

Is Artificial Insemination a Moral Action?

CAN HOMOLOGOUS ARTIFICIAL INSEMINATION BE PERMITTED AS A LICIT TREATMENT FOR INFERTILITY?

A: Homologous artificial insemination and fertilization are generally immoral. The *Catechism of the Catholic Church* specifically defines and addresses these techniques: Techniques involving only the married couple (homologous artificial insemination and fertilization) are perhaps less reprehensible [than techniques that require the intrusion of a donor or surrogate] yet remain morally unacceptable. They dissociate the sexual act from the procreative act. The act that brings the child into existence is no longer an act by which two persons give themselves to one another but one that "entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children." (CCC 2377; cf. *Donum Vitae* 5)

That said, the Church does recognize an exception "for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose" (DV 6).

Medical technology can be used to *assist* the natural functioning of that process (e.g., surgery could be used to repair fallopian or vas deferens tubes), but medical technology cannot be used morally to *replace* the reproductive process that God designed. Indeed, nothing can replace the process morally (that is why homosexual behavior, for example, is intrinsically immoral).

HOW IS HOMOLOGOUS ARTIFICIAL INSEMINATION TO BE EVALUATED FROM THE MORAL POINT OF VIEW?

Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to

facilitate and to help so that the act attains its natural purpose.

The teaching of the Magisterium on this point has already been stated. This teaching is not just an expression of particular historical circumstances but is based on the Church's doctrine concerning the connection between the conjugal union and procreation and on a consideration of the personal nature of the conjugal act and of human procreation. "In its natural structure, the conjugal act is a personal action, a simultaneous and immediate cooperation on the part of the husband and wife, which by the very nature of the agents and the proper nature of the act is the expression of the mutual gift which, according to the words of Scripture, brings about union 'in one flesh' ". Thus moral conscience "does not necessarily proscribe the use of certain artificial means destined solely either to the facilitating of the natural act or to ensuring that the natural act normally performed achieves its proper end".(53) If the technical means facilitates the conjugal act or helps it to reach its natural objectives, it can be morally acceptable. If, on the other hand, the procedure were to replace the conjugal act, it is morally illicit. Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: "It lacks the sexual relationship called for by the moral order, namely the relationship which realizes 'the full sense of mutual self-giving and human procreation in the context of true love'".

WHAT MORAL CRITERION CAN BE PROPOSED WITH REGARD TO MEDICAL INTERVENTION IN HUMAN PROCREATION?

The medical act must be evaluated not only with reference to its technical dimension but also and above all in relation to its goal which is the good of persons and their bodily and psychological health. The moral criteria for

medical intervention in procreation are deduced from the dignity of human persons, of their sexuality and of their origin. *Medicine which seeks to be ordered to the integral good of the person must respect the specifically human values of sexuality.*(55) *The doctor is at the service of persons and of human procreation. He does not have the authority to dispose of them or to decide their fate.*

A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed", (56) On the other hand, it sometimes happens that a medical procedure technologically replaces the conjugal act in order to obtain a procreation which is neither its result nor its fruit. In this case the medical act is not, as it should be, at the service of conjugal union but rather appropriates to itself the procreative function and thus contradicts the dignity and the inalienable rights of the spouses and of the child to be born. The humanization of medicine, which is insisted upon today by everyone, requires respect for the integral dignity of the human person first of all in the act and at the moment in which the spouses transmit life to a new person. It is only logical therefore to address an urgent appeal to Catholic doctors and scientists that they bear exemplary witness to the respect due to the human embryo and to the dignity of procreation. The medical and nursing staff of Catholic hospitals and clinics are in a special way urged to do justice to the moral obligations which they have assumed, frequently also, as part of their contract. Those who are in charge of Catholic hospitals and clinics and who are often Religious sisters will take special care to safeguard and promote a diligent observance of the moral norms recalled in the present Instruction.

THE SUFFERING CAUSED BY INFERTILITY IN MARRIAGE

The suffering of spouses who cannot have children or who are afraid of bringing a handicapped child into the world is a suffering that everyone must understand and properly evaluate.

