Position of Roman Catholics on birth control attitudinal and practical

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THE POSITION OF ROMAN CATHOLICS ON BIRTH CONTROL--
ATTITUINAL AND PRACTICAL

By

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PREFACE

It is a common property of all problems of human relations that the normal and first response to them is an emotional response rather than an intellectual and impersonal reaction. Confronted with any one of these problems it is difficult to make impersonal judgments and to take a detached point of view.

Therefore, the author wishes to make the following statements, based upon general analysis and impressions, which will, for the reader, establish biases, and for the author, give an opportunity for expression of the normal response of emotion.

After reflection upon available sources, the author strongly feels that there is going to be a reversal in the Catholic doctrines concerning birth control within the next ten years, and possibly sooner. One must question how long an educated, rational being, regardless of his religious beliefs, can remain silent while he is confronted with numerous inconsistencies. For instance, there seems to be a paradox when considering the role of science for the following reason. The Church is calling upon science to provide ways to effective population control utilizing methods condoned by them. They seem to have missed the point that it is the scientists who have warned mankind of
the dangers involved in uncontrolled population situations, and who have outlined ways of eliminating this problem.

In other words, though the morally neutral scientist has warned mankind of the problem and has presented alternatives in the form of artificial birth control, he is being asked to do further research which would justify the morality code of this one particular religious group. Perhaps one could coin a term for this kind of thinking—"religio-centric"—which ignores the problems of mankind as a whole, and which would present itself as a barrier to the solutions of these world-wide problems.

As long as the means that one uses to obey the will of God or natural law cannot change, even when one is faced with reality, there will be personal and more importantly, societal conflict. The sociologist can understand this situation as a "culture conflict"—the differences on contraception, as well as censorship, education, et cetera, are productive sources of inter-cultural conflict.

To view the future realistically, the author believes that concessions are going to have to be made on the part of the Catholic authorities and laity. Perhaps there is needed a re-examination of what is "moral" and what is not. The reader is referred again to the statement made earlier in the thesis by Margaret Sanger: "The most serious evil of our times is that of encouraging the bringing into the world of large families. The most immoral practice of the
day is breeding too many children." (See page one).

A glance at popular magazine articles today will convince one of the pangs of discontent among Catholic laity. They are speaking out, and it appears that they can no longer be silenced, censored, or ex-communicated.

It appears that the Church can be only as strong as its members. If the links of membership are weakened, the chain will become less strong and finally break. Therefore, it seems apparent that the authorities will be forced to comply to the desires of the laity and evidence suggests that they are already doing this in some instances. The personal interview, the results partially recorded in Chapter Four, with the priest, revealed a liberal attitude on his part, especially concerning the "pill."

One need not expound upon the importance of the Church's changing attitude—rather, one can only hope that statement and restatement of the problem might, in time, become worthy of consideration and, one hopes, action.
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CHAPTER ONE

INTRODUCTION

A. Explanation of the Problem

Throughout this country, as well as other countries of the world, there rages a battle over one of the most crucial of all freedoms, namely, whether human beings shall be permitted to regulate and limit the birth of children by the use of contraceptive devices. As the idea of birth control via contraceptive devices achieved a certain degree of respectability, there has been a slow but gradual change in the position of Christian churches. The opposition group which was practically universal in the nineteenth century has gradually submitted to the idea that it is the parents' moral duty to propagate planned parenthood.¹ Roman Catholicism is the one important Christian branch that still upholds, at least to some degree, the earlier view.

Margaret Sanger, pioneer in the movement for birth control in the United States, writes: "The most serious evil of our times is that of encouraging the bringing into the world of large families. The most immoral practice of

¹Margaret Sanger, Woman and the New Race, Brentano's, New York, 1920, p. 57.
the day is breeding too many children."² Many persons believe that the truth of these statements is abundantly borne out by an examination of facts and conditions which are part of experience and observation.

Every physician, writes Dr. Samuel J. Robinson, knows that too frequent childbirth, nursing and the sleepless nights that are required in bringing up a child exhaust the vitality of thousands of mothers, make them prematurely old, or turn them into chronic invalids.³

Thousands of well-intentioned people, including many Catholics, agree that there are times and conditions under which it is a woman's highest duty to avoid having children, but advocate continence as the one permissible means of birth control. Few of these people agree with one another, however, as to what continence is.⁴ Some have in mind absolute continence; others urge continence for periods varying from a few weeks to many years. Still others are thinking of Karezza, or male continence, as it is sometimes called.⁵

The majority of physicians and the sex psychologists hold that the practice of absolute continence is, for the greater part of the human race, an absurdity. Were such

⁴"Refraining from sexual intercourse"—Webster's New Collegiate Dictionary.
⁵Sanger, op. cit., p. 101.
continence to be practiced, there is no doubt that it would be a most effective check upon the birth rate, which incidentally, is probably a greater danger, speaking in global terms, than the psychological affects upon the individual family. It is seldom practiced, however; and when adhered to under compulsion, the result seems to be injury to the nervous system and general health.

"Physiology," writes Dr. J. Rutgers, "teaches that every function gains in power and efficiency through a certain degree of control, but that the too extended suppression of a desire gives rise to pathological disturbances and in time cripples the function. Especially in the case of women may the damage entailed by too long continued sexual abstinence bring about deep disturbances."6

B. Importance of the Study

It is at this point that the importance of birth control enters into this problem. Nature has provided in man, as in all animals, for the maintenance of the species a capacity for reproduction far in excess of the needs for it. Woman's fecundity, or physiological ability to reproduce, according to one estimate, indicates that the average completed family size resulting from uncontrolled normal intercourse would be fifteen children.7

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6 Sanger, op. cit., p. 104.

Civilized man has always exercised some form of birth control in the general sense of that term. And it is in this effort at birth control in married life that such havoc is played with the happiness of marriage. It seems to this author that penalties which are put upon what should be the pleasure of sexual life in marriage are so great that they often destroy this pleasure.

The importance of this study can further be illustrated when considering the health and morality of the community. The vital statistics of various countries show most conclusively that the national health has rapidly improved as the birth rate has declined, and that in all probability the death rate would not have declined without a diminution of the birth rate. The more satisfactory improvements in the general death rate, the infantile mortality, and the stature of the people of any country in the world has been shown in Holland. Here, "artificial restriction" has been countenanced by the Senate and taught to the poorer classes with medical supervision.  

With regard to specific diseases, there has been a satisfactory diminution in all important ones, except in cancer, which has increased, due to increased medical research and observation. This diminution indicates that artificial birth control methods probably have not in any

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way contributed to the furtherance of any disease. There are those persons who feel that birth control has contributed to the prevalence of cancer, but an analysis of the organs affected fails to show any connection between this increase and the adoption of artificial restriction.9

In view of all these investigations, it is impossible to avoid the conclusion that the case against artificial restriction is certainly not substantiated. The Roman Catholic opposition to birth control is a moralistic, dogmatic one (to be discussed later) and cannot easily be understood by those persons viewing birth control in a non-moralistic, rational manner. This author feels that it is therefore very important to understand the dangers cited by Mrs. Sanger and others mentioned above in the refusal to utilize birth control methods, and to note the importance of these refusals when considering present and future problems.

This study may be questioned by moralists, and it is possible that there may be better evidence on their side than has been brought forward. However, this author feels that the subject must be explored further.

C. Purpose of the Study

The purpose of this study will be to examine the position of Catholic families on the subject of birth

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9Ibid., p. 127.
control, both attitudinal and practical, in the light of the present Church doctrine.

In preparing to discuss this problem, for example, the author talked with several Catholics, asking them not their own attitudes, but rather what they believe most persons feel, and of greater importance, do about birth control. The answers received ranged from "95% of the Catholics don't pay any attention to that garbage" to "a good Catholic won't ever use contraceptive devices until the Church decides that this is all right." So the variety of answers would seem to indicate that there is no definite consistent pattern of Catholics' attitudes toward the utility of birth control measures.

After careful consideration, it has been decided that a study of this type cannot begin with a carefully worded and concise hypothesis. However, it is felt that the following assumptions and propositions are necessary to a more thorough understanding of the purpose:

1. That within the Catholic Church there are certain dogmas pertaining to birth control that are not found within the society as a whole.
2. That these dogmas have been, and presently are, creating a problem for those Catholic families who wish to limit the number of children.

10 The word "Catholic" in this thesis denotes Roman Catholic unless otherwise indicated.
3. That because of this problem, some Catholic families are not adhering to the doctrine and teachings of the Church on this particular subject.

With the statement of these three assumptions this study shall try to answer the following questions:

1. What are the circumstances surrounding these choices made within the Catholic families?
2. What are the reasons given for use or non-use of contraceptive devices?
3. Are there any recognizable general patterns?
4. If so, what do these patterns indicate?

D. Terminology

1. Birth Control - The most obvious term which must be defined in this study is birth control. There are many definitions of this term which are currently accepted by both Catholics and Protestants. However, because of its clarity and simplicity, this author prefers the following definition:

"The conscious use of any practice permitting sexual intercourse while reducing the likelihood of conception."\(^{11}\)

By the definition of birth control given here, the term also includes

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\(^{11}\)See United Nations, Department of Social Affairs, Population Division, "The Determinants and Consequences of Population Trends" (Population Studies, No. 17, New York, 1955, p. 74, no. 37.)
"not only the use of mechanical or chemical contraceptives, but also such other practices as 'withdrawal' and 'safe period.' The emphasis, that is to say, is on how fertility is defined by the marriage partners: they see it in a rational rather than a traditional framework, and thus subject to their control." 12

The Catholic Encyclopedia, Supplement II, has quite an extensive section on the term birth control. The reader is referred to this for the entire discussion of birth control, which becomes a rather subjective treatise. The following is an excerpt from this discussion:

The term birth control is used today "to designate practices designed to prevent conception by the employment of mechanical, chemical and other means." It is generally recognized today that the term is a misnomer and that the proper term should be "conception control" (contraception) since conception control is the real objective of the practices popularly included under the definition of birth control. . . .

In a broader sense, as the term is also used in current literature, many other forms of birth limitation are at times included under the term birth control, but no useful purpose is served by extending the meaning of the term beyond its present limits. Hence, the actual sense in which the term is used in a particular text must be derived from the context. . . .

In a still broader sense, any procedure, practice, activity or social custom which tends or is alleged to tend towards the limitation of population may be understood under the general term birth control. Thus often enough, such practices as celibacy, the postponement of marriage, periodic continence in the use of conjugal rights, the incomplete performance of the conjugal act, the unusual prolongation of lactation periods by the mother, various surgical operation, inclusive of castration as well as even abortion and infanticide have in various contexts been included under the term birth control, especially in discussions of family limitations, as have also, by some authors magical or superstitious anti-fertility practices. . . . 13

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12 Ibid., p. 75.
13 The Catholic Encyclopedia, Supplement II,
2. Contraception - The terms birth control and contraception cannot be used interchangeably in this paper. When speaking of contraception, the author will be speaking of mechanical, chemical, and artificial means of birth control. In other words, anything that interferes with the natural, biological function of the body. Under these terms, the rhythm method (safe period) cannot be thought of as contraception. Technically, contraception is anything which prevents conception, and could include the rhythm method. However, the Catholic Church makes a distinction between these two methods which must be accepted for the purpose of understanding this study. An explanation of this distinction will be made in Chapter Two under the discussion of the Church's position.

E. Literature Review

There has not been a great deal of investigation concerning aspects of the relationship of religious affiliation and fertility. Much of the research done has been published in the Milbank Memorial Fund Quarterlies, with research headquarters in Minneapolis, Minnesota.

A study by Ronald Freedman and P. K. Whelpton in this series has found marked differences between the fertility rates of Catholics, Protestants, and Jews in Indianapolis. Similar results have been reported in other places.
A study of the families of a group of Air Corps officers found that while a reported ideal family size was not related to any religious denomination, it was related to the extent of early religious training of the wife and the Church attendance of the husband. However, a study of Catholic families in a Florida diocese found that the degree of faithfulness in religious observances was not related to fertility, except that couples married by a priest had higher fertility rates than those who were not.

Freedman and Whelpton conclude that religious interest and participation frequently minimize the area of rational calculation and planning, since they are connected with accepting on faith certain standards of conduct, among other things.

In this same study, reference is made to the historical influence of the growth of rationalism on the practice of family limitation as follows: There has been "an increasing disposition to weigh rationalism on the practice of family limitation in motives and actions . . . the habit of trying to interfere rationally with the course of human events, thus giving more consideration to what these reasons are." 


\[15\] Freedman and Whelpton, op. cit., p. 2940343.
Another study done by Clyde V. Kiser in the Indianapolis area did not concentrate on the Catholics, but the survey data yielded some enlightening results on fertility differentials by religion. The fertility rate for native-white couples with wife under 45, standardized for age, was found to be highest for the Catholic unions and lowest for the Jewish unions. The rate was about 18 percent higher for Catholics than for Protestants. A further point of interest was the relatively low fertility of the Protestant-Catholic mixed marriages. These were about 10 percent less fertile than the Protestant unions. The results were essentially the same regardless of which spouse was Catholic.

The relation of fertility rates to socio-economic status (as indicated by monthly rental value of the dwelling unit and by education of the wife or husband) followed about the same pattern among Protestant, Catholic, and mixed marriages. In all cases, fertility tended to be inversely related to the socio-economic status, except at the highest rental and educational levels. However, the interclass differences in fertility and the total ranges of the variations were most pronounced on a relative basis among the Protestants and least pronounced on a relative basis among the Catholics.16

This study also documents rather decisively the lack

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16 Clyde V. Kiser, "The Indianapolis Fertility Study," reprinted from Public Opinion Quarterly, Vol. 17, No. 4, p. 86.
of class differences in fecundity or physiological capacity to reproduce. The proportions of couples classified as "relatively sterile" were much the same in the various subdivisions by rent, occupation, educations, etc. Furthermore, among the "relatively fecund" couples, the fertility rates during periods of noncontraceptive exposure were found to be strikingly similar in all of the fertility-planning groups. They were as high among the "number and spacing planned" as among the "excess fertility" couples.\textsuperscript{17}

In a study made in the Detroit Metropolitan area, the Catholic-Protestant differential can be attributed to those Catholics whose close tie to the Church is indicated by weekly attendance. Catholics who reported attending Church infrequently or "never" did not express a significantly different family size "ideal" than did Protestants with similar records of Church attendance. The overall higher "ideal" family size for Catholics results from the fact that most persons who express a Catholic preference attend Church weekly in Detroit, as they do over the country as a whole. Protestants, on the other hand, are decidedly less likely to attend church frequently than are Catholics.\textsuperscript{18}

\textsuperscript{17}Ibid.

Among Catholics there was no significant difference between those who attended church only once or twice a month and those who never attended. The significantly higher family size "ideal" for Catholics was confined to those who attended church every week. It may also be noted that Catholics who sent their children to parochial school or who had attended themselves also expressed a higher "ideal" than did other Catholics.

