

CONTRACEPTION, THE PILL, AND RESPONSIBLE PARENTHOOD

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ONE OF THE MOST pressing contemporary moral issues facing the Church is the question of birth control. This essay is offered as a modest contribution to the discussion among theologians, in the hope of stimulating more competent and more penetrating reflections on this problem. The presentation treats first of the argument against contraception and lastly of the notion of responsible parenthood. Situating the discussion of the anovulant pills between these two themes may be taken as indicative of the central issue: Is the pill to be rejected as an illicit means of contraception, or accepted as a licit means of exercising responsible parenthood in certain circumstances?

CONTRACEPTION

In a paper delivered at the eighteenth annual convention of the Catholic Theological Society of America in June, 1963, Father Gerald Kelly, S.J., gave perhaps the clearest analysis of the papal teaching on contraception.¹ A careful study of the pertinent texts of Pius XI and Pius XII shows that the papal argument against contraception is based on the principle of "divine design" or "divine institution." God has established a definite plan for the beginning of human life. This design is built into the natural structure of the conjugal act and of the generative process, and man's freedom to alter these does not go beyond accidentals. This is "the given," to which man must submit.

Whether we speak of the *opus hominum* [coitus, defined as "actus per se aptus ad generationem"] and *opus naturae* [the precoital and postcoital process] or of the essence and integrity of the marital act, it is clear from the teaching of both popes

¹ Gerald Kelly, S.J., "Contraception and Natural Law," *Proceedings of the Eighteenth Annual Convention, The Catholic Theological Society of America, 1963* (New York, 1964) pp. 25-45. This same matter is treated in somewhat more detail in John C. Ford, S.J., and Gerald Kelly, S.J., *Contemporary Moral Theology 2: Marriage Questions* (Westminster, Md., 1963) 279-314.

that each of these phases of generative function is part of a divine plan that man is not free to change. But why this inviolability? Because these things constitute the natural prelude of the *opus Dei*, which is the creation of a spiritual and immortal soul. Hence, according to the divine plan, these functions are life-giving—and the life they help to give is human life. This is the ultimate specific reason for their inviolability. Just as innocent human life itself is inviolable, so those things which immediately pertain to the beginning of human life are also inviolable.²

Thus, the basic argument against contraception is that it is a violation of the inviolable divine plan for the beginning of human life. This applies to contraceptive techniques which intervene substantially in the natural structure of the marital act itself or in the biological processes requisite for conception.

But Pius XII also insisted on the personal or relational aspect of marital intercourse as an act of love between husband and wife. In its totality the marital act is a life-giving act of love.

And under both aspects, as life-giving and as expressive of conjugal love, it is planned by God and written into nature. Pius XII does not explicitly draw the conclusion that contraception is immoral because it falsifies married love, but he provides adequate grounds for drawing this conclusion.

To summarize: basic to the papal argument is the inviolability of the conjugal act as life-giving. A further development of the argument is that the conjugal act is designed by God to give life *in a human way*—that is, in a manner that expresses the specific love of the married partners and that binds them together in a way that is consonant with the rearing of children.³

This much we may take as established by the papal statements: the conjugal act and the generative process are substantially inviolable. It is not at man's disposal freely to alter them in any way that he might wish.

And yet, a consideration of generally accepted solutions of Catholic casuistry in the area of sexual ethics reveals what seem to be a considerable number of intrusions into the inviolability of the conjugal act and the natural processes surrounding it. It will be worth our while to examine some of these cases in an effort to determine more accu-

² Kelly, *art. cit.*, p. 30. The explanations in brackets of *opus hominum* and *opus naturae* are added by the author of this article.

³ *Ibid.*, pp. 32–33.

rately what constitutes a "substantial" intervention in the inviolability of the conjugal act or the generative process.

We shall pass over all cases which are resolved by the application of the principle of the double effect, since these cases contribute nothing to our purpose, which is to determine the extent of man's *direct* dominion over the conjugal act and generative system. Indirectly-willed intrusions for a proportionate reason may go as far as the complete destruction of the procreative power, but this is of no interest to us here.

In their volume on *Marriage Questions*, Frs. Ford and Kelly list the following examples of the licit exercise of man's direct dominion over the reproductive function: the use of the perforated condom to obtain semen for male fertility tests; the use of the cervical spoon in "assisted" homologous artificial insemination; the use of a syringe after marital intercourse to collect semen deposited in the vagina and insert it further into the wife's genital tract.⁴

These cases involve procedures designed to promote fertility. But there are also cases in which the purpose of man's intervention in the marital act or generative process is to reduce fertility or to avoid conception. For example, according to some moralists *copula dimidiata* would not be sinful for those who have a proportionate reason for not wanting more children, even if they directly intend to reduce the chances of conception by this practice. Also, the use of drugs which suppress sexual desire would not be considered immoral by many moralists, even if the direct intention were to reduce sexual desire in order to fix the size of one's family at a reasonable limit. Yet these drugs seem to involve some degree of intrusion into the reproductive function.⁵

Then there are the cases of rape which seem to allow a woman direct dominion over her reproductive faculties in special circumstances. A woman who has been raped is allowed to take contraceptive measures after the event. In cases of danger of rape, she is allowed to use a contraceptive diaphragm. And lately the opinion has been accepted which would allow her to take sterilizing drugs in such circumstances.⁶

⁴ Ford-Kelly, *op. cit.*, p. 364.

⁵ *Ibid.*, p. 365.

⁶ *Ibid.*, pp. 365-66. Frs. Ford and Kelly add (pp. 366-67) this explanation of these cases: "According to some, this is not a real exception to the law against contraception,

And still more such questions have been raised by the development of the anovulant pills. Some moralists allow the use of these pills to suppress ovulation and prevent conception during the lactation period after childbirth. They explain that this is not a forbidden sterilization, since only that sterilization is intrinsically immoral which deprives a woman directly of *normal* fertility; and ovulation during the lactation period is considered to be abnormal fertility. The same would be true of the direct suppression of a second ovulation, if such ovulations take place, on the hypothesis that nature intends only one ovulation in a given menstrual period. Therefore, the direct suppression of abnormal ovulations, at least in some cases, is not the direct temporary sterilization which is forbidden by the natural law. It has even been suggested by some moralists that the direct and complete elimination of ovulation and fertility in a woman beyond the normal time of the menopause would not be wrong.⁷

Now, all of these cases are defended as at least probably licit by various Catholic moralists. This raises some questions as to the meaning of a "substantial" or "accidental" intervention in the inviolability of the conjugal act or generative process. As new cases arise, allowing somewhat more profound intrusions into the marital act or generative

because the reason behind that law, the true malice of contraception, lies in willing an act of intercourse and at the same time willing the frustration of the natural purpose of the act. The victims of rape do not will the intercourse, hence they are not forbidden to frustrate it when it is forced upon them.

