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Psychiatric Indications for the Use of Contraceptives

John R. Cavanagh, M.D.

In other publications I have described the bad psychological effects of Rhythm which result from its failures (John R. Cavanagh, "A Special Marriage Report on Rhythm," *Marriage Magazine*, August, 1966; "Rhythm May be Better Than You Think," *Marriage Magazine*, August, 1965). I have also discussed the ill-psychological effects of the frustration of the rhythm of sexual desire in the human female. This occurs because the use of Rhythm deprives the woman of sexual relations during two peaks of sexual desire (John R. Cavanagh, "Rhythm of Sexual Desire in the Human Female," *Medical Annals of the District of Columbia*, Vol. 36, No. 10, October, 1967; and *Human Sexuality*, March, 1969).

In this article I would like to discuss Paragraph 15 of the encyclical *Humanae Vitae*:

The Church, on the contrary, does not at all consider illicit the use of those

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therapeutic means truly necessary to cure diseases of the *organism*, even if such impediment to procreation, which may be foreseen, should result therefrom, provided such impediment is not, for whatever motive, directly willed (Cf. Pius XII, alloc. to Congress of the Italian Association of Urologists, Oct. 8, 1953, in AAS XLV (1953), pp. 657-675; AAS L (1958), pp. 734-735). (Italics added, Author).

The purpose of this paper is to discuss the use of "the Pill" (and other contraceptives) in the treatment of mental illness, especially where unresolved conflicts over parenthood play a part.

In writing Paragraph 15 of *Humanae Vitae* Pope Paul made reference to the following statement of Pope Pius XII. It is quoted here for ease of reference.

If a woman takes such medicine, not to prevent conception, but only on the advice of a doctor (of medicine) as a necessary remedy because of the condition of the uterus or *organism*, she produces indirect sterilization, which is permitted according to the general principles governing acts with double effect (Pope Pius XII, "Morality and Eugenics: An Address to the Seventh Hematological Congress," *The Pope Speaks*, 6, p. 395.) (Italics added, Author)

It should be noted that Pope Paul says "to cure diseases of the *organism*" and Pope Pius XII refers to a "necessary

remedy because of the condition of the uterus or *organism*." This would appear to be a clear statement that diseases of the "organism" are such as to require medical treatment. Such treatment, if it produced sterilization would be considered an indirect voluntary.

CLINICAL APPLICATIONS

There is no dispute from the moral standpoint that "the Pill" is specifically licit in the following disorders even though their use causes a temporary or permanent sterilization:

1. Amenorrhea, Primary and Secondary (Failure of the menstrual periods to occur)
2. Metrorrhagia (Bleeding occurring between the menstrual periods)
3. Menorrhagia (Prolonged or excessive menstruation)
4. Hypomenorrhea (Scanty menstruation)
5. Endocrine Sterility
6. Idiopathic Infertility (Ovulation rebound)
7. Endometriosis
8. Premenstrual Tension
9. Dysmenorrhea (Painful menstruation)

REGULATION OF THE MENSES

Although there is no dispute concerning the liceity of the use of "the Pill" in the above disorders (aside from its possible complications) its use to regularize the cycle is perhaps less certain.

There is no such thing as a completely

regular menstrual cycle (J.G.H. Holt, "Die Statistische Methode Beim Fruchtbarkeitsproblem und der Mythos des Regelmässigen 28 Tagigen Normalzyklus," *Zentralb. F. Gynakol.*, LIX 1935, pp. 1161-1164. Quoted by Gunn, p. 840). No thought was given to cycles of 25 to 29 days as being irregular until the advent of "the Pill". However, moral theologians of repute today allow the use of "the Pill" to regulate the cycle to pin-point regularity. Father Francis Connell, for example, said that every woman had a right to a regular cycle [(which for him is 28 days (Francis J. Connell, "The Morality of Ovulation Rebound," *American Ecclesiastical Review*, Vol. 143, 1960, pp. 203-204.)] Father Connery, S.J. agrees (J. Connery, "Notes on Moral Theology," *Theological Studies*, Vol. 19, pp. 550-551). See also D. O'Callaghan, "Fertility Control by Hormonal Medication," *Irish Theological Quarterly*, Vol. 27, 1960, pp. 12-13.

It must be understood that while "the Pill" is used to regularize the cycle, the woman is sterile during the period of its use. The use of "the Pill" to regularize the menstrual cycle is undoubtedly a proper medical use of it and, according to the moralists quoted above and others, is licit.

PREMENOPAUSE

In the menopausal period of life the menses are irregular and there is frequent fear of a "menopausal pregnancy." This fear is frequently unfounded but late babies occur with sufficient frequency to warrant the use of a medication to relieve tension and regularize the cycle. It is generally believed that pregnancy will not occur if three consecutive periods are missed. Even this, however, is not a certain criterion.