In connection with the above, Dudley Kirk has provided evidence that the reduction or elimination of Catholic-Protestant fertility differences expected by demographers is not occurring as yet—even in urban places. Data on actual fertility in the Detroit area are consistent with Kirk's estimates of religious differentials.

Catholic norms about family size as measured by either of our "ideal" family size questions are also consistent with the maintenance of higher Catholic fertility. Moreover, the critical factor in the high Catholic "ideal" appears to be a close tie to the church which is maintained by most Catholics.

There is nothing in our material on religious differentials to indicate the cause-effect direction of the relationship. It may well be that those persons—either Catholic or Protestant—who have more children as a result of non-religious factors are then drawn into the Church and its related institutions by their children.20


20 Freedman, Goldberg, and Sharp, op. cit., p. 9780.
In another study done in the Indianapolis area, the fertility rates were highest for the Catholic couples and lowest for the Jewish.

The higher rate for the Catholic than for the Protestant unions persisted at each level of education and rental-value of the dwelling unit, except possibly at the lowest rental-value levels. The interclass differences in fertility by rental-value of the home were sharper, and the range of the variations in fertility were wider, for the Protestant unions than for the Catholic unions. Nevertheless, the general pattern of variation was much the same for the two religions. Among both groups fertility was inversely related to rental-value of the home except in the top rental-value levels where the relationship became direct.  

Samuel A. Stouffer of the University of Chicago, found evidence to bear out the hypothesis that on the average, the Catholic fertility has been dropping faster, both absolutely and relatively, than the non-Catholic fertility in the north and west of the United States.  

Analysis of the confinement rates of 40,766 urban families in Wisconsin shows that between 1919 and 1933 the fertility of Catholics declined at a faster rate than the

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fertility of non-Catholics. When the data were divided into twenty-four groups by residence, age of wife, occupation, and interval after marriage, it was found that births among Catholic families fell off in twenty-three of the twenty-four groups, while in twenty-one groups the Catholic fertility dropped faster than the non-Catholic fertility.

In summary, it can be seen that these investigations have pointed toward the differences in fertility rates among the Protestants, Catholics, and sometimes, the Jews. Further, most of the available information on fertility of various denominations is based upon detailed investigations of one particular community or of a sample of its population. It appears that very little research has been done in the area of attitude and practice. Because of this paucity of research, the present study was designed to investigate this area, with emphasis upon members of the Catholic Church.

F. Organization of the Thesis

With regard to general procedure, Chapter Two will deal with the significant points and trends in the development of the Catholic dogmas concerning birth control, with an examination of the latest statements made on the subject. Chapter Three will be concerned with a descriptive analysis of the interview study; Chapter Four with the general

\[23\text{Ibid.}\]
results and findings of the study; Chapter Five with the importance of religious identification in determining attitudes toward and practice of contraceptives; and finally, Chapter Six will summarize the findings, draw some conclusions, and make general comparisons with the data found in the literature review. Suggestions for further research will also be found in the final Chapter.
CHAPTER TWO

CATHOLIC POSITION ON BIRTH CONTROL—PAST AND PRESENT

A. Premedieval Period

1. Augustine—The key figure in the evolution of Catholic doctrine bearing on parenthood is Aurelius Augustinus, Bishop of Hippo. Augustine, the third and greatest of the "four great doctors" of the Latin Church died at the age of 75, while Hippo was under siege by the Vandals. He was thus, in the West, the last of the Church fathers of the ancient world.

The two teachers of the Latin Church who preceded Augustine were Ambrose and Jerome. They were much more concerned about the question of celibacy than that of marriage and family life. In them, the influence of Tertullian and Cyprian seems strong. About the only good thing that Jerome can say of marriage is that it produces virgins. In his treatise, "On the Safeguarding of Virginity," as has been noted, Jerome writes of women who drink a potion before coitus in order to remain sterile and who go on to practice abortion by poisonous expedients, going to hell as threefold murderesses—"suicides, as adulteresses to their heavenly bridegroom Christ, and as murderesses of their
still unborn child." The focus here is on attempted abortion, as the contraceptive or sterilizing drugs were apparently ineffective.

In contrast to Ambrose and Jerome, Augustine dealt at length with marriage and parenthood. In his earlier years as an auditor of the ascetic Manichees, he had been indoctrinated on the evil of procreation as the work of the devil, and on the necessity for celibacy as a means to enter the "realm of light"—though his domestic situation at the time disqualified him from joining the cathari or pure ones.

The sinful element in sexual intercourse is pardonable within the bond of marriage, in Augustine's view, provided it is lined with the good of procreation. He was too much of a realist to limit conjugal relations to conception. Augustine indicated that he had never known a couple to restrict themselves in this way. In view of the sacrament, however, marital relations not aimed at progeny can be pardoned; "although procreation is not the motive of intercourse, because there is no attempt to prevent such propagation, either by wrong desire or evil appliance—the sin is venial." "Evil appliance" here means contraceptive device, and "wrong desire" presumably means contraceptive

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2 Fagley, op. cit., p. 170.
Augustine's ban on measures to prevent conception included periodic continence. In his treatise, "On the Morals of the Manicheans," Augustine wrote with reference to his former mentors:

Is it not you who used to counsel us to observe as much as possible the time when a woman, after her purification, is most likely to conceive, and to abstain from cohabitation at that time, lest the soul should be entangled in the flesh? This proves that you approve of having a wife, not for the procreation of children, but for the gratification of passion. In marriage, as the marriage law declares, the man and woman come together for the procreation of children. . . . Where there is a wife there must be marriage, but there is no marriage where motherhood is not in view: therefore neither is there a wife.4

Yet, despite his statement that "there is no marriage where motherhood is not in view," Augustine does allow room for a nonprocreative marriage through complete abstinence, in which companionship replaces offspring in his three-fold definition of the blessings of marriage: "offspring, conjugal faith, and the sacrament." What Augustine insisted on was a nexus between procreation and intercourse to relieve the sinful malady of concupiscence.

2. St. Thomas Aquinas: Augustine's elaboration and development of attitudes toward procreation found in some of the earlier patristic writings were modified in a number of respects by Thomas Aquinas in his intellectually

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3Ibid.

4Ibid., p. 171.
brilliant synthesis of Augustinian and Aristotelian thought.\(^5\)

On the whole, the Bishop of Hippo's stern ideas on parenthood were made less rigorous and more positive. The "hierarchy of God's good creation is in the foreground rather than the economy of God's righteous judgment and election."\(^6\)

Procreation, as with Augustine, remains the primary purpose of marriage. It is now expressed, however, in terms of natural law, which is a form of divine law written into creation: procreation in man and in lesser creatures is what mating was designed for. It is the end which marriage must serve to fulfill its inherent destiny. Marriage has also acquired a social purpose which it lacked in Augustine. Marriage is essential to the preservation of the race, according to Aquinas.

Aquinas gave a more positive value to sexual desire and enjoyment within the marriage bond than did the mature Augustine, though the two men agreed that the sex act is the mechanism by which original sin is transmitted. Venereal pleasure is a lesser good as compared with temperance and continence, but it is not evil in itself--it may be the occasion of sin.\(^7\) By combining St. Paul's advice on mutual

\(^5\)Fagley, op. cit., p. 172.

\(^6\)The essentials of the subsequent Roman Catholic position appear in the two Summas.

\(^7\)Fagley, op. cit., p. 173.
conjugal rights with Aristotelian concepts of justice, Thomas revives in a new form the old Roman concept of marriage as a contract: each partner, so to speak, deeds to the other his or her body. Thus, marriage serves the end of justice when the debt is rendered in fulfillment of the contract. It should be added that Aquinas makes no more room than did Augustine for measures to prevent payment of the debt from leading to procreation. The debt concept is currently expressed in canon law in this manner:

"Matrimonial consent is an act of the will by which each party gives and accepts a perpetual and exclusive right over the body, for acts which are suitable for the generation of children."\(^8\)

In Thomas Aquinas, the main outlines of the Roman Catholic doctrine on parenthood are found. He wove together the Old Testament and Graeco-Roman as well as patristic concerns for procreation as the primary end of marriage; laid the groundwork for the subsequent emphasis on the home as a school for training children in the faith; elaborated Paul's advice on conjugal rights into a set of contractual obligations; and left unchanged Augustine's generalized opposition to any form of family limitation save complete abstinence. This last, however, was oriented to the higher good of reason rather than to the spacing of children.

\(^{8}\)Refer to Marriage Canon 1081, Number 2.
While the Thomistic doctrine of marriage and family life seems rather cold and formal, there are humane elements in it. Marriage is for the common life and mutual aid, as well as for procreation. Marriage is regarded as an opportunity for the highest degree of companionship.

3. Summary—The Roman Catholic approach to marriage and fertility historically from pre-medieval times has been pro-fertility. The warning throughout history has run clear that contracting parties in a marriage should seek in marriage those ends because of which it was instituted by God. Whatever the merit of religious celibacy, fertility appears as the glory and main redeeming feature of the married state. Strictly speaking, however, it is marital intercourse rather than marriage itself that is bound up with procreation in the Roman doctrine. For the teaching on marriage leaves room for complete sexual abstinence, and the "vows of chastity" marriage is regarded as valid despite the lack of sexual consummation.

B. Post-Medieval Period

Perhaps the most important observation to make about the development of Catholic thought on birth control and parenthood since its medieval formulation is that the doctrine has in fact developed—slowly, unevenly, cautiously, but significantly. And this is continuing at the present

time at the same consistent rate. Because of ecclesiastical tradition, the Church must of necessity be fundamentally conservative, even though gradual and unobtrusive change constantly occurs. The general movement is in the conservative direction, modifying the teachings of Thomas as he modified those of Augustine. And there is no reason to believe that this modification will not continue. Contending tendencies gain or lose in their influence on the papacy, and to the author progress often seems distressingly slow, but there is life and growth. The problem is whether in the pace of contemporary history the doctrinal evolution can hope to keep pace. This section will deal with the changes made due to two key factors in this evolution, namely, the Comstock Law and the American Birth Control Movement.

1. **Comstock Law**—The enactment in 1873 of the federal Comstock Law was an event which shaped the entire course of the controversy over birth control. By prohibiting the dissemination of contraceptives and contraceptive information, Congress challenged the first advocates of birth control in the United States to campaign for modification or repeal of the Law. In response to this activity, Catholic opposition rallied to the defense of the Law and developed its case against birth control. The Comstock Law was therefore the focal point of the controversy. Arguments as to whether birth control was socially or morally desirable
boiled down to the practical question of whether or not the legislation of 1873 should be modified or repealed.

The passage of the Comstock Law was followed by an epidemic of state statutes, many of which were modeled after the federal act. Every state, with the exception of New Mexico, passed an obscenity law which could be interpreted to restrict the distribution of contraceptives, even though contraceptives were not specifically mentioned. At this time, this information was considered pornographic. At the end of this intense legislative activity on behalf of public health and morals the United States occupied a position unique among the nations of the world. In no other country had contraceptive information per se been thus classified with penalized indecency.

The Comstock Law set up a legal roadblock to the popularization of contraceptive knowledge in the United States. The federal statute of 1873 which closed the mails and the customs to contraceptives and contraceptive information was followed in 1897 by another statute prohibiting the deposit of contraceptive materials with a common carrier. As a result of these laws, the few people who possessed scientific birth control information could not communicate it without risk of prosecution, and during the next half century, the many who were to desire contraceptive knowledge had no way of obtaining it or of finding out where they could go for reliable advice.
Publishers, denied the customary channels of circulation for their books, lost incentive to print medical textbooks describing the latest scientific developments in the field of contraceptive techniques. Editors, unwilling to risk the exclusion of an entire issue of their magazines from the mails, refused to accept articles on contraception even in professional journals.\textsuperscript{10}

In summary, it can be said that the enactment of the Comstock Law was the greatest impediment to birth control information and contraceptive information in the history of this country.

2. \textbf{American Birth Control Movement}--We know not only from his career in general but from statements made by him that Comstock drew no distinction between contraceptives and obscenity. The nub of the matter seemed to be that Comstock classified contraceptives with obscenity because his only knowledge of them came from the same lurid sources that prompted his campaigns against obscene literature. This atmosphere and his own puritanical conscience probably prevented him from imagining the use of contraceptives in a moral setting.

Thus, the Comstock Law presented a twofold challenge to the proponents of an American birth control movement. This challenge was legal, in that all discussion of birth control techniques must necessarily be of a highly theoretical nature until the Law had been modified or repealed. It was doubly confusing, in that modification or repeal

could hardly be attained without a transformation of the mentality which made possible the Law.

The challenge of the Comstock Law was met by the formation of an American birth control movement. Just as one man, Comstock, secured the enactment of a statute excluding contraceptives from the mails, one woman, equally imbued with a sense of righteous indignation, became in 1914 the spearhead of a movement to arouse public opinion in favor of birth control. That woman was Margaret Sanger. As a young trained nurse, she had lived and worked among the poverty-stricken tenement dwellers on New York's lower East Side. There she resolved to find some way of improving the lot of the nation's mothers. Birth control was her solution; and during the next six years she fought to establish what she called a "new morality."

In March, 1914, she published the first edition of her magazine, The Woman Rebel, which bore the slogan, "No Gods, No Masters." The United States government promptly responded by banning this from the mails and arresting Mrs. Sanger. Faced with a choice between voluntary exile and jail, Mrs. Sanger chose exile and on the eve of her trial departed for Europe, where she studied contraceptive techniques. During her absence, a little pamphlet entitled Family Limitation was printed in violation of the Law and gained widespread popularity. This pamphlet gave explicit instructions on birth control devices and techniques.
After this, advocates of birth control, in order to emphasize that they favored the control rather than the limitation of births, began using the term "planned parenthood" and their clinics started to devote a good deal of time and effort to treating sterility.\(^{11}\)

Since the laws against contraceptives prevented the widespread practice of the new morality, the most important task of an organized birth control movement was to accomplish a revision of these laws. This author does not wish to go into this development in detail, but feels it necessary to mention that the major objective was the amendment or repeal of the contraceptive provisions in both the state statutes and the federal code. This was not an easy objective, especially in view of the Catholic opposition. The major break through came in 1934, when Post Office officials ruled that Dr. Leo J. Latz's book, *The Rhythm*, describing the so-called natural or safe period method of birth control, was mailable. The non-Catholic climate of opinion began to look with comparative favor upon the birth control movement and its objectives, paving the way for further social and political advances.

In the case of the taboo against contraception the Church attempted to rehabilitate it by investing it with bits of theological dogma. Birth control, the Church says, 

made its first appearance in Catholic theology many centuries before the organization of birth control leagues and neo-Malthusian groups. The historical precedents cited by the Church do not provide a reliable indication of the vitality or importance of Catholic doctrine on birth control prior to the twentieth century. The sinfulness of contraception had little significance as a doctrine of the Church until the discovery of efficient contraceptives in the nineteenth century gave it a reason for existence.\textsuperscript{12}

Catholic action on the political front exhibited a striking transformation. When birth control became an issue in the second decade of the twentieth century, "the long arm of Catholic action reached out into the secular world and attempted to destroy the birth control movement by every weapon at its disposal."\textsuperscript{13} Catholic action is a political and religious force which has the blessing and encouragement of the highest Church authority. Compared with the activities of the Church in the late twenties and early thirties, the first ecclesiastical efforts to destroy the birth control movement seem very unorganized and chaotic.