"Several points can be noted here. First, this reasoning would not be admitted by other authors (Merkelbach, for instance), who do not permit contraceptive measures even in case of rape. These authors put the malice of contraception in the positive interference with the physiological processes of reproduction. In fact, to hold that contraception is involved only when such contradictory acts of the will are present, seems to be a comparatively recent refinement of the notion of forbidden contraception. Second, it is not universally true that to will an act deliberately and to will simultaneously its frustration is immoral. Moralists would allow scientific experimentation with the human nutritive faculty even if it involved deliberate eating coupled with deliberate regurgitation. Third, if it is subsumed that the procreative faculty is different and subject to special limitations, we would reply: admittedly it is different, but the difference and the special limitations do not derive from anything contained in the general principle that deliberate frustration is immoral. And furthermore, in all the examples we have given here, the positive control or interference has to do precisely with the generative act or the generative faculty."

⁷ *Ibid.*, pp. 261-62, 368-73.

process, one may choose to preserve the rubric of "substantial" and "accidental" intervention. Those which are defended as licit will be called accidental; those which are rejected will be called substantial. But these words give us no norm for deciding which interventions go too far to be permitted.

Many moralists would appeal to the formula that man's dominion over the conjugal act or generative process is limited to use or nonuse. Such a norm does yeoman's service in explaining the morality of the practice of the rhythm. It has served well in this area. But we would be hard put to explain many of the above cases with the criterion of use or nonuse. The *only* reason for listing these cases is to show that in fact, and it seems to me in principle, we have already gone beyond this norm. Where, then, are we to draw the line? What constitutes a "substantial" and therefore forbidden intervention in the marital act or generative process?

Might we suggest that there is no clear norm yet developed in Catholic moral science which enables us to answer this question adequately, i.e., to resolve *all* the cases which present themselves? Frs. Ford and Kelly seem to point this out.

However, if the principles alleged above do not indicate with precision the limits of man's dominion over procreation, this should not lead us to think we have no certainty at all in the matter. Catholic teaching on contraception and direct sterilization is clear-cut and decisive for the vast majority of cases, even though the philosophical reasoning behind it leaves much to be desired.

Our teaching on the limits of man's power has customarily been set down in the form of certain negative absolutes. To wit: it is never permitted under any circumstances to posit the marriage act and at the same time to frustrate it by positive means; and: direct sterilization of man or woman, whether permanent or temporary, is always intrinsically wrong. But although these formulations are clear-cut enough to solve the ordinary run of cases, and although they seem to demarcate accurately the limits of man's dominion, we discover that beneath their superficial clarity lurk problems and pitfalls.

For instance, with regard to the generative act: how is it defined in its minimum essentials? Even with the help of the practical definition used by the Holy Office, there are still unresolved questions which arise concerning impotence, cooperation with contraception, and the above-mentioned cases. Contraceptive acts are absolutely forbidden, but we are not always clear whether a given act is contraceptive.

With regard to the limits of dominion over the generative faculty the dif-

faculties increase. The principle is formulated as an absolute negative. But sterility and fertility are relative terms.⁸

This distinction between interference in the marital act and that in the generative faculty is familiar to all Catholic moralists. It has, for instance, been pointed out that the papal teaching on contraceptive practices which destroy the substantial integrity of the marriage act is more solemn than that on sterilization, i.e., intervention in the generative faculty.⁹ Perhaps this distinction between intervention in the marital act and in the generative faculty will prove more fruitful than that of use or nonuse in questions of marital morality, especially since we seem already to have gone beyond the norm of use or nonuse.

THE PILL

This distinction between intrusions in the marital act and those in the reproductive system has been one of the central issues in the controversy over the use of the anovulant pills as a licit method of exercising responsible parenthood in certain circumstances. In approaching this discussion, it would perhaps be helpful to distinguish somewhat carefully the more common methods of birth control now in general use. On the one extreme would be such practices as withdrawal and the use of the condom. These actions do not satisfy the minimum definition of marital intercourse. There simply is no marital act. Next is the use of the occlusive pessary, and various suppositories, foams, and jellies designed to block and perhaps destroy the male sperm. Here, according to many, are verified at least the minimal essentials of the act of marital intercourse, i.e., the depositing of the sperm in the vagina of the wife. (This is not to say that such a procedure is licit.) Then there is the practice of douching after intercourse. And there is also the surgical procedure of ligating the Fallopian tubes in the woman to prevent the passage of the released ovum to a possible meeting with the male sperm.¹⁰ Now, with the development of the anovulant

⁸ *Ibid.*, pp. 367-68.

⁹ *Ibid.*, pp. 256-78, 315-18.

¹⁰ We pass over sterilizing procedures in the male, since we are here concerned with the anovulant pills and their relation to sterilization in the female. We also pass over the use of intra-uterine contraceptive devices which are now being reintroduced, since the tentative explanation of their effectiveness makes them out to be abortives rather than contraceptives. They do not prevent the passage of the sperm to meet the ovum, but they do

pills, there is available a chemical means of arresting ovulation, so that no ovum is released from the ovary for possible impregnation. Lastly, there are the methods of periodic continence (the rhythm method) or total abstinence from marital intercourse.

In his much publicized article on conjugal morality and the progestins, Fr. Janssens argued that in cases where the rhythm method is licit, but where it is impracticable or not sufficiently reliable, it may be replaced by the use of the anovulant pills or progestins, on the understanding that they be employed within the framework and limits of a generous use of fertility.¹¹ We are not concerned here with the use of progestins for several months to "regularize the cycle" so as to practice the rhythm more securely, but with their continued use from day 5 to 25 of each cycle in place of the rhythm when it is impracticable or unreliable.¹² Janssens insists that recourse is not to be

trigger excessive contractions of the uterine muscles and of the Fallopian tubes. Thus, they may cause displacement of the fertilized ovum before it has time to settle in the wall of the uterus.

¹¹ L. Janssens, "Morale conjugale et progestogènes," *Ephemerides theologicae Lovanienses* 39 (1963) 787-826, esp. at p. 824.

