

THOU SHALT NOT: EXPERIENCES OF CONTRACEPTIVE USE AND RELIGIOUS
IDENTITY NEGOTIATION AMONG MARRIED CATHOLIC WOMEN

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CHAPTER ONE: INTRODUCTION

The Religion and Public Life - U.S. Religious Landscape Survey Report found that “Constant movement characterizes the American religious marketplace, as every major religious group is simultaneously gaining and losing adherents” (Pew Forum Research 2008: 7). More than one-fourth (28 percent) of all American adults have left the faith they were raised in. The Catholic tradition has experienced the greatest exodus of religious adherents in the United States. “While nearly one-in-three Americans (31 percent) were raised in the Catholic faith, today fewer than one-in-four (24 percent) describe themselves as Catholic” (Pew Forum Research 2008: 6). This translates to a net loss of 7.5 percentage points for Catholics, which is substantially larger than the next greatest net loss, by Baptists, of 3.7 percent (Pew Forum Research 2008: 24). It would appear, therefore, that religious affiliation in the United States is very fluid and Catholics in particular are at high risk for disaffiliation. This religious landscape begs the question: If religious switching is becoming a more common experience, particularly among Catholics, then why do some Catholics stay? This question is especially pertinent for women, who experience greater sanctions and limitations within the Catholic Church than men experience. One might assume that Catholics remain Catholic, regardless of possible sanctions, because they actually accept and believe the teachings and traditions of the Catholic Church. However, if Catholics are remaining in the Church because of an acceptance of Church teaching, why are so many Catholic women using contraception and having premarital sex which goes against Church teachings?

Using data from the 2006-2008 National Survey of Family Growth, the Guttmacher Institute examined the intersection of religious affiliation, sexual experiences and family planning practices. Of Catholic young adult women who had never been married, 75 percent have had sex, and of those Catholic women of reproductive age who have never had sex only 31 percent cite religious or moral reasons for this choice. Only two percent of Catholic women rely on natural family planning (NFP), even if they attend Mass once a month or more. In fact, “attendance at religious service and importance of religion to daily life are largely unrelated to use of a highly

effective contraceptive method” (Jones and Dreweke 2011: 5). Interestingly, though these women self-identify as Catholic they do not follow Catholic rules. What is it about Catholicism that makes these women want to claim this identity without following its prescriptions? And how do they negotiate a Catholic identity without adhering to rules regarding contraception use? This thesis aims to explore these questions.

Specific Aims and Significance

The purpose of this study is to use in-depth interviews to explore and describe Catholic women’s experiences using non-church approved contraception in an effort to better understand women’s religious identity construction and negotiation in the context of their contraceptive decision making processes. This topic is particularly important because there is very little research on Catholic contraceptive decision making. However, these contraceptive choices are important not only for individual Catholics’ identity constructions and maintenance, Catholic interpersonal relationships, Catholic health care providers, Catholic Church officials, Catholic leaders in policy and teaching, and NFP providers, but for all health care providers, policymakers, and marital therapists (Fehring 2001; Srikanthan 2008). It is important to understand contraceptive decision making because it is an ongoing individual process that also often involves partner negotiation. This already multifaceted and sometimes challenging situation may be more complicated and stressful for Catholics who negotiate a religious identity alongside their contraceptive choices. Social scientists should be researching what these decisions mean for individual Catholics, for married couples, for the larger church, and for society as a whole. This study will provide much needed information and analysis at the individual level by exploring Catholic married women’s experiences with contraceptive use, from the perspective of the women themselves, which may help identify what support, if any, Catholics need in their contraceptive decision making and practice to promote correct and healthy contraceptive decision making.

Literature Review

Relatively little is known about Catholics' experiences using contraception, other than the high prevalence of their use. This literature review first briefly explains the history and current standing of the Catholic teaching on contraception. Then summarizes the research examining Catholic contraceptive use and attitudes primarily in the US. To conclude, the review examines the literature on religious identity negotiation in the context of this study's topic.

Catholic teaching on contraception. The American Catholic Church publically opposed birth control as early as the beginning of the twentieth century. The church's public opposition began in 1919 when American Catholic bishops made a formal statement opposing contraception (Burns 2005). The Vatican had not yet even written on birth control and it was not until 1930 that Pope Pius XI officially condemned all contraception. In 1951 the Vatican approved the rhythm method, avoiding intercourse during ovulation, with broad parameters of under what circumstances a couple could choose not to conceive (McClory 1995). Then again at a 1958 conference of hematologists, Pope Pius XII approved the use of the pill with a doctor's recommendation as a remedy for menstruation, but not to prevent conception (McClory 1995). Even with this history of opposition to contraception, as a part of Vatican II, Pope John XXIII commissioned a study on birth control in March 1963. The majority opinion of the study commission, in a vote of fifty-two to four, recommended that birth control should be accepted within marriage. However, Pope Paul VI released a very different statement in 1968 which clearly stated the Church's continued opposition to contraception (Burns 1999, McClory 1995).

Today, the Catholic Church asserts and explains the intrinsic value and meaning of human sexuality as a gift from God: married couples are able to participate in God's creation. This gift to be used for procreation in accordance with God's will. In many Church documents sexuality is explained as designed for the unity of the couple. Within the sacramental bonds of marriage sexual relations are designed to be both unitive and procreative together.

For, God Himself is the author of matrimony, endowed as it is with various benefits and purposes. All of these have a very decisive bearing on the continuation of the human race, on the personal development and eternal destiny of the individual members of a family, and on the dignity, stability, peace and prosperity of the family itself and of human society as a whole. By their very nature, the institution of matrimony itself and conjugal love are ordained for the procreation and education of children, and find in them their ultimate crown. (Paul VI 1965:48)

From the very beginning of a couple's married life at the proclamation of their wedding vows, they pledge to be open to the gift of children: "Will you accept children lovingly from God, and bring them up according to the law of Christ and his Church?" (Catholic Church 1969).

Consummation is the sealing of the couple's marriage vows, and "each time a couple make love they renew their wedding vows" (Pirola 2000:4). Catholics are taught not to use contraception, because of the inherent goodness of the marital relationship. "They should never act to suppress or curtail the life-giving power by God that is an integral part of what they pledged to each other in their marriage vows" (USCCB 2006:4). Sexuality is a gift from God to be used for unitive and procreative purposes within a marital relationship. Anything that divorces the unitive from the procreative is wrong.

Catholics learn from the various religious documents as well as other Catholics, particularly church authorities, that using contraception is morally wrong. "Every action which, whether 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' is intrinsically evil" (Catholic Church 2011: #2370).

However, the Catholic Church recognizes that couples cannot be conceiving and bearing children all the time. "To assist couples, the Church implores couples to turn to a natural method of regulating births, which God Himself has designed as part of the reproductive system" (Saunders 2003). The Church approves of Natural Family Planning (NFP) which does not "falsify the full marital language of the body" (USCCB 2006:7). NFP allows every sexual union to be a full and complete gift of self to the other that remains open to God's gift of life while using the

body's natural fertility rhythms to space births (Paul VI 1968). Natural Family Planning combines basal body temperature, calendar, and cervical mucus measurements to predict when a woman is fertile (Office of Population Affairs 2011). Couples then chastely abstain from sexual relations during these fertile times, which protect the unitive and procreative good of marriage and sexuality. From many different religious sources and throughout their life Catholics are scripted into specific sexual scripts. There are certain parts that Catholics are morally allowed to play within a sexual script and many justifications for why the Church has written the script in this way, as well as the consequences that will occur from not following the script.

Catholic contraceptive use and attitudes. A recent Gallup Poll found that 82 percent of US Catholics believe that birth control is morally acceptable (Newport 2012). Even among women who attend Mass at least a few times a year, the majority, 44 percent, state that they agree with only parts but not all of church teachings on contraception (Hasson and Hill 2012). Although 63 percent of church going women reported that church teachings on sexuality and reproduction influence them, 85 percent believe that they can be good Catholics without accepting these teachings (Hasson and Hill 2012).

The main reasons church going women list for not accepting church teachings about contraception are that couples have the moral right to decide which family planning method to use (53 percent), couples have the right to enjoy sex without the worry of conception (46 percent) and the belief that NFP is an ineffective method (41 percent) (Hasson and Hill 2012). In fact, women using a hormonal implant have a 1 in 15 chance of becoming pregnant in a year, as opposed to the 1 in 4 chance of women using periodic abstinence (another term for NFP; from here out the thesis uses the term NFP) (Jones, Mosher and Daniels 2012).

Among American Catholic women who have had sex, 98 percent have used a contraceptive method other than NFP (Jones and Dreweke 2011, Jones, *et al* 2012). However, according to the National Survey of Family Growth (NSFG), percentages of Catholic women currently using contraception at the time of the survey has been steadily decreasing from 73 percent in 1988, to 70

percent in 1995, to 61 percent from 2006-2010 (Fehring 2001,). This could be due to possibly sexually active contraception users leaving the Church. More specifically, the 1995 NSFG data demonstrated artificial birth control method chosen by Catholic women based on the number of children they had: women with only one child or less typically used oral contraceptives, while women with two or more children used sterilization as their birth control (Fehring 2001).

According to the 2006-2010 NSFG data, among Catholic women of childbearing age 23.7 percent use female sterilization, 9.2 percent relied on male sterilization, 28.4 percent use the pill, 18.1 percent use condoms, 4.9 percent use intrauterine devices, 7.9 percent use other hormonal methods, and only 1.8 percent use periodic abstinence or NFP (Jones *et al* 2012). Use of periodic abstinence among all US women did not differ among religious affiliation, importance of religion, or frequency of religious attendance (Jones *et al* 2012). By contrast, Catholic women, however, are using contraception to prevent or space pregnancy, their ideal number of children (3.5) is higher than the national average of 2 children or fewer (Hasson and Hill 2012).

The choice of particular family planning methods are often closely tied with a woman's current and ideal number of children as demonstrated in Hirsch's (2008) study of rural Mexican Catholic women's contraceptive behaviors. Older women were more likely to begin their marriages using natural birth spacing methods, whereas younger women were more likely to use contraceptives. Both older and younger women justified their choices within their religious framework. Older women used their Catholic faith's prohibition of contraception as a justification for their rebuff of what they perceived as government interference and control of their bodies. They used their religious beliefs to justify their large families. Younger women, on the other hand, believed it was their "duty" as "good wives" to always be sexually available to their husbands, while at the same time controlling the number of children they bore; if they had too many children, they would not have the resources to adequately care for them. It is evident from Hirsch's study that contraceptive decision making behaviors were influenced by peers, cultural effects, and sexual

scripts as well as the suitability of the contraceptive method. These factors then seem to modify the acceptance or application of theologies around contraception use (Srikanthan 2008).

The Catholic Church, particularly in the US, is experiencing a liberalization of its members on many issues, such as contraception. Younger, more educated Catholics who attend Mass only occasionally or rarely are more likely to be liberal, and therefore also more likely to choose contraceptive methods (Hoge 1998).

Individuals also must negotiate their many overlapping and/or diverging sexual scripts. Sexual scripts refer to the schema that are utilized to organize sexuality (Simon and Gagnon 1986). These scripts exist at multiple levels: cultural scenarios, which occur at the institutional level of values and norms shared by large groups of people; interpersonal scripts, where the individual translates and utilizes a script within a given context; and intrapsychic scripts, where an individual internalizes the role and rehearsed script (Simon and Gagnon 1986). Catholic women are socialized to follow a number of cultural scenario sexual scripts, for example, their religious sexual script, their relationship sexual script, their maternal role sexual script, etc. Additionally, these sexual scripts are further complicated by the gendered nature of sexual scripts where women are often given the role of sexual gatekeeper or contraceptive decision maker, and therefore have more contraceptive responsibility (Wiederman 2005). Negotiating these many scripts, individuals can justify how they do or do not follow Church teachings on contraception (Srikanthan 2008).

Religious identity negotiation. Religious identity construction and negotiation is not a static state, but rather a fluid process. Individuals can shift back and forth between different stages in identity development. These stages can be described as “religion as ascribed identity”, where identity is taken for granted, “religion as chosen identity”, where identity is intentionally selected and practiced, and “religion as declared identity”, where identity occurs following a crisis (Peek 2005). However religious identity is most often studied when it is in crisis or tension with other identities or issues. When religious members want to remain a part of the community while living in tension, a negotiated settlement of accommodation is necessary (Thumma 1991). McQueeney

(2009) studied such a religious conflict in lesbian- and gay-affirming Protestant congregations. The processes congregants engaged in to create and maintain religious identity included minimizing sexual identity as secondary to religious identity, normalizing their sexuality through monogamy, manhood, and motherhood, and moralizing their identity by seeing themselves as more generous than those who would condemn homosexuality (McQueeney 2009).

