“Man Cannot Exist Alone”: The Challenge of Health Care to Honor the Role of Women in Society

The Linacre Quarterly
2018, Vol. 85(4) 327-330
© Catholic Medical Association 2018
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0024363918807684
journals.sagepub.com/home/lqr

Jonathan Scrafford, MD¹

Abstract

Women's roles in society are changing. While most of those changes recognize and enhance the contributions of feminine ingenuity to human development, some threaten to isolate women physically, socially, and emotionally. Developments in reproductive health care, and the writings of Pope Saint John Paul II, offer lenses by which to evaluate the shifting landscape of women's role in society. On the one hand, practices such as contraception, abortion, surrogacy, and assisted reproductive technologies over time will weaken the physical, social, and emotional bonds that procreation has held between man and woman, parents and children, and families and society. On the other hand, the expansion of different modes of natural family planning and pregnancy support centers offers to preserve those bonds.

Summary: Women's role in families, and therefore society, is invaluable. Several approaches to reproductive health offered by medicine may isolate women over time, and some evidences suggest we are already seeing that effect. Other approaches to women's health may be able to preserve the physical, emotional, and social bonds that integrate women to the family, and therefore society.

Keywords

Contraception, Family, Natural family planning, NFP, Women

Man cannot exist “alone”; he can exist only as a “unity of the two,” and therefore in relation to another human person. . . . Being a person in the image and likeness of God [involves] existing in a relationship, in relation to the other “I.”

John Paul II, *Mulieris dignitatem*, no. 7

The role of women in society has changed dramatically with the shifting political, technological, and philosophical landscapes of the last few generations, and perhaps at the fastest rate in just the last few decades. Most of these changes have facilitated the well-being of women and have mitigated the difficult circumstances in which they have shaped human history: as Pope Saint John Paul II (1995) wrote in his *Letter to Women*, “women have contributed to that history as much as men and, more often than not,

they did so under much more difficult conditions” (no. 3). At the same time, the emphasis on individualism—especially as applied to women—threatens to disrupt the role of the family, society's basic unit of function. In this essay, guided by the writings of Pope Saint John Paul II, I will use health care as a lens by which to describe the increasing threat of isolation faced by a woman by virtue of her ever-changing role in society. I will also highlight the

¹ Via Christi Health, Via Christi Clinic on Clifton, Wichita, KS, USA

Corresponding Author:

Jonathan Scrafford, MD, Ascension Health, 1515 S Clifton, Wichita, KS 67218, USA.
Email: scraf003@umn.edu

opportunities that medicine continues to offer to facilitate her union with others.

Physical Unity

In the analysis of women's role in society over the course of human history, among the most striking observations is the cohesion that they provide to a family—society's functional unit—on even the physical level: "Scientific analysis fully confirms that the very physical constitution of women is naturally disposed to motherhood—conception, pregnancy, and giving birth—which is a consequence of the marriage union with the man" (John Paul II 1988, 7). Unfortunately, one of the primary aims of modern women's health care in industrialized nations in recent history has been to undermine those physical proclivities toward unity. Contraception is a *sine qua non* for planning a family in the eyes of almost every international healthcare agency, and the social reflection of the physical isolation it embodies is evident in the increased rates of marital dissolution among its users. Although historical and selection biases make it difficult to causally connect the concurrent rises of divorce rates and contraceptive use, their correlation is striking in virtually every time and place that they are studied, as is the reproducibility of that association in epidemiologic (Royal College of General Practitioners 1974) and economic (Michael 1977) cross-sectional data.

This likely relationship between contraception and a relative social isolation of women as reflected by marital dissolution bears further discussion. There is a relative paucity of high-quality data which analyze large sectors of the population and control for the many potential confounding factors affecting marital outcomes. The limited data that do correlate contraceptive use and divorce were mostly obtained several decades ago when the largest increases in both phenomena occurred. Compared to that era, the last few decades have seen relatively stable rates of both contraceptive use and divorce, so data elucidating the effect of one on the other has been limited. However, the National Survey of Family Growth (NSFG)—a random sampling of social metrics on large sectors of the population performed every five to seven years—offers some potential for insight into the possible correlation. While basic metrics such as likelihood of divorce were collected in the 2011–2015 NSFG, the data from the 2006–2010 collection are the most recent to include tables detailed enough to draw comparisons across groups (such as those using or not using contraception). As of the time of that analysis, which included 12,676 women, sterilization was

associated with an odds ratio (*OR*) of 2.4 for likelihood of divorce even among Catholic women (Copen et al. 2012; Daniels, Mosher, and Jones 2013; Fehring 2014, 190–94). When analyzing all women regardless of faith background, every reported method of contraception was found to be associated with increased odds of divorce, with *ORs* ranging from 1.67 to 2.22 (Fehring 2015). Again, it is worth pointing out that confounding factors abound for interpretation of such data and can likely never be fully accounted for in population statistics. However, an honest review of the data regarding the association between artificial contraceptive methods and marital outcomes reveals a striking pattern: inasmuch as such medical interventions disrupt the physical unity between woman and her familial counterparts, they appear to isolate her socially as well.

