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Though the fiftieth anniversary of *Humanae Vitae* ended with 2018, there were so many good articles written that we will keep the theme going in this edition of the *Bulletin of WOOMB International* and also in the following issue. We hope you will agree the Encyclical of now Saint Paul VI is well worth revisiting.

Making a Case for *Humanae Vitae*

William R Hamant
Book Review

Coffin, Patrick, *The Contraception Deception: Catholic Teaching on Birth Control*
(2nd. ed.; Emmaus Road Publishing, 2018)

Patrick Coffin's approachable and engaging text, *The Contraception Deception*, is written not to develop new teaching, but to present the teaching of the Church to the broader culture. The text would also serve the educator well for use in the classroom. Coffin writes in language accessible to most undergraduates, with an organization that can be followed easily.

For those who struggle with the Church's teaching, or who reject it entirely, or who accept it but cannot articulate it, Coffin insists on the importance not only of the mind, but—perhaps even more so—of the will and the heart. "In this delicate arena [of Catholic sexual morality], intellectual arguments alone are generally useless in the persuasion department." One could say that in this arena, *conviction* requires *conversion*. Coffin thus concludes many of his chapters with short prayers, to personalize what could otherwise be a mere academic exercise.

His first two chapters are historical, exploring how certain portions of the Christian world quite recently came to accept contraception as acceptable or even good, and how he himself came to recognize it as evil. Culturally and spiritually, he argues, the acceptance of contraception brought with it the worship of the "false god" of the "sterilized orgasm," which steers the life-giving and unifying action of sexual intercourse away from the Author of life as it closes the couple off from the complete gift of self to the other.

The third chapter was, for me, the most surprising. I've taught *Humanae vitae* a great number of times; but paragraphs 4-6, which proclaim the authority of the Church to teach the requirements of the Natural Law, are not paragraphs that I have ever focused on, let alone made the starting point of an exploration of the teaching. People should become convinced that the Church teaches what it does about sexuality because it is true, not that it is true because the Church says it. But for Coffin, the whole crisis over the acceptance of the Church's teachings on sexual morality is not at root a crisis about the Church; it is a crisis of accepting. The order inscribed in human sexuality is not something that is up for majority vote, determinable by consensus; it's an essential characteristic of our being, which is a gift from God. And because it is a gift, it is something that must be received to be lived.

Responding to the objection that Scripture is silent when it comes to contraception, Coffin's fourth chapter shows, first, that there are specific instances in which the Bible decisively condemns actions which can only be understood as "contraceptive." More than that, however, this chapter's main purpose is to lay out the worldview of the Bible, in light of which the abhorrence of contraception should clearly follow. With Scriptural passages that are abundantly and masterfully presented, Coffin shows how Scripture thinks "maximally," not "minimally," about the good of children, who are a blessing and whose ultimate Source is God.

Chapter five considers the ultimate theological grounding of the Church's teaching on contraception by arguing that human beings are called to love in a way that images God (Gen 1:26-27), Who is a Trinity of Persons. In its physicality—and not in spite of it—the sexual union of husband and wife is an intimate sharing in the creative power of the supreme Author of life. For this reason, Coffin refers to sexual union as a "natural holy of holies" in which God's presence dwells. Because of the sacredness of human sexuality, contraceptive

acts are particularly evil. Indeed, he considers them a kind of idolatry. Why would this be the case? It is because in any human action, “pleasure” can never be the goal (the “end” or purpose, in the language of moral theology). Rather, human action must be directed towards a “good,” which, when attained, *then* brings pleasure or joy. The pleasure that the husband and wife experience during the authentic gift of self is good precisely because it comes as a result of *giving* themselves. But contraception makes it impossible to give themselves completely, which by default makes pleasure the “end” of their action. Thus, if the true gift of self in marital union is a kind of imaging and worship of the Trinitarian God, the contraception becomes “the main liturgical action of worship of the false god” of our times.

The theological foundation and liturgical implications of contraception can be viewed Christologically, as well. Citing Augustine, who spoke of the Cross as the “marriage bed” of Christ on which His act of total self-giving effected new life for His bride, the Church, Coffin asks, “What kind of grotesque sacrilege would contraception signify? It would be Jesus ensuring in secret that His death on the cross was faked, that it did not really save us.”

Marital love, in sum, is governed by the Trinitarian and Christological “law” of self-gift. And failure to live according to this truth has natural consequences: “a harvest of impotence, sub-replacement population levels, and a high divorce rate.” Upon this theological foundation Coffin builds his treatment of the philosophical concept at the heart of the Church’s condemnation of contraception: the Natural Law.

Behind the widespread dissent of so many theologians on sexual morality lies a rejection of the very notion of the Natural Law. Coffin does a fine job discussing the main philosophical causes of this dissent, but also recognizes that the roots of this dissent (e.g., the “indifferent” will of Ockham’s voluntarism, the Cartesian body as “pure extension,” etc.) have sunk so deeply into our worldview that they are hardly noticed. His defense of the Natural Law is particularly aware of this. But it also reaches surprisingly, into Scriptural territory, laying out the worldview contained in the Bible, especially its view of the human person as a unity of body and soul, and the sacrality of the body, which is spoken of in Scripture as a “temple.”

In light of the Natural Law, knowable through the voice of conscience, we are directed through the ordering of our nature to our ultimate perfection in the love of God. Coffin’s treatment of conscience is orthodox, yet brief. More than the meaning of conscience itself, he emphasizes the need for caution when appealing to this “inner room” in which the voice of God is meant to be heard. Conscience, he rightly warns, is not infallible, and the Natural Law needs the authority of the Church to be interpreted rightly. Nevertheless, some more space here could be given to developing a better overview of conscience itself. I can imagine some readers wondering what, precisely, conscience is, and why I should trust it if it is so wounded and needs so much help.

Little needs to be said here regarding his chapter discussing the claim that a “population explosion” threatens the planet. Against such a view, he offers a number of fascinating and compelling statistics, suggesting that not only is our planet more than capable of sustaining the present population, but also that we are facing immanent societal crises because of a collapsing birthrate. Of greater interest are the final three chapters, treating, respectively, surgical sterilization, assisted reproductive technologies, and the moral difference between Natural Family Planning and artificial birth control.

What should a couple do if they come to realize that a past sterilization procedure was wrong? How do they “repent,” if repentance means turning away from one’s sin and refusing to continue to “benefit” from it any longer; but they are unable to undo the procedure for medical or financial reasons? Coffin offers some prudent advice: Prayerfully consider whether a sterilization reversal is possible or feasible in one’s own situation. If so, undergo such a procedure, and welcome what children God may bless one with; if not, consider practicing periodic continence as *if* the procedure had not happened, so that the virtue that such discipline makes possible might also bless one’s marriage.

Most helpful in my view were the questions that Coffin suggests we might raise to a person who confides in us that he or she has undergone sterilization. Is their marriage *really* stronger after the sterilization? Did they

consider the possibility that someday their financial situation might be better and that they might want to welcome more children into their family? Did they consider the possibility that their current spouse might die and that they would then enter any second marriage unable to give that new spouse the gift of children? Such questions are meant gently to help the person begin to face the full reality of what has been done.

While Coffin's penultimate chapter is not directed towards contraception directly, it does treat of an issue that is built upon the same logic: the emergence of assisted reproductive technologies (ARTs). If the two meanings of the sexual act are separable, he shows, then both contraception and ARTs follow. This chapter stands as an accessible introduction to those aspects of medical ethics relating to procreation, explaining some of the most common forms of ARTs, and why the Church teaches that they are immoral. In addition, it summarizes the basic tenets of Catholic medical ethics, such as the teaching that medicine should *assist* the natural order in achieving its ends, rather than *replacing* the natural order. As with contraception, Coffin correctly identifies what exactly is wrong with assisted reproductive technologies: not the *end* of achieving a pregnancy, but the *means* employed to achieve that end. And the means, especially at present, have terrible consequences, particularly the discarding of "extra" embryos or the post-implantation abortion of "excess multiples." One could object that such atrocities are caused by the inherent limitations of present techniques. But Coffin recognizes that the evil of ARTs that replace the natural order lies in the logic of the technology itself: the failure to receive the child as a gift. Children have a right to originate from a conjugal union.