As Sulloway states, "it employed an arsenal of other

\textsuperscript{12}It should be carefully noted that these precedents are of comparatively recent date and hardly bear out the Catholic contention that birth control has been proscribed by divine law from time immemorial.

\textsuperscript{13}Sulloway, op. cit., p. 45.
damaging weapons against its crusading opponents:

On December 22, 1952, the Planned Parenthood Committee of Mothers' Health Centers was excluded from membership in the Welfare and Health Council of New York City owing to the opposition of Roman Catholic Charities of New York and Brooklyn. Six months after the exclusion of the Committee, the New York Council, an insurgent slate of pro-Planned Parenthood directors took office and soon voted to admit the committee. Whereupon, fifty-three Catholic agencies resigned from the Council, a step which reduced the income of the Council by $20,000 a month and caused the chairman to remark three years later that its program was "going to hell."14

3. Nature's Own Method of Birth Control—The year 1932 was a turning point in the history of the Church's opposition to birth control. Prior to that date a family which desired to limit the number of its children had to choose between absolute continence and contraceptives. The so-called safe period or Rhythm method of birth control, first publicized throughout the United States in 1932, provided a practical escape from this dilemma. Best of all, it appeared to have been devised not by the mind of man but by nature itself, showing, as the Reverend John A. O'Brien says, "That God, working through the laws of nature, has made possible the regulation of the number of offspring by using her laws instead of abusing them."15 Nature's own method of birth control was discovered by two scientists, Dr. K. Ogino of Niigata, Japan, and Dr. H. Knaus of Fraz, Austria.

The rhythm method of birth control is based on the

14 Ibid., p. 48.  
15 Peterson, op. cit., p. 198.
ovulation cycle. If continence is practiced during the short period each month that mature ova are in place, in theory, conception can be completely avoided. However, the usual way of determining any woman’s ovulation cycle is to relate it to the overlapping menstruation cycle, and in fact this is more difficult than it might seem in the abstract. The method offers a satisfactory degree of protection against unwanted pregnancy to rigorously selected and carefully instructed wives who, with their husband, are intelligent and strongly motivated. These characteristics are not found in the majority of persons however, and the effectiveness of the method in preventing conception for these persons is not considered adequate.

Catholic writers after 1932 hark back to the tempus ageneseos, citing it as a precedent for ecclesiastical sanction of the Rhythm. They recall that a safe period has long been known to Catholics, and that a husband and wife under certain conditions and with the proper motives may confine intercourse to any such sterile period as may exist. The Pope comments that the pre-marital intent of restricting the right to intercourse to the sterile period would constitute an essential defect in a marriage but not so if the restrictive intent is limited only to the use of the right, a distinction of which the meaning is not altogether clear. Yet, the rhythm remains a method of birth control available to any woman who wishes to use it.
Even while the federal Comstock Law was being enforced against artificial contraceptives, the postal authorities never attempted to bar from the mails books describing the Rhythm. The initial reluctance of the Church to give official encouragement of the use of the Rhythm was not surprising in view of the essentially promiscuous implications of the Ogino-Knaus discoveries. The Church officially maintained a policy of silence on the subject until 1951, when Pius XII explicitly recognized the legitimacy of regulating offspring by recourse to natural periods of female sterility. The suggestion is that the Rhythm should be discussed only in private or before pre-marital groups when the priest can make certain that the proper safeguards are brought to the attention of the people concerned.\(^{16}\)

In view of the Pope's approval, any conflict which existed prior to 1951 to the present between the official and unofficial attitudes of the Church is now out of date.

C. Present Position

Catholic doctrine, no less than the birth control movement itself, has responded to the exigencies of controversy with a continuing elaboration of its earlier views. The sinfulness of contraception is a tenet of the Catholic faith which the Church proclaims by virtue of its

\(^{16}\)Fagley, op. cit., p. 184.
Like most secular contracts, the contract of matrimony offers, in view of the Church, certain benefits to the contracting parties. Of these, children are held to be foremost. When God instituted marriage in Paradise, he commanded the first husband and wife to "increase and multiply, and fill the earth." Since the Church exercises a so-called "exclusive" jurisdiction over the marriage relation, any conduct or creed not consistent with divine law as it may be declared by the Church will incur ecclesiastical censure.

Contraception is an evil, Pius XI said, because people avoid the burdens of offspring "not through virtuous continence but by frustrating the marriage act." Other ends are secondary or proximate in that they are an inducement to what Catholics regard as the more fundamental purpose of generating life. The third blessing of marriage, the Pope said, follows from its sacramental character. This arises not merely from the divine origin of matrimony as a means of procreating and rearing children but from "the very nature of wedlock" as a means of transmitting life. The only solution foreseen by the Pope to the evils threatening matrimony in our modern world is a return to the divine plan.

17 Genesis 1:28. 18 Sulloway, op. cit., p. 54. 19 Ibid., p. 55. 20 Ibid., p. 56.
To grasp the Roman Catholic view of marriage we need to see it in relation to the ends of marriage, the rights of marriage, the blessings of marriage, and the reasons for marriage. By end of finis operis, Catholic theologians, following the Thomistic version of Aristotle's teleology, mean the purpose or design built into the institution, the goal which marriage was planned to serve. The way the future shape and flowering of the plant are already embodied in the seed of corn suggests the idea.

The frequent use of the term "nature" or "intrinsic nature" reflects the concept of an inherent purpose with which God has informed marriage; a purpose which can be ascertained by analysis of the institution. By rights are meant the mutual obligations which flow from the marriage contract, and correspond to the natural ends, the "essential properties." By gods or blessings are meant the elements of grace which apply to true matrimony. And by reason or purpose, the finis operantis, is meant the motives and intention of the married couple, the ends they seek of their own will in wedlock. Each of these could be examined in more detail, but the author feels that this explanation is sufficient for an elementary understanding. We shall now examine some of the more recent papal allocutions, the concept of the natural versus the artificial, and the morality or immorality of the new birth control

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²¹Fagley, op. cit., p. 175.
pills.

1. Papal Allocutions--The rather abrupt halt in the development of the official position on periodic continence after the papal allocutions of 1951 strongly suggests a vigorous reaction from the pro-fertility group and their supporters. Two papal statements during the last year of Pius XII's life hint at the possible waning of contending groups behind the scenes.

   In January, 1958, in a talk before the Italian "large family" association the aging Pope delivered a homily containing a broad condemnation of "birth control" and decrying fears of overpopulation much in the manner of the pro-fertility advocates. But on September 12, 1958, he gave a brief address much more like the 1951 allocutions. He referred to the rhythm or Ogino-Knaus method of family limitation, stating that when this is "utilized for proportionately serious motives (which as yet have not been sufficiently explained) it is morally justifiable." Thus, the homily in January seems to have been a momentary and passing victory for the fertility cult.

   Meantime, the evidence that the days of this faction are numbered accumulates rapidly, not only because of the inescapable questions posed by world population pressures but also because of trends among the Catholic laity (to be indicated in the interview study, Chapters Four and Five.)

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22 Fagley, op. cit., pp. 185-186.
Such data as are available indicate declining Catholic birth rates in several of the more established countries, a phenomenon which Catholic students privately admit implies a wider resort to contraception. An increase in periodic continence, though not effective as yet, in many cases may also play a role.

Birth rates in Italy, Spain, and Portugal have now fallen below that of the United States. Studies in England and West Germany show a virtual equivalence between Catholic and non-Catholic birth rates. A 1957 census sample of 35,000 families in the United States indicates that the fertility of couples who call themselves Protestant may be slightly higher than the fertility of those who call themselves Catholic.\(^\text{23}\) All this points to the fact that there is lay disobedience, at least in the Western countries, to the traditional teaching on parenthood. Progress seems imperative at this point.

2. Natural Versus Artificial—Much has been made by Catholic publicists and others of the distinction between the natural birth control method of periodic continence (rhythm) and artificial birth control methods (contraception by the terms set forth earlier). Nature is to the Church a metaphysical concept, of which the physical world, including man, represents only a tangible manifestation. When God willed the existence of the universe, it is said

\(^\text{23}\) Tagley, op. cit., p. 186.
He embodied His decision in a set of rules which Catholics have denominated the divine or eternal law. Natural law, on the other hand, may be defined as that portion of the eternal law which God has permitted man to discover through the use of his reason. Human nature, like the physical world, is also believed to be ordered according to laws which when analyzed appear to be based on religious preconceptions.

The concept of nature in natural law implies a moral judgment. It is inherent in the Catholic concept of natural law that this body of law is binding upon all men regardless of religious belief. The condemnation of contraceptives is, however, a matter over which the Church can disclaim all ultimate responsibility or control. It does not make the law of nature, it says; it only promulgates and endeavors to enforce a law which it maintains has existed from the beginning of the world.\(^\text{24}\)

Contraception, as viewed by the Catholic, is an act which artificially deprives the expression of the noblest and essential purpose of the marital union of its primary significance, and accepts in place of that significance the personal and selfish satisfactions associated with the inter-sex act, by deliberately and effectively making impossible the fulfillment of the responsibilities which alone can justify and dignify those satisfactions within

\(^{24}\text{Sulloway, op. cit., page 60.}\)
the marital union. This description is applicable to contraception when practiced by the legitimate consorts in a marital union. When contraception is practiced by other than the legitimate consorts in the marital union, that practice super-adds to the seriousness of the sin of fornication or adultery, additional malice of another very serious sin against the natural law, namely, the malice of a sin of perversion of the conjugal act itself.\(^{25}\)

All of this seems to this author to confuse the differentiation important to Catholic thought. For science to provide the licit method with a "sufficiently secure basis," procedures as artificial as contraceptives may be involved, such as temperature charts, chemical tests for ovulation, possibly drugs to help regularize the feminine cycle, or drugs to induce ovulation more surely at the expected time. On the other hand, non-artificial methods of conception control, such as coitus interruptus (withdrawal) is strongly condemned by the Church. The differentiating feature from the Roman point of view must be that, in the case of periodic continence or intercourse, acts carried out in the same way that they would be if procreation were sought, in the fundamentally procreative manner of the act, without direct or overt hindrance to the possibility of conception, whatever the intent, makes this method licit for Catholics.

\(^{25}\) Fagley, op. cit., p. 186.
3. Birth Control Pills—It appears that the "enovid" pill may offer a way forward for Catholic policy. An English bishop, for example, has been quoted as saying that he thought the Church would not oppose oral contraceptives. But what he actually said was that the Church would not oppose, in his judgment, if the use of the drugs proved compatible with the law of God.26 Because the new oral contraceptive can be used to regularize a woman's cycle while she is taking the pill, there has been much discussion as to its bearing upon the "rhythm method." Dr. John Rock, Catholic researcher on the oral contraceptive, has said that "since the action of the pills seems to be completely physiological and in accord with human nature I believe their use for legitimate contraception is completely moral."27

The Catholic theologians who have made public pronouncements on the pill differ with Dr. Rock, however, on how freely a woman could be permitted to use them. In a pamphlet on "The New Sterility-Fertility Pills" by Hugh J. O'Connell, C.S.R., issued under the imprimatur of Joseph Cardinal Ritter, archbishop of St. Louis, the author observes, "Certainly the drugs cannot be used as a

26Eagley, op. cit., p. 186.

disguised form of contraception. Unless there is a condition present which the drugs are intended to cure, the woman cannot take the drugs through the whole span from the fifth to the twenty-fifth day of the menstrual cycle, for she is not regularizing her cycle, but is totally inhibiting ovulation. She has no fertile period at all.  

The Rev. John A. O'Brien, professor of theology at the University of Notre Dame, in a recent CBS television program, quoted a statement of Pope Pius XII of September 12, 1958, to the effect that if such pills are used on a doctor's advice for regularizing extremely irregular ovarian cycles, they are legitimate even if they involve temporary sterilization. The Pope also considers them legitimate, Father O'Brien said, if they are used to prevent miscarriage. 

Because Dr. Rock will probably be one of the key figures in any great change in the Catholic position on birth control, this author feels that it would be beneficial at this point to quote Dr. Rock and his point of view, especially concerning the oral contraceptive.

I have personally hoped that the recently developed oral pill, the first effective physiologic means of fertility control, would be accepted by the Catholic Church as a fully permissible method. The pill, a synthetic steroid, was developed by Drs. Gregory Pincus and M. C. Chang at the Worcester Foundation for Experimental Biology in Shrewsbury, Massachusetts, before I became associated with the clinical aspects of this investigation.

\[28^{28}\text{Spencer, op. cit., p. 18.}\]  \[29^{29}\text{Ibid.}\]
The pills prevent reproduction simply by modifying the time sequences in the body's own functions. The rhythm method, sanctioned by the Church, depends precisely on the secretion of progesterone from the ovaries, which action the pills merely duplicate. Therefore, the physiology underlying the spontaneous "safe period" is identical with that initiated by the steroid compounds. I have felt therefore, that when properly used for conception control, the pills serve as adjuncts to nature.

However, apart from approving the pills for therapeutic purposes, and permitting their use to establish menstrual cycles of uniform length with the intention of making the rhythm period more certain, Catholic moralists have not found sanction for the compounds in fertility control.

I am convinced that the Church has not concluded its examination of the morality of the progestational steroids when used for fertility control. The complex questions involved are still being studied, and the results are not clearly predictable.

The oral pills cannot be regarded as the only answer to the population problem. What is needed is an increased variety of techniques, suitable for use among peoples of many different social levels, cultural patterns and religious beliefs. A comprehensive federal research program needed to discover these new methods has the support of informed Americans of all faiths, including authoritative Catholic spokesmen. Moreover, officials responsible for the Government's huge medical-research establishment, budgeted this year at $880,000,000 indicate that they recognize the new climate of political feasibility for intensive fertility-control research.

Our nation still has time to throw its rich resources and skills into a constructive and comprehensive program to help mankind bring its over-abundant fertility under the limits of rational control. The more rapidly we exercise our option, the better for all of us.30

This thinking, it can be hoped, will set a precedent for the solution to the problem of birth control. However,

no dramatic new developments are to be anticipated in the evolution of the Roman position. Some reasonable expectations are: a gradual clarification of the "serious reasons," a greater stress on responsible parenthood, more vigorous research to make periodic continence a more reliable means of family planning, greater attention to educating the laity in this method.

