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## A Commentary On . . .

# "Psychiatric Indications For The Use Of Contraceptives"

Vitale H. Paganelli, M.D.

Dr. John Cavanagh's treatise, "Psychiatric Indications For The Use Of Contraceptives" (*Linacre Quarterly*, May, 1969), seems to me to be in need of some very thoughtful and careful analysis. In what follows I shall attempt a contribution in that direction. In doing so, I assume that I shall not be developing any new specific knowledge, but rather that the criticisms which I advance and the questions which I pose will lead in turn to a further development of an understanding of the problem under consideration.

Reading through Dr. Cavanagh's article, it would appear that both he and the Theologians whom he has extensively quoted, depend ultimately upon an application of the theophilosophic principle of double effect for determining the licitness of the use of "the Pill" by Roman Catholic physicians in a selected group of psychiatric patients.

The argument that Dr. Cavanagh advances is that mental health is an essential aspect of total human health. Two things follow, namely: (1) that whatever compromises the former, compromises the latter to an ana-

logous degree, and, (2) that treatment directed toward the improvement of the mental health of an individual improves the health of his organism taken as a whole. He speculates that since "the Pill" is a specific therapy for a specific psychiatric disease entity (which same disease ultimately impairs the health of the human organism in its totality) the use of "the Pill" is licit at least in the psychiatrically pathological situation which Dr. Cavanagh describes and illustrates with four case histories.

Let me take first the points or premises with which I concur. Every modern physician must, I believe, agree with Cavanagh that mental health is an essential participant in the general health of the total human organism. There is, however, a problem in therapeutics which medicine shares with the moral Theologians. At the risk of being superficial, I cite from among the innumerable situations of organic disease, the treatment of Leukemia with antimetabolite medications. These drugs carry with them potentially serious side effects in a moderate proportion of cases in which they are employed. Because of

their relative effectiveness, however, it is considered ethical by the secular physician to use them in spite of this calculated risk. On the other hand, it would be unethical to use an anti-metabolite in the treatment of this same disease (Leukemia) which in effecting a cure in 100% of cases left all these patients with a permanent serious side effect, e.g., loss of the individual's ability to reason properly. The profession, I believe, would consider this reduction of the human person to a vegetative state too high a price to pay for the cure of this disease and rightly would condemn the use of this drug by the individual physician.

Thus, looking at the problem solely from the secular point of view, the disease state, be it in the organic sphere or in the psychiatric sphere either in itself or as it relates to the total health of the human organism, is a valid object of the physician's therapeutic concern. But the obvious second point is that the *cure must not be worse than the treatment*. However, another dimension in the moral sphere is added for the Catholic physician (as well it might be added for all physicians) of the licitness of both the means used and of the ends to be effected in a therapeutic problem. In this critique I am only concerned about means having already admitted that treatment and cure of mental illness (the end) is a morally valid goal for the physician to pursue.

The classic example of the application of the principle of double effect in Catholic medical ethics involves the rationale for treatment with radium of cancer of the cervix of the uterus, which uterus contains a normal pregnancy. The traditionally accepted reasoning here has been that since the death of the fetus is neither directly

intended nor willed, the diseased cervix may be treated with radium even though the death of the fetus is foreseen as an inevitable result. The understanding of this nuance of reasoning demands clear recognition of the fact that there is a vast difference between *intending* or *willing* the death of the fetus and of *being able to foresee its death* as a result of the directly willed or intended treatment. It is on this point that I find a flaw in Cavanagh's speculations.

If I have understood Cavanagh correctly, he states that a pathological mental state results as a direct effect of "a fear of pregnancy". In the classical illustration I have given above, it would be fair to say that this pathological mental state produced by "fear of pregnancy" holds a position analogous to the cancerous pregnant uterine cervix. Next, Cavanagh indicates that in order to remove this "fear of pregnancy" and its resultant pathological mental state the treatment requires the use of "the pill". Again, returning to the classical example, this would be analogous to the use of radium in the treatment of the cancerous cervix. Finally, concludes Cavanagh, though sterility results from the treatment (and we shall prescind entirely in this discussion as to whether it is "temporary" or "permanent") it is willed only "indirectly" and therefore, though it is in itself an evil effect, it is tolerable because of the greater good to the total human person which will flow from the cure of his psychiatric pathology.

