

**“EVERY MARITAL ACT OUGHT TO BE OPEN  
TO NEW LIFE”:  
TOWARD A CLEARER UNDERSTANDING**

**BY**

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I. INTRODUCTION

ONE FREQUENTLY encounters misinterpretations of the statement “Every marital act ought to be open to new life” and similar statements in recent Catholic teaching concerning contraception.<sup>1</sup> There are two common misinterpretations. One is: No couple may engage in marital intercourse without the intention to procreate. The other is: No couple may engage in marital intercourse at times when they think procreation is impossible. As interpretations of the Church’s teaching, these must be mistaken. For the Church teaches that contraception is always wrong and that natural family planning (NFP) is not always wrong. But NFP facilitates intercourse without the intention to procreate at times when procreation is thought to be impossible. Moreover, the Church has never taught that marital intercourse is good only if the couple desires to procreate; indeed, couples known to be sterile have never been forbidden to marry.

We think that the only plausible interpretation of “Every marital act ought to be open to new life” is: It is wrong for those who engage in marital intercourse to attempt to impede the transmission of life which they think their act otherwise might bring about. For if they do try to impede that to which their act of itself might lead, they choose to close it to new life.

<sup>1</sup> The proposition is formulated somewhat differently by Paul VI, *Humanae vitae*, 11, *AAS* 60 (1968), 488 (with references to *Casti connubii* and to Pius XII’s Allocution to the Society of Italian Catholic Midwives); and by John Paul II, *Familiaris consortio*, 29, *AAS* 74 (1982), 115, following proposition 22 of the 1980 session of the Synod of Bishops. Moreover, the different formulations also are translated diversely. We do not think these differences matter for our present purpose.

Understood in this way, "Every marital act ought to be open to new life" expresses the same proposition as "Contraception is always wrong." Nevertheless, the affirmative formulation helps to clarify what contraception is, for it indicates the precise object of the contraceptive act. "Contraception" signifies only the prevention of *conception*, but the contraceptive act seeks to impede *the beginning of the life of a possible person*. The distinction is only conceptual, but we think it important, for the explicit reference to new life calls attention to the fact that contraception is a contralife act.

The characterization of contraception as a contralife act is one major element of the unbroken Christian tradition condemning contraception as always wrong. For example, a canon, *Si aliquis*, concerning contraception was included in the Church's universal law from the thirteenth century until 1917: "If anyone for the sake of fulfilling sexual desire or with pre-mediated hatred does something to a man or to a woman, or gives something to drink, so that he cannot generate, or she cannot conceive, or offspring be born, let it be held as homicide."<sup>2</sup> This canon does not say that contraception is homicide; the tradition made no such mistake. The canon rather says that contraception should be regarded as homicide is regarded. To regard contraception as homicide is regarded is not only to make it clear that contraception is wrong, but also to point to its being contralife as the reason why it is wrong.

When contraception is regarded as contralife, it is seen as evil outside marriage as well as within. Historically, contraception probably was more common among the unmarried than the married, and much of the tradition condemned contraception without distinguishing between its uses in and outside mar-

<sup>2</sup> *Decret. Greg. IX*, lib. V, tit. 12, cap. v; *Corpus iuris canonici*, ed. A. L. Richter and A. Friedberg (Leipzig: Tauchnitz, 1881), 2, 794: "Si aliquis causa explendae libidinis vel odii meditatione homini aut mulieri aliquid fecerit, vel ad potandum dederit, ut non possit generare, aut concipere, vel nasci soboles, ut homicida teneatur." Some translate "causa explendae libidinis," which is broad enough to cover all motivation by sexual impulse, "to satisfy lust," which unnecessarily limits the motive to habitual vice.

riage. But *Casti connubii* dealt with contraception only within marriage, for marriage was that encyclical's subject. The argument in the Church in the 1960s dealt with contraception only within marriage, because those who were arguing for contraception said that they wanted only to justify its use in marriage, not to replace the whole traditional sex morality.

Recent Church teaching, focusing on the use of contraception within marriage, condemns it with specific reference to marital acts and distinguishes it from NFP rightly practiced by married couples.

Opponents of this teaching almost always claim that contraception is morally indistinguishable from NFP, since, they say, both propose to prevent pregnancy. Confronted with this argument, one defending the tradition either must show that contraception differs morally from NFP precisely in its relationship to the value of life, or must avoid grounding the immorality of contraception in its contralife character.

Apparently, recent Church teaching takes the latter alternative. For although the tradition pointed out contraception's contralife character, recent Church teaching focuses almost entirely on contraception's wrongness in relation to other values, especially chastity, marital love, and the sacred character of virtuous sexual activity in marriage.<sup>3</sup>

<sup>3</sup> Still, recent Church teaching does not entirely ignore contraception's contralife character. Paul VI, Homily on the Feast of Sts. Peter and Paul, 29 June 1978, *AAS* 70 (1978), 397; *L'Osservatore Romano*, Eng. ed., 6 July 1978, 3, refers to *Humanae vitae* as a defense of life "at the very source of human existence," recalls *Gaudium et spes*, 51, on abortion and infanticide, and adds: "We did no more than accept this charge when, ten years ago, we published the Encyclical *Humanae Vitae* (25 July 1968; cf. *AAS* 60 1968, pp. 481-503). This document drew its inspiration from the inviolable teachings of the Bible and the Gospel, which confirms the norms of the natural law and the unsuppressible dictates of conscience on respect for life, the transmission of which is entrusted to responsible fatherhood and motherhood." Also John Paul II, Homily at Mass for Youth, Nairobi, Kenya, 17 August 1985; *Insegnamenti di Giovanni Paolo II*, vol. 8, part 2 (Rome: Libreria Editrice Vaticana, 1985), 453; *L'Osservatore Romano*, Eng. ed., 26 August 1985, 5, points out that the fullest sign of self-giving is when couples willingly accept children, quotes *Gaudium et spes*, 50, and adds: "That is

We think, however, that while contraception is wrong for several reasons, it is wrong primarily and essentially because it is contralife. In this paper, we shall try to show that contraception and NFP fundamentally differ precisely in that contraception necessarily is contralife and NFP need not be. We also shall explain how other arguments against contraception are related to the one we consider fundamental. We hope that these clarifications will help to overcome some of the confusions occasioned by certain formulations in *Humanae vitae* and *Familiaris consortio*—formulations not of their central teachings, but of their explanations both of why contraception is morally wrong and of why NFP can be morally acceptable.<sup>4</sup>

why anti-life actions such as contraception and abortion are wrong and are unworthy of good husbands and wives.”

<sup>4</sup> While the treatment in the present article supersedes our previous treatments of the precise points considered here, certain elements useful to fill out the present account of the morality of contraception and related questions can be found in some of our previous publications: Germain Grisez, *Contraception and the Natural Law* (Milwaukee: Bruce, 1964); “Marriage: Reflections Based on St. Thomas and Vatican Council II,” *Catholic Mind*, 64 (June 1966), 4-19; “Contraception and Reality,” *Triumph*, in three parts: February 1968, 21-24; March 1968, 18-21; April 1968, 27-30; *The Way of the Lord Jesus*, vol. 1, *Christian Moral Principles* (Chicago: Franciscan Herald Press, 1983), chaps. 35 and 36; Joseph M. Boyle, Jr., “Human Action, Natural Rhythms, and Contraception: A Response to Noonan,” *American Journal of Jurisprudence*, 26 (1981), 32-46; John Finnis, “Natural Law and Unnatural Acts,” *Heythrop Journal*, 11 (1970), 365-87; “*Humanae Vitae*: Its Background and Aftermath,” *International Review of Natural Family Planning*, 4 (1980), 141-53; “Personal Integrity, Sexual Morality and Responsible Parenthood,” *Rivista di Studi sulla Persona e la Famiglia: Anthropos*, 1 (1985), 43-55; William E. May, *Sex, Marriage, and Chastity: Reflections of a Catholic Layman, Spouse, and Parent* (Chicago: Franciscan Herald Press, 1981); *Contraception and Catholicism*, Common Faith Tract No. 5 (Front Royal, Va.: Christendom Publications, 1983); *Contraception, “Humanae Vitae,” and Catholic Moral Thought* (Chicago: Franciscan Herald Press, 1984); Ronald Lawler, O.F.M. Cap., Joseph M. Boyle, Jr., William E. May, *Catholic Sexual Ethics: A Summary, Explanation, and Defense* (Huntington, Ind.: Our Sunday Visitor, 1985).

## II. CONTRACEPTION: ESSENTIALLY CONTRALIFE

It is clear that the moral act of contraception cannot be defined in terms of any specific pattern of behavior. For there are many different ways to contracept, and there are many outward performances which could, but need not, be ways of contracepting.

On the one hand, the uses of barriers, drugs, and withdrawal are different behaviors often chosen to contracept; they are more or less effective. Many people mistakenly rely on contraceptively useless techniques and engage in the behavior such techniques require; any such behavior, too, is chosen to contracept, and so morally speaking is a way of contracepting.<sup>5</sup>

On the other hand, outward performances which usually are ways of contracepting can be chosen for other reasons. For instance, to treat some pathological condition, women who never engage in sexual intercourse sometimes have been given drugs usually prescribed for contraception. Fertile married women engaging in sexual intercourse sometimes have taken the same drugs without contracepting, although the therapy had as a side effect that they could not conceive.

In not being defined by any specific pattern of behavior, contraception is like many other acts, such as apologizing. There are many ways of apologizing, and performances which sometimes count as an apology can have other and even opposite meanings. And in this respect contraception is unlike many other acts, such as shaking hands. To engage in the act of interpersonal communication which we call “shaking hands,” one’s hand must make contact with the other person’s hand.

Sexual acts, such as fornicating, are more like shaking hands than like apologizing. In this respect, sexual acts are unlike contraception. Assuming contraception is a sin, it is not a sexual sin, such as masturbation, fornication, adultery, homosexual behavior, and so on. A dictator who wanted to control

<sup>5</sup> This is why Paul VI in *Humanae vitae*, 14, *AAS* 60 (1968), 490, formulates the rejection of contraception in terms of “any act . . . which intends as an end or a means to impede procreation.”

population might contracept by having a fertility-reducing additive put in the public water supply. He would engage in no sexual behavior whatsoever, and might not will any such behavior. He might also exhort people to abstain, but reason that if they did not, the additive in the water would prevent the coming to be of some of the possible persons he did not want.

Contraception can be defined only in terms of the beliefs, intentions, and choices which render behavior contraceptive. To contracept one must think that (1) some behavior in which someone could engage is likely to cause a new life to begin, and (2) the bringing about of the beginning of new life might be impeded by some other behavior one could perform. One's choice is to perform that other behavior; one's relevant immediate intention (which may be sought for some further purpose) is that the prospective new life not begin. (Here and in what follows, "begin" and "come to be" refer both to the initiation of the life of a possible person and to the continuing existence of the person. Thus contraception aims to impede both the initiation of life and the being of the individual whose life would be initiated if not impeded.)

This definition makes it clear that contraception is only contingently related to marital intercourse. For the definition of contraception neither includes nor entails that one who does it engages in sexual intercourse, much less marital intercourse. Therefore, if someone both engages in a sexual act and contracepts, the two are distinct acts. A young couple tempted to fornicate has two choices to make, not one: whether to fornicate or not, and whether to contracept or not. They may decide to fornicate and not to contracept, perhaps agreeing that if pregnancy occurs they will get married. Many married couples who do choose marital intercourse never contracept; they may be infertile, or no more fertile than they care to be, or ignorant of contraception, or absolutely opposed to it. Thus, those who do choose to contracept plainly do so by a choice and by performances entirely distinct from the choice to engage in marital intercourse and the carrying out of that choice.

Nevertheless, contraception often is thought of as if it were a sexual act, and the morality of contraception treated as an issue of sexual ethics. The reason is that contraception presupposes and is closely related to sexual acts, since there is no occasion to practice contraception unless someone is likely to become pregnant, and pregnancy rarely occurs apart from some sexual act.

Since contraception must be defined by its intention that a prospective new life not begin, every contraceptive act is necessarily contralife. Those who choose such an act often also intend some further good—for example, not to procreate irresponsibly with bad consequences for already existing persons. But in choosing contraception as a means to this further good, they necessarily reject a new life. They imagine that a new person will come to be if that is not prevented, they want that possible person not to be, and they effectively will that he or she never be. That will is a contralife will. Therefore, each and every contraceptive act is necessarily contralife.

Moreover, in and of itself, a contraceptive act is nothing but contralife. For, being separate from any sexual act which occasions it, a contraceptive act cannot be considered part of that sexual act. Thus, contraception in marriage is not part of any marital act. Contraception is related to marital acts only instrumentally, inasmuch as contraception lessens the likelihood of pregnancy, which can be a motive to avoid marital intercourse.