It needs to be recalled that it took a century to develop the present position in regard to periodic continence, and that it was far from an easy task. So is the case likely to be in the future. Attention is now turned to a descriptive analysis of this interview study.
CHAPTER THREE

THE INTERVIEW STUDY--A DESCRIPTIVE ANALYSIS

A. Method

This study was conducted in the city of Missoula, Montana, in the summer of 1963. The interviewees were selected from the total membership of the two Catholic parishes in this city. A priest in each of the parishes was contacted, and with their cooperation it was possible to obtain a list of all the members of the two parishes. The confines of the one parish also included some rural farm areas on the fringes of the city. Some interviews were conducted in these areas, so that the study contains interviews obtained from rural-farm families, as well as rural non-farm families; that is, those persons who live in the rural area but are engaged in a non-agricultural occupation in the city.

The study can in no way be considered a random sample of the Catholic population in the city of Missoula. It is not the author's intention that this be the case, but rather that there be represented in the sample families embracing a variety of occupations, incomes, residential areas, and other social and religious criteria to be discussed later. The purpose of this thesis is not to provide statistics that can be reliable in pointing to percentages
adhering or not adhering to Catholic dogma concerning birth control, but rather to examine particular situations embracing different social and religious conditions. However, cumulative results will be relied upon to point to possible trends, both present and future.

In choosing the actual interviewees, probably the single most important factor was residential area. The city of Missoula is divided into what can be considered several residential areas. Interviews were conducted in each of these. Using this method, the author found that it was possible to obtain interviews with persons of varied social and religious backgrounds, as measured by occupation, income, religious status of both partners, amount of education, personal attitudes and feelings toward the Church, as well as residence. Utilizing this method, it is possible to make general comparisons between the answers of persons with different social and religious backgrounds.

For the purpose of clarity it is necessary to establish a criterion for social placement of these families, so that the above mentioned comparisons can be made. This author has arbitrarily divided these families in the following manner: Lower--persons who were either unemployed or living on relief, or earning an income of under $200 per month. (There were very few families in this category.) Working--common laborers, unskilled and semi-skilled workers. Skilled workers--it was found that there were
several persons in this particular study who had occupations that required some degree of skill, and in some instances, schooling. **Middle**—"white collar workers," clerks, school teachers, managers of small businesses, et cetera. **Professional—Large Business**—includes those businessmen earning in excess of $10,000 per year, and in general, all professional persons, e.g., doctors, lawyers, college professors, engineers, etc.

This classification is made only for purposes of this study. It would probably not prove an adequate one for the city of Missoula's general populace. These categories were arrived at only after examining each of the interviewees in terms of the above mentioned criteria. The classification will be used only for purpose of general identification and comparison.

The interview is reprinted in full on page 115. The section dealing with general information is for identification and classification. The author anticipated that the questions asked of each interviewee would indicate trends and patterns influenced by religious and social factors.

Because of the delicate nature of the interview subject, it was necessary to establish rapport with the interviewee regarding total decision-making processes within the family. It was found that by first obtaining discussion as to the general decision-making processes within the family, the interviewee was much more willing to discuss the matter
of birth control, family planning, and modern contraceptive devices.

The non-directed interview was necessary in order to allow the respondent to take the initiative in discussing the problem of birth control and contraception. It was felt that the simple response generally elicited from the direct-question interview would not allow the interviewer or interviewee to probe into the kind of depth necessary when discussing delicate subject matter. In addition, the interview was so structured that both attitude and practice could be examined.

It appears that the real test of an interview schedule is whether or not the desired information is being obtained. The author feels that the information received was both abundant and significant. It was discovered that these women were both willing and eager to discuss this subject if their anonymity was assured. Many of them admitted the problem the position of the Church created, and expressed desires that there be solutions to the problem.

To partially check the accuracy of the responses received, two subsequent interviews were conducted; one with a priest in one of the parishes, the other with a prominent gynecologist in town. The purpose of these interviews was to determine, from these respective standpoints, the attitudes and practice of the patient and parishioner,
as related to the doctor and priest. The assumption was made that if these results correlated with the results of the responses, then the accuracy of the responses could somewhat be tested, at least. These results will be reprinted in detail in Chapter Four.

This is briefly an analysis of the method used. Having established the method, it becomes necessary to examine some of the important problems and limitations of the study which must be understood before an interpretation of the findings and conclusions relevant to the findings can be examined.

B. Problems and Limitations of the Study

Social attitudes and personal opinions are psychosocial phenomena of considerable practical importance, but they are both intangible and unstable. Attitudes and opinions change, and hence are difficult to define in terms of statistics. Thus, a qualitative analysis is most difficult to obtain in dealing with subject matter of this nature.

When using the non-directive interview the interviewer finds it difficult to determine such things as how closely a person's verbal response reflects his inner convictions. The problem may be one of expression, or deliberate falsification.

In addition, the social scientist has not been able to define what kinds of questions should be asked in the
non-directed interview which would elicit honest response. The interviewer's function in non-directive interviewing is simply to encourage the respondent to talk fully and freely about the topic. The problem becomes one of creating a permissive atmosphere, which can be a tedious task.

Most research based on non-directive interviewing has been open to the criticism that the reader cannot "see" the order created by the interviewer. The conclusions may be based on adequate data, but perhaps the reader will not agree that the data has been interpreted correctly. "Intuition is useful in the search for creative ideas, but the demonstration of their truth cannot be founded upon any expectation that the intuition of others will come to the same conclusion."¹

In a study of this nature which deals with a delicate personal relationship, many problems arise in addition to the above mentioned difficulties encountered in a research interview study. In such a study, for instance, one might consider the interviews themselves very difficult to obtain. This was not the case in this study. There were approximately eighty homes contacted for interview; and with the exception of those persons who were not at home, there were only eight persons who refused to discuss the matter. In these cases, entrance was not gained.

After gaining entrance into the home, there was only one person who upon becoming acquainted with the subject to be discussed refused at that time to be interviewed.

Because the interviewer must use her own judgment in evaluating the accuracy of the responses received it is very difficult to effectively examine and interpret the findings. Generally speaking, however, it appears that these housewives were not, at least consciously, being untruthful in discussing these matters. The major difficulty in this interview may be that these women were having a hard time distinguishing between "what is" and "what ought to be." For instance, when a woman was asked how often she attended Church, she responded, "Oh, a Catholic must go to Church every Sunday." But she never would directly answer the question of whether or not she attended Church every Sunday. The incidence of such responses was not frequent but could be somewhat significant if all of the responses were governed by this philosophy of the ideal, especially if the ideal is the non-use of modern contraceptives.

It was further discovered that the possibility of rationalizations was very real and may have distorted the findings somewhat. For example, the majority of persons with very large families felt that the ideal size family was "just as many as I have had--or will have, we don't care how many children we have. If it's God's will, then
we'll take them and love them."

The question that must be raised at this point is whether or not these persons truly want or are happy with the large families that they have borne. It is possible that their reasons for large families are nothing more than rationalizations. However, it is impossible to probe into the psyches of these persons in order to determine whether their responses are rationalizations or honest evaluations of their situations.

Some of the interviewees were somewhat dubious as to the reasons why they were chosen for this questionnaire, and this may have affected their responses. For instance, a woman commented that "this was a pretty sneaky way for the priest to obtain his information." Still others would ask whether or not Father X "sent you to spy on me." Therefore, it was necessary to completely assure these women that their backgrounds had not in any way been explored for the purposes of this study and that they were nothing more than an address on the interviewee list. Most of them seemed perfectly satisfied with this explanation and were willing to answer the questions.

On the other hand, some of the women were very eager to be interviewed on this subject. In one area it seemed as though the word had gotten around as to the subject and nature of the interview, and the interviewer was greeted at the door: "I was talking to Mrs. X and she told me all about you. I was hoping you would come here because this
subject presents quite a problem among us (Catholics) you know." It can be seen from these brief observations that while the subject in some ways limited the possible accuracy of the responses, at other times, it enhanced a full and honest evaluation not only of the problem but of possible solutions—either as predicting future trends as laid down by the authorities or as actual advice.

It is necessary at this time to mention one or two additional more technical limitations to this study. In the first place, the responses are completely void of male opinions (except as they influence their spouses, to be discussed in suggestions for further research.) However, it is felt that this limitation can be discarded by stating the purpose of this study to be the acquisition of female responses only—admitting that the outcome and significance may be entirely altered by male opinions.

Secondly, the interviewees were all chosen from a list of members listed as "active" in the Church files. In other words, there were practically no persons who classified themselves as "nominal Catholics" only. The response to Section II of the interview schedule indicated that most of these persons were regular Church-goers and considered themselves to be "average Catholics" at least. For the most part, even those who considered themselves to be "poor Catholics" attended Church quite regularly and avowed a faith to the doctrine and teachings of the Church. Usually
the laxity was in the area of finance and participation in outside Church organizations, e.g., Altar Society, Study clubs, and so forth. Therefore, those persons who are not listed as active members of the Catholic Church, and those persons who have, for some reason withdrawn membership from this Church, are not included in this study.

Another possible limitation may lie in the area of misunderstanding of these women as to the doctrine of the Church concerning birth control—just what they may or may not do in light of changing interpretation of laws by the Church authorities. This presents problems in determining whether practice in some cases is due to defiance of Church rules or ignorance concerning these same rules. For example, a woman who was using the birth control pills, "enovid," insisted that Catholic women could use these pills "because they were founded by a Catholic Doctor." She had been informed of this by her friends, and although this may have been a rationalization, it is entirely possible that the woman was ill-advised as to birth control doctrine. These types of responses may make evaluations of attitude and practice difficult at times.

Finally, a word of caution is necessary concerning the subject matter itself. As stated in Chapter Two, papal pronouncements on birth control have undergone a slow but gradual change in interpretation. This presents difficulties not only in the minds of the interviewees but also in
the structuring of questions concerning this subject. The author attempted to structure the questions so that the interviewees were given a chance to volunteer information as to what they believed the present doctrine to be, and whether or not they thought this doctrine was in a process of change.

C. General Evaluation of the Study

Of paramount importance was the impression which this author had of the eagerness with which these women met with and discussed the problem, as both related to themselves and to the society and international problems. It seemed that the fact that this subject was being pursued made a direct impression upon them. Perhaps they were contemplating that finally someone was trying to discover the realities of the problem and that this would be the beginning of improvements for the Church and their individual problems. Regardless, this eagerness must be considered important to the results and conclusions of the study. It is felt that the answers received indicated a certain honesty which any social scientist would find desirable.
CHAPTER FOUR

THE GENERAL FINDINGS

There were seventy-seven interviews conducted in this study, and the results were both significant and confusing when the author began to organize the data. Although it was possible to partially predict some responses if certain social and religious criteria were established, general trends and patterns were not established in the way the author had originally anticipated. (See page five.) Before discussing in a precise manner the more important results of the study, it is deemed necessary to classify the interviewees according to the criteria listed in Sections I and II of the interview schedule.

I. Classification of the Interviewees

A. Age and Number of Years Married—The average age of the interviewees was 40.6 years for the females and 43.0 for the males. It is more important, however, to examine the number of years married for each couple in order to determine the meaning of the number of children per family. This average was 20.0.

B. Number of Children—The distribution of children according to the number of years married for the parents is as follows:
TABLE ONE

DISTRIBUTION OF CHILDREN ACCORDING TO NUMBER OF MARRIED YEARS

<table>
<thead>
<tr>
<th>Years Married</th>
<th>Number of Interviewees</th>
<th>Average Number Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>5-10</td>
<td>11</td>
<td>3.1</td>
</tr>
<tr>
<td>10-15</td>
<td>16</td>
<td>5.0</td>
</tr>
<tr>
<td>15-20</td>
<td>15</td>
<td>4.7</td>
</tr>
<tr>
<td>20-25</td>
<td>13</td>
<td>4.6</td>
</tr>
<tr>
<td>25-30</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>over 30</td>
<td>9</td>
<td>5.1</td>
</tr>
<tr>
<td>Totals</td>
<td>73</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Excluded from this total are three widows and a divorcée. According to these statistics, the average number of children per family of ten or more married years is 4.6. It can be seen that when those persons who have been married for less than ten years are excluded, the average number of children per family remains relatively stable for the remaining groups.

C. Social Class, Occupation, Income and Education--

1. Occupation--The following is a classification of the interviewees into social classes according to the criteria set forth on page 43.
TABLE TWO
DISTRIBUTION OF INTERVIEWEES ACCORDING TO SOCIAL CLASS

<table>
<thead>
<tr>
<th>Class</th>
<th>Number Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>lower</td>
<td>2</td>
</tr>
<tr>
<td>working</td>
<td>17</td>
</tr>
<tr>
<td>skilled</td>
<td>13</td>
</tr>
<tr>
<td>middle</td>
<td>28</td>
</tr>
<tr>
<td>professional</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
</tr>
</tbody>
</table>

This is not intended to be a random sample of the Catholic population, but rather a fairly even distribution of each class for purposes of comparison. There is an obvious over-representation of the professional and middle class, which would not be found in a random sampling.

2. Income—The following table indicates the monthly salary of the interviewees in the sample:

TABLE THREE
DISTRIBUTION OF INCOME BASED UPON MONTHLY SALARY

<table>
<thead>
<tr>
<th>$ Per Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-300</td>
<td>2</td>
</tr>
<tr>
<td>3-400</td>
<td>9</td>
</tr>
<tr>
<td>4-500</td>
<td>11</td>
</tr>
<tr>
<td>5-600</td>
<td>16</td>
</tr>
<tr>
<td>6-700</td>
<td>7</td>
</tr>
<tr>
<td>7-800</td>
<td>2</td>
</tr>
<tr>
<td>8-900</td>
<td>6</td>
</tr>
<tr>
<td>over 900</td>
<td>14</td>
</tr>
<tr>
<td>retired</td>
<td>3</td>
</tr>
<tr>
<td>refusals</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
</tr>
</tbody>
</table>
Again the table appears to be statistically skewed (over-representation in the $900 and over category), so that evaluation of average salaries is impossible and irrelevant. However, it is interesting to note that the average salary per family is $753.00 per month, which is far in excess of any kind of income average, national or local.

3. Education—Another criterion which must be examined to determine class position in relation to the subject of this thesis must be that of the number of years of completed schooling.

