Made in United States of America

Reprinted from BULLETIN OF THE MENNINGER CLINIC
Vol. 7, No. 1, January, 1943

15744.5

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Men and women have always longed for both fertility and sterility, each at its appointed time and in its chosen circumstances. This is the conclusion of a scholarly survey of the medical history of contraception by Norman E. Himes,* which included the study of practices in the various pre-literate societies of Africa and the Pacific Islands, the practices recorded in the papyruses of ancient Egypt and in the Sanskrit records of India, the medical texts of China dating back to 2696 B.C., the medical writings of Greeks, Romans, Japanese and many others.

Contraception, as one of the several forms of population control, "is a social practice of much greater historical antiquity, greater cultural and geographic universality than commonly supposed even by medical and social historians . . . (but) only within the last century do we find any organized, planned effort to help the masses to acquire a knowledge of (scientific) contraception."

During the past five thousand years contraception has been, in part, a popular, non-professional practice and, in part, a medical technique. The tendency in modern times has been to emphasize and expand the latter rather than the former. For this the medical profession should be grateful to Margaret Sanger, herself originally a nurse, who always emphasized the medical aspects of birth control. Two presidents of the American Medical Association, Abraham Jacobi and William A. Pusey, were outspoken in their efforts to convince their colleagues of the responsibilities of the medical profession to further public health by the judicious use of contraception. But it must also be said that not a single medical school until very recently did anything to assist in this program and some physicians have even opposed it. It is significant that the condemnations of contraception have so frequently been expressed with a violence and emotionalism that makes them scarcely entitled to a hearing in scientific circles.

This is not true of all objections to contraception, but it is certainly a problem worthy of psychiatric consideration as to why there should be any objection to it. From the scientific standpoint, *why should any woman have to have a child who does not want to have a child?*

One answer to this is that the question of reproduction is one over which there is a conflict of authority. Some people recognize only the authority of economics; some recognize the authority of public health administration or private health requirements; some recognize a religious authority.

* Baltimore, Williams & Wilkins, 1936.

When these authorities disagree, the people who recognize a dual or treble authority are caught in a dilemma. It is both impractical and unsound for physicians to contradict or belittle one of these other authorities, i.e., the authority of the church or the family pocketbook; these are going to continue to be pre-eminently important to certain people. Specifically, the Catholic church objects to contraception and to contraceptive counsel and, insofar as its members are concerned, this is an authority which they must heed. The church may give its reasons for this or not, as it likes.

The scientist, on the other hand, is obligated to give the reasons for his beliefs. As a scientist who believes that contraception, contraceptive counsel and dissemination of information about contraception are desirable from the standpoint of public welfare and personal welfare, I shall give my reasons for so believing.

There are the well known reasons which pertain to the question of maternal health and infant morbidity. There are certainly some women who are well enough to have sexual intercourse but not well enough to bear children, and it would seem to me that the health of such women should be safeguarded without forcing them to be continent and without forcing their husbands to choose between continence and adultery. There are other women who cannot bring healthy children into the world and it would seem obvious that they should not be obliged or even permitted to bring unhealthy children into the world. A further discussion of these reasons I shall leave to gynecologists, internists and pediatricians.

There are, in addition to these reasons, certain aspects of the birth control problem which come into the field of psychiatry, aspects which are less frequently emphasized and perhaps less fully appreciated, which supply further reasons for supporting a birth control and planned parenthood program. These I should like to elaborate somewhat.

(1) Clinical experience brings us as psychiatrists to the very definite conclusion that while in the lower animals sexual pleasure is primarily a means to an end, in human beings it is not only a means to an end but also a very important end in itself. With a much more elaborate central nervous system and a far more complicated social environment, the human being no longer reacts as animals do in a simple reflex way to the sensory indications of a reproductive opportunity. The impulse for sexual union travels a long, complicated path and becomes entwined, as Havelock Ellis says, with all the highest and subtlest human emotions and activities, with the refinements of social intercourse in every sphere, with art, with religion, with all the facets of that which we call love between human beings. The thwarting of this means the interference with productivity and creativeness in all spheres and the interference with the harmony of human affection which law, religion and social custom are at such pains to nurture.