When exploring how women experience their Catholic identity at the intersection of other identities, researchers have determined a number of typologies. These typologies closely relate to religious identity accounts, which can be defined as “the discourse, motives, or moral boundaries that an individual develops to explain her place in the world and the distinction between others who are and who are not part of her religion” (Ecklund 2005:137). The three main decision making options available to religious women, are to accept church teachings, leave the church community, or negotiate an identity and place for themselves within a traditional structure (Ecklund 2005).

Some women remain committed to an orthodox understanding of the Catholic Church and their position within it, regardless of the traditional nature of the church. These women feel a sense of empowerment from clearly defined roles as a protection, a sort of sacred canopy, from the chaos of the secular world (Berger 2001, Ecklund 2003, 2005). These women are also often able to find areas of power, such as volunteering for their church as an office assistant (Ecklund 2003). Some women also believe in the importance of adhering to orthodox Catholic teachings. However, they do not feel that they can adhere to those teachings and therefore they leave the church (Ecklund 2005). These women do not recognize any agency in the creation of what it means to be Catholic. However, there are some women who use the cultural tools learned from the Catholic Church to negotiate an individual identity within Catholicism.

Women negotiate their religious identity through institutional (i.e. the Vatican and Catholic doctrine), organizational (i.e. parishes), and the individual levels. Though women may disagree on issues of birth control or female ordination, those who remain within the church do so because having a Catholic identity is centrally important to their lives and they believe that they have the

power to affect change (Ecklund 2005). Issues of female sexuality and leadership can also be housed under a larger umbrella of feminism. Ecklund (2003) found three main ways feminist women understood their Catholic identity. Some women explained their feminism as a spiritual position and created their identity around specific feminist ideologies that fit with Catholicism. Others saw feminism as an opportunity to improve the church. Both of these typologies of female identity negotiation utilized a consistent discourse to understand a singular identity with different parts.

The final typology of feminist Catholic women did not claim a consistent discourse of identity. Rather, these women saw their Catholic identity and their feminist identity as two separate entities understood through individual interpretation and defined very specifically. For these women, spirituality “was not about a coherent set of beliefs, but a set of practices which they could pick and choose within available Catholic practices” (Ecklund 2003:523). This understanding of spirituality is an example of cognitive dissonance, which is an emotionally coherent meaning system as opposed to a logical coherent worldview (Manning 1999). It could also be explained as decoupling, where elements of group structure or rules are separated from the activities and behavior of the members of the group (Manning 1999).

The changing roles of women in society has raised issues of the roles of women in the Catholic Church and this also has implications for this study. Female ordination is often a more publicly emotional issue, while contraception can be quietly ignored because of its private nature (Manning 1997). However it is precisely because of its private nature and its close connection to the intersection of yet another identity, that of motherhood, that contraception may be an even more intense and emotional issue for Catholic women. Therefore, this thesis studied this important issue.

CHAPTER TWO: METHODOLOGY

Research Paradigm

This research project utilizes both feminist and interpretive epistemological paradigms (Esterberg 2002, Merriam 2002). In considering religious identity construction and negotiation one must acknowledge the complex social symbolic interaction inherent in the institution of religion. Individuals within a religious community make meaning of their experiences based on interactions with others within, as well as outside of, that religious community. The primary goal of interpretive qualitative research studies is to understand how individuals make meaning of a situation, i.e., how they construct and interpret their social reality (Esterberg 2002, Merriam 2002).

Catholic women are generally socialized to accept a set of moral restrictions on a number of behaviors, one of which is the unacceptability of any contraceptive use. However many Catholic women, even those who still attend church and appear to be participating in their faith tradition, deviate from this moral restriction and do use contraceptives (Hirsch 2008, Jones and Dreweke 2011). This research explores how these women construct and interpret their experiences as Catholic women, specifically the meaning they make of using contraception that the Church expressly forbids.

This research is also grounded in a feminist epistemology (Esterberg 2002, Merriam 2002). Very little research exists on this particular phenomenon. The academic research that does exist about the use of contraception by Catholics mostly focuses on the statistics of use by women and not on the experience of these Catholic women. Next to nothing is known about the motivations for contraceptive use, and experiences of using contraception, as understood from the perspective of Catholic women themselves. Clearly “social science as traditionally constructed has not taken into account the presence of women in social life and the range of women’s concerns” (Esterberg 2002:18).

Current literature presents a macro picture that the majority of Catholic women are using contraception, and therefore it is no longer an issue. However, this narrow view fails to realize the many different ways that women might make meaning of their use of contraception and the concerns they may have about their social reality as Catholic women. A feminist research design is the best way to address these gaps in the literature. “Feminist research questions and critiques the societal, historical, and cultural assumptions about women that have resulted in their marginal status compared to men” (Merriam 2002:10). This approach is particularly important for the study of Catholic women, because the Catholic Church is an institution that has historically and continues to marginalize women in terms of leadership possibilities, religious role models and figures of importance.

Given the feminist and interpretive paradigms that underlie this study, the use of in-depth interviews is the best method to answer this thesis’s research question. In-depth interviews allow participants to share their experiences with rich description from their own perspective in order to make sense of the phenomena (Kvale 2007, Merriam 2002).

Sample and Recruitment

The participants in this study were married Catholic women, between the ages of twenty-one and forty-four, who self-identified as practicing Catholics, and are currently using contraception specifically for the purposes of pregnancy prevention. The exception to this experience is one participant who was pregnant at the time of the interview. When the interview was originally scheduled, this participant was not pregnant. Additionally, this participant was included in spite of the fact that she was not using contraception specifically for the purposes of pregnancy prevention at the time of the interview because she works for the church and has a pastoral ministry degree. Therefore, she is uniquely situated to discuss the use of contraception while maintaining a Catholic identity.

These criteria, i.e., self-identifying practicing adult Catholic women who were currently using contraceptives primarily for pregnancy prevention, were chosen for a number of reasons.

First, it makes most sense to interview women during their childbearing years, as well as to limit the findings to adult women (i.e., thus avoiding differences in experience that could arise in later adolescent years). Therefore, women between the ages of eighteen to twenty and those women over the age of forty-four were not interviewed. Second, as a less powerful group within the organizational structure of the Catholic Church, women have a unique religious experience from men. Women also may be more likely to talk to a female researcher about their “sinful” behavior than they would a male researcher because they are more comfortable and can connect on the basis of gender. I also only interviewed married women because contraceptive use is already a deviant activity in the Catholic Church. It would not have been conducive to recruitment and would have added even more complexity, were I to add another forbidden activity, premarital sex, to the mix of my sample. Also, some unmarried women may not have had to face contraceptive decisions if they have not had sex. The experiences of a Catholic woman using contraception within a church-approved situation (marriage) may be entirely different than the experiences of a Catholic woman using contraception outside a church-approved situation (premarital). The generalizability of findings would be diminished if the sample was mixed.

I originally intended to only interview women who began using contraception specifically for the purposes of pregnancy prevention rather than for medical reasons, such as menstrual cycle regulation. However, recruitment proved far more challenging than I originally anticipated as interest in the study became negligible after adding that criteria to recruitment. As a result, the sample was inclusive of women who started using contraception for different reasons in order to meet the desired sample size of at least 12 women. The final sample consisted of fourteen women; approximately half began using contraception for medical reasons rather than pregnancy prevention. However, all participants, with the exception of the pregnant participant, were at the time of the interview using contraception primarily for pregnancy prevention.

It is important that women self-identified themselves as practicing Catholics as it gets at both action and identity. There is a range of meanings to the term “practicing Catholic.”

However, it shows that the Catholic identity is currently salient to them and also that they partake of some kind of action to enact that identity, whether it be praying every morning, going to Mass every week, or simply trying to live their life in what they consider to be a faithful way.

Methods and Instrument

The data for this study were collected through conducting semi-structured, one-on-one in-person interviews with fourteen women from March 2014 to March 2015. Interviews lasted 45-100 minutes, were audio recorded and transcribed verbatim. The interviews were conducted at a location of the participant's choice, most often at her house or a nearby coffee shop. Each woman received a \$5 Starbucks gift card in appreciation for her time and participation.

Due to the private and taboo nature of the research topic, participants were recruited through both purposive sampling and chain referral. I posted recruitment information on a Catholic scholarship Facebook page and emailed contacts who worked in Catholic parishes or school systems to forward recruitment details to all the married Catholic women they knew, therefore purposively seeking out the type of participant in places I anticipated I could reach them. Some participants were recruited through these methods. However, other participants were suggested by previous participants after the interview was completed, therefore using chain referral.

The interview was designed to encourage participants to discuss their experiences in five main ways. The religious background section asked questions about family practices, religious education, etc. The section about religious identity was interested in the subjective meaning and influence being Catholic had on participants' lives. The family planning practices section sought information about what contraceptive methods were used, when, and why. The section about experiences of family planning focused on how using contraception made the participant feel. The final section about the institutional church was utilized to connect the participants' individual experiences to the larger community she was a part of by discussing Catholic marriage

preparation, Catholic teaching about contraception, etc. To view the entire interview guide, see Appendix C.

Analysis

Each interview was audio recorded, transcribed verbatim and uploaded into NVivo software and analyzed using techniques from grounded theory analyses (Charmaz 2014).

Analysis of data began with field notes written after each interview about dominant themes I heard. During the interview and transcription process notes were documented about emerging themes. After transcription, line-by-line coding was utilized on sections of a few transcripts to keep the analysis grounded in the actual data. From there, coding consisted of analyzing interview sections and questions to determine commonalities and differences between participants' experiences. Using the emergent themes and question-guided analysis, I engaged in focused coding to gather repeating themes into categories and major themes. As these themes emerged, additional readings of the data were made to hone the analysis and connections between themes. Throughout this whole process, a combination of NVivo software and general word processing were utilized.

This thesis used several techniques to improve the quality of the findings (Murphy and Dingwall 2003). This thesis has been peer-reviewed many times at many stages, both in the context of the stand-alone project and multiple methodology courses. Recording and transcribing the entire recordings, as well as using grounded theory analyses techniques, helped insure that the participants' words were captured verbatim and that analyses covered all of what the participants shared. Additionally, because the members of the thesis committee who reviewed this project have expertise in the areas of the sociology of gender, the sociology of sexuality, and qualitative methods, changes based on their feedback also helped to improve the quality of the data and analysis.

Participant Descriptions

Table 1 below summarizes each women's age, length of marriage, number of children, types of contraceptive method ever used, reasons for beginning to use contraception, their current method and reason for that method choice.

Eleven of the women identified as white, two Hispanic/Latina and one as black. The ages of participants ranged from 23 to 39. The length of time that participants had been married ranged from 4 months to 15 years. The number of children participants had ranged from no children to two children. More detailed information about the participants can be found in Appendix A. All names have been changed in order to protect the privacy of participants.

Findings Overview

This study aims to better understand the experiences of women who self-identify as practicing Catholics, but who use contraception to prevent pregnancy. The rest of the thesis is organized as follows. Chapter three describes the way these women create their Catholic identity. Chapter four explores the contraceptive decision making that these women undergo and examines their experiences and feelings about their decisions. Chapter five lists and describes the coping strategies that these women use to manage the tension between their Catholic identity and contraceptive decision making. Chapter six concludes with a brief review of findings and a discussion of the implications this research has for health care professionals, sex educators, the Catholic Church, and future research.

Name	Married Approx.	Kids	Ever Used	Current Use	Original Reason	Current Reason
Agnes	4 years	2	Condoms, IUD, oral pill	IUD	Medical reasons	Safest, least complications, covered by insurance
Bethany	3.5 years	2	Oral pill, early withdrawal, morning after pill	Oral pill	Medical reasons	Unpredictable cycle, effectiveness
Cecelia	2.5 years	0	Oral pills, condoms	Oral pills, condoms	Medical reasons	Convenience, effectiveness

Dinah	1.5 years	0	Combined oral pills, condoms	Combined oral pills	Pregnancy prevention	Not abortifacient, fewer health risks, religious justification
Elizabeth	2.5 months	0	Oral pills, condoms	Oral pills, condoms	Pregnancy prevention	Health risks, health benefits, control, effectiveness
Faith	6 months	0	Oral pills, condoms	Oral pills, condoms	Medical reasons	Ease, effectiveness, health benefits
Gertrude	1.5 years	0	Condoms, NFP	Condoms, NFP	Pregnancy prevention	Not abortifacient, no extra chemicals
Hannah	9 years	2	Oral pill, shot, implant, IUD	IUD	Pregnancy prevention	Ease, effectiveness, poor implant experience, good IUD experience
Isabel	15 years	2	Oral pill, NFP, condoms	Oral pill	Pregnancy prevention	Finances, religious justification, ease
Judith	7 years	3*	Oral pill	Nursing, planning vasectomy	Pregnancy prevention	Effectiveness, finances
Katharine	3.5 years	2	NFP, condoms, oral pill	Condoms	Medical reasons	Health risks, marital relationship
Lucy	4 years	1	Oral pill, condom	Condoms	Pregnancy prevention	Side effects fears, effectiveness, non-invasive
Miriam	4 months	0	Oral pill, condoms	Oral pill, condoms	Medical reasons	Health benefits, ease, effectiveness
Naomi	5 years	1	Oral pill, condoms	Oral pill	Medical reasons	Ease, effectiveness, health benefits

*Judith placed one child for adoption before marriage.

