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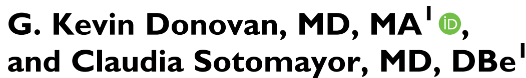
Strangers in a Strange Land: How Our Founding Principles and a Bitter Pill Undo the Assimilation of US Catholics



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Abstract
Most Catholic physicians work with the comfortable assumption that we can practice our profession and our faith, fully assimilated into modern American culture and society. Increasingly, we have come to realize that to be a Catholic Christian is by nature to be countercultural. American culture, ordered by the founding fathers in concepts of liberty and freedom, has been profoundly affected by the introduction and reliance on a contraceptive pill. This has changed the mores and sexual behaviors of society in ways that are antithetical to Catholic values. The consequences of contraception have directly led to an acceptance of a broad number of behaviors and attitudes that society insists must be tolerated. This challenges the commitments of Catholic physicians both personally and professionally.

Keywords
Bioethics, Catholic, Contraception, Happiness, Liberalism, Morality, Physician, Utilitarianism

Despite historical opposition to Catholic emigration in America, the past two or three generations have seen an adjustment of societal attitudes and greater acceptance of Catholics in all walks of life including politics, business, and the professions. At times, we seemed to have achieved a near seamless integration into modern American culture and society. We have grown increasingly comfortable, adopting American principles and traditions as our own. However, in the recent past, cultural flash points have arisen, many of which seem to be a divisive challenge for faithful Catholics in particular. Specifically, we have encountered problems in the practice of medicine more attributable to our role of being both a Catholic and a physician, problems that can make us feel like we are again strangers in a strange land. Why should this be true—why should we not be totally at ease in our society? Perhaps the seeds of our discontent, our present disassociation from mainstream American values, may have been present since our Founding Fathers began the American experiment. It would seem that, like in the parable, they may have sown bad seed with the good (13, Matthew 24:32 RSV). This is not to say they set out to produce anything bad; rather, they certainly aimed for both the good and the true. They began with a description of self-evident truths, "All men are created equal . . . endowed by their Creator with certain inalienable rights, that among these are life, liberty, and the pursuit of happiness" (Declaration of Independence).

How then did our nation devolve from this lofty declaration to present day denigrations, often leaving us feeling like outsiders again? In this essay, we will

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argue that there is a link to a succession of present-day actions and behaviors that begins with something small, a contraceptive pill. Temporally, this was juxtaposed to a reworking of the meaning of liberty and happiness that our founding fathers had introduced under the influence of the Enlightenment philosophies but led to a much different activity than they would have envisioned. These behaviors and these actions would have been labeled in previous generations as sins by a majority of our fellow Americans. This can be seen as entirely in keeping with our own church teaching.

Moral Challenges of the Notion of "Liberty and the Pursuit of Happiness" in Today's Context

From the perspective of the Catechism of the Catholic Church (1999, n.1849), sin is seen as "an offense against reason, truth and right conscience . . . love of oneself, even to contempt of God." It is, as it always has been, a preference for our own desires, or our own will, over that of God. There are indeed great many kinds of sin; Scripture provides several lists of them. The letter to the Galatians contrasts the works of the flesh with the fruit of the spirit: "Now the works of the flesh are plain: fornication, impurity, licentiousness . . . selfishness, drunkenness, carousing, and the like" (5 Galatians, 19:21). To most, this would seem like an unequivocal listing of things to avoid, even if they have never been completely avoided throughout history. To some today, it might also look like the unapologetic agenda for many people's weekend. Things seen in the past as moral failings are increasingly practiced openly, even celebrated in contemporary culture. This is where our moral fault lines begin. As a society, we have become increasingly more tolerant—tolerant of contraception, sexual promiscuity, pornography, oral and anal sex, both for heterosexual as well as homosexual couples, and as a consequence, same-sex marriage. Of course, the field of bioethics has matched these issues with moral challenges of its own: abortion, embryo destruction for research, transgender surgeries, physician-assisted suicide, and euthanasia. Although exploring the morality of each of these is beyond our scope, we can look at a few of them as exemplars. If we can identify a common theme that unites them, we may be able to perceive a common explanation for our present predicament. Perhaps this can be identified in those who intended to found our society and its culture on twin pillars of *liberty* and *the pursuit of happiness*.

