

Contraception: The Tragic Deception

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YES, CONTRACEPTION IS A TRAGIC DECEPTION. Contraception is so subtle. It is tragic for unmarried, and even married, women. It is tragic for men or women who seek the true fulfillment and beauty of married and family life, or for those who seek a “safe” way to enjoy non-marital sexual relationships. It is tragic for families and for a culture made up principally of contracepting couples. It is tragic especially for Christians convinced that using contraception does not damage their marriage or their growth in Christian life. That contraception is an insidious tragedy is the focus of this commentary.

But a vast majority of child-bearing couples in the United States reportedly use contraception! Even some Western government leaders are sure that this overwhelming majority proves that contraception is an unqualified good for those who need it.¹ Moreover, many women, if not most, believe that it is needed for health reasons. How, therefore, could contraception be tragic?

After all, contraception seems a godsend for the poor of the world, those struggling to support their families. It seems to help society struggling to pay health costs, energy costs, and welfare costs. Contraception seems like

¹ Former President Barack Obama, for example, strongly championed contraception, as evidenced in the contraception mandate incorporated into the Affordable Care Act in August of 2012. Former President George W. Bush's impact was at least more conducive to or helpful in opposing contraception, such as in his 2008 regulatory changes that effectively included hormonal contraception (“the pill”) under abortion for the purposes of the “conscience rule” allowing healthcare workers to refrain from providing such services on grounds of religious conscience. See also Carolyn Todd, “Almost Two-Thirds of Women in the U.S. Use Birth Control,” *Self*, December 20, 2018, and Ann H. Slattery, M.S.L.S., “Miscon(tra)ception, Part 1,” *Celebrate Life Magazine*, July–August 2009, 44.

a wonderful technological advance that has solved so many problems. Debate must be obsolete. Many people seem to think that the Catholic Church is retrograde on this issue, and that the Church will eventually change the condemnation of contraception of Pope Paul VI in his 1968 encyclical *Humanae Vitae*. The Anglican Church led the way for this change among Christian bodies in its Lambeth Conference of 1930, and the Catholic Church, some think, will just have to catch up.

Yet, strangely, nearly all Western countries are on a path that can be called social suicide, since none are replacing their populations with children.² A main factor for this trend of more than fifty years in these countries is the widespread use of contraception. Another factor, of course, is abortion. Even though some Western governments are offering financial incentives for additional children, there are few signs that people in these cultures are willing to forego contraception and abortion, have more children, and save their societies from eventual extinction.

Conversely, other religions and cultures, notably Muslims, retain their traditional opposition to unrestricted contraception.³ Such steadfastness, cultural and religious, runs counter to the prevailing secular mindset in Western countries today, making many in those countries assume that contraception is only a religious issue, and therefore on this basis is easily discounted.

This commentary intends to investigate the morality of contraception principally from objective standpoints other than those of religion. It will show that sound science and philosophy (applicable to all cultures) alone yield compelling conclusions that the popular view of contraception is in fact a tragic deception.

What Is Contraception Morally?

Contraception is a choice of action, after sexual intercourse, to keep sperm from fertilizing an egg.⁴ In a moral sense, it is *what* a person or

² As an example, see the details on India from Ila Ananya, "India's Rolling Out 'So Harmless' Birth Control Injections, but Governments Everywhere are Screwing about with Women's Bodies," *The Ladies Finger!*, December 21, 2016 (theladiesfinger.com/governments-and-birth-control).

³ See the third chapter of *Pathway to Paradise* by Lajna Imaillah (1996) for an Islamic characterization that birth control to avoid the responsibility of raising children nullifies one of the primary reasons for marriage and is opposed to the spirit of Islamic teaching on marriage.

⁴ Contraception is "the *intentional* prevention of fertilization of the human ovum, as by special devices, drugs, etc." *Webster's New World Dictionary* (New York: G. and C. Merriam, 1974) (emphasis added). *Webster's New Collegiate Dictionary*

couple chooses to do with some degree of moral awareness and responsibility. This is the “moral object,” the main determinant of the morality of our actions. It is a means-step toward some goal. The goal may be made up of one or several reasons *why* they choose to act this way. These reasons are their moral motive, the second moral determinant to any of our actions. It may be true that the couple is in tough circumstances of poverty, health issues, family size, and so on. Their *situation* of trying circumstances, a third moral determinant, often generates part or all of the motive. Then, one’s motive generates a further choice, to discover a means-step (the moral object) to fulfill it—in this case, either contraception or another anti-reproductive alternative. Finally, the fourth moral determinant completes the moral evaluation of contraception (and of any other action). It is comprised of the results stemming from this action. Technically called “consequences,” they may affect several aspects of a couple’s marriage and their individual persons. Here lies tragedy often in disguise. If foreknown, each of these four elements—*what* is chosen to be done, *why* it is chosen, the response to the *situation* surrounding the choice, and its *consequences*—is itself a choice of moral responsibility. All four constitute a full moral decision that requires, therefore, this four-fold moral evaluation. They make up the mainly philosophical focus of this article.

