

The Repentant Sterilized Couple

By John F. Kippley

[This article constitutes Chapter 12, “The Sterilized Couple,” in *Sex and the Marriage Covenant: A Basis for Morality* published by Ignatius Press (2005), and it is published here with permission. I have modified the title to indicate that the emphasis is on the sterilized couple who are repentant. Material in brackets has been occasionally added for clarification.]

I will begin this chapter with a paragraph from the preceding chapter [“Chapter 11, The Hard Cases”].

Much misleading counseling over the past 25 years has complicated the problem. Many people have confessed the sin of sterilization and have not been counseled about the need to change their way of life. If truly repentant, they can be forgiven their sin of mutilation, but how can a person be forgiven now—today—for his or her future sins of contraceptively sterilized intercourse?

Part I: The Sterilization Dilemma

It’s impossible to be forgiven today for the sins of tomorrow, but that’s the dilemma of sexual sterilization. This problem includes the following elements.

1) The teaching of the Church. The teaching of the pre-1930 universal Christian tradition was summed up by Pope Pius XI in *Casti Connubii*:

Any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with guilt of a grave sin (para. 56).¹

Thirty-eight years later, in response to questions raised by the Pill and the general erosion of personal morality in the Sixties, Pope Paul VI reaffirmed that teaching in *Humanae Vitae*:

Each and every marriage act must remain open to the transmission of life (n.11).²

Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman (n.14).

In the context of the rest of the encyclical in which the Pope explicitly accepts the use of NFP for serious reasons, it is clear that “must remain open” really means “must not be deliberately closed” to the transmission of life. It is also clear that acts of deliberately sterilized intercourse are deliberately closed to the transmission of life.

2) Enjoying the fruits of sin. A second element of the sterilization dilemma is psychological or spiritual. How can a person be sorry for the sin whose fruits he enjoys? Imagine the man who thinks, “I enjoy having sex whenever we feel like it without having to be concerned about possible pregnancy. I’m glad I had the vasectomy (or my wife had a tubal ligation.)” Or the spouse who has a thought during sexual intercourse: “I am enjoying this. I couldn’t be doing this if we weren’t sterilized. I am enjoying the fruits of our sterilization.” How can such spouses be sorry for their sins of sterilization? How can such spouses not be committing, at least objectively, the sin of contraceptive sterilized intercourse? How can a previous confession of the sin of sterilization forgive the current sin of contraceptive intercourse? And what if a spouse enjoys the fruit of their sin to the extent that he or she thinks, “I’m glad we had the sterilization!”? And, realistically, how can a spouse who is enjoying sterilized sex during the fertile time *not* be thinking in such a way except by repressing all thought? Does not such approval constitute committing the sin of sterilization all over again?

3) The possibility of doing otherwise. There are some sins whose effects are continuing despite the repentance of the sinner, but there are other sins whose effects can stop once the sinner has a change of heart. As an example of the first, if I get drunk, drive a car, maim a breadwinner whose family is then impoverished, there is not much I can do to alleviate the continuing effects of my initial sin of drunkenness. I may be in prison and unable to help support the family.

On the other hand, if I have had a vasectomy or my wife has had a tubal ligation, we can stop the continuing effects of our sin by having a change of heart which is reflected by a change of behavior.

God does not require the impossible, but he does require us to do what is possible and necessary for right living. Therefore, if it is possible for me to change my behavior to stop future sins, I must do so.

Resolving the dilemma for the repentant sterilized couple

There are several elements in the resolution of the sterilization dilemma for the repentant couple. Some of these elements are necessary for every repentant sterilized person; others are alternatives to other elements.

1) Lasting repentance. The person who regrets having been sterilized must develop a true sorrow for a) the initial sin of sterilization and b) subsequent sins of sterilized intercourse. He (or she—but to avoid the awkward he/she I will use just “he”) must move from mere wishful thinking, “I wish I hadn’t done that” to a state of true sorrow and “resolve”: “I am truly sorry for doing that; I would not do it again if I had that opportunity. If I had it to do over, I would stay in my normal state of fertility. I resolve to do what is necessary to undo that sin and its continuing effects.”

Such repentance is required of everybody, regardless of the type of sin, and it also applies to everyone who has committed the sin of sexual sterilization.

2) The behavioral options. There are essentially three different kinds of behavior which will reflect the attitude that “if I had it to do over again, I would stay in my normal state of fertility.” What is common to all three of these options is that in each case the couple decide to live **as if** they were still fertile; in other words, as if they had not been sterilized.

■ **Complete abstinence.** Complete abstinence until the wife is menopausal—no longer fertile—is one option. I doubt this option will have many takers, and I do not think it is necessary, but it needs to be listed for the sake of completeness.

■ **Reversal surgery plus NFP.** An ever increasing number of sterilized men and women are having surgery to undo their original surgical sterilization. This is most frequently done by persons who change their minds about having another baby, but it is also being done by persons who do it as part of their repentance. Please note: the canonical penance that is part of the Sacrament of Reconciliation does not constitute that change of heart called repentance.