In his chapter on Natural Law, Coffin had mentioned briefly the misapplication of the so-called "principle of totality," to which *Humanae vitae* alludes in nos. 3 and 17. *Every* sexual act, the Church teaches, must be "ordained in itself to bring forth new human life." Yet many who believe themselves to be faithful Catholics are under the impression that their contracepted sexual acts *don't* represent "closure" to new life, because these couples *do*, in fact, desire children in their marriages—just not at the present time. In the Natural Law chapter, Coffin had largely left unaddressed the question of why *individual* marital acts must remain ordained in themselves to new life, and not simply their marriage as a *totality*. His final chapter, however, provides that answer.

By using a series of analogies (dieting, speaking, praying, protesting, wedding planning), Coffin is able to show how the evil of contraception is located within the act itself, and not in the intention, or circumstances; and this, without ever invoking the technical language of the "sources" of the morality of an action. A further point that I found particularly commendable is that, although he uses the language of the "contraceptive mentality," he never once implies that one's "mentality" (or intention) can *turn* NFP into contraception. In other words, he recognizes that these are two fundamentally different types of moral actions, and that their "species" is not determinable by the mindset of the agents.

Coffin writes with the authority of one who has struggled with the question of contraception personally, and who has long experience presenting the teachings of the Church to audiences who may or may not be deeply theologically formed. Yet he can hardly be said to remain in the theological shallows. Indeed, Coffin brought to mind Josef Pieper's praise for Aquinas, who, as a teacher, "sees reality *just* as the beginner can see it, with all the innocence of a first encounter, and yet at the same time with the matured powers of comprehension and penetration that the cultivated mind possesses."^[1]

[1] *Guide to Thomas Aquinas*, trans. Richard and Clara Winston (San Francisco: Ignatius Press, 1991), 95. Emphasis in original.

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Rejecting *Humanae Vitae* –the social costs of denying the obvious

Hanna Klaus MD



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Abstract

Since contraceptives have been used to remove fertility from the conjugal act, the social consequences predicted in the encyclical *Humanae Vitae*, such as the rise in cohabitation, decline of marriage, rise of divorce and single parenthood, have exceeded expectations. The degradation of the sexual act from total mutual self-giving to momentary union has led to doubting the significance of the biological truth of the body and opened the door to gender fluidity. Promiscuity became normative, and the need for consent became eroded until women revolted with the #MeToo Movement. Promiscuity, cohabitation, and divorce have resulted in 40% of children born to unmarried parents whose tenuous unions often leave the children in melded and dysfunctional families. Relation-free “hook-ups” have become the norm among young adults, leaving a flood of emotionally damaged women, an epidemic of sexually transmitted infections, and unplanned pregnancies, to which the healthcare industry has responded by doubling down on the means which caused the problem in the first place with near-coercive promotion of long-acting, reversible contraceptives (LARCs). LARCs must be inserted and removed professionally, and make reproductive choice moot.

Respecting the truth of the body is the precise counter measure. A woman’s cyclic fertility is easily observed with reliable biomarkers – natural family planning- which requires the whole person. Fertility awarenessbased methods of family planning have no side effects, are easy to learn, and can be used to achieve as well as delay conception. The self-discovery inherent in learning fertility literacy has empowered adolescent girls and boys to understand and value their sexuality and fertility and avoid choosing harmful behaviors. Why does society continue to treat fertility as if it were a disease?

Key Words

Humanae Vitae, contraception, depression, natural family planning, fertility awareness-based methods, experiential learning, fertility biomarkers, relationships, sexuality education.

When Pope Paul VI released his encyclical *Humane Vitae* on July 25, 1968, the immediate public reaction resembled taking candy from a baby. Even though non-coital hormonal contraception had been used widely for less than a decade, drug companies and media had hyped the supposed benefits of the pill to such an extent that couples, medical professionals and clergy became convinced that removing fertility from a woman’s body would liberate her sexually. Women would become the inverse of men, never fertile, while men were always fertile (Klaus, 1976). Men were quick to realize their advantage. Now they did not have to worry about getting a woman pregnant. Much public discussion followed, some beneficial. The topic of healthy sexuality was no longer a taboo, the benefits of child spacing received wider attention. Women could marry or cohabit while delaying childbearing until they completed their education and their careers were safely launched. This would lead to the end of poverty. Everyone would be happy. There would not be any downsides.

Downsides

The downsides did come. When a pendulum is pushed in one direction, its return is even more forceful. The untoward social effects emerged quickly: casual sex with multiple partners led to epidemic levels of sexually

transmitted infections. As the need for commitment became moot, marriage rates declined and divorce increased. More and more children lived in melded and often dysfunctional families, usually with their mothers, while men moved in and out of the home. In 1950 95% children were born in wedlock in the U.S. By 2010 that number had decreased to 60% (NCHS and CDC, 2010).

Despite the career-enhancing advantages proffered by contraceptive use, more than 30% of women stopped using them before the end of the first year due to side effects or the fear of side effects; over 50% stopped before the second year of use (Castle and Askew, 2015). Teens are especially vulnerable, particularly low-income minorities. Girls from dysfunctional homes with no long-term goals continued to drop out of school and become teen mothers. The act of procreation fulfills a deep yearning in a woman, as does the relationship with a man, however tenuous, in individual situations. Recognizing the ambivalence which undermined compliance with user-controlled contraceptives, healthcare professionals have attacked fertility as if it were a disease, mounting a steady, near-coercive campaign to promote LARCs- long-acting, reversible contraceptives – copper or levonorgestrel IUDs, Depo-Provera injections, or subdermal progestin implants. These are promoted aggressively especially right after a low-income woman gives birth (Lynn and Simon, 2011). Now called the Choice Project (<http://www.choiceproject.wustl.edu/>), it is implemented routinely to any Title X-eligible teen but especially post-partum and post-abortion. So far, the poverty rate has not declined, but untoward physical, emotional, and spiritual effects can no longer be denied. References to thrombotic and embolic episodes lead the long list of side effects of hormonal contraceptives mandated by the FDA for inclusion in drug information in the *Physicians' Desk Reference* and package inclusions, while more subtle emotional and spiritual effects are not readily analyzed statistically, hence omitted (Klaus and Cortes, 2015). Nevertheless the Danish, population-wide study, which found that 25% of young adults who were taking hormonal contraceptives were also prescribed anti-depressants, should cause reconsideration by those who are promoting LARCs wholesale (Skovland, Morch and Kessing, 2016).

Abortion is wide-spread. Most undesired conceptions occur because contraceptives were not used, used improperly or inconsistently, or failed. In the U.S. 54% of women who chose to abort were using a male or female contraceptive in the conception month (Jones, Darroch and Henshaw, 2002). Most abortions are for social indications. The violation of justice for the unborn needs no elaboration, but those who want to insure the separation of sex from procreation need abortion available for contraceptive failure. For years they have attempted to make abortion a human right at the United Nations while energetically denying any negative physical or emotional effect on the woman, scientific data notwithstanding (AAPLOG, 2018).