<table>
<thead>
<tr>
<th>Number Years Completed</th>
<th>Number Interviewees Male</th>
<th>Number Interviewees Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>9-10</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>11-12</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>13-14</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>15-16</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>over 16</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Average number years completed</td>
<td><strong>13.7</strong></td>
<td><strong>13.1</strong></td>
</tr>
</tbody>
</table>
D. Mixed Marriages--

TABLE FIVE

DISTRIBUTION OF MIXED MARRIAGES

<table>
<thead>
<tr>
<th></th>
<th>Mixed</th>
<th>Non-Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband Non-Catholic</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Wife Non-Catholic</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

Totals 14 63

E. Church Attendance--It is a mortal sin within the Catholic Church to miss Sunday mass except in cases of emergency. The following table represents church attendance according to the interviewees' responses. One might, with justification, question the accuracy of the responses in view of this Church doctrine. However, it can be observed that the responses concerning attendance more frequently than Sunday Mass will sufficiently enable us to distinguish between the devout church-attender and the normal church-attender.
TABLE SIX
CHURCH ATTENDANCE AMONG INTERVIEWEES

<table>
<thead>
<tr>
<th>Frequency of Attendance</th>
<th>Number Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>daily</td>
<td>4</td>
</tr>
<tr>
<td>occasionally during the week</td>
<td>15</td>
</tr>
<tr>
<td>every Sunday</td>
<td>51</td>
</tr>
<tr>
<td>&quot;as often as possible&quot;</td>
<td>6</td>
</tr>
<tr>
<td>seldom</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
</tr>
</tbody>
</table>

F. Membership in Church Organizations

TABLE SEVEN
DEGREE OF MEMBERSHIP IN CHURCH ORGANIZATIONS

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>two or more</td>
<td>29</td>
</tr>
<tr>
<td>Altar Society only</td>
<td>21</td>
</tr>
<tr>
<td>none</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
</tr>
</tbody>
</table>

Membership in church organizations is deemed to be desirable and may be important in indicating degree of devoutness, which may affect use or non-use of contraceptive devices. Membership in the Altar Society is automatic for all Catholic women, but is listed separately for comparison. The author is assuming that attendance at meetings of automatic membership indicates stronger
organizational bonds than none and lesser than membership in voluntary Church organizations.

This is a classification of the interviewees' responses to the general information section of the interview schedule. The tables will be referred to throughout the remainder of the thesis.

II. Responses to Questions of Family Planning and Contraception

The following indicate responses to Section III, C, in the interview. The interviewees' responses did not fit into the neat categories that the tables might indicate, e.g., completely planned, semi-planned, et cetera; rather, this is the result of the author's analysis of the responses to make classification more concise.

A. Family Planning

1. Degree to which families should be planned—Results obtained from the question, "How do you and your spouse feel about family planning?" are as follows:

<table>
<thead>
<tr>
<th>Degree of Planning</th>
<th>Number</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>completely unplanned</td>
<td>31</td>
<td>40.2</td>
</tr>
<tr>
<td>semi-planned</td>
<td>20</td>
<td>25.9</td>
</tr>
<tr>
<td>planned</td>
<td>13</td>
<td>16.8</td>
</tr>
<tr>
<td>planning &quot;desirable but impossible&quot;</td>
<td>13</td>
<td>16.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>70</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The responses which have been classified "desirable but impossible" include those people who felt that the ideal would be family planning, but because of Church dogma, the strong feeling of adherence to it, found it impossible to notice. Yet, in their estimation, the other alternatives were not acceptable.

2. Size of Family--In order to determine family size in relation to desirability and ideal, the following questions were asked:

a. How many children did/do you wish to have?

<table>
<thead>
<tr>
<th>Number Desired</th>
<th>Number Interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>over 7</td>
<td>6</td>
</tr>
<tr>
<td>&quot;take them as they come&quot;</td>
<td>10</td>
</tr>
<tr>
<td>no attitude</td>
<td>16</td>
</tr>
</tbody>
</table>

Thirty-two percent (twenty-one) of these actually had the number of children they indicated they desired, sixty-eight percent (forty-three) did not. Excluded from these percentages are those who responded "take them as they come," and those who had no attitude as to a desirable number, as there was no way of determining actuality in these instances.
A limiting factor presents itself at this point when one considers included in these numbers those young people who have not yet completed their family size. In this particular study however, the number would not significantly alter the results.

b. What, in your estimation, is the ideal size family?

**TABLE TEN**

**NUMBER OF CHILDREN CONSTITUTING THE "IDEAL"**

<table>
<thead>
<tr>
<th>Ideal Number</th>
<th>Number Respondents</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>5</td>
<td>6.4</td>
</tr>
<tr>
<td>4</td>
<td>23</td>
<td>29.8</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>12.9</td>
</tr>
<tr>
<td>6</td>
<td>12</td>
<td>15.5</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>&quot;whatever you can raise&quot;</td>
<td>22</td>
<td>28.5</td>
</tr>
<tr>
<td>Totals</td>
<td>77</td>
<td>100.0</td>
</tr>
</tbody>
</table>

According to this table, 6.4 percent of the interviewees desired three or less children, the remainder (93.5 percent) four or more. Because "whatever you can raise" can be interpreted to mean anything from zero to the fecundity of the female, it becomes very difficult to evaluate these responses. However, it was the author's impression from these particular responses that they generally meant many children, with a few exceptions.

When comparing Tables Nine and Ten, it can be seen
that four is statistically the most frequent number of children desired. However, in Table Ten, few interviewees will cite seven or more as being "ideal" size families, even though many of them in actuality have larger families.

B. Birth Control Attitudes, Practice

In the statement of purpose in this thesis both the attitude toward and practice of birth control and contraception were deemed important in understanding the problem. That these two phenomena would not be identical must be assumed. However, the ways in which there is divergence is not so firmly established.

1. Approval - Disapproval—The following table indicates attitudes toward birth control in terms of approving or disapproving of contraceptive devices, with a few qualifications:

TABLE ELEVEN
ATTITUDES OF INTERVIEWEES TOWARD BIRTH CONTROL

<table>
<thead>
<tr>
<th>Type Approved</th>
<th>Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>any, unless physically harmful</td>
<td>7</td>
<td>9.0</td>
</tr>
<tr>
<td>pill, with Dr.-Priest recommendation</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Church condoned</td>
<td>53</td>
<td>68.8</td>
</tr>
<tr>
<td>abstinence only</td>
<td>3</td>
<td>10.3</td>
</tr>
<tr>
<td>none</td>
<td>5</td>
<td>7.7</td>
</tr>
<tr>
<td>uncertain, &quot;mixed emotions&quot;</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The one misleading category in this table may be
that of "pill, with Dr.-Priest recommendation." The three responses were those who were using this contraceptive with the alleged recommendations. Probably many in the "church condoned" category would approve of this arrangement also. There were some limitation in attitudes, therefore, of 90.0 percent of the interviewees.

2. Use - Non-Use--When asked whether or not any form of contraceptive device had ever been used, sixteen or 20.7 percent of the interviewees answered in the affirmative. The remainder, sixty-one (79.2 percent) did not admit to ever having used any form of modern contraceptive device.

It is now necessary to examine some of the more specific ramifications of these responses.

Of the six uncertain or "mixed emotions" responses in Table Eleven, none had used any form of contraceptive device. All of those who completely approved (category 1, Table Eleven) admitted to having used these methods frequently. This indicates therefore, that nine or 56.2 percent of those who used contraceptive devices did not approve of this use in terms of attitude.

A portion of the following interview is indicative of this kind of situation:

I don't approve of any contraceptives. Rhythm is all right if it works, but it doesn't with me. You can't regulate a cycle if you're having babies every time you turn around. I know about it, I just don't approve of it. (Question: Have you ever used contraceptives?) My husband uses a condom now. I feel guilty, so much that I can't sleep some times, but I can't afford any more kids.
These women admit to experiencing guilt feelings. But their reasons of finance and inconvenience outweigh religious pressure (to be discussed in the following chapter). However, the average number of children per family of those admitting to use is still 4.3, which isn't much lower than the over-all average of 4.6.

C. Influence of Social and Religious Factors on Attitudes and Practice—

Having established the attitude and use or non-use of contraceptives, it becomes a task to determine the influence of social and religious factors upon these. Rather than make a detailed examination of each of the social and religious factors, this author will arbitrarily choose representative opposing attitudes, and then examine them in their social and religious contexts.

Case One -- Wife 45, husband 47, married 19 years, owner of large ranch, estimated income $20,000 per year, four children, husband and wife both B.A.'s, wife convert, church attendance weekly, membership in no groups, frequent contraceptive use.

Case Two -- Wife 43, husband 48, married 20 years, ranch owner, repair shop in town, estimated income $16,000 per year, three children, husband and wife both two years of college, both always Catholic, church attendance weekly, sometimes daily, membership in church organizations, no contraceptive use.

Case Three - Wife 27, husband 28, four children, married 6 years, fireman, $3-400 per month, wife registered nurse, husband three years college, both always Catholic, attends church seldom, no organization membership, contraceptive use regularly after birth of last child.
Case Four - Wife 27, husband 31, seven children, married eleven years, truck driver, $500 per month, wife three years high school, husband high school graduate, wife convert, church attendance sometimes daily, always on Sunday, membership in church organization, no contraceptives.

Case Five - Wife and husband both 38, six children, married 19 years, warehouse worker, $450 per month, neither completed high school, husband not Catholic, married outside church, wife excommunicated, attends "almost always," no membership in organizations, frequent contraceptive use, "I won't have any more children."

Case Six - Wife 50, husband 53, nine children, farm hand, $350 per month, wife high school, husband grade school, both always Catholic, attendance weekly, sometimes more often, altar society member, no contraceptives.

Case Seven - Wife 49, husband 52, six children, married 26 years, owns business, income over $30,000, wife one year college, husband high school, husband non-Catholic, attendance weekly, no organizations, contraceptive use, "firm believer."

Case Eight - Wife 40, husband 44, three children (one adopted), married 17 years, M.D., $30,000 per year, wife registered nurse, both always Catholic, attend during the week whenever possible, membership in numerous organizations, "violently opposed" to contraceptives.

An examination of these eight cases will reveal the problems in trying to establish a relationship between social class and contraceptive use. None of the criteria (occupation, income, education) used in this study to determine class operates independently in indicating the direction of contraceptive attitude and use.

For example, the income in cases I, II, VII, and VIII is relatively high. Yet there is no pattern concerning
contraceptive use in these cases. This is true throughout the interviews in the complete study. If there is a discernible trend at all among high income families, it is not different in any way from the general trend, e.g., 80 percent non-use, 20 percent use.

The same is true for the other criteria—occupation and education. Neither the type of occupation nor the number of years of completed schooling indicate the direction in the use or non-use.

Of dubious importance to the study as a whole but of much interest to the casual observer are the responses of the wives of medical doctors, including dentists. With the exception of one attitude of "mixed emotions," five of these women, as representatives of doctor's wives, were opposed to contraceptive use almost to the point of violence on the part of a few. For example:

It made me so mad when they started making it (birth control) a political affair. Big families are more solid I feel. . . . Even Catholics are raising children who have no backbone. Rhythm is as effective as the others. The pill definitely has its dangers. You read that in Medical Journals.

When examining religious factors—church attendance, and membership in church organizations—a much more definite pattern develops. Because these factors emerge as the single most important finding, they will be discussed in detail in Chapter Five. However, the following briefly illustrates quantitatively an analysis of religious identification.
One hundred percent of the nineteen interviewees who said they attended Church more frequently than every Sunday and Holy Days of Obligation did not use or approve of contraceptive devices. Of the twenty-nine interviewees who belonged to two or more outside church organizations (in addition to Altar Society), only one response indicated contraceptive use. Similarly, of the twenty-seven responses to "no church organizations," eleven or 40.8 percent admitted to use of contraceptive devices. This percentage is obviously much higher than the total study percentage of contraceptive use (20 percent).

Finally, the author found in the results a pattern concerning mixed marriage responses. Only one of the women interviewees was non-Catholic and this one case admitted to the use of contraceptives. Of course, one case is not conclusive or even indicative evidence, but is of interest nevertheless. However, in the study there were thirteen cases of the husband being non-Catholic. Of these, seven, or 53.8 percent used contraceptives, while five of these seven disapproved, even though they were utilizing these methods.

D. Additional Factors Affecting Use and Non-Use--

Before leaving a discussion concerning practice, it might be well to point to two additional factors affecting the use or non-use of contraceptive devices. These factors are: (1) fear of contraception as being physically harmful,
with a special concern shown toward the pill; and (2) the association of contraceptive use with the enhancement of immorality.

Several of the interviewees indicated that although they didn't consider contraceptives to be morally wrong, there was a question as to both an effectiveness and safety of these. For example:

I don't really agree with the use of them and especially the pill. On moral grounds and I don't think it is proven enough. I think some people when they get old are suddenly going to find themselves with no family.

No pills for me. I'm scared of those things.

I don't approve of that enovid thing because I don't think it is a safe thing for people to be using. My daughter and her husband use it and she quit because it was giving her pains in the arm.

A few of the women said that they felt that the use of contraceptives makes immorality much easier. Therefore, non-use acts as a protection against immoral behavior. For instance,

I never have used artificial means of birth control. It is so much easier to be immoral in this way, I feel.

I have never used them and I am opposed to them. I think they have had a very deliberate effect upon the morals of this country. Promiscuity is far more prevalent and accepted than it was say twenty years ago. Because people feel that contraceptives are safe against the danger of conception out of the married relationship and nobody has to assume any responsibility. And it has an effect upon the enormous amount of abortions.

These are some of the results in response to questions of family planning and contraception.
III. The Check -- Priest and Doctor

A priest and a doctor (Gynecologist) were interviewed for the purpose of testing the adequacy of the responses. (See page 45.) The results of these interviews follow.

A. The Doctor

Question: Do many Catholic women come to you seeking information about birth control?

Answer: Quite a number.

Question: Do they ask about contraceptives or Catholic-condoned methods? (Rhythm and the fertility tester.)

Answer: Well, both, we have a group of very ardent Catholics who will use nothing. But there are some Catholic patients who are using other methods. I think the pill is the most common one that they are using.

Question: What is your opinion of the rhythm method and the fertility tester? Do you think they are effective under any conditions?

Answer: It doesn't help a darn bit. I have the same objection of the fertility tester as I do the rhythm. The fact is that if the sperm are still living at the time the egg is released it doesn't matter how much they test the vagina. However, it does depend upon the fertility of the couple. I do not mean to imply that the rhythm is of no value. But the sperm count is the most important thing. The only way you can tell is by trying, and the penalty of failure is a pregnancy.

Question: Do you personally think the Catholic Church is becoming more liberal in its attitudes toward modern contraceptive devices? What trends do you see for the future?

Answer: Yes, I think so. The article in the Post by Dr. John Rock who is a Catholic points up to this
fact. He was instrumental in the research on the enovid pill. The intent is the whole basis of the Catholic religion. I have a number of Catholic women on pills. They approach it from the standpoint of regulating the menstrual period. However, we are the ones that set the time that it takes to regulate the cycle. We insist that everyone stop at the end of about two years to let the hormone system come back into balance anyway, so . . .

Question: Would you estimate the number of Catholic women who are using modern contraceptives? Have you noticed any particular socio-economic trends concerning this kind of woman?

Answer: I couldn't, and I don't think you could find an accurate figure on that. My opinion would be worthless. I am known as being Protestant and a great many Catholics won't come to me. My opinion would be completely colored. . . . I see a trend in the women who are using contraceptives. I am very sure that there are a lot more women using them now than there were twenty-three years ago when I started my practice in this town. Their argument is "I know the Church doesn't approve but we simply have to limit our family and this is one place where we don't agree with the Church." I think they are no longer allowing the priests to make their decisions for them. Most of them are better educated women. . . . What generally happens if it is a mixed marriage is that the husband generally used condoms if the wife is Catholic, and if vice versa she will generally sneak in a diaphragm or other type of contraceptive. The Catholic party usually has a guilt complex if they use these measures. They are afraid of what is going to happen in the hereafter. Many who use them feel that this is one place where the Church is wrong. I don't ever encourage anybody to use contraceptives, particularly Catholics. I never approach a Catholic on the subject. I say, "are you sure that your conscience will permit this?" This is the problem.