If reversal surgery were as simple and inexpensive as vasectomies and tubal ligations, then it would be morally required for all as part of their repentance. This is the common teaching of respected moral theologians.³ However, it is also a principle of moral theology that extraordinary burdens are not normally required as part of repentance. For example, many poor people have been seduced by public health workers into being sterilized—sometimes for no cost and sometimes even being paid to be sterilized. For such couples, the cost of reversal surgery would be a very severe burden if not simply impossible, and the reversal surgery would not be morally required. In another case, reversal surgery might constitute a grave risk to health or life because of heart conditions, reactions to anesthesia, etc. Such cases would also constitute an extraordinary burden and would eliminate the moral obligation to have reversal surgery.

However, most couples of good health and economic status will have to resolve the question of reversal surgery. My personal opinion is that there is a general moral

obligation to have reversal surgery, but I would be hesitant to call it a serious obligation (i.e., the grave matter of mortal sin) provided they practice periodic abstinence as noted below. Perhaps the couple who are trying hard to do the right thing but have a general reluctance to undergo surgery might gain insight by asking this question: “If our existing family were wiped out and we wanted children, would we have reversal surgery in the effort to achieve pregnancy?”

Regardless of the reversal decision, I think the couple are obliged to abstain from relations during the normal fertile time if their intention remains to avoid pregnancy.

■ **Periodic abstinence.** The current knowledge about a woman’s alternating phases of fertility and infertility makes it possible for a repentant sterilized couple to restrict intercourse to those times when she is *naturally* infertile. In this way, they will not be taking advantage of their sterilized state, enjoying the fruits of their sin. Their behavior will be consistent with their present desire that they would not have had the sterilization in the first place. In my opinion, such periodic abstinence during the normally fertile time is required of repentant sterilized couples.

I acknowledge the disagreement of some traditional moralists on this point, but I do not find their reasoning persuasive. For example, Father Thomas O’Donnell, S.J., addresses this situation and first agrees that “if the cost were reasonable and the success rate high, an unwillingness to seek it [reversal surgery] would seem to at least imply a perduring contraceptive intention. And it is clear that such an intention would render subsequent acts of marital intercourse morally wrong.”⁴

However, Fr. O’Donnell then reverses his practical conclusion as follows: “At this time, however, the cost seems sufficiently high and the expectation of success sufficiently equivocal as not to support the obligation to undertake it.”⁵

I have no problem with that, but I am not at all persuaded by the practical conclusion as follows, and I quote in full lest anything appear taken out of context.

Thus, as Father Farragher puts it: “If the couple are truly repentant and willing to do what is reasonably possible in reversing what has been done, they may legitimately have marital relations.”

The theological reason behind this generally accepted opinion is quite clear. Sterility by itself does not render marriage illicit nor would sterility itself render the marital act illicit. Thus, even though the sterility in this particular case was sinfully induced, the marriage act would be rendered immoral only by the perduring contraceptive intention of the individuals. When this contraceptive will has been abandoned and replaced by genuine

contrition and repentance, the marital act is no longer illicit. It is not vitiated by any contraceptive intent (as this has been retracted by contrition and purpose of amendment) nor by the physical circumstance of sterility (because this, of itself, does not make marital intercourse illicit).⁶

For three reasons this line of reasoning does not persuade me.

First of all, it must be understood that the article quoted was written in response to the idea that abstinence during the normally fertile time is required of sterilized couples. Essentially what the authors cited above have said is this: If reversal surgery is feasible, then you must do it, and then, of course, if you do not want more children, you must practice abstinence during the fertile time. Call the surgery “A” and the abstinence “B.” That means that you must do A and B.

The point is this: if one is obliged to do the greater, A plus B, then one is certainly obliged to do the lesser, just B without A.

Second, the authors agree that post-sterilization marital relations would be rendered immoral by the perduring contraceptive intention of the individuals. Furthermore, they agree that, as quoted above, “if the cost were reasonable and the success rate high, an unwillingness to seek it would to at least imply a perduring contraceptive intention.” The identical words and principle can be applied to overcoming the practical effects of sterilization. For the practical effect and the whole purpose of the sterilization in the first place was to achieve a state of not-becoming-pregnant *while having unlimited sex*. That situation can be overcome by the very low cost and highly effective means of learning natural family planning and abstaining from relations during the normally fertile times. It must be remembered that even if a woman has had a tubal ligation, she will continue to ovulate and to produce the normal signs of fertility and infertility.

Third, the authors note that the couple must “do what is reasonably possible in reversing what has been done” before they can “legitimately have marital relations.” Clearly, two things have been done by sterilization surgery 1) the mutilation of a bodily organ and 2) the removal of the practice of periodic abstinence required of all normally fertile couples who have a sufficient reason to avoid pregnancy. If a couple cannot undo the mutilation, it is still “reasonably possible”—extremely possible—to reverse the removal of periodic abstinence by the simple process of changing their behavior to accept it.