A contemporary concept for the pursuit of happiness could be defined as "freedom for self-actualization." This was famously stated in a form that pushes the limits of credulity, by Supreme Court Justice Anthony Kennedy: "At the heart of liberty is the right to define one's concept of existence, of meaning, of the universe, and of the mystery of human life" (Planned Parenthood v. Casey 1992, p. 833). The egotism of this stark assertion of the independence of an individual's values from outside moral influences could be traced to the individual rights language of philosophers such as John Locke that was echoed in the Declaration of Independence. Other philosophers, such as Mill (2011) and Comte (1817), emphasized the concept that the only real freedom is to pursue our own good as long as we do not harm others. Old virtues could be swept away in favor of the new, especially that foundational virtue, tolerance. The *liberty* to pursue one's will should then lead to ever-expanding personal *happiness*. In a secular morality, the sin does not disappear, it just gets redefined, but it is actually a tightly constrained freedom, limited to only certain acceptable choices. The tolerance being advocated finds its limits here. Wrong choices don't just threaten the new social order; they signal a problem with the chooser who clearly must be disordered. Those who would oppose the prevalent secular values cannot be considered as merely being in principled opposition. They must be seen as mentally deranged and labeled with a corresponding phobia. An individual can no longer express a principled opposition to homosexual behavior; the only acceptable interpretation of such a position is that it represents an irrational fear of homosexual persons, a homophobia. Such a viewpoint is immediately discounted as impermissible, without further consideration or discussion. Tolerance is thus a one-way street and a narrow one at that.

Such a moral shift has implications for how we live our lives and what we find acceptable or unacceptable. Right and wrong become subjective interpretations, not standards, and are entirely based on personal feelings. One should be free to pursue whatever makes one happy, as long as one doesn't hurt anyone. The fundamentally American pursuit of happiness leads to a moral practice motivated by a form of narcissism, which some studies have shown as the hallmark of this generation of millennials (Stinson, Dawson, and Grant 2008). External authority, particularly moral authority, is largely rejected in favor of the authority of the autonomous self. The primary goal is to seek happiness in order to feel good.

Consequences of the Pill

Mankind's original sin was one of ego, of pride, of wanting to be one's own God. This resulted in grasping a forbidden fruit, with all its deadly consequences. The present generations also want to define their own knowledge of good and evil, but the focal point of sinful rebellion is not a contraband apple, but a contraceptive pill. We argue that the taking of the contraceptive pill, to avoid fruitfulness, has led to as many of the subsequent dire consequences as did the original fruit.

For some, this may be seen as too bizarre, too extreme, proposing a culprit that is too tangential to the more serious transgressions of the modern age. Most millennials and even their parents cannot remember the time when contraception wasn't seen by society as a positive good from which many blessings flow. It is understood as a given that regulation of the timing and number of children in a marriage allows women to pursue careers outside the home and allows unmarried women to prevent having their lives ruined by unexpected and unwanted pregnancies. We can even reassure ourselves that we are limiting excessive growth of world population and helping to save the planet. Given these apparently obvious benefits, many young adults would be surprised if not shocked to find that contraception was not always viewed in this favorable light. Throughout the ages, various attempts at contraception focused on condoms, pessaries, herbals, and coitus interruptus. Although Christian churches traditionally discouraged these, the low level of controversy about their use reflected their low level of effectiveness. Even when feminists in the 1870s argued for "voluntary motherhood" in their desire for women's emancipation, they disapproved of contraception, arguing instead for periodic abstinence, and engaging in sex only for purposes of procreation! (Gordon 2002). In America, the Comstock Act of 1870 made it a federal offense to distribute contraceptives, abortifacients, sex toys and erotica, or information regarding them. Note how the use of contraceptives was linked to the use of erotica and sex toys and other "obscenities" of that time. Both later became closely linked with support for abortion—more about that link later. After the turn of the century, a free love movement arose in opposition, spearheaded by Margaret Sanger in the United States and Marie Stopes in England. Both advocated birth control to liberate women and to decrease overall population, especially of the poor and "inferior" races (Sanger 1919). The Anglican Lambeth Conference of 1930 made them the first major Christian church to break ranks in the opposition to contraception, but many more "mainline" Protestant denominations eventually followed. What is little noted is that the previous Lambeth conference had strongly rejected this position, considering contraception "hostile to the family." Instead, they had emphasized the purposes of marriage to be the begetting of children and "deliberate and thoughtful self-control" (Gore 1930).

This controversy did not effectively explode until effective contraception in the form of a hormone pill became available. In 1957, a hormonal pill was approved by the US Food and Drug Administration for serious menstrual disorders, and by 1960, it was approved as a contraceptive. Even then there were problems including some serious side effects (Nikolev 2010) and resistance by African American activists who charged Planned Parenthood with genocidal intent by pushing it in their neighborhoods. The "pill" has since been joined by a variety of implantable hormonal devices and adjuncts to diaphragms.