It can be seen by an examination of these responses that the doctor is well aware of the limitations to the answers he might give. This author feels that it is
significant to note the discussion on mixed-marriages, and guilt feelings that ensue because of contraceptive use.

B. The Priest--

Question: Do you feel that the situation in mixed marriages makes for a difference in the type of decisions that are made in such things as family planning, birth control, etc.?

Answer: Family planning is taken up by the non-Catholic in the promises. One of the promises is that they will do nothing offensive to the moral law. Family-planning is not the problem that it used to be. There are a number of promising means of birth control. Rhythm, and the fertility-tester are examples. With the thoughtful progress of science there seems to be less of a problem. In general, I would say, I think there should be no more basic differences in policy-making in a mixed marriage than in a Catholic marriage.

Question: Do you feel it is more difficult for a Catholic married to a non-Catholic to adhere to the regulations of the Church on, for example, birth control? Do you feel that there is much divergence from this Church dogma among both Catholics and non-Catholics?

Answer: Eighteen of forty marriages in the Church last year were mixed marriages, and this year so far it is running about two to one. With rhythm and the fertility tester this doesn't work such a hardship as it used to before science made such contributions.

Question: Do you feel the rhythm method is effective?

Answer: If the woman is regular in her cycle.

Question: What, in the Church's estimation, is the ideal size family?

Answer: The size of the family is entirely their own business and not that of any priest. (Please quote a priest as saying this.) This should be determined by what their income is, what share of God's goods they enjoy, and what they can do for the family. If I were married and not a priest, I personally think that I would like
four children. Two boys and two girls. I think that is a nice size family. Every boy should have a sister and every girl should have a brother.

Question: Will Church dogma concerning birth control be changed in the future?

Answer: There can be no change in the Church's policy of artificial birth control because we hold that to be against the natural law, and that can never be changed. But we do look forward to the assistance of science in being able to pinpoint exactly for every woman at what time she will be able to conceive.

The problems of birth control and the effectiveness of Church-condoned methods seem to indicate some correlation between the attitudes of priest and parishioner. There is, by the same token, obvious disagreement concerning effectiveness and basic morality. This will be clearly demonstrated in the following Chapter.

These checks are inadequate as complete verification of responses. They demonstrate, however, the problems of doctor, patient, priest, and parishioner.

IV. The Future

The author has found that the Catholic interviewee is preoccupied with two problems when considering the future: first, the Church's changing position; and second, the role that science will play in future birth control methods.

It should be recalled that in the interview with the priest he stated that "we do look forward to the assistance of science in being able to pinpoint exactly for every
woman at what time she will be able to conceive." He further mentioned that the "thoughtful progress" of science has already been helpful with its contributions in the form of the rhythm method and the fertility tester. (See page 71.)

This attitude is reflected by many of the parishioners. For example:

I think they (the Church) will come up with better ideas. More scientific after a while.

I do feel that research could be done to make rhythm a more effective method. For instance, the pill. Safe and effective regulation of the rhythm processes would be perfectly legitimate.

Many of the interviewees were both concerned with the future position of the Church and eager to express opinions as to the changes that will or will not be made. There is an awareness on the part of the majority of the interviewees of reality, especially that there is and will continue to be a world population problem. With this an inevitable reality to them, they feel that the Church will and must change its position in the future. For example:

I think the Church is going to change. I think they are behind the times. Physically and healthwise, it is terrible to regard your life so little because the Church says you must project yourself.

I very definitely do think the Church will change its stand in some way. It has to when you think of the world population problem. If there is some way that they could help poorer families. Even education would help a lot. Some women don't even know what the word "rhythm" means.

This rather humanitarian approach was assumed by several of
the interviewees. However, a great number, especially those very devout Catholics, can foresee no future change in the Church's position because it would oppose the "natural law of God." Or limitations will have to remain within "natural means" as shown in the following statement:

I do feel that the Catholic Church will differ in the way of thinking about birth control, if it is within natural means that is.

I don't believe that it (the Church) will become more liberal. It will have to be within the rhythm cycle if it is.

An unyielding faith in the direction of the Church's policy is manifest in the following manner:

I think the Church will be reasonable and deal with those things the way that they should be. I have great faith in what the Church will do.

If the Church recommends change, that is different. I wouldn't go against the Church.

An examination of the above statements as examples of the entire study seems to indicate a divergence of opinion on the subject. However, the majority of the interviewees did indicate a hope for future change or at least a resignation to the fact that whatever the Church does will be all right.

To summarize, the general findings of this study revealed that family planning and birth control attitudes and practices were primarily dependent upon the interviewee's identification with the Church, based upon the criteria of Church attendance, membership in Church organizations, and personal evaluation. The influence of social
factors was negative in most instances.

However, the majority of the interviewees expressed the desire that the Church's position on birth control will continue to undergo permissive changes, in the future.

A complete examination of all the results of the study is impossible. The next chapter will deal independently with the factor of religious identification as an index to contraceptive attitude and practice.
CHAPTER FIVE

IMPORTANCE OF RELIGIOUS IDENTIFICATION

In order to examine the importance of religious identification it becomes necessary to probe beyond the interpretation of surface responses and their manifestations in the form of statistics. In the statement of purpose in this study the author indicates a desire to examine particular responses in relationship to the social and religious factors of the cases. Having established in Chapter Four that a relationship between social factors (income, occupation, education, residence) and birth control attitudes and practice is not discernible, the task becomes one of precise examination of responses in terms of the sole common criterion—affiliation with the Catholic Church.

In other words, one must strive to find what kind of an identification with the Church becomes necessary in order that the individual adheres to the doctrines of the Church as understood by him. This relationship can be established by examining the responses of the interviewees to the questions asked in the interview schedule. Then, by relating this to their responses which indicate degree of devoutness according to the criteria set forth in the interview schedule, the importance of religious identification
can be understood. Generally speaking, the discussion will center around two broad areas: (1) The relationship between degree of planning, number of children desired, ideal size family, and adherence to Church doctrine, and (2) The relationship between birth control attitudes and practice, and adherence to Church doctrine. The author will attempt to show in each of these areas that there are those interviewees who adhere to the natural law of the Church and those who completely disassociate themselves with the Church's position. It will further be shown that this identification is responsible for both attitude and action.

I. Relationship Between Degree of Planning, Number of Children Desired, Ideal Size Family, and Adherence to Church Doctrine

A. Natural Law

There appears to be no religious group existing today which advocates marriage under all circumstances for all people, or the bearing of an indefinite number of children in the name of natural law, or God's will. However, the responses of many of the interviewees seem to indicate a willingness to accept the children sent by God, and to do nothing to interfere with this natural phenomenon, if there is a marriage relationship. Tables Nine and Ten (pages 60-61) demonstrate this attitude in the responses "take them as they come" and "whatever you can raise." For example, one interviewee responded in the following manner when
asked how many children she wished to have:

I always thought four would be ideal. It isn't too large or too small, but they can give and take without too much responsibility on the parents. I did wish to have four, but I wish to have all eight now.

Still another replied:

No, I don't think families should be planned. I suppose because I didn't. I just accept the children as they come along and am very happy to have them. Somehow I always felt I might have two. I got fooled.

(Four.)

In examining these responses one can see a pattern of passivity. Natural law prevails and the will of God manifests itself in the total number of children borne to the Catholic couple. It therefore becomes impossible to plan a family. An attitude toward family planning in these cases becomes disallowed. For example:

Well, I feel they can't be planned. I think that is completely out of your hands. I never even think about it.

We just more or less take them as they come. I don't think you will ever get more than you can handle, so I kind of leave it up to God. The kids always want more.

Being Catholic you can't very well plan them if you go along with the teachings of the Church.

This isn't to say that these women many times do not have attitudes as to planning, but if they do have an opinion it becomes flexible as "nature takes its course."

As one woman very candidly illustrates this point:

I never really particularly cared if I had even the first one. I'm just not the motherly type to be perfectly frank. I love my children dearly however.

Most of the women have not completely disassociated
themselves from the problems of the time in which they are living. Therefore, many of them responded to the question of degree of family planning by stating that planning probably is "desirable but impossible."

Boy, I'll tell you, if you are living within the Church's laws, I think it is impossible to plan. I think the good Lord takes care of things His own way. I think it would be ideal if you could plan, however.

This woman is saying that the "good Lord's will" and the ideal are not the same. Whether or not this is true, however, is not important because if it is God's will it is unchallengeable by man. Still another interviewee distinguishes between the normative and the categorical by stating that:

Our biggest problem has been along these lines, of course. It is hard to limit your family if you are Catholic. I kind of agree that families should be somewhat planned however. It depends upon a lot of things like income, and the parents, and their feelings about children.

Some Catholic families seem to identify with the Church's position of natural law to the point that they find distinctive disadvantages to family planning. For instance,

I haven't given it much thought really, but I think people spend too much time planning and a new one comes along and it ends up in a lot of fights. That is true in Protestant families especially.

By examining the above examples it can be seen that these families find family-planning either undesirable, impractical, or impossible because of an identification with the Church's position of natural law which can in no
way be altered by man.

Because of an attitude of resignation of the natural law of God, there seems to be a distinct mental adjustment in regard to the uncontrollable family size. The results in response to ideal size family indicate that very few persons feel more than six children are desirable. Yet, many interviewees expounded upon the virtues of very large families. However, those who had the very large families (over six) never felt them to be ideal, except that they became completely satisfied with their own situation. For instance,

Well, I think you should accept your children as God gives them to you. I didn't plan on the last one. But we have more happiness every time another child arrives. It does mean more physical labor for the mother, however, unless she is a better boss than I am.

You are kind of given what you are given. Well, I feel that in large families they learn to share better and get value out of each other more than small families. There is more family lives.

The kind of emotional adjustment of which the author is speaking is further characterized by the following statements:

When you get married you can't determine. It is up to the couple. If they are the loving kind, it happens. You never plan for a big family but most Catholics get it sooner or later anyhow. Business people it is easier for. They know what is coming. My husband wanted four. I didn't care. I was raised with a big family. If they come, all right, that is why I got married.

We would like to plan, but it doesn't always work out that way. The three we have were very unplanned, but we are glad to have them. Now we are planning more.
My husband would like about five. We would like a pretty big family.

These examples indicate that the interviewees feel that the distinct advantages of the large family outweigh the disadvantages that might accrue.

The above responses were from the women who considered themselves devout members, attended daily or frequently during the week, and who belonged to outside church organizations. The examples chosen are representative of the entire group of very devout members.

B. Attempt at Justifying God's Law and Reality

That it becomes difficult to justify the natural law of God and reality is clearly shown in the obvious contradiction in response received from some of the interviewees. For instance:

God has instilled in us the ability to have children and some He has restricted, and some He has taken away. I feel that it is in God's hands. I don't feel He would give you more than you can cope with or less than you can take. I don't feel that if you are unable emotionally to take care of them you should have them.

An examination of this statement reveals that "God won't give you more than you can cope with" but "that you shouldn't have them if you are unable emotionally to take care of them." It is interesting to note that this woman feels she is a "half-ass" Catholic. This author assumes that by this statement she means that she could be more devout than she actually is.

Many times the respondents would wish human
limitations on the plan of God as is shown in the following statement:

We never plan the children in any way. We let God give us the children. My husband would like a dozen if we could afford it. I always tell him it's God's way. However, I hope I don't have any more. I'm too old now, but one never knows, I just can't say.

The following interviewee states that although the Lord should plan her family, other persons perhaps should plan theirs:

I think the good Lord planned our family and I must say I feel He did a fine job. We are very happy with the children that we have. However, it depends on the income of the parents and their attitudes toward children. If children are a bother, then I don't think they should have any at all, if that's possible under the Catholic system.

Further,

We certainly never have done anything during the years that we were married to plan a family. We have been a little cautious, of course. But whatever God gave us was all right.

In other words, though family planning should not be practiced consciously, it is perfectly acceptable to be a little cautious, and this woman's cautiousness limited her family to three children, there being no apparent reproductive physical incapacities.

The preceding cases demonstrate that while there is an adherence to the Catholic doctrine of natural law, there is an understanding of reality and a problem of justifying Church dogma with this reality. These interviewees cited are not as devoted Church members, attenders, and group-joiners as those in section A, but would nevertheless
consider themselves to be "good" Catholics, even though they are not completely in accord with the Church dogma concerning birth control.

C. Limitations to Natural Law

The response to the question of family size—"whatever you can raise"—points to a very important attitude of some Catholic families toward family planning. These interviewees inferred that such things as emotional, financial, and physical problems were factors worthy of limiting the natural law. For instance, the following interviewee indicates that the physical attraction of husband and wife is significant as a limiting factor in family planning:

Well, there is so much that enters into family-planning. I think a lot depends on the sexual relationship that a couple has, how strongly they feel toward each other. I don't feel financial ability should enter in, but I do feel that the temperament of the parents should enter in because their health can be ruined if they are upset by too much family.

This woman admits to use and condonance of contraceptive devices. Her husband is a non-Catholic and she considers herself to be an "average" Catholic.

Many of the interviewees indicated that the financial state of the family should be an important factor in determining the number of children. It is of interest to note that though many of the respondents indicated that this factor was important, in the statistical results, income was not independently an important factor in determining family size, or attitude toward and practice of modern
contraceptives.

I feel it is desirable to have a few years between the children. It is helpful in that the expenses coming up are easier to take care of. Not any two of them have had the same interests however. It has meant more work for me.

Well, yes, he (husband) feels and I sort of do too, that it should be planned. Sometimes I think that people have so many more than they can afford and it is difficult and often makes trouble in families I have known.

Finally, several interviewees believed that the emotional state of the parents, particularly the mother, became of utmost importance in determining the size of the family. For them "whatever you can raise" meant that number which you are mentally and emotionally capable of caring for.

I think that they should be planned according to how well you are physically and emotionally able to take care of them, and I think money may be the third factor. I think my boys should be able to contribute to society more than I have done. It takes a lot of time and physical energy to raise a child well, and money helps, of course. The children must have a good education.

Well, according to the living expenses and all, I think they should be planned because I never planned my four children, and they are here, and it is kind of hard for me to teach them what I would like to teach them if they were spaced and planned. It is hard to treat them as individuals. I am so tense and nervous.

This seemed to be an honest appraisal on the part of this woman of the problems presented when children are spaced close together; (4, 3, 2, and two months). She has now decided to use contraceptives. She admits to attending Church seldom and belongs to no organizations.
That perhaps something other than the welfare of the children should be important was the contention of the following respondent who stated:

I think families should be planned to meet the needs and wants of the parents as well as the children.