On the part of the spouses, the desire for a child is natural: it expresses the vocation to fatherhood and motherhood inscribed in conjugal love. This desire can be even stronger if the couple is affected by sterility which appears incurable. Nevertheless, marriage does not confer upon the spouses the right to have a child, but only the right to perform those natural acts which are *per se* ordered to procreation.(57) *A true and proper right to a child would be contrary to the child's dignity and nature. The child is not an object to which one has a right, nor can he be considered as an object of ownership: rather, a child is a gift, "the supreme gift" (58) and the most gratuitous gift of marriage, and is a living testimony of the mutual giving of his parents. For this reason, the child has the right, as already mentioned, to be the fruit of the specific act of the conjugal love of his parents; and he also has the right to be respected as a person from the moment of his conception.*

Nevertheless, whatever its cause or prognosis, sterility is certainly a difficult trial. The community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood. Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness. Sterile couples must not forget that "even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children".(59) Many researchers are engaged in the fight against sterility. While fully safeguarding the dignity of human procreation, some have achieved results which previously seemed unattainable. Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born.

Babies Deserve Better

What You Need to Know If You're Struggling with Infertility

By Jameson and Jennifer Taylor

Having struggled with infertility for nearly five years, we know the pain of not being able to have a baby. We're also familiar with the awkward silences—and tears—that accompany conversations with those who have never experienced it. On the one hand, people tend to believe fertility is something we have perfect control over—as if "just relaxing" or "settling down" will make us pregnant. On the other, it's a mystery why so many couples like us aren't blessed with children of their own. If, as Scripture tells us, children are a gift from the Lord (Ps. 127:3), how are we to understand infertility? What hope is there for couples who desperately desire children but also want to remain faithful to the Church's guidance regarding artificial reproductive technologies?

According to the Centers for Disease Control, infertility is a condition that affects 2.1 million married couples (one in eight of childbearing age) and 6.1 million women aged fifteen to forty-four. Male factor infertility accounts for 30–40 percent of all cases. These rates are increasing as more couples delay marriage and childbirth to pursue careers and educational opportunities.

But did you know that according to Harvard researcher Alice Domar, "infertile women report equivalent levels of anxiety and depression as women with cancer, HIV status or heart disease"? She adds, "The majority of infertile women report that infertility is the most upsetting experience of their lives." Such heartbreak might help to explain why hurting couples are tempted to pursue morally questionable remedies for infertility.

Fortunately, though, most couples can conceive using natural techniques that accord with the Church's wisdom on marital sexuality. Dr. Domar counsels:

Very few people have physical conditions that make it impossible to have a child, and in many cases simple lifestyle changes and low-tech strategies can make a decisive difference. . . . Many couples can be helped by our greater knowledge of how lifestyle factors like stress, exercise, and nutrition affect conception, of better ways to regulate and target ovulation cycles, and of common medicines to avoid that can inhibit sperm and egg production.

Dr. Paul Dmowski, a leading infertility specialist, estimates that "only 8–10 percent of couples in treatment need high-tech . . . procedures" such as *in vitro* fertilization. Indeed, Domar concludes that "so much attention in the media is focused on the latest high-tech intervention that many people forget to give nature enough of a chance."

These observations allude to a popular prejudice in our culture that nature and science are at odds with one another. Natural alternatives are thought to be inferior to their high-tech counterparts. In reality, scientific technologies that work in accord with nature have proven very effective in treating infertility. The Creighton System's NaProTechnology program, for instance, boasts an overall pregnancy rate of up to 50 percent for patients of all ages and diagnoses—with rates as high as 80 percent for many couples. These figures are nearly two to three times higher than results from the leading artificial technologies.

Techniques like those taught by the Pope Paul VI Institute, the Couple to Couple League, and the Billings Ovulation Method Association differ from artificial technologies in that they cooperate with nature by equipping couples to listen to what their bodies are saying. For a woman, these messages can usually be discerned by charting monthly cycles and mucus patterns. According to the Pope Paul VI Institute, couples who have learned to chart effectively have a 76 percent chance of conceiving during their first cycle of use and a 98 percent pregnancy rate by their sixth cycle. But because many couples assume they'll get pregnant right away, they rarely take time to explore how their fertility works. "Even sophisticated couples," relates Dr. Domar, "may not be clear about when ovulation occurs or how long sperm live."