¹² Moral judgments depend upon the medical facts, which are not completely clear in the explanation of the activity of the progestins. This discussion considers the action of the progestins to be the inhibition of ovulation. It has been suggested that two other factors may be operative in preventing conception when the progestins are used, namely, the production of an endometrium unfavorable to nidation and of a viscid cervical mucus impenetrable to sperm. There is danger then of the loss of a fertilized ovum and of the presence of an obstacle somewhat similar to that which occurs in the use of the cervical cap. What is to be said about these factors? First, as to the question of fact, these effects of the progestins are by no means established scientifically. At present, the difficulty with nidation seems to be postulated principally on the fact that there is some evidence of ovulation having occurred in an occasional cycle of medication without pregnancy resulting. Other factors could perhaps account for this situation. Second, presuming for the moment that the use of the progestins from day 5 through 24 to inhibit ovulation were licit in the circumstances envisaged by Janssens, these other suspected effects might possibly be justified by the principle of the double effect. This would depend upon a clearer picture of the way the pills bring on these alleged effects. Furthermore, as to the loss of a fertilized ovum, the danger of this happening seems very remote if the pills are so effective in inhibiting ovulation. Third, it may be possible by other techniques in the use of estrogen and progesterone to avoid these suspected effects. The medical evidence is not entirely clear at present and advances are being made rapidly. For example, in the so-called "sequential" approach, advantage is taken of the fact that the anovulatory action of the pills is basically dependent on the estrogenic component, while progesterone produces the endometrial effect required for regular withdrawal bleeding. In this technique, estrogen alone is given for the first fifteen days, and this is followed by the combination of estrogen and

had to progestins when the practice of rhythm is possible and effective enough to assure voluntary and generous procreation. Drugs are not to be used when their use is not indicated. Therefore, we should still be very much concerned about perfecting the rhythm method either by developing a simple and accurate way of detecting in advance the moment of ovulation or by controlling or pin-pointing the moment of ovulation.¹³

Janssens attempts to show that the use of progestins can be likened to the practice of the rhythm. And since the rhythm method is justified not by therapeutic reasons alone, but by any objectively sufficient reason (e.g., social, economic, eugenic, etc.), the use of the progestins might also be justified by such reasons.

In the course of each menstrual cycle, if it is not anovulatory, an ovum comes to maturity and is freed, but it cannot exercise its reproductive function unless it is fertilized. If fertilization does not take place, it necessarily disintegrates and vanishes. Now, the objective significance of what happens when rhythm is practiced lies precisely in the deliberate suppression of the generative power. In fact, everything is nicely calculated to determine the fertile period and to synchronize the freeing of the ovum with the *time* when it will disintegrate and disappear. Account is taken of *how long* the spermatozoa retain their fertilizing power after intercourse; account is taken of the *moment* of ovulation and of the *time* needed for the freed ovum to disintegrate, in order to perform, with as much certainty as possible, a sterile act of intercourse. All these calculations show quite well that a *temporal* obstacle is intentionally being placed in the way of the ovum's per-

progesterone for five days. Would the two morally undesirable effects mentioned above be present in this approach? It would seem not. Finally, whatever we ultimately learn of the precise way the progestins work, and even if they are superseded by better and less objectionable techniques, the important point is that they have served as the occasion for a critical re-examination of a central moral issue: the extent of man's direct dominion in the natural law over his reproductive function. Whatever the outcome of this discussion, it is a much-needed discussion in its own right and the pill is largely responsible for making it possible.

¹³ Janssens, *art. cit.*, p. 824.—There has been some attempt to use the progestins for only ten days of the cycle, after the ovum has been released, in order to make subsequent ovulations regular. Though this effort to avoid inhibiting ovulation is praiseworthy, medical testimony on the effectiveness of this technique is at present conflicting. Other progestins are being tested which are said not to affect ovulation. As these advances proceed, present techniques may be rendered obsolete, and currently licit uses of the pills may eventually become morally objectionable because simpler and less drastic procedures have been developed.

forming its reproductive function (just as the use of mechanical methods or of *coitus interruptus* places a *spatial* obstacle for the same purpose).

What happens when progestins are used? Dr. J. Rock especially emphasizes two things: (1) The use of progestins puts the ovaries in a quiescent state, in which, therefore, there is neither ovulation nor loss of ova. Putting the ovaries in a quiescent state implies, in fact, that the ova, instead of maturing and so having to disintegrate if they are not fertilized—exactly what happens in the case of rhythm—are preserved in the ovary, where they remain ready to be used and where they will be capable of developing from the moment when the administration of progestins stops. Whereas periodic continence risks complete loss of the ovum in the course of each cycle, precisely to prevent its fulfilling its generative power, the use of progestins preserves the ova and their reproductive function for the moment when the couple judge that their duty to make generous use of their fertility requires procreative acts of them. (2) Furthermore, whereas the practice of rhythm has no influence on later capacity for fertility, the use of progestins can, on the contrary, enhance the female's fertility in this sense, that after she has stopped using them, she is better able to conceive (the rise in ovarian activity after the quiescent phase can even be put to use in treating certain forms of sterility).¹⁴

Let us examine, in the light of this physiological evidence, the most interesting and the most important problem in the area of birth regulation: the spacing of births, which is almost always justified by objective reasons. To accomplish this spacing, a couple decides to practice rhythm. First, they must be able to determine the moment when ovulation takes up again—often quite difficult to do. After the ovaries have begun functioning again, as long as they want to postpone another pregnancy, they have intercourse during each cycle on a schedule which permits the freed ovum to disintegrate and not to be fertilized. If, however, a couple uses progestins from the time of the ovaries' quiescent phase after delivery, they support the physiological mechanism that tends to prolong that quiescent period; they prevent the loss of an ovum in the course of each cycle; rather, they keep the follicles in a quiescent state, ready for development from the moment when the use of progestins is stopped; they enhance the female's power to conceive for the moment when they wish to procreate again. It appears from this comparison that human intervention goes further in the case where periodic continence is practiced than in the case where progestins are used. Yet no one

¹⁴ *Ibid.*, p. 822. In this and the following citation from Janssens' article, mention is made of the preservation of the ovum in the course of each cycle during which the progestins are being used. There seems to be some difference of opinion among doctors on this point. Some maintain that the ovum which should have matured and been released in each cycle eventually "dies" along with many others, and that menopause will occur at the usual age even when the pills are used. Whatever the correct medical explanation, our reflection on Janssens' thought is not at all contingent on the argument of "preserving ova." For our purpose, all that matters is that the pills inhibit ovulation.

maintains that periodic continence is a form of direct sterilization or of mutilation. Quite the contrary: it is recognized that despite the misuse that can be made of that method, it is not evil in itself, and that it is justified from the moment when valid objective reasons present themselves. In other words, rhythm is not justified by therapeutic reasons alone, but by any objectively sufficient reasons. A fortiori, the use of progestins which prolongs the quiescent phase of the *post partum* with an eye to spacing births is not a bad action in itself. It too, then, can be justified not only by therapeutic reasons, but by any objective and serious reason, i.e., in the practical order, by a number of reasons, putting birth regulation at the service of generous procreation.¹⁵

The immediate objection to this position is to insist on the difference between the rhythm and the use of the progestins. In the first case, there is question of use or nonuse. In the second, there is a chemical intervention in the generative function which arrests ovulation. This is a mutilation, i.e., temporary sterilization, and mutilations are permitted only for therapeutic reasons. To allow the use of progestins for social, economic, eugenic, psychological, or demographic reasons would be contrary to all Catholic moral principles on sterilizing mutilations.

