

The Role of Religiosity and Spirituality in Healing Infertility and Psychological Distress

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Abstract

The aim of this paper is to discuss comprehensively the role of religiosity and spirituality in healing infertility and psychological distress. The journey of infertility strengthens the faith of many couples and boost up the relationship that exist between the couples and their deity. The psychological stresses that most couples go through in their quest for heirs to their family lineage is sometimes mind boggling. The concoctions to drink which mostly are placebo, spiritual incantation, childbirth as a time to grow closer to God, the use of religious beliefs and rituals as powerful coping mechanisms, childbirth as a time to make religiosity more meaningful, the significance of a higher power in influencing birth outcomes, and childbirth as a spiritually transforming experience.

Keywords: Infertility, Spirituality, Childbirth, Psychological Distress, Healing, Religiosity.

1.0 Introduction

For many people, religiosity is the consistent things one does in order to establish a strong relationship with an object of worship. Religiosity varies across the religions in the world. To Christians religiosity may include fasting, praying, going to church, reading the bible and loving your neighbor as yourself. To the Muslim religiosity include performing ablution, fasting during Ramadan, going to Mecca ones in lifetime, giving alms to the needy among many others. And to the Mormons, religiosity connotes preaching the word to unbelievers, volunteering for work, aspiring for higher education and adhering to the Mormons health code which eschews alcoholic beverages, tobacco, coffee, tea, and other addictive substances. Spirituality on the other hand is the relationship that exist between an individual and his/her deity (an object of worship). The faith and spirituality of a couple becomes fragile when tested by birth and pregnancy (Sullivan, 2008).

2.0 Definition of Infertility

Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (Zegers-Hochschild, Adamson, de Mouzon, Ishihara, Mansour, Nygren, & Van der Poel, 2009). The male partner can be evaluated for infertility or subfertility using a variety of clinical interventions, and also from a laboratory evaluation of semen (WHO, 2010). From the traditional point of view, a woman is tagged infertile after a period of 24 months of not experiencing pregnancy or miscarriage. Society and in-laws begin pointing accusing fingers at her which can lead to psychological distress.

In sub-Saharan Africa, the prevalence of infertility differs widely from 9% in the Gambia (Sundby, Mboge & Sonko, 1998), and 11.8% among women and 15.8% among men in Ghana (Geelhoed, Nayembil, Asare, Schagen & Roosmalen., 2002) compared with 21.2% in northwestern Ethiopia (Haile, 1990) and from 20 to 30% in Nigeria (Adeniji, Olayemi, Okunlola & Aimakhu., 2003). Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tensed) (Mirowsky & Ross 2013). Psychological distress is therefore a form of depression and anxiety associated with infertility. For any infertile couple, the normal psychological distress of infertility can produce guilt, frustration, anxiety, marital stress, loss of self-image, divorce and depression. Infertility may lead to promiscuity among any of the couple that feels the problem is not from him or her and this may eventually lead to the contraction of any of the sexually transmitted diseases including HIV and AIDS.

An empirical study was conducted by Volgsten, Skoog Svanberg, Ekselius, Lundkvist and Soundstom (2008) among 1090 women and men. Out of this number, 545 were couples attending a fertility clinic in Sweden during a two-year period. The Primary Care Evaluation of Mental Disorders (PRIME-MD), based on the Diagnostic and Statistical Manual of Mental Disorders fourth edition, was used as the diagnostic tool for evaluating mood and anxiety disorder. Overall, 862 (79.1%) subjects filled in the PRIME-MD patient questionnaire. The results indicated that any psychiatric diagnosis was present in 30.8% of females and in 10.2% of males among the respondents. It was again found that 26.2% and 9.2% of females and males respectively had any mood disorder. Major depression was the most common mood disorder, prevalent in 10.9% of females and 5.1% among males. Any anxiety disorder was encountered in 14.8% of females and 4.9% of males. Only 21% of the respondents with a psychiatric disorder according to DSM-IV received some form of treatment.