On the other hand, natural family planning (NFP) aims to preserve women's physical constitution that is naturally disposed to unity with others. Although similarly notable for some degree of selection bias, epidemiologic data have demonstrated lower rates of marital dissolution among users of NFP (Arzu Wilson 2002). In fact, the same NSFG data from 2006 to 2010 showed a 53 percent lower rate of divorce among Catholic women who used NFP, compared to Catholic women who did not (irrespective of whether they used contraception). Even without selecting for faith background, both the rhythm method and NFP were protective against divorce with *ORs* 0.84 and 0.63, respectively. One of the most commonly posited reasons for this protective effect has been that NFP methods frame reproduction as a function of the physical involvement of both man and woman, rather than as a sole venture on the part of the woman. The effect of NFP's preservation of the physical unity between man and woman is ultimately a preserved social unity: "From the very beginning they appear as a 'unity of the two,' and this signifies that the original solitude is overcome. . . . The biblical account speaks of God's instituting marriage as an indispensable condition for the transmission of life" (John Paul II 1988, no. 6).

Emotional Unity

Perhaps partially because of her physical disunion from family brought about by abortion and contraception, but also as a result of the very social movements that brought those about, women appear to increasingly suffer the effects of emotional isolation. The late pontiff warned: "In the name of liberation from male 'domination,' women must not appropriate to themselves male characteristics contrary to

their own feminine ‘originality.’ There is a well-founded fear that if they take this path, women will not ‘reach fulfillment,’ but instead will *deform and lose what constitutes their essential richness*” (John Paul II 1988, 10). Despite their recent empowerment, women are more depressed than ever before, and the World Health Organization considers depression to be the leading cause of disease-related disability worldwide in this generation (Murray and Lopez 1996). Increased awareness and diagnosis of mental illness in recent decades accounts for some of its documented increases in incidence. However, it is difficult to imagine that the shifting landscape of women’s reproductive health and social standing has not impacted their emotional well-being, considering a fivefold increase in incidence of depression between the 1950s and 1990s, a twofold higher increase among women than men, and the strongest gender incidence differences focusing during the reproductive-age years regardless of marital status (Kessler 2003). These trends have continued and translated into suicides, with the Centers for Disease Control (CDC) showing a 32 percent increase in rates of suicide among women (compared to a 27% increase in rates among men) between 1999 and 2010 (CDC 2013). A sense of emotional loneliness with or without social isolation is highly implicated in the development and progression of depression as well as suicide. Although the exact reasons are not well understood, epidemiologic data suggest that women are not achieving emotional fulfillment, and a sense of isolation caused by disruption of familial bonds should be suspected.

As the various models of NFP aim to preserve the physical unity between spouses attempting to space or delay pregnancies, they also foster emotional unity among those couples using it to achieve pregnancy. “Man, who is the only creature on earth which God willed for its own sake, cannot fully find himself except through a sincere gift of self” (Vatican Council II 1965, 24). Assisted reproductive technology, including in vitro fertilization, offers a good example of medical ingenuity reducing procreation to pure biologic mechanism, stripping away the emotionally unitive role it should foster between man and woman. Man and woman are reduced to agents operating in parallel and essentially independently—indeed, sometimes to the extreme of literal anonymity. Whereas most forms of assisted reproductive technology divorce from the reproductive endeavor the self-giving acts that should unite man and woman, NFP relies on mutual self-giving in every procreative act. In so doing it preserves at the very least the opportunity for emotional union that rises naturally

from, and should remain part and parcel of, human reproduction. As Saint John Paul explained: “Man and woman are called from the beginning not only to exist ‘side by side’ or ‘together,’ but they are also called to *exist mutually ‘one for the other.’* . . . To be human means to be called to interpersonal communion” (John Paul II 1988, no. 7).

Social Unity

As some applications of modern health care threaten over time the physical and emotional unity between members of the family, the social bonds that are comprised of families will gradually be threatened as well. In his *Letter to Women*, Saint John Paul wrote: “Progress usually tends to be measured according to the criteria of science and technology. . . . Much more important is the *social and ethical* dimension. . . . In this area, which often develops in an inconspicuous way beginning with the daily relationships between people, especially within the family, society certainly owes much to the ‘genius of women’” (John Paul II 1995, no. 9). While this genius over the centuries has underpinned societies’ appreciation for the structure of a family, recent advances in reproductive health care could distort those structures. We have already spoken of this phenomenon as a consistently observable sequela of contraception. Surrogacy as a model for parenthood offers yet another example, divorcing not only the procreative roles of man and woman from each other but also from the roles of parenthood itself. This is in contradiction to the late pontiff’s description of parenthood as an intrinsically joint venture: “Human parenthood is something shared by both the man and the woman. Even if the woman, out of love for her husband, says ‘I have given you a child,’ her words also mean ‘this is our child’” (John Paul II 1988, no. 18).