It certainly is true that there is a difference between this use of the pills and the rhythm. It seems to me, however, that there is a clear possibility here for a development and extension of the principles of Catholic ethics. It is true that up to the present time the practice of the rhythm has been permitted for medical, eugenic, social, and economic reasons, whereas sterilization has been permitted only for medical or physiological reasons by the application of the principles of totality and the double effect. But, since the notion of sterilization is still in need of considerable refinement from a moral point of view, we should be open to possible development in this area. Moreover, since the action of the anovulant pills is considerably different from surgical sterilization, for which our principles were first developed and with which they were primarily concerned, we should be especially well-disposed to refinements here.

The present debate may end with the decision that the use of the pills as suggested by Janssens constitutes direct sterilization as prohibited by Catholic moral teaching. Or it may conclude that it is not

¹⁵ *Ibid.*, pp. 823-24.

sterilization at all, or at least that it is a type of direct, temporary sterilization that may be justified by eugenic, social, economic, psychological, or demographic reasons as well as by physiological reasons. In this last approach, forbidden sterilization in the woman would be defined not as the suppression of the capacity to conceive a child, but as the suppression of the *natural* or *normal* capacity to conceive a child. Furthermore, the words "natural" or "normal" would be defined not by the physiological cycle of the woman alone, i.e., one ovulation every twenty-eight days or so, but this physiological cycle would be subordinated to values of the social, psychological, economic, eugenic, or demographic order. This would mean that in some cases, because of the demands of these other orders, it would not be forbidden sterilization to put the ovaries at rest for as long as such reasons urged. What we are doing here, I believe, is to say that the twenty-eight-day cycle of a woman, with one ovulation in the cycle, may be the normal physiological periodicity for her, i.e., normal fertility from the *biological* viewpoint, but that her dominion over this cyclic pattern of fertility extends to the point of changing the physiological periodicity for sufficient reasons of a *higher* order. And the more urgent and serious the reason, the more extensive and perduring may this intervention in the periodicity be. Briefly, "normal" or "natural" should not be limited to the *biologically* normal or natural, but should be extended to mean the *humanly* normal or natural.¹⁶

¹⁶ The implications of such an approach extend to the whole field of Catholic medical morality, at least with respect to the morality of mutilation. The proximate principle regulating the morality of mutilation is the principle of totality. It resolves the vast majority of cases in a satisfactory way. But there are difficulties underlying its apparent simplicity. All moralists are aware of the problem which arose with regard to the morality of organic transplantation from living donors because of the negative phrasing of the principle of totality. Both Pius XI and Pius XII used this negative expression, i.e., individuals do not have the right to mutilate their bodies except for the good of the whole. This would mean that the good of the whole is the *only* reason which can make mutilation licit. Therefore, organic transplantation from a living donor is illicit. However, when this question became urgent, a way was found to interpret the papal statements in their historical context which allowed for the probable licitness of organic transplantation. As a result, the principle of totality is now expressed affirmatively: the individual has the right to mutilate himself for the good of the whole; but this does not exhaust the reasons why mutilation might be licit. Such an interpretation was approved at least negatively in a subsequent statement of Pius XII on Sept. 30, 1954, where he explicitly left open the question of the morality of organic transplantation from a living donor. As a result, mutilation

It seems to me that underlying the effort to associate the use of the anovulant pills to the practice of the rhythm is the effort to meet one of the key issues of the birth-control controversy. It has never been easy (and is still not easy) for Catholic moralists to explain why the physiological or biological, i.e., the procreative aspect of marital intercourse should be normative for the relational or personal aspect of intercourse.¹⁷ Many wonderful things have been written recently to clarify and emphasize the intrinsic oneness of marital intercourse as a

is no longer licit only when it is for the good of the person mutilated. It is at least probably licit in some cases for the good of another. The papal teaching on medical experimentation, as understood by many moralists, comes to the same conclusion in certain circumstances.— Another problem with regard to the understanding of the principle of totality centers around the meaning of the word “whole” in the phrase “for the good of the whole.” Many moralists would prefer the formula “for the total good of the person,” and understand the principle as such, because the complete whole to which the various parts are ultimately subordinated is not merely the body but the whole man. One reason for this preference is that it is much easier to explain the licitness of such procedures as lobotomy and electroshock therapy in terms of the total good of the person than merely in terms of the good of the body. This development is of special interest to us because it indicates that mutilations may be allowed for psychological reasons and not just physiological ones. This appears to be an extension in the meaning of the principle of totality, broadening its base of application.

These developments in the understanding of the principle of totality are accepted by many moralists. To me they are an indication that the principle of totality was a rather crude principle as it was first developed to meet simpler cases of mutilation. The advances made by medical science have forced moralists to refine it to some degree from time to time. Why should we balk at the idea that further refinement may be necessary? Is it so impossible to concede that some types of mutilation may be licit in certain cases for still other reasons beyond the physiological and psychological? It is well known that the principle of totality is based on the more ultimate principle of stewardship, namely, that man has a restricted right of administration over his body. It is merely an application of the principle of stewardship to the specific area of mutilation. Why should we hesitate to go back to the principle of stewardship and re-examine the limits of man's right of administration over his body? Though it is certainly not an unlimited right, perhaps it is more extensive than we have thus far understood it to be.

¹⁷ See the remarks of Alfonse Auer on the necessity of a re-examination of a philosophical approach to this question based exclusively on objective finality, and the need for a confrontation with a biblical and metaphysical personalism: “Eheliche Hingabe und Zeugung: Zu einem Diskussionsbeitrag des Mainzer Weihbischofs Dr. J. M. Reuss,” *Theologisch-praktische Quartalschrift* 112 (1964) 121–32, esp. at pp. 126–29. Auer first gives a résumé of the earlier article by Bishop Reuss, “Eheliche Hingabe und Zeugung,” *Tübinger theologische Quartalschrift* 111 (1963) 454–76. He then goes on to present his own reflections on these questions and refers to still other articles treating these matters.

single whole with two aspects, its life-giving character and its nature as an expression of personal love between husband and wife. These essays have stressed the notion that contraception is wrong not only because it destroys the procreative aspect of marital intercourse but also because it negates that aspect of intercourse whereby it is an expression of marital love. This approach has done much to show the reasonableness of the Church's view on contraception in terms of the prevailing atmosphere of personalism these days.

But the ultimate question still remains. Why is the procreative aspect the criterion for the proper performance of marital intercourse as an act of complete self-giving? The practice of the rhythm immediately raises difficulties here. We can say that the intrinsic structure of the marital act is preserved when intercourse is had, but at the same time we know that the couple has deliberately filtered out the procreative aspect of intercourse—and this for personalist values which in cases of the licit practice of the rhythm take precedence over the procreative aspect of intercourse.

