

in marriage, sanctification is attained through sacrifice, forgiveness, the gift of self, patience, emotional control, and periodic abstinence. The sacrifice includes overcoming anger while shaping gentleness and kindness. A clear sign that evokes the call to consecration is the wedding ring that the spouse reverently wears on his/her finger, thus expressing their willingness to do God's will⁶⁵⁸ and to constantly start afresh despite human weakness.

Reconciliation with oneself can be regarded as one of man's most important acts. Many people are marked by different types of wounds experienced during the successive stages of development, which may be self-inflicted or result from someone else's acts (AL 239). An essential condition for helping people to experience self-reconciliation in the pastoral accompaniment is showing them acceptance and unconditional love. This is the necessary starting point of the process of liberation from all sort of internal restrictions that underlie dysfunction.

Pope Francis, appreciating the role of crises on the marital path, gave concrete indications and hints so that the couple's life may be happier here on earth and guarantee them eternal salvation. Human life is not just made of a series of successful moments but also of failure, falls, and weaknesses, which painfully affect the lives of spouses and their families. Yet, even the difficult situations that cause deep crises can be an opportunity to permanently heal and improve marital relationships. Every crisis brings with it the potential for positive change. The Church and its members have the task of accompanying spouses so that they may experience this.

15.2. *Pastoral Care for Families Suffering from Infertility*

JAN KOBÁK AND JACEK GOLEŃ

The family is a community of life and fruitful love. The birth and education of children constitute one of the most important tasks of the conjugal vocation, and children are the unique treasure of the married couple formed of a woman and a man. Yet, many married couples, for various reasons, experience the pain of physical infertility (AL 180). The Church, in Her pastoral ministry, also cares for the spouses in this situation.

⁶⁵⁸ K. Chorzyńska, "Małżeńskie powołanie do świętości Drogą Kościoła," *Communio* 27:2007, no. 1, 115.

The Church emphasizes that, even without offspring, married life retains its deep value, and the spouses' love remains fruitful on the spiritual level. Through Christ's redeeming work, the spiritual fruitfulness of conjugal love can become the source of a force that leads the those stricken by the drama of childlessness to bear blessed fruits in the service to human life.⁶⁵⁹ These reasons motivate different forms of pastoral care for spouses suffering from infertility.

The Infertility of Spouses as a Pastoral Challenge

A couple that after 12 months of regular intercourse, without the use of methods or means to reduce fertility, have not conceived a child is considered sterile.⁶⁶⁰ This term is not a synonym of childlessness or infertility. Infertility, also called total infertility, is the unalterable inability to have offspring, but sterility can be relative, temporal, reversible and healed.⁶⁶¹ Childlessness means that a married couple does not have children. This can be caused either by infertility or sterility, but it can also stem from the spouses' voluntary choice.⁶⁶² Impotence also differs from these conditions; the term refers to the inability to have sexual intercourse, to reduced fertility, and the inability to bear pregnancy.⁶⁶³

There is, moreover, a range of different types of infertility. Alongside absolute sterility (*sterilitas absoluta*, sterility), on the one hand, and relative infertility (*sterilitas relativa*, *sterilitas temporalis*), on the other, there are also primary infertility (*sterilitas primaria*) and secondary infertility (*sterilitas secundaria*), inborn infertility (*sterilitas congenita*) and acquired infertility (*sterilitas acquisita*), as well as female infertility (*sterilitas feminina*), male infertility (*sterilitas masculina*), and conjugal infertility (*sterilitas coniugalis*).⁶⁶⁴ Functional infertility consists in the lack of ovulation or the impossibility of the embryo's implantation in the uterus with an anatomically correct sexual organ. Mechanical infertility is caused by developmental disorders or by damage to the female sexual organ. Immunological infertility is caused by the reaction of the immune system to the placen-

⁶⁵⁹ Cf. FC 14, CCC 2379.

⁶⁶⁰ J. Domitrz – M. Kulikowski, "Epidemiologia," in: T. Pisarski – M. Szamatowicz (eds.), *Niepłodność*, Warsaw, 1997, 14.