Table 2. A brief description of each woman (as they were at the time of the interview) who participated in this research project follows:

Agnes: is in her early 30s and does not currently work for pay. Her husband is in his early 40s and is a supervisor. Both Agnes and her husband are Hispanic. Both Agnes and her husband were also raised Catholic. Their two children are 28 months and 15 months old.

Bethany: is in her mid-20s and works in education. Her husband is in his early 30s and works in insurance. Bethany is black and her husband is white. Bethany converted to Catholicism within the last five years; her husband was raised Catholic. Their two children are under three years old.

Cecelia: is in her mid-20s and works in the medical field. Her husband is in his mid-20s and is a supervisor. Both Cecelia and her husband are white. Cecelia was raised Catholic, her husband was not. They do not yet have children.

Dinah: is in her mid-20s and works for a Catholic diocese. Her husband is in his mid-20s and works in education. Both Dinah and her husband are white. Dinah was raised Catholic; her husband converted to Catholicism in the last five years. They were pregnant at the time of the interview, and her ideal number of children is between two and three.

Elizabeth: is in her late 20s and works in education. Her husband is in his late 20s and works in IT. Both Elizabeth and her husband are white. Elizabeth was raised Catholic; her husband's parents are Catholic but did not raise him Catholic. They do not yet have children, but her ideal number of children is two.

Faith: is in her mid-20s and works in education. Her husband is in his mid-20s and works in technology. Both Faith and her husband are white. Faith was raised Catholic; her husband was raised in a different Christian tradition. They do not yet have children, but her ideal number of children is between two and four.

Gertrude: is in her mid-20s and works for a health department. Her husband is in his late 20s and works in construction. Both Gertrude and her husband are white. Both Gertrude and her husband were raised Catholic. They do not yet have children, but her ideal number of children is three or four.

Hannah: is in her early 30s and works in education. Her husband is in his early 30s and works as an engineer. Both Hannah and her husband are white. Both Hannah and her husband were raised Catholic. Their two children are under five years old. Her ideal number of children is between two and four.

Isabel: A is in her late 30s and works in research. Her husband is in his late 30s and works in sales. Both Isabel and her husband are white. Isabel was raised Catholic, her husband was not. Their two children are under nine years old. Her ideal number of children is two.

Judith: is in her mid-30s and does not currently work for pay. Her husband is in his early 30s and works in transportation. Both Judith and her husband are white. Judith was raised Catholic; her husband was raised Nazarene and converted to Catholicism 10 years ago. Their two children are under 4 years old. Her ideal number of children is two. A third child was given up for adoption before her marriage.

Katharine: is in her mid-30s and works as a manager. Her husband is in his early 30s and works in research. Both Katharine and her husband are white. Both Katharine and her husband were raised Catholic. Their two children are under 3 years old. Her ideal number of children is uncertain but she thinks somewhere between two and three.

Lucy: is in her mid-30s and works as a social worker. Her husband is in his early 40s and works as an engineer. Both Lucy and her husband are Hispanic, Latina/o. Both Lucy and her husband were raised Catholic. Their child is under two years old. Her ideal number of children is two but her husband's ideal number is three.

Miriam: is in her early 20s and is a student. Her husband is in his early 20s and works in education. Both Miriam and her husband are white. Both Miriam and her husband were raised Catholic. They do not yet have children, but her ideal number of children is two to three.

Naomi: is in her late 20s and works in education. Her husband is in his late 20s and works in medicine. Both Naomi and her husband are white. Both Naomi and her husband were raised Catholic. Their child is under two years old. Her ideal number of children is two or three.

CHAPTER THREE: CREATING CATHOLIC IDENTITY

The women in this study all self-identified as practicing Catholics. However, they also self-identified as currently, at the time of the interview, using contraception to prevent pregnancy. Therefore, these women live in potential tension with church doctrine about family planning. These women create and build a Catholic identity within this tension through a process of minimization and maximization of certain aspects of their definition of Catholic identity.

Minimizing Aspects of Catholic Identity

One way that participants would discuss their Catholic identity was to minimize certain aspects that one might assume were included in that identity. The two main focuses of this process of minimization were individual autonomy and denominational differences. These women did not often discuss their agency in originally choosing this Catholic identity, as all but one participant was raised Catholic from birth. They also did not make distinctions between their identity as a Catholic and their identity as a religious person.

Individual autonomy. Women would often discuss their religious identity as an ascribed identity. Some women went so far as to say that they do not know if they would be Catholic had they been given the choice rather than being raised Catholic.

It's definitely a family thing. I think there have been multiple times in my life when I thought this isn't really the religion for me. I'm just Catholic because that's what my parents are. But it's important to my husband and it's important to me. I think that I learned a lot and I am the person who I am because of my Catholic education. So I don't want my kids not to have that. But as far as some of the Catholic teachings itself, I don't necessarily agree. So I wouldn't be opposed to being a different religion. But I don't really feel like God cares as long as I'm giving him praise you know in teaching my kids about him. –
Hannah

Hannah felt her relationship with God was more focused on her prayer life and raising her children. As she stated, she did not think God had a preference which religion she practiced as long as she was “giving him praise and teaching my kids about him.” The name of the denomination she practiced was not important to her; the only reason she remained Catholic was because of her family.

Many participants were unable to separate their Catholic identity from their personal identity because they had been raised Catholic. Below, Elizabeth, Katharine and Lucy all struggle to imagine themselves as something other than Catholic. They say because being Catholic is the only thing they have ever known it is always been a part of their identity.

I think because I've always been Catholic, I don't know if I can picture myself any other way besides that. It was a choice made for me and I continued. I said yes this is the choice I want to continue for myself. I don't know if I can picture myself any other way besides that. I think it truly is part of who I am. – Elizabeth

Here Elizabeth demonstrates the intertwined nature of her identity and the minimization of autonomy by recognizing that the choice was originally made for her. Though she states that she continues to make this choice for herself, this choice is diminished by the fact that she cannot imagine herself not being Catholic. Therefore it is more of a constrained choice.

Katharine, below, similarly acknowledges that she was raised Catholic and therefore it was an ascribed identity that was simply easier to continue than to choose something different.

I would say I'm Catholic because I was raised that way. It's kind of easy to just keep doing what you've been doing. But I do acknowledge that I have a lot more I could learn about the teachings of the Catholic Church, and even just Christianity in general, not necessarily specifically Catholicism. I would love to do more bible study type stuff because I feel like I'm kind of lacking in that area. – Katharine

Though Katharine continues to practice Catholicism, she mentions that she has a lot to learn about Catholicism and Christianity. She states that she would like to take a more active and autonomous role in her own faith and spirituality. Lucy, on the other hand, discusses the minimization of autonomy in the Catholic Church through the church's rules and doctrines.

I would say that [being Catholic] is important, but it's the only thing I've known. Catholicism kind of shows us a path of where to go and how to behave, and what to do. I guess that as a therapist, I feel that when human beings have some kind of limits and boundaries, we know where to go and we don't go wild and crazy. So that's how I feel with the Catholic Church. We know what to do and we know that other things are just not okay because that's not even an option here. – Lucy

Again, Lucy states that being Catholic is the only thing she has known; that it was an identity ascribed to her. However, she further minimizes her autonomy by following the limits and

boundaries set by the Catholic Church. She discusses these rules in a positive light, something that is necessary for humans to regulate their own behavior. Though the above participants minimized their individual autonomy by discussing the ways the choice to be Catholic was made for them, other participants minimized their autonomy through community.

Some participants minimized their autonomy by placing their identity in the context of a larger community. Not only was their choice originally made for them as a child but they are now part of a community that reinforces that choice.

A big part of [my identity] is the community. Having that support system. Having that thing in common with someone else, there's such a tight bond. But living on the east side, I think it's even more important because everyone always talks about east side Catholics how everyone knows everyone. – Miriam

Miriam demonstrates both the positive and negative reinforcement of her Catholic identity. It is helpful to have bonds to the community, however, because she perceives her “east side Catholic” bonds to be so tight and familiar. Everyone would know if she stopped choosing to be Catholic. If she made that choice she would no longer be able to be a part of this community.

Dinah also minimizes individual autonomy through discussing her role in community and community's role in her life. However, she frames this role in a positive light and as a mutually reinforcing relationship.

I believe that [being a practicing Catholic] is just a stage of faith where you take very seriously that parish is church incarnate. So church isn't this big abstract Platonic form. Church is individual small communities of real people. And you take that seriously so that you want to become involved and make stewardship a big part of your life. You want to give back to that community that nurtures you in your faith. And I think also it means, in addition to that communal aspect, having a personal religious spirituality that nurtures you as a person so that you can be a vibrant part of that community ... I love the communal ethic that I feel is present in the Catholic Church more so sometimes than in other communities. Not that it absent, but I just feel like that's the most unique thing about the Catholic faith. The thing that I personally try to identify myself with is this continual ethic of community. And actually I've been thinking a lot about this in terms of pregnancy. I am not just physically one person, there's this new life inside of me. So it's a very basic very tiny form of community. But life is necessarily social and I feel like much of the church is theology and doctrine that's a foundational piece. And so it's kind of become a foundational piece of my life too. – Dinah

The communal ethic of Catholicism that Dinah discusses has become so much a part of her identity that she meditates on the role community places in her own pregnancy. She has minimized her individual autonomy so much that even her physical body becomes a metaphor for the Catholic community.

Denominational distinctions. When asked about their Catholic identity, many women questioned the narrow focus of the term Catholic. Instead they brought up Christianity as a point of comparison when discussing their own private Catholic identity. Participants did not make strict divisions between being a Christian and being a Catholic.

[Every day] I try to work on bettering myself. Asking God for help when I need it. I mean I don't know specifically like being Catholic versus being Christian: is that really that much different than if I was in another faith? I don't know. But, just trying to take time out of my day to talk to God and ask for help when I need it. Or ask for help for other people. I like having that as part of my life that I know that I can talk to somebody else if things go wrong. – Naomi

This comparison to Christianity as a whole demonstrates a more holistic view of religious identity and relationship with God.

These women did not feel it necessary to rely on the specific structures of Catholicism passed down by their parents to build a relationship with God. Though they self-identified as Catholic, their relationship with God was more important than labels.

To me, it's important to have a good relationship with God in whichever avenue I find that works for me. That's what I pursue. I'm not as structured as some of my parents or people before me have been. I would say that I'm more interested in developing my relationship with God than I am in being told what to do. – Gertrude

Some participants did not even know if they would have chosen to be Catholic if they had not been raised Catholic. The specific denomination of their faith was not an essential factor in their future. As Hannah explains that she identifies herself as Catholic in order to send her children to a Catholic school.

It's important for me to have a Christian faith and to send my kids to Catholic school. So because of that, it is important that I'm Catholic and that's how I identify myself. But otherwise I don't really care if I'm Catholic or not. I can be

Baptist or Protestant or you know other religions and be just fine with that. –
Hannah

In fact, some participants did not feel it necessary to call themselves Catholic at all, they felt their identity was larger than that term.

I don't often call myself a Catholic. For me faith is just part of who I am as a person. I just always have that lens of looking at things: where is God in this? How does this connect to human community? How does this connect to faith? It's the lens through which I perceive everything and try to live – Dinah

In these examples, the term Catholic or Catholic structures were too narrow and confining for conceptualizing their religious identity or their relationship with God. These participants were participating in a process of minimizing. They minimized their Catholic identity into the background while bringing their Christian identity or simply their religious identity and relationship with God to the foreground.

Maximizing Aspects of Catholic Identity

Not only did participants engage in a process of minimization of certain aspects of their Catholic identity, they also maximized other aspects of their Catholic identity.

Prayer. When discussing the aspects of their Catholic identity that were most salient to them, participants often discussed their personal relationship with God. They felt having open communication of prayer, praise, and thanksgiving were extremely important in their Catholic identity.

I say prayers before I get up and before I got to bed. My biggest prayer is the thank yous. Always. I don't think God gets enough thank yous. So even when the smallest thing goes right I make sure I say thank you, because without him it wouldn't happen. He's at my core when I wake up in the morning and before I go to sleep at night. I've been very blessed. Without that at the core I don't think I could appreciate a fraction of what I do. It's amazing and I'm totally blessed. That just keeps reminding me that there's something bigger and I just need to keep giving to make somebody else's something bigger. – Elizabeth

It was important not only for these women to individually build this relationship with God, but also to teach these habits to their children. For many women, they wanted to teach their

children to pray to and build a relationship with God because that is what their parents had taught them.