Canon P. Anciaux, (P. Anciaux, "Regulation des Naissances et Therapies Hormonales: Aspects Normaux des Traitements a Base de Substances Progestatives," *Saint-Luc Medicale*, 32, No. 2, 1960, pp. 67-80) of Malines and Professor Dr. Joseph A. Schockaert of Louvain have expressed the opinion that "the Pill" (and other contraceptives) may be licit as an indirect means of preventing a neurosis that would result from a new pregnancy in a woman who has a fear of pregnancy or who has anxiety concerning childbirth, etc. In their opinion, she could take these "Pills" in order to avoid ovulation and hence conception altogether. To them this was indirect sterilization, indirect to the alleviation of worry that arises from concern over pregnancy and childbirth.

Another recommendation of Canon Anciaux is the use of "the Pill" in the premenopause period. He suggests that it is licit to inhibit ovulation during the climacteric to prevent anxiety over irregularity which in view of the age of the woman might lead to an undesired pregnancy. I find myself in agreement with Canon Anciaux. I shall clarify my position in the following paragraphs.

DISCUSSION

The reference to the norms established by the late Pope Pius XII in the discourse of Pope Paul VI (cf. pp 1-2) on birth control is to be found in the address of Pius XII to the Seventh International Congress on Hematology on September 12, 1958. In this talk the Holy Father was asked to answer a question regarding the liceity of using "Pills" (Enovid) which impede ovulation and by doing so render fecundation impossible. The late Holy Father,

in the only specific mention of "the Pill" made by any Pope, replied in part:

The answer depends on the intention of the person. If a woman takes such medicine, not to prevent conception, but only on the advice of a doctor as a necessary remedy because of the condition of the uterus or organism, she produces indirect sterilization, which is permitted according to the general principles governing acts with a double effect (Pope Pius XII, "Morality and Demographics: An Address to the Seventh Hematology Congress", *The Pope Speaks*, 6, p. 101).

The above statements of Pope Paul VI and Pope Pius XII on the morality of both licit and illicit uses of contraceptives make it at once evident to most theologians that it is the basic intention, in the use of such methods, which really matters. Thus, according to Father McCormick, their use is not wrong *per se*; in the original use of "the Pill", in fact, there was no contraceptive intention at all; this was merely a side effect (Richard A. McCormick, S.J., "Anti-Fertility Pills," *Millennium and Pastoral Review*, 62, May, 1962, pp. 693-694). The immorality derives rather from the intent or circumstance of their use (William J. Gibbons, S.J., *What About Fertility Pills?* America Press pamphlet, 1958, p. 6). If, therefore, these "Pills" were taken as direct contraceptives, their use would be immoral, for they would not be fulfilling the conditions required for licit sterilization, since their chief effect is generally considered to be the suppression of ovulation, which many theologians regard as a type of sterilization even though it may be of a temporary nature. Thus, even if they were taken for the direct and exclusive purpose of producing only temporary sterility, their use would still be illicit according to Pius XII, because the direct purpose is contraceptive in nature (Francis J. Connell, C.S.S.R., "The Morality of Ovulation Rebound", *The American*

Ecclesiastical Review, 143, April, 1960, p. 203). This purpose is achieved not by interfering with the normal function of the marriage act, but by suppressing the generative function itself. This is direct (contraceptive) sterilization, which the Holy See declared to be morally unlawful in 1940 as contrary to and forbidden by the natural law (John R. Connery, S.J., "You, Marriage, and the Pill," *Sign*, 40, October, 1950, p. 21). Thus, if one employs the progestin drugs with contraceptive intent there is, says Father O'Callaghan, not only a grave violation of the Sixth Commandment since one deliberately intends to frustrate nature by depriving the marriage act of its inherent forces, but also a sin against the Fifth Commandment since the means used entail unjustifiable suppression of the generative power (Denis O'Callaghan, "Fertility Control by Hormonal Medication," *Irish Theological Quarterly*, 27, January, 1960, p. 5). Therefore, any use of these anovulatory compounds for the purpose of directly avoiding pregnancy is illicit contraception, and is unlawful because no reason, however serious, can justify what is contrary to nature (*Ibid.*, p. 6).

On the other hand, since these progestational compounds were originally developed to maintain pregnancy, prevent abortion, and to alleviate menstrual and reproductive disorders, their use for genuinely therapeutic purposes, even should they occasion infertility under such circumstances, may, according to the Holy Father, be permitted by the principle of the double effect.

MENTAL ILLNESS

I have stated the opinions of theologians on their understanding of direct and indirect sterilization. They do not always seem to agree and

support the opinion of Pope Pius XII, that where the use of contraceptives "is a necessary remedy because of the condition of the uterus or *organism*" that their use represents indirect sterilization.