In the early days of sex instruction it was felt desirable to protect the youth against the supposed dangers of masturbation and the real dangers of venereal disease by assuring them that there was "no evidence that continence is physically harmful." The lives of many noble spinster school teachers and bachelor priests were pointed to as examples of the healthfulness of self-restraint and this was in line with the general idea that sex in itself was a necessary evil or a very specialized pleasure reserved for those old enough and economically secure enough and socially fortunate enough to be able to marry. Strictly speaking, the quotation is true, but in its inferences it is untrue and I regard it as intellectually dishonest to continue to use it to foster hypocrisy, false attitudes and neuroses. Solitary confinement is not *physically* harmful either, but it is harmful to the personality in other respects and everyone knows it, and the same is true of complete continence in the adult, male or female. All psychiatric experience confirms the view that the boy who refrains from masturbation out of fear and guilt is more unstable, more subject to physical and nervous breakdowns, more likely to develop character disturbances than is the boy who is able to masturbate without guilt or to control such guilt feelings as masturbation arouses in him. Sexual intercourse is not identical with masturbation by any means but, in the normal course of events, the love of oneself and the obtaining of gratification from the self as in masturbation is replaced by the love of someone else and with it the pleasure of sexual communion with that person. Denied the latter outlet, the suppressed energies become diffused, distorted and capable of pathological expression. To prevent the latter requires much psychological energy—we call it self-control. Freud said that the truly moral man is one who feels temptation but resists it. But such morality is put to severe tests by the barest facts of civilization—economic facts, social facts, the present problem of husband and wife separation in the war and many other unavoidable realities. To this there should certainly not be added the artificial barrier of ignorance. For this reason, contraceptive knowledge should assuredly be in the possession of every adult. If there are medical, moral or religious reasons why he should not use that knowledge, that is another question. For ignorance, for lack of knowledge, for lack of facilities and counsel, there is in this enlightened century no excuse whatsoever.

(2) The reason that contraceptive knowledge and counsel seem to the psychiatrist to be essential is based not upon considerations of the welfare of the adult but upon the considerations of the welfare of the child. Nothing is more tragic, more fateful in its ultimate consequences, than the realization by a child that he was unwanted. Where one child reacts to this in later life with an acute mental illness, dozens of children (as I have said elsewhere) react to it in more subtle ways by developing self-protective

barriers against the inner perception of the feeling of being unwanted. This may show itself in a determined campaign or in a provocative program of attracting attention by offensive behavior and even criminal acts. Still more seriously it may show itself as a constant fear of other people or as a bitter prejudice against individuals or groups through deep-seated, easily evoked hatred for them. The rage of the southern poor white against the Negro suspected of some dereliction is referable to the hate he feels inwardly at having been himself, like the Negro, unwanted. The same is perhaps true in the case of Germans and Jews and in many other situations which give opportunity for expression of hatred in the denial of the feeling of being rejected. The importance of this factor in the psychology of war is even greater, in my opinion, than the economic factor arising from the increase of population. This is why I say that from the purely scientific point of view, planned parenthood is an essential element in any program for increased mental health and for human peace and happiness. The unwanted child becomes the undesirable citizen, the willing cannon-fodder for wars of hate and prejudice.

This point seems to me to be a very important one, and I have elaborated it in my book *Love against Hate** in connection with a discussion of possible means for ameliorating the gloom and hate filled world of today. The text there proceeds as follows:

> By planned parenthood I mean parenthood entered into willingly, with adequate preparation for the strains and sacrifices it imposes, with sufficient means and equipment to give the child a healthy start in the world without depriving others of the actual necessities of life. It means, too, sufficient psychological maturity and understanding on the part of the parents to endure the dependency of the child over a period of many years. Of course, every thinking person approaches parenthood with some fears, but these are quite different from the acute protest with which many children are received today, often quite justifiably. . . . The children of the future do not "belong" to their parents alone: they are the concern of every one of us; they are *literally* the hope of the world.