How Many Ways?

But first, it will be helpful to see the varied ways people of our times can contracept. There is a growing array of contraceptive methods in drug-stores, hospitals, and clinics. Science is becoming ever more inventive. There are the barrier condoms, diaphragms, and cervical caps. The surgical tubal sterilizations, vasectomies, and hysterectomies are “standard” procedures in most medical facilities. Of course, the chemical “pills,” and their spinoff variety of short-term and long-term injectables, rings, patches, and implants are popular contraceptives. There are sponges and spermicides, the new IUDs (intrauterine devices), and the favorite contraceptive method among the younger set, simple withdrawal. And this list is not exhaustive!⁵ While having the purpose in common of preventing conception after intercourse, each contraceptive action differs in the consequences it causes, the situation surrounding it, and the reasons it is chosen.

uses the language of “*voluntary* prevention of conception or impregnation.”

⁵ Andrew F. Flusche, “Sue the Birth Control Companies for Your Health,” *Celebrate Life Magazine*, January–February 2008, 20–22.

Complete Moral Evaluation

Because three elements of a complete moral evaluation of contraception are variables—the motive, the situation, and the consequences—the full moral gravity of each particular decision to use contraception also varies. A given situation, for instance, can be light or very burdensome and may involve much suffering. Sensitive to this when a heavy moral struggle challenges, some writers or counselors give the situation so much weight that they overlook the morality of the chosen means and motive, and in some cases even that of the consequences. For such thinkers a tough situation justifies choosing any means to escape it (as long as it *seems* like no one is harmed). Rightly has such a heart-felt but seriously incomplete mental evaluation been called “situationist.”⁶ Other thinkers give such weight to hoped-for outcomes that any means are justified to obtain them. This seriously incomplete moral evaluation has been dubbed “consequentialist.”⁷

These two truncations of moral thinking are rather modern in origin. The classic truncation is to justify an immoral action by an impressively good goal or end the action achieves. This classic thinking is very prevalent today. But over two thousand years ago, Aristotle warned that the end does not always justify the means.

The Situation

It is usually helpful to begin a complete moral evaluation of a serious problem by confronting the situation that presses for a decision: does the person or couple deal with their situation in a moral way or take “the easy way out” through an immoral choice? This starting point is helpful, not only because it determines basic morality. It is also helpful because pressing situations often give rise to motives, which as noted above, give rise in turn to means steps (moral objects) aimed at achieving the goal or hoped-for consequences. Serious situations can pressure couples to choose contraception, such as: family size (owing to financial or psychological limitations etc.), health threats (problem pregnancy, transmitting a sexually transmitted disease [STD] etc.), the mother being either too young or old, or a couple not being ready to raise a child or finding it inconvenient to a small or large degree, and so on.

But human beings have two wondrous capabilities for handling trying situations morally. The first is to employ our intelligence, imagination, and skills to find a creative solution to each element of the situation. Should

⁶ Benedict Ashley, O.P., and Kevin O'Rourke, O.P., *Health Care Ethics, A Theological Analysis* (St. Louis, MO: Catholic Hospital Association, 1978), 157–202.

⁷ Ashley and O'Rourke, *Health Care Ethics*, 157–202.

our ingenuity (perhaps with expert assistance) solve that element, we have made a notable moral achievement, as well as lightened the situation. Every element should be approached this way. In individual cases some elements of the harsh situation will be completely eliminated, others only partly resolved, and some unchanged.⁸ Often there will be “left-over” suffering to deal with. Our second capability of choice does not deny or repress such suffering. A free choice owns the suffering and comes to accept what human ingenuity and technology cannot change. This accepting attitude allows character traits to grow, such as patience, courage, persistence, compassion, and perhaps faith and trust in God’s love and power to resolve on a higher plane what we cannot resolve. In the toughest situations, such growth in character can reach heroic proportions.⁹ Great good can come from evil situations.

And so, these two capabilities allow for moral solutions to pressing situations even though these solutions may take time to occur. Rarely are the moral goals, means steps, and consequences rapid in their effectiveness because at least they involve levels of character growth. Growth takes time. On the other side, the choice of contraception seems to handle the tough situation immediately and so mistakenly determines many people’s choices.