With good reason, the defining work of Barbara Eck Menning, RESOLVE's founder, draws parallels between the experience of infertility and the psychological stages of death and dying: denial, anger, mourning

and acceptance (Harris, 2008). The early stages of infertility in the life of the couple especially the woman begin with the inability to accept the fact that they are unable to reproduce, at this stage, the faith of the couple rises and stronger ties with the deity become strengthen with the hope that situations will turn around. After several attempts of unprotected sexual intercourse and the results proves futile, anger and mourning sets in. But these extremely powerful emotions may be overshadowed by something even more powerful, that is spiritual overtones of infertility. Some questions and statements women ask and make during the challenges of infertility include; “Am I really a woman?” “Why am I even born if I could not even fulfill my basic responsibility? “Why is God punishing me?”, “So many people who do not even want kids get pregnant so easily!” “My whole family has been praying so hard and our prayers are unanswered” (Serour, 2005).

To “be fruitful and multiply” is one of the first commandments found in the Old Testament. From this commandment many rabbinic authorities prohibit the use of birth control until a couple has produced at least two children, preferably one of each sex. And from the Ghanaian context, some religious beliefs do not support the need for family planning and as such children are seen as heirs of one’s inheritance (Wahrman, 2005). And the number of children connotes richness especially when one has a lot of female children. Because the biblical instruction (Genesis 8:17b) “be fruitful and multiply” is so central to the faiths of Judaism, Christianity, and Islam, religious followers are often confronted with a seemingly unsolvable paradox in their lives, one that they would not experience if faced with diabetes, heart disease, or even cancer (Richard, Grazi & Jewelewicz, 1994).

Infertile couples quest for spiritual validation is intense and often painful. Excellent mind/body programmes have been developed to bring relaxation and meditative techniques into the sphere of infertility. Breathing exercises, relaxation techniques, acupuncture and yoga practices can effectively lower stress levels in this highly charged situation. Relaxation response according to Benson (2013) affirms that 10-20 minutes of meditation, twice a day leads to: decreased metabolism, decreased heart rate, decreased breathing, slower brain waves which is beneficial for the treatment of infertility, premenstrual syndrome, anxiety and depression.

Women who experience infertility are more likely to suffer from heightened depression and anxiety symptoms than women in general (Domar, Penzias, Dusek, Magna, Merarim, Nielsen, & Paul, 2005). The longer the infertility and the greater the associated distress, the more likely a patient will suffer depressive symptoms, which can in turn diminish fertility and interfere with treatment success. A high level of spiritual well-being is significantly linked with less infertility distress and fewer depressive symptoms, suggesting a relationship between spirituality and the psychological well-being of women undergoing infertility treatment (Doma et al. 2005). Conversely, self-reported depressive symptoms and lower levels of spiritual well-being predict higher levels of infertility distress. Spirituality and religion are important sources of solace for most individuals. Many physicians do not describe themselves as personally religious, and most are not trained to discuss spiritual matters with patients. However, physicians may be well-advised to inquire about and support patients' religious beliefs to help promote their physical and psychological well-being. Patients with strong religious faith, studies show, sustain medical crises with better outcomes than those who do not hold strong spiritual beliefs or maintain religious practices (Matthews, 1995).

Research also shows that religious people tend to have a greater sense of well-being, greater life satisfaction, lower levels of depression and anxiety, and a decreased risk of suicide (Matthews, 1997; Koenig, Cohen, Blazer, Kudler, Krishnan, & Sibert, 1995; Ellison, 1991). Society, especially religious society, has traditionally valued woman for her life-giving role. So it is not surprising that living with unrealized hopes for a child can negatively affect a woman’s psychological wellbeing (Domar, Penzias, Dusek, Magna, Merarim, Nielsen, & Paul, 2005).

