conducted using open-ended questions in which the researcher was also able to ask follow-up questions (Smith, 2015). The interviews were transcribed for preparation of analysis.

### **Data Collection**

Data collection involved removing any prior biases I had prior to conducting the interviews to ensure a fresh perspective. Questionnaires were given to the possible participants, and these were kept as part of data collection. Semi-structured interviews were given as a means to collect data. Interviews were used so that I as the researcher could discover the lived

experiences of women who have received counseling from a pastor for infertility for the purpose of finding a theme among the women to describe the phenomenon.

### **Bracketing**

Researcher biases are relevant to this study, considering that I have gone through infertility myself, and thus I had to ensure that my biases were removed prior to conducting the study, while doing the interviews, and while analyzing the data. Bracketing was executed prior to the interviews in which I set aside my preconceptions by becoming aware of them through self-analysis (Moustakas, 1994). Bracketing is a way in which phenomenological reduction is accomplished (Vagle, 2018), and requires removing any prior experiences and pre-conceptions related to the phenomenon that is being examined (Creswell & Poth, 2018). This process also involves acknowledging if and how one has personally experienced the phenomenon (Creswell & Poth, 2018). Doing so allows the researcher to focus on the participant's experiences (Creswell & Poth, 2018).

The steps I took to bracket involved taking an inventory of my biases toward the phenomenon being studied—infertility. Given that I have personally gone through infertility I have preconceptions of the infertility-related issues that I went through myself. Thus, I realized the biases I had prior to conducting the interviews. Next, I made a list by writing out my personal experience with infertility so I could review the document and ensure that I had not left any preconceptions out. Lastly, I discussed these biases with a peer to ensure I had a fresh perspective on the topic of infertility.

### **Interviews**

Interviews were used to collect data, as interviews are the primary way to collect data in phenomenological studies (Hamm et al., 2019). Semi-structured interviews were used as they



allow the interaction between the interviewer and the participant to be led by the participant (Rafique et al., 2015). Semi-structured interviews were preferred for this study as a way to find and evaluate a deeper understanding of what was being studied (Nielsen et al., 2020). Semi-structured interviews are conducted through using an interview schedule in which a set of interview questions are asked (Smith, 2015).

When using semi-structured interviews, the interviewer will modify the questions as the interview progresses (Smith, 2015). Open-ended questions are used in semi-structured interviews, which allows the participant to talk (Rafique et al., 2015). Due to the sensitive nature of the topic of infertility, which is also a confidential medical issue, the interviews were conducted in a private place that was agreed upon by the researcher and the participant. The interviews were tape-recorded and transcribed verbatim by the researcher (Vagle, 2018). The interview questions consisted of ice-breaker questions, questions that addressed research questions 1 and 2, and concluding questions. Based upon the assumption that the qualified participant has met the definition of infertility in which they have tried to conceive for at least 12 months (Aiyenigba et al., 2019; Casu et al., 2016; Donarelli et al., 2016; Ghafouri et al., 2016; Greil et al., 2020; Karaca et al., 2016; Kaya & Oskay, 2019; Kong et al., 2018; & Lakatos et al., 2017), the questions were as follows:

**Ice breaker questions:**

1. Introduce yourself to me – tell me about your family, job, or anything else you would like to add.
2. Can you describe your faith or religious views?

**Central Research Question: How does a Christian woman who is coping with infertility describe the impact of clergy counseling from local church pastors on mental health and well-being?**

1. Tell me about your experience with infertility.
2. Tell me about the thought process that led you to seek counseling.
3. What made you want to go to your local church pastor for counseling?
4. Describe your mental and emotional health (i.e., depression, stress, anxiety, sadness) while you were dealing with infertility.
5. Describe your pastor's counseling's helpfulness or lack of helpfulness for your emotional, mental, or social well-being.
6. Talk to me about any negative or positive feelings you have had since receiving counseling from your church pastor.
7. How did the pastor verbally or non-verbally respond toward your story of infertility?
8. Describe your emotional and mental health after receiving counseling from your local church pastor.

**Guiding Research Question: What was the impact on a Christian woman's life relationships after receiving counseling from their local church pastor for infertility related issues?**

9. Talk to me about your social (i.e., friends and family) and married relationships while you were dealing with infertility.
10. Tell me about the advice you received from your pastor during counseling regarding your social and married life.

11. Describe your pastor's counseling's helpfulness or lack of helpfulness for your social and married life.

12. Tell me about the ways your social and married life improved or did not improve after receiving counseling from your pastor.

### **Concluding Questions:**

13. Talk to me about the most helpful advice you received from your pastor related to your struggle with infertility.

14. Would you recommend counseling from a local church pastor to a woman who is struggling with infertility? Why or why not?

### **Data Analysis**

Phenomenological data analysis is a process that has been described as challenging for qualitative researchers, as one must decide how the data is to be represented after processing the data—this is a lengthy process (Creswell & Poth, 2018). Phenomenological data analysis is a process that requires the researcher to organize, code, and interpret the data (Creswell & Poth, 2018). The data analysis process in this study involved using the data analysis procedures as described by Creswell and Poth (2018), Smith (2015), and Vagle (2018) and was accomplished in six steps. Another option for data analysis is to use a software, as described by Saldana (2021), called Nvivo.

The steps I implemented were as follows:

1. To begin data analysis the interviews were completed, tape-recorded, and transcribed (Vagle, 2018).

2. The next part of the data analysis was to familiarize myself with the data by reading the entire transcript several times to grasp and understand the details (Creswell & Poth, 2018; Smith, 2015; Vagle, 2018).
3. The following step was to take notes in the margins of the transcripts and to highlight quotes from the transcripts (Creswell & Poth, 2018).
4. Next was describing and classifying the data, which was done through labeling codes that emerged (Creswell & Poth, 2018). Coding is the process of creating labels through identifying data that are relevant to the research questions and is the first process of finding themes (Smith, 2015; Vagle, 2018). The codes were used to develop themes and represent information that was either expected, surprising, or evidence of interesting concepts (Creswell & Poth, 2018). The codes that represent themes were organized on a diagram.
5. The data was then interpreted by looking for patterns and themes that were relevant to the phenomenon being explored (Creswell & Poth, 2018). Interpretation of the themes and patterns required getting feedback from a person outside of the study (Creswell & Poth, 2018).

### **Trustworthiness**

### **Validity**

Prior to data analysis bracketing was used to ensure research bias would be removed and to allow the information presented to be viewed as brand new to the researcher (Moustakas, 1994). To ensure validity I used member checking (Creswell & Poth, 2018). Member checking is achieved through seeking clarification from the participants (Creswell & Poth, 2018). This was accomplished by allowing them to review the transcripts of their interviews, as well as asking

them to clarify anything said during the interview that was confusing or questionable (Creswell et al., 2018). I also kept a detailed paper trail of the raw data (Smith, 2015). This involved keeping records of the interviews and the verbatim transcriptions of them, keeping records of field notes as well as any highlights, and questions that were noted during the data collection. Keeping a paper trail allows for transparency, as it will not be withheld as private but made available to be seen by others such as fellow researchers (Smith, 2015). Another way to ensure validity was audio-recording the interviews. According to Creswell and Poth (2018) the use of “good quality recording devices,” (p.264 ) detailed notes, and transcribing any note that has been recorded, all add to reliability. Along with tape-recording and transcribing the data, a person outside of the study who was knowledgeable about qualitative research reviewed the analyzed data (Creswell & Poth, 2018).

### **Transferability**

Rich and thick descriptions were made through the data collection to allow the findings to be transferred (Creswell & Poth, 2018). During the data analysis process, I used detailed descriptions that included quotes from the participants and added descriptive action verbs to add to the analysis (Creswell & Poth, 2018). By doing so, I made the information that was gleaned from the research more helpful to inform other contexts.

