

THE “MORNING-AFTER PILL”: ANOTHER STEP TOWARDS DEPERSONALIZATION?

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WHEN CONDOMS WERE FIRST INTRODUCED, they were meant to prevent sexually transmitted disease. Either they were designed for single men, or for married men to use when visiting a brothel. It took several decades to persuade people to use condoms for birth control purposes. But the “memory” of their initial use has never quite gone away. And now, according to Dr. Malcolm Potts, one-time Medical Director of the International Planned Parenthood Federation and later the Director of Family Health International: “The health care community is trying to persuade men to try to go back to the original purposes, namely, the prevention of STDs.” Many people have feelings of discomfort about using contraceptives, and this is not restricted to those who were brought up to believe that using contraception was against their faith. Today, one often finds unmarried couples who consider using a condom to be a sign of distrust: the presumption is that those who need to use a condom have been promiscuous. This is a particular problem for those who are using condoms to prevent the spread of AIDS. To add to the distress of the health care community, in spite of assiduous counseling, clients at highest risk for AIDS generally use no “protection.” Any contraceptive, not only the condom, is designed to prevent conception while engaging in the sexual act.

When the so-called sexual revolution began, particularly in the late 50's and early 60's, it was heralded as the reversal of the Victorian culture. A Victorian woman was supposedly a prude and never really said “yes” to sex. Now the woman on the pill can never give a good reason for saying “no.” While sexual mores have deteriorated enormously in the last forty years, the resulting sexual freedom has not brought the happiness that was expected. Already German magazines like *Der Spiegel* write about the total sexual satiety of unmarried youth. They have tried everything and

found it wanting, and they are now reluctantly embracing celibacy because they are totally disappointed with sex. As if this were not enough, one-third of young American females are alleged to be clinically depressed. Curiously this figure parallels the rate of depression of contraceptive pill users, which is thought to be due to the progestin in the pill, which builds up the endorphin which generally heightens the mood and is responsible for the feeling of well-being. But America is a country in love with technology and control, and so in spite of the fact that women have many reservations about many forms of contraception, the medical profession has chosen to ignore all hesitations and to introduce yet another step in separating sex from procreation. Post-coital contraception, whether by an increased dose of so-called birth control pills, or methotrexate and misoprostol (prostaglandin) or mifepriston (RU486) and misoprostol, all lead to the same goal—the altering of the endometrium so that any embryo which had been conceived can no longer embed in the endometrium. This is interoception, or early abortion.

The early reports of recipients of so-called medical termination of pregnancy are mixed, many women preferring the certainty of the surgical abortion to the delay, the wondering, the discomfort or pain or nausea of the agents used, and the uncertainty of whether or not the abortion will be complete. To date, no one has asked about the women's deeper feelings, and to date, in spite of the recommendations for the use of these agents within 72 hours of "unprotected intercourse," no one has ever asked women how they feel about this, so we are free to speculate.

Helene Deutsch, a Freudian analyst from Austria, who later taught at Massachusetts General Hospital and Harvard Medical School, wrote in her classic *The Psychology of Women*: "For the feminine woman at the unconscious level, every coital act contains within it the psychic germs of a child." Dr. Deutsch wrote this in 1945 and had many followers. But once the pill came in, Deutsch was disavowed. A whole generation of women's physicians were now devoting up to a third of their practice time to the prescription of contraceptives. Psychological studies of the effect of contraception have been scarce, and when they confirm depression, they have generally been ignored. One might think that women might not want to know whether they have conceived or not, but on a much deeper level

they do want to know that they have actually achieved something with their coital act, other than the moment of union which, in the cases where post-coital contraception is most vigorously promoted, is most likely to be somewhat ephemeral anyway because couples who are married generally plan their families a little bit more painstakingly.

Why should there be hesitation about not knowing? It is a question of not knowing whether anything one does has an effect. If nothing I do has an effect, then nothing I do matters. If I can have no effect, then I am not an agent, I am certainly not a moral agent, and persons are meant to be moral agents. Loss of moral agency then equates with non-personhood and that, to say the least, is depressing. The reaction to this realization can be either frank depression or impotent rage. Biochemically, women are more likely to react with depression, which is anger turned inward, while men are more likely to express their rage externally.

I was overseas in the beginning of the 60's and returned to the U.S. in 1968 shortly after the riots of the summer. Discussing possible causes with Msgr. John Shocklee, an experienced inner city pastor in St. Louis, confirmed my intuition. Until contraception became easily available, the black man could be told where he could live, where he could work, where he could become educated, but at least he could be a man; he could have children. With contraception—and five years later with abortion—anything a man could do could be made void by the woman. This may have been part of the driving anger of the summer of 1968. If nothing one does is of any value, one is nobody. Jesse Jackson sensed this with his “I am somebody” approach to young people. He may not have had the sexual act in mind, but he understood the principle.

Certainly, when abortion is easy, it is easy to exploit women. A man needs to take no responsibility for a child if he can persuade the woman to abort. With the morning-after pill, it should be even easier and certainly less expensive. The difficulty is, if one exploits people, one is an exploiter, and exploiters ultimately begin to despise themselves. Sometimes this takes the form of highly aggressive acting-out behavior. But it still comes from the same psychological root. What then can we offer to counter this trend in our society. I return to the Theology of the Body, a doctrine which has been taught by the Holy Father almost from the beginning of his

Pontificate and one whose philosophical foundations were laid much earlier while he was a professor at Lublin. He is well aware that only an acting person is a person, in other words, a moral agent. He is also deeply aware that we are embodied individuals, that our bodies are a sign of the person, and that they are a gift of God. Our bodies are sexed: either male or female. Everything that we do is a result of either a male's or a female's action. I suggest, therefore, that we re-emphasize the reality of the body in our teaching as well as in our informal interaction with students, and that we include teaching not only about the physiology but also about sexuality and relationships, and that we invite young people to consider these matters in great depth. College freshmen especially need assistance in these areas. Statistics show that generally 50% of females are already sexually experienced when they begin their freshmen college year. At the end of the first year, this figure has risen to 80%. If it is possible to prevent the increase with education, we will have done a worthwhile thing because many young women begin sexual liaisons in college simply because of peer pressure. Many become pregnant and far too many of them abort because they have no other choices open to them, or at least they think that they do not.

Our group has originated a program called Holistic Sexuality which has already found good acceptance in several universities, and it is one model which can be recommended. There are many groups which have discussions about sex, but the Holistic Sexuality program, as far as I am aware, is the only one which includes the experience of the body's fertility signs, in the case of the woman, and a discussion of these signs in considerable depth with both male and female participants. When one includes the experience of cyclic fertility, it is like a two-handed piano piece: the left hand is fertility and the right hand is sexuality in its emotional, intellectual, social, and spiritual aspects. The two-handed piece is far richer than either the melody or the harmony alone. When this program has been offered, it has shown excellent outcomes in supporting chastity among its users.

The most recent group of participants is eager to help incoming freshmen walk the same path and also to reach out as facilitators to the community. Some colleges offer community credit for community service; this opens

up a new direction. It is possible that some may be wondering about the appropriateness of teaching unmarried persons about fertility: how to recognize it, when it begins and ends, and what rules couples follow. In my experience, when unmarried persons are engaging in sexual intercourse and they choose to plan to delay pregnancy by using natural methods, their relationship changes. If they have more than a genital relationship, they find that they need to give themselves fully to one another and they marry.

On the other hand, if their relationship is merely physical, it usually ends. The reason for this, I believe, is that it is impossible to respect someone's body without respecting the person since they are one as long as they are living. And in doing so, the need for total commitment becomes evident.

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