Women who experience infertility report significantly higher levels of depressive symptoms (Domar et al, 1993) and anxiety (Downey, Yingling, McKinney, Husami, Jewelewicz, & Maidman, 1989) than women in the fertile population. In one study, 11% of infertile subjects met the criteria for a major depressive episode, compared to 3.6% of fertile subjects. In another study of infertile women, half of the subjects reported changes in their sexual function, and 75% reported changes in mood, such as increased feelings of sadness (Downey et al., 1983).

There is also evidence that depressive symptoms are associated with decreased fertility and can interfere with the success of infertility treatment. In one investigation, women with a lifetime history of clinical depression were nearly twice as likely to report infertility as those not depressed (Lapane, Zierler, Lasater, Stein, Barbour, & Hume, 1995). In vitro fertilization (IVF) patients who reported heightened levels of depressive symptoms prior to beginning IVF treatment had significantly lower success rates than women with lower levels of depressive symptoms (Thiering, et 1993; Demyttenaere, Bonte, Gheldof, Vervaeke, Meuleman, Vanderschuerem, & D’Hooghe, 1998).

Generally, infertility-related stress has been found to have direct and indirect adverse effects on treatment outcomes (Boivin, & Schmidt, 2005). In caring for the infertile woman, then, it is important to identify and minimize factors that lead to depressive symptoms and psychological distress and to identify and emphasize factors that are associated with healthy coping. If, for example, religious women were to report lower levels of depressive symptoms or psychological distress during infertility than less religious women, health care

professionals might want to encourage their patients to consider religious or spiritual practices that have provided comfort in the past (Domar et al., 2005).

Merari, Feldberg, Shitrit, Elizur and Modan (1996) carried out a study which considered the relationship between faith and fertility, and it only assessed Jewish women in Israel. Women undergoing In Vitro Fertilisation (IVF) were asked to indicate their attitude toward religion and to classify themselves as secular, traditional or orthodox. The study uncovered a significant relationship between religious observance and conception rates, with the highest rates in the traditional group. Of those who conceived, 70% classified themselves as traditional. Among the women who did not conceive, only 27% reported traditional religious practice. Folkman, Chesney, Pollack and Phillips (1992) suggest that reliance on spiritual beliefs and engaging in spiritual activity have been identified as ways of coping in stressful situations. Adherence to traditional faith may provide an effective way to cope with adversity and disappointment (Domar et al., 2005).

3.0 Infertility and Psychological Distress Among Muslim and Christians

To this day, the prayer composed by Hanna, who was barren for many years prior to giving birth to the prophet Samuel, opens the daily prayer service at synagogue (1 Samuel 1: 9-28). And Hanna's experience was only one of many examples of infertility found in the Bible. Christians mostly rely on positive psychology as a way of coping thus, the worth of souls is great in the sight of God. Every person is important, whether rich, poor, handicapped or infertile. And also, at the right and appointed time of God, things will turn up for good. While families are a priority in Church values, the core concern is each individual's relationship with God.

A study by Roudsari and Allan (2011) examined how Muslims and Christian women experienced infertility in a religious and spiritual context and how their beliefs affected the attempts they made to deal with different aspects of infertility. In their study, which was underpinned by the theoretical framework of feminist grounded theory, 30 infertile women affiliated to different denominations of Christianity (Protestantism, Catholicism, Orthodoxy) and Islam (Shiite and Sunni) were interviewed.

Roudsari et al., (2011) found out that infertile women encountering infertility showed attributes such as disbelief, uncertainty, and questioning as their first reactions. However, they gradually tried to preserve themselves from emotional collapse through using a religious/ spiritual meaning-making framework. They viewed infertility as God's will and believed that nothing can happen without God's contribution and He has absolute control over people's lives. As a result, they acknowledged their new identity as infertile and tried to cope with the situation adopting religious coping strategies. Their trust and reliance on God and their benevolent reappraisal helped them to be optimistic, hopeful and confident, as they believed in God's wisdom, beneficence and power.