Why not admit the same situation for the use of the anovulant pills when the practice of the rhythm is impractical or not sufficiently reliable? There are two serious objections to such an admission which must be faced. One is the fear that once this use of the progestins is allowed, one must logically admit all forms of contraception as licit, given the proper circumstances. The other is a concern about the neglect of papal teaching in this area.

First, is it true that the use of the progestins as suggested by Janssens logically leads to the acceptance of all forms of contraception? Many feel that this is so. The objection is that, once we permit the elimination of the life-giving aspect of marital intercourse, we cannot logically object to any form of contraception, to withdrawal, to anal and oral intercourse, and even to mutual masturbation without any semblance of intercourse, provided these practices are mutually satisfying to husband and wife. In fact, if some reference to procreation is not a requisite for sexual activity, it would seem to follow logically that homosexual acts could be justified for their relational value. In brief, if the use of sex can be divorced from all reference to procreation, there is no such thing as sexual morality.

Janssens tries to meet this objection as follows:

There is a great difference between the use of mechanical contraceptives and the practice of periodic continence. In the case of periodic continence, regard is had for the natural structure of the marital act and so its interior meaning is kept at the service of marital love. But when recourse is had to mechanical contraceptives, damage is done to that meaning in so far as the fact is vitiated. Now, from the viewpoint of this inner meaning of the marital act, the use of progestins can be likened to the practice of periodic continence (or rhythm): it allows respect for the nature and structure of the conjugal act and preservation of its whole meaning in the service of the couple's love for one another.¹⁸

In this view, any practice which destroys the natural structure of the marital *act* is forbidden. This is in accord with the strongest pronouncements of the Church against contraception, principally that of Pius XI in the Encyclical *Casti connubii*. It eliminates such practices as withdrawal on the part of the husband and the use of the condom. In these instances there simply is no act of marital intercourse. A fortiori, homosexual and sodomistic sexual acts are also excluded. All such actions destroy not only the life-giving aspect of marital intercourse but also its symbolism as an expression of mutual and total surrender in love.

Some may object that there is no real symbolism here; that many acts are possible means of satisfying one's partner as a sign of love; that, once you eliminate the need for preserving some reference to generation, the need for an integral act of intercourse as a symbol of married love is a mere assertion; that sodomistic acts or mutual masturbation between husband and wife could as clearly be symbols of married love and total self-giving.

The demand for a "proof" that only an integral act of intercourse can be expressive of total self-giving in the full actuation of the sexual faculty may perhaps be difficult to satisfy for those who are disinclined to allow this view. Nonetheless, many of these same moralists have used this very argument to show that contraception is against the secondary end of marital intercourse as well as the primary. And there does seem to be some reason for insisting that only an integral act of intercourse can be an expression of total self-giving in the complete actuation of the sexual faculty. It does seem to be, in a very

¹⁸ Janssens, *art. cit.*, pp. 820-21.

fundamental sense, the only way to find a symbol of total personal union in the physical activity in question.¹⁹

But, even if this is difficult to "prove" positively, as indeed is all symbolism, still negatively we might appeal to a situation which the more conservative moralists would have as much difficulty in explaining. Let us suppose the case of a woman past the time of menopause; she cannot conceive a child. Let us also suppose that she has a vaginal or uterine infection which would be irritated by the male sperm. No moralist would allow the husband to use a condom and have relations with his wife in this way. Why? Certainly not because it would prevent conception. Conception is already impossible. Why then? Because it would simply not be an act of intercourse, an act *per se* apt for generation. But why demand an *act per se* apt for generation when the natural consequents of the act necessary for conception are admittedly impossible due to the known sterility of the wife? What difference does it make whether the act is *per se* apt for a generation which is impossible anyhow? Is there not some need to appeal to a different norm than reference to generation—perhaps the capacity of the act to express total self-giving?

Janssens also tries to answer the objection we have been considering:

But what argument *can* we bring forward to show that married couples should respect the natural and complete structure of every marital act?

If it be true that not every conjugal act can be effectually directed toward procreation—for few such acts actually can be fertile—it still cannot be forgotten that *every* conjugal act has as the inner meaning (*finis operis*) of its existence, by its very reality (*per se*), an expression and incarnation of conjugal love. We have already said that conjugal love, like all human love, needs objective factors, and therefore objective relationships, to reach the beloved effectually. To this end, it can be incarnated in a number of palpable ways: attention, service, collaboration, intimacy, etc. But conjugal love has at its disposal a way of expressing itself and becoming incarnate which is specifically proper to and exclusively reserved for it—a way which is called for just that reason a *conjugal* act. We have already noted that this act expresses conjugal love in so far as it is the soul of a definitive and exclusive union of partners. In this definitive and exclusive union the partners completely trust one another. The mutual character of their love includes a

¹⁹ Auer, *art. cit.*, pp. 130-32. Under the title "The Principles of Integrity and Immediacy," Auer discusses the difference between interventions in the marital act and in the generative system.

mutual surrender, without reservations and without restrictions. The inner meaning of the conjugal act is that this total gift becomes incarnate without reservation and without restrictions. And so, if that act is vitiated, if in the very way it is performed, the agents introduce reservations and restrictions, it loses its quality of mutual and total surrender. This line of argument, as it stands, rests on the reality of conjugal life as married couples understand and accept it. All (of them) desire complete sexual relations. None of them would dream of having recourse to methods that fragment the conjugal act where the question of preventing pregnancy does not arise, e.g., in cases of sterility, during pregnancy, after menopause. Likewise, this line of argument allows room for dialogue with non-Catholics. Even the staunchest defenders of using contraceptives under certain circumstances grant that practicing periodic continence is preferable to using them, since periodic continence does not impede the complete and mutual surrender of the married partners. They even venture to say that the use of contraceptives will cease when scientific progress will have perfected the practice of periodic continence by making it a more secure method and by shortening the period during which continence must be practiced—a period that is often lengthy and difficult to determine.²⁰

The key issue here is the distinction between practices which interfere in the marital *act* and those which intrude in the generative *faculty*. All that destroys the natural structure of the marital act is intrinsically wrong and always forbidden. This distinction makes all the more vital a definition of the marital act. The definition presently accepted is that marital intercourse is an “actus per se aptus ad generationem.” Retaining this notion (though it fails to say anything about the intrinsic nature of marital intercourse as an expression of love between husband and wife), what can be said of the use of progestins? Would not an act of intercourse performed in the circumstances envisaged by Janssens remain an *act* per se apt for generation? It is as per se apt for generation as an act of intercourse performed during the sterile period of a wife who is practicing the rhythm. Therefore, under this heading, the difficulty in excluding those forms of contraception which destroy the natural structure of the marital act is no greater for those who would allow the progestins than it is for those who allow the rhythm. In each of these latter cases an *act* per se apt for generation is had. In the former case it is not had. This negative argument stands, even if one rejects the appeal to the nature of the act of intercourse as the *only* true symbol of total self-giving in the complete actuation of the sexual faculty.