When a study of contraception was completed by the Catholic Church, an encyclical letter, *Humanae Vitae*, was issued by Pope Paul VI in 1968. While supporting the concept of birth control, insofar as it applies to the desire or need to space or limit the number of children born to a married couple, it insisted that each marital act must remain "open" to both unitive love and possible procreation. It rejected artificial interference in the latter, including artificial hormonal contraception. A moral decision to limit conception would have to be in accord with natural law, precluding both hormonal drugs and other barriers including sterilization. Of course, abortion also remained unacceptable. Taking advantage of the natural rhythms to both conceive, and to prevent conception, was still seen as morally licit. Humanae Vitae challenged the ideas of "free love" and "sexual liberation" by promoting marital love, chastity, and openness to life. In this Encyclical, social issues such as infidelity, the degradation of morality, the loss of sight of what is right and wrong regarding sexual behavior, and the political uses of contraceptives are foreseen (Klaus 2018). The Pope finished by stating "not everyone will easily accept what has been said."

Only the last statement found a common point of agreement. A storm of controversy ensued from laypersons as well as many clergyman and theologians (Harris 1968). It was rejected by many Catholics "in the pews" who were supported by some of their pastors and teachers. The consequences have been far ranging, with some self-identified Catholics feeling that they should also be able to pick and choose

which other moral teachings of the church they will accept. In a recent study of Catholic college students, not only do a large majority use contraception, but 57 percent support abortion, 71 percent homosexual marriage, and 49 percent casual sex (Gray and Cicade 2010). These discrepancies between what the church teaches as morally acceptable compared to what contemporary Catholics practice are not a random assortment of issues. They flow from one to another, with their own internal logical consistency and their own cultural constituency. Less obvious is the fact that contraception can be seen as the linchpin. The contraceptive pill had become the "sine qua non" of the sexual revolution of the 1960s and 1970s. Cultural attitudes of the time were packed with generational conflict, rebellion toward authority, an unpopular war, and the early onset of radical feminism and the drug culture. The keg was already primed, but it took the pill to light the fuse. The youth of America declared, "If it feels good, do it." Freedom and the pursuit of happiness were taking a sharp turn, but were still on the same road begun by our founding fathers, and subsequently endorsed by Justice Kennedy. It was no surprise that few things fit the "feel good" category better than sex. The pill gave us the ability to indulge ourselves without fear of the consequences. If two people want to do this, who should be able to tell them no, especially if no one gets hurt?

In order to fully examine the myth of sex without harm, we must trace out some of the obvious and inevitable consequences. Because the pill separates sex for pleasure from sex for procreation, young women are expected to be able to exercise their liberty to pursue such happiness. When in the past, they could avoid a decision to relinquish their virginity and shun sexual activity due to a very real fear of pregnancy, any preference for chastity now had no automatic justification or irrefutable argument. The free love of the Boomer generation devolved into the hookup culture of the Gen X and millennials. The pill first separated sex from pregnancy; it now separates sex from love, at least a true and committed love. Sex is sought as something for one's own pleasure or, at best, reciprocal pleasure. Denying one's own pleasure is to deny one's own happiness. The possibility of sexual activity becomes the expectation of sexual activity, with the bar set lower and lower. No longer is the quaint question of kissing on the first date an issue; young women can claim it as a sign of their integrity if they withhold sex until a second or third date, or even later. Dating more than one person at a time with these new expectations of presumptive sexual activity makes a young man apparently a "player" or a young girl presumably promiscuous. This dilemma is eclipsed by forgoing all these quaint rules in order to seek hookups, where nearly complete strangers can couple for pleasure without any supposed emotional involvement, and no supposed harm done. Because these occasions usually arise at parties where large amounts of alcohol are consumed, the only harm to be feared appears to be sex without consent. As a consequence, rather than discouraging the hookups, or the alcohol use that leads to it, college campuses have devised elaborate protocols to assure that consent has occurred ("Code of Student Conduct" 2018–2019). Occasionally, egregious violations are publicized and condemned (Stanford Rape Case 2016). Mostly they are not recognized as such or not investigated (Maloney 2016). The ones who suffer the most are often the young women that the pill was supposed to liberate and make happy.