Being a Catholic, for me, having a connection with God and the Virgin is extremely important to me. My connection with Mary the Virgin is I pray to her, I talk to her. My mom told me that. My mom told me that when you were sad talk to the Virgin, when you were overwhelmed talked to her. And every time we went to vacation, one of the biggest things was to go to the church in that location. That's what I do now with my husband, when we go to places, we find where the church is and we go inside and say a little prayer. That's part of our life. That's how I was raised ... His mom is all about praying all the time. When we tell her that we're sick or that we've been sick for a week because of a cold, she tells us that we're not praying hard enough. It's very important ... I don't go to church every day. I pray every day. Now I'm praying with my son when he goes to bed. He has a little My First Book of Prayers that I pray with him. We're teaching him to do like father, son, and Holy Spirit, the cross sign. In my culture, in my husband's culture, we ask for a blessing every time we leave the house, and every time we're going to bed, and things like that. So we're teaching my son how to do that. – Lucy

Here Lucy discusses both her parent's traditions in raising her Catholic as well as her husband's parent's traditions in raising him Catholic. Synthesizing these traditions into the way that they raise their children to have a relationship with God and with the Virgin Mary was very important to her.

Similarly, Agnes and Bethany both teach their children to pray. Agnes and Bethany also both define aspects of their Catholic identity and the way that identity affects their daily life in the way that they teach their children to pray and to grow a relationship with God.

I do definitely believe in God. I believe in the Saints. I believe in the importance of going to worship in God's house. I do teach my kids. We do pray at night. We pray with both of [our kids]. I was raised having to kneel before bed and you would say a little prayer. So that's what we teach them. We read them stories from the Bible. [Our son] has his first children's Bible. – Agnes

With prayer yes [my Catholic identity influences my daily life]. Before I never really would pray. But now I have my kids do it when we're eating or before we go to bed. We talk to them about, they're too young to understand, but talk to them about God. – Bethany

It did not matter how young participant's children were, they wanted them to begin building the skills of prayer so that they would always have a place to go in times of need. One participant

recounted the murder of her cousin and how she was so devastated, and did not know where to go so she turned to God in prayer.

[One nun] really touched me when she said “you don’t have to sit down and pray to God. You can just say ‘Hey look here God I need your help.’ Just talk to him. She’s like ‘You don’t have to pray like old people who sit down with their rosary beads.’ So I’m not one for my kids to see me kneeling by the bed and praying. But I often find myself just talking to Him. I think that is important to know. That really really touched me because I’m like I’m not one [kneel to pray] but I will go [to church]. For example, my cousin was murdered a few years back. Where did I go as soon as I got the word? I went straight to church. I went to the Chapel. I sat there and cried because I didn’t know where else to go. My mom was so happy that we knew [church] was a safe place to go, to know you can always go there. That’s important. And I want my kids to know that too. – Judith

Teaching children prayer was not only going through the motions, but wanting a stronger sense of safety and comfort. Prayer is a larger construct than a specific Catholic tradition or trait, though participants maximized this aspect of their Catholic identity.

Finally, participants also discussed prayer as a way to help others. They found prayer was a way to build community.

I find community even in my personal prayer. I pray for people in my life. I pray for people in my work that I minister with. For me prayer is important. Forming yourself. Spending time getting to know the God within you and the God within everyone. – Dinah

Dinah discusses prayer both as a form of community and as a way to grow closer to God and to others. Some participants liked praying for others as a way of helping them, if they could not physically be with them or if there was no other way for them to offer assistance. “If I have friends that are struggling with something that I can pray for them and at least I can feel like I’m doing something for them (Naomi).” Helping others was a very large part of most participants’ Catholic identity. In addition to maximizing their personal relationship with God through prayer, they also maximized their desire to serve others.

Service. Many participants discussed service to others as being the most important focus of their Catholic identity. The women said that their identity was about “trying to be a good

person no matter what. Helping others (Miriam).” Some participants mentioned that their acts of service and the way that they behaved led others to believe that they were Catholic.

I think [being Catholic] always [affects my daily life] I mean even in little ways. [For example,] at work we have an elderly person who is sitting and waiting on a ride and I always ask them if they need a glass of water or anything like that. One of the nurses always says “it’s so nice to see you putting others before yourself.” I do that on a day to day basis because you never know who you’re going to impact. We have a physician who overheard me asking people if they needed something and making sure they were taken care of before I got my job done. She just looked at me and she’s like “That’s very sweet.” And I was like “Yeah it’s the Catholic in me.” She started laughing, she goes “I knew it.” It is so funny how people just know sometimes. – Cecelia

By the way she served others, Cecelia was identified as a Catholic by her coworkers. However, not only did participants see this as an important part of their personal identity, but as a standard that should be held to all individuals who consider themselves practicing Catholics.

I consider being a practicing Catholic making sure I’m doing good for others. It’s not just about me and my kids, so if I can help others I do. For example, my uncle is in hospice. His kids don’t always get to go visit him. Everybody’s like “I don’t want to see him dying.” I know. I don’t want to see him dying either. But I don’t want him to die alone. I don’t think any person deserves to be alone during their last moments. So I’ll sacrifice what I need to sacrifice to have that peace of mind that I did everything I could to help. – Agnes

These actions in the service of others were not only important for those who were already members of the Catholic Church, but also an important way that Catholics evangelize to other people.

We show our faith in how we carry ourselves, how we demonstrate our actions to others. We might not go to church every week, but my kids know that we need to help out others. And my parents were always very active like outreach programs. We always did baskets for Thanksgiving and Christmas. A lot of parents aren’t like that, but to my parents that was very important that we would go and seek out places in the community to help. That’s why am so anxious, not for [my children] to grow up, but for them to be able to experience those things, that service. – Judith

This quote demonstrates the importance of service to others. Here the woman ranks helping others as more important than weekly Mass attendance. She finds it more important to teach her children to help other people than to teach them that they can never miss a Sunday Mass. One participant found service to be so essential she went so far as to conceptualize the importance of

helping others to all of mankind, that people are called to help each other” “It is definitely about the service. Serving others is just a huge part of who we are as Catholics. Not even Catholics it is just who we are as people. That’s just a part of what we do (Hannah).”

By minimizing certain aspects of their Catholicism, individual autonomy and denominational difference, as well as maximizing other aspects, prayer and service, these Catholic women are able to build and negotiate a Catholic identity that they can live with in this modern world, especially when they are faced with difficult contraceptive decision making.

Even though most participants conceptualized their Catholic identity very universally, there is still tension, and often times “Catholic guilt,” about the fact that they utilize contraception rather than NFP as a means of pregnancy prevention. Therefore, the Catholic identity they constructed must not be static, but rather fluid as they face different challenges especially in terms of their family planning practices. In order to live with tension, participants engaged in the processes of boundary making, justifying, legitimating, and normalizing.

Creating Catholic Identity: Analysis

When participants were asked questions about what their Catholic identity meant to them, they displayed a combination of active and passive experiences and meaning. These women minimized the parts of their identity and experience that were passive while maximizing the parts of their identity and experience that were active. The self-identification of practicing Catholic demonstrates this combination of active and passive in the term alone.

Though all women self-identified as Catholic, when asked about that Catholic identity they often minimized the specific aspects that made them Catholic. These women minimized even their very choice to become Catholic. All but one participant was raised Catholic and therefore they all began with Catholic as an ascribed identity. The fact that they were raised Catholic made it very difficult for these women to see themselves as anything else, even if they had a period of time where they fell away from the church like Gertrude. These women were first ascribed the identity Catholic and though they choose to continue to hold that identity they

minimize their autonomy in that choice by saying that they have always been Catholic and by discussing the importance of community. Community took different forms in the women's interviews. Some women continued to be Catholic because of their family community and the need for that to be an important identifier either for their parents, their spouse or their children. Others discussed the larger Catholic community and the prevalence of Catholicism in their community, such as Miriam talking about "east-side Catholics." Still others discussed community as a mutually reinforcing symbiotic relationship. They wanted to remain a part of their Catholic community because their Catholic community helped to form and support them. Therefore, they wanted to give back to that community.

Because the choice to become Catholic was originally made for participants and therefore was a passive part of their experience, many participants minimized the denominational distinction of being Catholic at all. These women saw their religion, spirituality and relationship with God as larger and as more encompassing than just the term Catholic. The aspects of faith that were important to them were more universal to the Christian faith than to the Catholic community. Very rarely did any participant mention the importance of something that is uniquely Catholic to their identity, such as transubstantiation, the saints, the sacraments or other Catholic doctrine. What was important to the Catholic identity of these women was their relationship with God, which they built through prayer and service.

When discussing the salient aspects of their Catholic identity most women focused on the active parts of their experience. Namely praying and serving others. Though their Catholic faith was originally chosen for them they can actively continue to choose that identity through practicing their Catholic faith. Participants discussed being a practicing Catholic in the way that they lived their lives for God and for others. These women maximized their focus on prayer with God, specifically thanking God for their blessings, teaching their children how to pray, and praying for others. They also maximized their dedication to serving others. Service was not always conceptualized in major experiences such as going on mission trips. Rather, women talked

about trying to be selfless and help others in their everyday interactions. Again, an important part of serving others was teaching their children how to serve others. Helping and serving others also demonstrates a way to evangelize that many Catholics embrace which is leading by example: Cecelia explained this when she told the story of her coworker knowing she was Catholic by the way she treated others.

Participants created Catholic identity by minimizing their passive experiences, namely their individual autonomy and the denominational distinction of Catholicism, as well as my maximizing their active experiences, namely prayer and service. Though they conceptualize their Catholic identity as a somewhat universal, even Christian identity, they were still faced with challenges when having to decide on a family planning method because the Catholic Church opposes all forms of artificial birth control.

CHAPTER FOUR: MAKING CONTRACEPTIVE DECISIONS

Many of the women who participated in this study attended Catholic grade school and or high school. Therefore, their sexual education may have looked different than their public school peers. Individuals' first experience learning about family planning practices and their perceptions of types of family planning methods can influence the types of methods they decide to use.

Making the Decision

One factor that can influence contraceptive decision making is early memories of learning about contraception and family planning. Many women recalled learning about contraception and NFP at similar times.

First learned about family planning. Some participants did not easily recall when they first learned about family planning. It seemed to be a part of their consciousness for most of their memory. As Dinah's quote below demonstrates, she was shocked by the question because it is difficult to pinpoint when she first learned about controlling pregnancy. Dinah first asked her mother about pregnancy planning, but when her mother did not explain to her in enough details, she turned to other sources for information.

Oh god. [I have] probably [known about family planning/contraception] since middle school. Just as far as like conversations with people. I think the first time was when I asked my mom why everyone in the world didn't have 10 kids. So she had to explain that to me, not in detail at first. But then I was old enough to do my own research so if I really wanted to know something that I didn't want to talk to my parents about, of course we grew up with Google. – Dinah

Dinah and Cecelia were the only participants to mention that they researched family planning methods on the internet. Most participants only discussed getting their information from family, friends or peers. Both Dinah and Cecelia turned to other sources for information because of unsatisfactory or intimidating interactions with their mothers. Dinah asked her mother, but Cecelia was too uncomfortable to do so.

I learned about birth control from a friend who told me she was going to go on it. I was like "what the heck is that?" You always hear about it, but you're so young and naïve. So she told me and I thought that's pretty interesting. I don't think I ever asked my mom about it. I'm pretty sure I looked it up because I didn't want

to ask my mom “what’s birth-control?” She would be like “what do you need to know that for?” You can’t just say “Oh nothing, I was just curious sorry.” – Cecelia

Here, Cecelia first mentions hearing about contraception from a friend who was about to start birth control. Faith also learned about birth control from friends but was not comfortable talking to her mother about it because of all of the things that she had been taught about birth control in the past.

[I learned about birth control/family planning from] some of my friends who also were raised Catholic. But as I got a little older and made more friends that were not in our direct little neighborhood, that’s when I started to see that the way that I had learned things was very different from everyone else. So when their moms were taking them to go get birth control when they were 15, that’s probably when I first learned about it. Everything that I had heard about it was that it was bad and it was wrong and it killed babies. So I was like “why are their moms taking them to do this?” I probably should have been on [birth control] a lot sooner because I was just sick for a really long time, but my mom was not about that. So I couldn’t go to do it until I was out on my own trying to take care of myself. That was probably around when I was like 15 that I first heard about it. – Faith

Their mother’s influence as well as peer influence was important to participant’s memories of the first time they learned about pregnancy prevention. Other participants also discussed learning about contraception from friends in conjunction with school curriculum about sexuality.