Initially men were thought to have more of the advantages (Regnerus, 2017). Hook-ups required no emotional commitment, but by the same token there was no relationship. The lines between consent, coercion, and rape began to blur especially in college populations (Gregorianis, 2018). Even before *Blurred Lines* Miriam Grossman, a psychiatrist in a college student health service, called attention to the emotional damage which hook-ups caused for girls whose psyche invested sexual intercourse with emotions even when it was not "supposed to" (Grossman, 2017). Orgasm releases oxytocin, the bonding hormone. Women have a much higher level than men. Finally, the women found their voice in the #MeToo movement, and strong protests against sexual abuse went public. What constitutes sexual abuse? The definitions range from sexist language to unwanted touching to coercion to rape.

But entering into a sexual liaison entails a risk for the man. In response many have withdrawn into the fantasy world of pornography which quickly becomes addictive and is usually accompanied by masturbation. This isolates men further. Married men addicted to pornography find that sex with their spouse can no longer reach the emotional release which pornography affords, and marriages suffer. Sadly, women have begun to watch pornography also, but the vast majority of users are men. Depression frequently accompanies addiction to pornography (Fagan, 2009).

As adolescents are tethered to their cell phones, many do not know how to communicate without an electronic intermediary. Cell phone conversations do not lend themselves to real, physical relationships which are necessary to discover who one is, what resources one has been gifted with and what one can bring to a relationship. Without this, and the intimacy which is part of friendship as well as love, people are isolated and become depressed.

Gender?

As sterilized sex had no purpose beyond the moment of union, one's gender became negotiable if not unimportant. The pronouns chosen by gender-fluid individuals to refer to themselves are revealing. Some prefer the term which pertains to the opposite of their biological sex, while others opt for "none" or a plural pronoun leaving the observer to wonder about a schizoid personality. No physical cause for transgenderism has been identified, leaving speculation about psychological causes such as sexual abuse or family dysfunction, while others wonder about the effects of endocrine disruptors in the environment and water supply. In any event hormonal or surgical gender reassignment prior to adulthood is clearly wrong, as 85-97% of children and teens who present with gender dysphoria revert to their biological sex by the end of puberty (Hruz Paul W, LS Mayer and PR McHugh, 2017).

Fertility control without health risk

Even the strongest advocates of contraception recognize that the current state of affairs is unhealthy. But they merely propose doubling down on the current approaches while denying or denigrating alternative, healthy approaches.

Experience with natural family planning for adults and with the effects of fertility literacy on adolescents has shown that learning and respecting the language of one's body has physical, emotional, and spiritual benefits. When couples learn to understand and honor the signs and rhythms of their fertility their relationship adds a dimension of trust which extends beyond the physical. A husband cannot respect his wife's body without respecting her person and her preferences, as both components are within the same skin envelope! (Klaus, 2015). All currently practiced methods of natural family planning are highly effective for avoiding conception when used correctly and consistently. They also assist couples to achieve pregnancy or help identify remediable conditions if difficulties to conception are encountered (Manhart, Duane, Lind, Sinai and Gordon-Teval, 2013).

But knowing that something good exists may not be enough to persuade people to give up their ways of dealing with their perceived needs. Natural methods of family planning are attractive not only to those whose religion or personal belief opposes removing fertility from the conjugal act, but to those who oppose polluting their internal environment with hormones, and to others who just do not like the side effects. But very few people know that effective natural family planning (NFP) methods exist. Pharmaceutical firms have saturated the medical profession with their products so that the literature omits mention of NFP or denigrates its effectiveness. The fact sheet published by the Centers for Disease Control and Prevention shows 24% unplanned pregnancy for fertility awareness-based methods (FABMs) while picturing a calendar! (ACOG 2018). No wonder doctors do not offer FABMs! Marguerite Duane, M.D., has spearheaded an effort to get correct information about FABMs to healthcare professionals and to the general public with her FACTS - Fertility Awareness Collaborative to Teach the Science.

The Body has its own truth

Puberty, when adolescents' sex hormones become active is a natural starting point for learning the truth of their body and hopefully leading to culture change. When Dr. John Billings asked me to look at teens in 1978, his request was insightful. Puberty is a natural time for questions about sex, and 40% of teens experiment with predictable unhealthy results. In response, most programs of adolescent sexuality teaching targeted the immediate outcome to be avoided - sexually transmitted infections and pregnancy - giving little or no attention to helping teens make their own decisions and grow into adulthood. Current teen sexuality education programs fall into two categories: comprehensive sexuality education programs and abstinence education. Comprehensive sex education programs teach "safe sex" and are now called risk-reduction programs, while abstinence education is called risk avoidance. Both approaches are controversial as neither have sustained post-program behavioral outcomes, hence the push for LARCs in the comprehensive programs referred to above.

Experiential learning of fertility is effective and acceptable

Rather than try to convert adults to FABMs, we opted to approach teens at the time when interest in sexuality was physiological and they were open to learning about fertility and about themselves.

Blessed with a teacher who knew how to approach teens, our program began with obtaining school, parental,

and participants' permission and met girls where they were. When asked if they wanted to talk woman talk, the first question was "what's that stuff that comes out?" (Cervical mucus at the vulva, the same biomarker used in the Billings Ovulation Method and by all non-calendar NFP methods.) The girls progressed from observing the sign, to its source, its cause (the ovarian hormones) and the effect of hormones on their moods, etc. Once they had recognized the phases of their cycle and learned the length of their luteal phase, finding that their periods arrived just as expected meant that their body was now comprehensible and they were in charge. At that point the girls began to move away from peer pressure and made their own decisions about behavior. When a boys' curriculum was added, at a mother's request, we found similar behavioral outcomes: Nearly all virgins remained sexually uninvolved, about half of sexually experienced students stopped activity.

Experiential learning of fertility biomarkers leads to self-discovery and internalization. Students explore relationships, commitment, life styles, marriage, parenthood, all methods of family planning. If they are not aware of alternatives, they cannot make a free, informed choice. Rather than impose behavioral norms, the students discover them by speaking about the consequences of any choice available. The natural law is real. Once the truth of the body is internalized, it continues to affect behavioral choices. The behavioral outcomes described above hold true in 2- and 3-year, post-program follow up.

So many well-intentioned programs begin by moralizing and theologizing, fearful that students might make a wrong decision. By merely theorizing about fertility biomarkers but not encouraging teens to discover them, the program remains a head trip. There is nothing to internalize. Gatekeepers and some parents fear that giving full information will encourage promiscuous behavior. Our outcomes show the opposite. Withholding information is far more likely to cause teens to seek it elsewhere, and the media provide it readily.

The prime model for experiential learning

The Incarnation redeemed the whole man, not just his brain. Our Lord approached people by meeting them where they were, not where He might have wanted them to be. He asked questions, taught in parables and let people draw their own conclusions – and the people responded. Not all, we know the history, but he never imposed. He let people find him. Using the truth of the body to teach about the person is just natural law. (Clearly supernatural knowledge about the Trinity is in a different category.)

To avoid the consequences of separating sex from procreation that were predicted in *Humane vitae*, let us begin with those most open to learning. Let us teach youths to understand and value their sexuality and fertility. They will avoid destructive choices and help build a culture

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From the Archives : On Humanae Vitae

Professor Elizabeth Anscombe

Returning to our series From the Archives, following is an extract from a paper presented at the 1978 International Conference in Melbourne to celebrate the 10th Anniversary of Humanae Vitae which can be read in full in a book entitled Human Love and Human Life, edited by J N Santamaria and J J Billings, The Polding Press, Melbourne 1979.

I first read *Humanae Vitae*, of course, when it first came out. At that time, we all honed in almost exclusively on the declaration about contraception. Not just the fact of the condemnation...but the precise formulation of the condemnation interested me intensely. The invention of the contraceptive pill had in a way put moral theologians in a difficulty and it often led to the collapse of their former views. There had long been a characterisation of the use of contraceptives as involving a sort of perversion in sexual acts. Now the physical act of sexual intercourse was not itself 'distorted', as they put it, if you used a pill. And suppose that sort of pill was prescribed for something else *bona fide* (for endometriosis, say...), it would not have been thought wrong to use the period of infertility that it gave. So where was the wrong?