This being so, one cannot argue: Since marital intercourse is good, contraception *involved in it* can be acceptable. If the contraceptive act and the marital act were one and the same human act, that argument might succeed, since that one act could be analyzed as an act with two effects. However, the principle of double effect is not correctly used to justify what is done in one act by the good features of another, distinct act.



### III. CONTRACEPTION: EVIL BECAUSE CONTRALIFE

In reading this section, many will think that our argument proves too much if it proves anything at all, for it will seem to them that NFP does not differ from contraception in any way that would allow NFP to be morally acceptable if our argument concerning contraception is sound. However, rather than attempting to do everything at once, in this section we deal only with contraception and leave until section VI the explanation of how NFP differs in a morally significant way from contraception.

Insofar as contraception is contralife, it is similar to deliberate homicide. If contraception is similar to homicide, the first question is: What is wrong with homicide? In sketching out the answer to this question, we are not concerned with killing which may be justified, such as killing in war, but with the intentional killing of the innocent, which certainly is wrong.<sup>6</sup>

Part of the reason why deliberate homicide is wrong is that it is wrong to harm people, and love does no harm. Killing people is an extreme case of harming them. Moreover, in this case the harm to the person is direct and sure, unlike harms which one does to people when—for example, by stealing—one violates certain of their other rights, only indirectly harming the person. One's life is one's very reality. Thus, laying down one's own life for another is the greatest sacrifice one can make.

However, killing someone is not morally wrong only because the person who is killed loses the good of life. If that were the case, it also would be morally wrong to kill anyone by accident, since accidental killing also results in loss of life. An essential condition of the immorality of deliberate homicide is that it involves a contralife will. Although the goodness of the life which is destroyed provides the reason why deliberate killing is wrong, the moral evil of killing primarily is in the killer's heart.

<sup>6</sup> For a fuller treatment of the ethics of killing, see John Finnis, Joseph M. Boyle, Jr., and Germain Grisez, *Nuclear Deterrence, Morality and Realism* (Oxford and New York: Oxford U. Press, 1987), chapter 11.

The New Testament makes it abundantly clear, against false, legalistic conceptions, that morality is in the heart. A man can commit adultery without ever touching a woman. And he need not wish to commit adultery with some real woman. Perhaps there is no real woman in the world with whom he wishes to commit adultery. But if he imagines an ideal play mate and freely consents to his wish that she were real so that he might commit adultery with her, he commits adultery. Indeed, any sin is in one's heart before it is in one's deed, and one's sinful deed is wrong because of one's evil heart. Therefore, deliberate homicide is immoral primarily because the contralife will which it involves cannot be a loving heart.

Usually when people contracept, they are interested in sexual intercourse which they think might lead to conception. If they did not think that, they would have no reason to contracept. They look ahead and think about the baby whose life they might initiate. Perhaps for some further good reason, perhaps not, they find the prospect repugnant: “ We do not want that possible baby to begin to live.” As the very definition of contraception makes clear, that will is contralife; it is a practical (though not necessarily an emotional) hatred of the possible baby they project and reject, just as the will to accept the coming to be of a baby is a practical love of that possible person.

Confusions between feelings and will tend to obscure the moral significance of “ desiring,” “ loving,” “ wishing,” “ wanting,” “ hating,” “ not wanting,” and so on. All these expressions can be used to refer either to emotions or to volitions or to both simultaneously. In very many cases, will and feeling oppose one another, and in very many other cases strong feelings occur quite independently of any relevant willing, and vice versa. Hence, while it may seem shocking to speak of “ practical hatred ” in referring to the will to contracept, the expression is accurate and must not be misunderstood to suggest emotional animus.

In short, contraception is similar to deliberate homicide, despite their important differences, precisely inasmuch as both in-

volve a contralife *will*. Our thesis is that the contralife will which contraception involves also is morally evil, although we do not claim that it usually is as evil as a homicidal will.

To establish this thesis, we begin with two basic premises which no one is likely to challenge. First, morally right choices must conform to reason and not be contrary to it. A second basic premise is: In itself the coming to be of a new human person is a great human good. To say this is not to say that this good may not be accompanied by many evils which in the concrete can render realizing it repugnant, but only that, nothing else considered, the prospect of a new person is a reason to act for his or her coming to be, and in itself offers no reason to try to prevent that.

Given these two premises, a contraceptive choice certainly cannot be justified if one does not have a reason for making it. (For the moment we set aside the question whether a contraceptive choice can be justified even if one does have a reason for making it.) For the prospective coming to be of the new person offers some reason *not* to choose contraception. So, to choose to contracept without having a reason clearly is to choose contrary to reason, not in harmony with it.

Although some people do choose to contracept without having a reason, they do have an emotional motive. One such motive is that some people find the prospect of the possible person's coming to be unacceptable in itself. Their motivation is like that of murderers who kill someone not for any reason but simply out of emotional hatred. Their attitude clearly is immoral. The canon *Si aliquis* mentions this motive when it refers to those who contracept out of "hatred."

If those who have this motive did not see a reason not to contracept, they would have no morally significant choice about whether to contracept or not. In particular cases, they might be inhibited by aesthetic, economic, or other considerations, including the Church's teaching against contraception. But such inhibitions are accidental to contraception as such, and so we set them aside. Those motivated by emotional hatred of the

possible new person, if they lacked any reason to the contrary, would contracept without even considering what for them would not be a possibility: not doing so.

The last point is important not only in the case of emotional hatred but in the other cases to be considered. Choices are made only when some alternative to doing as one chooses—at least the alternative of not choosing—has some appeal. If one has a reason to do something and no motive not to do it, no alternative to doing it has any appeal. In such a case, one has no choice to make and one acts according to the reason without choosing to do so. For example, one notices something which arouses curiosity, thinks of a way of trying to satisfy it, has no motive not to act to do so, and so without having to choose acts to satisfy the curiosity.

However, someone who finds the concrete prospect of the beginning of a new life unacceptable and who thereby is emotionally motivated to reject that possible person's coming to be nevertheless can appreciate the intelligible goodness of a new person's coming to be, see that as a reason not to choose contraception, and yet choose to follow the emotional motive against the reason. Precisely in being thus against reason such a choice to contracept is immoral, and this immorality is not accidental, but essential, to that choice of contraception.

But few people are motivated to contracept by emotional hatred of the possible person who might otherwise come to be. Generally, people have an extrinsic motive. Sometimes the extrinsic motive involves genuine and even very weighty reasons, but sometimes it is merely emotional.

Those who consider the prospect of a new person's coming to be and find that prospect emotionally repugnant, not because of hatred of the possible person but because of other elements of the total prospective situation, might say: “In some ways we would like to have another baby, and we are good parents, but considering everything else we want, we simply don't want to have another baby.” (Here and throughout the remainder of this paper, “another baby” should be read to

mean "a baby or another baby," and "don't want" should be read to mean "don't want, whether now or never.") Such people can admit that choosing on this basis to practice contraception is contrary to reason and amounts to plain selfishness. But they can be frankly unconcerned about this fact: "We choose to take care of ourselves, and don't see anything so wrong with that."

Many people today, especially the affluent, contracept because of such selfishness, whether or not they are fully aware of its immorality. For them, moral considerations only become significant when nonrational individual behavior has social consequences. While they freely act contrary to reason when they think it hurts no one other than themselves, their conscience awakens when justice toward others comes into play. Seeing no injustice in contraception, they see no immorality in it. However, serious Christians, and many others as well, reject that mistaken conception of morality. For them, the choice to contracept could be justified, if at all, only by some genuine reason.

Reasons vary.<sup>7</sup> For some, the reason is that the responsibilities involved in caring for another baby would interfere with career commitments. (Here and throughout this paper, "reason" should be read to mean "reason or set of reasons, however complex.") Others judge that they have their hands full or cannot afford another baby. Those with either of these and various other reasons perhaps rightly judge that having another baby would be morally irresponsible.

Naturally, those who choose for some reason to contracept invoke that reason to justify their action. However, they also know that there is a reason not to contracept, namely, the good of the prospective new person's life, which contraception prevents. (Again, we set aside the reasons accidental to contra-

<sup>7</sup> Pius XII, *Allocution to the Society of Italian Catholic Midwives*, *AAS* 43 (1951), 846, provides a list of the kinds of reasons which serve as indications for practicing periodic abstinence: medical, eugenic, economic, and social factors. These same factors provide reasons for those whose choice to contracept is motivated by something more than mere emotional motivation.

ception which inhibit some from choosing it.) For, if they were simply unaware of contraception's contralife character, they would have no need to make a *choice* of contraception, since they would see no reason not to contracept. (They might well need to make choices *about* contraception, insofar as they might see reasons not to choose certain contraceptive techniques which have bad aspects or side effects.)

If they could choose contraception without choosing contrary to any reason, they could choose it uprightly. But they realize that to contracept is to choose contrary to the beginning of a possible person's life, which in and of itself is a reason to choose not to contracept. Thus, they are aware that they choose contrary to a reason, but they may think that they are not choosing immorally, for they are likely to suppose that their reason to contracept somehow justifies choosing to do so.

However, the mere fact that they have a reason to contracept does not justify their choice to do so. For it does not eliminate the reason not to contracept—the prospective new person's life.

While morality requires that one always act in harmony with reason, it does not—and it cannot—require that one always act on every reason one has for acting. People normally have reasons for doing many more things than they can possibly do. They must choose between or among the things which they have reasons to do. Moreover, immoral choices very often are made not without a reason but for excellent reasons. For example, people often do injustices in order to secure real benefits for those they love. Thus, whenever there is a reason to do something and a reason not to do it, one chooses in harmony with reason by choosing not to do it, but chooses contrary to reason by choosing to do it, unless the reason to do it is *rationally preferable* to the reason not to do it.<sup>8</sup>

Thus, if the choice to contracept is not to be immoral, inas-

<sup>8</sup> With respect to the theoretical foundations of the point we make briefly in this paragraph, see Germain Grisez, Joseph Boyle, and John Finnis, “Practical Principles, Moral Truth, and Ultimate Ends,” Part Two, section VII, *American Journal of Jurisprudence*, 33 (1987), 121-25.

much as it is contralife and so far forth contrary to a reason, the reason to contracept must be rationally preferred to the reason not to do so, namely, that in itself the coming to be of a possible person is a great good.

To establish the rational preferability of the reason to choose to contracept, the two reasons must be rationally compared. To do this, one needs a standard by which to compare the two reasons precisely inasmuch as they are reasons for acting. But there is no such standard nor can there be. (We have argued this point at length elsewhere and will explain it only briefly here.)<sup>9</sup> Therefore, the attempted justification inevitably fails, and so the choice to contracept is contrary to reason, and therefore is immoral.

If there were a rational method of establishing the rational preferability of the reason *for* making a choice to the reason *against* making it (or vice versa), then the reason which the use of that method showed to be less rationally preferable would, by that very fact, cease to be a reason in respect to that situation of choice. But in that case, the situation would cease to be a situation of choice between rationally appealing alternatives, and so there would remain no choice between these alternatives. If the reason for making that choice and the reason against making it were the only motives at work in that situation, one simply would act in accord with the now unopposed reason. (Of course, there often are other appealing possibilities. Among them can be the option of abandoning reason and following some merely emotional motivation.)

<sup>9</sup> For the full argument against rational commensurability of the instantiations of goods offered by alternatives available for free choice, see Finnis, Boyle, and Grisez, *Nuclear Deterrence*, 249-67, with the notes on 268-72 and the works cited there. The argument against rational commensurability establishes the truth of one proposition signified by saying "The end does not justify the means." Rational commensurability of goods as reasons for acting would be necessary to justify using a means contrary to one good to achieve an end which instantiates another. "It is not licit to do evils that goods may come about" can express the same proposition. Whether or not it does so in St. Paul (Rom 3:8) is disputed. It clearly does so in *Humanae vitae*, 14, *AAS* 60 (1968), 491.

The preceding abstract argument that there can be no rational method by which to establish the rational preferability of the reason to contracept is, we think, conclusive. But many people who acknowledge that it is good to initiate the life of a new person nevertheless think that a choice to contracept can be rational. They are convinced that the competing values must be rationally comparable, somehow or other, since people do in fact compare them.

To do so, people think of and compare two possible futures: one in which the baby lives and one in which it does not. And they think that the future in which the baby does not live is better. It certainly seems so to them. They *feel* that the future without the baby will be better than the future with it. But can they *know* that the future without the baby will be rationally better? Clearly, they cannot. To know that, they would have to know what God knows—not only the immediate, or short term, or other this worldly possible futures with and without the baby, but also the place of that possible baby and of everyone else concerned in God’s plan for his kingdom. Human providence does not begin to reach so far.