Having reviewed the reasons given for the other view, I remain convinced that it is necessary for the repentant sterilized couple to refrain from sexual relations during the fertile time even if they cannot reverse the sterilization. First of all, as I have indicated above, I think it is psychologically impossible for a couple to enjoy sterilized sexual relations during the fertile time without reaffirming a contraceptive will. That refusal to

practice the normal periodic abstinence of normally fertile couples (who have sufficiently serious reasons to avoid pregnancy) is a sign of “a perduring contraceptive intention.”

Second, the requirement of abstinence during the normally fertile time simply takes seriously a statement that is at the heart of repentance: “If I had it to do over, I would not become sterilized but instead would practice periodic abstinence.”

In the third place, the requirement that a sterilized couple must refrain from sexual intercourse during the normally fertile time does not impose a severe or extraordinary penance upon the repentant sterilized couple. Far from it, such periodic abstinence is simply the normal behavior of couples who believe they have a serious reason to avoid pregnancy.

It must be remembered that the whole purpose of sexual sterilization is to enable the sterilized couple to have dishonest intercourse—permanently contraceptive sex—at the normally fertile time. That purpose is pursued each and every time a sterilized couple have relations at the normally fertile time. In my opinion, the requirement that the sterilized couple refrain from relations during the normally fertile time is no different from that of Jesus to the woman caught in adultery: “Go and sin no more.”

I think it would be moral rigorism to say that a sterilized couple must either undergo reversal surgery, regardless of circumstances, or permanently abstain from sexual relations. However, I believe that requiring them to act no differently from an unsterilized couple who have a serious reason to avoid pregnancy is a moderate position, the true *via media*.

To be sure, there will sometimes be a temptation for sterilized couples to cheat on the rules, to cut corners in order to reduce abstinence, knowing that they cannot become pregnant. However, this is essentially no different from the temptation experienced by many fertile couples to have recourse to contraceptives or other immoral actions during the fertile time. If either type of couple fail to overcome these temptations, the counsel of Pope Paul VI applies to both: “And if sin should still keep its hold over them, let them not be discouraged, but rather let them have recourse with humble perseverance to the mercy of God, which is poured forth in the sacrament of Penance” (HV n.25).

Part II: Response to Objections and Questions

As I was preparing the current [2005] edition, several items drew my attention. First, I received comments disagreeing with my treatment of the already sterilized person in the previous [2001] edition (Part I above). Second, I received comments from others who read elsewhere of such disagreement and wrote in support of my position. They could not understand how a priest could tell a repentant sterilized person that there is no obligation to undergo any change in behavior. Third, I heard a report that certain ethnic Catholics are increasingly getting sterilized as a one-sin and one-confession “solution” to birth

control. Lastly, I have learned that the rate of sterilization in 1995, the last date for such figures, was higher for Catholics than for Protestants, Jews or the unchurched. The sterilization dilemma is a *major* problem in the Church in the United States.

Accordingly, I developed this part of the chapter to respond to the objections and questions raised by my previous treatment. The questions here can be generally classified as *ontological* (dealing with the reality at hand) or *sacramental* (dealing with the Sacrament of Reconciliation and confessional practice), but there is overlap. Where I have used a male pronoun, it refers to both men and women to avoid the he-or-she terminology.

In writing about this subject, does John Kippley have a bias?

Yes. It is my understanding and belief that *metanoia*, that change of heart called for by the Lord in the gospel (see Mk 1:15), calls for a change in behavior as well as a change in inner disposition. I believe that the firm resolve “to confess my sins, to do penance, and to amend my life” in the traditional Act of Contrition requires a change of behavior.

I cannot think of any sexual sin, or other type of sin, where repentance does not entail a change of behavior. If I am having sex with someone not my true wife, repentance demands that I change my behavior. I have to stop my adultery, fornication or sodomy. It is not just *nice* for me to change; it is not just that change will help me to grow in holiness. Being sorry is not enough; I am *required* to change my behavior.

On the other hand, critics of my position, if I understand them correctly, agree that if a person has himself sterilized for birth control so that he can have contraceptively sterilized intercourse during the fertile time, he is called to repentance. When he repents, they say, he does not need to change his behavior. If he is sorry that he was sterilized, he may continue to have contraceptively sterilized intercourse during the fertile time.

My bias is towards consistency. Since I cannot think of any other sinful behavior where repentance does not require a change of behavior, my bias or initial inclination is to think that repentance for contraceptive sterilization and acts of contraceptively sterilized intercourse also requires a change of behavior.

I believe that my opinions are well founded, but if the Magisterium should declare a contrary teaching, I certainly submit to such teaching authority.

Is there a difference between medical sterilization and natural infertility?