Diet and nutrition are also crucial to achieving pregnancy. According to John Kippley, cofounder of the Couple to Couple League, "In many cases, cycle irregularities can be either eliminated or alleviated simply by better nutrition or body balance." Many other seemingly insignificant modifications—wearing boxers instead of briefs, eliminating nightlights, taking 500 milligrams of extended release B6, using iodized salt—can likewise aid in conception.

Shifting Trends

Despite high success rates, some couples (us included) might not be able to have a baby using natural family planning. Lured by promises frequently backed up by a "100 percent money-back guarantee," artificial insemination and assisted reproductive technologies (ART) start to look like viable solutions. The majority of people who seek high-tech treatments turn first to intrauterine insemination (IUI), the most popular form of artificial insemination (see "Infertility Terms You Need to Know," page XX). If that fails, many couples move on to *in vitro* fertilization (IVF), by far the most widely used form of ART. In recent years, though, IVF has become so popular that some physicians no longer consider IUI a first-line approach.

Given that very few Christian ethicists approve of donor insemination or heterologous artificial insemination, we will limit our remarks to the homologous forms of IUI and IVF. By and large, Protestant theologians agree that infertility procedures that are homologous or exclusive—using only the husband's sperm and/or his wife's eggs—are biblically defensible. Because of its profound understanding of the dignity of the human person, though, the Catholic Church holds that no form of artificial insemination or ART is permissible.

The primary reason the Church opposes IUI and IVF is that these techniques frustrate the unitive aspect of the marital act. As discussed below, the unitive end of marriage encompasses the personal and spiritual good of the spouses themselves. One indication of this breach in unity is that artificial interventions (excepting a tubal ovum transfer with sperm) always require masturbation, which until recently was universally condemned by Catholics and Protestants. Luther, commenting on Genesis 38:8–10, in which Onan is struck down for repeatedly practicing *coitus interruptus*, called masturbation "a Sodomitic sin . . . far more atrocious than incest or adultery." Calvin likewise declared, "The voluntary spilling of semen outside of intercourse between man and woman is a monstrous thing."

Yet most Protestant authorities no longer agree with the traditional elucidation of Genesis 38 and accordingly do not consider masturbation a sin. James Dobson, for one, posits the interpretation that Onan was killed for failing to do his "duty" to produce offspring for his brother rather than for spilling his seed. In a similar vein, *When Empty Arms Become a Heavy Burden*, a "Christian guide to the practical, moral, marital, and spiritual challenges of infertility," acknowledges that while masturbation "can prove disruptive to a relationship with God as well as others, particularly in marriage," providing a semen specimen "on demand" can be a gesture of "respect for God" and love of one's spouse.

Protestant Scripture scholar Charles Provan demonstrates in *The Bible and Birth Control* that Onan was not killed for disobeying his father Judah or because he did not honor his brother's memory, or for anything other than spilling his seed. Citing Genesis 2:24, Provan shows that Judah's authority over his son ended when Onan got married. Provan also recalls that the punishment prescribed for failure to "raise up seed for a dead brother" is not death but merely to have the widow publicly remove her brother-in-law's sandal and spit in his face (Deut. 25:5–10). Additionally, Provan leads us to ask why Onan—and not Adam, Eve, Cain, Jonah, and countless others—merited such harsh punishment for his disobedience. Provan's conclusion, based upon a close analysis of Leviticus 20, is that God forbids all forms of intentionally sterile intercourse.

The Narrow Way

Apologists for IUI and IVF often call the Church's view on masturbation narrow, just as they call the Church's definition of conjugal love constrictive. *Empty Arms* offers this partially misleading analysis of Catholic teaching:

The Vatican, which interprets Scripture for members of the Roman Catholic Church, holds that sex (the unitive) must not be separated from the opportunity to reproduce (the procreative) nor vice versa. . . . As a result, the Vatican prohibits birth control, D.I. [donor insemination], and even insemination using the husband's sperm. . . . While we agree on the importance of Scripture, we question the specific interpretation that leads to the Vatican's viewpoint. If carried to its extreme conclusion, this view would suggest that no sterile man or woman may have sexual intercourse. It would also prohibit postmenopausal women from sexual relations. For this reason, some have suggested that the Vatican redefine conjugal love in such a way that it encompasses all forms of physical expression in marital love, rather than limiting it to sexual intercourse (167–168).

