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Unintended Consequences of
the Separation of Sex from Procreation

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ABSTRACT: The technical and, later, the ideological separation of sex from procreation began with contraception, progressed to reducing women and men into sexual objects, and is now attempting to erase gender distinctions and to commodify procreation. In the process genetic continuity is disvalued, leading at times to parentless children. A partial list of consequences is appended.

MARGARET SANGER'S FOLLOWERS are in full spate trying to achieve her goal of helping women to attain “unlimited sexual gratification without the burden of unwanted children...” They use various means, including the caricature of proflifers as persons who only see women as “fetal containers.”¹ Ms. Dawn Johnsen and her fellows similarly denigrate “abstinence-only” sexuality education by claiming that it misrepresents the effectiveness and side-effects of contraceptives, and so on. It is sad when youths are led to define healthy sexual activity as non-reproductive and non-relational. Worse, even professional medical groups such as ACOG—the American College of Obstetricians and Gynecologists—have issued an ethics statement that claims that any Fellow who chooses not to perform abortions should either practice with a colleague who will perform them or should practice near a referral site. In other words, to remain in good standing in the profession, one should become complicit in formal cooperation

¹ Dawn Johnsen, a former legal director of NARAL and nominee for Assistant Attorney General in the Office of Legal Counsel.

with an intrinsically evil act.² In order to safeguard physicians' rights of conscience, the outgoing Secretary of the U.S. Department of Health and Human Services, Michael Leavitt issued a directive in December 2008, reminding all that there are federal laws that prohibit dispensing funds to any entity that discriminates against healthcare workers who refuse to partake in acts to which they are opposed in conscience. At this writing, the current Administration is poised to rescind Leavitt's directive and to void the laws that undergird it.

If women are not to be reduced to being fetal containers, the goal of the above group seems to be the obverse: to deny any significance to the procreative aspect of marital—or any—heterosexual relations and to become, in Eve Ensler's words, mere vaginas. No one in the "pro-choice" movement would own such a designation openly, even if it is common locker-room talk, yet is this not what is being proposed? Ever since Betty Friedan decided to leave home and family and to "find herself," the strident feminists have seen no value or virtue in those attributes particular to being a woman, and they value only those qualities previously associated with male achievement. They have denigrated motherhood by, for instance, the derisive captions on cartoons of pregnant males with the statement that if men were to become pregnant they would only have one child. Along with this there are constant reminders that equate sexual responsibility with use of contraception and, it is hoped, the prevention of transmission of sexual diseases. The fact that a sexual relationship is interpersonal seldom surfaces.

But underneath all this talk about women's liberation is an actual, if unwitting, campaign for unlimited male sexual freedom that seems not to be understood by those women who advocate for consequence-free sexual activity. Advocates of "hooking up" become advocates of exploitation, whether unilateral or bilateral. Women secrete oxytocin, the bonding hormone, during orgasm, while men secrete little of it, if any.

² ACOG November 2007.

In order to prevent the bonding that is normally a part of a woman's orgasm, she has to deaden her normal emotions. Some women do this for a time and some for a lifetime, but even when they succeed professionally, many lack fulfillment, as is shown in their constant search for "something new and different." More often the hook-up experience leads to anxiety, depression, and a multitude of other physical and emotional dysfunctions well described by Miriam Grossman, M.D. in *Unprotected*, which she wrote as Dr. Anonymous, and in "Sense and Sexuality" in her own name.³

Rather than dwell on the physical and emotional damage to women that results from casual sexual relations (for this damage has been documented more than sufficiently), I want to look at the societal effects of casual sexual relationships on men.

Many of these effects were already described in Karol Wojtyła's *Love and Responsibility*. They range from exploitation to loss of paternal relationships in the case of a pregnancy that the woman aborts, to the loss of access to a child born out of wedlock, to limited access, or to court imposed or freely agreed to child support. Depending on the depth of the relationship with the partner, there may be varying degrees of relationship, ranging from cohabitation to straightforward exploitation. But none of these scenarios allow for the fullness of mutual giftedness that only a permanent, committed relationship like marriage can offer. In that instance, the whole is greater than the sum of its parts. Only in a relation like marriage are the partners open to becoming parents and not withholding their fertility from one another when engaging in the marriage act. They achieve responsible parenthood via one of the several reliable natural methods of family planning available.