Yes. It is similar to the huge difference between death by abortion, euthanasia and suicide and death by natural causes. The sterility following sterilization is a deliberately chosen long-term effect; it is the reason why a person undergoes a sterilization surgery. (I am not writing about the person who has been forcibly sterilized by others.)

It is, of course, morally permissible for married couples to engage in the marriage act during times of *natural* infertility. However, that says nothing about the morality of

sexual intercourse by the married couple in which one spouse has had himself sterilized for the purpose of birth control.

Is it immoral to have oneself deliberately sterilized?

Yes. Paul VI clearly taught this in *Humanae Vitae*. After condemning abortion, he continued: “Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman” (n. 14). By “direct sterilization” the Pope excludes *indirect* sterilization resulting from necessary medical procedures such as the removal of a cancerous uterus.

For true repentance, does a person have to tell himself, “If I had it to do over again, I would not do what I did”?

Yes. The opposite of that would be to say, “If I had it to do over again, I would do the same thing.” I cannot see how such willingness to sin again would constitute true repentance. That is not the same as a regretful admission that “given my present state of weakness, I might sin again or even probably will sin again.”

The person who truly repents must tell himself, “If I had it to do over, I wouldn’t do it again.” I believe that “it” includes acts of contraceptively sterilized intercourse during the fertile time, for this was the whole purpose of the sterilization. After repentance, he changes behavior. He no longer engages in acts of contraceptively sterilized intercourse during the fertile time.

Is the immorality of direct sterilization concerned only with the mutilation of a healthy organ or does it also apply to individual acts of contraceptively sterilized intercourse?

In my opinion, it applies to both. Four explicit statements in *Humanae Vitae* support this opinion. First, the last sentence of HV n.11 clearly states, “. . . the Church . . . teaches that each and every marriage act (*quilibet matrimonii usus*) must remain open to the transmission of life.” Even though this passage is universally interpreted to mean “not deliberately closed to the transmission of life,” it is clear that the teaching concerns each and every act of marital intercourse. Acts of contraceptively sterilized intercourse have been closed to the transmission of life by a deliberate act of the will. The inclusion of individual acts of contraceptively sterilized intercourse is made even more clear in HV n.14 which repudiates the “totality hypothesis” that sought to have individual contraceptive acts considered as morally good if the marriage as a whole was fruitful in bearing children.

Second, reference to direct *perpetual* sterilization in HV n.14 (quoted in the previous question and answer) makes sense only in terms of its long-term effects. “*Perpetual*” expresses concern about the acts subsequent to the mutilation procedure.

Third, the Pope continues in the very next sentence in HV n.14 to make clear that the primary focus is the nature of the conjugal act. “Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible.”

Fourth, Paul VI teaches that conjugal acts “deliberately made infecund” (sterile) are “intrinsically dishonest” despite an overall openness to life in that family. I believe this applies also to acts of contraceptively sterilized intercourse despite repentance for the initial act of sterilization and subsequent acts of contraceptively sterilized intercourse.

To be sure, it is a sin of mutilation to deliberately destroy one’s sexual organs, but the primary focus of *Humanae Vitae* is marital chastity and the sins against it. I think it is clear that *Humanae Vitae* teaches that each and every act of deliberately sterilized intercourse is morally wrong.

Does a change of intention on the part of a repentant sterilized person change the act of contraceptively sterilized intercourse from morally evil to morally good?

The morality of an act is governed by three factors: 1) the action that is done, 2) the intention, and 3) the circumstances. Let us assume that circumstances warranted the avoidance of pregnancy before the sterilization and remain the same. Let us assume that the person had the evil intention of rendering all further marital acts sterile. Let us further assume that the sterilized person has since become more aware of the force of the Church’s teaching and now sincerely regrets the surgical sterilization, and let us assume for the moment that this amounts to a change of intention.

The first factor still remains—the action that is done. The thing done is still the act of contraceptively sterilized intercourse. This is the act called “intrinsically dishonest” by *Humanae Vitae* (n. 14). Contraceptive sterilization renders each subsequent act of intercourse during the fertile time a *de facto* act of contraceptive intercourse regardless of any later change of intent.

Pope John Paul II answers our question in *Veritatis Splendor*, n.81: “If acts are intrinsically evil, a good intention or particular circumstances can diminish their evil, but they cannot remove it.”⁷ He then quotes Augustine and concludes: “Consequently, circumstances or intentions can never transform an act intrinsically evil by virtue of its object into an act ‘subjectively’ good or defensible as a choice.”

Does repentance change the object of the act?

Some of my thoughtful critics have said that repentance changes the object of what the repentant sterilized person chooses. They argue that when the repentant sterilized person chooses to engage in contraceptively sterilized intercourse during the fertile time, he is no longer choosing to engage in a contraceptive act, and thus his choice is morally licit.

They allege that his sorrow for his past sins changes the morality of what he chooses to do now.