It became clear that it lay in the aspect of *intention*. But here again people felt an immediate difficulty because they had not thought enough about intention. The intention, they said at once, was to have intercourse without getting a child. But that intention had long been declared possibly acceptable. It was so declared in Pius XI's teaching of the allowability 'for grave reasons' of confining intercourse to infertile times, quite methodically, with a view to avoiding conception.

As a professional philosopher, and quite independently of this subject, I had for a long time been very much interested in intention – so interested indeed that I wrote a book about it alone in 1956. This interest has helped me to concentrate on the aspect of intention in thinking about contraception and the ‘rhythm’ method of birth-control.

The first thing to get clear about is that there is a mistake in speaking of ‘*the* intention’ in an act. Whenever you do anything, there are, as you might put it, lots of things you do. Take an example: you [sign] a cheque... What are you doing? You are depositing ink on a bit of paper, you are writing your name, you are signing a cheque, you are perhaps thereby doing a kindness to a person whose debt it is. All these might be comprised in your one act. And *all* of them would be intentional, though there may be others ... which are unintentional – like marking the table under the cheque as you press down with your pen.

And there is also your *objective*. You do the kindness perhaps, in order to improve family relations. *That* lies in the future: it is a *further* intention, perhaps the main one, the end or goal of doing all those other things. But there may be side intentions too, like impressing someone with your gold pen by using it to sign the cheque.

So we can always ask this question about what you do: ‘What is the character, or rather, what are the characters, of the act, as intentional, at the time when it is done?’ What are you doing, and doing on purpose? And there is also the question: ‘What are the further intentions with which your act is done? What is its goal?’ These are different questions. The first *always* has several answers. The second may have only one.

Suppose a couple’s situation to be one in which it is right and honest to have intercourse but avoid conception. This goal, that there be intercourse but no conception, is *an* intention *with* which the act is performed. Suppose, it is the intention of two couples, one couple uses contraceptives, the other [makes use of] the infertile times. The goal we have mentioned makes no difference between them, and we are assuming their situation to be one in which it deserves no reproach. But the act of the contraceptive pair has a different character for the act of the other pair. For one of the descriptions true of their act is, that it is an act of sexual intercourse deliberately rendered infertile (if it should by chance be fertile otherwise). And this is the immediate significant difference between them and the other pair. For the other pair are performing an act of the generative kind – nothing having been done in order to change it from that. Now the difference in *these* characters of the intentional acts, between their intentions at *this* level, is a difference between wrong and right. As shall be seen.

This point, about the identity in goal, but difference in character of the act of intercourse, was made very clear in paragraph 16 of *Humanae Vitae* ... “It is true that in the two cases the couples are alike in meaning to avoid children for acceptable reasons”, but it goes on “in the [second] case they make legitimate use of a natural disposition”.

In considering an action you need to know whether your goal in doing it is all right, but also whether the act itself is all right, and the former may be while the latter is not.

This point about intention ... was the first thing I observed at that time of first reading. The second was the Pope’s exhortation to get more knowledge. This I found truly instructive.

In earlier days, when Catholics were generally rather firm and clear in their rejection of contraception, they were *not* really clear about the *status* of the permissibility of using the ‘safe period’, by the ‘rhythm method’, which was the only way they knew. Was it perhaps divinely ordained that it be uncertain and risky? Was it morally destructive to be secure? Should one’s begettings and conceptions be hardly *more* within one’s control than intercourse itself? Should they perhaps not be fully voluntary but arise from nature?

When the Pope said: ‘Go to it, get all the knowledge you can, obtain certainty about the times of fertility’, this was very enlightening. We were not to assume that knowledge was impossible, that ignorance was part of God’s plan, we were not to treat involuntariness as a divinely ordained necessity in these matters. Sanctified ignorance was not to be our badge. This was good and instructive news. It is splendid that the knowledge has been obtained.

[On rereading the encyclical] I find ... there is very much material for reflection in it ... [T]here is note taken of the change 'in the manner of considering the person of a woman and her place in society and in the value to be attributed to conjugal love in marriage, and also in the judgment of the meaning of conjugal acts in relation to that love'.

Pope Paul has done much in this encyclical to contribute to the 'appreciation of the relation of conjugal acts to married love'. The principal way has been by his speaking of the 'significance' of such acts. He has taught conjugal acts have a 'procreative significance' and a 'unitive significance' which cannot be separated from one another.

This takes a good deal of thinking about. First, it is clear that 'procreative significance' does not entail that the act be actually procreative. It has the significance of being that type of act, whether it procreates or not: these acts are what we call the 'generative acts'. It is the same sort of point to say that the accord is the seed case it should be fertile, is to *denature* it in your intentions.

But not only does a normal sexual act have procreative significance, without necessarily procreating – in fact, few of them are actually procreative – but, if the Pope is right about the 'inseparability' of the procreative and unitive significance, an act could actually be procreative and yet lack 'procreative significance'. [Consider a man producing a masturbatory specimen for an IVF procedure], if conception results, that would not be an act of procreation or begetting on his part. Begetting is a personal act involving actual union of man and woman. If that is so, then equally there can be acts of physical union which lack unitive significance. This deserves much reflection. What it has to do with is not how united people feel themselves to be in the moment, but with the actual profound union of the married state. These are the acts that have a significance deriving from the significance of married life.

Therefore, we need to think very hard about this 'unitive significance' of which *Humanae Vitae* treated. That, the unitiveness has to do with marriage, gets its character from marriage, is clear. But more needs to be said about it in order to present the strong and shining virtue of chastity as understood by the Catholic Church. This is a topic for another presentation.

Briefly, I will end by pointing to its connection with human dignity. That conception we used to have called to our attention every day at Mass: *Deus, qui humanae substantiae dignitatem mirabiliter condidisti et mirabilius reformasti...* (O God, Who in creating man in wondrous dignity, and still more admirably restored it in a wonderful manner didst establish it...). A young African friend of mine, not a Catholic, when *Humanae Vitae* came out, said 'The Pope has struck a great blow for human dignity!'



Question to Senior Teachers

“What questions should we ask the woman about her bleeding and why?”

The Billings Ovulation Method® chart reflects the ovarian activity in which there has been a cervical response. So when a woman can identify a Peak, she records the first day of the flow of bleeding as a new cycle. This is not dependent on the length of the luteal phase: even if it is less than the 11-16 days expected with a fertile ovulation, it is menstruation and so begins on a new line – this is a new cycle. If she experiences spotting on the day or days prior to the flow this is counted as part of the luteal phase.

Menstrual bleeding is as a result of the withdrawal of both oestrogen and progesterone at the end of the luteal phase. The woman does not need to record any details about this bleed. All we ask is that she records the sensation. This is particularly important at the end of menstruation if she is trying to identify preovulatory infertility, her Basic Infertile Pattern. It is for this reason that we recommend to women who use tampons or menstrual cups that they change to other hygiene protection which will allow any discharge to be identified.

To assist the couple to understand their patterns of fertility and infertility, if a Peak is not identified, any bleeding would continue along the same line and is treated with the application of Early Day Rule 3, as we cannot confirm that ovulation has occurred and that this bleeding is menstruation. It may be an oestrogen withdrawal bleed, or the result of high oestrogens and is recognised as a breakthrough bleed.

Menstruation bleeding is different from breakthrough or withdrawal bleeding because the endometrium has not been changed by progesterone. This non-ovulatory bleeding is very often heavy and clotty and is something we would be thinking about particularly for the pre-menopausal women as her ovulatory mechanism fails. However, before the teacher starts thinking along those lines, she needs to establish if what the woman is saying is of concern.