Motives

Motives alone can also mistakenly determine choices. It is understandable that a tough situation generates a person’s motive to get out of that situation. In this case, such a motive is clearly moral, since any goal that truly benefits a person, such as reducing or eliminating a tough situation, is good. Thus, a goal to regulate family size reasonably, to avoid threats to health, to save a marriage, and so on are examples of good goals, and so are moral motives. By contrast, selfish goals—such as to never have children, to avoid the burden or inconvenience of raising children, to have marital relations only for pleasure, or to prefer a comfortable lifestyle over children—are ultimately harmful to people, and so are immoral motives. Both moral and immoral motives generate moral objects, that is, means-step actions to accomplish the chosen goals.

Moral Objects

Any form of contraception (the moral object) is an immoral means to either moral or immoral motives. This means-step dehumanizes marital

⁸ Ashley and O’Rourke, *Health Care Ethics*, 205–8.

⁹ Ashley and O’Rourke, *Health Care Ethics*, 205–8.

relations by contradicting both in-built purposes of human sexuality. Common sense knows these purposes to be, first, a *union that is unique* because *total*, instead of all other unions between people that are partial to some degree, and, second, *new life* when biological conditions and divine providence are favorable.

Many writers through the ages have considered reproduction the main, or at times, the sole goal of sexual intercourse and marriage. Pope Paul VI “corrected” this trend by asserting in *Humanae Vitae* that there are two inseparable goals to sexual intercourse and marriage: spousal union and reproduction.¹⁰ Tradition had always recognized nuptial union as one of the goods of marriage, but Paul VI’s new emphasis puts this unique union on the same plane of importance as reproduction. After all, validly married couples who are infertile are still capable of total union. Their expression of marital love cannot achieve reproduction (not from their fault), but it can achieve total giving and receiving and thus express the unique marital union.

In this unitive purpose we can see how marvelous God’s plan for marriage is. God thought out the only way to make a living likeness of the Trinity in physical creation that is also spiritual creation. We humans, of body and spirit, are the fullness of God’s creation, and marriage is the only combination of body and spirit that images the Three Divine Persons in the One Godhead. Marriage is the only relationship that is a total blend of all that is human—all that is manly creation and all that is womanly creation. Not only must each give all of themselves to enrich the other with their time, talents, efforts, love, resources, and life, but each must open up to receiving that total gift of the other. It is important to realize that total receptivity is a special, rarely easy challenge. Many married people fail at this challenge. Only by mutual total giving and receiving is one whole, the human whole, brought about, imaging the One God in Three Persons.¹¹ This possibility from a good marriage is marriage’s wondrous promise.

A married man and woman are not meant to be competitive with each other. They are different—as complementary halves of the human whole. They are meant to complete each other. Each partner experiences and sees life’s events from a different, complementary vantage point. A woman knows about life and all of its daily events in a way that a man does not, and a man knows about life in a way that a woman does not. This is not a matter of right or wrong, but of complementary difference.

¹⁰ Pope Paul VI, *Humanae Vitae* (1968), esp. §§9–10 and 12.

¹¹ Pope John Paul II, *Familiaris Consortio* (1981), §§31–32; Pontifical Council for the Family, *The Truth and Meaning of Human Sexuality* (1995) §10.

Many couples falter in regard to this wondrous unitive promise and purpose of their marriage, even should they have generated and lovingly raised children. For most human beings, it is a daunting endeavor to train one's mind and will to choose to live each day for the enrichment of one's spouse rather than for one's own enrichment. This "training" in loving the other over oneself is why the Church teaches that a married man gets to heaven through his wife and that a wife gets to heaven through her husband. One's spouse is one's main Christian ministry! Each half of humanity challenges the other to positive efforts in daily events, and to discover in those events the weaknesses and strengths in oneself. The husband and wife challenge each other to minimize their weaknesses and to grow in their strengths. Each enriches the other from differing, equally human vantage points. Instead of seeing and appreciating progressively through the years that these challenges are enrichment needed for growth, too often today husband and wife register such challenges as some form of critique or competition to stand against. Obviously, though usually surreptitiously, this mindset prohibits total union from developing.

Children will unconsciously perceive any such distancing between their mother and father because children have a God-given right to experience the mysterious and wondrous marital union between their parents as it progresses over time. They themselves are meant to create the same in their adult lives. If they do not experience it in their conditioning years, it is very unlikely that they will be able to achieve it later.