Similarly, John and Sylvia Van Regenmorter, authors of a popular text on infertility published by Focus on the Family, contend that "numerous Roman Catholic theologians" disagree with the Church regarding infertility treatments. "Following this reasoning many Roman Catholic couples are convinced they may pursue AIH [homologous artificial insemination] without violating their consciences or their faith."

Granted, some Protestants don't approve of any form of artificial insemination or ART. But lacking doctrinal authority, most discussions about these matters are vague and unsystematic; equivocation is also common. Frequently couples looking for specific advice are told there is no simple right or wrong answer. That's why it's so great to be Catholic. Regardless of what dissident Catholic theologians claim, the Church offers concrete guidance for couples struggling with infertility. This guidance is grounded in the Church's longstanding teaching on human sexuality. As reaffirmed in *Humanae Vitae* (Of Human Life): There is an unbreakable connection between the unitive meaning and the procreative meaning [of the conjugal act], and both are inherent in the conjugal act. This connection was established by God, and man is not permitted to break it through his own volition (HV 12).

These last four words—"through his own volition"—are essential to understanding the Church's position. Notwithstanding what the authors of *Empty Arms* say, the Church does not prohibit sterile or postmenopausal couples from having intercourse. These couples are not choosing to disconnect the procreative and unitive aspects of their lovemaking; rather, they are letting nature take its course while continuing to come together as man and wife.

But the main point here is that the unitive aspect of the marital act does not consist merely of sex, as asserted above. As the *Catechism of the Catholic Church* teaches, its end is the "good of the spouses themselves" (CCC 2363). This good can come about only through the mutual surrender of one spouse to another, and this self-donation must be personal and exclusive.

Person to [Doctor to] Person

Just as the person is an integration of the physical and the spiritual, every act of lovemaking should be ordered to the physical and spiritual good of each spouse. The physical goods of intercourse—pleasure and reproduction—need little explanation. The spiritual goods—primarily joy and gratitude—are derived from knowing that your spouse accepts and embraces all that you are. In this acceptance, the person is treated as an end in himself rather than a means to an end.

Perhaps more than others, couples struggling with infertility can appreciate the spiritual benefits of lovemaking. When you are infertile, every act of intercourse is pregnant with the hope that God will work a miracle. These couples often experience an intense bond that comes from enduring the crisis of infertility together. Such intimacy, though, is distinct from the personal

communion that occurs only in the conjugal act. The total gift of self, from which the spiritual goods of the conjugal act are derived, is inseparable from the act itself.

For this reason, techniques such as IUI and IVF cannot bring about the spiritual goods unique to marital intercourse. *Donum Vitae* (The Gift of Life) explains:

The origin of the human being thus follows from a procreation that is "linked to the union, not only biological but also spiritual, of the parents, made one by the bond of marriage." Fertilization achieved outside of the bodies of the couple remains by this very fact deprived of the meanings and the values that are expressed in the language of the body and in the union of human persons (DV II, 4).

The "meanings and values" inherent to the conjugal act are uniquely personal. Man and wife can give themselves only person to person, not person to catheter to person, or person to petri dish to person. This union, by definition, is exclusive. Nothing should come between the person-to-person, body-to-body communion of husband and wife. IUI and IVF are not conjugal acts because they are not extrinsically exclusive; these procedures can produce a baby between two people who have never met.