Returning for the last time to the classic illustration, it is implied that the sterility that is "indirectly willed" is comparable to the death of the fetus; "the greater good" which flows

as a result of treatment in Cavanagh's problem is cure of mental disease; the "greater good" which flows in the classic example is the restoration of the organic health of the mother. Note, however, that in the classic example, the death of the fetus was not willed either "directly" or "indirectly"!

At this point, it might be well to clarify our understanding of the principle of double effect. For this purpose, I take Karl Rahner's definition of "Double Effect Of An Action" from his *Theological Dictionary*, Herder and Herder, New York, 1965, page 167 (Rahner and Von Grimler). Because of its importance, I beg my readers indulgence while I quote in full: "In that the 'outward' orientation of the free human act always projects the subjective 'world' of the respective agent (the end he has in view, his situation, his intention) into a particular environment among his fellow-men, that act in principle may have a double effect. The problem for moral theology then arises where the unintended evil consequences of such an act is in fact unavoidably connected with it and foreseen, though not fore-willed as such. Is such an action licit? The answer is that the evil which is permitted must not be the means to the attainment of the good end but only an incidental effect; the importance of the good intended has to be weighed against the harm to be done by the double effect; other means to the desired end must, so far as possible, have been exhausted; the possibility of giving the 'other man's' right precedence over one's own aspiration, or the need to do so, must be considered (love of neighbor)".

Two important points can be evolved from this definition. One is

that the evil consequence of the act, though it be foreseen, must not be fore-willed and here no distinction whatsoever is made between fore-willing the effect "directly" vrs. fore-willing the effect "indirectly". The second thing that is noted in this definition is that the evil which is permitted must be merely an incidental effect to the attainment of the good end and may not *ever* be its *means*. Cavanagh throughout his article has quoted and used such phrases as "indirect sterilization" and "indirect means of preventing neurosis". It is easy to slip from these terms and to make them equivalent with, equal to, or substitutable for "indirectly willing". However, as will be immediately evident from another example, to accept this would be fallacious. An indirect sterilization takes place, for example, in the treatment of Endometriosis with "the Pill" but this sterilization is not "indirectly willed". In order that double effect be valid the evil effect may not be willed either "directly" or "indirectly"; it is merely foreseeable.

The second problem in Cavanagh's speculations rests in the psychiatric problem itself. "Fear of pregnancy" is somewhat an ambiguous phrase which Cavanagh is never at great pain to define clearly. He notes in the paragraph entitled "Premenopause", "there is frequent fear of a 'premenopausal pregnancy'". If it is "frequent" in the premenopausal area, then one can hardly call it abnormal, for what falls at the maximum of the classic biologic bell curve is "frequent" and is therefore normal. But if it is not abnormal, then one questions the validity of treating it at all! More importantly, let me return to the question of what constitutes "fear of pregnancy"? It is evident from the

case histories that Cavanagh has cited that it is not necessarily the specific number of children which causes a "fear of pregnancy" nor need it be that the mother herself has the primary "fear of pregnancy". (In case II, the husband developed a psychotic state as a result of his "fear of pregnancy" in his wife). Furthermore, in the existential situation "fear of pregnancy" may be and probably is found in some unmarried females. Finally, in the married state "fear of pregnancy" may be related as much to a first pregnancy as to a tenth or to circumstances of relative economic affluence as well as to those of abject poverty. Thus, "fear of pregnancy", at least as used in Cavanagh's essay, is not a well defined syndrome.