⁶⁶¹ J. Orzeszyna, *Teologiczno-moralny aspekt niepłodności w małżeństwie*, Krakow, 2005, 30.

⁶⁶² *Ibid.*, 33.

⁶⁶³ Cf. *ibid.*, 30–1.

⁶⁶⁴ E. Bielawska-Batorowicz, "Trudności w realizacji planów prokreacyjnych i ich skutki dla rodziny," in: I. Janicka – H. Liberska (eds.), *Psychologia rodziny*, Warsaw, 2014, 413.

ta, spermatozoa, sperm plasma or the autoimmunity of the testicles. When no reason for infertility can be diagnosed, it is called idiopathic infertility.⁶⁶⁵

According to the statistics, nearly 24 % of the world's population suffer from infertility. The approximate percentage of infertile couples is 13 % in Denmark, 17 % in Great Britain, 16 % in France, 12 % in the USA, and 18-20 % in Poland. A high percentage of infertility, close to 40 %, appears in the central African countries that form the so-called "infertility belt."⁶⁶⁶

According to estimations, the reasons for infertility concern the women in nearly one-third of cases, while another third concern men, and the remainder results from other reasons that concern both spouses or cannot be explained.⁶⁶⁷ The health-related causes of female infertility include cyclical ovulation disorders, primary hypoplasia of the ovaries, premature ovarian failure, hyperandrogenism caused by polycystic ovaries, ovarian tumors, bilateral ileus, inflammation and damage to the uterus, and cause linked to inflammation of the tubal area, e.g., peritonitis or endometriosis of the fallopian tube. Female infertility can also be caused by renal tubal disorders connected with the malformation of the sexual organs, damage to the uterus caused by injuries or inflammation, endometrial hypoplasia caused by hormonal disorders, submucosal or intraparietal hysteromyoma, inborn malformations of the uterus, the improper abnormal position of the uterus, malformations of the vagina (absence, atresia, septum), colpostenosis caused by inflammation of malformation, inflammation of vagina caused by bacteria or chemical factors, cervix disorders, subthalamic-hypophyseal system insufficiency, hyperprolactinemia, and premature ovarian failure.

The causes of male infertility include oligozoospermia—low number of spermatozoa in the semen (lower than 20 mln/l), teratozoospermia—increased percentage of malformed spermatozoa, azoospermia—the lack of mature spermatozoa in the semen, aspermia—total lack of spermatozoa, asthenozoospermia—reduced motility or vitality of spermatozoa, abnormal spermatozoa transport, testicular hormone disorders, varicocele, the presence of antisperm antibodies, erectile dysfunctions, dysejaculation, and the anatomical deformation of the penis. Apart from health reasons, there are also

⁶⁶⁵ J. Orzeszyna, *op. cit.*, 32.

⁶⁶⁶ E. Bielawska-Batorowicz, *art. cit.*, 415–6.

⁶⁶⁷ *Ibid.*, 415. According to the statistics, in nearly 36-50 % of the cases of conjugal infertility, the cause lies mainly on the woman's side, while in 25-50 % it is mainly on the man's side. There are also reports of higher rates of infertility among men than women. Cf. M. Bidzan, *Niepłodność w ujęciu bio-psycho-społecznym*, Krakow, 2006, 22; B. Bassa, "Zastosowanie NaProTECHNOLOGY w diagnostyce i leczeniu niepłodności małżeńskiej," in: A. Skreczko – B. Bassa – Z. Struzik (eds.), *Rodzina i rodzicielstwo. Między tradycją a współczesnością*, Warsaw, 2014, 241.

behavioral factors that can cause infertility – e.g., the frequency of sexual activity, postponing the decision of conception, and the type and intensity of professional activity.⁶⁶⁸

Currently, an increase is noted in problems of infertility, especially among men. The number of spermatozoa in the semen and the motility of spermatozoa are decreasing, and malformation is increasing. This is provoked mainly by pollution, unhealthy lifestyles, and the psycho-social factors. Other important factors that influence infertility include ionizing radiation, exposure to high temperatures, and the presence of harmful chemical substances in the workplace. This is confirmed by the correlation between the increased risk of infertility and the practice of certain professions.