I did the sex talk when I was in fourth grade. Then we did promise to keep in sixth grade and that’s when they talk about abstinence. So that’s definitely a very effective form of family-planning. Yeah it’s got 100% effectiveness, best one on the markets. Then in about sixth grade is when I started hearing about other forms of contraceptives and things like that. That’s when your friends get cramps and will start getting on the pill and that kind of thing. But at the time it wasn’t as advertised as it is now a days. So I’m sure if I had been born in a later generation I would’ve heard of it much sooner. Maybe not known what it was. I heard that before but you just didn’t talk about that back in the early 90s as much. – Elizabeth

Elizabeth distinguishes the possible difference between her experiences and current students’ experiences because of the time. She discusses educational curriculum as well as friends’ experiences but notes that it is probably much more openly talked about now than it was in the 1990s.

Agnes also mentions how discussion of birth control in the 1990s might have been different than it is now. However, Agnes also mentions NFP and learning about family planning in the context of a religion class rather than a health class.

We learned about [family planning] in high school. It was a Catholic high school so we talked about natural family planning. No one knew what it was. We didn't learn what it was and how it works. We just learned that when you decide to get married, you take this course and they will explain what natural family planning is and that's what you will use. That was our explanation: you don't need it now because you're in high school you're not married and not having sex, basically. Our teacher of religion and sex, I remember him saying that he planned his five kids with the natural family planning and that it does work. That was the first time we learned about natural family planning. But I already knew about condoms just because it's something you learn. I don't know if it was out on the street, in school with friends, but we knew about condoms and about birth control pills. At least in the 90s that's what we would hear about. – Agnes

Agnes is able to pinpoint educational curriculum having to do with pregnancy planning, but she is not able to locate exactly where or when she learned about artificial forms of pregnancy prevention. Though she remembers learning about NFP in school she states that they were not informed very well in how to practice this form of family planning. Similarly, Hannah states that the educational curriculum she experienced in terms of family planning was very limited.

Actually I do remember it in health class when we learned about forms of birth control and what birth control is for. We would have talked about natural family planning then for sure. Outside of that one time which was probably just like a five minute conversation in health class, and never remember any other conversations about it. – Hannah

Both Hannah and Katharine mention very briefly that they learned about contraception in health class in high school, but do not elaborate much about what exactly they learned in this setting. Like Katharine says, “Well, sure in like high school health class, they'd talk about using condoms and safe sex, and stuff like that.” However, she did not elaborate any more information about school sexual education curriculum. Miriam, like Katharine and Hannah, does not give great detail about the educational curriculum about contraception and pregnancy prevention. However, her description of the teaching about contraception is juxtaposed with the detail that her school went into to teach NFP.

I think it might have been like six grade [at a Catholic school]. That was the year that we had the baby talk where you get this egg and you have to take care of it for a week or something like that. During that they did talk about natural family planning, which as a sixth grader you do not understand at all. And then they talked about condoms, they did not really talk about birth control. But they didn't really explain either one in-depth. They just kind of mentioned it as a prevention and then skipped right over it. [In sixth grade] they said this is the church's view, someday you will try to do natural family planning, but in high school they actually explained it. Our freshman year [during religious education class] they talked about the vaginal mucus, taking the temperature, they really went in depth with it. One of the teacher's friends was using the method and so she gave her like all of her charts and stuff to use in class. So we really got a good grasp on it. In health they did talk a little bit about condoms and birth control and things like that. But again not like super in-depth. For that part they split us up into males and females. They gave us the whole, "you're a girl so do these things to protect yourself and test yourself and whatever." And they did the same for the guys. –
Miriam

The main sources that participants cited for first learning about family planning or contraception were friends, peers, mothers, and school. Though these first memories may not have been very clear for some participants, many of them learned about contraception at the same time that they learned about NFP. However, since some schools taught about contraception in health class and NFP in religion class, NFP may not have seemed as credible and effective of a method of pregnancy prevention. More specific details of participants' perceptions of NFP follows below.

Perceptions of NFP – does not prevent pregnancy. Multiple participants discussed their perceptions that NFP does not work to prevent pregnancy. As Bethany said "With natural family planning you have to be very very careful. It just seems like with natural family planning it is a baby regardless of whether you want to have one." These perceptions of the effectiveness of NFP do not appear to be without reason, but evolve from others' successes, failures, and perceptions.

Below, Cecelia again discusses her mother when she talks about family planning issues. Her mother did not believe NFP was an effective way to prevent pregnancy and therefore Cecelia also did not believe that NFP was an effective method of pregnancy prevention.

[My mom] would always say whenever anyone uses natural family planning they had like six or eight kids. She would be like I don't need that. She was like "we used condoms because we were not gonna play that game." My mom was like we need to protect ourselves, we don't need all these kids running around... Obviously condoms work better than natural family planning. My mom always

said you can tell a Catholic family because they have like six kids. So I feel like she thought personally that [NFP] wasn't as effective as using a condom. Because the barrier is so much greater if you use a condom than if you do natural family planning because there can always be an error in scheduling. – Cecelia

The large size of many Catholic families serves as proof that NFP does not work as effective pregnancy prevention. Cecelia's mother, and below Hannah, seem to think that having that many children is unacceptable and therefore they do not trust NFP as a contraceptive method.

I hate to say it, but we had already made our decision before [marriage preparation] whether we were going to do natural family planning. I don't know why. I think because my grandma practiced natural family planning and she had eight kids, which is what she wanted so I guess she would tell you it definitely worked. But for me that just seems nuts... My grandma and my grandpa used to be a couple for other people, but they also led one of the talks on a retreat about natural family planning. So in talking about it [with others] they were like, I always thought it was so funny that [your grandparents] did the talk on natural family planning but they have eight kids. So everyone is always like "hello! That doesn't work." – Hannah

For Cecelia, her mother, and Hannah the large number of children was reason to not trust NFP as effective pregnancy prevention. For Isabel, the concern is not the number of children that families who practice NFP have, but specific examples of friends who have been surprised by pregnancy while using NFP.

I have a wonderful friend who is a strong believer and advocate in natural family planning. She has four kids and two kids were a complete surprise. They are very close in age, as in 18 months apart. The two, then a couple years between the second and the third. Then the last two are really close together. Now I just think they probably don't have sex. – Isabel

In the same way that Isabel is concerned about surprise pregnancies while practicing NFP, Naomi believes that couples must diligently and correctly practice NFP to avoid surprise pregnancies. Her husband is a doctor and therefore they discuss the how many couples do not use NFP correctly and accidentally become pregnant.

We have some friends that have done it. So I know that you have to be really good about it, and really diligent about it, or else you accidentally get pregnant. We know a lot of people who have accidentally gotten pregnant on it. So that's kind of why we have always chosen [birth control] because I think you should always be ready for the baby when it comes... But it's hard too because my husband is a doctor and knows how many people get pregnant when they [use

NFP] because they're not doing it correctly. It's funny because he does have a strong Catholic faith and he did grow up in a house that was very strict, but he also has the science and medical background. So he's like we should make sure that things are okay and we're for sure. – Naomi

These participants all voiced concerns about the effectiveness of NFP to prevent pregnancy. One participant even voiced concern about certain kinds of NFP, even though she generally uses NFP. Katharine and her husband attempted to learn post-partum NFP but felt it was ineffective.

We actually took a post-partum NFP class from my friends. They came back from England after [our first child] was born. We took the class [when our child was] I don't know, only 2 or 3 months old. And, I still didn't, I mean I don't quite understand what I'm supposed to be looking for. Basically, the gist of it is it's not really reliable. I mean that's my interpretation of it. I don't consider myself a dummy. I've got an MBA from Kelley. So, I feel like it's just not that reliable. – Katharine

Though Katharine and her husband usually use NFP, she did not understand how to track the necessary information while she was breastfeeding a child and therefore did not have a cycle. She understands some versions of NFP but not all.

Because many Catholic families have large numbers of children or because some families they knew were surprised by pregnancies, these participants felt that NFP was not a reliable method of pregnancy prevention. However, many participants felt that NFP could be a very helpful tool when couples are trying to conceive a child.

Perceptions of NFP- helps couples conceive. Some participants discussed the process of tracking and charting for NFP as pregnancy prevention to be difficult or tedious. However, they felt it was a useful way to chart and plan to conceive children. Miriam even explained that they were taught NFP more as a method of conception than prevention.

[When they discussed NFP in high school they talked about it more to] achieve pregnancy. And quite honestly, I don't know if it's a foolproof way not to get pregnant. It's just, it would take a lot of work. And when you're kind of at that point where you don't want to have kids and you're just doing it to do it, you don't really want to work that hard at figuring it out. – Miriam

Bethany also agreed that NFP would be better used for planning conception: “I think [NFP] would work more for people that had issues conceiving.” Naomi and her husband also felt that NFP is more suited for conception, and therefore they used it to plan for their family.

When we knew we wanted to get pregnant soon’ish, we had talked then about potentially starting the natural family planning more so to track so that we could get pregnant, because it’s really good for that.– Naomi

In the same way that participants cited other families’ successes or failures to prove that NFP was not an effective method of pregnancy prevention, below, Katharine cites multiple successes for NFP as a conception tool. Katharine mentions at least two separate times during the interview that she and her husband have had success using NFP to achieve pregnancy. She also includes her brother and sister-in-law as success stories, even though her brother and sister in law are not Catholic. They used NFP not for religious purposes but because it is a helpful tool to conceive children.

We feel like we’re really good at using NFP to achieve pregnancy, but not so great at using it to avoid, especially post-partum when you’re breastfeeding because you don’t have a cycle... So again, we’re very good at using NFP to conceive, but we have not had much practice in just three years of marriage of using it to avoid pregnancy, and again especially post-partum... my brother and sister-in-law used NFP. They had trouble conceiving. They were actually told they couldn’t conceive. They have four kids now, and they had a miscarriage too, so five total. They’re not Catholic but they used NFP to achieve pregnancy. – Katharine

Participants’ perceptions of NFP as either not successfully preventing pregnancy or as successfully achieving pregnancy are both substantiated by others’ families. Those who do not believe NFP prevents pregnancy cite large families and surprise pregnancies. Those who believe NFP help couples conceive children cite success stories. However, what underlies both of these perceptions is the question of family planning in general. Hannah stated that her grandmother wanted eight children so NFP was an effective form of contraception, but she herself could not imagine having that many children. So the dilemma becomes how many children should Catholic families have? Part of the rhetoric of NFP is that couples remain open to life. However, the interpretation of this mandate confused two interview participants in particular.

How large should families be? Faith and Gertrude both specifically discussed their struggle with the idea of family planning and what that should look like as a Catholic. Below, Faith describes her confusion at her Catholic marriage preparation when the topic of family planning was discussed.

[At marriage preparation] they had different couples give their testimonials. One couple that had used natural family planning had like 10 kids I think just because at the time when they like reassessed the situation they said "well we don't have a reason not to have another child so we might as well have one." I don't know. Is that really what the church is teaching us? Like as long as you have enough money to have another kid keep having them. I don't think that's how it's supposed to work. But that's very much like the vibe that they put off so I was kind of confused after that. – Faith

The question here became not what method was being used to plan a family, but how should a couple plan a family. How many children should a couple conceive? The idea that couples should have children as long as they can afford to that Faith mentions, conflicts with the quote from Pope Francis that Gertrude cites below.

I kind of just had to come to a realization that a lot of the stuff that I was taught that's in the Bible you have to kind of come to a consensus with it and realize that we live in 2015. We have to have ways to support our children. We can't just be having kids like rabbits like the Pope said. We can't just be populating the earth to the point that we can't sustain it anymore. We need to be making more proactive choices about when to have a family and when to conceive a child because what is the point of having 15 kids that you can't take care of? – Gertrude

Both of these quotes are citing different parts of Catholic belief about family planning and the role of children. Catholic couples are supposed to be open to life, however, they are not to be “having kids like rabbits.” As Gertrude explains, Catholics are in a unique position in this time to negotiate and determine how to be Catholic as they plan families.

Current methods and reasons for use. When participants discussed the methods of pregnancy prevention that they were currently using, there were many different reasons for using different methods. Each participant's experience is slightly different, but they all had to balance multiple concerns when choosing a contraceptive method. Faith, below, was interested in NFP, but did not feel that she could accurately track her cycle because it was so irregular.

I take birth control and I have since probably junior year of college. I actually didn't start taking it for the purpose of birth control, but I'm just like my period is so messed up. Then I started using it as actual birth control probably a year and half after I started taking it. We also use condoms too and always have, just because even on birth control my body still screwed up. And whenever we did our marriage classes before we could get married in the church, they talked a little bit about natural family planning. I did look into it. But for me, I was interested in trying it but my body is just so irregular that you can't track anything because it's different every time. Not that I'm saying I definitely would've done [natural family planning], but there's just no way. – Faith

Naomi stated similar reasons for continuing to use hormonal birth control even though she and her husband had discussed the possibility of trying NFP when they completed their Catholic marriage preparation. Though they were open to discussing NFP, she felt that since she had been using birth control for so long, her body was used to it and they felt they should continue using it.