The Baby's Rights

Most people intuit that intercourse should be something more than a physical process aimed at making a baby—that the baby himself has a right to be created through the loving union of two persons. This intuition helps to explain why couples who use IUI and other reproductive technologies continue to make love in the hope that their child *will* be the result of a natural conception, achieved without the intervention of a third party. It also permits the couple to believe that their baby is the product of their conjugal love in spite of their use of a procedure aimed at conceiving a child outside of a *specific* conjugal act. In effect, these couples presume that IUI and IVF are personal acts because they occur within the context of ongoing marital relations. But not every sexual act that may occur within marriage—sodomy, for example—is a personal act. As suggested above, a personal act harmonizes the spiritual and physical welfare of each spouse. This integration is what distinguishes mere reproduction from procreation—creation that seeks to imitate God in his own generosity and fecundity (CCC 2335). In so doing, the couple extends God an invitation to enter into and bless their sexual union in whatever way he desires. This idea, that a child has the right to be created by God through a specific personal act, is especially stressed in *Donum Vitae*:

Conception *in vitro* is the result of the technical action that presides over fertilization. . . . The generation of the human person is objectively deprived of its proper perfection: namely, that of being the result and fruit of a conjugal act in which the spouses can become "cooperators with God for giving life to a new person." These reasons enable us to understand why the act of conjugal love is . . . the only setting worthy of human procreation (DV II, 5).

To conceive a child through a technological process that replaces the conjugal act is to subject him to the "standards of control and dominion" inherent to the scientific method. As such, the baby becomes an object of micromanipulation rather than the fruit of a personal union sanctified by God.

Christians who approve of IUI and IVF maintain that these "artificial means merely assist the natural process." The Church, though, teaches that these procedures replace the conjugal act. *Donum Vitae* clarifies this difference: "A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed" (DV II, 7). In the case of IUI, IVF, and other techniques, "the medical act is not, as it should be, at the service of conjugal union but rather appropriates to itself the procreative function and thus contradicts the dignity and the inalienable rights of the spouses and of the child to be born" (ibid.).

United in prayer and hope in God's generosity, couples who use IUI and IVF feel as if their struggle with infertility has brought them closer to each other and to God. For this reason, perhaps, the artificial aspects of IUI and IVF seem less important than whether the use of these techniques is accompanied by a prayerful attitude. As the authors of *Empty Arms* argue, "One can use 'unnatural' treatments and still demonstrate trust in God." Yet by enabling a third party—namely, the doctor—to intervene, these couples, albeit inadvertently, are impeding their union as man and wife. *Donum Vitae* counsels that these techniques betray the spouses' "right to become a father and mother only through each other" (DV II, 1).

Such impediments also disrupt the couples' relationship with God and the child they hope to conceive. As the author of life, God begets each one of us "in secret" (Ps. 139:15). According to Scripture, this is his right alone (Eccl. 11:5). Sure, God is acting when a man and woman conceive a child outside of the natural order, but his hand is being forced. In such cases, God is present only permissively rather than actively. But every baby has the right to be given as a gift, a blessing bestowed according to the natural means established by God in accord with his perfect timing.

This is not to deny that babies produced through IUI and IVF are just as cute, loved, and wonderful as any other children. The joy they bring to their parents is also just as real, if not more intense. This happiness, though, comes at the expense of the babies who have been denied the right to be conceived through a personal act. Needless to say, children created through artificial techniques are persons; they have eternal souls. Once conceived they also have a right to be loved and protected by their parents and society. Still, no one would say that every act that results in the conception of a child is morally licit. Rape, for instance, may also result in the conception of a child.

Flirting with the Enemy

Another argument Protestant commentators sometimes make is that IUI and IVF are actually "pro-life." The thinking behind this assertion is that every endeavor aimed at bringing forth new life promotes the dignity of life. Of course, all orthodox Christians,

both Catholic and Protestant, agree that life begins at conception. For this reason, Dobson recommends that couples using IVF fertilize and insert only as many eggs as they are willing to keep, and no more than three. "To fertilize and implant more than three," reckons Dobson, "would unacceptably increase the risk of pregnancies of quadruplets or more, pregnancies which carry high risk for both mother and babies."

These dangers are significant. According to the CDC, even twins, who comprise 30 percent of ART births, "are still at substantially greater risk for illness and death than singletons." Dr. Eric Surrey, president of the Society for Assisted Reproductive Technology, cautions: "Twin pregnancies are at a three- to five-fold greater risk for pregnancy complications and perinatal mortality compared to carrying one fetus. With triplets, there is at least a seven-fold greater risk." Low-birth weights and neurological diseases, such as cerebral palsy, are also far more common in twins and other multiple-infant births. In addition, women using ART, especially when combined with drugs that cause ovarian hyperstimulation, are putting their "health and lives in jeopardy," warn Drs. Marie Anderson and John Bruchalski. "Since there is no regulatory agency to oversee the industry, women are treated as research subjects, given drugs that pose an unknown risk."