I find that reasoning difficult to accept. In *Veritatis Splendor*, Pope John Paul II concludes his teaching against certain erroneous ethical theories such as proportionalism and consequentialism in section 75. Then in section 78 he relates morality to the “object” of what a person chooses. “The morality of the human act depends primarily and fundamentally on the ‘object’ rationally chosen by the deliberate will, as is borne out by the insightful analysis still valid today, made by St. Thomas (cf. *Summa Theologiae*, I-II, q.18, a.6).”

(The entire text of section 78 is contained in Chapter 18 [of *Sex and the Marriage Covenant*], “Ecclesial Documentation.”)

In the last part of *Veritatis Splendor* n.78, John Paul II teaches: “An act is therefore good if its object is in conformity with the good of the person with respect for the goods morally relevant for him.”

The object of the act of contraceptively sterilized intercourse is the rational choice to engage, during the fertile time, in an act known to be contraceptively sterilized by reason of a previous act of the will.

The act in question is an act of contraceptively sterilized intercourse. Prior to repentance, the person choosing to engage in that act at the fertile time does so to pursue pleasure and, presumably, other marital goods with the assurance that his past sterilization will prevent the transmission of life. After repentance, the person choosing to engage in contraceptively sterilized intercourse at the fertile time does so to pursue pleasure and, presumably, other marital goods with the assurance that his past contraceptive sterilization will prevent the transmission of life. I fail to see a difference.

Did John Paul II intend to exclude post-repentance acts of contraceptively sterilized intercourse from the moral evil of other acts of contraceptive behavior?

I am not aware of any evidence that the Holy Father intended to do so. In *Veritatis Splendor*, he goes on to condemn the idea “*that it is impossible to qualify as morally evil according to its species—its object—the deliberate choice of certain kinds of behavior or specific acts apart from a consideration of the intention for which the choice is made or the totality of the foreseeable consequences of that act for all persons concerned*” (n. 79, italics in original). This is an explicit criticism of proportionalism and consequentialism.

Our question is this: does the circumstance of repentance change the act of contraceptively sterilized intercourse from morally bad to morally good? In my opinion, no. When the Pope talks about intrinsically evil acts in *Veritatis Splendor* n. 80, he specifically mentions contraceptive practices and quotes *Humanae Vitae*, n. 14. He further addresses intrinsically evil acts in *Veritatis Splendor* n. 81 and concludes:

“Consequently, circumstances or intentions can never transform an act intrinsically evil by virtue of its object into an act ‘subjectively’ good or defensible as a choice.”

It is my opinion that repentance is a circumstance that does not change the object of the act of contraceptively sterilized intercourse during the fertile time. Therefore I conclude that the Pope is not excluding from the classification of “objectively immoral” those acts of contraceptively sterilized intercourse by repentant sterilized persons.

Is there an ontological need for the repentant user of barrier methods, mutual masturbation, marital sodomy, and hormonal methods of birth control to stop using all unnatural forms of birth control?

Yes. It is simply part of the change of heart that needs to be involved in the decision to leave the contraceptive way of life and to enter the life of marital chastity, to leave the culture of death and to enter the culture of life. I call such *metanoia* an ontological need or obligation to distinguish it from the need to perform a sacramental penance.

(Ontological refers to something that is rooted in one’s being or nature.)

Is there an ontological necessity for the repentant sterilized person also to stop using all unnatural forms of birth control including acts of contraceptively sterilized intercourse?

That’s the question that is still disputed. My opinion remains “Yes.” I recognize that there are opinions that can be called “solidly probable” which are contrary to mine. I find them, however, not convincing. I have not seen or heard anything that persuades me to think that the ontological *metanoia* required of the repentant person who was using *temporary* contraception or sterilization does not also apply to the repentant person who chose a *permanent* method of contraception.

Is the repentant sterilized person therefore required to practice marital abstinence for the rest of his life?

“No” is the common opinion. I think there are two morally permissible options.

First, I think there is a qualified moral obligation for the sterilized person to undergo reversal surgery. “Qualified” means that this can be done without undue hardship. Then, assuming the continuing intention to avoid pregnancy, the couple would be required to monitor the wife’s fertility and to abstain during the fertile time of each cycle.

Second, if undue hardship exempts the person from reversal surgery, I think the couple still has an obligation to monitor her fertility and to abstain from the marriage act during the fertile time.

How does the position of an enduring ontological obligation to abstain from contraceptively sterilized intercourse allow the marriage act during the infertile times?

Sterilized intercourse is *contraceptively* sterilized intercourse only during the fertile time. That's the only time when it is, *de facto*, contraceptive. The sterilized couple who engage in the marriage act only during the infertile time are acting the same as any chaste, non-sterilized couple who have a sufficiently serious reason to avoid pregnancy. This would apply also when the wife reaches menopause.

Is there any basis for these convictions in traditional moral theology?