If she records clots then she should be asked for more information. The size is important. If she says about 20mm or $\frac{3}{4}$ inch, then they probably aren't clots, but if she says about 32mm or $1\frac{1}{2}$ inches then that tells you they really are clots.

If the woman is saying she has very heavy bleeds, a question the teacher could ask then is how often do you need to change your tampon or pad? If she responds - each hour, then it is heavy. Another question that could be asked is how quickly does it take to fill the menstrual cup (a medium one holds about 30ml)? If the response is less than 12hrs then it is a heavy bleed.

Another consideration is the woman's life stage. We would not expect a young nullipara virgin to be experiencing clots on day 4 of her cycle, or for a woman who has identified a Peak to have prolonged or very heavy bleeding and to notice clots. We know it is normal to have 1-2 days of spotting before or after the flow, but if this becomes more prolonged it should be investigated.

By asking the right questions and thinking of what is normal for this woman's life stage, the chart will reveal any abnormal bleeding which should always be referred to a doctor for medical investigation.

Once we have established it really is clotty bleeding, what next? We know we can expect this in the premenopausal woman as her ovulatory mechanism winds down. We can also see this clotty bleeding in other situations where ovulation is delayed, PCOS for example, where there has been a lot of oestrogen input and therefore lots of endometrial growth. We know the PCOS woman can ovulate but it does not mean that she has ovulated every time we see bleeding. Some bleeds might be menstruation whilst others withdrawal or breakthrough. In the case of the woman returning to fertility after a baby, or the post-pill woman, we could expect some clots, perhaps until she returns to fertility. She, like the pre-menopausal woman is experiencing some of the variations of the Continuum.

The advice we would give the woman would depend on her life situation. If she is winding down in fertility as in the pre-menopause, perhaps the bleeding might become so troublesome she needs some medical help but the failure of the ovulatory process is normal. Some women experience such heavy bleeding or flooding that any protection they use is sometimes inadequate to protect their bedding or clothing. Excessive bleeding can cause anaemia and fatigue so that might need treatment.

Similarly, for the woman returning to fertility after the birth of her baby or during weaning, she will get there in time. This may be prolonged if she is continuing to feed as the spikes of prolactin may inhibit the ovulatory process and the return to fertile cycles may not occur until feeding is lessened or weaning is complete.

The woman who has ceased using hormonal contraception may also experience some of the hormonal variants we expect in the Continuum, but we hope that eventually her fertility will also return, given time.

However, in other cases, where the life-stage of the woman would suggest she should be ovulating normally, it would be good to know the underlying reason for this suppression. We would recommend medical investigation and perhaps blood tests to test hormonal levels of oestrogen, progesterone, FSH/LH, testosterone, prolactin, blood sugars, insulin resistance, and Vitamin D. She may even be having regular bleeding but a Peak cannot be identified.

So by asking the woman who does not identify the Peak questions about her bleed, we can get some clues as to whether or not progesterone is present. The bleeding is an indication that there has been ovarian activity. If she is experiencing clots this may be an indication that this ovarian activity did not result in ovulation. Her life stage will depend on the recommendations for either medical investigation or, an understanding that this is a normal response to her stage of life, reflecting the variants of the Continuum.

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The next **WOOMB International Conference**
on the **Billings Ovulation Method®**
will be held in **Cotonou** in the **Republic of Benin**
from **5th to 11th March 2020**
followed by **Training Programs**
for teachers of the
Billings Ovulation Method®
from **12th to 15th March 2020**



More information will be available at
<https://www.woombconference2020.com/>
as details are finalised.

News Around the World

Australia

In early January, 2019 two Australian teachers, Mandie Bowen and Inaam Abiad were privileged to present a Billings Ovulation Method® Teacher Training Program over three days to thirty Missionary of Charity Sisters from Oceania, who had come together for their annual meeting in Sydney.



To begin this program the history of the development of the Method and the philosophy underpinning the Billings Ovulation Method® was presented. It became clear very quickly that the Sisters had a deep understanding of the Theology of the Body and were therefore well prepared to take this course. It was an easy step to then take them through the scientific and clinical side of the Method.

On days two and three of the course, when the Method was taught in depth, it was obvious that the Sisters understood and had grasped the principles of the Billings Method™. They were able to correctly answer the questions asked of them and followed up with smart and insightful questions of their own.

The Sisters really enjoyed the whole program, they were open and receptive to this message, soaking up all that had been presented. They understood the benefits of the Method, not just simply from an NFP point of view but also as a diagnostic tool that they can apply for themselves. They felt empowered and confident to talk about it with the families and communities with whom they come in contact.

They were particularly fascinated with the physiology of the cervix, the plug of G mucus and the different types of mucus and their roles. They appreciated their own femininity and were in awe of God's work in designing the beauty of womanhood.

It was clear from the responses to the Teacher Training Questionnaires that the sisters had listened to the topics presented and had grasped the concepts. In addition, their answers demonstrated their deep understanding of the philosophy of the Billings Ovulation Method® and how it can benefit the family, and how the teacher can contribute to the welfare of the couple. Their responses, in which they were able to express what this course meant to them, confirmed that they were deeply appreciative of this opportunity and could see how it would help them in their work with women and families.

The Sisters expressed their gratitude to Billings LIFE for generously providing copies of authentic literature to all Sisters. It was obvious they would be referring to them and would continue to study them after our teachers had left.

Both teachers felt very honoured to be a part of this Program and have felt renewed and energised by the experience. We know that St Teresa of Calcutta, along with Drs John and Lyn Billings would have been smiling down from Heaven on this group.

Also in Sydney, on the first weekend in April of this year, Australian teachers and trainees will gather for a National Teachers Weekend on the theme *The Beauty of Womanhood*. Professor Sr M Isabel Naumann ISSM THD/STD will deliver the Keynote address. The weekend will be followed by an Advanced Teacher Training Program entitled *The Commonsense Method*.

Brazil

Below is a little news of the services we have developed for the dissemination of the Billings Ovulation Method™ and the training of instructors to better collaborate with WOOMB Brazil in the challenge of meeting so many people who need to have this knowledge. In these past 10 years we have given 5,823 consultations, and we have medical records for 725 Billings users. As we work within a health clinic, we train health professionals, gynecologists, endocrinologists, enfermeiros (supervisors), nutritionists, nurses, and others.

Thanks to God, and the service we have been able to offer, many have become pregnant, others have been able to space their gestation naturally and all are recognizing their fertility and can monitor their reproductive health using the Billings Ovulation Method™.

27 February 2019

Fabiana Azambuja

Centro Famílias Novas

Posto Médico Padre Pio

Cachoeira Paulista - São Paulo-Brasil

blog.cancaonova.com/familiasnovas

Canada

Greetings from the Natural Family Planning Association of Alberta. We have exciting news and fantastic opportunities to share with you. The primary purpose of the NFP Association of Alberta is to train and accredit teachers to teach the Billings Ovulation Method®. In the past year, 26 new Teacher Trainees have begun their training and some will achieve Accreditation in the near future. We are so proud of the hard work, dedication, and proficiency of our teachers.

We will be present at the Theology of the Body Conference in Calgary this month where we will have a table in order that delegates to the conference can meet members of the Calgary teaching team during breaks between sessions.

Our Webinar series is underway, with participants joining us from British Columbia & Saskatchewan to undertake training to be an accredited teacher of the Billings Ovulation Method®.

An Extension Training Workshop will be conducted in Edmonton, Alberta in June 2019 for experienced teachers of the Billings Ovulation Method®. This will be an opportunity to gain advanced knowledge of fertility with an emphasis on challenging charts and the diagnostic applications of the Method.