A child is certainly the main form of new life that human sexuality generates. But new life is also experienced by both the woman who becomes a mother and the man who becomes a father. These new life roles draw out wonderful character traits in the man and woman and increased appreciation and love between them in response to these character traits. These traits enrich as well for both the father and mother their relationships to the child. The new interpersonal bonds constitute the human family. Ultimately, the members of the new family unit can enrich their relationships to their extended family and even to society at large. The family truly is the nuclear social unit of society.¹² In recent times and with disastrous results, the Nazi and communist visions denied this truth.

It is easy enough to see how the moral object of contraception contradicts this latter in-built purpose of new life, since that is the very aim of the contraceptive choice. Few, however, seem able to see how this choice

¹² *Catechism of the Catholic Church* (1994), §§1652–58. See also *The Companion to the Catechism of the Catholic Church* (San Francisco: Ignatius Press, 1994), §§1660–61.

also contradicts the in-built purpose of total union between husband and wife. It is not only—and not even mainly—the physical element used to separate the sperm from the egg after sexual intercourse that contradicts this purpose. The much more important distancing between husband and wife occurs on the interpersonal level of their minds and wills, and to varying degrees in different people on the emotional and instinctual levels as well. The contraceptive couple *chooses* what is contradictory to the first in-built purpose of human sexuality. Such choice is the essence of sin. The couple has had to change their attitude from totally giving of themselves to the other and of totally receiving that same total gift to an exchange that is partial and cautious. They certainly are trying not to give their reproductive capabilities to each other. Neither wants to give or receive the newness of fatherhood or motherhood. Neither wants to create or extend a family and all that it entails. Thought to effect this change has been required. Some planning is necessary, and finally, choice of action. Feelings of caution and fear that contraception may not work will also likely enter the couple's exchange. Each partner is holding back whatever they think will result in reproduction. To be open or closed to total union or the possibility of children are contradictory states of mind and heart. This changed attitude to the meaning and reality of marriage alone makes contraceptive use immoral.

I presume that most couples who contracept still wish for total union, although some people may seek only the results of intercourse, such as pleasure, power over the other, release of tensions, and so on. Those who do wish for total union rarely realize that the considerable holding back implied in the contraceptive choice prohibits total union. Their sexual experience is no longer a genuine marital act of complete abandonment and reception of one half of the human race to and from the other. Obviously, and despite the most fervent wishes of a couple, the contraceptive action cannot achieve the marital reality. This result can be subtle and insidious—tragic because usually unrecognized.

This contradictory stance about the act of human sexuality is seriously damaging to what human sex is (moral object) and is for (motive). Hence, the immorality of this part of a complete moral evaluation.

Consequences

The distancing consequence of contraceptive use rather than the unique unifying effect of natural intercourse can be so elusive that the couple does not recognize it until the distance becomes palpable. One or both partners may eventually perceive that their love-making no longer bonds them as it is designed to do and as they wish it will. Unless they return to unin-

hibited marital relations in both spirit and body, the rift caused by using contraception will grow. Habits develop. While contraceptive use is surely not the only cause of the astonishing divorce rate in the United States,¹³ it is a principal cause, because more sexual exchange than ever has become possible and yet its total unifying potential is not effective.

Some women have believed the radical feminist view that, in order to achieve fulfillment and equality with men, women should “make their bodies as much like men as possible.” Using contraception is seen by this view to achieve this goal of gender equality.¹⁴ The women who hold this position are blinded to the reality of sexuality.

Many couples seem not to realize that the easy availability of contraceptives to render sexual intercourse “safer” in regard to reducing both the transmission of STD’s and pregnancy makes the choice to engage in sexual relations all the more frequent. Contraceptive use develops the tendency to seek sexual relief in stressful situations. Free choice becomes more and more constrained. Moreover, since no form of contraception is 100 percent “safe,” STDs and pregnancies are actually increased, as are abortions in the case of “failed” contraception.¹⁵

Other consequences of contraception are not so subtle. In some countries, such as in China, population is controlled by mandating contraceptive use (and by forced abortions and sterilizations).¹⁶ Besides diminishing the Chinese population as planned, this governmental control has caused a serious disproportion of males over females. In parts of China as much as 20 percent of young Chinese men cannot find women to marry. In Western cultures, there is no governmental mandate, but expectations that have become customary can have a similar effect (such as when boys are preferred to girls). Also, financial costs to raise and educate children can bring a restrictive effect, leading couples to use contraception after one or two desired children. The power of culture can be overwhelming to whole-

¹³ See Todd, “Almost Two-Thirds of Women in the U.S. Use Birth Control.”

