Making Sense of Bioethics December, 2017 Father Tad Pacholczyk Director of Education The National Catholic Bioethics Center



The "Bitter Pill" of False Liberation

"The Church's ageless but countercultural teaching on contraception respects and uplifts women. It supports them in an authentic feminism that esteems their fruitfulness in marriage not as a defect, but as a real gift."



A major study published on December 7 in the New England Journal of Medicine concludes that hormonal contraception increases the risk of breast cancer for women. The research used all of Denmark as its sample, following nearly 1.8 million Danish women of childbearing age for over a decade. The study, as described by the New York Times, "upends widely held assumptions about modern contraceptives for younger generations of women," especially the view that "newer hormonal contraceptives are much safer than those taken by their mothers or grandmothers." It also establishes that the risk to women increases with longer periods of use. Major media outlets have done their best to minimize the implications of the study and "soften the blow" for the millions who, for decades, have faithfully embraced a "contraceptive mentality."

This mentality has promoted contraception, especially the Pill, as a path for women to move toward equality with men by enabling them to reap the "benefits" of the sexual revolution.

But Mary Rice Hasson, J.D., director of the Catholic Women's Forum at the Ethics and Public Policy Center in Washington, D.C. notes that the reality for women is very different, and "our lived experience has shown that this is a false promise." Countless women, she emphasizes, have ended up being vulnerable to, and harmed by, the sexual revolution and its promotion of contraception as "the solution." They have been given a "bitter pill" in the form of the Pill.

In a remarkably prescient passage dating back to July, 1968, Pope Paul VI already foresaw this in his encyclical *Humanae Vitae*, the momentous and beautiful document explaining not only the moral problems with contraception, but also its devastating effects on men, families and women in particular.

Contraception, he writes, opens a wide and easy road

"towards conjugal infidelity and the general lowering of morality. Not much experience is needed in order to know human weakness, and to understand that men--especially the young, who are so vulnerable on this point-have need of encouragement to be faithful to the moral law, so that they must not be offered some easy means of eluding its observance. It is also to be feared that the

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man, growing used to the employment of anti-conceptive practices, may finally lose respect for the woman and, no longer caring for her physical and psychological equilibrium, may come to the point of considering her as a mere instrument of selfish enjoyment, and no longer as his respected and beloved companion."

Paul VI offers a profound, but unpopular, observation - that contraception is harmful to women, and is, in fact, anti-woman. The widespread adoption of the "contraceptive mentality" has led inexorably to a new perspective on women, namely, that they should be more like men, and therefore they should, like men, become impregnable, through the ongoing practice of contraception. Very young women, sometimes just entering puberty, are now placed onto regimens of hormonal contraception that can continue for years or even decades. From this perspective, their ability to conceive life becomes tantamount to a malady needing to be remedied, a "defect" that renders them "unequal" to men. Strikingly, though, ever greater numbers of women are discovering an authentic

and liberating form of feminism as they come to the awareness that, in the words of Hasson, "we don't have a design flaw. Being a woman is good... and it's a wonderful thing."

Wonderful, too, is that confident feminism and liberating sense of self-control that enables a woman to choose abstinence before marriage, rather than contraception, and, once married, to choose periodic abstinence in agreement with her husband if their circumstances indicate they ought to avoid a pregnancy.

Hormonal contraceptives, meanwhile, throw a wrench into the works on a number of different levels. Beyond setting up a woman to be "used" by men, the Pill (and hormone-releasing IUD's) cause significant alterations in her delicately-balanced physiology. These include restricting her ability to ovulate, altering her cycles and secretions, and modifying her uterine lining - in effect, forcing her body into a pseudo-pregnant state to exclude the possibility of a real pregnancy. Whenever a woman takes these kinds of steps to disrupt her natural fertility, it should come as little surprise that her body rebels in one fashion or another, including possible weight gain, headaches, depression, and the heightened and

well-documented risk of thrombotic stroke, myocardial infarction (heart attack), and — as confirmed by the recent study — breast cancer. A woman's body doesn't stand in need of being "fixed" by these powerful drugs that wreak havoc on her biology.

The Church's ageless but countercultural teaching on contraception respects and uplifts women. It supports them in an authentic feminism that affirms their uniquely important maternal role in family and society, and esteems their fruitfulness in marriage not as a defect, but as a real gift.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