Clearly, the pill does not solve all the problems that flow from increased sexual activity. While it may prevent pregnancy, there are other consequences from which the pill cannot provide protection. Most obvious, sexually transmitted infections (STIs) have concomitantly taken a sharp upturn in recent years. Antibiotic-resistant infections are an increasing danger, as are viral illnesses such as herpes and genital warts, and chlamydia, for which treatments are imperfect and consequences (such as infertility or chronic HIV) can be devastating. Teenagers make up one-third of the United States population but carry 50 percent of STIs. Depression related to loveless and perfunctory teen sex can also be as devastating as any STI (Meeker 2017). Although teen birth rates and abortion have declined over this time, it is due more to a trend away from condom use toward hormonal birth control. As we have seen, hormonal birth control does not lead to avoidance of sexual activity or avoidance of STIs (Green 2016).

Although the increased sexual activity encouraged by the availability of the pill could lead to significant collateral damage, at least it wasn't supposed to lead to pregnancy. Used with perfect compliance, it is an effective contraceptive in more than 90 percent to 95 percent of cases. Unfortunately, we live in an imperfect world with imperfect people, and unintended pregnancies do occur. The cultural response to this unavoidable fact took two directions. One can indulge in nonprocreative sex, anal or oral, or one can seek an abortion for those

who adamantly refused to accept the results of potentially procreative sex. The former was seen as aberrant and even repugnant in previous generations, particularly by females. However, it became more common after President Clinton finally and publicly admitted his own "nongenital" activity with a young White House intern. He justified his previous denials by asserting that because it wasn't mutually genital, it wasn't really sex (Sanders and Reinisch 1999). This led to numbers of high school girls claiming "technical virginity" while acceding to similar demands from their male companions. This change in sexual practice among heterosexual couples led inevitably to a more tolerant attitude toward those for whom nongenital or nonprocreative sex was the preferred or only option. Negative attitudes toward homosexual activity weakened, in part, because it could be seen that they were only practicing what many heterosexuals were also doing, and how could that then be construed as bad or unnatural?

When homosexuality became more acceptable as an "alternate lifestyle," then the twin principles of toleration and pursuit of pleasure would dictate that related issues should be made culturally acceptable as well. These issues included homosexual marriage, transgender conversion surgeries, and a myriad of bathroom issues and controversies. If we cannot condemn those who merely do what we sometimes do, should we not support them for being like ourselves?

Those who followed the other path and became pregnant despite their use of the pill would not accept such an intolerable consequence. The increased demand for abortion became inevitable for those who felt betrayed by the failure of their contraceptive. Indeed 60 percent of abortions are sought by those who were using contraception at the time they became pregnant (Furendi 2017; British Pregnancy Advisory Service 2017). When your cultural norm assures you that no pregnancy should ever be unintended, then some reliable backup for failed contraception will be seen as both a necessity and a right. **This is the inevitable linkage: a contraceptive culture *requires* a concomitant culture of abortion on demand**. An unrestricted commitment to liberty and the pursuit of happiness has its price. This price is the embryo or fetus. As a result, the field of bioethics has had a hard time objecting to embryo experimentation, genetic manipulation, or any creation or destruction of embryos. If it is acceptable to destroy an embryo by a woman in the pursuit of happiness, it is difficult to deny the liberty to pursue its destruction in the pursuit of science.

Final Remarks

While the chief remaining argument against contraception in our culture has been theological, we have eschewed that approach for the sociological. There appear to be a long list of actions and behaviors that might be considered objectionable or sinful by many who would have *no* objection to the use of contraception. Yet, without making a direct religious objection to the pill and other contraceptives, it can be seen that these behaviors that might be termed sinful can be directly linked to the use of contraception in our culture. Fehring, Bouchard, and Meyers (2018) showed additional correlations between contraceptive use in adolescents and negative sexual outcomes. There are additional arguments that can be made against it, including the deleterious effects of cohabitation on the subsequent marriage and divorce rate, the contamination of the water supply by hormonal drugs, and declining fertility rates. Moreover, some of the most challenging and troublesome ethical questions for Catholic physicians in the current age, such as assisted suicide, euthanasia, and restriction of nutrition/hydration leading to a patient's death, all would seem to have a tenuous connection to the contraception–abortion continuum. However, a cheapening of life, and diminishing respect for life in general, is the necessary substrate for these other attitudes and developments. Their justification often depends on similar arguments based on maximizing liberty and happiness. It appears to be no accident that the most ardent supporters of assisted suicide are frequently ardently pro-choice at the other end of the life continuum as well. These considerations are worthy of exploration but also are beyond the scope of this article. What was intended was to recognize a link to a succession of actions and behaviors that begins with the use of contraception. Contraception is seen by its proponents as justified and necessary when procreative sex is severed from sex for pleasure. Seeking unencumbered sexual pleasure is justified by a misunderstood or misapplied sense of liberty and pursuit of happiness. I do not believe the founding fathers would recognize what we have done with their self-evident truths.