As I understand the comments of the theologians, "the Pill" (or other contraceptive) may not be used by the *normal woman* to directly and intentionally prevent pregnancy.

The *normal individual* may be defined as one who conforms to the average human being in his methods of thinking, feeling, willing, and acting, is reasonably happy, emotionally balanced, and adjusted and oriented toward future goals.

The present teaching of the Church (*Humanae Vitae*) is that such an individual could not licitly use an artificial contraceptive or "the Pill."

ORGANISM

I have indicated in the quotations above that both Pope Paul and Pope Pius have referred to the fact that the use of "the Pill" (or other contraceptive) is considered indirect sterilization when it is used to treat (a necessary remedy) "a disturbed condition of the uterus or *organism*."

It would not occur to me to consider that the term "organism" as used by both Pontiffs would refer only to the somatic aspects of the woman. I am informed, however, at the time of the publication of these documents that this was the interpretation given to the term "organism" by some moral theologians.

I cannot accept this interpretation. Man is composed not of a body separate and alone, not of a soul separate and alone, but of an intimate composite of both which is inseparable during life.

Psychiatry to be effective should obviously have a thorough knowledge of the whole man, body, mind, emotions, feelings, volition, the power of self-determination, his normal and abnormal symptoms. (John R. Cavanagh and James B. McGoldrick, *Fundamental Psychiatry*, Bruce Publishing Company, Milwaukee, 1966, p. 490).

If the term is understood to indicate only somatic disorder then it is incorrect because, due to the intimate relationship of body and soul, what effects one effects the other. Disorders of the organism are disturbances of the total person. This is especially true in mental disease. Certainly the Popes did not intend to separate the human person into parts. One must consider, therefore, that the term "organism" refers to the whole man and, therefore, means that a psychiatric illness is a disorder of the total being.

The *mentally ill* person may, therefore, be defined as one in whom a condition exists for a more or less prolonged period of time, to a greater or lesser degree, which deviates from the average human being in ways of thinking, feeling, willing and acting, or is unreasonably unhappy, or emotionally unstable and unadjustable, or poorly oriented toward future goals (John R. Cavanagh and James B. McGoldrick, *Fundamental Psychiatry*, Milwaukee: The Bruce Publishing Company, 1953, pp. 20-21).

TREATMENT OF PSYCHOTIC FEMALES

The cases described below are those of mentally ill persons. They are the result of unresolved conflicts over responsible parenthood. Before describing specific cases the following report of Swanson et al. on the use of Norethynodrel in psychotic females is pertinent.

This study was done to evaluate the influence of Norethynodrel on the behavior of a group of psychotic female

patients. Twenty-one patients whose symptoms became more severe prior to menstruation, and five equally ill female patients who did not show such an exacerbation premenstrually, were included in this study. Twenty of the patients showed schizophrenic reactions, 4 showed mental retardation, and 2 involuntional reactions. The ages of the patients ranged from 14 to 38. The medication was started 5 days after the onset of menstruation. The dosage used was 5 mg. twice a day. The drug was given for 20 days, was withdrawn for 10 days to allow menstruation, and was then resumed for another 20 days.

Twenty-one patients or 88 percent of the group were considered improved. In 13 the improvement was sufficient for the patients to be discharged from the hospital; among them 3 of chronic patients and 10 of 14 recent admissions. One 36-year-old patient who had been hospitalized four years received Norethynodrel cyclically for three months. She was sufficiently improved to be placed on home visit. The Norethynodrel was discontinued. She remained at home six weeks, but her symptoms reappeared and she returned to the hospital.

Medically there would seem to be here a clear cut indication for the use of "the Pill" in psychotic females with irregular menses. The results were excellent. Suppose in these cases there had been a question of a fear of pregnancy, would it have been medically proper to deny these women "the Pill" (or other contraceptive)? (David Swanson, M.D., A. Barron, M.D., A. Florem, R.N., and Jackson A. Smith, M.D. (Illinois State Psychiatric Institute, Chicago, Illinois.) "The Use of Norethynodrel in Psychotic Females," *Am. J. Psychiat.* 120:1101-1103, May, 1964).

MENTAL ILLNESS DUE TO CONFLICT OVER RESPONSIBLE PARENTHOOD

In those cases in which there is a close relationship between the fear of pregnancy and the mental illness should the patient be denied the therapeutic use of "the Pill" (or other contraceptive)? These patients are mentally ill and as long as the conflict over more children persists they are likely to remain ill. Case I, for example, might have spent long years in a mental hospital until rescued by her menopause. In these cases there is no doubt that the "organism" is sick in her total being and that the sterilization is indirect and, therefore, licit. An exception to the teaching of *Humanae Vitae* should certainly be made in the case of a woman who might spend years in a mental hospital.

CASE REPORTS

The following cases are selected because of the clear relationship between the contraceptive conflict and the illness. There are many others which might be quoted.