If the comparison of these two possible futures is not rational, what is it? It is an expression of the feelings of those who make it. The possible future without the baby *seems* better only because that is the future which they want more strongly. Their wanting need not be merely selfish, but it cannot be rational. That the possible future without the baby will be better (something which they cannot know) cannot be what makes them not want the possible future with it. However, their not wanting the possible baby and all the consequences of that baby’s coming to be and being can and does make them feel that the possible future without the baby will be better. Therefore, the supposed reason sufficient to establish the rational preferability of contracepting simply is an emotional motive.

Inasmuch as the choice to contracept is contralife and so far forth contrary to a reason, this emotional motive provides no



justification at all. The choice to contracept is not only contrary to a reason, but contrary to a reason which cannot be rationally outweighed. Therefore, it is contrary to *reason itself*, and so it is immoral.

But do not people who make rational judgments to do this rather than that sometimes begin by comparing possible futures and considering which will be better: the future to be expected if they do this or the future to be expected if they do that? Yes, in two kinds of cases people do compare possible futures as the basis or part of the basis for making rational judgments to do this rather than that.

1) In one set of cases, such a comparison does establish the rational preferability of a certain reason for acting. But by doing so, it eliminates the alternative consideration as a reason for acting otherwise (or for not acting at all). Unopposed, the rationally preferable reason for acting leads of itself to action, and choice is precluded.

For example, if a pilot of a plane about to crash thinks that he can come down in either a more densely or a less densely populated area (and he sees no other difference between the two), his comparison of possible futures establishes the rational preferability, in terms of saving human lives, of steering toward the less densely populated area. But with this rational preferability established (and assuming no other motive is at work), the pilot will have no reason to steer his plane toward the more densely populated area. Thus, choice will be unnecessary, and so the rational preferability—of endangering fewer lives—established by the comparison of possible futures will preclude choice and lead of itself to action, rather than provide a reason for choosing to come down in the less, rather than the more, densely populated area.

One sometimes embarks on deliberation, assuming a choice will be necessary, but discovers that presupposed standards of evaluation and limits on the possibilities to be considered make it easy to establish the rational preferability of one possible course of action and so eliminate the need for choice. For in-

stance, if one is house hunting, and is concerned with only three factors—say, price, size, and proximity to school—one may find houses that are better than others in one or two of these respects, but not in all three; none of the reasons for purchasing any of these houses can be judged rationally preferable to the reasons favoring the alternatives. But if one finds a house which is cheaper, bigger, and closer to school than any other house on the market, the rational preferability of the reason to buy it will be established. Moreover, unless one then becomes interested in some additional factor—for example, the character of the neighborhood or the soundness of the structure—one will no longer have any reason to choose to buy any of the other available houses. And thus one will have so unchallenged a reason to buy *this* house that no choice of it will be necessary.

Rational judgments in the technical sphere—judgments of the most efficient means to reach definite ends—typically are made in this way. But moral judgments regarding free choices always concern what is truly good for human persons, and no one can make in a technical way rational comparisons concerning what is truly good for persons as such. Such comparisons are out of reach, because persons are openended, and any person is more than the particular goal of any and every human action.

2) In the other set of cases, possible futures are compared and their comparison does not preclude choice, but neither does it establish the rational preferability of a certain reason for acting. Instead, it contributes in some other way to the rational appraisal of the alternatives between which a choice remains to be made.

For example, one thinking of doing something which will have side effects harmful to others can assess the seriousness of those side effects by asking: “How would I feel if these side effects were impinging on people for whom I cared?” In answering the question, possible futures are compared, not rationally, but on the scale of one’s feelings. To the subjective ap-

praisal of the significance of the side effects, one can apply the Golden Rule and so reach a moral judgment, for if one's feelings would preclude one's doing the same thing to people for whom one cared, one can judge that the unfairness of accepting the harmful side effects is a good reason not to accept them. Yet one can be tempted—that is, see a reason—to act contrary to that judgment, for one's comparison of possible futures does not establish the rational preferability *in every respect* of the future in which one forgoes acting to the future in which one acts and unfairly accepts the side effects harmful to others.

In neither the first nor the second kinds of cases does the comparison of possible futures establish the rational preferability of the reason for making a choice to the reason against making it (or vice versa). Therefore, these ways in which people do compare possible futures in making rational judgments to do this rather than that cannot be used to show that the reason for making a choice—such as the choice to contracept—is rationally preferable to the reason against making that choice.

Finally, what about those cases in which the couple's reason for choosing to contracept is that they judge that it would be morally wrong for them to have another baby? Certainly there are cases of this sort, and they constitute the most plausible argument to justify the choice to contracept.

But the earlier argument which showed that there can be no rational method for comparing reasons for and against making a choice applies whether or not both of the alternatives are supported by moral considerations. So, the reason which makes it morally irresponsible for some couples to have another baby is not rationally comparable with the reason which makes it morally wrong for anyone to contracept. To choose contrary to either reason is to choose contrary to reason, not in harmony with it, and so is immoral.

Does it follow that such couples are in genuine perplexity, forced to do evil whether they choose to contracept or not? No. Since contraception is one act and marital intercourse another, they can escape this perplexity by abstaining from marital in-

tercourse. In doing that, they can avoid choosing to contracept, and so avoid the contralife will contraception involves and also faithfully serve the values underlying their moral obligation not to have another baby. They can act in complete harmony with reason and in no way act contrary to it.

However, it may be objected, marital intercourse, inasmuch as it serves marital love, can be good even if it is certain to be sterile (during pregnancy, after menopause, and so on). Abstinence prevents intercourse from serving marital love. Therefore, some argue that some couples are obliged to practice contraception for the sake of their marital love. If so, the choice to abstain, too, is contrary to a reason. They conclude that married couples who have a moral obligation not to have another baby cannot escape perplexity unless the choice to contracept somehow is in accord with reason in that situation.

How might the choice to contracept not be against reason in that situation? Only if there is, after all, a rational method for comparing the reasons for and against making a free choice. But we have briefly indicated why there can be no such method.

Yet someone will object that in *this* case free choice must be compatible with rational comparison of reasons. For couples certainly do choose to contracept in this situation. And, it will be argued, the reasons also are clearly commensurable: The service to both love and life rendered by contraception is a better reason than the disservice to life involved in it, since love and life are a whole of which life is only a part, and, as everyone knows, the whole is greater than its part.

The answer to this objection is that the prospective new baby's life, which the use of contraception would be chosen to prevent, is not part of the total set of goods—pertaining to both life and love—to be served by that possible baby's not coming to be. The value of the possible person whose life a contraceptive choice seeks to prevent remains rationally incomparable with the value of the possible benefits to love and life which the argument claims can be achieved only by contraceptively facilitated marital intercourse. Thus, the reasons for

choosing not to abstain and not to contracept remain rationally incomparable.

We shall explain in section V why the choice to abstain from marital intercourse by a couple who ought to avoid another baby is not really against reason, and in section VI how the choice to abstain can be put into practice with the help of NFP without the nonrational contralife will which contraception essentially involves. But before dealing with these matters, we shall reply to objections which call into question the seriousness of the reason which prospective new life provides for not using contraception to prevent it.

#### IV. ANSWERS TO OBJECTIONS

Insofar as the preceding argument depends upon taking seriously the life to be of a possible person and likens preventing it to homicide, those who defend contraception's moral acceptability will point to disanalogies. The validity of the argument we have given does not depend on establishing the analogy with homicide. Still, it is appropriate to answer the objections to the analogy, since it both is part of the tradition we are trying to clarify, and makes manifest the gravity of the choice to use contraception—gravity to which the tradition also attests.

First objection: Contraception does not attack a real person; it only prevents a merely possible person from coming to be. So, the contralife will which contraception involves is not homicidal.

The answer: We do not say that the contralife will essential to contraception is homicidal. Still, it is contralife, and more like homicide than one might at first suppose. All human acts affect only the future. Homicide does not destroy the victim's entire life; the past and present are beyond harm. Homicide only prevents the victim from having a future. So, the homicidal will, like the contraceptive will, is only against life that would be, not against life that is.

Next objection: But when people are killed, and their future cut off, those people are wronged. For they did exist, and were

deprived of the lives they had. Contraception, however, does not cut off the life it prevents. There is not yet a person to be wronged. Therefore, contraception does no injustice. In this respect, it is very different from homicide, which plainly does the victim a great injustice. Therefore, contraception can be morally acceptable although homicide is not.

The answer: It is true that contraception does no injustice to the possible person whose life it prevents. But it does not follow that contraception is morally acceptable. For homicide is wrong not only because it involves an injustice, but also because it carries out a nonrationally grounded, contralife will—a will that the one killed not be. That is why deliberate suicide is wrong, even on the assumption that it does no injustice to others. Thus, even if contraception does no injustice to anyone, it is wrong because it necessarily involves a nonrationally grounded, contralife will—the same sort of will which also is essential to the wrongness of deliberate suicide and homicide in general.

Moreover, the fact that contraception does no injustice to the possible person whose life it prevents does not mean that one who chooses to contracept does no injustice. For there are two ways in which those who choose to contracept can be acting unjustly.

First, every method of contraception, even sterilization, has a failure rate. When the attempt at contraception does not succeed, an unwanted baby comes to be. Today, aborting the baby is likely to be considered. But perhaps the baby will be accepted and loved. Even so, the baby began life as an accident, as someone unwanted. Choosing contraception with the knowledge that it might fail and a baby come to be *as unwanted* is being willing to put another in a position no reasonable person would wish to be in. Therefore, choosing contraception is an injustice, even if it succeeds and the harm remains in one's heart.

Second, some of the most effective and widely used methods of birth control—the various kinds of pills and intrauterine de-

vices (IUDs)— sometimes have their effect *after* conception has taken place, by preventing the implantation and/or the development of the early embryo. In such cases, birth control is achieved by very early abortion. That is not contraception but homicide. Thus, those who choose such methods of “contraception” do the precise injustice of homicide, even if through ignorance they are not guilty of it.

Next objection: But those who believe abortion is wrong might consider these problems carefully, decide to use some form of contraception which they are sure is not abortifacient, realize they are running some risk of conception, but make up their minds at the outset to accept any baby they conceive by accident. Such people avoid doing any injustice, and their wills are not contralife.

The answer: Their wills certainly are not contralife to the same extent as the wills of those who do not care whether or not their method of birth control is abortifacient and/or who never commit themselves to accept babies conceived by accident. But they still want the possible baby whose life they seek to prevent not to begin to be. If a conception occurs, they may keep their good resolution, accept the baby, and not even consider aborting it. But the baby who came to be by accident still would begin life precisely as an *unwanted* person.

Next objection: The claim that very early abortion is homicide assumes that the new individual is a person from conception. But nobody can be certain of that. Even St. Thomas thought that the individual at first is subpersonal, and that a personal soul is infused only some weeks after pregnancy begins.<sup>10</sup>

<sup>10</sup> For a more extensive answer to this objection than we offer here, see the excellent analysis by T. V. Daly, S.J., “The Status of Embryonic Human Life: A Crucial Issue in Genetic Counselling,” *Health Care Priorities in Australia: Proceedings of the 1985 Annual Conference on Bioethics*, ed. Nicholas Tonti-Filippini (Melbourne: St. Vincent's Bioethics Centre, 1985), 45-57. Also see Germain Grisez, *Abortion: The Myths, the Realities, and the Arguments* (New York: Corpus, 1970), 25-27; Germain Grisez and Joseph M. Boyle, Jr., *Life and Death with Liberty and Justice: A Contribution to the Euthanasia Debate* (Notre Dame, Ind.: University of Notre Dame Press, 1979), 229-41.

The answer: St. Thomas was working with the biology of his time, which was in error in supposing that new living individuals come to be from nonliving material. (That is how it seems if one has no microscope to look more closely.) He was aware, of course, that whatever persons are, they are alive, not non-living material. So, St. Thomas had to suppose that the personal soul is infused at some time after the beginning of pregnancy. Today, one knows that each new living human individual comes to be from living bits of the bodies of his or her parents. One knows that at conception there is a new living human individual, and everything one observes shows that the very same individual (unless death intervenes) lives and develops continuously until birth—and on to subsequent death.

On some occasions, the new individual splits into two or more—identical twins, triplets, and so on. Perhaps, on rarer occasions, two or more individuals combine into one. Nonetheless, from conception onward, there is nothing but a living human individual or individuals.