It is only fair to admit that the feeling of being unwanted is not always discoverable in the psychology of children who nevertheless were very much unwanted at the time of their conception. Thoughtful religious objectors to birth control make two points here: First, they say that if parents are educated to believe that it is unrighteous and opposed to the will of God for them to entertain any resentment against pregnancy, such hostilities will not develop consciously in the mother, and hence the child will be spared them; secondly, they maintain that even parents who are unable to overcome their resentment during pregnancy forget it completely when the child is actually born or when he grows older, and hence the child never feels any such effects.

As to the first point, I agree that it is possible to make people believe it sinful for them not to have a child, even when having another child will make them and their other children more distressed and frantic. I agree that this is possible, and I agree

* Harcourt, Brace and Co., N. Y., December, 1942, pp. 224 ff.

that it is being practiced. But repressing or suppressing conscious resentment does not mean eliminating it. A deliberate program of enforced attitudes, backed up by pious references to the will of God, accomplishes its results only at the expense of inner conflict and real suffering.

The second objection, that parents often overcome their initial resentment against pregnancy and realize that they *do* want a child, and learn to love it, is a more weighty argument, I think. The conception and nurture of a child—or several, or (if possible) many children—is of paramount importance in mental health. The considerable renunciation of these satisfactions which civilization has made necessary is a menace to its very continuance.

"But if you admit this," continue the objectors, "you will also admit that some couples, who would be benefited by having children, reject or defer the idea and thus self-destructively deny themselves and the world what it would be better if they had no power to prevent. There will be vast numbers of people who will say, 'Yes, we want a baby, we want children, but not now. We are not quite ready; it isn't just the moment.' And for some the right moment never comes; they never become parents, and this is not good for them or for the world. Who would decide when the birth of a child might do more harm than good?"

I think this question has a very clear and direct answer; that the parents themselves can and must and will determine the solution best for them. It is well known that many intelligent people, including many Catholics, have known about and used contraceptive techniques for a long time and that this has not resulted in an increase of childless families, as has been shown by carefully collected statistics available to anyone. In Sweden, public enlightenment in regard to such techniques is said to have resulted in an *increase* in births in certain parts of the population. The wish for a child which so strongly dominates every woman will not allow specious arguments to deter her from obtaining this gratification if it be a reasonable possibility—and I refer not only to economic and physical possibilities but to psychological possibilities as well. The decision may be made unconsciously, but it will be made; and it can be safely left to those for whom during the subsequent years the child will be a primary responsibility. If it is not made, one may be assured that the resistances were so great as to act as danger signals so urgent that they could not be ignored. In fact, the opposite often happens: the impulse to have a child is so strong that parents often go beyond their emotional strength to have it, so that a "wanted" child may subsequently become unwanted.

If child-rearing were accorded its deserved importance in human life—if parents, and those who are to become parents, regarded their children as their highest achievement, giving them the best possible environment and training—then the failure to conceive among persons physiologically and economically capable of it would be regarded as evidence of a neurosis, an inhibition requiring treatment. Such a hypothesis would imply that parenthood, instead of being left to chance, ought to be a careful and deliberate choice dictated by intelligence, the same intelligence that must be used in the treatment of those neurotic failures who cannot bring themselves to enjoy children—who perhaps cannot enjoy anything.

These are the reasons for contraception that appeal to the psychiatrist, reasons now submitted to those gynecologists and obstetricians who in their daily practice have far more occasion than the psychiatrist to supply the information or the counsel needed. As I said above, they are not the only reasons; they are reasons offered as a contribution to the medical consensus.