Protagonists of "same sex unions" are usually not interested in becoming parents, for it is precluded by the very nature of their

³ Dr. Anonymous [Miriam Grossman, M.D.], *Unprotected* (New York NY: Sentinel, 2006); Miriam Grossman, M.D., "Sense and Sexuality" (Clare Booth Luce Policy Institute, 2008).

relationship. Yet the desire for pregnancy and offspring is still present in many lesbians who seek insemination in order to obtain it, while homosexual men will seek adoption or resort to assisted reproductive technologies that may involve an ovum donor and a gestational carrier, or simply a woman willing to bear a man's child conceived either by the natural process or by insemination. In consequence genetic identity and uniqueness are disvalued, and, if carried to its logical conclusion, to a loss of one's self understanding as a human person. For those who take the Genesis account of creation seriously, having to discount the fact that God created humans as men and women leads to another level of loss of personal identity, for one's relationship to one's Creator is called into question. Some people refer to this as existential malaise, or worse. This does not help college students on their road to adulthood.

There are other effects beyond those already mentioned. When sex is trivialized, there is a loss not only of privacy but of personal boundaries, leading to a loss of personal identity. This is especially prominent when teens engage in an act intended to be one of mutual self-giving but have not yet reached sufficient emotional maturity to go beyond self-seeking. As a result, many psychologically arrest at this stage and remain impulsive. If the interaction was coerced or frankly abusive, the developmental effect may be regression to an earlier "safe" stage of sexuality—same-sex attraction. Erik Erickson, whose schema of human development is still seminal, described early adolescence as the stage of same-sex friendship.⁴ Most children pass through this stage on their way to middle adolescence, when heterosexual interests normally emerge. When children or adolescents are sexually abused, they are violated in their very core. Depending on their age, and the gender of the abuser, obviously the victims respond in a variety of ways. Some boys, having experienced coercive homosexual intercourse are then co-opted into the gay community and encouraged to "come out," which for many is

⁴ Erik Erickson, *The Life Cycle Completed* (New York NY: Norton, 1998).

equivalent to burning their bridges with their families. Among them suicide attempts are much higher than in the general community. While G. Remafedi, the researcher who reported that 25% of adolescent psychiatric admissions for attempted suicide were male homosexuals who attributed their attempt to despair over community rejection, another interpretation is possible.⁵ Perhaps the suicide attempt was a cry for help by youngsters who were caught in a situation from which they saw no other means of escape. Lesbians commonly turn to another woman after experiencing heterosexual abuse, a protective form of regression. In any event, International Right to Life reported these sadly disturbing Canadian statistics from *Pro-Homosexual Movement*:

- Life expectancy of homosexual men in Canada is 55 years (20 years less than heterosexual males).
- GLB (Gay, Lesbian, and Bisexual) people commit suicide at rates from 2 to 14 times more often than heterosexuals.
- GLB people smoke 1.3 to 3 times more.
- GLB people have rates of alcoholism 1.5 to 19 times higher.
- GLB people have rates of depression 2 to 3 times higher.
- Gay and bisexual men comprise 76% of AIDS cases.
- Gay and bisexual men are 54% of the new HIV infections each year. If one uses Statistics Canada's figure of 1.7 of all GLB people becoming infected, this is 26 times higher than average.
- GLB people have a higher risk for anal cancer.

This cannot be considered a wholesome healthy life-style, even though several states have legalized "gay marriage"—a clear rejection of fertility. The adjunct is that pointing out these biological realities is considered offensive by some, and actionable in some other countries. All humans

⁵ G. Remafedi, "Sexual Orientation and Youth Suicide," JAMA 282 (6 October 1999): 1291-92. Accessible at: <http://www.thenationalinstitute.org/gremafedi.html>.

possess equal dignity, for all are created by the same God. In speaking of same-sex attractions it is important to distinguish between homosexual attraction and homosexual acts. The acts are clearly incompatible with procreation, but those performing such acts are often in need of help. Since even the American Psychological Association has now acknowledged that there is no “gay gene,”⁶ it must be acknowledged that homosexual attractions can be changed to heterosexual attraction if the individual desires it and can find appropriate therapeutic help, such as reparative therapy.

Unfortunately many health care professionals who care for teenagers have accepted the propaganda that homosexuality is innate and have made no effort to help their patients grow beyond their current orientation. To leave them in this state, which as the Canadian data show, is far from healthy, is, in my view, to neglect a professional obligation.

Years ago the late Paul Ramsey, an ethicist at Princeton, already spoke about “sex without babies and babies without sex” and delineated the dilemmas that would eventuate.⁷ All his predictions, as well as those of Pope Paul VI in *Humanae vitae*, have come true and are on the verge of practical implementation by our current Administration. In consequence they threaten to limit the pool of healthcare providers to those who have no objection to killing the preborn child, performing mutilat-

⁶ For decades, the APA has not considered homosexuality a psychological disorder, while other professionals in the field consider it to be a “gender-identity” problem. But the new statement, which appears in a brochure called “Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality,” states the following: “There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles....”