Yes. Fr. Thomas O'Donnell, S.J., wrote in 1989: "Some of the most respected theologians of the first quarter of this [20th] century considered this situation. The opinions of Arthur Vermeersch, S.J. (Professor at the Gregorian University in Rome and consultor to three Vatican congregations) and Hieronymus Noldin, S.J. (Professor of Moral Theology at the Jesuit Theologate in Innsbruck) are accurately reflected by Joseph J. Farragher, S.J., in the *Homiletic and Pastoral Review* (July 1979). With them Father Farragher holds that a sign of true contrition 'would seem to include an attitude that if the sterilization can be safely, effectively and relatively easily repaired, it should be repaired.'"⁸

As indicated earlier in this chapter, Fathers Farragher and O'Donnell thought that if reversal surgery were effective, safe, and not too costly, refusal to undergo reversal surgery would be a sign of a continuing contraceptive intention.

The continuing need to abstain from the marriage act during the fertile time has not been argued widely in the theological literature. Earlier in this chapter, I have argued that if the person is required to do A (reversal) and B (abstinence during the fertile time), exemption from A does not exempt from the obligation of B. As indicated previously, I have not seen or heard anything that has persuaded me to abandon this position.

Father Peter M. J. Stravinskias addressed this issue in an article later reprinted in a book.

If someone submits to a sterilization procedure (whether male or female) for the purposes of excluding the possibility of future children, all subsequent acts of intercourse must be regarded as contraceptive. This is just a matter of logic and fairness of evaluation. Otherwise, a person could easily be sterilized, run off to confession, and then engage in sexual intercourse with 'impunity' for the rest of his or her life. It seems to me that if one has truly repented of a sin of sterilization, has gone to confession and received absolution, the only proper way to deal with the problem thereafter is to relate sexually as though one were not sterilized by practicing natural family planning. That is the only way I can see a person performing the marital act in honesty and integrity after a vasectomy or tubal ligation."⁹

Is reversal surgery still as burdensome as it was in the 20th century?

No. Vasectomy reversal is relatively safe, quite effective, fairly easy, and not prohibitively expensive for most people living in a first-world country. Tubal ligation reversal requires a higher degree of anesthesia, can increase the chances of a tubal pregnancy, and is more expensive than vasectomy reversal. Both kinds of reversals became more common in the last decade of the Twentieth Century and continue to increase in popularity. Some physicians advertise reversal services in the Yellow Pages. One More Soul (OMS) maintains a list of NFP-only physicians who do reversals; their fees tend to be lower. For further information, check the OMS website, www.OMSoul.com or contact OMS by phone, 1-800-307-7685.

Does the position of a continuing ontological obligation to abstain from contraceptively sterilized intercourse contradict the Church's penitential policy against long and difficult penances?

Not in the least. Every married couple is called to marital chastity. Every married couple is called to practice the periodic abstinence of systematic natural family planning (or permanent abstinence) during their fertile years when they want to keep their family at its present size permanently or indefinitely. Living chastely is an ontological obligation that has utterly nothing to do with the canonical penance assigned by the priest as part of the Sacrament of Reconciliation. Becoming sexually sterilized does not exempt one from the normal ontological obligations of marital chastity. The normal difficulties of virtuous living are just that—normal. Marital fidelity, lifelong commitment, marital chastity, caring for dependent family members, patience with one's children, working for a living—these are the normal steps to holiness offered to married couples. An immoral weekend of adultery does not exempt that spouse from resuming his marital obligations. Does not the same hold true for failure in every part of life and marriage?

Are there other examples of a continuing ontological obligation?

Certainly. The Code of Canon Law prohibits a man or woman who has killed a lover's spouse from marrying that lover. "One who, with a view to entering marriage with a particular person, has killed that person's spouse, invalidly attempts this marriage" (Canon 1090.1). "They also invalidly attempt marriage with each other who, by mutual physical or moral action, brought about the death of either's spouse" (Canon 1090.2).

If a divorced person enters into a situation of enduring adultery sanctioned by a civil remarriage, he has an ontological obligation to get out of that situation. Or, if duties to offspring make that too difficult, at least he has the enduring ontological obligation not to engage in the marriage act. Even if he now regrets the divorce and remarriage and sincerely wishes he were back with his true spouse, such a change of intention does not change the nature of any sexual acts with his civil-marriage spouse. No matter how

repentant he is, such repentance does not change the “object” of the act. If he chooses to engage in sexual relations with anyone other than his valid sacramental wife, the act is still the act of adultery.

Can we distinguish between the ontological obligation of practical metanoia by the penitent and the sacramental obligation on the priest to so inform him?

Yes, and I think this is an important distinction. Very important.

In 1997 the Pontifical Council for the Family, at the request of the Holy Father, published a *Vademecum for Confessors* that is helpful to this question. I will quote and comment.

5. The confessor is bound to admonish penitents regarding objectively grave transgressions of God’s laws and to ensure that they truly desire absolution and God’s pardon with the resolution to re-examine and correct their behavior. Frequent relapse into sins of contraception does not in itself constitute a motive for denying absolution; absolution cannot be imparted, however, in the absence of sufficient repentance or of the resolution not to fall again into sin.¹⁰

Section 6 has only three sentences, and they address the need for spiritual direction.