Infertility also results from the long-term effects of contraception, especially hormonal contraception, postponing the decision to conceive the first child, excessive focusing on professional career, and various diseases of contemporary civilization.⁶⁶⁹ In addition, fertility is decreased in both sexes by the negative influence of alcohol, drugs, nicotine, caffeine. Sometimes temporary or permanent infertility can be caused by the habitual or chronic use of medication.⁶⁷⁰ Knowing the reasons for infertility is very important because some of the disorders can be treated, while others can be eliminated by changing one's lifestyle or environment.⁶⁷¹

One in four married couples experiences some kind of fertility problem caused by psychological factors. These difficulties can be the result of the process of the sexual act, including the improper interpretation of fertile days, erectile dysfunctions, premature ejaculation, difficulties reaching orgasm, stressful situations, excessive strain, overwork, the presence of significant physical and psychological tensions, use or excessive use of medication. Some people also claim that infertility is also caused by the woman's lack of acceptance of her own sex.⁶⁷²

The experience of infertility strongly influences the psyche of both the woman and the man and their conjugal bond. It is particularly difficult to face for women whose self-esteem is associated with motherhood. Consequently, they develop problems with self-acceptance, feelings of stigmatization, and frustration in the social, psychological, and existential milieus.⁶⁷³ Moreover, a woman's infertility is connected with the experience of her own helplessness

⁶⁶⁸ E. Bielawska-Batorowicz, art. cit., 414–5.

⁶⁶⁹ Cf. J. Orzeszyna, *op. cit.*, 58–9.

⁶⁷⁰ B. Bassa, art. cit., 240.

⁶⁷¹ *Ibid.*, 241.

⁶⁷² Cf. J. Orzeszyna, *op. cit.*, 62–3.

⁶⁷³ Cf. A. Kalus, *Bezdzietność w małżeństwie*, Opole, 2002, 25.

and powerlessness, as well as with grief, frustration, the sense of guilt, injustice, and the negative attitude towards her body and sex. A woman is very sensitive to signs coming from the environment, which could suggest that she is less valuable as a person because of her infertility. She may, therefore, look for such signs even in neutral behavior. She may also have difficulties in interpersonal interactions, showing the tendency to interpret the whole of reality in the light of her life's drama. This can lead to a series of difficulties, especially in relationships with young mothers or with the women who are expecting a child. Painful experiences are often caused by various objects, people, and situations that may be associated with maternity or fertility.⁶⁷⁴

The men who suffer from infertility usually tend to compensate for this drama with different achievements, which are supposed to emphasize their masculinity and attractiveness. The lack of offspring negatively influences their self-image as well as the image of their spouse and of marriage. They painfully experience the feeling of helplessness and the sense of guilt, especially when they think that they themselves are the cause.⁶⁷⁵

Infertility constitutes an ordeal for the conjugal bond, especially when childlessness results from the infertility of one of the spouses. In such cases, the fertile spouse can become frustrated and aggressive towards the infertile spouse.⁶⁷⁶ It must also be observed that the experience of infertility exerts a strong negative influence on conjugal and family relationships, even if it turns out to be temporary. It often happens that parents who adopt a child after exhausting and resolute procedures and long waiting times manifest a strong fixation on motherhood or fatherhood. This may appear in immature parental and educational attitudes towards the child and difficulties in the relationship with the spouse.

The reaction of the spouses to the diagnosis of infertility can be expressed in the pattern of the "grief after a loss." The first stage is usually surprise and disbelief. The spouses try to deny the diagnosis and undertake treatment. The next stage is anger and rage. At this stage, the anger is usually directed at the doctor, the diagnosing methods, the treatment process, and the other spouse – especially when he or she is infertile. Even if the feelings are not openly expressed, there is a serious risk that they will cause conflicts and weaken the conjugal bond. Anger and rage against the infertile spouse can also be combined with the experience of guilt, even when the problems do not depend on anyone's decision. At this stage, the spouses develop the tendency to isolate

⁶⁷⁴ Cf. J. Orzeszyna, *op. cit.*, 18.