### **Ethical Considerations**

Before conducting the study, it was essential to get approval from the IRB (Creswell & Poth, 2018). Doing so ensured that any ethical issues that had arisen prior to the study were addressed. Such ethical considerations include “respect for persons, concern for welfare, and justice” (Creswell & Poth, 2018, p. 55). To show respect for persons I ensured that the participants' privacy was respected and that their consent to engage in the study or to leave the

study was effectively communicated (Creswell & Poth, 2018). A concern for welfare was accomplished through ensuring that participants were not in any position of risk (Creswell & Poth, 2018). During the study the fair treatment of the people involved was achieved through ensuring their participation was voluntary, being sensitive to any cultural or religious views, and obtaining the needed consent (Creswell & Poth, 2018). Any identifying information was removed from the files for the study to protect the participants' privacy (Creswell & Poth, 2018). When reporting the data, I gave an honest report, did not plagiarize, and used appropriate language for the audience that would be reading about my study (Creswell & Poth, 2018).

### **Summary**

The present study was a transcendental phenomenological study. This study involved the researcher setting aside biases through bracketing and conducting semi-structured interviews to explore lived experiences and describe a phenomenon. The goal of the study was to learn about the lived experiences of women who have gone through infertility and received counseling from a local church pastor. Prior to conducting the study, the researcher utilized snowball sampling and conducted pre-interviews to purposefully find the sample of participants. After the women had agreed to be a part of this study and had been given and signed informed consent forms, they were interviewed individually. The questions asked in the interviews were used to discover the phenomenon explored in this study.

After the interviews were completed, the researcher analyzed the data through reading the transcripts of the audio recordings, taking notes, creating preliminary titles, looking for themes and patterns, and writing down questions for follow-up interviews. Once the follow-up interviews were complete the data were analyzed again to search for themes and patterns that could be used to conclude the study. Any findings from this study can be used for further

research as well as the possibility of adding to the field of clergy counseling for infertility-related issues.

## CHAPTER FOUR: FINDINGS

### Overview

In Chapter Four the findings from this study are presented. I present the data collection process and analysis as well as the results. The data collection process involved interviews with five participants who met criteria for the study. Once data were collected, I analyzed the data to find themes that answered the research questions.

### Data Analysis

Data were collected through semi-structured interviews. This was necessary for quality and depth, as semi-structured interviews allowed for follow-up questions to be asked during the interviews (Smith, 2015). Before the interviews I was able to recruit 5 participants. I interviewed these 5 women that met the criteria to participate in my study. The interviews were conducted in person, over the phone, or via video chat. The interviews lasted from 45 minutes to one hour and were audio-recorded using a recording device. My plan for this study was to interview 5-10 participants. Once saturation was reached in the interviews, I chose to move on to data analysis. According to Saldana (2021) when themes are being repeated and new information is not being found, saturation is met. With the 5 participants I interviewed the information being found was repeating itself, and thus I decided to move on to data analysis.

Data analysis was accomplished through a 6-step process as described by Creswell and Poth (2018), Smith (2015), and Vagle (2018). I also used a data analysis program described by Saldana (2021) called Nvivo. The data analyzing process began with me reading each transcript, and I familiarized myself with the content by highlighting key phrases, terms, and even sentences. Once the notes and transcripts were read over more than once the coding process was started. To organize the codes, the program Nvivo was used to manually code from each



transcript. Once coding each transcript was finished the codes were copied from Nvivo to a Word document. The codes were categorized by putting codes together that could be under a single category. A table chart for each research question was created. Each table showed quotes from each participant that led to keywords and phrases (codes) which were then categorized into themes.

### **Validation**

Validity in this study was ensured through audio recording the interviews, using Descript to transcribe the interviews, member checking, keeping a paper trail, and having a peer review my data analysis process (Creswell & Poth, 2018; Smith, 2015). According to Saldana (2021) using a software program to transcribe versus doing so manually removes the possibility for an incomplete or partial transcription. When I did each interview I audio recorded them with the knowledge of the participant, in which the participant agreed to the audio recording in a signed consent form. Once the interview was audio recorded, I used a program called Descript to transcribe them. Transcribing the interviews ensured that the interview could be thoroughly scanned for review (Creswell, 2013). I kept records of each interview, notes, codes, and questions to use for my data analysis. As I read through the transcripts on Nvivo I took notes in the margins. I also transferred these notes to a separate Word document. Taking these notes enabled me to document my process of analysis. This allowed my document to be shared by another researcher who may have wished to see the process, which ensured that the process I used was complete “carefully and professionally” (Smith, 2015, p. 223). According to Creswell and Poth (2018) member checking is a technique that can be used to ensure validity in which the researcher has the participants read their interview transcripts. Member checking was utilized by sending each participant a copy of their transcript, asking them to read the transcript, and having

each one let me know if the transcript was true to what they said. Each participant read their transcript and let me know that their transcript was correct and accurate. Finally, I had a peer review of my data analysis process (Creswell & Poth, 2018). The person who reviewed my data analysis is a licensed marriage and family therapist. He currently works as a mental health therapist and has worked in the field of mental health counseling for the last 10 years. He is familiar with data analysis, particularly within the field of counseling as he did similar work as mine on his master's thesis while earning his master's in family therapy. I emailed him my coding charts and we met in person to discuss my data analysis process. This peer told me that he felt my analysis process seemed thorough and felt that I had done a good job in ensuring honest findings from what he observed.

### Participants

**Table 1**

*Participants*

<b>Participant</b>	<b>Approximate age</b>	<b>Gender</b>	<b>Marriage Status</b>	<b>Type of Infertility</b>	<b>Years Trying to Conceive</b>	<b>Religion</b>
<b>Participant One</b>	40	Female	Married	Primary	8	Christian
<b>Participant Two</b>	41	Female	Married	Primary	6	Christian
<b>Participant Three</b>	Late 30s	Female	Married	Primary	1	Christian
<b>Participant Four</b>	Early 30s	Female	Married	Primary/ Secondary	1,2	Christian
<b>Participant Five</b>	48	Female	Married	Primary	7	Christian

Participant One was a married woman in her early 40s. She described herself as an evangelical Christian and a regular church attender. She is a mother of three kids that she had adopted after going through approximately eight years of infertility. During her time of infertility, she sought support through prayer and counsel from her local church pastor to help her with her feelings of depression, confusion, and frustration she had been experiencing because of her and her husband's infertility.

Participant Two was a married woman who was 41 years old at the time of the interview. She stated that she was a Christian. She and her husband have two kids together that they conceived through using invitro fertilization after trying to conceive for six years. She sought prayer and counsel from their local church pastor after her husband had suggested it due to not being able to conceive, which caused anxiety and frustration as well as marital concerns.

Participant Three was a married woman in her late 30s. She described herself as Christian. She and her husband have four children together that they conceived through invitro fertilization after one year of infertility. She sought counsel from her local church pastor during infertility due to feeling sad, disappointed, and frustrated.

Participant Four was a married woman in her early 30s. She stated she was a Christian. She and her husband have three children together. She went through primary and secondary infertility. She went through one year of infertility with her first pregnancy and over two years of infertility with her third pregnancy. She sought counsel and prayer from a local church pastor for her infertility after struggling with depression and anxiety.

Participant Five was a married woman in her late 40s. She described herself as a non-denominational Christian. She and her husband had one child together after going through seven

years of infertility. She sought counsel from her local church pastor due to her infertility which caused isolation, marital issues, anger, depression, and confusion.

### **Findings**

The first research question was looking to examine the experiences that Christian women had concerning their mental health and wellness after receiving counsel from their local church pastor. The three themes that were found were: (a) encouragement by their pastor, (b) the support offered by their pastor concerning their desires for motherhood, and (c) a renewal of hope.

#### **Theme One: Encouragement by their Pastor**

During the one-on-one interview that I had with each of the participants, each expressed their discouragement they felt while going through infertility. Many of the participants explained they felt frustrated due to not getting pregnant. Each participant spent at least a year trying to get pregnant. Each one expressed their desire to have children and how month after month of trying they would experience disappointment, discouragement, and frustration. Every participant spent not only time trying to get pregnant but lots of money, whether it was on ovulation kits, pregnancy tests, fertility treatments, or doctor visits. This loss of time and money led to each woman feeling discouraged. Participants One, Two, Three, Four and Five all stated that their pastors in one way or another left them feeling encouraged after they received counsel for their infertility-related issues.