While pro-life Christians who resort to IUI or IVF would never consider having an abortion, they should keep in mind that the reproductive technology industry is institutionally dependent upon the destruction of human life. On average, women thirty-five and younger are impregnated with three to five embryos per cycle. Most IVF specialists discourage couples from transferring just one embryo, but approximately 66 percent of all ART births are singletons. At the same time, the overall live-birth success rate for ART is 29 percent. Hence, well over 70 percent of all embryos created through ART do not survive. Thousands more children who reach the fetal stage are killed via selective or "multifetal pregnancy" reduction, a euphemism used to refer to a first trimester abortion. Although the CDC does not disclose the exact number of multifetal reductions each year, the number of multifetal pregnancies accounting for miscarriages and induced abortions exceeds the number of multiple births by approximately 10 percent. A 1993 study found that 31 percent of multifetal pregnancies ended with miscarriage, while 27 percent ended with selective reduction.

With experts complaining about an "epidemic of multiple births," physicians feel pressure to keep their multi-birth rate low. As reported by the *San Francisco Chronicle*:

The creation and destruction of human embryos is part and parcel of modern infertility treatments, reflecting both the inherent inefficiency of human reproduction and efforts by fertility clinics to keep costs down and success rates as high as possible (Carl T. Hall, "The Forgotten Embryo," August 20, 2001, A-1).

It is estimated that as many as one million embryos have been destroyed since IVF was introduced in the United States in 1981. Over 500 embryos alone lost their lives to produce the first "test-tube baby," Louise Brown, in 1978. Currently, more than 400,000 embryos are frozen.

Even if a couple follows Dobson's advice and transfers only as many embryos as they are willing to carry to term, they are still unintentionally cooperating with the murder of nascent human life. To begin with, these couples are benefiting from technologies that would not exist without embryonic research, research many of these same couples oppose. Additionally, they are lending financial and social support to a system that dishonors life by encouraging such practices as selective reduction, cryopreservation and genetic selection. Finally, couples who use ART tacitly buy into the abortion-driven myth that life begins at implantation rather than conception. After all, no one sends out pregnancy announcements when their baby is still *in vitro*. Yet the debate over when life begins is one of the great divides that separate the culture of life from the culture of death.

I've Got the Power

Ironically, many couples using IUI and IVF in their late twenties and mid-thirties were contracepting earlier in marriage. This is because IUI and IVF are the logical counterparts of the contraceptive mentality, which has as a fundamental tenet that women enjoy total control over their fertility. The following comment from one infertile woman perfectly epitomizes this view:

I'm not a control freak, but it's one area of my life that I thought I'd always have control over. You know, I was on the pill for five years before we started trying to have a baby. . . . Five years I thought I was in control of my fertility. When I didn't get pregnant, it came as quite a shock (*Handbook of Families and Health*, SAGE Publications, 103).

Predictably, the Catholic Church is criticized from both sides: When it's convenient, couples tell the Church that they should be allowed to contracept; when they change their minds, they tell the Church that it should permit them to use IUI and IVF. Either way, the Church is accused of being archaic and narrow. In fact, the view that separates the procreative and unitive aspects of marital intercourse is truly "narrow." It reduces the sexual act to being either primarily for the sake of unity or primarily for the sake of reproduction. The Church alone, in its wisdom, refuses to divide the two.

The Church refuses to divide what God has joined because it does not have the power to do so (Matt. 19:6). The possession of such a power would enable man to become like God (Gen. 3:5). This premise, in fact, underlies the scientific revolution, which promises man total control over nature, even human nature and human sexuality. Some might argue that the power science gives man comes from God, but not everything invented by man is for his own good. This does not mean that technology cannot be used to assist the reproductive process but that such assistance must never be divorced from the recognition that all life is a gift.