But, except in arguments about the status of the unborn and those who will never or never again be able to function in specifically personal ways, everyone today equates “living human individual” with “human person.” Of course, some will insist on the logical-metaphysical *possibility*—which we admittedly have no argument to exclude—that an unborn human individual at some early stage is not yet a person or that the others are no longer persons. That possibility, however, provides no ground for judging beyond all reasonable doubt that living human individuals in either of those conditions are not persons. If there were no motive to kill or otherwise gravely harm them (for example, by experimenting upon them or using their organs), no question about their personhood would be raised.

Therefore, to judge that they are not persons on the basis of the mere possibility that they are not persons is to license killing or harming them *even if they are persons*. The choice to make that judgment against the unborn at some early stage or



those who will never or never again be able to function in specifically personal ways is not only a contralife but a homicidal will.

Next objection: In practice, contraception may involve injustice. But according to the argument which likens it to homicide, that injustice is not the basic reason why contraception is wrong. The basic reason is that it involves a nonrationally grounded, contralife will, similar to the will involved in suicide. But an important difference remains, for when someone commits suicide, that existing person's life is destroyed. When people contracept successfully, a merely possible person's life is prevented. That difference remains important even if contraception and suicide are alike in some ways.

The answer: Granted, contraception differs from suicide. A possible person is not an existing person. But this difference is not such that, while suicide is wrong, contraception is morally acceptable. For the difference between contraception and suicide does not take away their similarity. Both involve a nonrationally grounded, contralife will.

Moreover, the possible person whose life is prevented is no mere abstraction, but an absolutely unique and unrepeatable individual who would exist if he or she were welcomed rather than prevented. For each one of us, merely being allowed to come into existence was a great gift. The beginning of our lives, which contraception perhaps could have prevented but did not, is continuous with the life by which we are now alive. One must bear this fact in mind when one says that contraception only prevents a possible person.

Also, the similarity between suicide and contraception is closer than at first appears. Whenever a baby comes to be from a couple's one-flesh communion, the new person is as it were an emerging part of his or her parents. Although contraception intervenes before any new person emerges, still it is a choice to interfere with existing human life. For, in preventing the baby they project and reject, those who choose to contracept attack their own lives as they tend to become one

through their sexual act. By contracepting, they as it were commit limited suicide—they choose to cut off their human life as they are about to hand it on, precisely at the point at which the new person would emerge.

People who do not believe in an afterlife and a provident God generally deny that there can be anything wrong with deliberate suicide, provided that no injustice is done to others. Christians generally are acutely aware of the wrong of deliberate suicide, because they think of what God had in mind for the person who knowingly and freely commits suicide, and how he may view that person's self-destructive act.

But is contraception really so different? The projected and unwanted person is envisaged as a real possibility. No one can know what God has in mind for that possible person's life, and how he may view those who prevent it. If, as has now been argued, contraception is wrong because it necessarily involves a nonrationally grounded, contralife will, that wrong is aggravated by the irreverence of this will toward God, the Lord of life, with whom human beings can only cooperate, or refuse to cooperate, in responsibly procreating new persons for his kingdom.<sup>11</sup>

A final objection: If contraception is always wrong because it involves a nonrationally grounded, contralife will, is it not wrong to try to prevent a conception which otherwise might

<sup>11</sup> John Paul II, Address to Participants in a Study Seminar on “Responsible Parenthood,” 17 September 1983; *Insegnamenti di Giovanni Paolo II*, vol. 6, part 2 (Rome: Libreria Editrice Vaticana, 1983), 562; *L'Osservatore Romano*, Eng. ed., 10 October 1983, 7, points out that each person comes into existence through God's personal creative love, and that married couples only share in God's work, and adds: “When, therefore, through contraception, married couples remove from the exercise of their conjugal sexuality its potential procreative capacity, they claim a power which belongs solely to God: the power to decide *in a final analysis* the coming into existence of a human person. They assume the qualification not of being cooperators in God's creative power, but the ultimate depositaries of the source of human life. In this perspective, contraception is to be judged objectively so profoundly unlawful as never to be, for any reason, justified. To think or to say the contrary is equal to maintaining that in human life situations may arise in which it is lawful not to recognize God as God.”

follow from rape? Those who do this also project and reject the baby who might come to be.

The answer: One choosing to prevent a conception which might follow from rape could be choosing to contracept. Plainly, this is so when an administrator of an institution housing men and women incapable of giving consent to sexual intercourse makes little or no effort to prevent their copulation but supplies contraceptives to prevent pregnancies. However, rape is the imposition of intimate, bodily union upon someone without her or his consent, and the one who undergoes rape has the right to resist so far as possible. No one doubts that someone who cannot prevent the initiation of this intimacy is morally justified in resisting its continuation—for example, that a woman who awakes and finds herself being raped need not permit her attacker to ejaculate in her vagina if she can force him to withdraw. On the same basis, without ever projecting and rejecting the baby who might be conceived, women who are victims of rape (or those trying to help them) who cannot prevent the rapist from ejaculating close to or in the victim's vagina are morally justified in trying to prevent the ultimate completion—namely, conception itself—of the wrongful intimate bodily union.

The measures which are taken in this case are a defense of the woman's ovum (insofar as it is a part of her person) against the rapist's sperm (insofar as they are parts of his person). By contrast, if the intimate, bodily union of intercourse is not imposed on the woman but sought or willingly permitted, neither she nor anyone who permits the union is conceptually able to defend against it. Hence, rape apart, any contraceptive measures must be chosen to prevent conception not insofar as it is the ultimate completion of intimate bodily union but insofar as it is the initiation of a new and unwanted person.

## V. MARITAL INTERCOURSE: NOT OBLIGATORY

We considered the argument that, because marital intercourse is necessary to serve marital love, couples whose reason

to avoid having another baby is morally grounded are justified in using contraception. We showed that, even granting the assumption that marital intercourse is necessary to safeguard and promote marital love, the use of contraception is not justified. But we promised to show that marital intercourse is not necessary to serve marital love. In now showing this, we shall also clarify the concept of chastity, especially marital chastity.

One must frankly admit that sexual abstinence can have the bad effects often attributed to it. Vatican II teaches: “ Where the intimacy of married life is broken off, it is not rare for its faithfulness to be imperiled and its quality of fruitfulness ruined. For then the upbringing of the children and the courage to accept new ones are both endangered.”<sup>12</sup> In plain language, the husband and the wife become irritable with one another and express their feelings by treating the children badly; they may be tempted to commit adultery, at least in thought; their love cools, and they are unlikely to welcome another child; the marriage may even end in divorce.

However, these and other bad effects of abstinence from marital intercourse do not follow from abstinence as such. Most married couples sometimes must abstain for reasons other than family planning—necessary separations, illness, and so on. Many people abstain for longer or shorter stretches without becoming irritable, being unfaithful, and so on. In times past many couples abstained for years at a stretch because they judged that they should not have another baby. Many couples today abstain for ten to twenty days each cycle—and sometimes for longer stretches—for the same reason, and many such couples bear witness to the benefits to their marital relationship of their practice of periodic abstinence.

Couples who abstain from marital intercourse without incurring bad effects are able to do so only because they learn that most of the benefits of their most perfect acts of marital intercourse can be sought and enjoyed in other ways. For example,

<sup>12</sup> *Gaudium et spes*, 51.

they can communicate by conversation, gestures, writing notes; they can please one another by giving little gifts, making compliments, planning surprises; they can enjoy being together by playing games, listening to music, going out to dinner; they can express affection by words and touches, even with a certain degree of limited sexual arousal.

What none of this provides, however, is the satisfaction of the sexual urge. Plainly, sexual frustration is the only factor essentially related to intercourse which causes all the bad effects some people suffer due to marital abstinence. This raises the question: Precisely how is the satisfaction of sexual desire related to marital love?

Clearly, marital intercourse is essentially related to marital love. This essential relationship plainly calls for marital intercourse on three kinds of occasions.

1) Marital love begins with the mutual commitment which constitutes marriage and is fulfilled by the marital intercourse which consummates it. That act of sexual intercourse realizes the husband and wife as two in one flesh, and provides them with the experience of being married. But this marital intercourse, which serves marital love by consummating marriage, has nothing to do with the regular dynamics of sexual desire and its possible frustration. A single act of marital intercourse consummates marriage, and that act need not have <sup>much</sup> to do with sexual desire. As an experience of sexual satisfaction it may leave much to be desired.

2) Marital love also is fulfilled by marital intercourse on the part of those who desire children and are prepared to welcome them.

3) Of course, there are other occasions—such as anniversaries, special times together, and so on—when marital intercourse is particularly appropriate to recall the significant reality and renew the essential experience—of being one in marital communion—of that marital intercourse which first consummated marital love. However, there is little correlation between the periodicity of spontaneous and undisciplined sexual

desire, on the one hand, and, on the other, the calendar of each married couple's special occasions.

Someone will object that the calendar of each married couple's special occasions unfortunately also has little correlation with times of infertility. So, the objection will continue, for couples who ought not to have another baby, marital love must remain unserved by marital intercourse on many such occasions unless the use of contraception is justified. Therefore, the objection will conclude, the use of contraception often is necessary quite apart from any urgent need to satisfy sexual desire.

The answer is that marital intercourse is indeed appropriate on such occasions, and certainly serves marital love, provided that there is no reason not to engage in it. However, couples who ought to avoid another baby can celebrate such occasions without having marital intercourse, and an important part of their expression and experience of marital love in such cases is their very abstinence from marital intercourse for the sake of the common good—their marital friendship and children—which they are celebrating. Therefore, although marital intercourse would be appropriate, marital love does not require it even for such celebrations.

If anyone thinks such a notion of celebration unreal, that is only because of an underlying assumption that unsatisfied sexual desire would spoil it.

Therefore, while marital intercourse is either required or appropriate on the three preceding kinds of occasions, if one sets aside the factor of urgent sexual desire and its frustration, the requirement that married couples engage in intercourse for the sake of their marital love is very limited. Abstaining from sexual intercourse at times for various good reasons, including the avoidance of pregnancy, is compatible with serving marital love by engaging in intercourse on those occasions when marital love truly requires marital intercourse. And the bad effects of marital abstinence on marital love cannot be attributed to the lack of that marital intercourse which marital love really

requires. The bad effects of abstinence—other than those which could be forestalled by appropriate activities not leading to orgasm—are caused by one and only one thing: the urge is there, is powerful, and is not subordinated to the goods of marriage.

True, marital intercourse, even if not required by marital love, often can serve it. A married couple do not need a reason to engage in marital intercourse. Any normal married couple at times desire to engage in marital intercourse and, if there is no reason not to do so, spontaneously act on that desire, often even without deliberating and making any choice. However, a choice always is necessary when they are aware of some reason not to engage in marital intercourse. A couple's moral obligation not to have another baby is a good reason not to engage in marital intercourse.

Still, many people today think that the satisfaction of sexual desire is in itself an important human good, and that one irreducible aspect of marital love simply is the decent satisfaction of this desire within the bounds of marriage. But this widespread view is false for three reasons.

*First*, in itself the satisfaction of natural desires is not a good of human persons. Desire satisfaction contributes to human goods only insofar as it is integrated within a wider framework determined by reason and morally upright commitments. Such integration is not achieved merely by locating the satisfaction of desires within a context in which it can be legitimate. Rather, integration requires that desire be satisfied only in harmony with all the purposes of the framework within which doing so is legitimate, and that desire not be satisfied whenever satisfying it would conflict with any of those purposes.

*Second*, the deliberate use of marital intercourse simply to satisfy sexual desire does not serve marital love, because that use of marital intercourse has features which are at odds with marital love itself.

One can see this by considering the question: Does the marital act express and nurture marital love, even if the couple's

motive for engaging in it simply is their sexual desire? (1) If they engage in intercourse in response to the urge and contrary to a reason not to engage in it, then it cannot express and nurture love. But (2) if they do not engage in intercourse when there is a reason not to, then, when there is no reason not to, their intercourse motivated simply by sexual desire can express and nurture marital love.

(1) Intercourse in response to the urge, engaged in contrary to a reason not to engage in it, cannot express and nurture love, because actions are expressive and communicative precisely insofar as they are free. If a man has an uncontrollable nervous condition such that from time to time he blurts out “Yes, yes!” everyone soon realizes that his “Yes, yes!” is quite meaningless. If his wife wants his agreement about anything important, she asks him to put it in writing. To be able to give oneself in marital intercourse so that it means something, one needs self-control sufficient to be able to choose not engage in intercourse when there is a reason not to. So, for those who do not abstain when there is some reason not to have intercourse, marital intercourse motivated simply by sexual desire cannot be expressive and communicative of marital love.