France

We had a wonderful General Assembly for TeenSTAR France in Paris on 17th November 2018 with a Thanksgiving Mass to celebrate the 25th anniversary of when we launched the program with Dr Sr Hanna Klaus (founder of TeenSTAR) in France in 1993. With Sr Hanna we toured France for ten years, responding with teacher-training workshops to invitations from all corners of the country - Hanna teaching and I translating, until finally our French team began to fly on their own wings in 2003. Our Board is made up of fifteen members, including four physicians.

It was very moving to see 100 persons assembled for the celebrations, from all over France, but also three teachers from the UK (where we re-launched TeenSTAR in 2015 with the help of Veronica Pierson) and one from the Ile de la Reunion. TeenSTAR (thanks to our French translation) has been expanding to many French speaking countries, in Europe, but also Canada, Madagascar, Guinée Conakry, La Réunion, etc. We now also have some ladies who followed TeenSTAR in their adolescence who are coming back to become teachers.

Angela de Malherbe

Nov 2018

Guatemala

Dear friends:

We inform you that we were in Guatemala and presented the Basic Course to aspirants to be Billings Ovulation Method™ teachers, on 22nd-24th February. The auxiliary bishop of the Episcopate of Guatemala, José Cayetano Parra Novo made the request for this course to WOOMB Latinoamérica. They indicated the dates to have the course, and then said they prefer Mexican members of WOOMB Latinoamérica, to go to Guatemala because of the near geographic location.

There was great enthusiasm amongst the 73 people in the course, all paying close attention and clarifying many doubts. Participants included two medics and two nurses, some school teachers, some of other occupations, and some from rural areas, including three who did not speak Spanish.

As you supposed, there were some people taught by Mercedes Arzú, and others that learned the "Ovulation Method" from María Elena de Quan from Honduras.

Charles and Isabel Petz, who have attended the WOOMB International World Conference in Costa Rica last year, lead the team that organized the course. They are in the Family Pastoral of the Episcopate of Guatemala, in charge of the department of Life Defense. Economic support for venue and participant accommodation was provided by the Episcopate of the United States.

Some weeks before going to Guatemala, WOOMB MÉXICO sold and sent them the books Teaching the BOM part 1 and 2, and the Ovarian Activity of emeritus professor James Brown as well as the Slide Rule.

The time went very fast. At the beginning of the course, the organizers ask the aspirants to remove the chip from their brain of all the ancient concepts of others methods, and to open their mind to update with the authentic BOM. They did it and at the end, some commented to us that they learned many things and that they were making changes in their charts, because they have found some mistakes after learning the authentic BOM. Some of them told us, they had gotten pregnant recently, because they did not have clear some concepts, like how to recognize the Peak day. All of them used the international symbols to chart.

The next step is to assign to those that could understand the BOM best, tutors from México, who, through the application developed in México or by WhatsApp or e-mail or Skype, may supervise the way in which they are teaching the method. After some months of practice in teaching with tutors, when Guatemala had some instructors certified by México, we will inform you through WOOMB Latinoamérica that they may continue the process to get the affiliation to WOOMB Int. Ltd.

Benjamin Zamudio Olmos

Graciela María del Carmen De María y Campos Pérez
WOOMB MÉXICO® General Directors of Training and Education



Participants in Guatemalan training program.

Uganda

During the month of January 102 clients were trained in the districts of Kampala, Rubanda Kisoro, Kanungu and Mbarara. The training in the districts of Kisoro, Rubanda and Kanungu targeted indigenous peoples called the Batwa who had earlier requested to be trained in the Billings Ovulation Method™ since they were not comfortable with artificial methods of family planning. The training was undertaken with the assistance of Batwa Development Organization and Civil Society Coalition on Indigenous Peoples who helped with mobilization and payment for transport. During the training Batwa who are mainly forest indigenous peoples expressed very many challenges that have deterred them from using modern medicine and artificial family planning methods but were optimistic about the Billings Ovulation Method™. The biggest challenge facing these communities is extreme poverty and illiteracy which makes it hard for them to fully understand how the Method works. At least 150 members were taught the basics of the Method. During the training the district environment officer assisted me with transport as she was most interested in the Billings Ovulation Method™ for the forest indigenous peoples (Batwa).

Also during the month of January, 67 clients were reached through telephone while 24 were visited in their homes and place of work. I discovered that 5 clients who were previously using implants and Depo-Provera had abandoned them and were encouraging other potential clients from using the aforementioned methods due to the health problems, notably liver complications and excessive bleeding. Clients also testified about the improved family life with love and joint decision-making in planning for the family. The method had effectively reduced domestic violence as reported by a majority of women who were previously being battered by their husbands.

In addition, four radio talk shows were conducted on the Family Broadcasting Network focusing on the Billings Ovulation Method™, early marriages, domestic violence and family life. Listeners had an opportunity of calling and most had questions on family life and use of the Billings Ovulation Method™. Callers appreciated the program except one who complained that it was too short and not easily understood.

Emily Iradukunda

Accredited Billings Ovulation Method™ Teacher

Kampala

Uganda

10th February 2019



Teaching indigenous Batwa people from Kisoro, Rubanda and Kanungu districts of Uganda.

WOOMB UN Team

As this issue of the Bulletin is published we have a wonderful Billings Ovulation Method® team at the United Nations in New York for the annual conference on women - CSW63. We have just had a report of their successful parallel event in which they had 26 participants, most of whom were under 25 years of age. As one young woman left the room, she turned back and said "Now THAT'S empowerment!" We will have a report of their activities in the next Bulletin.



Young Women's Knowledge About Fertility and Their Fertility Health Risk Factors

Qiyang Mu, Lisa Hanson, James Hoelzle, Richard J. Fehring

<https://www.sciencedirect.com/science/article/abs/pii/S0884217519300012?dgcid=author>

Abstract

Objective

To explore the relationships among young women's demographic characteristics, their self-perceived and actual knowledge about fertility, and their fertility health risk factors.

Design

A quantitative, cross-sectional study.

Setting

Online survey.

Participants

Young women between the ages of 18 and 24 years (N = 342).

Methods

We used an online survey to collect data from young women regarding their demographic characteristics, their self-perceived and actual knowledge about fertility, and their fertility health risk factors. We used multiple linear regression to explore the relationships among these factors.

Results

Participants were mainly White, had some form of college education, and used a variety of contraception methods. Regression modeling indicated that participants' self-perceived knowledge and actual knowledge about fertility and their methods of contraception were significantly associated with their fertility health risks ($R^2 = .13$, $p < .001$). Participants who had higher actual scores of knowledge about fertility and who used fertility awareness methods had fewer self-reported fertility health risk factors. A greater level of self-perceived knowledge about fertility was associated with more fertility health risk factors. Age, education level, and pregnancy history were not significantly associated with fertility health risks.

Conclusion

Our findings provide evidence that knowledge about fertility is important to enhance fertility self-care for young women. The significant relationship between young women's knowledge about fertility and their fertility health risks highlights the need to assess their knowledge and teach them about fertility as important components of preconception care. Such education may help them avoid fertility health risks and protect young women's current and future fertility.

Many of our readers, including all teachers of the Billings Ovulation Method®, would be familiar with the scientific detail of the wonderful monograph which Professor Jim Brown left us which forms the basis of so much of our Teacher Training Programs and our work with health professionals, but how many of you have carefully read this section about the man himself?

Ovarian Activity and Fertility and the Billings Ovulation Method

Professor-Emeritus James B. Brown

M.Sc. Ph.D. D.Sc. F.R.A.C.O.G.