We had a conversation about it and I had already at that point been taking [birth control] for almost 10 years to regulate my period. We had a conversation about if we would try other things. But at that time for me it was just like this is what my body's already used to. This is how I'm regulating pain and the periods themselves. So we just decided to keep with that. When we did our marriage prep, they talked about natural family planning. I think we talked about at some point attempting to do that, but that right away we would just stick with [hormonal birth control] since that's what I was already doing kind of medically for myself anyway. We just decided to keep with it. – Naomi

While Faith and Naomi were interested in learning NFP and considering it as a possibility, Cecelia was not interested. She and her husband used hormonal birth control and condoms because she did not feel that NFP was an effective method of pregnancy prevention, and because it was tedious to use.

We use condoms because we're not gonna play that game. I didn't really have an interest in [natural family planning] because I feel like unfortunately the way the world is now its convenience more than anything. "Oh we'll just use a condom and then we don't have to think about anything." You know? 99.9% of the time it's gonna be okay. So you don't have to worry about it. – Cecelia

Faith and Naomi were interested in learning NFP but did not end up utilizing it, Cecelia was not interested in NFP but she utilized both oral pills and condoms.

Gertrude, however, was not interested in any chemical or hormonal pregnancy prevention. She and her husband used a combination of NFP and condoms because she did not want to introduce any unnecessary chemicals into her body.

I've always used condoms to prevent pregnancy. When we were very first starting out we would use not really natural family planning, but we didn't know a whole lot about how to protect yourself from STDs and pregnancy. I've worked at a family-planning clinic in the past, so I know all the different methods. For me, what works best is natural family planning so not having vaginal sex when I am fertile at all. And also using condoms. – Gertrude

Gertrude avoided hormonal birth control because of the chemical and hormones, however, Dinah made no comments about her concern about chemicals or hormones. Dinah discussed her extensive research about which type of pregnancy prevention to use, but the majority of her research was more theologically concerned though it was medically based. She was interested in learning exactly how hormonal birth control works to be sure she was not using an abortifacient method.

Well we decided to use combined oral contraceptive pills which are a combination of hormones estrogen and progesterone that suppress ovulation and thickens cervical mucus therefore making it almost impossible for ovulation to occur so therefore preventing conception. So that's typically what we used when we weren't actively trying to have children. When I was on certain medications we had to use barrier methods because they reduced the effectiveness of combined oral contraceptive pills, Z packs and that kind of thing. But predominantly that's what we did. – Dinah

Both Dinah and Elizabeth had to juggle concerns about possible children when deciding on a contraceptive method. Dinah did not want to possibly abort a child, and Elizabeth explained that if she were to conceive a child while taking certain medications for her autoimmune diseases it would be very dangerous for the child.

Currently we are not planning on having children for at least another year since we are fairly newlyweds. We use oral contraceptives and condoms to help ensure that. One reason that I have to do that though is medical reasons. Even though [Catholic] doctrine says that you are not supposed to stop the natural process of things and accept anything that comes out of it, it would be dangerous for the baby if I were to conceive now with the medicines I'm on. So that's one reason that we use two forms of contraceptives. We are very careful about that kind of thing. There were too many risks with the shots and the implant that with as much as I have going on now of the risk it just didn't seem worth it to me so. The

pill has been working so far so we kind of stuck with it. Plus it helps with my mood swings and my cramps, so it's beneficial. – Elizabeth

While Dinah and Elizabeth had concerns for any possible future children, Agnes' current children factored into her contraceptive decision. She did not think she was going to remember to take any kind of daily birth control and therefore, opted for an implant that she would not have to worry about on a daily basis.

I asked my doctor what his recommendations were for me. [The IUD] is the safest one according to him. The one with the least amount of complications that he's ever dealt with. And he knew that I had two young children. He's like "are you really going to do remember to take the pill? Are you going to remember all these other things that were daily?" So he thought the IUD. And my insurance covered it at 100 percent. I also remember I was a little bit cranky on the pill. That did contribute to picking the IUD. And I did have more headaches when I was on birth control pills. I used to get migraines, not that frequent, but frequently enough. Now I'm like all of that was probably because of the birth control, because now I don't get them. So the IUD was definitely the way we were going. – Agnes

Both Agnes and Hannah discussed logistical concerns when deciding on a method of pregnancy prevention. Agnes was concerned about remembering to take daily birth control, which Hannah also had difficulties with. Hannah also had to plan further ahead when she and her husband went to South America to make sure she had access to pregnancy prevention. Hannah tried many different methods of pregnancy prevention before she felt that she found the one that she was going to stick with for an extended period of time.

We've always used birth control. Right before I got married I went on it. I started on the pill. But I'm terrible about taking it on time. So that didn't last very long after we got married, maybe a few months. Then for a while I was on the shot. But then when we went to South America for six months I just wanted to be on something that was easy. I didn't want to have to worry about. So I stopped the shots because I wouldn't be able to get it again while I was in South America. Then I went on Implanon, which is the thing that they enter in your arm. That was very easy to have in, and made life very easy. But then to get it out was quite an ordeal. It was like an outpatient surgery virtually. I think it was done incorrectly or I don't know what but it was a lot harder than I think it should have been [to have it removed]. I took it out right when we were ready to have kids and we got pregnant right away. And then had a kid. And then I went on Mirena and was on that until we decided to have our second one. And then took it out and got pregnant. And then went back on. – Hannah

When deciding on a method of family planning, participants juggled a number of different concerns. They thought about what methods would work for them, since some felt that they could not use NFP. They wanted a method that was convenient enough not to disturb their lives, and NFP could. They also needed a method that they could afford, that they could access, and that they could remember to take. They worried about the health and safety of future children, not wanting to abort any or put any in serious medical risk. Experiences with first learning about pregnancy prevention and perceptions of NFP also played a role in how participants thought about and decided on methods of family planning. However, because these women had been scripted to believe that Catholics were not supposed to use contraception, these contraceptive decisions sometimes had detrimental effects.

Effects of Decision

The women weighed many concerns when deciding on a method of family planning. Even though they thought about these issues and tried to do what they felt was right, many still felt guilt about their decision and tried to keep their contraceptive decision making private.

Catholic guilt. Participants explained the feelings of guilt that they experienced even if they do not necessarily think their choice is wrong. However, they often struggled to find the words they wanted to explain the feelings of guilt.

[Catholic guilt] is this nagging feeling you get, and only you can really understand it when you feel guilty about something. For example, when I was in high school and first started thinking about the idea of birth control I had a really hard time with it because I felt like this is not the Catholic way. I thought, "How am I going to be able to call myself a Catholic? Am I doing the right thing? It is for medical purposes but should I just suck it up?" That kind of thing. So it is definitely a nagging feeling I would say. You have to talk yourself out of feeling guilty about things. – Miriam

Here Miriam first mentioned feeling Catholic guilt, but when I asked her to explain what Catholic guilt is she paused and struggled to explain the feeling to her satisfaction. She used the example of her struggles with birth control to demonstrate the feeling but said that Catholic guilt can be about anything.

Below, Lucy also talks about the guilt she feels from using contraception though she does not believe that she should feel guilty.

I mean I feel good. I don't care. But it's kind of- I have some kind of sense of guilt. And I'm not doing anything. I mean I'm not hurting anyone. So why am I having that guilt? Again, part of me is telling me you're doing something wrong.
– Lucy

Here Lucy demonstrates some ambivalence because she says that she does and does not feel guilty about her actions. It seems that she does not understand why she feels guilty because she believes that her choice is correct, but she cannot stop the feeling that she is doing something wrong.

Isabel further explains this feeling of doing something wrong even if you think you are right. She uses the terminology of the Catholic Church when she states that she “examined her conscience” and still believes that using contraception is the right decision for her family.

You get this feeling that you should do what the church says, even if you think you shouldn't. No matter how much you tell yourself that you have examined your conscience. But I still felt especially bad [about using birth control] because I know plenty of people who have infertility. If it's so easy for me to get pregnant, it seems cruel and mean. And a lot of women cannot do natural family planning because they don't have such an easy cycle. It was so easy for me. So I felt like I don't have a really good excuse for not doing it, other than being lazy. I felt guilty about it. I did, I really did. So I was considering at more and more that maybe I should go back to it. – Isabel

Isabel explains that she felt guilty about using birth control because she did not have a “good excuse” for not using NFP because her cycle was easy to track.

However, other participants did feel that they had a “good excuse” to use birth control, such as medical and financial concerns, and yet they still felt guilty.

For a long time I felt really guilty [about using birth control] because I know that I'm not supposed to be doing this by the church's rules. But it's also helping my health. My hair was falling out and I was just like either in bed too sick or wondering “why isn't my period starting?” It's nice to know what normal is maybe supposed to feel like. So if that's bad and wrong then like oh well because it's making me feel better. But I do feel kind of guilty. I won't lie. I feel guilty, but I also know that like I don't think we would be okay parents right now. We're not ready for that yet. Our apartment couldn't hold it, our jobs couldn't afford it. We aren't anywhere near ready for all of that. So while I feel guilty I

also know that it's better off for us and for the children to not have that right now. – Faith

Above, Faith cites serious medical difficulties for beginning to use birth control. However, she also states that she felt guilty about that choice for a long time.

Agnes, also explains the guilt she felt over her contraceptive decision. However, she explains that she did not feel guilty about having sex with her husband before they were married.

When I got the IUD I felt guilty. I remember being at church and I was like “I’m sorry I had to get it done but I had to. I didn’t do it for you, I did it for me.” It was my own way of saying sorry. I knew the Catholic Church was against contraception so I had to apologize while in church, to maybe get rid of the guilt ... It was only the IUD [that I felt guilty about]. Before I got married and we were having sex and I was on birth control, I didn’t even think about it. I couldn’t think about it because I knew I would feel bad, not about the birth control but about having sex when I wasn’t married. But I knew I may never be able to get married in the church and I knew I was in love with my husband and I knew I was going to be with him whether he got the annulment or not so to me it was just something I was going to continue to do regardless. – Agnes

Agnes explains that she did not feel guilty about premarital sex because she refused to allow herself to think about it. She and her husband were waiting for an annulment of his previous marriage from the Catholic Church. She explains that she did not feel like she had other options because she was going to be with her husband regardless of whether he received his annulment or not. However, the guilt she felt about using the IUD she felt the need to apologize for.

Both Naomi and Gertrude, below, also discuss the possible ramifications on church participation and experience because of guilt.

I think when you’re younger and part of the Catholic Church, and if you happen to be using contraception you might not feel as welcome. I probably felt that way at certain times. You might feel guilty that you shouldn’t be using that. I think that is probably a problem. That’s maybe why sometimes the younger people aren’t as involved in the Catholic Church. I think that some of the doctrine or some of the things that we do just do clash with things that people believe in, so maybe they feel like they have to do all or nothing. – Naomi

Naomi suggests that the feeling of guilt due to a difference in opinion with young people and official doctrine may be why young people are not as involved in the church. She explains that young people may not feel welcome because they do not totally agree with everything the church

teaches and therefore are not following all of the doctrine. Gertrude further elaborates on this concept by explaining her own fall from the church.

For a long time I felt guilty about using condoms because it's not religiously affiliated. But I came to a point in our relationship where I knew this is what worked for us. So were having sex we weren't having children at the time we still could maintain our relationship. Sex is important. So I was able to fill that aspect of my life in a way that isn't going to compromise me financially and I can still pursue my dreams and my job and make sure that I have a life before I introduce a child into it. But at the time when I started using condoms was when I fell away from the church because I was going through that time period of "I'm on my own I'm going to make my own decisions." I don't think it really changed the fact that I didn't go to church, but I did feel guilty like "oh God I can't even step back into that building without burning up." But I had to come to a point with my relationship with God and with my sex life to kind of come to a consensus. So for me I had to come to a point where I said for me it is more important not to have kids than it is to follow the church's law to a T. And that was a very hard decision to make. – Gertrude

Here Gertrude explains the tension she felt trying to make her own decisions but also wanting to be a part of the Catholic community. She discusses the consensus she had to come to in order to balance the things in her life that were important to her: a sex life, personal decision making, and her relationship with God. She struggled to come to this consensus for "a long time" as she puts it, because of the guilt she felt.

As mentioned earlier, participants had a difficult time explaining what Catholic guilt is and what it feels like. Below are two quotes that demonstrate how passionate participants could become when discussing the feelings of Catholic guilt.