Participating in marital intercourse can have the significance of self-giving only if one has sufficient self-possession—one cannot give what one does not have—to be able to resist sexual desire when there is a reason to do so. Therefore, engaging in marital intercourse motivated simply by sexual desire, not habitually shaped by reason, cannot express giving oneself to one’s spouse. Rather, it expresses taking one’s spouse for oneself. For, in interpersonal relationships, goods received from another which are not truly given are simply taken. In marital intercourse which falls short of mutual self-giving, the taking can be mutual and voluntary, but what is received is not given, only willingly yielded, since the freedom necessary for giving is absent. The couple satisfy one another’s desire, but their intercourse does not express and nurture their marital communion as it would if they were free enough to give themselves



to one another rather than constrained to take their satisfaction from one another.

(2) If couples (for example, during the first months of their marriage) are prepared to practice abstinence when they have a reason not to have marital intercourse—whether that reason is their obligation not to have another baby or some other reason—their acts of marital intercourse are never chosen (despite a contrary reason) simply to satisfy sexual desire. When such couples do engage in marital intercourse, even if sexual desire is their only motive and their behavior is spontaneous rather than deliberate, they can have a genuine experience of their marital communion. As time goes by, their emotions gradually will become integrated; their marital intercourse more and more will come to be fully free and meaningful, less and less mere spontaneous behavior, and so will conform more perfectly to the ideal of mutual self-giving.

Furthermore, in their acts of abstinence, freely chosen despite their sometimes urgent desire to have intercourse, the couple also realize and experience their marital oneness. For they choose to abstain for a reason, and the reason must be consistent with and can be rooted in their mutual faithfulness to their marital commitment: to be exclusively one with one another in this aspect of their lives, to accept children as a gift, and to fulfill their responsibilities to these children.

There is a *third* reason not to accept the widespread view that sexual satisfaction simply as such can be a reason for choosing to engage in marital intercourse. Because of the importance of this reason, we shall explain it at some length.

Married couples are not alone in experiencing desire and suffering frustration when they do not satisfy it. Very many people have the urge to satisfy sexual desire at regular and rather frequent intervals. So, many children masturbate, many boys and girls engage in sexual play with one another to orgasm, many of those homosexually inclined do what homosexuals do, and many young couples fornicate. When people who have enjoyed such experiences marry, they often continue

to engage in sexual activity merely to satisfy sexual desire, even if they limit their sexual activity to marital intercourse. However, being married, they mistakenly think they are justified in satisfying sexual desire whenever they find it agreeable to do so.

But is not the sexual activity of such married couples morally acceptable provided that it is limited to or always culminates in completed marital intercourse? Yes and no. Since they are married, their marital intercourse is appropriate and not wrong as are the ways of satisfying the sexual urge apart from marriage. But if they are not prepared to abstain whenever there is any good reason not to have intercourse, their marital intercourse used merely to satisfy desire remains in that respect like extramarital sexual activity chosen for that purpose, and so is not all it morally should be, as we have shown.

Today, very many people accept the principle that all sexually mature individuals are entitled to regular sexual satisfaction and may get it in any way which pleases them provided that they do not hurt anyone. Now, what is wrong with this position?

The view that one may satisfy sexual desire simply because doing so is enjoyable and not doing so is frustrating overlooks what such sexual acts do—*do in and of themselves*—to the acting person. The desire-satisfying person becomes the sensory-emotional subject who experiences the urge and its satisfaction; the reasoning and freely choosing subject is disengaged unless put to work in the service of the sensory-emotional subject; and the body becomes an extrinsic object, an instrument for avoiding frustration and replacing urge with satisfaction. The person is dis-integrated. In thus dis-integrating themselves, however, desire-satisfying persons act inconsistently with what they inescapably are: unities of body, sense, emotion, reason, and freedom. The effects of this self-dis-integration of the person are great. For example, communication becomes a problem, since communication is by bodily commun-

ion, but persons now are alienated from their own bodies. This self-dis-integration is an essential element of what is morally wrong with any sexual activity which is mere desire-satisfaction.

Moreover, engaging in sexual acts simply in response to a sexual urge cuts sexual activity off from its very important relationships with the rest of one's life. Sexual behavior does have something to do with the coming to be of new people. It also has something to do with health and disease. And it has much to do with deep personal relationships. Even masturbators imagine themselves relating to others, and their fantasies affect their relationships with real people. People who merely satisfy their sexual desire with one another are often deeply affected emotionally, yet their shared activity does not really make them one. Each enjoys a private experience and satisfies an urge, but they are not committed to any common good transcendent to their individual selves as a basis for real friendship.

In sum, contrary to what many people today think, the satisfaction of sexual desire in itself is not a human good. Hence, it cannot be an irreducible element of marital love, insofar as marital love is an authentic good of marriage. Sexual behavior motivated by the mere response to sexual desire and the wish to rid oneself of sexual frustration does not become humanly good by the simple fact that it occurs within the framework of marriage. For such sexual behavior is bad for those, married or not, who engage in it. Therefore, sexual desire and its satisfaction by marital intercourse must be subordinated to and integrated with the goods of marriage: the love constituted by the bond of marriage, the communion actualized and experienced in mutual self-giving, and the vocation to serve new life.

Vatican II, in a passage quoted earlier, expresses a clear awareness that breaking off the intimacy of married life can occasion serious harm to both the procreative and the unitive goods. In this section, we have shown that the full service of

sexual intimacy to the goods of marriage is compatible with the practice of abstinence when appropriate to avoid pregnancy. Thus, it is clear why the Council does not conclude from the difficulties married couples experience that they are justified in using contraception. Rather, with fidelity to the Church's constant and most firm teaching that contraception is always wrong, Vatican II calls for the practice of chastity. The relevant moral norms, it states, “ preserve the full sense of mutual self-giving and procreation in the context of true love. Such a goal cannot be achieved unless the virtue of conjugal chastity is sincerely practiced. Relying on these principles, sons of the Church may not undertake methods of regulating procreation which are found blameworthy by the teaching authority of the Church in its unfolding of the divine law.”<sup>13</sup>

## VI. NFP: NOT CONTRALIFE

Ethical considerations apart, NFP can be described roughly but sufficiently for our purpose here as a practice adopted by couples who abstain from sexual intercourse at times when they believe conception is likely and engage in sexual intercourse only at times when they believe conception is unlikely. (The techniques of NFP are equally valuable for increasing the likelihood of conception; couples then choose to engage in marital intercourse when they believe conception is most likely.)

Many argue: How can NFP be chosen without contraceptive intent? Couples using NFP studiously abstain on the “ baby days ” and have intercourse only during the “ safe ” periods. It certainly seems that they do not *want* to have another baby and are doing what is necessary to avoid having one. Thus, the argument will go: Those who choose NFP must have exactly the same contralife will as those who choose to contracept. So, the argument will conclude, if contraception really is morally unacceptable, NFP is no less unacceptable.

<sup>13</sup> *Gaudium et spes*, 51; also see *Humanae vitae*, 21, *AAS* 60 (1968), 495-96.

We concede that NFP can be chosen with contraceptive intent.<sup>14</sup> But we hold that NFP also can be chosen without the contralife will which contraception necessarily involves. To understand the second point, it will help to understand the first.

To see that NFP can be chosen with a contralife will, imagine a married couple who rightly judge that they should not have another baby. But they feel they are entitled to regular satisfaction of their sexual desire and so are not willing to accept long-term abstinence. They choose to use some form of birth prevention. Looking into methods, they find something they do not like about each of them. IUDs and pills can be dangerous to a woman's health. Condoms and diaphragms interfere with the sexual act and pleasure. Jellies and lotions are messy and often ineffective. And so on. Then they hear about NFP. They will have to abstain for a longer stretch than they would like, but still will be able to have intercourse during a week or ten days each cycle. Even the abstinence will have its advantages from their point of view; they know it will increase desire and intensify their pleasure. So they decide to use NFP as their method of contraception.

For them, choosing to use NFP is not essentially different from choosing any other method of contraception. They project the coming to be of another baby, want that possible baby not to come to be, and act accordingly. Their will is contralife and no less against reason than if they had chosen some other method of contraception. If pregnancy occurs, the baby will be unwanted.

In our example, the couple rightly judge that they should not have another baby. Of course, couples who have no reason to avoid pregnancy also can choose NFP with contraceptive intent. But the opposite is not the case: No couple can

<sup>14</sup> See John Paul II, General Audience, 5 September 1984; *Insegnamenti di Giovanni Paolo II*, vol. 7, part 2 (Rome: Libreria Editrice Vaticana, 1984), 321; *L'Osservatore Romano*, Eng. ed., 10 September 1984, 10; Giovanni Paolo II, *Uomo e Donna lo Credè: catechesi sull'amore umano* (Rome: Libreria Editrice Vaticana, 1985), 474.

choose NFP without contraceptive intent unless they have a reason not to have another baby.

Now, if a couple's reason not to have another baby excludes contraceptive intent, that could be so only because their reason does not include the very not-being of the baby. It must include only the burdens which having another baby would impose with respect to other goods, and/or the benefits which might flow from avoiding those burdens.

Thus, the first step in the deliberation and choice which leads to a morally acceptable practice of NFP is to become aware of a reason not to have another baby. Recognizing that intercourse during a fertile time might lead to having another baby, contrary to such a reason, one judges that intercourse during that time is to be avoided. Thus, abstinence is chosen.

This first step plainly is different from a first step toward a choice to contracept based on merely emotional motivations either of hatred of the prospective baby or selfishly not wanting another baby. For here there is a reason.

But the reason not to have another baby when NFP is chosen to avoid the consequences of the possible baby's coming to be might equally well be a reason to choose to use contraception. For a couple who otherwise would welcome another baby might for that very reason choose contraception with a view to preventing the consequences which the couple who choose NFP equally are trying to avoid. How, then, does the practice of NFP differ from the use of contraception in such a case, when the reason not to have another baby is exactly the same?

They differ not in the *reason* for the choices which are motivated, but in the *choices* which that reason motivates and in those choices' relationships to the benefits and burdens which such a reason represents. When contraception is chosen, the choice is to impede the baby's coming to be, in order that the goods represented by that reason be realized and/or the evils represented by it be avoided. When NFP is noncontraceptively chosen, the choice is to abstain from intercourse which would

be likely to result in both the baby's coming to be and the loss of goods and/or occurrence of evils represented by that same reason, in order that the goods represented by that reason be realized or the evils represented by it be avoided.

Even when based on good reasons, the contraceptive choice by its very definition is contralife; it is a choice to prevent the beginning of the life of a possible person. It is a choice *to do something*, with the intent that the baby not be, as a means to a further end: that the good consequences of the baby's not-coming-to-be will be realized and the bad consequences of the baby's coming to be will be prevented. The noncontraceptive choice of NFP differs. It is a choice *not to do something*—namely, not to engage in possibly fertile sexual intercourse—with the intent that the bad consequences of the baby's coming to be will be avoided, and with the *acceptance as side effects* of both the baby's not-coming-to-be and the bad consequences of his or her not-coming-to-be. In this choice and in the acceptance of its side effects, there need be no contralife will. The baby who might come into being need not be projected and rejected.<sup>15</sup>

In general, those who consider choosing to do something for a certain good but decide *not to do it* in order to avoid bad side effects do not thereby reject the good which they do not pursue. True, not choosing to realize that good—and, indeed, choosing to avoid the burdens one anticipates if one were to realize it—means *not willing* that the good *be realized*, but it does not mean *willing* that the good *not be realized*. In other words: the will's not bearing on the realization of a good is not the same as its bearing on the nonrealization of that good, even if in both cases the will bears on the nonrealization of side effects anticipated if that good were realized.

Not to choose to realize a good—such as the coming to be

<sup>15</sup> For a fuller treatment than we offer here of the distinction between choosing and accepting the effects of one's choice, see Grisez and Boyle, *Life and Death with Liberty and Justice*, 381-92; Grisez, *Christian Moral Principles*, 233-36, 239-41.

of a possible person—which offers of itself a reason for its realization can be in harmony with reason. The choice precisely of such a good’s nonrealization necessarily is contrary to a reason.

Because the contraceptive choice is contralife, it is in itself contrary to a reason, and only seems reasonable insofar as it appears possible to establish that the reason not to have a baby is rationally preferable to the value of the baby’s life. But, as we showed, that preferability never can be rationally established.

Because the choice of NFP need not be contralife, that choice need not be contrary to a reason. There is a reason to choose to practice NFP: the bad side effects, which one wills to avoid, of having another baby. There also is a reason to choose to go on having intercourse during fertile and infertile times alike: the prospect of having the baby with all the goods associated with that and/or the bad side effects of his or her not coming to be. Whether one chooses the practice of NFP or not, one chooses to act for one reason and does not choose to act for the other, but in both cases one can choose in harmony with both reasons, and need not choose contrary to either. Thus, the choice of NFP need not be immoral. It is merely a case of something common in human life: choosing not to realize something one has a good reason to choose to realize, but whose realization would conflict with avoiding something else one has a good reason to avoid.