Participant One and her husband went to see their pastors for counseling due to Participant One feeling stress and worry, as well as having “ups and downs” due to not getting pregnant. Participant One discussed during her interview how hard it was to go through infertility and not know why she was not getting pregnant. Before adopting her first child, she experienced discouragement in not getting pregnant. She described it as a confusing time for her

in which she could not understand why others could get pregnant, but she could not. During her interview, she explained how after meeting with her pastors for counseling she left feeling encouraged, as she stated, “They would encourage us and, and talk to us about it. And we would, you know, just, just share, we'd feel really good.” When Participant One sought counsel and prayer from her pastors while deciding to use IVF to do an embryo adoption she explained how she had been stressed and worried but left again feeling encouraged, stating, “They still encouraged us to be like, well, you saw God working in it in the first time with your son. And now you're seeing God work this time.”

Participant Two described her time with infertility as being frustrating, yet after meeting with her pastor and his wife for counsel she felt encouraged. She discussed how she and her husband had tried for many years to get pregnant, and during this time they spent thousands of dollars as well as much time doing fertility treatments. Prior to conceiving her pastor and his wife offered her encouragement. Participant Two described how discouraged she had felt prior to meeting with her pastor and his wife for counseling and how she left counseling feeling encouraged; she recalled her pastor telling her and her husband as a form of encouragement, “You guys are going to be starting a family.” She shared how helpful her pastor and his wife were to her and her husband during such a hard time for them. The encouragement that she received from her pastor helped her to remain positive while going through infertility as well as fertility treatments.

Participant Three, like Participant One and Participant Two, felt that her time with her pastor and his wife was very helpful and encouraging. She not only got help with her feelings of discouragement in her mind but also felt encouraged in the midst of what she was going through physically while trying to conceive and using fertility treatments. Participant Three described

that during her counseling with her pastor and his wife, she felt comfortable expressing the medical aspect of what she was going through while trying to conceive (TTC) because her pastor's wife was a doctor. She explained how challenging it was for her to be able to share with others around her what she was going through not only emotionally but medically. However, she was able to open up with her pastor and his wife not only about the emotional aspects of dealing with infertility but also the physical aspects of going through infertility as well as fertility treatments. Participant Three shared in her interview,

My pastor's wife is a doctor. So, she has, um, I think in that way we're like, similar, is that we wanna figure out like the, you know, medical side and she is, she is a great doctor in that she like, never says that she knows everything. She just is like, oh, like I don't know much about that. Let me like to do some research. And she would research stuff and then come back and like know what I was talking about when I was telling her, you know, what the next step was or whatever. So, um, so in that sense, like, I think her like curiosity and like her willingness. Take the time to inform herself about the process was also a comforting feature for like a comforting characteristic for me is like she is, you know, if there was anything like red flag that she, you know, had, she would've told me.

Participant Three explained how comforting it was that her pastor and his wife were able to give her encouragement on the medical aspect of infertility and her desire to become a mother. Not only did Participant Three's pastor and his wife offer encouragement through the medical aspect of her infertility and doing fertility treatments, but they also spiritually offered

encouragement. Participant Three stated when asked about the helpfulness or lack of helpfulness she received from her pastor and his wife during counseling,

They also always, I think, encouraged like no matter what, that they knew that God had a plan for us. It's like whatever the outcome. And so, um, I, I always like that more than them saying like, oh, I know God will give you a baby.

Participant Four described how devastating it was to go through primary and secondary infertility. In her interview, she discussed why she decided to meet with a pastor and his wife for prayer and counsel. She explains how she felt discouraged until this meeting, in which they encouraged her through praying for and with her. She stated, "But then, um, they were praying and, you know, praying against discouragement. And he prayed for like the fruit of the womb." She stated even just a simple prayer left her feeling encouraged rather than discouraged and that this improved her overall mental health.

As Participant Five described going through infertility she discussed how she would have "highs and lows." This led her to feeling "wildly depressed." Each month of trying to conceive and not getting pregnant would lead her feeling discouraged. However, meeting with her pastor and his wife for counsel left her feeling encouraged. She stated that they encouraged her through listening to her and validating her pain, unlike the medical community that just told her she was bi-polar. She stated,

I would, I mean, and like I said, my, my first, the, the first foray was through the medical community, and I wasn't getting anywhere with her except being labeled. It wasn't until I went to the clerical team, you know, the clergy team at, at, uh, at church that I was, I felt heard they were, listen, they weren't listening and analyzing. I was hurt, I was validated, my pain was validated. It was okay to be hurting where everyone else is like, here's a pill

you can't hurt anymore. That's how I felt. I was like, oh, you shouldn't be hurting. Here's a pill. But Bill and his wife and Tina, they were like, no, you've lost it's okay to, you have to grieve and then be how to grieve because I don't think our society does that very well.

### **Theme Two: Support Offered by their Pastor in their Desires to Become Mothers**

Support or feeling supported was a theme that was shared among the women after they received counseling and prayer from their pastors. During the interviews that I had with the participants, they expressed to me how difficult it was to go through infertility and how this negatively affected their mental and emotional health and well-being. Four out of five of them either considered fertility treatments such as invitro fertilization (IVF) or did fertility treatments. Doing so led them to feel a sense of uncertainty, worry, and stress. Many of the women expressed they did not always know who they could share their experiences with and that it was refreshing to receive support and prayers for their decisions during this time from their pastors.

Participant One shared that after she and her husband had tried for years to conceive, they decided to begin doing fertility testing. When they discovered that Participant One's husband had male infertility, they decided to seek out options to adopt children. They used IVF to adopt their second child as an embryo. During this hard time in their life, prior to adopting their first child, they sought prayer and counsel from their pastor and his wife. In my interview with Participant One she discussed seeking out counsel from their pastor and his wife after finding out they were unable to conceive, and she stated, "They were praying with us, you know, just that we would figure it out. And what our next step would be." Participant One also shared in her interview how there was a time when she had heard a sermon from a pastor who was not her church pastor in which he made negative comments about adoption which was hard for her to hear, especially when she and her husband at the time were looking into adoption. This led her to be careful



about who she shared her story of infertility with. However, when she sought counsel and prayer from her local church pastor and his wife, she felt supported afterward in her decision-making process. In her interview she stated,

I would say that, um, they more supported our decisions. As opposed to getting on us about it, you know, chastising us. Just knowing that we had that support of them as our pastors and of not judging us, no matter which road we went down. If we wanted to go down fertility treatments, if we wanted to go adoption, if we wanted to do neither and just, you know, or remain childless.

Participant Two expressed the anguish she felt during her time of infertility. She and her husband tried for many years to get pregnant and during this time they sought out counsel and prayer from their pastor and his wife. When she and her husband approached their pastor one night to seek out prayer, that would eventually lead to seeking them on a more regular basis for counsel and prayer, they felt supported. Participant Two expressed in her interview that her pastor left her with support in her decisions as she had a strong desire to become a mother. Rather than telling Participant Two that as she described, maybe it was not God's will for her to be a mother, but he had faith that she would become a mom. Participant Two stated, "They never were like, they never made us feel like it wasn't God's will for us to have kids."

Participant Three described the helpfulness of her pastor and his wife whom she met with for counsel as being very supportive. She stated that they were supportive of her and her husband's decision to do IVF and that they were never judgmental but the exact opposite. Her pastors would even send her cards to let her know that they were praying for her, which left her with feelings of support along with encouragement. She stated this was very helpful in a time that was very emotionally hard. When asked during the interview about the counsel she received

from her pastor and his wife regarding her emotional health during her infertility she replied, “They were like always praying for us. Um, his wife and he are super supportive.” This supportiveness and the constant prayer along with the cards Participant Three received from her pastor and his wife led to her having more positive and less negative feelings while she went through infertility and once, she decided to move forward with doing IVF.

In my interview with Participant Five, she described how hard it was to go through infertility. She and her husband had several miscarriages over the course of 7 years until they finally conceived their only child. In this time Participant Five sought counsel from her pastor and his wife to aid her in coping with anger that she felt while going through infertility. Participant Five described how every time she met with her pastor and his wife, she left feeling the support she needed, which they gave her through their advice and prayers. She described her time with her pastor and his wife and stated how they would know when something was wrong with her. She stated,

I'm having them ask me, what's wrong with you? Or are you okay? It was, it took way too much energy to fake it, and I was not happy, and I was not okay. Um, Pastor Bill saw it. Pastor Bill would call me out on it. Pastor Bill would pray with me about it.