⁶⁷⁵ Cf. *ibid.*, 19.

⁶⁷⁶ Cf. A. Kalus, *op. cit.*, 185.

themselves, hiding their feelings and avoiding contact with the milieu; this, in fact, increases the inner tensions and endangers the spouses' relationship. The stage of acceptance of infertility and its consequences is connected with the search for a positive solution to the drama of childlessness. At this stage, the spouses stop concentrating on the past and turn to the future. They devote more energy to finding the solution to the problem than looking for the causes of this situation. They analyze the available methods of treating infertility and consider the possibility of adopting a child. The stages we have mentioned are not always experienced by both partners at the same time, and this fact may create additional difficulties, both in their relationship and in their search for the ways to cope with the situation together.⁶⁷⁷ The research shows that infertile married couples can sometimes improve the quality of their relationship. In some cases, they experience posttraumatic growth, which creates positive changes in their attitude towards life, their self-perception, and their interpersonal relationships.⁶⁷⁸

Infertility must not be treated only as a biological or psychological problem. It always concerns the whole person with all of his/her complexity and corporeal-spiritual unity. Moreover, it is never the problem of just one spouse but influences all the aspects of the conjugal bond. The spiritual and ethical aspects of the experience of infertility represent a very delicate point. This experience is connected with questions concerning God's goodness and Providence, trust in God, the meaning of suffering, the meaning of the sacrament of marriage, and the conjugal vocation. It is also related to the temptation of conjugal fidelity. Many spouses end up using the unethical methods to treat infertility, especially artificial fertilization *in vitro* and the artificial insemination *in vivo*.⁶⁷⁹

Married couples often succumb to the temptation of artificial insemination and seek illicit means to have children.⁶⁸⁰ They cannot have a child "at any cost, as a right for one's self-fulfillment" (AL 180). Trying to conceive a child in an artificial way, outside of the natural conjugal sexual intercourse of the loving spouses, has a series of moral consequences. It implies separating the unitive and procreative meaning of the conjugal union (cf. FC 32), detaching the transmission of life from the conjugal sexual act, and depriving the child of the right to be conceived in a natural way, through the act of his or her parents' love.⁶⁸¹ Furthermore, the marital act is replaced by technical procedures

⁶⁷⁷ E. Bielawska-Batorowicz, art. cit., 420.

⁶⁷⁸ *Ibid.*, 422.

⁶⁷⁹ Cf. J. Orzeszyna, *op. cit.*, 25–6; cf. A.J. Katolo, *Contra In Vitro*, Warsaw, 2010, 18–29.

⁶⁸⁰ Cf. DVt 5, II.8; FHP 15.

⁶⁸¹ DVt II.6; FHP 15.

that expose the health of women and children to many dangers and lead to the destruction of countless human embryos.⁶⁸² Negative consequences of artificial insemination on the socio-psychological level have also been observed.⁶⁸³ These problems represent pastoral challenges.

Ways of Supporting Infertile Spouses

The pastoral action is intended help infertile spouses in an integral way, with special emphasis on religious and spiritual support. The Congregation for the Doctrine of the Faith states that infertility is a severe trial and cause of suffering. Therefore, “the community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood” (DVt II.8). The Church explains and encourages infertile married couples through its pastoral care of families, especially different forms of proclaiming God’s Word, the sacraments, prayer, and the ministry of charity provided in the ecclesial community and through family counseling.

The Church, proclaiming the Word of God, states that “the Church reveals to the Christian family its true identity, what it is and should be according to the Lord’s plan” (FC 49). The Word of God helps the spouses discover the meaning of their life in Christ. This discovery leads them to genuinely accomplish the vocation of parenthood. The Word of God can likewise help infertile spouses to see the meaning of life and parenthood (cf. VD 85). Pope Francis explains that marriage is not established solely in view of procreation, but continues and keeps its importance as a union and community throughout life. Furthermore, parenthood is not only biological but also spiritual, and it is expressed in different ways (cf. AL 178). In caring for these spouses, it is helpful to explain important issues and specially to support them spiritually through preaching and catechesis, reflection on the Word of God, both individually and in communities, pastoral discussions, family counseling, spiritual direction, and prayer. The favorable conditions for the pastoral care of spouses experiencing infertility include specialized retreats and days of recollection, as well as the many occasions that ordinary ministry offers. Priests, religious, and lay people may in different circumstances deal with their specific problems in the light of God’s Word.