Consequently, they became capable of disclosing their situation to others and then start to find a solution on their own or through seeking help from their husbands/partners or close relatives and friends. They tried through establishing supportive marital relationships and offering spiritual sympathy to maintain a family cohesion. Their religious views on socialization as a religious value motivated them to search reassurance through the love and care of religious congregation as well as offering support to others to gain intimacy. They also tried to get help from their religious beliefs by believing in God-given cure, healing power of prayer and miracles while they were struggling to find a solution. They employed assisted reproductive technologies as long as they were compatible with religious authorizations (Ruodsari et al., 2011).

At the same time, they had a transcendental hope that they would be blessed one day and this divine hope motivated them to go ahead with their treatment procedures. In summary, Religious infertile women after experiencing ups and downs in their long-term spiritual journey were convinced that they could have a fruitful and dynamic life even without child. They believed that the whole process of struggling with different dimensions of infertility could not threaten their belief in God. Hence, their spirituality as far as they came to terms developed and they achieved a kind of spiritual strengthening embedded in religious hope in a great being. This spiritual strength gave them a sense of empowerment to handle infertility more peacefully (Ruodsari et al., 2011).

4.0 Infertility and Psychological Distress among the Traditional Community

The search of heirs to maintain family lineage and to inherit family property is the desire of most traditional families. In the northern parts of Ghana, children are seen as the greatest achievement on earth, and respect is accorded to couples who have one especially male children. An excerpt from Tabong and Adongo (2013) indicated that adults without children do not have funerals in this community as they are treated the same way as the death of a child. In a typical traditional setting, it is a norm that right after marriage, the grandmother, mother, aunties or any close relative goes to the bush and plug some herbs and prepares it in a pot for the newly married woman to drink it every morning and evening. This herbs most at times might not contain any active ingredient but used as placebo and its effect may include positive beliefs and expectations on the part of the newly couple and the grandmother since it worked for her and her descendants. Their spiritual commitment to the herbal tends

to enhance their recovery to infertility.

A study was conducted by Tabong and Adongo in the year 2013 which explored community's perception of childbearing and childlessness in Northern Ghana using the Upper West Region as a case study. The study used exploratory and qualitative using in-depth and key informant interviews and focus group discussions. Fifteen marriage unions with infertility (childless), forty-five couples with children, and eight key informants were purposively sampled and interviewed using a semi-structured interview guides. Three focus group discussions were also carried out, one for childless women, one for women with children and one with men with children. The study revealed that infertility was caused by both social and biological factors. Socially, couples could become infertile through supernatural causes such as bewitchment, and disobediences of social norms. Abortion, masturbation and use of contraceptives were also identified as causes of infertility. Most childless couples seek treatment from spiritualist, traditional healers and the hospital. These sources of treatment are used simultaneously. In summary, the faiths of these couples in their object of belief mostly help them reduce the stress attached and calm their nerves for them to pick up seed. Birth and its associated happiness is the desire of every family.

5.0 Infertility and psychological stress among Jewish and Chinese Community

Infertility from the Jewish perspective is quite different from Muslims, Christians, Mormons and traditionalist. In as much as most religions will consult the physician and modern reproductive technologies, and use them liberally in order to achieve their family building and community-building goals, the Jews rely mainly on prayer, and use medical intervention reluctantly.

In an anecdotal experience of a Jewish woman, she narrated that *“As a teenager, however, I began to explore my religion and I developed a deep faith and commitment to the observance of Orthodox Judaism. As I made the conscious choice to observe the strict laws concerning the Sabbath, diet, and even marriage, I also accepted readily the thought that righteousness invariably brings rewards, if not in this world, then in the next. At 17 years of age, when my peers were choosing professional careers, my ambitions were marriage and motherhood, creating an Orthodox household devoted to my religious ideals. At 21, married one year, and childless, I was told I would probably never going to have children. I can still remember thinking over and over again, I have worked so hard, changed by whole life and truly been devoted. Yet I must have done something wrong or this would not be happening to me. There is something unexplainable about faith that keep us alive even in its darkest hour. My religious commitment has endured as I have pursued the solutions to my childlessness. Today, nine years later, I am the mother of four sons. The eldest is adopted; the other three are products of medical treatment. All of them are the answers to my prayers!”* an excerpt from (RESOLVE: The National Infertility Association, 2007). In summary, among the Jewish, an individual's level of faith in the journey of infertility depends solely on the relationship that exist between the individual and his/her object of worship. Psychological distress mostly sets in when family and society is monitoring the progress of the family and as such when the couple after much struggle with infertility is able to pull through, the distress associated with infertility is solved.