Well I would say I have been the worst on going to church since I've had kids. I've never missed church as much in my life. And it really weighs on me – that Catholic guilt... Oh my God! It [the Catholic guilt] is just there. Oh! I don't even know how to describe it. You just know when you have done something wrong. Like I feel it weighing on my shoulders all the time. I think it's like anything that you do wrong you just KNOW it's wrong and it weighs on you and I hate that. I HATE THAT. You have to be able to forgive yourself and not worry about that guilt, which I have a really hard time letting go. – Judith

The difficulty of forgiving oneself and letting go of the guilt that Judith explains, above, is that same issue that Hannah takes, below. Hannah discusses the Catholic guilt that she experiences personally, but also that she witnesses others experiencing.

I have teen girls who I talk to every day [as a guidance counselor]. The one I had today was just sick about making out with a guy. I told her I know that what you have learned is that you're supposed to feel guilty for doing things with guys. We [Catholics] tend to have this guilt on us. When you do things that aren't necessarily wrong, but they're not right you still feel really guilty. Because you're taught that they're wrong, even if they're not. Like- developmentally it's perfectly normal for teenagers to want to explore their sexuality. That is the stage in life when you do that. Certainly we need to be choosing safe sex and choosing safe practices. But just because the Catholic Church teaches it doesn't mean the rest of the world does, it's not necessarily the teaching of life. I feel like this guilt is ingrained in us when we do things wrong. It affects the way we do a lot of things in life: the way we then make decisions about ourselves, our self-confidence, self-esteem, self-love. As a woman in that regard, there is a lot of guilt I think that we carry from being Catholic that maybe people who aren't Catholic or who don't have religion don't carry. My friends who aren't Catholic are like "Why are you worried about that?" I can't even really tell you why except that's what I've been taught all my life. That probably in and of itself is one of is my biggest issue with the church. – Hannah

This quote sums up the tension and struggle that many Catholics, women especially, can feel from the challenges of deciding on a contraceptive method. Because many Catholics were raised Catholic they have been socialized and scripted from birth with these beliefs that as they grow they may no longer agree with.

The women explained that guilt they felt because of their contraceptive decisions. Even those participants who seriously considered trying to use NFP still felt guilty because they ultimately decided against NFP for medical or personal reasons. Participants described the "nagging feeling" of Catholic guilt that is "weighing on your shoulders all the time" "telling you you're doing something wrong." The feeling that is "ingrained" in Catholics and "affects the way they do a lot of things." This feeling of Catholic guilt can influence decision making.

Privacy. Some of the women discussed the private nature of their contraceptive decision making. Perhaps due to the guilt about the decisions they made, these women did not discuss their choice publicly, or even privately.

I have not gone to confession and confessed that I used birth control pills or anything like that. It's not something that you talk about. You don't go up to your priest and tell them that you're doing that. So I don't think that it's something that I feel like outwardly judged about. But probably maybe when we were first married I might have felt a little bit of guilt that I should be doing it the other way. – Naomi

Here Naomi explains that she does not even discuss her contraceptive decisions making in the privacy of the confessional where the priest is unable to divulge any of the information. The confessional should theoretically be the safest place to discuss issues because of the theological and legal protections for those confessing. However, Naomi feels it is such a private decision that she does not even discuss it in private.

Cecelia also explained how private she felt her contraceptive decision was. Below she explains that she would not talk to anyone about using birth control, even though she began birth control for medical purposes not for pregnancy prevention, for a very long time.

I feel like it's not something you broadcast. I know for a long time I didn't tell anybody. Especially because I went on birth control right when I started confirmation and that's not something you say. I feel like for a long time until I got more confident in myself that I wouldn't even tell anybody. The only person who knew was my best friend. My husband didn't even know until we were out of high school. But I wasn't on it because we were sexually active in high school or anything, that's not the reason I took it. It's something that I felt was private because I knew that it was against the church. It's obviously not something that they praised for women to use because they want women to use natural family planning. So it's a private decision – Cecelia

Judith takes the private nature of the contraceptive decision that Cecelia and Naomi discuss one step further when talking about secrets. In the following quote she is discussing family planning issues with her doctor and feeling guilty. Her doctor understands her experiences because her doctor is also Catholic.

My doctor told me “It's Irish Catholicism: if we have a problem you sweep it under the rug and nobody knows about it.” And it's so true! Especially with my adoption, when I did get pregnant obviously I wasn't married and I had premarital sex and all those things. And my parents more than myself, the Catholic guilt just weighed on them. And I feel like it did affect my identity but it was like a secret. A Catholic secret you know? Guilt and secrets. – Judith

These participants talk about their contraceptive decision making as a private matter that should not be “something you broadcast.” Though many participants struggled with feelings of guilt, if they did not publicly declare their contraceptive decisions they could try to avoid being

“outwardly judged.” It seems that one coping mechanism to deal with the tension and Catholic guilt is to “sweep it under the rug.”

Making Contraceptive Decisions: Analysis

The women in this study often struggle to remember or pinpoint the first experience they had learning about pregnancy prevention. Like their non-Catholic peers, participants were exposed to contraception, family planning, and pregnancy prevention in much the same way that most young people are: through friends, family, peers and school. These women were not sure if times had changed since they were adolescents; they thought perhaps young people are more surrounded by sex and therefore more open to talking about pregnancy prevention at a younger age and in more detail. Some participants researched on their own because they did not feel that they received adequate information. While other participants seemed content with the information they were given in school and from peers. The majority of participants attended a Catholic school and therefore were exposed to NFP and to contraception at the same time. In many cases, the information these women received about NFP was in the context of a religion class rather than a health class, which may have led them to believe that NFP is not an effective means of fertility regulation, but rather an outdated religious teaching. Because participants were at a Catholic school, they also received much more in depth information about NFP than they did about contraception. Most of their memories include detailed instruction about how to chart for NFP or simply detailed instruction about why to use NFP, while contraception was mentioned very quickly in passing. This lack of education may have been why some participants did not feel prepared or knowledgeable to use contraception. For example, Gertrude related how her lack of knowledge led to uncomfortable encounters, but she did not feel that there was anyone she could go to to ask questions.

The whole condom thing was really difficult [at first] because I didn't have a lot of instruction. I didn't know you need to use lube with the condom. It was just “buy lubricated condoms and use them.” Well when you are very first trying to use them they get dry because things get rubbed on the wrong surfaces and then all of a sudden it's painful. It hurts and you don't have that troubleshooting

aspect because you don't feel like there's anyone you can talk to. So when I started using condoms more extensively and in talking to these women at the clinic that I worked at, they were like what "Why aren't you using more lube?" It kind of all clicked into place. I know now that that's something essential to having sex with a condom. – Gertrude

Though other women many have had similar struggles with contraception because of their lack of instructions, they seemed to feel that they understood NFP well enough to have specific opinions formed about that method. Participants did not appear to feel that NFP was an effective method of pregnancy prevention, at least by itself. Women discussed the fact that many catholic families who are, or who are presumably, using NFP always have large numbers of children. They also discussed multiple people they knew who had become accidentally pregnant by surprise while using NFP. The women took this to mean that NFP cannot actually prevent pregnancy either because those who were using it were not using the method effectively or because the method itself was not effective at preventing pregnancy.

On the other hand, many participants felt that NFP was an excellent tool to help couples to conceive a child. Some participants mentioned that when they learned about NFP it was presented more as a method to achieve pregnancy rather than to prevent pregnancy. Other participants cited examples of couples who had struggled to conceive a child but were able to achieve pregnancy NFP. More than one participant had used NFP to achieve pregnancy themselves.

Along with their discussion of their perceptions of NFP, some participants question the Catholic mentality for family planning in general. These women cited the Catholic rhetoric that married couples should always be open to children, and be open to as many children as God chooses to send to them. However, they did not agree with this idea. They struggled with the concept because it seemed out of date to them. One participant even cited one of Pope Francis' recent quotes about family planning where he told Catholics not to have children like rabbits. Concerns about how large a family Catholics should be planning, the effectiveness of NFP and

many other life experiences led the women in this study to choose to use other artificial means of pregnancy prevention.

Participants had used many different methods of contraception. They have used oral pills, condoms, pills and condoms together, condoms with NFP, shots, and implants. Some of the reasons women used hormonal birth control was because they were already using it for health reasons so it made the most sense to continue that method for pregnancy prevention, especially when it was beneficial for their health with regulating their periods and mood swings. Some other concerns that women considered in their contraceptive decision making was the effectiveness of the method, which is why they chose artificial methods such as condoms, as well as any health risks to themselves of the possible child, many did not want to take a pill that could be abortifacient. One of the convenience concerns for some women was the fact that they had young children, therefore their doctor suggested a method of pregnancy prevention that they would not have to remember to take every day because they were so busy and had such irregular schedules. Another factor that some women had to consider was cost of the method, how much their insurance would pay for, as well as access to the method. One participant in particular spent an extended period of time in South America with her husband so she switched birth control methods from shots to the implant to be sure that she could continue to be protected. These women had to juggle many different concerns and factors to make their contraceptive decisions, and even when they felt they were making the right choice for themselves they still felt Catholic guilt.

Though almost all participants mentioned feeling guilty or mentioned the term “Catholic guilt” they had a difficult time explaining what that guilt was, what it felt like, or even why they felt guilty. Participants called it a “nagging feeling” “that just weighs on you”; “it makes you feel like you are doing something wrong.” The women discussed their struggles to forgive themselves for something that they felt like they were doing wrong even if they believed that it was right or that it was necessary. One woman had to apologize to God while she was in church. Another fell

away from the church for a time while she came to term with her difference from church teaching. Whereas another woman researched everything she could about contraception and the church's teaching about it. One of the biggest problems that participants discussed about Catholic guilt is that it affects their "self-confidence, self-esteem, and self-love."

Perhaps because the participants felt guilty about their contraceptive decision making, they did not feel comfortable talking about their contraceptive methods. The women discussed how they felt that their family planning was a private matter that they did not talk about with others or admit to their priests. Judith called these kinds of sensitive issues secrets. She said that is what Catholicism is all about, especially Irish Catholicism: "guilt and secrets." The fact that these women do not feel comfortable talking about their contraceptive decision making or experiences could exacerbate the problem that Gertrude explained above where Catholic women are not educated in birth control methods and therefore may not be using them correctly. In order to manage the guilt that many of these women felt living in tension of being a Catholic woman who uses contraception, women used coping strategies of boundary making, justifying, legitimating, and normalizing.

CHAPTER FIVE: STRATEGIES FOR MAINTAINING IDENTITY

Catholic women who use contraception are in conflict with their church's teachings. Though these women self-defined as practicing Catholics, they live in tension with church doctrine about family planning. As shown in the previous chapter, they feel guilt over their contraceptive decisions, which they try to keep private. In order to maintain and negotiate a Catholic identity within this tension, these women engage a number of strategies including boundary making, justifying, legitimating and normalizing.

Boundary Making

One strategy that participants utilized to manage the tension and guilt of using contraception was to make boundaries. The women would construct boundaries around which types of contraception they felt was acceptable to use and which kinds were not acceptable. They also engaged in boundary making around issues of authority. Though these women used contraception which is against church teaching, the majority did not believe that the church should change its teaching on contraception.

Type of acceptable contraception. These Catholic women engaged in a process of boundary making in terms of their contraceptive decision making. Though overall, the sample had at one time or another utilized every kind of preventative birth control, throughout their experiences they partitioned off the types of methods that were acceptable to them and the types of methods that were not acceptable.

One reason that Catholic NFP rhetoric utilizes to justify natural means of regulating fertility are all of the negative side effects that could come from using hormonal birth control. Some participants agree with this and therefore are unwilling to utilize chemical methods of pregnancy prevention.

For me, learning all of those different options I still felt for me what worked best was condoms and natural family planning. Just because, me personally, I'm not really interested in introducing another element into my body that could one day alter or change the chemistry. So for me it's purely scientific, it's not as much for religious purposes. – Gertrude

Although Gertrude states that her reasoning for using NFP instead of hormonal birth control are scientific reasons, in the course of the interview she also talks about the guilt she felt from using condoms in conjunction with NFP. Gertrude may have come to disprove of chemical methods of contraception through her work at a family planning clinic, rather than through her learning of NFP.

Others take the NFP rhetoric very seriously but refuse to follow blindly. Below, Dinah explains how she carefully considered consequences and completed a great deal of research before making a decision about which type of contraceptive method, if any, she felt would be acceptable to use.

I started looking into what the pill did. Because I had been told [oral contraception] was abortifacient, that it was basically a chemical abortion. And I was told that taking it every day that the risks of breast and ovarian cancer were just horribly inflated from using it. I started to do my own research. Since we were in college I had access to a lot of peer-reviewed medical journals. I found out, especially in consulting with people to explain to me the terminology, I found out those were total lies. That's not how combined oral contraceptives work; they are not abortifacients. – Dinah

After completing her research, Dinah felt that she could safely use combined oral contraceptives without endangering her health, but more importantly, without the possibility of aborting a fetus.