When caring for them, it is good to be attentive especially to the difficulties they may experience in their attitude towards God, His goodness and

⁶⁸² Cf. A.J. Katolo, *op. cit.*, 31–45.

⁶⁸³ Cf. *ibid.*, 45–64.

Providence. Feeling of grief, injustice, loss, and helplessness can indeed lead to difficulties in believing in God's goodness, Providence, and love for each person. To deal with these experiences requires a mature concept (image) of God. Before the proclamation of God's Word, there is the task of shaping parents and spouses to mature faith in God who is both Almighty and infinitely good. Although their faultless suffering never ceases to be a mystery in the world, it is necessary to look at it from the perspective of God's goodness. In the face of suffering, it must always be remembered that even the greatest evil cannot destroy the divine plan of salvation and the plan of goodness for humankind. All evil resulting from original sin has been overcome, along with all the other consequences of sin, by the passion, death, and resurrection of Jesus Christ. It is important to draw the attention of those who are suffering to the fact that God himself is always close to the one suffering and intimately associates his personal drama in his saving work for the world (cf. CCC 618). By listening to the word of God and trusting in His goodness, the spouses can overcome this trial of faith in their lives and hear His call to fruitful love in their circumstances. By deepening their faith, they can discover the truth that fertility is a gift. Understanding fertility as a divine gift gives meaning and confirms the importance of the supplication of the spouses and the ecclesial community for this gift (cf. 1 Sam 1:10, 17; Lk 1:13). This is indeed the attitude of many faithful spouses.

Through family counseling, pastoral conversation, and spiritual guidance, the Church encourages spouses with the problem of infertility to have recourse to morally licit medical treatment and supports them as they patiently strive to overcome their difficulties. The opening of the spouses to God's help is harmonized with the use of morally acceptable infertility treatment, such as NaProTECHNOLOGY⁶⁸⁴ or medical aid to the act of procreation.⁶⁸⁵

⁶⁸⁴ B. Bassa, "Dowartościowanie odpowiedzialnego rodzicielstwa," in: R. Kamiński – G. Pyżlak – J. Goleń (eds.), *Duszpasterstwo rodzin. Refleksja naukowa i działalność pastoralna*, Lublin, 2013, 191–2: "NaProTECHNOLOGY, is a natural support for procreation. The Creighton Model FertilityCare™ System (CrMS), created in 1976 at the University in St. Louis by Dr. Thomas Hilgers, is the basis of this medical system. It is an integrated system of education [...] Engaging both spouses in the diagnostic process, heightens their awareness of fertility and leads to a better understanding the causes of their problems [...] This truly helps and supports the spouses who are responsible for cooperating with God in bringing new lives into existence." Cf. B. Bassa, "Zastosowanie NaProTECHNOLOGY w diagnostyce i leczeniu niepłodności małżeńskiej," 239–50.

⁶⁸⁵ Among the means of medical support in the procreative act, we can include the LTOT method and every kind of hormonal strengthening of the male or female body that facilitates the conception. A.J. Katolo, *op. cit.*, 144.