⁷ Paul Ramsey, “On In-Vitro Fertilization,” *Human Life Review* (1979): 17-30.

ing operations to remove normal fertility from the body as if it were a disease, engaging in “sex change “operations and in the entire range of technologic interferences designed to induce pregnancy irrespective of the genetic origin of the gametes. In other words, in IVF a woman may have one or more embryos implanted in her uterus that have been derived either from her or a donor’s ova, fertilized by her husband’s or any other donor’s sperm. Conversely the embryo may be implanted in a woman—not the “egg donor” or the prospective mother—who becomes a gestational carrier. There are already instances when the child so conceived may not be claimed by the genetic parents and be abandoned to the foster care system.

When those physicians who refuse to perform any of the above procedures have to leave the field, the loss will be not only the practitioners’ but the patients who may not be able find a physician who shares their values. Many a woman does not care to trust her and her baby’s life to an obstetrician who is willing to kill a preborn child. If things go wrong, and it may appear that a child may be damaged in the course of delivery, what is to prevent a physician without scruples to make sure that such a baby does not live and then become the focus of a law suit? Preposterous? I wish it were. We are already seeing the killing by neglect of any baby destined for abortion who has the temerity to be born alive. The *Born Alive Infant Protection Act* is not always followed. In their desire to prevent teenage pregnancy or STDs many healthcare providers insist on confidential interviews with adolescents during which contraceptives are prescribed without parental knowledge or consent. The providers believe that they are providing genuine benefits to their patients, but in fact are deepening the normal adolescent separation from their parents. The difficulty, of course, is that teens need their parents and that the secrecy abetted only makes it harder for teens to come full circle developmentally and reach adulthood. Fostering lack of trust for whatever reason leads to isolation and worse. And our healing profession is in the vanguard!

So, our societal denial of the intrinsic goodness and dignity of both

sexes and of the complementarity required for men and women to become parents has many consequences, none of which enhance our humanity. Recently Pope Benedict XVI, when condemning the merely mechanical approach to HIV/AIDS prevention, identified the real need as one of humanizing sexuality.⁸ To do that, we need to have good role models, ideally a two parent family, as well as a thorough understanding of our sexuality and fertility.

⁸ Pope Benedict XVI, Apostolic Exhortation *Africae Munus*, 19 November 2011.

Margaret Sanger's goal "unlimited sexual gratification
without the burden of unwanted children"

Sex without babies

Emphasis on results, irrespective of means:
contraception, sterilization, abortion.
Pressure on health care professionals to
provide services without exception,
leading to attempted abolition of
professional's conscience, which in turn
removes patients' protections from
unethical acts.
Massive marketing of services and devices
while denying untoward effects on
Physical, Emotional Social and spiri-
tual aspects of the person.
Decoupling of sex from procreation has led
some to less than full mutual self-
giving.
Reduction of sex to pleasure seeking.
Unilateral or mutual exploitation.
Disvaluing of complementarity leading to
loss of distinction between homosexual
and heterosexual intercourse.
Widespread acceptance of homosexuality as
an equally mature expression of sexual-
ity as heterosexuality, vs. Erickson,
with arrest of psychosexual maturation.
Professional collusion with teens to provide
contraception and/abortion without pa-
rental knowledge or consent delays
psycho- sexual maturation.

Babies without sex (after Paul Ramsey)

ART Assisted Reproductive Technology
when used to replace rather than
enhance the conjugal act.
Loss of parental autonomy.
Substitution of donor gametes –sperm, ova–
without recipient's permission, i.e.,
routine use of donor ova for women
over 35 years of age who seek ART.
Loss of, and devaluation, of genetic continu-
ity in procreation by parents.
Children psychologically deprived of rooted-
ness leading some to endless searches
to establish their identity .
Adopted parents need to establish child's
sense of being wanted and belonging
while acknowledging the lack of genetic
continuity.
Babies unclaimed by genetic progenitors
and "Gestational carriers" who bond
with their babies and refuse to relin-
quish them to the biological parent or
parents. Horror stories abound.
Multiple gestations often limited by "em-
bryo or fetal reduction" Like culling
puppies or kittens.
Fate of "spare embryos" abandoned, donated
for adoption, used for parts –
"research," frozen indefinitely

Reduction of the sexual act to self seeking only

When employed in coercive or frankly abusive relationships may turn the erstwhile victim into a physical and /or sexual abuser

Loss of personal boundaries, self respect, depression, substance abuse, etc.

Severe damage to ovum donors - often women in developing countries who are not informed of the risks they are incurring which include ovarian hyperstimulation syndrome, sterility and death.

Loss of fiduciary doctor-patient relationship with advent of utilitarian ethic.