Participant Five emphasized in her interview how encouraged and supported her pastor made her feel after challenging her to dig into the Word and to seek God and His will in her and her husband becoming parents. Rather than feeling confused, her pastor left her feeling the support she needed to not pretend like everything was okay but to be able to open up, share with others about her struggles, receive prayer and advice, and seek God.

### **Theme Three: A Renewal of Hope**

Each participant in their interview expressed how prior to meeting with their pastor for counsel they experienced negative mental and emotional feelings and issues such as anger, confusion, depression, anxiety, and questioning God. Each expressed feeling from each participant caused a loss of hope in whether they would become mothers and sometimes left them wondering if God wanted them to have children. However, each participant shared that their experience after receiving counsel from the local church pastor left them with a restored hope.

My interview with Participant One revealed that she experienced "lots of stress" during her time of infertility. She described how hard it was not only for herself but also for her husband. She explained that after finding out her husband was infertile, he felt a tremendous amount of guilt. Before this, she had already been questioning if something was wrong with her and wondering why they had been trying for so long to conceive and were not able to. Finding out that it was her husband who had a male infertility factor, they were unsure how they would have children and even questioned if it was God's plan for them to have children. Participant One stated, "Why is it easier for some people, but not for us? Is there, you know, are we missing something? And my husband a few times, maybe we're not supposed to have kids, you know?" After meeting with her pastor and his wife for counsel she was left with a restored hope in God, in God's plan, and in her and her husband becoming parents. Participant One told me during the interview that something her pastor told her that helped was,

God might, God might give you the car and put you in the car, but unless you put it in drive, you're not going, not doing anything. Now we have to keep moving forward. You know, we have to put the car and drive. We have to basically just

make the decision to be proactive. You know, now that is the path God has. Is not, is not one of just easy getting easily pregnant. You know, so we have to know that this is what it's gonna be.

According to Participant Two, she experienced anxiety, stress, and confusion during her time of infertility. There was a question in her mind as to why she was not able to become pregnant. When Participant Two was describing her mental health during her time of infertility prior to meeting with her pastor for counsel she stated,

I would get frustrated, like, I'll just say a family member kept getting pregnant and she just like, um, that was frustrating cuz she wasn't in a good situation, and it was like, why does she keep getting pregnant? I felt confused. Like, um, why is it like, I mean, we're genetically probably have almost the same, like a lot of the same genes.

When asked during her interview about her mental health and well-being after she received counsel from her pastor and his wife, she described herself having positive feelings as opposed to being hopeless or feeling negative. She stated,

Positive feelings because they had hope. Um, and you know, I know they had seen prayer answered, and I think both of them have, um, like, you know, they have the Holy Spirit that kind of talks to 'em. And I think, I think when you, I mean, I know when you are in tune with the Holy Spirit and those kinds of things, you have intuition. And so, I think that's what gave me like, hope, so they're godly people. They have in the intuition. You know, if for whatever, I don't know why God wouldn't want you to have kids, but if there was a reason, I think they wouldn't be so, like this is gonna happen. They would be so positive about it.

When I asked Participant Two how the pastor and his wife responded to her story of infertility, she stated,

I think they just were responding that they felt like God was going to answer our prayer. That they were, that we were like, they gave us a hope that, you know, I, they never would, they never were like some pastors who would say, well, maybe it's not God's plan for you to have a baby. Like they never would say anything like that. Okay. It was always. Um, you know, God's like, they felt like either God was gonna give us a miracle or open doors for us, or, um, they always were positive about it. Okay. They never were like, they never made us feel like it wasn't God's will for us to have kids like that wasn't, you know.

While Participant Three went through infertility she was losing hope that she and her husband would conceive. During the interview when describing her mental health and well-being while going through infertility she discussed how each month was very hard when she would find out she was not pregnant. Participant Three stated,

So I would be sad and like, um, almost, I guess frustrated because, um, you know, like I said, I, I felt like I knew my body pretty well and like trying to figure out, you know, how to make it work, how it's supposed to work, and, um, Yeah, it was sad and disappointment, definitely, like every month's just feeling disappointed and frustrated.

Participant Three expressed her confusion not only about her body's inability to conceive but also about what God had planned for her and her husband. She stated, "While we were in the midst of all that. So that is always something, you know, that we, in those moments, you question like God's plan." During the interview when asked about her mental and emotional

health after receiving counsel she described how her pastor, and his wife helped her and her husband to know that God had a plan for them regardless of what that might look like.

Participant Three stated, “You know, encouraging our faith, encouraging us to trust God's plan in whatever that looked like. But they also always, I think, encouraged like no matter what, that they knew that God had a plan for us.”

Participants Four discussed the vulnerability of her emotional and mental health during the process of trying to conceive in my interview with her. She and her husband had gone through primary and secondary infertility. She described each time as depressing, heightening her anxiety and causing heartache. When discussing her story of infertility she stated,

And so, it took a long time and after constantly checking to be pregnant, spending so much money on pregnancy tests, and it'd always be negative, it was very, very depressing. And, um, going through that was, was definitely, um, heartache for all of us. So, um, I struggled with mental health pretty much my whole life, and then, um, of course going through the infertility didn't help. It, um, definitely heightened my anxiety.

Participant Four, like the other participants, questioned why she was not getting pregnant. As a woman she questioned her body. During the interview Participant Four discussed thoughts that she would have while going through infertility; she stated her thoughts were:

How come I'm not getting pregnant? And trying to ovulate and be like, why am I not getting pregnant? It, it, it makes you like, it made us like question everything. It was like, is something going on with my body? Is it something going on with his body? Is it, you know, um, do we need to get further testing? Are we just not supposed to have any more? Like our, our minds went everywhere. We were like,

how, like, how is this? It just doesn't make sense. We're like, my body's healthy, his body's healthy. We had all these testing and just made us question everything.

When I asked Participant Four about how her mental and emotional health was after meeting with the local church pastor, she explained the hope that he gave her not only about getting pregnant but in restoring her faith in God. She even said that meeting with this pastor “changed my life.” She said in the interview that her anxiety went down and she had peace. Participant Four stated when asked about her experience after meeting with the local church pastor for counsel,

He restored, like God used Pastor Gary to restore my faith, you know, to trust him and to, to like to know that, you know, God can do anything. I feel like it's changed my life that. Because like to be direct and confident and to trust his word. And he just walked in and was like, yep, you're gonna be pregnant.

Participant Five described the pain she experienced throughout infertility during the interview I conducted. She was emotional at times when she discussed the many miscarriages she had as well as the fears she had when she finally did conceive with her daughter in worrying she would miscarry again. After going through years of infertility and feeling let down by professional secular counselors she sought counsel from her local church pastor after some women from her church suggested it due to the worry, they felt for her. She stated,

I think, I think it all started with that, um, that, that anger. I, I, I think that's probably what scared Tina and Sharon the most is there was, anger and I was in such a dark spot that they were afraid I might do something to myself.

While Participant Five went through infertility she had a hard time with each miscarriage. She explained how one of the miscarriages was when she was alone traveling for work. She stated,

Oh, I was on an airplane traveling for work when it happened, and I was devastated because we had just sat down and made plans for how we were gonna announce it to the family. Um, that one set me into a wild, wild depression.

In our interview, I asked her about her emotional and mental health as she went through infertility. She described how there would be times when she had hope, but then this hope would quickly fade, especially after miscarriages—“it was a constant, yo-yo, I would be hopeful and then I would be down in the ditches.” Participant Five explained in her interview how devastating it was to go through infertility; she stated, “I would just sit on the couch, curl up in a ball, and either turn on the TV or pick up a magazine. Half the time I was crying myself to sleep at night.” Like many of the other participants, Participant Five questioned why she was not conceiving and staying pregnant and even questioned God. During the interview she described how she kept miscarrying on holidays; she emotionally described:

It was like, it was like we were getting to where there wasn't a holiday we could celebrate without being reminded of the fact that maybe, and this is what, what we ultimately came to the conclusion of. Maybe our heart's desire isn't aligned with what God's desire is for us, the constant questioning of is that God's will.