The significance of fertility in sacramental marriage must be more deeply explained, not only as a gift of the physical transmission of life but also as spiritual fertility. All spouses, especially those who are infertile, need to clarify the mystery of fertility rooted in God. It is important to understand that fertility, motherhood, and fatherhood, engage the entire person, with his/her complex physical and spiritual integrity. Therefore, they cannot be reduced to the physical ability to have offspring. Fertility, fatherhood, and motherhood in the physical dimension are not the only expression of human fertility, which is rooted in the paternity of God Himself (cf. *LtF* 10). Therefore, the love of physically infertile spouses remains fruitful (cf. *AL* 181). The impossibility of realizing the biological dimension of this fertility does not deprive the spouses of the possibility of fulfilling its paternal and maternal dimension, which, by the grace of the sacrament of marriage, is rooted in the life-giving love of God Himself. It is, hence, helpful for married couples to understand that the fertility of conjugal love does not coincide with the birth of children but is realized in moral and spiritual life (*FC* 28), through education, the transmission of faith and moral values. The pastoral care of families, in the catechesis of adolescents, adults, the engaged, spouses, as well as in its ministry, should show the spiritual dimension of the spouses' fertility, indicating the concrete ways for realizing it and its fruitfulness for marriage and the family.⁶⁸⁶

The Church's pastoral care should also focus on strengthening the bond of infertile spouses who, despite difficulties, fully and authentically respond to their marital vocation (*DVt* II.8). Since procreation and the education of offspring naturally contribute to the growth of the spousal relationship, when couples are infertile, their bond of love should be supported. It is helpful to guide them so that their relationship in reciprocal self-giving not only builds their mutual good but also contributes to the good of other people. Strengthening the interpersonal relationship of infertile spouses allows them to overcome the tendency to self-blame and low self-esteem caused by infertility and associated with the tendency to seek compensation. The spouses' conviction that God's plan for fertile love is indispensable in every marriage is important even when health problems make it difficult or impossible to have children. This conviction allows spouses to consciously build their mutual bond by sharing their problems and feelings in an atmosphere of faith and trust. By praying for one another, the spouses help each other to discern their own way of incarnating their love, spiritual fertility, and parenthood.

Infertile couples appear particularly vulnerable to crises, which may be manifested by the depreciation of the meaning of the sacrament for a childless

⁶⁸⁶ A. Dzióba, *Narzeczeni wobec ludzkiej płodności. Studium pastoralne*, 221.

couple and the sense of the inability to reach self-fulfillment. Then, the desire to find an emotional refuge from the relationship in work, extreme hobbies, and sometimes also betrayal or the wish to build a new union with another person, thus violating the sacramental marriage. To remedy such situations, the pastoral care of the families must highlight conjugal love and the unconditional character of love, unity, and indissolubility. It should also be explained that “marriage does not confer upon the spouses the right to have a child, but only the right to perform those natural acts, which are *per se* ordered to procreation” (DVt II.8). These issues are worth explaining to young people and engaged couples preparing for marriage as well as in the different forms of pastoral care of spouses.

The inability to have offspring can lead spouses to concentrate excessively on their unrealized parenthood, and that can lead to the temptation taking recourse to immoral ways of transmitting life—e.g., in vitro artificial insemination (IVF) or artificial insemination (in vivo). The spouses experiencing infertility need to be caringly and gently made aware of the fact that no person can ever be an object of ownership, and the reference to an alleged right to have a child is the expression of a mentality that does not respect the child’s dignity and nature (cf. DVt II.8). It should be explained to infertile spouses that artificial in-vitro fertilization separates human procreation from the personal conjugal love expressed in the sexual act. It violates the right of the child to be the fruit of the act of his parents’ conjugal love (DVt II.8), rather than being produced through technical intervention that replaces the conjugal act, and his right to be begotten in a family environment (FHP 15). It is also important to point out the dangers of artificial insemination for the health of persons and the particular moral evil of fertilization *in vitro* techniques, which involve the destruction of a very high number of embryos (DP 14-15). It is important to shape parents’ awareness that they are collaborators of God the Creator in the field of life and education, and expressions of His love.⁶⁸⁷ Consequently, they must be guided by the objective moral order and a right conscience (cf. HV 10).

Pastoral agents are called to explain to the faithful the ethical questions of artificial insemination and to present the reasons for its moral inadmissibility in the light of the Church’s teaching (cf. DVt II, 1-6). These issues should be explained to young people and to the engaged, as well as to all the faithful, during the retreat and parish missions.⁶⁸⁸ Both pastors and family counselors who meet people involved in deciding about artificial insemination should

⁶⁸⁷ Cf. CCC 2367; GS 50.