Another important question which Cavanagh fails to resolve satisfactorily is whether the "fear of pregnancy" is superimposed on a basically *normal personality* which then becomes pathological (mentally ill) or whether the "fear of pregnancy" is not in fact superimposed on an already existing and underlying pathological personality which then manifests itself by increasing bizarre behavior. In the former instance, Cavanagh's argument would have a great deal more to say for itself. In the latter instance, it is possible that "fear of pregnancy" may be found to be the direct consequence of an underlying pathological state of mind rather than its cause, thereby further weakening his speculative position!

In any event, in the cases illustrated by Cavanagh, it seems evident to me that a sterile state must be willed. Perhaps this will become more clear in what follows: If, as Cavanagh indicates, "fear of pregnancy" is a basic

pathological process and not simply a symptom of an underlying pathological mental state, then the therapist is obliged to direct his treatment first toward the removal of that "fear of pregnancy", that is, to directly will that his treatment (whatever be its modality) results in the cure of the "fear of pregnancy".

Using "the Pill" as the modality of therapy in the removal of a "fear of pregnancy", so far as is now known, depends solely on a single cause-effect relationship, namely, that "the Pill" relieves the "fear of pregnancy" by insuring that pregnancy simply cannot occur, i.e., by inducing a state of sterility. (It does not, for example, effect an effacement of "fear of pregnancy" by a direct hormonal influence on the cerebral cortex in a manner comparable to a phenothiazine acting in the same area of the brain). Therefore, what is then both willed as a first effect and foreseen as a result of "the Pill" therapy is the state of sterility. It is not simply an unwilled but foreseeable effect or in Cavanagh's terminology, an "indirectly willed" effect.

Producing a state of sterility relieves the "fear of pregnancy" which, according to Cavanagh, then in turn cures, or at least favorably influences the abnormal pathological state of mind and thus total human health.

But what if the primary psychiatric condition is an underlying pathological state of mind, for example, a schizophrenia, one of whose many symptoms is "a fear of pregnancy"? Directly willing the sterile state is even less licit in this instance since this represents merely the treatment of a *symptom* of a disease with a directly willed means (sterilization) which is per se evil. Therefore, not only is the

means evil and willed directly but it is also disproportionate to the good to be accomplished (it merely cures a symptom of the underlying disease), e.g., the surgeon cuts off the foot to relieve the pain of a planter's wart.

I disagree with Dr. Cavanagh's article in several other less pressing points. For example, there is no concrete evidence to indicate that rhythm or even its failure *always* gives adverse psychiatric results; (cfr. vonHildebrand, "The Encyclical Humanae Vitae, A Sign Of Contradiction", Franciscan Herald Press, Chicago, 1969) or that there is always an improvement in a woman's sexual desires as a result of the use of "the Pill".

Pope Paul has suggested in "Humanae Vitae" that the love and value implicit in conjugal intercourse may be lost in the totally free disposition of the act even within the stable, felicitous marital relationship. Thus, the Pope implies that conjugal sexual intercourse, as much as the kiss, will lose its meaning and values in our modern society. Is this speculation on the part of the Pope drawn from valid psychiatric findings? Here certainly would be a fertile, useful research field

for both psychiatry and sociology to explore.

Finally, one wonders whether psychiatry is only tackling symptoms rather than diseases. One need only point to the development of a vaccine to prevent German measles, rather than the use of abortion to reduce congenital newborn defects as a case in point.

I find myself in this essay in an uneasy though I believe not altogether untenable position. As a general practitioner whose understanding of philosophy and theology is all but self taught, I have challenged a specialist with a broad familiarity in the other aforementioned fields who is an acknowledged expert (by me, by the profession, and by the church) in the areas to which he devotes and addresses himself. I dare to do so only because his speculations have provoked serious questions of conscience for the individual practitioner. I have almost daily refused to prescribe "the Pill" in situations in which I can without stretching clinical definitions identify "a fear of pregnancy" leading to neurosis. Am I morally justified to refuse such a prescription?