Things changed for the better for her emotionally and mentally after meeting with her local church pastor and his wife for counsel. She explained in the interview how her pastor and his wife helped her to look to God for hope and help with her negative emotions. She stated,

God just spoke., God bless him for just getting out of the way and letting God do it that way. Yeah, because he, I mean, they were powerful conversations.

but it was always talking truth and life into me. And uh, I think that's what God calls us all to do to one another all the time. And they were just very skillful at it.



Cause they got me outta that. Um, God got me outta that funk, using them as his, as his agent.

Participant Five went on to explain how refreshing it was to get counsel from her pastor and his wife for infertility-related issues, especially after she had sought counsel from secular professional counselors. Participant Five described the helpfulness from her local church pastor as pointing her towards God and what His Word says. She stated in the interview,

I think getting away from the medical community and, and focusing on what the Bible tells us and, and finding my worth back in what God tells me I am, um, that will bolster me, because I wasn't listening to, You're not enough and you're, you're not. I wasn't labeled anymore. I think that was the biggest heartache for me is that I, all the medical community wanted to do was label me and give me a pill, he [Pastor Bill] just followed the Bible. He just followed God's lead and what he gave me each visit was exactly what I needed in that moment.

Participant Five described how not being labeled as bipolar due to her emotional ups and downs during infertility changed her outlook. She went from being without hope, having confusion, and questioning God to having peace and hope and feeling worth from God.

### **Guiding Research Question**

The guiding research question aimed to investigate how local church pastors' counsel for women suffering from infertility-related issues affected their social lives. From this research question, I found that four of the five participants experienced feelings of envy which resulted in the theme of being envious of pregnant women.

#### **Theme Four: Envious of Pregnant Women**

Each participant during the interview went through pain and hardship emotionally and often physically due to infertility. Four of the five participants experienced not only negative emotional and mental issues during infertility but also social life relationship difficulties. Each of the four out of five participants described being envious of others who were getting pregnant when they were unable to. This envy led to their social lives being hindered. The enviousness also led to either isolation, loneliness, or marital distress. These were some of the reasons that these women sought counsel from their local church pastors. Although many of their social life relationships remained unchanged after counseling, they each left their counseling feeling more positive than they had prior to counseling.

During my interview with Participant One, she described feelings of envy she experienced whenever she would find out about others getting pregnant or even being around those who were pregnant. Participant One recalled during the interview how hard it was for her emotionally every time she would hear that someone else around her had gotten pregnant. During her interview she shared,

And our church had a lot of young families, and everybody got pregnant really quick and easy. And I do remember one Sunday. Um, I just heard about like the fourth girl getting pregnant, you know, and one of my best friends was in charge of the nursery and they knew where the hidden bathroom was and I had to run for it one, one Sunday, and I was just crying hysterically. You know, I was just like, I don't understand how people are just getting pregnant so quick and so easy, you know, and, and we're not, it's just, I know why we're not, but it's still just super hard. Like, like you feel alone.

When Participant Two went through infertility she would at times feel discouraged in her social life relationships due to feelings of envy when others would get pregnant. She discussed how hard it was for her when a family member kept getting pregnant as well as when she would hear of people in her social groups getting pregnant. When discussing how her social life was affected during infertility she stated,

Um, I do know that I did get like really kind of frustrated and upset with one of my friends. She knew I was trying for a baby, and she was like, I don't know, 10 weeks along, she's like, Guess what? I'm pregnant. You know? And I kind of was like, could you wait until you're a little bit further along? So that was kind of hard. And this was her third baby too.

The third participant described how she and her husband volunteered at their church's youth group during their time of infertility. It was at this time that one of the teenagers became pregnant and this caused Participant Three to have feelings of confusion and envy. She shared,

I would say the only thing is that cuz we did work with youth and during that time, uh, I can think of at least one that got pregnant. While we were in the midst of all that. So that is always something, you know, that we, in those moments, you question like God's plan. Because it doesn't match our wisdom or our, um, yeah.

Thinking what, what's the best, our plan for the best.

When Participant Five went through infertility she experienced isolation due to not being able to get pregnant and watching everyone else around her get pregnant. This caused her to experience jealousy that led to her feeling lonely, as well as having issues in her marriage. When discussing her time of infertility she stated, "It was, it was a lonely, lonely state." While going

through infertility Participant Five described how hard it was to witness other people getting pregnant; she stated,

Cause I didn't wanna be around people. Everyone was so happy, and everyone's lives are so perfect and so normal. And here I am, I'm miserable and I don't wanna be around people. . . I wasn't allowing myself to open up to anyone, um, except for in the four walls of Pastor Bill's office.

She described how hard it was to even volunteer at anti-abortion events due to seeing others getting pregnant and not wanting their babies. She stated, “And there are all these women that are walking willingly in to go have abortions. I felt, I felt like why them? Why, why can they and, and how can they get pregnant so easily? And I can’t.”

**Subtheme: Manifestations of Envy**

When I asked Participant One about her social life during infertility she described how “awful,” things were for her. She stated that she would even skip baby showers to avoid the pain she felt from being unable to get pregnant while others could. Participant One explained how she would isolate from people her age because they were getting pregnant, or they had young children. She shared.

We definitely backed away from people who were getting pregnant, you know, um, people who we knew that we met before they had kids, super great friends. And then as the kids started coming along, just kind of finding new people to hang out with. Um, maybe older people whose kids had already left, you know, empty nesters.

Not only did Participant One isolate and change her social life, but she even felt loneliness among her own family. She had a hard time being around her family due to comments they

would make when they were unaware that she and her husband were going through infertility.

She explained:

We didn't talk about it a lot with family until we had more of a plan. Because there's a whole, well, why aren't you having a baby yet? Well, why aren't you doing this? You know, and we just didn't wanna, we didn't wanna get into it with them necessarily. I remember my sister saying something once we were talking about, um, you know, the Duggar family and she had had like, I don't know, number 17 or something. And, um, and I, and I had made the comment of, well, if they can afford it and they wanna do it, it's really none of our business. And my older sister was all she's in her forties, her body can't handle it. And those comments just hurt.

When I interviewed Participant One about her social life following her counseling from her pastor and his wife, she stated that even though her social life had not changed, she felt understood by them and that assisted her greatly with her emotional wellbeing. She stated that she could share with her pastor and his wife what she was going through emotionally in her social life due to others getting pregnant and they listened to her and understood that she was isolating to protect herself.

In my interview with Participant Two she described that another part of her social world that was difficult during her infertility was her married life. While struggling with a friend and a family member of hers who kept getting pregnant, arguments would sometimes come up between her and her husband, as every new pregnancy was a reminder that they were unable to conceive. This would bring up her and her husband questioning when they would ever get to have children. Something that she and her husband had differed on which caused a bit of stress,

according to Participant Two, was that her husband wanted biological children, whereas she was fine with possibly adopting children. Another issue that arose during her time of infertility in her marriage was that her husband was not working at the time. Participant Two stated it was important that her husband worked because she wanted to stay home once they did have children. When she spoke to her pastor and his wife about this issue, she felt that they were very helpful. She stated, “And then, um, I do know that the pastor talked to my husband, like without me, like to tell like, Okay, you need to get a job or whatever, So, um, anyway. And he did, he started working.”

In my interview with Participant Three, she discussed how hard it was at this time to not have others around her who knew what she and her husband were going through. This hindered her social life because she did not have people who could sympathize. She stated,

Uh, did we have, we didn't have a lot of people who had gone through it. . . . like my husband and I are one of the first, um, people in our friend group to get married. So not a lot of our friends were having babies at this point. So, in that sense, um, it, that there was an added pain because of that. Like, it's not like everyone's pregnant and you're not. So, in that way, you know, people could not sympathize with us, but you know, it wasn't like, um, there was a lot of um, added burden from that.

When others were unable to relate with her in her social groups and when Participant Three experienced envy towards a teenager getting pregnant, she felt added stress and frustration. She and her husband experienced the confusion together and although he was supportive towards her there was some strain in their marriage. During the interview when Participant Three was asked questions about her social life relationships during her infertility, including in her marriage, she

discussed the one issue that came up between her and her husband was that he was adamant about having biological children. She stated that he had a need to have biological children and was against adoption, while she was fine with adopting children. She shared,

Um, one difference is that I was, um, always more open to adopting than my husband was. Um, he definitely wanted us to pursue biological children before, um, considering adoption, uh, and I was okay with that. I just think that, um, also for me it was a, a fallback plan, right? Like, if this doesn't work, I still want children. So, can we consider adoption like just in the grand picture? So, we never had to do that, obviously, because we were blessed to have biological children. But I do think that that was also a question that kind of came up or a difference of approach that came up. Um, so I do remember thinking like if this doesn't work, I still want kids. And yeah, is adoption an option? So, I would say those are like the two areas where there was like strain.