Although such medical advances threaten to disrupt the role that woman’s genius plays on a societal level, other novel approaches to health care recognize the power that societal bonds play in restoring the human condition. One example is the rise of crisis pregnancy centers, which aim to relieve the social factors that so often surround a woman’s decision to seek abortion. Historically, women have borne the guilt and shame associated with abortion, but Saint John Paul cautions: “[Before] being something to blame on the woman, it is a crime for which guilt needs to be attributed to men and to the complicity of the general social environment” (John Paul II 1995, no. 5). The very mission of crisis pregnancy centers recognizes that social disintegration has left many women with a lack of basic parenting needs

such as food, money, and education and that providing those goods is a social responsibility owed to women. By mitigating the effect that social isolation has often brought upon these women, such centers offer them a path to greater social integration by developing a family.

Conclusion

The family is at the forefront of the struggle to preserve human well-being, and a woman is perhaps its greatest advocate. Modern health care, especially with its recent advances surrounding procreation, is a tool that can be used to either preserve or destroy the bonds that unite parents to one another, parents to children, and families to society. While abortion, contraception, assisted reproductive technologies, and surrogacy undermine those familial bonds and isolate women, the various modes of NFP and the expanding role of centers aimed to support women in pregnancy can preserve and elevate the physical, emotional, and social unity intrinsic to them. All healthcare providers should remain thankful for, aim to preserve, and recognize the threats to the unifying role that women play in our society at every level.

Thank you, women who are wives! You [join] your future to that of your husbands in a relationship of mutual giving. . . . Thank you, women who are daughters [and] sisters! Into the heart of the family, and then of all society, you bring the richness of your sensitivity. . . . Thank you, women who work! [You] make an indispensable contribution to the growth of a culture which unites reason and feeling. . . . Thank you, consecrated women! [You] help the Church and all mankind to experience a "spousal" relationship to God. . . . Thank you, every woman, for the simple fact of being a woman! [You] enrich the world's understanding and help to make human relations more honest and authentic. (John Paul II 1995, no. 2)

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Arzu Wilson, Mercedes. 2002. "The Practice of Natural Family Planning Versus the Use of Artificial Birth Control: Family, Sexual, and Moral Issues." *Catholic Social Science Review* 7, November: 185–211.
- CDC (Centers for Disease Control). 2013. "Suicide among Adults Aged 35–64 Years—United States, 1999–2010." *Morbidity and Mortality Weekly Report* 62, no. 17: 321–25.
- Copen, Casey E., Kimberly Daniels, Jonathan Vespa, and William D. Mosher. 2012. "First Marriages in the United States: Data from the 2006–2010 National Survey of Family Growth." *National Health Statistics Report* 49: 1–22.
- Daniels, Kimberly, William D. Mosher, and Jo Jones. 2013. "Contraceptive Methods Women Have Ever Used: United States, 1982–2010." *National Health Statistics Report* 62: 1–16.
- Fehring, R. 2014. "Current Medical Research Summer/Fall 2013." *Linacre Quarterly* 81, no. 2: 182–94.
- Fehring, R. 2015. "The Influence of Contraception, Abortion, and Natural Family Planning on Divorce Rates as Found in the 2006–2010 National Survey of Family Growth." *Linacre Quarterly* 82, no. 3: 273–82.
- Kessler, R. 2003. "Epidemiology of Women and Depression." *Journal of Affective Disorders* 74, no. 1: 5–13.
- Michael, Robert T. 1977. "Two Papers on the Recent Rise in U.S. Divorce Rates." NBER Working Paper Series. Stanford, CA: Center for Economic Analysis of Human Behavior and Social Institutions.
- Murray, Christopher J. L., and Alan D. Lopez, eds. 1996. *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020. Global Burden of Disease and Injury Series*. Geneva, Switzerland: World Health Organization.
- John Paul II, Pope. 1988. *Mulieris dignitatem (On the Dignity and Vocation of Women)*. Boston, MA: St. Paul Books and Media.
- John Paul II, Pope. 1995. *Letter to Women*. http://w2.vatican.va/content/john-paul-ii/en/letters/1995/documents/hf_jp-ii_let_29061995_women.html.
- Royal College of General Practitioners. 1974. *Oral Contraceptives and Health*. London: Pitman Medical.
- Vatican Council II. 1965. *Gaudium et spes (Pastoral Constitution on the Church in the Modern World)*. http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html.

Biographical Note

Jonathan Scrafford, MD, is an obstetrician-gynecologist trained in Minnesota and currently practicing in Wichita, KS.