The fight against infertility among the Chinese is by the use of Acupuncture. Research has indicated that there are several ways by which acupuncture work. A paper written by medical professors who specialize in infertility at New York's esteemed Weill Cornell medical center, published in fertility and sterility in December 2002, reported that acupuncture treatment has the following potential fertility-boosting benefits: Increased blood flow to the uterus and therefore uterine wall thickness, an important marker for fertility; Increased endorphin production, which, in turn, has been shown to effect the release of a gonadotropin-releasing hormone (GnRH), a decapeptide involved in regulating reproduction; Lower stress hormones responsible for infertility; Impact on plasma levels of the fertility hormones: follicle stimulating hormone (FSH), luteinizing hormone (LH), estradiol (E2), and Progesterone (P); Normalization of the hypothalamic-pituitary-ovarian axis, a key process in fertility. A positive effect for women with polycystic ovarian syndrome, a hormonal imbalance presents in three percent of adolescents and adults (Chang, Chung & Rosenwaks, 2002).

In support to the above findings, a 2003 study conducted by the Department of Reproductive Medicine at the Christian-Lauritzen-Institut in Ulm, Germany, showed pregnancies achieved by in vitro fertilization in conjunction with acupuncture at 42.5%, as opposed to 26.3% with in vitro alone. Men dealing with infertility can benefit from acupuncture treatments as well. A 1996 study, published in the Journal of Chinese Medicine, involved 54 men undergoing acupuncture treatment for infertility. 55.6% of the subjects experienced a “cure,” while another 24.07% improved. The overall effective rate, confirmed in laboratory studies, was 79.63%. Many studies of acupuncture fertility treatment in men show increased sperm count and motility in roughly 67% of patients. Unfortunately, western medical research on acupuncture treatment of male infertility is minimal compared to research on female infertility.

6.0 The Dual Relationship Between Religiosity and Infertility

Strong religious beliefs may help or interfere with coping and healing. On the one hand, some may find comfort by believing that infertility is part of a divine plan, while others may interpret infertility as punishment from a higher power for past sins and indiscretions. Some infertile women who display strong religious or spiritual beliefs may achieve relaxation through prayer. Others may experience heightened levels of distress from feeling that their prayers for a child have gone unanswered, or from agonizing over whether to pursue a treatment that may be specifically banned by their religion. Being religious may benefit the infertility patient by providing a feeling of community and reducing social isolation. Conversely, a religious perspective may heighten a woman's sense of social isolation from a religious community that emphasizes childbearing. Infertile couples may be stigmatized by religious doctrines that make parenthood a core identity, such as the Old Testament commandment to "be fruitful and multiply" (Genesis 1:28). Thus, religious beliefs may actually compound the negative psychological effects of infertility (Berson, 1994; Domar et al. 2005).

7.0 Conclusion

In conclusion, the journey of infertility strengthens the faith of many couples and boost up the relationship that exist between the couples and their deity. The psychological stresses that most couples go through in their quest for heirs to their family lineage is sometimes mind boggling. The concoctions to drink which mostly are placebo, spiritual incantation, childbirth as a time to grow closer to God, the use of religious beliefs and rituals as powerful coping mechanisms, childbirth as a time to make religiosity more meaningful, the significance of a higher power in influencing birth outcomes, and childbirth as a spiritually transforming experience.

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