After receiving counsel from her pastor and his wife Participant Three shared what helped her was that her pastor encouraged her to share with others what she and her husband went through. She discussed how she shared her testimony and that this allowed her to offer support to others who were going through infertility, which was something she lacked during her own infertility. She stated,

I don't remember if it was with our first son, but I know that with our second son, we shared our testimony, um, and I think that, um, allowing us to do that, like, um, helped feel like there's a purpose. There's even like a small purpose, I get to share this one thing that God's doing. So, like at least people know that He's at work in this way, right? And, and even though it's like, for like, it's a trial, but you

already see like a small thing of like, I get to share and that, that God's at work.

So, I think by allowing us to do that, um, it, that's a helpful thing because it's like, okay, I can already see at least one thing that's coming out of my hard time.

Participant Five shared during her interview the struggles she had in her marriage due to her feelings of envy, which caused her to isolate. This led to her feeling depressed, angry, and anxious. She describes that she was starting fights with her husband, she was not open with him, and they both questioned why they were unable to conceive, all of which caused marital issues. After going through years of trying to conceive as well as several miscarriages she and her husband's marriage struggled. She discussed how they would question why they were not getting pregnant; her husband was concerned that he would not have his biological children and would not be able to pass on his family name. Participant Five described,

It was just hard for us to connect. Um, you know, I had a lot of concerns about, is Barry really gonna be okay with this now? Because I think the third of the fourth one [miscarriage] hit him really hard. Um, and I had a lot of angst about that. It was, it was a, a heavy burden that I was putting on myself, but it turned out he didn't care. But then I would get back into my rut of just diving into work again. Crunching and grinding and um, and then not having the support at home, cuz it was just, it was me and the, the animals. Barry wasn't home. Our phone conversations would become more and more shallow.

Participant Five went on in the interview to describe how affected her marriage was due to her infertility. She described,

Where, where do I rank on that list? I mean, and it was like I was constantly picking fights with him over. I mean, he was obviously walking on eggshells



around me, and I was just not having it. Yeah. He couldn't heal my heart. He couldn't pray me out of it. Um, and I didn't know any of that. And all at the same time, he's hurting too. But I was so blinded by my own hurt that I'm the one going through it, not you. Right. Um, what do you care? Usually, it's just a phone call to you. It doesn't mean anything to you. Yeah. Um, your body's not going through the changes because of it. So, we became hypercritical of each other, which made it, um, very stressful in our relationship. Oh. And we would put on the happy faces at church, but then we would go our own ways after church.

Because we had drifted so far apart, we, we, we didn't know what I mean, Barry couldn't tell you what my favorite TV show was. That's how far apart it was.

After receiving counsel from her pastor and his wife Participant Five described that the main area of her social life that really changed was her marriage. She described how her pastor, and his wife gave them advice that she felt saved her marriage. She described in the interview:

You know, Kary had challenged me to pray for my husband and all of this because he wasn't here. And what it was putting God back in that center of that relationship that it, it was like a magnet just sucked us back, back together. Um, there was a lot of hard work in there. No doubt. But being able to um, objectively pray for God's will.

Her pastor and his wife also challenged her to write love notes for her husband and to journal. She stated:

I was challenged to write a love note. I was like, I, I have nothing loving to say to that. I remember saying that exactly. Um, and I was told that it's in there. I'm just

hurting and maybe I need to. That's when she told me to start journaling. Start journaling the grief.

Participant Five also shared how her pastor gave her and her husband the advice to take a vacation together to reconnect. She shared how this saved their marriage, stating,

we talked to Pastor Bill about it and he's like, why don't you guys just go celebrate your 10th anniversary? Take your money and spend it on you guys. Go, go get away. I, I don't think if, no, I do think if we had not done that, we would not be where we are today.

Thanks to the advice Participant Five received from her pastor, she and her husband were able to find time to discuss their issues. Participant Five found out from her husband that he did not care if they could not have children as long as he still had her. All the guilt and worry she felt from not being able to give her husband a child was suddenly gone. Participant Five stated that taking this vacation with her husband was the best advice she had gotten from her pastor and ultimately saved her marriage, and because of that they were able to conceive naturally. So, she thanked her pastor for not only saving her marriage but for her daughter's life as well, as keeping them together allowed her to have a baby. She stated, "Um, things, if, if we had stayed the course, I have no doubt we would not be together. We wouldn't have Kayla; we would be divorced."

### **Summary**

Regarding the first research question, a shared thread of emotional turmoil was evident across the women's narratives. Coping with infertility brought about a cascade of distressing emotions including anxiety, depression, anger, sadness, and hopelessness. Seeking solace and guidance, each participant turned to their local church pastor for counseling and prayer. The

emerged themes revolved around the invaluable role of pastoral encouragement, empathetic support, and revitalized hope in addressing the mental health struggles induced by infertility.

Addressing the guiding research question, a prevalent theme of envy surfaced within the participants' experiences. Four of the five women admitted grappling with feelings of envy towards women in their social circles who could conceive. Consequently, these relational challenges further motivated their decision to seek pastoral guidance.

The study uncovered a consistent narrative where each participant contended with emotional hardships manifesting as stress, anxiety, and depression which added to the strain on their social relationships. Seeking solace and understanding, each woman sought counsel from their local church pastor, resulting in transformative positive outcomes.

In essence, this research highlighted the intricate interplay between mental health, relationships, and the influence of clergy counseling within the context of infertility. The participants' narratives underscored the pivotal role that local church pastors played in offering support, encouragement, and renewed hope, fostering resilience and growth amid the challenges of infertility.

## CHAPTER FIVE: CONCLUSIONS

### Overview

The purpose of this phenomenological study was to explore the experiences that infertile Christian women had after receiving counseling from a local church pastor for their infertility-related issues. This conclusion explains a summary of the findings from the study, how this study related to the relevant literature and theories, what is implied from this study, the delimitations and limitations of this study, and recommendations for future research.

### Summary of Findings

The central research question was: How does a Christian woman who is coping with infertility describe the impact of clergy counseling from local church pastors on mental health and well-being? From asking this research question, I found that each woman prior to meeting with their local church pastor for counseling had been discouraged, frustrated, angry, depressed, anxious, or hopeless. After meeting with their local church pastor each of the women described having a positive experience that gave them renewed hope and support, and most of them received encouragement as well.

The guiding research question was: What was the impact on a Christian woman's life relationships after receiving counseling from their local church pastor for infertility-related issues? Four out of five of the women who participated in the study described feeling envious of other pregnant women during their time of infertility. These women described meeting with their local church pastor to get help with such feelings. Thus, the theme that emerged from research question number two related to the participants' feelings of envy of other pregnant women. Four out of five of the women had changes in their social lives due to their feelings of envy. Each

woman's experience with envy manifested in unique ways, thus leading to the theme of manifestations of envy. These manifestations were isolation, loneliness, or marital conflicts.

### **Discussion**

My study corroborated with many other studies on infertility as well as theories that related to infertility. Past research on infertility has shown divorce rates increasing along with feeling a loss of feminine identity; however, my study did not confirm these studies.

This study adds to the field of literature on infertility and the marriage experience. Previous studies have shown that not only does infertility negatively impact a couple's marriage it is also a leading cause of divorce (Afshani et al., 2020; Bhamani et al., 2020; Kim et al., 2020; Lakatos et al., 2017). Unlike previous studies, the women in the current study remained married, thus, showing a possible correlation between faith-based counseling for infertility and couples remaining married.