¹⁴ Anne M. Maloney, “The Feminine Genius and Its Role in building the Culture of Life,” *eJournal of Personalist Feminism* 2 (2015): 3.

¹⁵ See: Todd, “Almost Two-Thirds of Women in the U.S. Use Birth Control”; Flusche, “Sue the Birth Control Companies”; Judy Brown, “I Read That Breast Cancer Can Be Caused by Taking the Pill and by Abortion, but I Also Read That This Is Not True. What Is the Truth?,” Pro-Life Basics, *Celebrate Life Magazine*, September–October 2015, 12.

¹⁶ See E. Hemminki, Z. Wu, G. Cao, and K. Viisainen, “Illegal Births and Legal Abortions—the Case of China,” *Reproductive Health* (online), August 11, 2005 (PMC [PubMed Central] ID: PMC1215519). See also Paul VI, *Humanae Vitae*, §§17 and 23.

some sensitivity in love-making and to conscientious, truthful evaluation of contraceptive choice.

Most people seem unaware of the frightening statistics available for the most popular forms of contraception. Well-founded statistics expose physical health risks. There are the obvious mutilations (and loss of related functions) of surgical methods. Besides commonly experienced side effects of chemical contraceptives, such as headaches, irritability, weight gain, and blood clots, there are other grave issues from the chemical forms of contraception. The “pill” and its derivatives are carcinogenic and may also cause infertility.¹⁷ And interestingly, over the past five decades, women on the pill have introduced an excess of estrogen into the water supply of many major Western cities through urination.¹⁸ To everyone’s surprise, the men of those areas are suffering from weakened sperm and lowered sperm counts. Then, for those habituated to contraceptives, there are psychological health risks. Also, some women or men in trying situations, even after discontinuing contraception, may permanently fear total abandonment to their spouse or total receptivity of their spouse in sexual relations. Religious sources speak of other risks, those that are spiritual, such as regret and alienation from God.

Few people seem to know that so-called “safe sex” is a myth. In regard to “safety” from pregnancy, the failure rate is about 15 percent when condoms are used 100 percent of the time.¹⁹ In regard to preventing passage of an STD from one person to another, while the National Institute of Health and the Center for Disease Control have long promoted the message that condoms effectively prevent STDs, even some of their own research reveals that message to be specious.²⁰

¹⁷ This information is required by law in each package of the “the pill.” See Brown’s Pro-life Basics piece (note 17 above) and Todd, “Almost Two-Thirds of Women in the U.S. Use Birth Control.”

¹⁸ Aria Bendix, “Birth-Control Pills Could Add 10 million Doses of Hormones to Our Wastewater Every Day. Some of That Estrogen May Wind up in Our Taps,” *Business Insider* (online), October 24, 2019.

¹⁹ See Planned Parenthood (website), For Teens, Ask the Experts, “What Are the Chances of Getting Pregnant with a Condom?” (reply by Attia @Planned Parenthood), June 29, 2020 (plannedparenthood.org/learn/teens/ask-experts/what-are-the-chances-of-getting-pregnant-with-a-condom). See also Emma Court, “More Than Half of Women Who Got an Abortion Last Year Were Using Contraception,” *MarketWatch* (online), August 11, 2017.

²⁰ See G. Rudd, “Condoms and Sexually Transmitted Diseases,” *Annals of Pharmacotherapy* 35, no. 9 (September 2001): 985–89, concerning the July 2001 NIH-CDC report titled “Scientific Evidence on Condom Effectiveness for STD Prevention” and how it discredits the “hope” of “safe sex” the institutes advocated.

A free choice to risk the above negative consequences embraces probable harm willingly, and so is an anti-human, immoral choice. This element of the complete moral evaluation alone vitiates morally the decision to use contraception.

Conclusion

People have been deceived. How else would a large majority of Americans invite into their marital love-making and lives the harms discussed above of each of the four choices of their decision to use contraception? Unknowingly, undoubtedly. No one wants to harm themselves or their marriage and family. They must choose contraception mainly from unawareness of its real effects. The harms, as this article has shown, are of tragic proportions, individually and culturally. This author thinks that for most contraceptive couples ignorance of potential harms is more operative at the start of contraceptive use. But the selfish aspect of trying to have sex without children (and for only the satisfying effects of the act) develops over time. Selfishness paralyzes the possibility of the opposite decision. Selfish sexual indulgence blinds insight into what a growing negative experience should clarify. This article has been written to help dispel the deception. 