The mixed marriage situation influenced the questioning and limitation of natural law in the majority of cases. The reasons for the limitation of family seemed to outweigh religious dogma. For example:

Well, my husband is a non-Catholic, and he feels that families should be planned. He has almost convinced me that this probably is very true. All you have to do is look at the world population problem and you can realize this.

My husband objects to more children, and I have come to the conclusion that I am going to have to use something regardless of the Church's stand.

The non-Catholic husband's opinion and attitude toward the Catholic position became influential in determining family planning policy in the mixed-marriage situations. It seemed that the wife's opinion and attitude began to coincide with that of her non-Catholic husband in the majority of cases.

Many of the above opinions are contrary to the purpose and function of marriage as laid down by the Church fathers, although these doctrine are in a period of transition. The fact that it is the less devout Catholic who adheres to these somewhat transitional ideas reemphasized the fact that the only criterion which is important in determining family-planning policy in this study is the
degree of religious affiliation with the Church doctrine.

II. Relationship Between Birth Control Attitudes and Practice, and Adherence to Church Doctrine

Chapter Four, pages 62-64 reveals when examined an inconsistency in attitude and practice of many of the interviewees. These inconsistencies will be discussed in the following sections according to the sole criterion already established—adherence to Church doctrine. A separate examination of attitude and practice will be made.

A. Factors Affecting Approval-Disapproval

It appears that in order to show the correlation between the attitude and degree of devoutness, we can construct a continuum ranging from no birth control condonance at all to complete approval. The interviewees can be included in these categories with the most devout not approving and the least devout completely approving. There are, of course, exceptions, but not enough to be significant. Each of the categories listed in Table Eleven, page 62, will be examined, using interviewee examples. It is important to remember that although there is some divergence, the degree of devoutness and attitude toward birth control correlate for each of the cases used. With this basic assumption understood, it is not necessary to explain the background and religious attitudes of each of the interviewees.
1. **Complete Disapproval**—There were very few of the interviewees who completely disapproved of any form of birth control. The following, however, is an example of disapproval of even the rhythm method, except as knowledge of this method aids in conception:

In some situations I think the rhythm method is acceptable, if it is used in order to determine when conception is possible. I feel that people generally are apt to be too concerned about it. *(Is it effective?)* Oh, absolutely, it's effective. I think that this is the way we have gotten our children. You must be conscientious in applying what information you can get from the doctor. I am a great temperature taker myself.

The other cases of disapproval can be attributed to one of two factors: first, a complete ignorance concerning the rhythm method and its function;

No, I don't even approve of rhythm. I haven't received much information on the subject, however. I don't really know what it is, and . . .

No. I haven't heard of rhythm. I have never discussed it with anyone. I had no occasion to try anything like that, so I don't know about it.

Second, because of Church condonance, opposition won't be overt, but disapproval continues ardently because any form of birth control means opposition to the natural will of God, and the primary purpose of the family.

2. **Abstinence Only**—Those persons believing that abstinence can be the only acceptable means of birth control are, with a few exceptions, the more aged interviewees in the study. During the time when birth control was a reality to them, very little was known about either the rhythm or other presently acceptable Catholic methods.
Therefore, although these persons are devoutly religious, it is entirely possible that an adjustment in attitude would occur if it was deemed necessary. The following is typical of this kind of attitude:

Well, you know, in our days we didn't think of those things. We just took it that God would take care of those things. If children came along, they were certainly welcome. We didn't consider birth control. We never thought of it.

3. Church Condoned Methods Only--The majority of the respondents stated that their will was identical with that of the Church and that adjustments and changes in birth control and contraceptive attitude would occur simultaneously with doctrinal adjustments. In other words, if the Church condones contraceptive use in the future, then the member will condone this use at the same time.

There are a few exceptions to this attitude. The following is an example:

Many Catholics are just waiting for the time when the Church changes its stand on birth control. That is the hardest thing to do in the Catholic Church, especially with younger people. However, I don't think I agree with such an attitude. It's kind of a mental block with me.

The majority of the interviewees stated that the Church's stand was sufficient, and would remain so, regardless of doctrinal change. Their satisfaction was enhanced by the belief that the Church's position was justified because rhythm as a method of birth control is as effective as any other. For example:

Three months before I got married I got my rhythm all figured out. After the first child, I prayed that I
wouldn't conceive. I wanted to wait two years, and I did because I watched the chart. You see, I get these lovely pains at just the right time.

If you are good at mathematics, the rhythm method is just as effective as any other kind.

I think rhythm is as effective as the others. The pill definitely has its dangers. You can read that in medical journals.

A more realistic approach is taken by many of the interviewees who indicate that rhythm is not effective. However, this is not as important as an ardent adherence to Church doctrine, and is just one of the inconveniences that is necessary as a Catholic. These persons would hope that the direction the Church will take in the future will be a more liberal one. For instance:

We have been trying to practice the rhythm very conscientiously (seven children). As you can tell, it isn't foolproof. . . . My husband objects to more children and this has been a definitely very big strain. Perhaps this will change.

We try and rely on the rhythm. As you see, it doesn't work too well. Rhythm is effective to a certain point, then things get out of hand, and that is it.

Rhythm works if a person can work it right. I haven't had the chance to really know to the exact date or even close to it. About the time I figure I'm going to know when, I get pregnant.

Still others who can be included in this category have heard vaguely of the rhythm as well as other contraceptives, but an examination of their responses reveals an ignorance as to purpose, function, and utility. For example:

We have tried absolutely no artificial types of birth control. In the first place they are expensive; and
the second place they aren't satisfactory. Any rhythm depends upon the power of the man and wife.

I have never used any of the modern contraceptive devices. I have read about them in magazines. They will be harmful psychologically and physically to those women who use them.

One woman felt that even though rhythm is ineffective, the Church's stand is sufficient because the gap created by ineffectiveness can be filled with self-control:

You have to have a little bit of self-control when you get too many children, that's all there is to it. I have received information from my O.B. I don't feel rhythm is effective, but maybe I didn't give it a good enough take.

It can be seen from all of the above cases that even though there is an expected divergence in opinion and attitude, all basically adhere to Church doctrine and are willing to adjust to any subsequent changes.

4. Condonance of the Pill (Enovid)--Some of the interviewees have seemingly anticipated the Church's stand, both present and future, and are, for their own use, condoning the pill both for purpose of regularizing the cycle and as a contraceptive measure. As one of the interviewees candidly describes the situation:

Rhythm doesn't work. I have kids to prove it. It just takes one slip you know. I think this pill is a Godsend, and a Catholic doctor even was instrumental in its discovery, and I think it was for a purpose. Needless to say, I am taking it now.

Even though the Church is approving of the pill in some special cases, according to the priest interviewed, some of the members are going one step beyond the Church's
present stand. For instance:

They have recently condoned the pills if they are used on the basis of establishing regularity. I have taken the pills to establish my regularity, but they sure are a handy way to assure that you don't have children. The doctor has to tell me when to stop, not the priest.

This statement indicates an uncertainty as to the validity of the Church's position. The very devout Church member would not be willing to forge ahead of the Church in this respect, so that these interviewees represent the more liberal Catholic attitude.

5. Complete Approval—Disassociation with the Church Position—

At the extreme end of the continuum that has been constructed for the purpose of this discussion, we find a few members who disassociate themselves completely with the Church's stand on birth control. It appears that this disassociation isn't limited to birth control but is extended into other areas as well, such things as membership in outside church organizations and attendance other than what is required. This fact, of course, reinforces the statements that have been made the central theme of the entire chapter. This kind of attitude is manifest in the following manner:

I am a firm believer in birth control. You have to be when you think of the world situation. I have told Father X the way I feel about it, too.

The following interview indicates the feeling that birth control should be a private matter for the individuals concerned and that the Church's position thus becomes
irrelevant:

Yes, I think I approve of almost all types of contraceptives. In fact, my husband has discussed this with the priest. I do think this is something you have to decide as an individual. No one else can or should tell you.

Still others have stated in the manner indicated by the interview with the gynecologist, that this is one area where the Church is wrong. They apparently feel that they are entitled to this slight divergence from church dogma, and that their membership status is in no way jeopardized by this attitude.

6. Uncertainty in Attitude—There were a few women in the study who were uncertain in their attitudes regarding both the Church's position and the problems created by very large families. In these cases, an awareness of reality and an inner conflict results in a response indicating mixed emotions. For example:

I read a lot, and right now I have mixed emotions about this birth control since oral contraceptives are coming into being. I kind of approve of the liberal attitude. If I had twelve children, I think I would take the pills, if I thought they were safe.

I hate to say because if I were in the position of some families, I don't know what I would do.

I don't know quite what to say about contraceptives. I see situations where I definitely feel they are warranted. I approve completely of rhythm, but I don't think it is effective.

B. Factors Affecting Use—Non-Use—Practice

The utilization of contraceptive devices is much different from either attitude or opinion toward them.
More than half (56.2 percent) of those respondents who used contraceptives did not approve of them. In view of this fact, there seems to emerge three classifications of interviewees in regard to contraceptive use: (1) Those who completely approve and practice contraceptive use, (2) those who completely disapprove of and do not use these methods, and (3) those who disapprove of these devices, but in spite of this disapproval practice contraceptive use for various reasons. As a result of this conflict between attitude and practice, these women admit to guilt feelings and many times diffuse anxiety.

Each of these categories will be discussed below with a degree of religious identification examined in each case.

1. **Approval - Practice**—Those persons who completely approve of and practice contraceptive use are the same persons described in the previous section—those who have disassociated themselves from the Church's position.

   The following example is an indication of the lack of anxiety displayed by these women. The author was told in a very flippant manner:

   Everyone of my kids were accidents. Everytime I got pregnant I was using a different kind of contraceptive.

   On the other hand, the following cases indicate a near bitterness on the part of the respondents because of the Church's stand:

   I always blame my pregnancies on the Pope. I have come to the conclusion it is perfectly all right to use
something, and I have been using contraceptives now since my last pregnancy.

I use contraceptives because I feel that practicing the Church's way of control is control itself, and if they are going to abolish control, theirs is as much control as any other kind.

2. Disapproval--Non-Practice--Secondly, there were those devout Church members who neither approved or practiced contraceptive use. Again, as in the discussion of attitude, the identification with the Church's position becomes so strong that no force or pressure will result in the breaking of the Church law. For instance:

I don't think they should be used in any instance. I think that is going against the law of God and the Church. I never used any of these at all, and I never would, unless the Church changed its position.

Fine for other people if they want to use anything to plan them with. I can't bring myself to do it. That is just my feelings. I can't give my o.k. for it. I think it is fine for other people of a different religion.

In these cases, the strongest force in shaping policy concerning contraceptives is that of religious identification. The following case illustrates the problem when there is outside Church indoctrination previous to becoming a convert. In addition, it indicates the tremendous force of Church doctrine.

I have never used any of them. However, it is quite hard for a nurse to accept those things, especially if you have received your training before you became a Catholic.

It appeared that many of the converts had this same problem, and yet Church affiliation and devoutness became
more important than previously implanted pressures because there was a change in attitude regarding the purpose of marriage and the order of natural law.

Finally, there were those who were violently and emotionally opposed to contraceptives to the point of righteous indignation. For instance:

I hope I would never have anything like that on my conscience. Positively not. I wouldn't go against the Church.

3. Disapproval--Practice--The final category consists of those persons who in attitude disapprove of contraceptives, but in practice are utilizing them. Again, it must be emphasized that over half of those persons who admitted to contraceptive use did not approve it. The examination of these respondents shows that marital, financial, and emotional pressures become more important than religious, even though the religious identification remains to the extent that anxiety and guilt feelings are the result. For example:

I think rhythm is the only real acceptable way. I did try the diaphragm. I felt guilty. You couldn't take the sacraments or anything like that. We did it for my mother. She worried about me, my heart. She was afraid I'd die, and she'd be stuck with the children.

The influence of the doctor is shown in the following statement:

I did use a mechanical contraceptive between the first two children. We went to a non-Catholic doctor first, then changed to a Catholic doctor, and stopped using the diaphragm. He showed us the acceptable ways, so that we didn't have to worry so much.
The problems of the newly married are shown in the cases that follow:

I tried the diaphragm, but it had a psychological effect on me and I just couldn't take it. That's all. That was at the first part of my marriage and we just couldn't afford children yet.

We did use some kind when we were young and foolish. We tried something all the time to limit our family. That is why we stopped. Maybe you could call it a guilty conscience because of the Church's stand on them.

In these cases the guilt feelings were so prevalent that action and practice were actually reversed. Finally, it seems that for some there can be an adjustment to guilt feelings of the couple if they are persistent enough:

To be perfectly frank we have used them. My husband insists, so what are you going to do about it? Guilty? At first I did, but I guess I am getting used to it now. I don't think much about it really. I hope science comes up with something better that the Church will approve of.

In summary, it can be said that this is an examination of contraceptive practice in relationship to religious and social pressure, with one becoming more or less important depending upon the degree of devoutness.

In the following Chapter, the author will attempt to summarize the findings and to make some conclusions concerning the important findings. A comparison will be made with the studies summarized in Chapter One and there will be some suggestions for further research in the general area of Catholic position on birth control--attitudinal and practical.
CHAPTER SIX

SUMMARY AND CONCLUSIONS

An understanding of the basic assumptions listed on pages five to seven of this thesis is necessary if the importance of such a study is to become a reality to the reader as it has to the author during the months in which the research data was collected and organized into some kind of meaningful information.

"There exists within the Catholic dogma pertaining to contraceptive use which does not exist within the society as a whole." (See page 6.) This doesn't mean that only Catholics do not believe in or utilize contraceptives, because there are other religious bodies who have not condoned for their members artificial means of family limitation. Nor does this mean that the Protestant is utilizing contraceptive devices to a much greater extent than is the Catholic. Indeed, many studies have clearly revealed that there is very little differential fertility between Protestants as a group and Catholics as a group. Yet, Roman Catholicism remains the one important Christian denomination which still upholds the view that the utilization of contraceptive devices is diametrically opposed to the natural law of God, and who further has made artificial limitation of the family a mortal sin.

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The consequences of this stand have generally been either large families, or anxiety and guilt feelings for the member of the Church who would identify with his Church's position. Because these persons cannot completely disassociate themselves from the reality of population problems, the need for education for their children which produces financial problems, and mental strain that is necessary in order to raise children in a complex society, they either choose to ignore the doctrine of the Church, or the societal and personal problems.

The purpose of this study was to examine the position of Catholic families on the subject of birth control, both attitudinal and practical, in the light of the present Church doctrine. Although the author did not propose a hypothesis because this was a descriptive study, she raised several questions at the beginning of the thesis and tried to answer them within the body of the paper. The questions will again be stated, the answers will be in the form of conclusions of the study.

1. What are the circumstances surrounding these choices made within the Catholic families? Perhaps the term "decisions" should be substituted for "choices" in the statement above in order that one may more closely follow the interview schedule. This study has been concerned with two "circumstances" -- social and religious, and the subsequent effect that these might have upon birth control
attitudes and practice. In the first place, it was found that all social classes were represented in the study. The author, when choosing interviewees, had no more to proceed on than residential area. When the interviews were completed it was found that representative samples of all social criteria—income, occupation, and education—were contacted. The reader is reminded that these interviewees were not random samples of the Catholic population as a whole, and were used for comparative rather than statistical purposes.