### **Theoretical Literature**

According to Erikson's identity theory, the middle adulthood stage (generativity versus stagnation) is when a person is working towards leaving a lasting impression on the world; this can be achieved through parenthood (Erikson, 1968; Hakola, 2009). According to research a woman who is in this phase of identity development and has a longing to be a mother but is unable to do so may have an identity crisis that can lead to anxiety, stress, and depression (Facchin et al., 2021; Lyons et al., 2008). Born et al. (2018) found through a study of infertile women that many felt an identity crisis due to not being able to conceive. These women would even avoid discussing their inability to conceive with others due to feeling scrutinized (Born et al., 2018). My study corroborates Erikson's theory of identity as well as the study conducted by Born et al. (2018). The women I interviewed described they each had a desire to become a

mother and when this desire was not achieved it left them feeling as though something was wrong with them. Like in the research study by Born et al. (2018), many of the women in my study had people in their lives they did not share their struggle with their infertility. One woman described not telling her sister because she was afraid of how she would react. Another participant described how she kept her issues with infertility a secret and would only share her struggles with her pastor during counseling.

Another study that researched infertile women's feminine identities found that women would feel a loss of their femininity due to the insensitive comments about motherhood they would experience (Loftus & Namaste, 2011). This study also found that these infertile women felt added pressure from their husbands to have children, which left them feeling emotionally distressed (Loftus & Namaste, 2011). Although the current study did not reveal that the women interviewed felt a loss in their femininity, it did find that they were negatively impacted by insensitive comments others would say around them about motherhood. One of my participants described how hard it was for her to hear her sister make negative comments about a woman in her 40s who was going to have more children. This caused this particular participant to not even want to be around her sister, as she was afraid of how such comments would affect her. Like the study conducted by Loftus and Namaste (2011), my study also revealed that these infertile women's husbands wanted them to have biological children, and this added some marital conflict, which further added to their emotional issues.

### **Empirical Literature**

Studies have found that women who go through infertility experience depressive symptoms, along with feelings of guilt and self-blame (Batool et al., 2016; De et al., 2017; Greil et al., 2020). According to a study conducted by De et al. (2017) when a woman goes through

infertility and does not achieve a desire to become a mother, she experiences increases in depression and grief along with a feeling of a loss of control. My study also found that while these women went through infertility, they had increases in negative emotions such as depression, self-blame, and a loss of control. The women in my study described being confused due to not getting pregnant. One of the participants described feeling like she knew her body pretty well and could not understand why she could not get pregnant. These women felt that they had no control over their bodies, as even though they were doing everything right they were unable to conceive. Some of the women described feeling as if they were doing something wrong and as if it was their fault, they could not give children to their husbands.

Something that women in my study described was being envious of other women who were getting pregnant. Some women changed their friends, avoided baby showers, and felt upset seeing others pregnant. These feelings of envy towards pregnant women, which were common among the women that I interviewed, corroborate with other research on infertile women. Other research has shown that infertile women will notice pregnant women more often, which reminds them constantly that they are unable to get pregnant and leads them to isolate and avoid family and friends (Loftus & Namaste, 2011; Swanson & Braverman, 2021).

### **Conflict With Other Studies**

Research has shown that when a couple goes through infertility their relationship is negatively affected (Abedi Shargh et al., 2015; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Vikström et al., 2015). Such studies have found that infertile couples have increased rates of depression and anxiety and that their quality of life is lower than that of fertile couples (Abedi Shargh et al., 2015; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Karaca et al., 2016; Vikström et al., 2015). One of the main reasons for divorce is infertility due to issues

with marital satisfaction and intimacy (Afshani et al., 2020; Bhamani et al., 2020; Kim et al., 2020; Lakatos et al., 2017). Unlike these studies that showed infertility negatively affected marriages, my study did not show this. In my study there was some marital conflict due to the couple experiencing infertility; however, the majority of the women interviewed did not experience marital conflict and none of them divorced.

### **Corroboration with Empirical Studies**

Studies have shown that counseling is needed for those facing infertility (Golshani et al., 2021; Khoramabadi, 2015; Zahara et al., 2019) and that women who are going through infertility prefer religious-based coping skills for their emotional issues related to their infertility (Kaya & Oskay, 2019). Research has shown that when women and couples seek infertility counseling their mental health improves (Golshani et al., 2021; Khoramabadi, 2015; Zahara et al., 2019). When women seek religious counseling, research has shown that religious leaders such as a pastor can play an important role as they help these women increase their post-traumatic growth (Paul et al., 2010). Like these studies, my study found that women who were going through infertility had positive experiences during their counseling with their local church pastors. Also like these studies, my study found that infertile women preferred to use religious coping skills such as prayer to help alleviate their infertility-related issues.

Many studies show that there is a need for faith-based counseling for women who have been diagnosed with infertility, as faith-based counseling has been shown to decrease anxiety and depression (Kim et al., 2019). Studies have shown that women who have a diagnosis of infertility have increased depression and anxiety (Karaca et al., 2016; Li et al., 2020). My study therefore corroborates with these studies, as my study showed that women who were struggling



with infertility had increases in depression and anxiety and that their faith-based counseling with their local church pastors decreased their symptoms of depression and anxiety.

### **Contribution to Other Studies**

The literature on infertility and marriage experiences has shown that infertility negatively affects marriages and leads to divorce (Afshani et al., 2020; Bhamani et al., 2020; Kim et al., 2020; Lakatos et al., 2017). However, in this current study although some of the women experienced marital conflict none of them divorced. Therefore, this current study contributes to the literature on infertility and the marriage experience. In this current study, each of the participants went to faith-based counseling with their spouses for their infertility-related issues. Thus, there may be a correlation between faith-based counseling for infertility and marriage not ending in divorce. Therefore, future research is needed to find this potential correlation.

### **Christian Worldview of Infertility**

Research has shown that local pastors use counseling to help people have an improved relationship with God and find meaning in their lives after a loss of meaning (Klaasen, 2020). According to research local pastors use a technique called narrative therapy to help a person find meaning in their life (Klaasen, 2020). Although my study did not discover if narrative therapy was used in the counseling that the local church pastors gave to these infertile women, it did reveal that the local church pastors helped these women have an improved relationship with God. Each of the women I interviewed for my study at one point during their time of infertility questioned God and God's plan for them. Each of these women described how during their time of counseling with the local church pastors they found a renewed hope in their circumstances that gave them better relationships with God. These women described to me how their pastor

helped them to have faith God had a good plan for them. In fact, the majority of them described they found hope in how their pastors assured them God's plan for them was to become mothers.

## **Implications**

### **Empirical Implications**

Studies have found that spiritual coping strategies are more effective than non-spiritual strategies in reducing stress among women experiencing infertility (Nouman et al., 2019, p. 155; Oti-Boadi et al., 2017). Infertile women often turn to spiritual leaders for counseling and prayer during times of stress related to infertility (Kim et al., 2016). Spiritual leaders are known for providing emotional healing and support during difficult times such as trauma, stress, and other life issues (Streets, 2014). Local church pastors offer counseling for various reasons including hospitalizations, suicides, and deaths (Townsend, 2011). Research has also shown that spiritual coping strategies can help alleviate negative emotional issues that arise from infertility (Ghafouri et al., 2016). My study identified a clear need for spirituality-based counseling during stressful times related to infertility. The study found that women experiencing infertility often turn to their local church pastors for counsel and prayer during one of the most stressful life events (Batool et al., 2016; Casu et al., 2016). Additionally, the study revealed that infertile women sought spiritual counseling for emotional, mental, and social issues, and had positive experiences with their local church pastors.

### **Theoretical Implications**

Gender identity theory is the dominant theory that relates to a woman going through infertility. Gender identity theory is derived from Erikson's theory of identity and describes how a person takes on certain gender roles (Egan et al., 2001; Grysman et al., 2016). Women from a young age due to society often have the desire to become a mother (Grysman et al., 2016). This

desire is culturally driven according to social construction theorists (Lyons et al., 2008). What my study revealed was that many women, due to cultural influences, have a desire to become mothers even from a young age. The women in my study described how growing up in church and then being a part of churches as women they saw families growing around them. Seeing these young families led them to feel as if they had a part of them missing, or what some might describe as a crisis in their gender identity (Gryzman et al., 2016). For these particular women who had struggled with infertility, they felt envy and jealousy which led them to experience negative mental, emotional, and social issues. However, thanks to the counsel they received from their local church pastors, they were able to find hope amidst a painful situation.

### **Practical Implications**

The practical implications for this study include showing the need for clergy counselors to offer infertility counseling, giving a referral for clergy counseling for those who work in the field of infertility such as fertility treatment centers, and showing infertile women a helpful option for counsel for when they are diagnosed with infertility.