7. . . . Although these sins [committed in invincible ignorance] are not imputable, they do not cease, however, to be an evil and a disorder. This also holds for *the objective evil* of contraception, which introduces a pernicious habit into the conjugal life of the couple. It is therefore necessary to strive in the most suitable way to free the moral conscience from those errors which contradict the nature of conjugal life as a total gift. . . (italics in original).

8. The principle according to which it is preferable to let penitents remain in good faith in cases of error due to subjective invincible ignorance, is certainly to be considered always valid, even in matters of conjugal chastity. And this applies whenever it is foreseen that the penitent, although oriented toward living within the bounds of a life of faith, would not be prepared to change his own conduct but rather would begin formally to sin. Nevertheless in these cases, the confessor must try to bring such penitents ever closer to accepting God’s plan in their own lives, even in these demands, by means of prayer, admonition and exhorting them to form their consciences, and by the teaching of the Church.

The context of these passages is a document intended to encourage the confessor to try to set the penitent on the right path. It seems to me that the confession of sterilization can be assumed to be also the confession of subsequent contraceptively sterilized intercourse, and the confessor could clarify that. Then, it seems to me, he is called to inform the person about the continuing nature of this sin and the need to seek repair and to abstain during the fertile time. Otherwise the practice of contraceptively sterilized intercourse will remain as a “disorder” and “a pernicious habit.” However, if he is morally certain that the penitent would refuse to follow such counsel and would thereby be engaging in formal sin, he may make a prudential judgment to omit such instruction here and now.

The matter can be complex in its application. In this question, I have sought only to provide a basis for the statement that we can distinguish between the ontological obligation of the sterilized penitent to abstain during the fertile time and the obligation of the confessor to address this ontological obligation in the confessional. In my opinion, *Vademecum* #5 indicates that the confessor has a general obligation to address this issue, but *Vademecum* #8 makes it clear that prudence may sometimes require him not to address it at that particular time and place.

Does the priest need to elicit a 100% guarantee that the penitent will not commit this sin again?

No. “In accordance with the approved doctrine and practice followed by the holy doctors and confessors with regard to habitual penitents, the confessor is to avoid demonstrating lack of trust either in the grace of God or in the dispositions of the penitent, by exacting humanly impossible absolute guarantees of an irreproachable future conduct” (*Vademecum*, n. 11).

What if a repentant sterilized person says, “I would not have been sterilized and I would have started to practice natural family planning if I had known about it”?

First of all, it seems to me that this shows true repentance. Second, it indicates that the person may already recognize the ontological obligation to abstain from contraceptively sterilized intercourse during the fertile time. At the least, it certainly provides an opening for the confessor to raise the issue of the continuing ontological obligation.

*May a priest tell a person confessing adultery, barrier contraception, fornication, masturbation, the pornography trade, sodomy, etc.—anything except sterilization—that that he simply **must** change his behavior?*

That seems to be the meaning of *Vademecum* #5.

*May a priest tell a sterilized penitent that he simply **must** abstain during the fertile time (even if he is exempt from the obligation to have restorative surgery)?*

I think the answer is “Yes,” as in the previous response, but this is a disputed point. The Magisterium has not issued a teaching one way or the other.

What else can a priest tell a repentant sterilized person in the confessional?

Some priests are telling such penitents that if they want to pursue a life of holiness, they should abstain during the fertile time and, if feasible, do the reversal surgery.

In my opinion, a priest can go farther. If he is personally convinced that there is an ontological obligation to abstain during the fertile time, I think he can convey his convictions to the penitent. He may treat the arguments for this position as a solidly probable opinion. If he wanted to soften his counsel somewhat, he could tell the penitent that even though the Church has not spoken decisively on this matter, he personally thinks there is such an obligation. He could draw the parallel between repudiating other forms of sexual immorality and abstaining from contraceptively sterilized marital intercourse.

The widespread confessional practice seems to be to ignore any ontological obligation for the repentant sterilized person to change his behavior. Does this create any pastoral problems?

In my opinion, this practice creates two problems. First, it leads people to believe that there is no moral problem with contraceptively sterilized intercourse. Sterilization is viewed as a one-sin and one-confession approach to birth control that leaves the person without further obligation after he does his short canonical penance—“home free” in the colloquial. That perception is a true “scandalum,” a stumbling block, because it inclines people to this form of sin.

Second, it leads to a three-fold scandalum for others.

1) Those married couples who are trying to live virtuously—sometimes with quite a struggle—very frequently have grave difficulty in understanding why every other form of sexual sin requires a change in behavior but no such change is required of the sterilized person. Such apparent inconsistency does not help their faith.