Case I

This Catholic girl was referred for treatment at age 25. It was clear from the beginning that her illness was due to the fact of repeated pregnancies in spite of the use of Rhythm which was ineffective. In attempts at psychotherapy her productions in her psychotic state dealt with sex and babies, her fear of pregnancy and "fear of another baby," how she could not, or would not, refuse her husband sexual relations because the Church told her it was wrong to refuse her husband just because she did not want to get pregnant. The diagnosis was Schizo-

phrenia, Acute, Catatonic type.

This condition persisted in spite of psychotherapy and Electro Shock Therapy.

She was placed on "the Pill" and no other medication about 3 years ago. There have been no psychotic symptoms and no pregnancies since that time, no feelings of guilt, and a happy family of five children. Without this treatment this patient would have remained mentally ill.

Case II

This Catholic male, 45 years of age, is the father of 9 children. He became psychotic after the birth of his ninth child. The content of his delusional and hallucinatory system was that people would look at him and think, and then repeat to others, "he is a stupid Catholic, he keeps having children to satisfy his inordinate sexual urges, he is stupid, he believes in the Church. Stupid! Stupid!!" After 10 E.S.T. and 3 months he was able to return home. The diagnosis was Schizophrenia, Acute, Paranoid type.

The relationship between the husband and wife had been very bad after the fifth child because of the refusal of the husband to do anything about controlling or spacing births. Rhythm had failed. After the fifth child the wife visited a psychiatrist for three years — then the husband had his breakdown.

After leaving the mental hospital the husband agreed to permit his wife to be fitted with an I.U.D. Fear of pregnancy now being gone, sex relations were no longer a source of bitter arguments. However, there still persist arguments over how to raise these children in accordance with the standards of either husband or wife.

Case III

This Catholic mother of five children was 31 years of age when first seen. Consultation was sought because she had had a severe incapacitating anxiety attack associated with depressive features. The attack was precipitated when a sudden influx of feelings of guilt caused her to give up "the Pill" which she had been on for a year at the suggestion of her Catholic obstetrician. Rhythm did not work, "we have five rhythm babies now." The anxiety came about as a result of the conflict "abstinence or more babies." Abstinence leads "to bad tempers, arguments and quarrels but another baby will drive me crazy."

Attempts at abstinence resulted in strained conjugal relations with severe exacerbations of anxiety when the time came for her menses through fear it would not take place.

After 6 months of this she was urged to go back on "the Pill" on the theory that her illness was "curable" if it was used. Her feelings of guilt were such, however, that she now became frigid in spite of a very eager libido prior to this.

She again came off "the Pill" and for several months practiced abstinence, again with the same result of tension between husband and wife and resulting quarrels and severe anxiety attacks.

After further discussion she went back on "the Pill" about 18 months ago and now has a happy and tranquil married life. Without "the Pill" this patient would have been an emotional invalid with resultant damage to her husband and children.

Case IV

This Spanish Catholic female of 25

years sought consultation because she had become suicidal when she thought she was pregnant for the fourth time. She already had three children in diapers and had depended on nursing her last child as a bar to pregnancy. Although she had three Rhythm failures she had an obsessional need to keep taking her temperature even while nursing the baby. One day she discovered that her temperature was 100° F. She had been told that if the temperature went up this meant she was pregnant, hence the panic.

When she was first seen she and her husband had already decided to use contraceptives (a condom). She cannot deny him relations, he would probably get another woman." The use of the contraceptive was followed by temporary relief of symptoms but these soon returned with the thought "I am a sinner, I am a bad girl." These thoughts were in consciousness but denied any relationship between the use of contraceptives and her feelings of guilt.

"I am panicky of getting crazy, completely mad. Sometimes I think, what is worse? being dead or completely insane and going to an sanitarium. Sometimes the suffering seems too much to bear. Other times I think, even if I had to go to a hospital, etc. it wouldn't be so bad. Look at my mother, she had delusions, etc. and is so much better now."

When seen she was no longer suicidal. In this case the depression was definitely the result of the fear of another pregnancy. With removal of her fear of pregnancy she has shown progressive improvement.

CONCLUSION

In the mentally ill woman where the cause of the illness is the result of

unresolved conflicts over pregnancy or family size, the use of contraceptives in its treatment is indirect sterilization according to Pope Paul and Pope Pius.

Editorial Comment:

The arguments presented in this thesis are reasonable and acceptable. However, they should not be extended. Herein lies the difficulty: the patient under psychiatric care is the exception;

as an exception, his/her management should be closely guarded.

Again, when you submit a second party to a procedure (case 2 - I.U.D.) to assist the first party, a whole new set of moral equations are involved as in transplantation procedures. The original thesis does not extend itself to these.

With these comments, Dr. Cavanagh's paper has been cleared for publication in *Linacre*.

W.J.E.