Couples who choose to practice NFP do consider what the future will be like if they have another baby. They foresee certain bad effects—for example, they will not be able to fulfill both their present responsibilities and their new ones, and so judge that they should not assume new ones. So, they choose to abstain. But they do not have to judge that the possible future without the baby will be rationally preferable to a possible future with it. For their choice to abstain need not be contrary to any reason, and so, assuming it is not, they need not try to justify it by reasoning that their reason for abstinence is rationally preferable to the reason to have another



baby—namely, the inherent goodness of a possible person's coming to be.

Apart from the choice to abstain during fertile times, the noncontraceptive practice of NFP involves only two other morally significant elements: the choice to engage in intercourse during infertile times and the choice to adopt a systematic policy of periodic abstinence and intercourse. Neither of these elements need involve a contralife will. The choice to engage in intercourse by those who think they are naturally sterile, permanently or temporarily, cannot involve a contralife will; thinking they are sterile, they cannot choose to do anything whatsoever to impede what they believe to be impossible—the coming to be of a possible person—and so they cannot choose to engage in intercourse with that intent. The adoption of the policy of periodic abstinence could be made to implement a contraceptive choice, as the earlier example showed. But if the adoption of the policy of periodic abstinence does not implement a prior contraceptive choice, the systematization of choices—none of which is contralife in itself—to abstain and to engage in intercourse does not require any additional choice that would be contralife.

Those who defend the morality of contraception will object: The preceding abstract argument simply tries to obscure NFP's obvious moral identity with contraception. It has been admitted, they will point out, that people can have the very same reason for choosing both, and that the reason in some cases can constitute a strict moral obligation not to have another baby. Moreover, in both cases, the purpose is identical: to avoid having that baby. Therefore, they will continue, those who choose NFP and those who choose contraception when NFP would be justified necessarily want the same thing. In either case, the couple does not want to have another baby. And in either case, they will conclude, if pregnancy occurs, the baby is unwanted.

In reply, we agree that there is a sense in which the wanting and the not wanting are the same in both cases. The couples'

emotional motivations can be very similar. People practicing NFP often fear pregnancy, and, when they think an unexpected pregnancy has occurred, react with acute feelings of sadness toward the prospect of the new baby. They may hope and pray that a menstrual period will come, as welcome evidence that no baby is coming. It is fair to say: They do not (emotionally) want that baby. But feelings and wishes are not morally determinative. The wanting which counts morally is willing: choosing, intending, and accepting.

What the abstract argument makes clear is that the willing which relates to the prospective baby's not-coming-to-be is not the same in (1) the choice of NFP with contraceptive intent or any other method of contraception as in (2) the noncontraceptive choice of NFP. In (1), the intention precisely is the will that the possible baby not-come-to-be. Even when their intention that the baby not-come-to-be is for some further end, those who make this choice do *not want the baby*, in the precise sense that, as a means to their further end, they choose the possible baby's not-coming-to-be. But in (2), the noncontraceptive choice of NFP, the choice is to not-cause-the-side-effects-of-the-baby's-coming-to-be by abstaining from causing the baby to come to be. Those who make this choice precisely do *not want to cause the baby*, but they do not choose the the baby's not-coming-to be, although they do accept that not-coming-to-be as a side effect of what they intend.

This fact makes a great difference if pregnancy does occur. Since couples who practice NFP noncontraceptively never will a prospective baby's not-coming-to-be, they do not have to change their will toward the new baby to accept or love him or her. They may find the new baby's coming to be emotionally repugnant but, whatever their feelings might be, the baby is not unwanted in the sense that counts morally. For, using the word “ want ” to refer to volitions rather than feelings, the baby does not come to be as unwanted. Thus, there is a real and very important difference between *not wanting to have a baby*, which is common to both (1) and (2) above, and *not wanting the baby one might have*, which is true of (1) but not of (2).

Those who agree that there is a morally significant difference between the noncontraceptive practice of NFP and the use of contraception, and find the preceding explanation otherwise acceptable might still remain unsatisfied with it as an account of what the Church actually teaches about the difference between NFP and contraception. For on our account, all that is required to make abstinence noncontraceptive is *a* reason not to have another baby other than one which precisely is or includes the baby's not-coming-to-be. But the Church's teaching is that the upright choice of NFP requires *a serious* reason.<sup>16</sup> Thus, the objection will conclude, the choice to practice NFP is not justified merely by having *some* reason other than the baby's not-coming-to-be to avoid pregnancy.

The answer: Any reason, other than the baby's not-coming-to-be, for not wanting to have a baby is sufficient to distinguish the choice to abstain from the choice to contracept. However, the choice to practice NFP requires more for its justification than that it not be contraceptive. In marrying, Christian couples who do not know they will be sterile undertake to accept parenthood and its responsibilities, for the sake of giving life to new members of the human community and the heavenly kingdom. If a husband and wife are physically or morally unable to carry out that undertaking, they do not fail morally in not carrying it out. But if they are physically able to carry it out and have no serious reason not to have another baby, yet choose to avoid pregnancy by practicing NFP, they fail morally to fulfill the vocation they accepted in marrying. Therefore, the Church teaches that a serious reason is necessary to choose uprightly to practice NFP. But this teaching is

<sup>16</sup> Paul VI, *Humanae vitae*, 16, *AAS* 60 (1968), 492: "If, then, there are serious reasons to space out births, which derive from the physical or psychological conditions of the husband and wife, or from external conditions, the Church teaches that it is then licit to take into account the natural periodicity immanent in the generative functions, for the use of marriage in the infecund periods only, and in this way to regulate birth without offending the moral principles which have been recalled earlier."

entirely compatible with our analysis according to which a less than serious reason can distinguish NFP from contraception.

The ethics of responsible parenthood is the same as the ethics of responsible care for the dying. Christian morality requires the same reverence for life in its coming to be as in its passing away. Just as the cherishing of human life in its coming to be does not mean that one always must bring a possible person into being, so the cherishing of human life in its passing away does not mean that one always must keep a dying person in being. Just as abstinence from marital intercourse *can* be justified to avoid side effects of bringing a possible person into being and of his or her being, so the limitation of medical treatment *can* be justified to avoid side effects of keeping a person alive and of his or her continuing life. Just as the contralife will involved in the contraceptive choice to prevent another person's coming into being never can be justified by any further end, so the contralife will involved in the choice to bring about someone's death never can be justified by any further end. Just as the reasons for the upright practice of NFP and for the use of contraception can be the same, although in many cases they are not, so the reasons for limiting medical treatment and for euthanasia can be the same, although in many cases they are not. Just as one can choose NFP with contraceptive intent, so one can choose to limit medical treatment with homicidal intent—that is, precisely in order to bring about the patient's death. Finally, just as a reason other than precisely not wanting another baby is sufficient to distinguish the choice of NFP from the choice of contraception, although only a serious reason justifies the former choice, so a reason for limiting medical treatment other than the very ending of the patient's life is sufficient to distinguish nonmurderous letting die from euthanasia, although only a good reason for limiting medical treatment is sufficient to justify abstaining from possible life-prolonging treatment. For, just as a couple, without a contraceptive will, can fail to fulfill their responsibility to to give life to possible persons, so those who care for the dying,

without a murderous will, can fail to fulfill their responsibility to sustain the lives of actual persons.

Before concluding this section, another important difference between contraception and NFP is worth noting. As the preceding section showed, the choice of contraception, besides being contralife, is inconsistent with marital chastity. Not only is the upright choice of NFP not contralife, it also is conducive to marital chastity and fosters marital love. In using abstinence to avoid having another baby, couples who uprightly choose NFP reject the assumption that they are entitled to regular and frequent satisfaction of their sexual desire. The result is that although they may find ten to twenty days' abstinence during each cycle difficult and frustrating, they do not understand abstinence as some sort of arbitrary imposition.

Moreover, such couples' practice of restraint actually increases their control, and so their freedom, and so the meaningfulness of their marital acts. Their personalities become more integrated rather than self-disintegrated. Their communication improves. And their sense of the dignity of their bodily selves grows.<sup>17</sup>

## VII. THE INSEPARABLE CONNECTION WILLED BY GOD

Someone who accepts the Church's teaching concerning contraception is likely to observe that even if the preceding argumentation does clarify matters in some ways, not much is gained by it, since the immorality of contraception apart from marriage is not a very important issue, and it is hardly necessary to go to such lengths to establish that the use of contraception in marriage is always wrong. For this follows much

<sup>17</sup> For an interesting psychological study of the difference between contraception and NFP, see Wanda Poltawska, "The Effect of a Contraceptive Attitude on Marriage," *International Review of Natural Family Planning*, 4 (1980), 187-206. A sound and useful practical treatment of NFP: John Kippley and Sheila Kippley, *The Art of Natural Family Planning*, 3rd ed. (Cincinnati: Couple to Couple League, 1987). (The address of the Couple to Couple League: PO Box 111184; Cincinnati, Ohio 45211.)

more simply and directly from the premise which Pope Paul used: There is “the inseparable connection, willed by God, which man on his own initiative may not break, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning.”<sup>18</sup>

Moreover, they will point out, the relationship between the preceding argument and this important truth about the two meanings of the conjugal act remains opaque. Until this relationship is established, the usefulness of the preceding argument to clarify the Church’s teaching is at best quite doubtful.

Admittedly, those who believe that the use of contraception in marriage is always wrong find that the inseparable-connection premise illuminates what they believe. And, for such persons, the contralife character of contraception perhaps is clear enough. But we do not think that everyone sees clearly enough that outside marriage, too, contraception is always wrong. And we believe that contraception’s use outside marriage ought not to be tacitly accepted, for it remains a great evil and paves the way for the even greater evils of abortion, infanticide, and other attacks on innocent life.

Moreover, nonbelievers and Catholic dissenters almost unanimously deny that the inseparable-connection premise is self-evident or that anything in the Church’s teaching has so far established this premise. Thus, they reject as question-begging not only the argument of *Humanae vitae* but subsequent arguments using the inseparable-connection premise. Since we are trying in this article to clarify and defend the Church’s teaching, it was necessary to proceed without assuming the inseparable-connection premise.

However, the independently established conclusion that con-

<sup>18</sup> *Humanae vitae*, 12, *AAS* 60 (1968), 488. By using the words, “non licet,” the Latin of this passage makes it clear that the connection is inseparable in a morally normative sense. The English translation “inseparable connection . . . unable to be broken” wrongly suggests that the connection is inseparable in some mysterious way, since this translation misses the normative meaning of *non licet* but cannot reasonably be taken to mean that the connection is factually unbreakable.

traception is always wrong can serve as a premise to establish the inseparable connection which the Church teaches. Plainly, since contraception is always wrong, one may not break the connection between love making and life giving in marriage by using contraception.

But, of course, one also breaks the connection by engendering new human life apart from marital love making—for example, by *in vitro* fertilization. Hence, to establish the inseparable-connection proposition, another independent argument is needed against producing babies apart from sexual intercourse. The full statement of that argument would require another article similar to this one, but we offer the following summary.<sup>19</sup>

The proponents of producing babies argue: Desire for the good, the coming to be of a new person, leads to the choice, not wrong in itself, to bring the possible person into being. Granted, it would be preferable, if it were possible, to procreate the baby in the normal way. However, any disadvantage inherent in the generation of babies apart from sexual intercourse clearly is outweighed by the great good of new human lives and the fulfillment of the desire for children of couples who otherwise cannot have them. What can be wrong with this?

The answer: The project of producing a baby precisely is to bring a possible baby into being to satisfy the desire to have a baby, and the choice precisely is to *produce a baby*. So, a choice to bring about conception in this fashion inevitably means willing the baby's initial status as a product. Now, this status as a product is subpersonal, and so the choice to produce

<sup>19</sup> The summary we offer articulates one of the arguments—which we believe stands by itself—proposed by the Congregation for the Doctrine of the Faith, *Donum vitae* (1987), II.B.4-5. For a discussion rather fuller than we offer here: *In Vitro Fertilisation and Public Policy*, Evidence submitted to the Government Committee of Inquiry into Human Fertilisation and Embryology by the Catholic Bishops' Joint Committee on Bio-Ethical Issues on behalf of the Catholic Bishops of Great Britain (England: Catholic Information Services, May 1983); William E. May, "'Begotten, Not Made': Further Reflections on the Laboratory Generation of Human Life," *International Review of Natural Family Planning*, 10 (1986), 1-22.

a baby inevitably is a choice to enter into a relationship with the baby as with something subpersonal. This initial relationship of those who choose to produce babies with the babies they produce is inconsistent with and so impedes the communion of persons endowed with equal dignity which is appropriate in any relationship among persons.