When considering religious affiliation, the samples revealed that the majority of the interviewees were by their own terms "average" Catholics. A few considered themselves to be very devout members. Very few admitted to being a "poor" Catholic. Non-active files were not available, so that those persons no longer actively identified with the Church were not contacted.

The effect that the religious and social factors had upon this study will be discussed thoroughly under question three below. It can be said at this time, however, that religious affiliation with the Church position emerged as the most important factor in determining the decisions made. Further, the term "average" Catholic can probably be applied to some very devout Catholics, and some very poor Catholics, in view of the additional criteria employed in order to determine religious identification, e.g., church attendance,
and membership in church organizations.

2. What are the reasons given for use or non-use of contraceptive devices? It would be impossible to list all of the reasons given by the interviewees. However, the responses have been integrated into the following broad categories. Those persons who admitted to the utilization of contraceptives gave financial, emotional, health, sexual adjustment, and population problems as reasons for their use. Those who would not use these methods gave the following reasons: breaking the natural law of God, ignoring the position of the Church, ignorance as to utility, function, and cost, and finally, fear of physical harm.

Financial reasons for the use of contraceptives appeared to be the most common of the reasons given above. The interviewees indicated that they would not be able to meet the physical needs of their children if they had very large families. They seemed to be aware of the importance of education and the cost for each child. Many times the income was insufficient for either proper clothing or food for a very large family. Some of the women felt that a large family resulted in mental strain and fatigue which they did not wish to bear. A few were genuinely concerned with the world population problem and felt that the elimination of this problem must start with them as an individual. Finally, a few of the interviewees indicated that the decision to have a large family should be dependent upon
sexual adjustment and the feelings that husband and wife have toward each other. These respondents felt that an atmosphere of hostility is not conducive to the well-being of the child and that if there is nothing to be done about this attitude on the part of the parents, it is preferable not to have children and ultimately subject them to this kind of unhappiness.

Most of the interviewees who did not use contraceptives said that the utilization of an artificial method of birth control is ignoring the position of the Church, and consequently breaking the natural law of God. It must be recalled that nearly eighty percent of the respondents did not admit to ever having used any form of artificial contraceptive. The majority of this eighty percent identified with the position of the Church so closely they would not even consider the possibility of contraceptive use. However, a few of the interviewees gave additional reasons for disapproval of artificial devices. Some felt that the cost was too much, others that they were no more effective than the "rhythm method," and were therefore a waste of time. A few demonstrated an ignorance as to utility and function, and others were afraid that physical and psychological harm would befall them if they depended upon these devices. Most of the "non-users," however, objected on moral rather than physical or psychological and financial grounds.

3. Are there any recognizable general patterns? If
so, what do they indicate? On page six the author indicated the inconsistency in attitude revealed by informal discussion with Catholics. It was assumed that there was definite reasons for these differences and that these reasons could be attributed to differences in social and religious backgrounds. Generally speaking, the findings showed that social criteria was not important in itself in explaining differential fertility. The religious identification of the interviewee, however, was important in determining attitude and practice.

None of the criteria used—income, occupation, education, or residence—operated independently in pointing to general trends and patterns. Nor did any combination, e.g., income and occupation, education and income, etc., demonstrate any pattern of use or non-use. For example, for every high income interviewee who used contraceptives, there was found those with similar incomes who did not. And the correlation was usually about the same as that for the study in general, e.g., 5:1. That these factors in independent cases may be important is not denied. However, it appears that there must be some additional factors which affect attitude and action.

There was a rather clear-cut pattern established when one examined the interviewees' identification with the Church and the subsequent influence of this identification upon attitude and practice of contraceptive devices. The
criteria used by the author to determine how closely one identified with the Church were the following: (1) How often did the interviewee attend Church? The average Catholic attends mass every Sunday, however, it was assumed that the more devout member would attend sometimes during the week, perhaps daily. (2) How many church organizations do you belong to? Every Catholic woman is automatically a member of Altar society. Some are active members; some are not. More important, however, was voluntary membership in such groups as study clubs, St. Ann's, Catholic doctrine study groups, et cetera. (3) What kind of a Church member do you consider yourself to be? The interviewee's own evaluation of himself may or may not be an accurate one, and in order to check this response it would be necessary to contact priest, friends, and other acquaintances of the interviewee. However, the author contends that the subject's evaluation of himself, in view of the results of the other criteria employed, is, in general, accurate.

An examination of the results in view of the above criteria leads to the following conclusion: DEGREE OF RELIGIOUS AFFILIATION HAS AN IMPORTANT INFLUENCE ON USE OR NON-USE OF FAMILY LIMITING PRACTICES. FURTHER, ATTITUDES AS TO FAMILY PLANNING, AND IDEAL SIZE FAMILIES ARE SIMILARLY SUBJECT TO RELIGIOUS IDENTIFICATION. More specifically, those persons who identify themselves completely with the Church doctrine of natural law do not approve of
or use contraceptive devices. Regarding family-planning, these persons believe that only God can and should plan families and that He won't give them more or less children than they can cope with. A second group of persons, not as devout as the above, believe that there are times when limitation of the natural law can be justified, namely, when there are financial, emotional, and health problems. They may or may not utilize contraceptives; however, their attitude reveals clearly that they feel there are some persons who should be limiting their families for the above mentioned reasons. Finally, there are those interviewees who feel that the Church has not as yet been enlightened to the problems created by unlimited child birth. An awareness of the reality of population problems, mental strain, and financial burden has led these persons to the utilization of contraceptives.

The majority of the interviewees fall into the first two categories above. Eighty percent did not use contraceptive devices, although many of these felt that others should be taking more precautions to limit their families. In addition, some of those who did use contraceptives (fifty-two percent) did not approve of them when examined as to attitude. Only nine percent of the interviewees completely approved of (unless physically harmful) and practiced these limitation methods.

In regard to future Catholic thinking in the area of
birth control, genuine concern was shown on the part of most of the interviewees. The exception to this was those persons, very devout Catholics, who felt that if one is to be a religious person, completely in tune with the will of God as manifest in the natural law, one must not ever forget the original teachings of the Church, even if Church authorities become more liberal. These persons have assumed an extremely conservative attitude, and for them, change will be a slow, tedious task. They are a very small minority, but an important one if one believes that the lay attitude will affect changing Church policy. However, most of the interviewees expressed the desire that science will come up with something in the very near future which will enable both Catholics and Protestants to limit their families in ways deemed desirable morally by both groups.

B. Comparison with Earlier Studies

A distinct limitation of this study is that it cannot be compared to a similar Protestant study because there has been no such study in Missoula. However, as stated earlier, a random sample of the Catholic population is not intended, and therefore, statistics are of less importance than general statements concerning attitude and practice. Further, a study comparison with a Protestant sample would be very difficult because of differences in doctrine concerning family limitation. For example, how would one determine the degree of devoutness of the Protestant
employing the criteria used in this study? The author feels, in speculating about the possible differences in two such studies, that social class differences would be more important in a Protestant study than there were in this one. The author mentions this very cautiously, as private speculation before these interviewees were conducted was the same for the Catholic. It seems, however, that where birth control is not a moral issue, the discernable differences would lie within social class, particularly education.

A comparison can be made with the studies done in other areas which are cited in Chapter One, pages 9-15. Freedman and Whelpton concluded that "religious interest and participation frequently are believed to minimize the area of rational calculation and planning, since they are connected with accepting on faith certain standards of conduct, among other things."¹ This study similarly revealed that religious interest and participation are important in determining both attitude and action. An examination of the interviewees' responses implies that rational calculation and planning are impossible because of Church policy. That they were accepting standards of conduct by faith seemed apparent in view of the fact that the doctrine of natural law demands obedience to the seemingly irrational dogmas. Both of these studies point in general to the fact

¹See page 10.
that the degree of religious affiliation has an important influence upon the use or non-use of family-limiting practices.

Similarly, the study by Kiser revealed that degree of religious affiliation has an important influence on use or non-use of family-limiting practices. Kiser further stated that "interclass differences in fertility and the total range of the variations were most pronounced on a relative basis among the Protestants and least pronounced on a relative basis among the Catholics."\(^2\)

It has been shown that the inter-class differences in this study were not discernible either. However, there is no basis of comparison with a Protestant sample. Nevertheless, there seemed to be relatively no differential fertility among social classes.

Freedman, Goldberg, and Sharp showed in their study that "the differential fertility can be attributed to those Catholics whose close tie to the Church is indicated by weekly attendance. Catholics who reported attending Church infrequently or 'never' did not express a significantly family size 'ideal' than did Protestants with similar records of church attendance."... "Among Catholics there was no significant difference between those who attended church only once or twice a month and those who never attended. The significantly higher family size 'ideal' for

\(^2\)See page 13.
Catholics was confined to those who attended church every week."

Attendance was used as one of the criteria in determining devoutness in this study. As above, those persons who attended more regularly than every week had different attitudes than those who attended mass every day or as often as possible during the week. Therefore, the main similarities between these two particular studies concerned church attendance. It is likely that a similar Protestant study would show very little differentiation between Catholics who attend less frequently and Protestants.

Similarly, Dudley Kirk found in his study in the Detroit area that "the critical factor in the high Catholic 'ideal' appears to be a close tie to the church which is maintained by most Catholics."  

C. Suggestions for Further Research

The author submits the following suggestions for those persons who wish to do further research in the general area of birth control attitude and practice.

1. A repeat of this same study using the interviewees contacted in order to discern the effect of the gradual changing policy of the Church on the members. A longitudinal study of this type would be valuable in determining the rapidity of the progress. It would be best if the study

could be repeated every five or ten years until there is some kind of terminating action on the part of the Church authorities.

2. An immediate repeat of this study using men rather than woman interviewees. This would serve two purposes: first, the attitude of the man himself could be examined, and second, there could be a comparison of the sex differential in determining both attitude and practice of contraceptives. This might be important especially in view of the fact that there is current research underway on a "pill" for men.

3. An attempt to determine the relationship between contraceptive use or non-use and marital happiness. The interviewer might try to determine the effect that sexual adjustment and the general feelings that the marriage partners have toward each other have upon family size and the use of limitation methods.

4. The role of the priest and/or the doctor in determining Catholic family planning. This study suggests very briefly that the priest and doctor influence upon parishioner and patient is substantial. The interviewer should be concerned with whether or not the informant has a Catholic doctor and ultimately if there is any relationship between the doctor and contraceptive use or non-use. Parishioner identification with the priest may also be indicative of attitude and action.
5. An examination of those non-active Catholics who are not listed in the Church files for whatever reason. Perhaps, if sufficient rapport could be established with a priest, the interviewer could obtain a list of names of those persons who are not believed to be practicing Catholics. It would be interesting to try to determine whether or not the doctrine of the Church is followed even if one is no longer an avowed member. It is possible that an identification with this doctrine early in life remains very real to even the non-practicing Catholic. It is not possible to reach any conclusive findings for purposes of comparison among Catholics unless all types of members are interviewed. This study was centered around the average or very good Catholic and is nearly void of the bad or non-practicing member.

6. A study utilizing the same questionnaire in this thesis limited to those persons newly married. It is suggested that only those couples who have been married three years or less be interviewed. A study of this type could possibly shed some light upon the changing attitude of the young person of the Church in comparison with the older, more conservative member. There may not be any significant difference in a study of this kind, but it seems that the young couple is more aware of the problems presented by uncontrolled families in the present day. They see education for their children mandatory if they are to have a good
life in a way that their parents could not foresee. They have been more subjected to the attitude that sex can serve a function in marriage other than that of child-bearing and find sexual fulfillment very difficult if Catholic-condoned methods (rhythm and the fertility-tester) are the only means available to them. It is possible that these young persons may even emerge as crusaders in the changing Church policy.

The implications of this study make suggestions for further research nearly inexhaustible. The author has, in the preceding section, mentioned only a few possibilities. Many others exist, and should be explored whenever possible.

D. Summary

The author has in no way tried to establish a cause-effect relationship between religious identification and contraceptive attitude and practice. Although social and religious causation must be assumed, it cannot be proven; and it becomes necessary to surrender to a theory of probability, and or perhaps, in addition, multiple causation. It appears that new discovery opens the door wide to new uncertainties. And the questioning mind wishes that it were humanly possible to investigate all of these uncertainties.

The author wishes both to express gratitude for the generous response to the study and to make apologies for the necessary limitations--because of the human situation and the error in human judgment.
BIBLIOGRAPHY

A. Books


B. Periodicals


C. Dictionaries


D. Encyclopedias

INTERVIEW SCHEDULE

I. General Information

1. Age (both husband and wife)
2. Number of children
3. Ages of children
4. Residence (rural-urban, type of house, section of city)
5. Occupation
6. Income
7. Number of years married
8. First marriage?

II. Religion

1. What is your religion? How many years have you been a member? Is your religion the same as that of your spouse?
2. How often do you attend Church, confession? communion?
3. Are you active in Church organizations? Is your spouse?
4. How would you rate yourself as a Church member? (Good, fair, nominal only?)
5. What influence does your Church have upon general decisions made within the family?

III. Decision-making processes

1. Was there an agreement as to who would make decisions before marriage? Has this agreement been adhered to? If not, in what direction has it changed?
2. Generally speaking, who makes the decisions in your family? Does this arrangement seem to be satisfactory?

* A. Financial

1. Who handles the financial matters in your family?
2. Has this arrangement, in your estimation, proved to be satisfactory?
3. Do you agree upon such things as amount given to Church, charities, etc.?

B. Religion (If one member is not Catholic)

1. What general decisions have been reached concerning religious differences? Which spouse has been of more influence in these decisions?

2. Do you feel these arrangements to be satisfactory?

C. Family Planning

1. How do you and your spouse feel about family planning? Do you feel families should be completely planned, semi­planned, or completely unplanned?

2. How many children did/do you wish to have?

3. What, in your estimation, is the ideal size family? Does your spouse agree?

4. Since you are Catholic, do you find it difficult to plan your family because of the Church's stand on birth control?

5. Of which birth control practices do you approve? How much information have you received on the subject and from whom? (Assuming rhythm method is mentioned.) Do you feel this to be an effective birth control measure?

6. Do you feel that the Church is becoming more liberal in its attitudes toward modern contraceptive devices? How do you and your spouse feel about them? (If possible, try to determine actual use at this point.) Which spouse has been more influential in these decisions?

7. Do you feel the role of science will become important in the future in determining the Church's decisions?

* D. Friends and Associates

1. What choices have been made concerning friends and associates?
2. Have first contacts generally been made by you or your spouse?

3. Are your friends generally of the same social, economic, and religious status as yourself?

*Sections A and D are not applicable to the thesis. They were included as a crutch for the interviewer in establishing rapport.*