²⁰ Janssens, *art. cit.*, p. 819.

Thus far we have tried to eliminate homosexual and sodomistic acts, the practice of withdrawal, and the use of the condom as logical consequences of allowing the use of these progestins. But what of the use of the occlusive pessary? Most would say that such an act fulfils the minimum essentials of the act of intercourse, namely, the depositing of the husband's sperm in the vagina of the wife. If this position is accepted, one would logically have to admit that this practice could also be justified in extreme circumstances, just as the use of the progestins might be justified. The same problem would seem to arise with respect to surgical ligation of the Fallopian tubes. Certainly in this case the natural structure of the marital *act* is not disturbed.

These two "cases," which seem to follow as logical conclusions from allowing the use of progestins in certain circumstances, raise a real difficulty against this view. It would seem that the ultimate conclusion of this position would come to something like the following:

1) No intervention which destroys the natural structure of the marital *act* is *ever* permitted.

2) As for those interventions which leave the marital act intact, some direct intervention in the functioning of the generative *faculty* may be permitted for proportionately serious reasons. And the greater the intervention in the functioning of the generative faculty, the greater is the reason required to permit it.

a) Therefore, one would be obliged first to have recourse to the rhythm in such circumstances.

b) Only if the rhythm were impracticable or not sufficiently reliable would the arresting of ovulation by the use of the progestins be permitted.

c) Only where the use of the progestins would also be excluded for medical reasons could the ligation of the Fallopian tubes be considered. As for the use of the occlusive pessary, this comes so close to destroying the natural structure of the marital act (if, indeed, it does not do so) that its use could only be considered under the most extreme cases.

Just entertaining the thoughts expressed in paragraph *c* above is calculated to upset most of us. This is, indeed, the sensitive area. I suppose we should first ask whether the situations described in this

paragraph are really necessary consequences of the position taken by Janssens on the use of the progestins. Most moralists would no doubt answer in the affirmative. Such an answer would demand that they then either reject the opinion of Janssens or venture into the delicate task of trying to bring about a modification of the prevailing Catholic teaching in this area.

But perhaps a third possibility exists, namely, to deny that the positions described in paragraph *c* necessarily follow from Janssens' view on the use of the progestins. With regard to the use of the occlusive pessary, could this not be rejected on the ground that it *does* destroy the natural structure of the marital act? Such a position would no doubt necessitate a reconsideration of certain solutions to cases of co-operation in birth control on the part of the husband of a wife who uses a pessary, and also of certain legal problems concerning the meaning of the consummation of marriage, and some questions of the intention required for the validity of marriage. This is no doubt a tall order, but is it impossible?

But even if one insists that the use of the occlusive pessary does not destroy the natural structure of the marital act, perhaps both it and the practice of surgical sterilization could be excluded on another ground. Janssens has indicated a way of distinguishing the action of progestins from the sterility which results from the use of the pessary or from surgical sterilization. In fact, he has tried to disassociate the action of the progestins from the notion of sterilization. The key point of the distinction is that in the use of the progestins the ovaries are put into a quiescent state, so that there is no maturation and release of an ovum. Ovulation is arrested, does not take place, until circumstances are such that a generous use of truly human fertility can be made. In the case of surgical sterilization or the use of the pessary, the ovum is released but blocked and allowed to disintegrate. There is certainly a physiological distinction here.

But is it a distinction which makes any essential difference from the moral viewpoint? Moreover, do we not allow the ovum to be released and to disintegrate in the practice of the rhythm? No one objects to this in the case of the rhythm. Why should it make any difference in distinguishing between the use of progestins and surgical sterilization or the use of the pessary? Is it logical to allow the release

of the ovum and its disintegration as in the rhythm, or to allow reducing the ovary to a quiescent state, thus arresting the maturation and release of the ovum in certain circumstances, while at the same time forbidding the release of an ovum which is then blocked and allowed to disintegrate? This is difficult to see.

These efforts to eliminate surgical sterilization and the use of the occlusive pessary as consequences of allowing the use of the progestins are weak. Perhaps they are too narrowly limited to the physical order. Further reflection along broader lines may yield other ways of establishing an essential moral distinction here. Then again, perhaps there is none.²¹

²¹ Auer, *art. cit.*, pp. 130-32. On pp. 131 and 132, Auer makes some interesting comments on the difference between the use of drugs and surgery to produce sterility: "Naturally Bishop Reuss does not mean to say that in cases where the partners believe they have already fulfilled their obligations in propagating the human race, or where really serious eugenic or medical reasons make the begetting of more children inadvisable, moral theology can or need make no judgment about whether the way out is to be sought in drugs or in surgery. (If, by the way, *coitus interruptus* and *coitus condomatus* are prescinded from here, we have a complete enumeration of the possible solutions, not merely a series of examples.) Bishop Reuss is clearly thinking only of those cases in which quite conscientious doctors will perform a sterilization, such as after a series of Caesarean births or in the case of a pathological condition of the generative organs—even where the operation itself does not have a directly therapeutic effect, but merely makes infertile copula possible. In such cases there are many moral theologians who tend to be very reserved in passing judgment. In all other cases, however, as, e.g., in the recent widespread practice of ligating the tubes, 'human dignity' is not respected. A human being who has freely rendered himself permanently sterile is no longer in full possession of his personal dignity. Why is it that in such cases no one thinks of having the husband undergo the operation? It is medically simpler for him. Is it only the husband who would feel it to be a humiliation and a derogation from his self-respect to have himself sterilized at 35 or 40 in order to spare his wife further pregnancies? But even more importantly, there is always the possibility of a radical change in the life of the married couple, such as a significant improvement in health or economic status, death of some or all of the children, death of one of the partners and remarriage with a person anxious to have children. If this happens, an irreversible sterilization (and even ligating the tubes is practically irreversible) can become a cause of the bitterest lifelong self-reproach."—In this same context, if the use of the pills as envisaged by Janssens were to be allowed, it would be interesting to speculate on several possible consequences regarding the "scarred-uterus case." If after a number of Caesarean sections it is judged that in the event of a future pregnancy there would be serious danger of the uterus rupturing before the fetus is viable, it is now considered solidly probable by the application of the principle of the double effect that a hysterectomy may be performed. If the view of Janssens were allowed and if the continued use of progestins were both safe and economical, using the pill would be a licit resolution of the difficulty. In fact, if the use of progestins were considerably safer than undergoing a hysterectomy, the surgical pro-

In any event, these are the gray areas which remain to be clarified. But are the difficulties any greater than those presented by the stricter view on the use of the progestins? It is perhaps more attractive to have recourse to the norm of use or nonuse which is employed to justify the rhythm and to exclude other methods of exercising responsible parenthood. But we have already seen that existing Catholic casuistry has for some time gone beyond this norm. It is perhaps also more attractive to have recourse to the procreative aspect of marital intercourse as the criterion for the proper performance of the sexual act, because the procreative demands are clear and definite and less open to the abuse which might follow upon an appeal to the meaning of the act as an expression of mutual and total self-giving. But this very attraction for the easy, measurable norm may be inclining us to move too quickly in our search for a moral criterion. We seem to have a tendency to want somewhat quantified norms by which to regulate our moral lives. One can hardly deny that, until the recent past, Catholic marital ethics has been deficient in its understanding of marital intercourse, giving little evidence of serious concern about its personal aspects.