Of course, those who choose to produce a baby make that choice only insofar as it is a means to an ulterior end. They may well intend that the baby be received in an authentic child-parent relationship, in which he or she will live in the communion which befits those who share personal dignity. If realized, this intended end for the sake of which the choice to produce the baby is made will be good for the baby as well as for the parents. But, even so, because the baby's initial status as a product is subpersonal, the choice to produce the baby is the choice of a bad means to a good end.

Those who participate in producing a baby may only reluctantly choose that the baby be a *product made*. Married couples who seek technical help to produce a baby probably would not choose that the baby come to be with a subpersonal status if they could attain their intended end by accepting a baby as the fruit of marital lovemaking open to new life. But some infertile couples so much want to have a baby that they seek the help of those who produce babies, and both the couples and those who try to satisfy their desires choose to bring babies into being as products, made to order to fulfill a demand.

Just as those who contracept overstep by not wanting babies, those who produce babies overstep by wanting them. In either case, the baby is evaluated, whether as an evil to be prevented or as a good to be produced, by relating the baby's very existence to the desire of someone other than God for a future which excludes or a future which includes that person.

When contraception fails, its contralife character means that the new person comes to be as unwanted volitionally, and may well be disposed of by abortion. Similarly, in producing babies, if the product is defective, a new person comes to be *as un-*



*wanted*. Thus, those who produce babies not only choose life for some, but—can anyone doubt it?—quietly dispose at least of those who are not developing normally.

Since contraception is always wrong and since producing babies is always wrong, the only morally acceptable way to engage either in love making or in life giving is by engaging in sexual intercourse which is open to new life. Now, what is universally true of both contraception and producing babies is true of them when done in the context of marriage. And God wills that human persons do nothing wrong. Therefore, there is an inseparable connection, established by God, which human persons on their own initiative may not break, between the two meanings of the marital act: the unitive meaning and the procreative meaning.

Those who accept the Church's teaching, however, will hardly be satisfied with this interpretation of the inseparable-connection proposition. They will make a twofold objection.

(1) The inseparable connection is more than the mere fact that both contraception and producing babies are immoral. It is a reality immanent in human persons' sexual make up—part of their God-given nature and sexual functioning.

The answer: There plainly is in human nature and sexual functioning a connection between the procreative and unitive meanings of sexual intercourse. Indeed, in all animals which reproduce sexually the coming to be of new individuals and the union of their parents are naturally inseparable. A copulating pair are biologically a single organism insofar as they function together to hand on their specific kind of life to new individuals. Among human persons, reproduction is human reproduction (the procreation of new persons), and sexual intercourse is human intercourse (an interpersonal relationship). Therefore, for human persons, there is a naturally inseparable connection between the procreative and the unitive meanings of sexual intercourse.

However, this naturally inseparable connection both in lower animals and in human persons is not factually unbreak-

able by human choices and techniques. Breaking the connection in animals is common and beyond moral challenge provided that it is done with due regard for the value of animal life and in the interests of human persons. But breaking this connection in human persons—which is equally possible from a technical point of view—is morally wrong. The natural givenness of the connection plainly is not by itself the sufficient reason for this wrongness, since moral norms cannot be derived logically from entirely theoretical premises. However, given that contraception is always wrong and that producing babies is always wrong, the God-given structure of human sexual functioning does establish a connection which human persons may not break between the procreative and unitive meanings of human sexual intercourse.

(2) They also will object: The inseparable connection to which the Church’s teaching calls attention is in marital acts, not in extramarital, although natural, sex acts such as fornication and adultery without contraception. This inseparable connection follows from the marital act’s specific character in such a way that contraception falsifies the truth of the marital act, not merely takes away its life-giving potential.

The answer: The morally inseparable connection between procreation and sexual communion can be fully respected only in marital acts. While natural, extramarital acts of sexual intercourse can respect its life-giving meaning by excluding contraception and while the production of babies need not involve sexual intercourse and so need not violate its love-making meaning, only marital acts can actualize the specific communion of two human persons as the procreator of new persons.

To clarify this point, we return to the question: How does marital intercourse express marital love?

Marital love primarily is the bond which is constituted by the mutual commitment which the couple make when they marry and which they nurture by mutual faithfulness. That bond makes them not simply one flesh but as it were one person in respect to that part of life which involves genital acts.

Engaging in marital intercourse actualizes their oneness in this respect and enables them to experience it concretely: "We are one, really one, now!" The emotions which accompany this experience are a real and intrinsic part of marital love *only insofar as* they belong to intercourse as a realization of the marital oneness.

Particular married couples may be sterile, and every married couple is sterile at times. Nevertheless, the marriage bond itself establishes the specific type of friendship whose proper common good beyond the friendship itself is the fruit of one-flesh unity, namely, the coming to be, including the nurturing, of new persons. And so the acts which actualize and enable a husband and a wife to experience their unity must be—insofar as it is within their power—the sort of acts which are suited to initiate new life. Therefore, if married couples obtain sexual satisfaction to orgasm by masturbating one another, or by engaging in anal or oral intercourse, or by engaging in contracted intercourse, they do not engage in marital intercourse. What they do in such cases cannot actualize their marital bond and enable them to experience it.<sup>20</sup>

Although the emotions they experience may include mutual emotional love, this love will be ambiguous and ambivalent, because it is not essentially related to the real and lasting marriage bond between the couple.

It follows that contraception falsifies the inner truth of conjugal love. The contracepting couple's intimate bodily union—their being two in one flesh—would find in conception a very special completion, because a baby is a unique actualization of a married couple's communion. But in carrying out the contraceptive act, they will to prevent this completion of their communion. In addition to contracepting, they engage in a sexual act, but not one which expresses and allows them to experience fully what they are as a married couple.

<sup>20</sup> See Elizabeth Anscombe, *Contraception and Chastity* (London: Catholic Truth Society, 1975), for a powerful dialectical argument that contracepted sexual intercourse cannot be a marital act.

Someone will object: But a husband and wife who have intercourse during a sterile period cannot complete their communion by conceiving new life. How do they differ from couples who regretfully contracept because they rightly judge that they should not have another baby? Even if contraception is always wrong, the objection will continue, couples practicing it do not prevent conception *insofar as it would complete their communion*, but only insofar as it would initiate the new life which they should not initiate. So, the objection will conclude, how can their use of contraception falsify the inner truth of their conjugal love?

The answer: The couple who have intercourse during a sterile period cannot actualize and experience their marital unity as fully as they would in fruitful intercourse, but they in no way falsify their oneness. In accepting the nonbeing of the baby as a side effect of abstinence on fertile days, they also accept the side effect of the limitation of their marital communion. But this acceptance is not contrary to their communion. Such a couple are like people who tell less than the whole truth but tell all the truth they can tell and tell no lie.

But the use of contraception, as argued above, necessarily does involve a contralife will. The contracepting couple do not want the baby whose life they might initiate. Yet that baby would be a unique completion of their marital communion. Thus, in positively willing that another child not come to be, they also positively will that their marital communion not be fulfilled in this particular act. Thus, in choosing to contracept, couples also will that their acts of sexual intercourse not be acts of marital communion. They are like people who tell less than they know by telling a lie.

Thus, if marriage is defined, as the Church does define it, as a human friendship whose specifying common good includes the procreation of children, it is logically impossible for a contraceptive act to be a marital act.<sup>21</sup> This is an instance of a

<sup>21</sup> See *Code of Canon Law (1983)*, canon 1055, § 1, for the Church's definition of marriage. One need not assert the *primacy* of the procreation of chil-

general truth: Actions directed against a benefit which a certain practice of itself serves logically cannot count as instantiations of that practice. Those who regard a practice as morally good will consider such actions directed against a benefit which specifies it morally evil. But the Church holds as divinely revealed truth that God instituted marriage as a human communion to serve the great good of procreation, and that the practice of marriage as God instituted it is morally good. Therefore, the Church validly concludes both that contraceptive acts are not marital acts and that they are immoral.

But this conclusion presupposes a premise which nonbelievers and Catholic dissenters at least implicitly deny: that marriage as the Church defines it is morally good. They propose to redefine marriage in such a way that particular contraceptive acts within marriage can be marital acts. Since part of what they deny is faith's teaching about what marriage is, one can argue effectively against their position on contraception only by independently proving the immorality of contraceptive acts. From the moral wrongness of contraception, the wrongness of their conception of marriage then follows.

When one considers both the logical relationship between contraception and the redefinition of marriage, and the existential connections between the practice of contraception and

dren to assert that it is included in marriage's specifying common good. Thus, *Humanae vitae*, I, *AAS* 60 (1968), 481, begins by speaking of the married couple's *munus* of transmitting life in cooperation with God the creator. ("Munus" can be translated "duty," but in this context is more adequately translated "role.") But Paul VI does not rest his reaffirmation of the Church's teaching concerning contraception on an assertion of the *primacy* of the good of procreation, although he equivalently asserts a certain primacy or ultimacy of procreation among the finalities of marriage in *Humanae vitae*, 8 (in the sentence beginning "Quocirca"), 485-86. Some claim that Vatican II abandoned the Church's previous teaching concerning the ends of marriage. However, the Council incorporates that teaching by reference (*Gaudium et spes*, 48, note 1) and also expressly teaches the truth we use as a premise: "By their very nature, the institution of matrimony itself and conjugal love are ordained for the procreation and education of children, and find in them their ultimate crown" (48), and: "Marriage and conjugal love are by their nature ordained toward the begetting and educating of children" (50).

the perversion of marital love, one can understand why the increase in use of contraception by Catholics since 1960 has resulted neither in happier and more stable marriages, nor in more truly responsible parenthood. On the contrary, divorce has increased, the indications are that infidelity has increased, many children and young people are freely engaging in sexual practices which cripple their capacity for meaningful sexual activity in any future marriage, many middle-aged Catholics have had themselves surgically sterilized, and many Catholic couples have aborted one or more of their children.

For anyone who believes traditional Christian teaching concerning marriage itself, a rational argument against contraception, such as we have offered, is hardly necessary for conviction about the truth, but may be helpful to understand the meaning, of the Church's teaching that every marital act ought to be open to new life. The traditional condemnation of contraception was shared by all Christians until very recently. In reaffirming that teaching and calling for continued assent to it, the popes of the twentieth century have relied upon and invoked the authority of this unbroken tradition going back to the beginning.

John Paul II also has provided careful analyses of the relevant scriptural data and drawn the conclusion that the moral norm excluding contraception “ belongs not only to the natural moral law, but also to the *moral order revealed by God*: also from this point of view, it could not be different, but solely what is handed down by Tradition and the Magisterium.”<sup>22</sup> We agree. It is beyond reasonable doubt that the Church's teaching that contraception is always wrong has been infallibly proposed by the ordinary magisterium. This teaching ought to be accepted by every Catholic as a matter of faith.<sup>23</sup>

<sup>22</sup> See John Paul II, General Audience, 18 July 1984; *Insegnamenti di Giovanni Paolo II*, vol. 7, part 2 (Rome: Libreria Editrice Vaticana, 1984), 102; *L'Osservatore Romano*, Eng. ed., 23 July 1984, 1; Giovanni Paolo II, *Uomo e Donna lo cred: catechesi sull'amore umano* (Rome: Libreria Editrice Vaticana, 1985), 457.

<sup>23</sup> See John C. Ford, S.J., and Germain Grisez, “ Contraception and the In-

### VIII. SOME PASTORAL IMPLICATIONS

Among pastors *who accept the Church's teaching* that contraception is always wrong, there are four pastoral approaches to the use of contraception which we believe to be disastrously mistaken.

First, some think that Paul VI and John Paul II have made a tactical mistake by insisting on this teaching. According to this view, although contraception is evil, it is a less serious matter than many others, and it is unfortunate that the popes have put too much emphasis on what would fall into its proper place if only quietly ignored.

We think that anyone who not only believes that contraception is always wrong but understands why it is wrong can easily see that Paul VI and John Paul II have made no mistake in treating this as a matter of great importance.

The choice to contracept, as we have shown, always involves an unjust will and an objective injustice to every child who comes to be as unwanted. Indeed, this unjust will and status puts every unwanted child in peril of his or her life. So-called methods of contraception which are actually abortifacient regularly kill the embryonic persons who are regularly conceived while these methods are used.