About the Author



This section is written to support the authenticity of the studies reported here and to show that they are part of the mainstream of research in human reproduction. Historically, mainstream research in reproduction and its publication have been dominated by the aim of halting the world population explosion and more recently by the expectation that the main aim of the research is to make profits. Natural family planning (NFP) has not been seen to fit in with either expectation and thus funding for research and the ability to publish the findings have not been in proportion to the importance of the research. Furthermore, drug companies are important providers of funds. James Brown has had his share of grants and, in addition, has been fortunate in being able to earn through his laboratory enough to fund the other projects which he has thought important. Also, as he has made the advances, the routine applications have usually been taken over by others and this has freed him to move on to new challenges. Application of the mucus symptom is the one exception. This has been resolutely rejected by his clinical colleagues, the reason being a complete mystery. He believes that achieving the full potential of NFP is the greatest research challenge in human reproduction today and that the Billings Ovulation Method is the nearest to achieving this aim.

James Brown's interest in reproduction began in the 1940s in New Zealand when he observed the rapid progress being made in animal reproduction at the time. This progress was made possible by understanding the phenomenon of oestrus which enabled the fertile time of the animal ovarian cycle and ovulation to be determined with precision (oestrus causes the female to accept the male only at the most fertile time of the cycle). He reasoned that an equally accurate method for timing ovulation in the human would allow the same progress to be made. Furthermore, as Nature uses the interaction between oestrogen and progesterone produced by the ovaries to manifest oestrus, measurement of these hormones was the most likely method of achieving his aim. Consequently he joined the research team in Edinburgh of Professor Guy Marrian who was one of the men who isolated and characterized the oestrogens. During the 1950s the team was successful in developing methods for accurately measuring the metabolites of the oestrogens, progesterone and luteinizing hormone in urine and, for the first time, documented the precise patterns of these hormones throughout the fertile ovulatory cycle and related these patterns to ovulation and fertility.

Having established a reputation in the field, James Brown has been involved in practically every major development in human reproduction since then until his retirement in 1985. He was a member of Dr Gregory Pincus's think-tank for the development of the oral contraceptive pill and performed the early work on its action. He was surprised that the pill was so quickly and universally adopted by women without an adequate study of its safety and possible long-term effects. At the same time he was pioneering work on assisted reproduction including the use of timed intercourse (as used by Nature in the phenomenon of oestrus) and clomiphene and human gonatrophin for women with deficient ovarian activity. The Swedes won the race to

be the first to use human gonadotrophin but reported a startling multiple pregnancy and hyperstimulation rate.

In 1962 James Brown joined the Department of Obstetrics and Gynaecology, University of Melbourne. With colleagues, he developed methods for the safe use of human gonadotrophin with the minimum of multiple pregnancies, and for a time produced all the gonadotrophin for clinical use in Australia, New Zealand, Singapore and parts of Canada. From the clinical results, he developed the incremental system of gonadotrophin therapy and propounded the threshold hypothesis of gonadotrophin action on the ovary. The threshold hypothesis explained, for the first time, how only one follicle is usually selected for ovulation in the human, but it took 20 years for the explanation to be universally accepted. The pregnancy rate achieved with gonadotrophin therapy has not been bettered. The key to this success was in mimicking the hormone patterns of the natural cycle as closely as possible, a point which is still not fully appreciated today. He has continually improved the sensitivity, speed and convenience of the methods for measuring oestrogen and progesterone metabolites in urine, so that the lowest concentrations found in the human can be measured. In the early 1970s, the rest of the world changed to blood assays for monitoring ovarian and pituitary activity. The validation of these blood assays depended on demonstrating that the hormone patterns obtained were the same as those obtained by the urinary assays.

With infertility due to anovulation now fully treatable, James Brown joined Professor Carl Wood's team which was developing in vitro fertilization (IVF) for achieving pregnancy in women with occluded fallopian tubes. During the next 7 years he provided the expertise for timing egg pick-up for IVF and also was the optimist that success would ultimately come. His methods for timing egg pick-up were also used for achieving the first IVF pregnancy in Britain. Although he is one of the "fathers" of IVF in Melbourne, he is critical of some of the bizarre applications of IVF, of some of its subsequent developments and its low pregnancy rates.

Other interests include research on hormone-dependent cancers, notably cancers of the breast, endometrium and ovaries. As much time has been devoted to cancer research as to reproduction. Studies were conducted during the 1950s on the effect of endocrine ablation as a treatment for breast cancer. Later, with colleagues at Harvard University, a large international study was conducted on risk factors in the development of breast cancer. This work was awarded the Prix Antoine Lacassagne from Paris in 1986 as the most important contribution to the study of breast cancer for that year.

James Brown met Doctors John and Evelyn Billings in 1962 and immediately appreciated the rightness of their findings and aims. The research that followed and the way it fitted in with his other studies is described in this booklet. As blood is not suitable for the serial assays required for long-term monitoring of ovarian activity, particularly at home, and his laboratory was apparently the only one in the world which was able to perform the urinary assays, he has spent his latter years developing the Home Ovarian Monitor. This system utilizes urine, it is simple enough for women to measure their hormone production at home, it can be used by assisted reproduction clinics to maintain daily control of their treatments and anyone can use it to check the statements made in this monograph. As a final note, the quest for the equivalent of the phenomenon of oestrus in the human is now ended; it is contained in the concepts of the Basic Infertile Pattern (BIP), the oestrogen rise (ER) and the progesterone change (PC) which have come from the work of John and Lyn Billings.

Some Recognition for this Work

1952 Ph.D. Edinburgh; 1958 American Cancer Society Fellowship; 1961 Lecture, Laurentian Hormone Conference, U.S.A.; 1970 D.Sc. Edinburgh; 1971 Professor (personal chair) Department of Obstetrics and Gynaecology, University of Melbourne; 1978 Senior Organon Prize (with Henry Burger); 1981 Fellow, Royal Australian College of Obstetricians and Gynaecologists ad eundem; 1983 Citation Classic, the seventh to be awarded to a worker in Melbourne; 1986 Professor-Emeritus, University of Melbourne, Life Member of the Australian Endocrine Society and of the Fertility Society of Australia.

Publications

Approximately 230 publications in refereed scientific journals and chapters in books.

Having begun this edition of the Bulletin with reflections on an Encyclical written fifty years ago which is still so relevant to our work with families, let us conclude with some extracts from the Apostolic Exhortation of Pope Francis written just three years ago this month, following the conclusion of the two Synods on the Family.

Extracts from *Amoris Laetitia* : The Joy of Love

Pope Francis

The transmission of life and the rearing of children

80. Marriage is firstly an “intimate partnership of life and love” which is a good for the spouses themselves, while sexuality is “ordered to the conjugal love of man and woman”. It follows that “spouses to whom God has not granted children can have a conjugal life full of meaning, in both human and Christian terms”. Nonetheless, the conjugal union is ordered to procreation “by its very nature”. The child who is born “does not come from outside as something added on to the mutual love of the spouses, but springs from the very heart of that mutual giving, as its fruit and fulfilment”. He or she does not appear at the end of a process, but is present from the beginning of love as an essential feature, one that cannot be denied without disfiguring that love itself. From the outset, love refuses every impulse to close in on itself; it is open to a fruitfulness that draws it beyond itself. Hence no genital act of husband and wife can refuse this meaning, even when for various reasons it may not always in fact beget a new life.

81. A child deserves to be born of that love, and not by any other means, for “he or she is not something owed to one, but is a gift”, which is “the fruit of the specific act of the conjugal love of the parents”. This is the case because, “according to the order of creation, conjugal love between a man and a woman, and the transmission of life are ordered to each other (cf. Gen 1:27-28). Thus the Creator made man and woman share in the work of his creation and, at the same time, made them instruments of his love, entrusting to them the responsibility for the future of mankind, through the transmission of human life”.