Lastly, it should be conceded that the moralists who are proposing the use of progestins in difficult situations are also attempting to develop a realistic criterion for the proper performance of the marital act and control of the generative faculty. No one claims that they have as yet successfully completed the task of developing a fully satisfactory criterion, but they are making an honest effort and their effort deserves respect and consideration. They are not enemies of the Church.

RESPONSIBLE PARENTHOOD

It may help to set the efforts of these moralists in their proper context. The starting point is the notion of responsible parenthood. I

cedure would even become illicit. Also, many doctors wonder why a hysterectomy is presently permitted in the above circumstances, whereas ligating the Fallopian tubes (which is done anyhow prior to removing the uterus) is not permitted, since this is a much less drastic procedure. The moralists who allow the hysterectomy in this case have a difficult time explaining how this is indirect sterilization, whereas ligating the tubes is direct sterilization. At least this seems to me to be a somewhat embarrassing position to defend. If the use of the progestins were allowed, the problem would either be bypassed or one might discuss the possible licitness of tubal ligation *in these circumstances* if the progestins were medically contraindicated.

would define responsible parenthood as wanting to have as many children as a married couple can bring into the world, raise, and educate in a human and Christian way. This is the exact opposite of the contraceptive mentality, where the judgment is made once and for all that we will have one or two children and no more. Such a judgment is made without reference to eternal values, and means in effect the pursuit of social and economic status over the raising of children. This view sees the child as an obstacle to comfortable living, is sterile and uninspiring, and presents a vapid image of marriage. We see it around us on the American scene and it is even becoming a somewhat sick manifestation of our culture. There is a great deal of abuse in this area and contraception has contributed much to establish this image of our way of life.

Such an approach to marriage and parenthood has nothing in common with the Catholic view of responsible parenthood. For the Catholic couple, there is question of a generous decision constantly to be renewed in response to the call of God. The need to make a response is never over until the childbearing days of the couple have passed. The question is to be asked anew as the days and months and years of married life go by: Can we bring another child into the world and raise him in a human and Christian way? Perhaps today the answer is no. It would be better, or perhaps it is even necessary, to wait. A year from now the answer may be yes. We not only can have another child now, but we ought to. Perhaps, even, we need another child now.

How will we make this decision? What factors should we consider in making it? Human factors like the physical health of the mother or child, the psychological state of the mother, income, housing, education. Christian factors like faith; belief in an ultimate destiny in heaven, not in soft living; love and its perpetuation through children. There are others, many others. A celibate cannot think of them as readily as the married couple themselves. He is not faced with them every day and all day. Married people are. They are the ones who are to make the decision. Just to listen to them talk of married life and parenthood reveals to me countless nuances which escape the priest in this area. They should no doubt be invited and encouraged to talk things over with a priest, but this is not required of mature Christians, and ultimately it is their decision to make.

Perhaps the greatest failing of the priesthood in this regard is its

failure, by and large, to have educated past generations of the laity to make responsible decisions in many areas of morality. To my mind, one of the most urgent tasks before the priesthood today in the pastoral sphere is to undertake and further the education of married couples to make their own decisions in the exercise of responsible parenthood. I personally feel that this can best and most rapidly be done by expanding the dialogue between priests and married couples on these questions. Each has much to learn from the other.

A particular couple, after serious consideration and humble prayer to the Holy Spirit for enlightenment, perhaps after consultation, may decide that one child is all that they can responsibly raise at the present. Another couple, after four children, may decide that they should have a fifth. For them to refuse a fifth child would be irresponsible.²² Responsible parenthood is compatible with a dozen children, given

²² A question may arise here as to the meaning of the word "irresponsible" when applied to a married couple who do not have "as many children as they can raise and educate in a human and Christian way." Is irresponsible synonymous with "sinful" in this formula?—Many moralists maintain that the duty of married couples to have children (as contained in Pius XII's Address to Midwives of Oct. 29, 1951) is derived directly from the *state* of marriage and that its limits are to be measured by the purpose of the duty, which is the conservation of the human race. This means that the population needs of a given place and time will determine the number of children which will satisfy this obligation, prescind- ing from other excusing causes. For instance, many say that a married couple in the United States today would satisfy this obligation when they have had three or four children. For these moralists, a couple who feel called to have more than three or four children will be responding to a counsel; and, if they do not have another child, they are not committing a sin. In this case, irresponsible does not mean sinful. Some moralists might have recourse to a possible sin of selfishness here, but others would deny that the mere rejection of a counsel is a sin of selfishness. Of course, those who maintain that positive moral imperfections always involve venial sin would say that it is sinful for such a couple to refuse to have another child if they were morally certain that God is calling them to this here and now. Those moralists who maintain that the duty to have children is derived from the *use* of marriage in the married state reject the idea that there is a limit to the duty to pro- create depending upon population needs. For them, the duty to have children depends, apart from excusing causes, entirely upon the decision of the married couple to have marital relations. In these circumstances, refusal to have a child when they judged that they should would be venially sinful, even though they may already have four children. This question is treated in Ford-Kelly, *op. cit.*, pp. 396-430. According to the principle of probabilism, since the more lenient view is solidly probable, it must be allowed to the faithful. There- fore, irresponsible does not mean sinful, but rather the violation of a counsel, when applied to those who do not have "as many children as they can raise and educate in a human and Christian way," if they have already fulfilled the duty to contribute to the conservation of the human race. They are not sinning, but they are falling short of the Christian ideal.

the right parents and the right circumstances. The question is: What is the response that God is asking of us here and now? It will differ for different couples, and for the same couple as circumstances change.

But what of the unfortunate couple who must limit the number of their children to one or two, at least for the present? Having made this decision honestly and honorably before God, they must now face the problem of how to go about this in the same way, i.e., honestly and honorably. They are called upon first to practice the self-discipline required in the use of the rhythm. And this they must first attempt, if it is possible. Lately, the use of the anovulant pills as proposed by Janssens has been discussed as a possibly licit means of exercising responsible parenthood, when the rhythm is impossible or impracticable. This question has not yet been definitively resolved, and we are at present awaiting the Church's decision in this area. Meanwhile, the anovulant pills may not be used in this way, though there are other licit uses of the pills. Whatever the final decision may be, contraception is forbidden as a licit means of exercising responsible parenthood and will continue to be forbidden. If the pill is eventually allowed, it will be because the Church has judged that it acts in an essentially different way than contraceptives, which destroy the natural structure of the marital act.