Moreover, one's free choices, once made, determine one's self unless and until one makes another, incompatible choice. Free choices made by two or more persons in communion determine their interpersonal relationship with one another. Thus, by their free choices persons and groups of persons build themselves up day by day, for good or evil. Those who deliberately make the contralife choice of contraception and maintain that choice have contralife hearts. Married couples who make this choice and maintain it do not merely commit iso-

fallibility of the Ordinary Magisterium," *Theological Studies*, 39 (1978), 259-61; Grisez, *Christian Moral Principles*, chapter 35; Germain Grisez, "Infallibility and Specific Moral Norms: A Review Discussion" (a reply to Francis A. Sullivan, S.J.), *Thomist*, 49 (1985), 248-87.

lated acts of contraception but have hearts which are not marital. Their very relationship with one another, perverted by their contraceptive commitment, is inconsistent with the sacramental bond which unites them. Rather than sanctifying one another they slip together toward spiritual self-destruction.

Chaste marital intercourse serves marital love in several ways, all of them compatible with abstinence whenever pregnancy ought to be avoided. So, as we have shown, contraception is necessary, not to serve marital love, but to facilitate the satisfying of sexual desire insufficiently ordered by the goods of marriage. Precisely insofar as sexual intercourse responds to nonintegrated desire, such intercourse even within marriage lacks the significance of mutual self-giving, and so neither expresses nor nurtures marital communion. Moreover, precisely insofar as people choose to satisfy nonintegrated sexual desire, they determine themselves in self-dis-integration.

Plainly, not all who use contraception become involved to the same extent in its dynamism toward interpersonally meaningless and self-dis-integrating sexual behavior. However, to the extent that one does engage in unchaste sexual behavior, whether outside marriage or within it, such behavior has further serious consequences.

Very often, when people habitually engage in meaningless sexual behavior, their sense of what is real becomes distorted: what satisfies or frustrates desire is real (“relevant”), while unseen realities, such as God and heaven, seem less real (“irrelevant”). Moreover, the dignity of the fleshly dimension of the person is denied, and any moral argument which calls attention to it is likely to be dismissed as “biologism.” One effect of this attitude on Christians imbued with it is that they find it difficult to take seriously those many aspects of faith which involve bodiliness: Incarnation, resurrection, bodily presence of Jesus in the Eucharist, Virgin birth, original sin, and so on. “How could salvation depend so much on the biological?”

Thus, the deliberate choice to contracept not only attacks



human life in its beginning, but damages Christian marital love and personal integration. As a form of unchastity, the practice of engaging in intercourse mutilated by contraception tends to upset the Christian appreciation both of transcendent reality and of bodiliness, and so threatens faith and hope themselves. Plainly, Paul VI and John Paul II make no mistake in insisting on the Church's teaching on contraception, and their concern with it is true pastoral wisdom.

The second mistaken pastoral approach to the use of contraception is based on the thought that if a diversity of theological opinions on this matter were tolerated in the Church, the whole problem would be solved. According to this view, while contraception is evil, those who choose this evil in good faith commit no sin, and so leaving them in good faith would eliminate the evil of contraception insofar as it is a significant pastoral concern.

We think that, while it is true that those who practice contraception in good faith—if they truly are in good faith—commit no sin, it is by no means true that a policy of leaving everyone in good faith fulfills pastoral responsibility in this matter.

The choice to contracept, even if it is made in conformity to a sincere conscience, is a contralife will. Objective injustices remain: to every child who is conceived unwanted and to every embryonic person whose life is snuffed out. The contralife self-determination remains, along with a commitment to non-marital acts which injures the sacramental marriage relationship. The trivializing of sexual activity remains, and even the danger of unchaste sexual activity to faith and hope. Without personal sin, the contraceptive activity of those left in good faith still involves that activity's objective evils.

Moreover, it is questionable whether all Catholic couples who choose contraception truly are in good faith in regarding it as morally acceptable. Both the essential contralife character of the choice and its immorality certainly are knowable by reason. Moreover, this moral truth is clearly and firmly

asserted by the Church, in teaching of which everyone is aware. It is easy to say that one sincerely considers contraception morally acceptable, but it is another matter for moderately well-instructed Catholics to be morally certain of that.

What is the condition of those not truly in good faith in choosing contraception? A conscience which is not in good faith in approving any lasting element of one's life is fixed in error through rationalization and self-deception. Those in this condition cannot easily overcome their error. At times their conscience bothers them, but they are hardly likely to become clearly aware that their conscience and their way of life in accord with it are immoral. And so, all who are left in *this* kind of “ good faith ” in reality are left in obdurate sin, and their repentance, which ought to be encouraged, instead is made less likely.

Therefore, since a pastoral policy of tolerating dissent in order that people may be left in good faith not only ignores or complacently accepts the many objective evils involved in contraception but imperils the souls of those whom the policy was intended to save, John Paul II and the bishops who stand with him are exercising real pastoral care when they not only insist on the truth of Catholic teaching in this matter but courageously work against dissent rather than tolerate it.

The third mistaken pastoral approach to the use of contraception is based on the thought that pastoral compassion and accommodation can bridge the gap between what the Church teaches about contraception and what the faithful do about it. According to this view, the faithful should be encouraged to accept the Church's teaching as an ideal and to strive by a gradual process to approximate this ideal. But they should not be required, as a condition for receiving absolution, to confess sins of contraception and have a firm purpose of amendment.

We think that any policy of gradualism which encourages the faithful to regard contraception as if it were in practice a venial sin or even a mere imperfection does in its fashion accommodate the moral truth the Church teaches to the wide-

spread practice of contraception. But the accommodation is made at the cost of coherence. For the truth which the Church teaches about the real and serious significance of *practicing* contraception is treated as if one could believe it in theory without taking it seriously in *practice*. Such incoherence is hardly a basis for authentic pastoral compassion.

The faithful encouraged to try by a gradual process to eliminate contraception do not eliminate it at once; meanwhile, they persist in the contraceptive choice. While they strive to approximate what they accept as an ideal, they continue to recognize that they live in sin. Although they act as if contraception were not a grave matter, the natural law written in their hearts and the Church's teaching tell them otherwise. Yet those who try to put gradualism into practice, with the encouragement of trusted pastors who seem faithful to the Church's teaching, could only with great difficulty face up to their sin's seriousness and repent. Thus, the disastrous pastoral mistakes of the first two approaches are combined in a policy of gradualism of this sort.

Furthermore, those misled by the pastoral policy of gradualism internalize their pastors' incoherence. On the one hand, they condemn their own contraceptive acts but, on the other hand, they have a purpose, not of amendment, but of indefinite persistence in such acts.

But a will consistent with itself is needed to overcome any sin. The sexual urge is powerful. Those who think that satisfying it will be no more than a venial sin are hardly likely to gain self-control. Thus, their inconsistent will is likely to achieve little or no progress toward virtue.

Still worse, the inconsistency almost certainly will spread to other matters. Under these conditions, the whole of a Christian's life is likely to become an incoherent and unstable amalgam of professed ideals, contrary practices, and duplicity of heart.

Therefore, since the pastoral policy of gradualism which treats contraception as if it were merely a venial sin nurtures

pharisaism rather than Christian single-heartedness, Paul VI and John Paul II have been truly compassionate pastors in rejecting this approach. They have urged the faithful to accept the truth about contraception and live by it. At the same time, they have emphasized the correct use of the sacrament of penance and the regular, fruitful reception of the Eucharist as the sources of God's mercy and love, which offer those who truly follow Jesus the power to overcome sin in their lives. They coherently insist: “To diminish in no way the saving teaching of Christ constitutes an eminent form of charity for souls.”<sup>24</sup> Their true gradualism envisages “a progress that demands awareness of sin, a sincere commitment to observe the moral law, and the ministry of reconciliation.”<sup>25</sup>

The fourth mistaken pastoral approach is based on the thought that widespread education in the technique of NFP together with likely improvements in it will eventually eliminate the problem of contraception. According to this view, when married couples need abstain only a few days a month to avoid pregnancy, hardly anyone, believer or unbeliever, will be interested in using any other method.

Obviously, the hope that NFP will solve the pastoral problem is consistent with the truth which the Church teaches: that contraception is wrong and NFP morally acceptable. But we think that NFP as a mere technique will never solve the pas-

<sup>24</sup> *Humanae vitae*, 29, *AAS* 60 (1968), 501; *Familiaris consortio*, 33, *AAS* 74 (1982), 121.

<sup>25</sup> John Paul II, *Familiaris consortio*, 34, *AAS* 74 (1982), 124. Summarizing the same teaching, John Paul II, Address to participants in a seminar on “Responsible Parenthood,” 17 September 1983; *Insegnamenti di Giovanni Paolo II*, vol. 6, part 2 (Rome: Libreria Editrice Vaticana, 1983), 564; *L'Osservatore Romano*, Eng. ed., 10 October 1983, 7, forcefully recalls Catholic teaching concerning grace: “To maintain that situations exist in which it is not, *de facto*, possible for the spouses to be faithful to *all* the requirements of the truth of conjugal love is equivalent to forgetting this event of grace which characterizes the New Covenant: the grace of the Holy Spirit makes possible that which is not possible to man, left solely to his own powers. It is therefore necessary to support the spouses in their spiritual lives, to invite them to resort frequently to the Sacraments of Confession and the Eucharist for a continual return, a permanent conversion to the truth of conjugal love.”

toral problem posed by contraception. For although technique is helpful, the problem is a moral one, and no technique makes the heart good. NFP, as we showed, can be chosen as a method of contraception. A pastoral policy which puts too much faith in the mere technique encourages this wrong choice.

Catholics who choose to contracept but out of fidelity to the Church's teaching adopt NFP as their method are truly in good faith. They choose as they do because they think their choice conforms to the truth which the Church teaches. Furthermore, since they choose to abstain, and abstinence need not mean that one wills that another baby not come to be, they easily overlook the contralife character of their underlying intention. Thus, they have a contraceptive intention, but lack sufficient reflection as to its moral significance. And, more important, they have, and realize the significance of, the intention to live according to the Church's teaching about marriage, the marital act, and its love making and life giving meanings.

Because their method of contraception cannot harm any embryonic life, what they do cannot lead to the grave objective injustice of supposedly contraceptive methods which in fact are abortifacient. Still, their contralife will entails that unexpected conceptions are unwanted babies, and they might even be tempted to abort them. Yet their fidelity to the Church's teaching will help them to resist this temptation.

Although they do have an underlying contraceptive intention, this intention is carried out only by their choices to abstain. Consequently, their acts of sexual intercourse on days they believe are infertile remain marital in character. Insofar as they are marital, their acts of intercourse can embody true marital love. And, because their dominant intention is to live according to the Church's belief about what marriage is, they are not tempted to try to redefine the very meaning of marriage.

Moreover, the practice of NFP, even when chosen as a method of contraception, does require self-control. This self-

control enables couples gradually to gain the freedom necessary for self-giving, so that the meaningfulness of their marital acts as expressions of love can develop. And, because their activity is shaped by their fidelity to the Church's teaching, their increasing self-control is not merely a psychological power but a real Christian virtue. This virtue prevents their sexual activity from leading to their self-dis-integration, and so prevents the bad consequences unchastity has for faith and hope.

Thus, this fourth pastoral approach is not so disastrous as the first three. Nevertheless, even it is disastrous because it fails to teach the faithful the complete moral truth which they need, and deprives them of the stability which only truth can give to moral life.

If NFP is chosen, even by Catholics in true good faith, as a method of contraception, it probably will not “work.” Choosing NFP in this way leaves untouched the false assumption that people are entitled to regular sexual satisfaction. Those making this assumption are unlikely to find ten to twenty days of abstinence in every cycle acceptable. They will not see that by abstaining they are gaining more meaning and more truly giving themselves to one another than they ever could by responding regularly to their sexual urge. They will be tempted to cut corners, with an unexpected pregnancy the likely result.

In case of pregnancy, those who, even in good faith, choose NFP as a method of contraception will unfortunately be tempted to treat unwanted babies as unwanted. Only knowledge of the truth about new life and consistent willing of that good would enable them to welcome children and cherish them with all the generosity they deserve. Moreover, when unwanted pregnancies occur and the couple decide that NFP does not “work” as they had hoped, they will be strongly tempted to abandon their faithfulness to the Church's teaching and to adopt what they will fully recognize as contraception.

Therefore, since a pastoral policy which relies upon the mere technique of NFP to meet the moral challenge of contraception will provide only a partial and unstable response, John

Paul II is profoundly correct in insisting not only on the truth of the Church's teaching on contraception but also on the truth of her teaching about NFP. "The *difference*," he says, "*both anthropological and moral*, between contraception and recourse to the rhythm of the cycle . . . is a difference which is much wider and deeper than is usually thought, one which involves in the final analysis two irreconcilable concepts of the human person and of human sexuality."<sup>26</sup>

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<sup>26</sup> *Familiaris consortio*, 32, *AAS* 74 (1982), 120.