2) Those who are inclined to do the least possible to avoid mortal sin have great difficulty in seeing that the Church really believes that either the physical act of sterilization or subsequent contraceptively sterilized intercourse is seriously wrong. The severing of a small seminal vessel or fallopian tube doesn’t look like much of a mutilation. I would imagine that it is hard for many sterilized couples to “feel” repentant because they have such a hard time, in the current milieu and Church practice, believing that there’s anything wrong with sterilization.

3) Lastly, single people who are tempted to fornication are not helped to believe that sexual sins are serious when they know married people who openly talk about being sterilized but are not abstinent and who also hold leadership positions in their parish.

In short, I believe that the position that holds that there is no obligation for the repentant sterilized person to change his behavior undermines the teaching of *Humanae Vitae* and in turn undermines the entire teaching of sexual morality. I believe that confessional practice which ignores this obligation has contributed greatly to the high rate of sterilization among Catholics.

Vademecum n.16 addresses the scandal of inconsistency.

Priests, in their catechesis and in the preparation of couples for marriage, are asked to maintain uniform criteria with regard to the evil of the contraceptive act, both in their teaching and in the area of the sacrament of Reconciliation, in complete fidelity to the Magisterium of the Church.

Bishops are to take particular care to be vigilant in this regard, for not infrequently the faithful are scandalized by this lack of unity, both in the area of catechesis as well as in the sacrament of Reconciliation.”

Can real people practice the periodic abstinence of systematic natural family planning?
Definitely yes. Married couples at every level of economic status, education, income, intelligence, and occupation are practicing chaste NFP. It is not something for an effete elite.

To the extent that an effete elite exists in the Catholic Church, its members are much more likely to be found writing and teaching dissent in liberal journals and colleges than among those who practice the abstinence of systematic natural family planning. Most males have difficulties with sexual abstinence, but most Christian males can understand and believe that abstinence done for reasons of morality is a normal part of Christian discipleship. All of us, men and women, clergy and laity, are called to lives of holiness even though many of us do not habitually think of life in that way.

What if a priest, bishop, theologian or other counselor really believes in his heart that it is asking too much of a repentant sterilized couple to abstain during the fertile time?

I would ask such a person to examine himself very closely on the previous question. Does he believe that “real people” cannot practice periodic abstinence?

As I read criticisms that I was trying to impose an unjustified hardship on repentant sterilized couples, I began to wonder if this gut feeling may be the primary reason for so little counsel and teaching of the obligation for the repentant sterilized

couple to abstain during the fertile times. Thus I would point out the relative ease of periodic abstinence compared with the total and permanent abstinence required of the validly married person whose spouse has deserted their marriage, or the total abstinence of the repentant fornicator who must abstain until marriage that may be months away or completely unforeseeable.

Periodic abstinence is not a special penance. Aside from the normal infertility of ecological breastfeeding, periodic abstinence is the moral norm for married couples who believe that God is calling them not to seek pregnancy at this time. It is normative for couples of normal fertility; it is normative for the repentant sterilized couple. Chastity is difficult. Periodic abstinence is difficult, but what is easy about the divine commandments to love your enemies, your children and your neighbor when they are difficult, and your spouse for better and for worse until death do you part?

Everyone who has the responsibility to preach and/or teach the difficult truths of Christian discipleship needs to have increased faith that in the face of temptation “God is faithful, and he will not let you be tempted beyond your strength, but with the temptation will also provide the way to escape, that you may be able to endure it” (1 Cor 10:13).

* * *

¹ Pius XI, *Cast Connubii (On Chaste Marriage)*, December 31, 1930, paragraph 56.

² Paul VI, *Humanae Vitae (Of Human Life)*, July 25, 1968, no. 11.

³ Some of the most respected theologians of the first quarter of this [20th] century considered this situation. The opinions of Arthur Vermeersch, S.J. (Professor at the Gregorian University in Rome and consultor to three Vatican congregations) and Hieronymus Noldin, S.J. (Professor of Moral Theology at the Jesuit Theologate in Innsbruck) are accurately reflected by Joseph J. Farragher, S.J., in the *Homiletic and Pastoral Review* (July 1979). With them, Father Farragher holds that a sign of true contrition ‘would seem to include an attitude that if the sterilization can be safely, effectively and relatively easily repaired, it should be repaired’ ” (Thomas O’Donnell, S.J., “Repentance Following Directly Willed Contraceptive Sterilization,” *The Medical-Moral Newsletter* 26:1 [January 1989] 4).

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ John Paul II, *Veritatis Splendor (The Splendor of Truth)*, August 6, 1993, no. 81.

⁸ See note 3 above.

⁹ Peter M. J. Stravinskias, *The Catholic Answer Book* (Huntington, IN: OSV, 1990) 71.

¹⁰ Alfonso Cardinal Lopez Trujillo and Francisco Gil Hellin, *The Pastoral Care of the Divorced and Remarried and Vademecum for Confessors Concerning Some Aspects of the Morality of Conjugal Life* (February 12, 1997), (Vatican City: The Pontifical Council for the Family, 1997) no. 5.