Many fear that, if the pill is allowed, it will be greatly abused, resulting in the indiscriminate use of all kinds of contraceptives and a widespread hedonism in marriage. Such abuse is always possible. But let us remember that it *is* abuse. And abuse should certainly be corrected. But this is no reason to forbid the right use of the pill, should it be allowed. The abuses must be corrected by a program of education which will explain the differences between the use of the pill and contraceptives that destroy the natural structure of the marital act, and which will insist on the true notion of responsible parenthood, which has no affinity with hedonism in marriage. In fact, these two ideas are directly opposed to one another. Responsible parenthood seeks to have as many children as can be raised in a human and Christian way. Hedonism wants pleasure and comfort, as little disturbed by children as possible. Besides, those who are going to use the pills to further hedonistic practices in their sexual life will almost certainly use them even if they are not allowed. Why should faithful, courage-

ous, generous Catholic couples be deprived of a means of exercising responsible parenthood because of such people? This reason alone is not enough to reject the possible licit use of the pills by upright Catholics.

Now, it may be that many Catholic couples of the last generation who have raised families of eight or ten children or more feel that the Church is letting them down with all this talk of responsible parenthood. This is entirely understandable. A lifetime of blood, sweat, and tears in loyalty to the Church's teaching is not easily forgotten, nor should it be. And now the Church may possibly allow the pill, so that such hardship is no longer necessary. What about us, who suffered so much in the past twenty years or so?

Understandable as such a reaction is, still other reactions are possible. Twenty-five years ago many people were dying of tuberculosis. Today tuberculosis has all but ceased to be a killer in our country. If I have lost several dear ones some years ago due to tuberculosis, I may regret that medical advances were not made sooner, but surely I do not begrudge the good fortune of people today who are kept alive by advances in medical knowledge. If I am a Catholic mother who suffered a great deal of pain and worry and just plain hard work to raise a family of ten because the Church was urging large families and there were no effective means available to limit the size of my family, I may regret that medical advances and consequent moral judgments were not made sooner, but surely I do not begrudge the good fortune of my daughter who cannot risk another child and now may have a new means to meet this problem safely and securely.

The fact is that advances in all the sciences are constantly raising new questions for modern man to face up to in his moral life. We do not regret this; we rejoice in it. Life may be getting more complex, but it is also getting more challenging and more exciting. Of course, it demands countless more moral decisions than it did in the past. This is not an evil. It is a cause of anxiety only to the immature. It is a delusion to think that just when I had it all worked out, it is changing. The day I think that I have it all worked out is the day I can be sure that I have it wrong. Life is never all worked out. Neither are my life decisions. This highlights again the need for more mature Christian consciences. It emphasizes again one of the Church's most urgent contemporary needs: the education of the faithful to true Christian

maturity. As the options in modern life grow in number and importance, more mature consciences are needed to live in this world, at least to live well. Such consciences need never fear change. They do not panic in the face of change in the Church. They realize that such change has always been a part of the Church, that the Church is a living body, always growing, never static. And they know that this change takes place within the tradition. The development is controlled and under the direction of the Holy Spirit. Its pace slackens or quickens in different epochs, but it is not arbitrary, chaotic, or destructive. Innovation within the tradition has always been the best sign of the healthiest periods of the Church. There is no need to fear. What we need is confidence, mature confidence in the creative and dynamic aspects of the Church's life in the world today.

But what of the authentic teaching of Popes Pius XI and Pius XII in the matter which preoccupies us? Have they not rejected contraception definitively? How can we even contemplate development in this area? It is now generally recognized that their teaching on those contraceptives which destroy the essential structure of the marriage act is so deeply rooted in the teaching of the Church that change here is extremely unlikely, if not impossible. Some would say that this teaching is infallible. And most of those who hesitate to speak so strongly nevertheless seriously doubt that any change will *de facto* take place here. It is also generally recognized that the teaching on interventions in the generative system which do not affect the essential structure of the *act* of intercourse is somewhat less solemn.²² The question here centers around the notion of sterilization.

Moreover, although direct sterilization has been rejected in various statements of the Popes and the Holy Office, theologians still have some difficulty in defining the notion of direct sterilization in a manner adequate to cover all the cases that arise. Many cases are clear, but some are not so clear. And when we come to the question we have been discussing, the use of the anovulant pills, there is but one papal statement treating this question. This was the statement of Pope Pius XII in his address to hematologists on September 12, 1958, some three weeks before his death. In this statement the Pope excludes the use of the pills as proposed by Janssens and others in the recent past.

²² Ford-Kelly, *op. cit.*, p. 317.

At least it seems so to me. How, then, can these men seriously propose such a view? First of all, no one claims that this statement of Pius XII is infallible. Nonetheless, it is authentic teaching. In the face of such teaching, a theologian who feels that the teaching should be reconsidered may submit his views for judgment. This is what is being done. Perhaps these theologians feel that in 1958 the moral question of the pills was posed in such terms that no answer was possible other than that which Pope Pius XII gave. The answers to many questions are predetermined by the very way in which the questions are posed. Today, however, with five or six more years of reflection, the very stating of the question is much more nuanced in its physiological and psychological elements. Perhaps now there is the possibility of a different answer.²⁴

In any event, whether this be true or not, Pope Paul VI has largely settled this problem in his statement of June 23, 1964. Pope Paul made it perfectly clear that at the present time the norms of Pius XII must still be followed. However, he added that these norms must be considered valid "as long as we do not perceive ourselves obliged in conscience to modify them."²⁵ Whether Pope Paul modifies the norms of Pius XII or not (and most people think that this was in reference to Pius XII's statement on the pill), he has already clearly implied that such a change is possible.

No one can predict the future, and all Catholics are ready to accept the judgment of the Holy See in this matter. But we may perhaps be permitted to express our hopes. My hope is that the Church will again and more strongly condemn all forms of contraception which destroy the natural structure of the marital *act* between husband and wife, but that it will refrain from pronouncing on the question of intervention in the generative *system*, i.e., that it will allow theologians to reflect further on the meaning of human sexuality and the concept of sterilization. I hope, therefore, that the use of the pills as proposed by Janssens will be allowed by the Church, at least as a probable view among theologians and permissible in practice.

²⁴ Auer, *art. cit.*, pp. 125-29.

²⁵ *Osservatore romano*, June 24, 1964, p. 2; *AAS* 56 (1964) 588-89.