Considering that this study showed women's infertility-related issues were alleviated due to the counseling they received from local church pastors, those in the infertility field can refer their patients to clergy counselors. Studies have shown that even after women go to fertility treatment centers, they still bear some of the same issues they experience with their infertility such as stress, depression, and anxiety (Afshani et al., 2020; Bhamani et al., 2020). So, although, they may be getting help in fixing any physical issues they may have, their emotional needs are still vulnerable. Thus, there is a need for counseling and my study shows that clergy counseling is helpful for those facing infertility.

This study showed that every participant had positive experiences during and after receiving counsel from their local church pastor for their infertility-related issues. Due to the positive experiences, they received, there is evidence that when women are faced with infertility and they are experiencing negative mental, social, or emotional issues a positive option for them is to seek counsel from a local church Christian pastor.

### **Delimitations and Limitations**

#### **Delimitations**

One delimitation from this study included using a transcendental phenomenological design (Creswell & Poth, 2018) For this study the purpose was to find common experiences among Christian infertile women who received counseling from their local church pastors, and therefore a transcendental phenomenological method was used. A phenomenological study involves finding the shared meaning of a common experience among persons and describing the essence of these shared experiences (Creswell & Poth, 2018). Phenomenological research examines the experiences that people have with each other in their daily lives (Vagel, 2018). Transcendental phenomenology removes researcher bias by focusing on the experiences of the participants rather than the researcher's interpretations (Creswell & Poth, 2018). For me to be able to obtain more detailed results I decided to use this methodology, allowing me to focus solely on what the participants said rather than my interpretations of what they said.

Another delimitation of this study was focusing on women who had received counseling from their local church pastor. Infertile women could seek counseling from many different counselors; however, my study focused exclusively on those who sought counsel from a local church pastor. Doing so allowed the study to be focused on faith-based counseling for infertility. This was necessary as this study was intended to fill in a gap in research showing that women

were seeking out faith-based counseling for their infertility-related issues, but their experiences were unknown (Collins, et al., 2018).

### **Limitations**

A limitation of this study was the small sample size. It is common practice for qualitative studies to use small sample sizes to allow for more in-depth interviews (Vagle, 2018). The plan for this study was to have 5-10 participants and my study had 5 participants. According to Vagle (2018) a phenomenological study has no “magic number” of participants. Rather, Vagle (2018) explains that even one or two participants are sufficient if the intent is to spend more time with the participants; however, if a researcher intends to only spend a little time with each participant, they may want to use 10-15 participants. Thus, when I felt that I had reached saturation, I began analysis.

Another limitation of this study is that it was limited in scope to only take into consideration the perspectives of those women who had previously met with their local church's pastors for infertility counseling. My study showed that every single one of the participants not only sought clergy counseling for themselves but also for their spouses. This study was limited to the experiences that the infertile women had receiving counseling from their local church pastors; however, the experiences that their husbands had were not studied. Getting the perspective of the women's spouses could add to the field of research of infertility counseling, specifically local church counseling.

### **Recommendations for Future Research**

Future research is needed to continue to add to the field of research in infertility and faith-based counsel. Considering this study only focused on women's experiences with counsel from clergy counselors, additional research should be conducted by interviewing local church

pastors. Future research is needed to explore the counseling techniques that faith-based counselors such as clergy counselors employ when counseling those with infertility. This study showed there is a need for local church pastors to offer counseling for those who experience infertility; however, other studies are needed to show whether clergy counselors are equipped and ready to offer infertility counseling. Thus, a quantitative study should be conducted that uses a survey to find out if local church pastors are offering infertility counseling and if so what types of techniques are used when they counsel.

Previous research showed that nearly half of all women, and just 15% of men, consider infertility to be the most distressing experience to live through; however, recent research is showing that men suffer from infertility as well at almost the same rates as women (Wishmann & Thorn, 2013). Research conducted in recent decades on infertility has mostly studied women and has ignored how infertility affects men (Bai et al., 2019). Even my study solely focused on women and infertility counseling with local church pastors. Future research is needed to investigate how men are affected by infertility, which could then lead to more studies on men and infertility. A mixed methods quantitative and qualitative study could be used to allow the researchers to use surveys or questionnaires for finding out the percentages of men who are experiencing infertility-related issues, as well as how they experience infertility. Such a study could lead to more qualitative studies examining common experiences men have with their infertility-related issues, along with any help they may seek for these issues such as couples counseling that is secular or faith-based.

Previous research on infertility and the marriage experience showed that marriages that had an infertility factor had lower satisfaction in marriage (Abedi Shargh et al., 2015; Bhamani et al., 2020; Casu et al., 2016; Donarelli et al., 2016; Karaca et al., 2016; Vikström et al., 2015).

Studies also showed infertility causes marital intimacy issues and marital dissatisfaction, which was one of the leading causes of divorce (Afshani et al., 2020; Bhamani et al., 2020; Kim et al., 2020; Lakatos et al., 2017). However, unlike these studies, the current study did not show that the participant's marriage was suffering other than some marital conflict, nor did any of the participants get a divorce. Therefore, future research is needed on infertile couples who divorce versus those who stay married. This study should be a correlational quantitative study that would seek to find what the correlation is between infertile couples that stay married versus those that stay together, to find out if they sought out faith-based or secular counseling.

Collins et al. (2018) found when studying infertile women that infertile Hispanic and African American women turned to clergy counseling as well as prayer for their infertility-related issues more often than Caucasian women. Collins et al. (2018) also found that women who attended church regularly were more likely to turn to religious leaders for infertility counseling than those who did not attend church regularly. However, it is unknown if there is a disparity in the availability of clergy counseling among different races of women. Thus, future research is needed to find out if clergy counseling is accessible to different races. This study should be a quantitative study that finds the statistics of women who have access to clergy counseling for their infertility-related issues.

### **Summary**

This transcendental phenomenological study was conducted to explore the common experiences that infertile Christian women had after receiving counsel from local church pastors. This study found that the overall experience Christian women had after receiving counseling from their local church pastors was positive. For example, this study found that before their counseling the women experienced negative emotions such as anger, frustration, confusion,

questioning God, depression, isolation, loneliness, and anxiety. After receiving counseling from the local church pastors, the women described the help they experienced from their pastors. The women described their experience as giving them support, encouragement, and renewed hope.

The most important takeaway of this study is that there is a need for local church pastors to offer counseling for infertility-related issues. This study examined a viable option for women in need of counseling due to their infertility-related issues and showed that the overall experience these 5 women had receiving counseling was positive and helpful. Considering this, local church pastors should include infertility counseling as part of the services they offer. Also, this study showed that these women were having negative mental, emotional, and social experiences due to their infertility before getting counsel from their local church pastors and positive mental, emotional, and social experiences afterwards. There is a clear need for women to be referred to local church pastors for infertility counseling.



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## Appendix 1

### Consent

**Title of the Project:** A transcendental phenomenological study on the experiences of infertile women with local church pastor counseling.

**Principal Investigator:** Laura Lasek, Doctorate Student, Liberty University

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years old, female, have gone through infertility in which you tried to conceive after 12 consecutive months of trying, and received counseling for infertility related issues with your local church pastor. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

#### What is the study about and why is it being done?

The purpose of the study is to learn the experiences of women that have received counseling from their local church pastor for infertility related issues.

#### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in an interview with me as the interviewer. The interview will be audio recorded for validity purposes. The interview will consist of 10-15 interview questions related to your experience with infertility and clergy counseling. The interview will last about an hour.
2. Review the transcription of the interview to ensure answers are correct.

#### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include finding out a possible viable option for low to no cost counseling from a local church counseling for one's infertility related issues.

#### What risks might you experience from being in this study?

The risks involved in this study are minimal including answering questions that may cause distress due to recounting the issues you had due to the struggle with infertility.

#### How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any

information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate or not will not affect your current or future relations with Liberty University

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

██████████

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Laura Lasek. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ██████████. You may also contact the researcher's faculty sponsor, Dr. Todd Schultz at

██████████.

#### **Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

#### **Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

The researcher has my permission to audio-record me as part of my participation in this study.

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Printed Subject Name

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Signature & Date