82. The Synod Fathers stated that “the growth of a mentality that would reduce the generation of human life to one variable of an individual’s or a couple’s plans is clearly evident”. The Church’s teaching is meant to “help couples to experience in a complete, harmonious and conscious way their communion as husband and wife, together with their responsibility for procreating life. We need to return to the message of the Encyclical *Humanae Vitae* of Blessed Pope Paul VI, which highlights the need to respect the dignity of the person in morally assessing methods of regulating birth... The choice of adoption or foster parenting can also express that fruitfulness which is a characteristic of married life”. With special gratitude the Church “supports families who accept, raise and surround with affection children with various disabilities”.

83. Here I feel it urgent to state that, if the family is the sanctuary of life, the place where life is conceived and cared for, it is a horrendous contradiction when it becomes a place where life is rejected and destroyed. So great is the value of a human life, and so inalienable the right to life of an innocent child growing in the mother’s womb, that no alleged right to one’s own body can justify a decision to terminate that life, which is an end in itself and which can never be considered the “property” of another human being. The family protects human life in all its stages, including its last. Consequently, “those who work in healthcare facilities are reminded of the moral duty of conscientious objection. Similarly, the Church not only feels the urgency to assert the right to a natural death, without aggressive treatment and euthanasia”, but likewise “firmly rejects the death penalty”.

84. The Synod Fathers also wished to emphasize that “one of the fundamental challenges facing families today is undoubtedly that of raising children, made all the more difficult and complex by today’s cultural reality and the powerful influence of the media”. “The Church assumes a valuable role in supporting families, starting with Christian initiation, through welcoming communities”. At the same time I feel it important to reiterate that the overall education of children is a “most serious duty” and at the same time a “primary right” of parents. This is not just a task or a burden, but an essential and inalienable right that parents are called to defend and of which no one may claim to deprive them. The State offers educational programmes in a subsidiary way, supporting the parents in their indeclinable role; parents themselves enjoy the right to choose freely the kind of education – accessible and of good quality – which they wish to give their children

in accordance with their convictions. Schools do not replace parents, but complement them. This is a basic principle: "all other participants in the process of education are only able to carry out their responsibilities in the name of the parents, with their consent and, to a certain degree, with their authorization". Still, "a rift has opened up between the family and society, between family and the school; the educational pact today has been broken and thus the educational alliance between society and the family is in crisis".

85. The Church is called to cooperate with parents through suitable pastoral initiatives, assisting them in the fulfilment of their educational mission. She must always do this by helping them to appreciate their proper role and to realize that by their reception of the sacrament of marriage they become ministers of their children's education. In educating them, they build up the Church,⁹⁹ and in so doing, they accept a God-given vocation.

Growing in conjugal love

120. Our reflection on Saint Paul's hymn to love has prepared us to discuss conjugal love. This is the love between husband and wife, a love sanctified, enriched and illuminated by the grace of the sacrament of marriage. It is an "affective union", spiritual and sacrificial, which combines the warmth of friendship and erotic passion, and endures long after emotions and passions subside. Pope Pius XI taught that this love permeates the duties of married life and enjoys pride of place. Infused by the Holy Spirit, this powerful love is a reflection of the unbroken covenant between Christ and humanity that culminated in his self-sacrifice on the cross. "The Spirit which the Lord pours forth gives a new heart and renders man and woman capable of loving one another as Christ loved us. Conjugal love reaches that fullness to which it is interiorly ordained: conjugal charity."

Passionate love

142. The Second Vatican Council teaches that this conjugal love "embraces the good of the whole person; it can enrich the sentiments of the spirit and their physical expression with a unique dignity and ennoble them as the special features and manifestation of the friendship proper to marriage". For this reason, a love lacking either pleasure or passion is insufficient to symbolize the union of the human heart with God: "All the mystics have affirmed that supernatural love and heavenly love find the symbols which they seek in marital love, rather than in friendship, filial devotion or devotion to a cause. And the reason is to be found precisely in its totality". Why then should we not pause to speak of feelings and sexuality in marriage?

The erotic dimension of love

150. All this brings us to the sexual dimension of marriage. God himself created sexuality, which is a marvellous gift to his creatures. If this gift needs to be cultivated and directed, it is to prevent the "impoverishment of an authentic value". Saint John Paul II rejected the claim that the Church's teaching is "a negation of the value of human sexuality", or that the Church simply tolerates sexuality "because it is necessary for procreation". Sexual desire is not something to be looked down upon, and "and there can be no attempt whatsoever to call into question its necessity".

151. To those who fear that the training of the passions and of sexuality detracts from the spontaneity of sexual love, Saint John Paul II replied that human persons are "called to full and mature spontaneity in their relationships", a maturity that "is the gradual fruit of a discernment of the impulses of one's own heart". This calls for discipline and self-mastery, since every human person "must learn, with perseverance and consistency, the meaning of his or her body". Sexuality is not a means of gratification or entertainment; it is an interpersonal language wherein the other is taken seriously, in his or her sacred and inviolable dignity. As such, "the human heart comes to participate, so to speak, in another kind of spontaneity". In this context, the erotic appears as a specifically human manifestation of sexuality. It enables us to discover "the nuptial meaning of the body and the authentic dignity of the gift". In his catecheses on the theology of the body, Saint John Paul II taught that sexual differentiation not only is "a source of fruitfulness and procreation", but also possesses "the capacity of expressing love: that love precisely in which the human person becomes a gift". A healthy sexual desire, albeit closely joined to a pursuit of pleasure, always involves a sense of wonder, and for that very reason can humanize the impulses.

152. In no way, then, can we consider the erotic dimension of love simply as a permissible evil or a burden to be tolerated for the good of the family. Rather, it must be seen as gift from God that enriches the relationship of the spouses. As a passion sublimated by a love respectful of the dignity of the other, it becomes a “pure, unadulterated affirmation” revealing the marvels of which the human heart is capable. In this way, even momentarily, we can feel that “life has turned out good and happy”.

LOVE MADE FRUITFUL

165. Love always gives life. Conjugal love “does not end with the couple... The couple, in giving themselves to one another, give not just themselves but also the reality of children, who are a living reflection of their love, a permanent sign of their conjugal unity and a living and inseparable synthesis of their being a father and a mother”.

Welcoming a new life

166. The family is the setting in which a new life is not only born but also welcomed as a gift of God. Each new life “allows us to appreciate the utterly gratuitous dimension of love, which never ceases to amaze us. It is the beauty of being loved first: children are loved even before they arrive”. Here we see a reflection of the primacy of the love of God, who always takes the initiative, for children “are loved before having done anything to deserve it”. And yet, “from the first moments of their lives, many children are rejected, abandoned, and robbed of their childhood and future. There are those who dare to say, as if to justify themselves, that it was a mistake to bring these children into the world. This is shameful! ... How can we issue solemn declarations on human rights and the rights of children, if we then punish children for the errors of adults?” If a child comes into this world in unwanted circumstances, the parents and other members of the family must do everything possible to accept that child as a gift from God and assume the responsibility of accepting him or her with openness and affection. For “when speaking of children who come into the world, no sacrifice made by adults will be considered too costly or too great, if it means the child never has to feel that he or she is a mistake, or worthless or abandoned to the four winds and the arrogance of man”. The gift of a new child, entrusted by the Lord to a father and a mother, begins with acceptance, continues with lifelong protection and has as its final goal the joy of eternal life. By serenely contemplating the ultimate fulfilment of each human person, parents will be even more aware of the precious gift entrusted to them. For God allows parents to choose the name by which he himself will call their child for all eternity.

167. Large families are a joy for the Church. They are an expression of the fruitfulness of love. At the same time, Saint John Paul II rightly explained that responsible parenthood does not mean “unlimited procreation or lack of awareness of what is involved in rearing children, but rather the empowerment of couples to use their inviolable liberty wisely and responsibly, taking into account social and demographic realities, as well as their own situation and legitimate desires”.



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