⁶⁸⁸ A. Dzióba, *op. cit.*, 222-3.

present and encourage spouses to use morally acceptable solutions that provide a positive alternative to *in vitro* techniques.⁶⁸⁹ The Church's initiatives and the support that She provides for the creation of specialized infertility treatment clinics is valuable and fruitful.

Family ministry should not overlook those who, in their difficulties, have manifested the forms of behavior described above and used immoral means to conceive a child. On the contrary, pastors should go to meet them and guide them to reconciliation with God and the Church. It is also important to emphasize that the recognition of the inadmissibility of the act of artificial insemination alone can in no way be linked to the rejection of the conceived child or to any depreciation of his or her dignity or worth. Taking into consideration the great burden on the conscience of parents who are aware of the death of their children conceived through *in-vitro* procedures, these spouses should be guided on a path of mature penance, which is far from any despair that would undermine Christian hope. Pastoral support also requires the education of artificially conceived children. Their parents are especially particularly exposed to improper attitudes stemming from a morbid focus on motherhood or fatherhood. Moreover, the awareness of receiving offspring through a process of biotechnological manufacturing may adversely transform the parent-child bond into a relationship of possession, marked by the tendency to dispose over the child or to flee from the full commitment to parenthood. Therefore, the formation of parents convinced that the child has "the right to be respected as a person from the moment of his conception" (DVt II.8) is priceless.

However, the Church's pastoral action cannot be limited only preventing risks and treating wounds. This action must also include evangelical valuation. The painful situation of spouses experiencing physical infertility is "an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness [...] Physical sterility, in fact, can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children."⁶⁹⁰ The generosity implied by adoption is highlighted by Pope Francis. He encourages spouses to open and extend their conjugal love to accept those who are

⁶⁸⁹ The Irish Catholic Bishops' Commission for Ethics has endorsed the Creighton Model of NaProTECHNOLOGY as the only morally accepted alternative to these techniques. Cf. J. Nowak, "Model Creightona – nowoczesny system opieki medycznej w dziedzinie płodności," NPR 2002, no. 1, 15; B. Bassa, "Dowartościowanie odpowiedzialnego rodzicielstwa," 192.

⁶⁹⁰ FC 14; DVt II.8.

deprived of their family environment, and he assures them that they will never regret their generosity. “Those who accept the challenge of adopting and accepting someone unconditionally and gratuitously become channels of God’s love” (AL 179). Among other forms of fruitful conjugal love, the Pope’s faith-based openness to society and to social responsibility (AL 181). “A married couple that experiences the power of love knows that this love is called to bind the wounds of the outcast, to foster a culture of encounter and to fight for justice. God has given the family the job of ‘domesticating’ the world” (AL 183).

Thus, the Church invites infertile couples to advance on the path of evangelical growth and spiritual fertility through prayer and different types of service to life. With an open and responsible attitude, the spouses should strive to discern God’s invitation to act as an adoptive or foster family, to accomplish the different tasks of spiritual parenting, and to deepen their involvement in the life of the ecclesial community, especially in the field of human life and education.⁶⁹¹ Infertility can also become an opportunity for many married couples to become more involved in the mission and evangelization, through the apostolate and social work.

15.3. *Care for Families with Disabled Members*

ANDRZEJ KICIŃSKI

Parents expecting a child usually want it to be healthy, without disabilities, successful and able to develop like many other children. Whenever an abnormality is diagnosed in a newborn baby, for the parents this is a big blow, a mental shock. Earlier or later diagnosis of a child’s disability poses a problem to the parents, who are often not prepared. Therefore, Pope Francis, in his Apostolic Exhortation *Amoris Laetitia*, sees concern for the disabled as a paradigm. “It is a great admiration for families who, with love, accept the difficult experience of a disabled child. They give the Church and society a valuable testimony of fidelity to the gift of life” (see AL 47). The present study will deal with the challenges facing families and the pastoral care of children with physical and intellectual disabilities.

⁶⁹¹ Cf. FC 14; DVt II.8; DDR 67.