In accepting the gift of life, man agrees to respect the means by which life should be transmitted. A man who gave his wife a diamond ring, for instance, would be horrified if she used it as a drill bit. Likewise, a gift should not be opened before its time; rather, the gift-giver chooses when and how to give the gift. As *Donum Vitae* reminds us:

The child is not an object to which one has a right, nor can he be considered as an object of ownership: Rather, a child is a gift, "the supreme gift" and the most gratuitous gift of marriage (DV II, 8).

An Unexpected Blessing

Children, though, are not the only gift of marriage. Infertility, too, is a great and mysterious blessing. Just as much as fertility, infertility is a gift husband and wife give one another. It is an affirmation that "I still love you. I love all of you. And I refuse to allow anything to come between us." Infertility is also a gift couples can give to God and to the world. Like Christ's crucifixion, infertility is a sign of contradiction in a culture in which human life has lost its value.

As Fr. Mitch Pacwa once remarked to us, it seems as if God is asking infertile couples to fast for the sins against life committed by others. Instead of giving children to God, infertile families can give their suffering to him, their unfulfilled longing to conceive a baby. God will use this suffering to glorify his name and bring about the salvation of souls (John 9:1–3). Likewise, infertility is the gift God gives couples for the salvation of their own souls as well as the souls of any children they might eventually adopt. To reject this gift is to reject the specific means by which God wills to lead us to heaven.

Given that children are the "supreme gift of marriage," it might seem strange to think of infertility as a blessing. No doubt, infertility contradicts nature's intention. The gift of infertility, though, is one that transcends the natural order. It is a sign of divinity, of God's power to bring life out of a situation where nature is powerless. In this way, infertile spouses are like empty vessels, vessels that can be filled only by the intangible gift of grace. Even more so than those who can have their own children, the infertile couple is called by God to be a channel of spiritual fecundity (CCC 2379). As such, these couples are a sign to the world that the fullness of life is found in the gift of love rather than mere physical existence.

This is not to demean in any way the generosity of large families. Although their sacrifices generally go unappreciated, these families are nonetheless a tangible manifestation of love. Part of the pain of infertility, however, is that it is an invisible sign. In our culture, most people assume that if you don't have kids, you're contracepting. If you're infertile, they suppose you can easily correct the problem through artificial means. The physical and spiritual suffering caused by infertility is usually hidden. To use an analogy, the generosity of the couple who chooses to have a large family is like a brightly burning sun with beams that produce beautiful flowers that everyone can see and admire. While their love might shine just as brightly, the infertile family has no flowers of their own. Yet, as Fulton Sheen perceives: "There is no sign unless something happens contrary to nature. The brightness of the sun is no sign, but an eclipse is."

Like an eclipse, the sign of infertility is incomprehensible without the gift of faith. It is a sign that is usually missed because it is veiled by disappointment and failure. But God is the master of bringing success out of failure and life out of death. If we allow God to reveal himself in the poverty of our infertility, he will give us a harvest of flowers more beautiful than we could sow on our own. Oftentimes, these flowers are not meant for us to keep but to give to others. For the unwed mother, infertile couples impart the gift of hope. For the couple delaying childbirth, infertile families provide motivation. For the orphan, infertile couples present the chance of new life. The Church recommends:

Spouses who still suffer from infertility after exhausting legitimate medical procedures should unite themselves with the Lord's cross, the source of all spiritual fecundity. They can give expression to their generosity by adopting abandoned children or performing demanding services for others (CCC 2379).

Just as with physical fertility, spiritual fecundity requires the elimination of any barriers of bitterness, resentment and discouragement that might be obstructing your relationship with God. Although it's okay to be angry with God, at some point it's necessary to forgive him. And he will forgive you, too, for not trusting him—whether by using contraception, IUI or ART, or, as is easy to do, by letting the desire to have a child become a god in itself. Forgiveness is the fruit of prayer, which is also a gift of infertility. Without prayer, the heart will never be able to discover, as one anonymous infertile woman puts it, that God is enough to love. Because we can't understand why God doesn't give us what we want, we often go in search of it on our own. By doing so, we risk overlooking the shocking truth that the gift of infertility is God himself.

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