If our modern moral morass and overemphasis on individual rights can be interpreted as a devolution from the founding fathers' principles, perhaps a reinterpretation of their intent may suggest a way out. This interpretation would need to rely on a strong justification for the respect shown to individual liberty. Such a justification could be construed from natural law arguments, buttressed by a Christian concept of the value of the individual. Natural rights and basic human equality are most strongly supported by a

Christian justification, as seen in the belief that all individuals have inherent dignity and value. This value and dignity are found in the individual's status as God's beloved creation, as a child of God made in his image and likeness. When the emphasis on the rights and liberty of the individual is once again linked to this religious principle, rather than enlightenment perspectives, not only are the rights of liberty and pursuit of happiness strengthened, they are appropriately redirected. A more profound understanding of happiness then points us away from shallower material and sexual pleasures to deeper and more satisfying metaphysical ones. Thus, those practices that we examined previously would be superseded by those fostered through the practice of continence, self-discipline, charity toward others, and a true understanding of purity. As Chaput (2017) recently put it,

> Given the hyper sexualized nature of today's culture, when we think of purity, we usually think of sexual purity. And thinking of purity, we typically focus on abstinence. So purity somehow transforms into not experiencing a thing we want to experience. This is a distortion. Purity is about wholeness or integrity. It means that the body, mind, heart, and soul are rightly ordered toward God. Every element of who we are is doing its part to bring us to union with God, which is our ultimate happiness. Given the strength of the sexual desires we all feel, rightly acting on those desires is a key part of maintaining purity. For single people and celibates, it means offering those desires up to God and seeking to channel them in our love and service for others. (p. 126)

Finally, if we accept this chain of events and its consequences, where does that leave us as physicians? We may have started with the comfortable assumption that we can practice our profession and our faith, fully assimilated into modern American culture and society. Increasingly, we have come to realize an age-old truth: to be a Catholic Christian is by nature to be countercultural. Christ did not come to help us assimilate into the world but to help us to seek a better one together. Faced with this, what can we do for our patients and what can we do for ourselves? For our patients, there are measures that can be taken, some simple, some daunting. Can we imagine rejecting the assumption that all our young unmarried patients are sexually active or intend to be? Patients rely on their physicians for contraceptive advice, as well as for referrals for abortion, and instructions in safe sex, the condom cautionary, and so on. How much more time will it take to try to warn them of the adverse effects of a sexually libertine lifestyle, just as we try to warn them against smoking? It might seem to be an impossible task to find ourselves in opposition to a pervasive culture that no longer respects our values. It might seem like trying to empty the ocean with a thimble. But let me remind you of another oceanside parable: after a major storm, when hundreds of starfish were washed up on the beach, a little boy walked along throwing them back into the water before they were fried by the sun. An older man told him to forget about it, the task was too great, he couldn't make a difference. The boy replied, as he threw it back into the water, "Well, it will make a difference to this one." Perhaps developing a one-on-one relationship with our patients has always been the only chance of making a difference for the practitioner as well as for the patient and parents. And in attempting to do this for our patients, for as many patients as possible who are willing to accept it, we are doing something more. We are doing something for ourselves, for the maintenance of our own values, for the strengthening of our own moral character and virtues, and for the preservation of what we find best in our profession. This understanding, this approach, would seem more in keeping with the founding fathers' original intent, who did not appear to seek separation of individual liberty from its Christian foundation or our true happiness.

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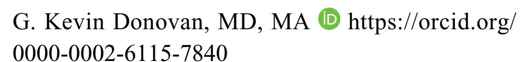
G. Kevin Donovan, MD, MA  https://orcid.org/0000-0002-6115-7840

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Biographical Notes

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Claudia Sotomayor, MD, DBe, currently works as clinical ethicist at the Pellegrino Center for Clinical Bioethics and adjunct assistant professor of internal medicine of GUMC. She holds an MD from Universidad Autonoma de Chihuahua in Chihuahua, Mexico. She also graduated with a master's degree in bioethics from Anahuac University in Mexico City, and she graduated with a Doctorate in bioethics from Loyola University in Chicago, Illinois. She also completed a fellowship in clinical bioethics at MD Anderson Cancer Center in Houston, Texas. She has been a research scholar for UNESCO chair in bioethics and human rights since 2012 where she has worked in the area of multiculturalism, bioethics, and religion. She has also served as a member of the Ethics Committee in different hospitals in the United States. Before coming to the United States, she worked in different hospitals in Mexico as a primary care physician and was the health committee coordinator for FUNDESPEN, a nonprofit that provides medical care to Mayan communities in rural areas of Quintana Roo, Mexico.