While most of the women did not take issue with the idea of preventative methods of contraception, all participants were strictly opposed to abortion. Any method that could intentionally or unknowingly abort a child was not acceptable. “At this point we are sure we don't want any more children. But if we got pregnant on accident it would be okay, we would not consider having an abortion (Isabel).” In fact, these women held this conviction so strongly that one participant was faced with a very serious decision when she became pregnant out of wedlock. She explains her struggle below.

I knew that abortion was not an option. He wanted me to have an abortion. Though it was hard for me, I was willing to listen to why he thought I should have an abortion. I was willing to listen to how it all happens and all of that. But I knew in my heart there was no way I was not going to do it. But because he

didn't have the same background as myself that was not I wanted to give him that benefit of the doubt. – Judith

Rather than breach the boundary that she had made, this participant chose to carry the child to term and place the child for adoption even though “the thing I wanted my whole life was to be a mom.” She chose to sacrifice her desires for the good of the child and to maintain the acceptable boundaries of contraceptive use.

Contraceptive teaching – individual vs. church authority. One boundary that participants would make and maintain in order to cope with the tension of their Catholic guilt is the boundary of authority: who had the authority to influence church teaching, particularly teaching about contraception. One question that I would ask participants in the course of the interview is “Research has shown that most Catholic women use some form of contraception other than natural family planning. What are your thoughts on whether this widespread use of contraception should influence church doctrine on this issues?” Their answers to this question demonstrate how they build boundaries of authority.

I don't know if it should influence church teaching. But I feel like the church should acknowledge that's really what's going on. Let's find out why. Let's support these women who are maybe having to make some really difficult decisions. Is it that they just don't know how to use NFP? I don't necessarily [think it should] change the church's teachings on it. I don't see that happening. I consider myself Pro-Life so I wouldn't want the church to change its stance. But maybe do some research and find out why. What's going on? Do they just not know? Are there other reasons? Are there people like me with medical, temporary medical reasons? Maybe the church could have some sort of teaching to educate young girls on the benefits of [NFP] because it's very educational. Not from an avoiding pregnancy standpoint, from just a learning about your body kind of a standpoint. – Katharine

Here Katharine explains that the practices of the faithful should not influence the doctrine of the church. However, it should influence the actions of the church. She discusses how the church should be doing more to figure out why women are using contraception and to help them understand the benefits of NFP. She says the church should be doing more to help women who are facing difficult decisions. Gertrude also states the church needs to be more accepting of these women, though it should not change its teaching.

Well back to what I was saying about the church and why they started using it. The church, throughout most of history, they've been pretty obstinate that this is the way it is. Honestly I don't think that they should really change it. I think women should still be able to choose what they're going to do with their own private personal opinions. But if you go and say after X amount of hundreds of years of all of this "Do not have sex with a condom. Or do not use preventative methods. You want to be pro-life. You want to make sure that any chance you have sex you could have a baby." To go rewrite all of that history I think would be devastating. I think it would ruin one of the foundations of our church. I think it is important for the church to continue to remember its roots. And remember where it came from originally. Because the advice that we got from our ancestors, the Bible, and previous popes was supposed to be the word of God. It was supposed to be what were supposed to be practicing. Now with that said, I don't think that they should be as rigid as "You are going to hell if you use a condom." I think they should say "We want to make sure that we are willing and accepting of any type of pro-life things. We don't want to be having abortions. We do want children in our church. We do want to encourage people who want to be parents." But I don't think that they should be as steadfast and obstinate that if you do use any form of contraception you will not be entering heaven. I think that is a very bold statement. It can be very hurtful to people. It can really influence Catholic tradition. I think there's a lot more pressing issues other than contraception that the church should be worrying about. I don't think that they should rewrite history but I do think that they need to be more accepting of the time period that we live in and the economic status of its participants. Not everyone has \$100,000 income that they can support 10 kids. – Gertrude

Gertrude does not believe that the church should change its teaching simply because most Catholics are using contraception. She specifically talks about how changing that teaching would be harmful to the Catholic Church and its authority when she says that the advice Catholic receive from many different sources in the church are "supposed to be the word of God." She worries that if the church changed it's teaching in this regard, other teachings would come under question. However, she states that the church needs to recognize the change of norms in new time periods. Judith, below, also thinks the church needs to be more vocal about understanding the changing times.

I think they can still stick with the teaching. I don't see why it would be wrong to still stick with "This is the best way that we would like you to do it, but we understand times have changed and you need to do what's best for your family. We're not going to shun you because you're on birth control." I still don't know that they should say it's okay to take birth control, because personally I am very very against the morning after pill. I still think that's abortion. So I don't think that the Catholic Church can say "We are okay with birth control." Because there's a borderline of the morning after pill and then it's going to be all about

while you're still like not letting life live and it's such a gray area. But I think they can make it easier on us not feeling so guilty. – Judith

In addition to wanting more acceptance from the church of changing times and the struggles that Catholic of this generation face, Judith worries about the slippery slope of changing the church teaching about contraception. As she explains above, if the church weakens its hard line against contraception then other reproductive technologies, such as in vitro fertilization and abortion which the church strongly opposes, could be more widely used leading to more aborted fetuses. She feels Catholic ethic of life needs to be maintained.

When I asked participants the question about changing church teaching many were surprised and fumbled for an answer. The faithful are not often consulted on matters of doctrine and therefore they seemed unsure how to respond. The following two quotations show how participants began their answer by acknowledging the depth and importance of the question. Faith in particular, below, struggled to answer the question, as she felt it was a very difficult question to answer.

Oh that's a good question. That's interesting. I knew that people were [using birth control] but I didn't know the majority of people are. While we all hide it, everyone is still doing it. I do understand the church's viewpoint, but I don't know how realistic it is. I don't know... hmmm... This is a hard question. This is maybe the hardest question. From a standpoint of feeling like I don't have a lot of support and feeling like I'm doing this on my own, it would be nice to at least have something more than just "Don't do this. This is bad. You're wrong. You're killing your potential babies." That's what I feel like right now. While I don't think that they should completely change, because it is obviously morally based I feel like a lot of people are not getting the support that they need. [A lot of people] feel alienated because they're not following the church's teachings. – Faith

Though Faith struggled at first to answer the question, she eventually upheld the authority of the church, but like her fellow participants asked the church to do more to welcome and support its members. Faith talks about feeling alienated and not receiving enough support from the church. She does not want the church to change its stance, merely to be more accepting of the difficulties young couples face in contraceptive decision making.

Dinah, below, also does not want the church to automatically change their teaching because the faithful are not following the teaching. But she does believe the church needs to dialogue with the faithful in this regard.

That is an excellent question. I actually don't think that simply because so many people are using artificial contraception that that in itself period without any other sort of discussion is good enough to change the doctrine. But for me it's one part of a much larger decision-making process. So the sense of the faithful is very important and is an essential part of coming to make a decision that affects so many people. They have to be engaged in the conversation absolutely. We have to be engaged in the conversation. But also thinking rationally thinking theologically about God about issues of life about human community about what marriage is, that also has to be discussed. So I think there needs to be a tension between the sense of the faithful and more theological concepts. Those have to be brought into dialogue with one another and that has to be synthesized. But simply saying the majority of people believe XY or Z or practice XY or Z is not for me a sufficient reason to change something. – Dinah

Here Dinah creates boundaries of authority to cope with the tension of catholic guilt by asking for a more productive tension in the dialogue between the faithful and the hierarchy of the church.

While she recognizes the authority of the church in claiming that it should not change teaching merely because of the practices of the faithful, she gives authority to the faithful by calling them “extremely important” and “an essential part” of the Catholic Church’s decision making process.

Participants engaged in boundary making about which kinds of contraception are acceptable to use and which are not, as well as who should have the authority to influence church teachings. Once those boundaries were in place they would continue to justify their decisions.

Justifying

To further make their decisions acceptable within the boundaries they have made, participants would justify their use of contraception. The majority of the women cited medically needing birth control at one point or another for various reason. Two participants, who had not needed birth control for medical purposes, also justified their use of contraception because of a Vatican commission they had discovered that recommended to the pope that the Catholic church should change their teaching on birth control.

Medical necessity. Over half of participants stated that they were recommended by a doctor, and in fact needed, to use contraception at some point or another due to medical reasons. Some participants needed birth control not for purposes of preventing pregnancy but for menstrual complications, others needed birth control because of the danger of conception either the danger to themselves, their potential child, or both.

Many participants were prescribed birth control “personal reasons (Cecelia).” Multiple participants required menstrual cycle regulation. Like Naomi, who said: “I was 16 when I started [birth control], just to regulate a period. I was having two periods a month and they were super painful. But it fixed the problem right away (Naomi).” Participants listed a number of physical complications including irregular menstrual cycles, pain, hair loss, mood swings, all of which were eased by birth control. However, some still worried about taking birth control even if for purely medical reasons because of their Catholicism.

I feel like that one thing shouldn't define me as a whole. Personally I started on [birth control] for medical reasons. I was having really extreme pain with cramps and things like that. In order to get me through the day I was put on birth control. And it helped me. I wasn't using it to be sexually or to just go around doing whatever I wanted, whenever I wanted. – Cecelia

Here Cecelia states her concern that she would be judged for using birth control to help physical health. Faith, below, also recognizes that some people use medical reasons as “an excuse” to start using birth control. But her medical complications were serious enough that she felt she needed birth control.

I have [taken birth control] since probably junior year of college. I didn't start taking it for the purpose of birth control, but my period is so messed up. And I know people use that as an excuse to not feel bad, but mine was really bad: like every 14 days or 35 days I'm going “where are you at?” – Faith

Cecelia, Faith and Katharine, below, all faced medical struggles that required the use of contraception not for the purposes of pregnancy prevention but for their reproductive and physical health. However, all three mention concerns about judgement from other Catholics because of these choices.

When I was I think around 17, I was having really bad cramps and they put me on birth control for what they thought was endometriosis. They couldn't really tell until about 7 years later, I was 24. I had a surgery because it was getting much, much, worse. I had ovarian cysts and endometriosis. They lasered all of it off. So I was on the pill for quite a while, not to prevent pregnancy, but again for medical reasons. But I had Catholic friends who thought I shouldn't be on it, because it's wrong. I'm thinking "my doctor prescribed it, it's just like if you have high cholesterol and they give you a medicine for that." That's how I viewed it, not as a birth control method. But there are definitely other people that thought differently. – Katharine

Katharine faced judgement from other Catholics because of her use of birth control, even though at the time of the interview Katharine had never used birth control pills as a method of pregnancy prevention. These quotes, above, demonstrate some concern and "Catholic guilt" from participants even though they were not utilizing birth control for pregnancy prevention. All three stated that they were not sexually active at the time that they began using birth control.

Like Katharine, who was prescribed birth control because her doctors believed she might have endometriosis, other participants were prescribed birth control because of serious medical reasons including precancerous cells and polycystic ovaries.

I started on a light version of birth control because I actually had precancerous cells in my cervix. That was when I was like 19 or 20. So my doctor said I would have to have something to help regulate my hormones. I had to have more checkups for years, one every three months and stuff like that. So I got on the birth control even before I was having sex with my husband. I felt it was kind of like a two-for-one: It was medically necessary and then it was just in case, I'm already on something. – Agnes

Though Agnes was not sexually active at the time she began using birth control, the same way Naomi, Cecelia, Faith, Katharine, and below Miriam were not, she did recognize that it would be helpful to be using birth control if she did decide to become sexually active. Agnes did not cite pain or discomfort as a contributing factor to her need for birth control, but her doctor prescribed for hormonal regulation. Miriam, on the other hand, cited a great deal of pain before she was prescribed birth control.

I needed birth control for my PCOS, polycystic ovaries. I have cysts on the ovaries and it made my period really inconsistent and really painful. I'd get really bad cramps. So that's what started the birth control to begin with. – Miriam

Again, neither one of these participants began using contraception for pregnancy prevention but rather for the other medical benefits associated with contraception to combat medical issues they faced.

However, other participants utilized contraception as pregnancy prevention, at the discretion of their doctor, but because of serious health risks. One participant, Elizabeth, needed multiple methods of highly effective contraception, she utilized hormonal birth control and condoms, to be sure that she would not conceive a child before she was ready.

I have two autoimmune diseases. One is called rheumatoid arthritis which is an inflammatory disease where your T cells attack your body so basically my body is trying to kill itself. My T cells decided to attack my pancreas when I was on prednisone for the pain and it killed my pancreas basically to where it is producing very little amounts of insulin so I haven't insulin pump as an external pancreas I have to be very careful with what I do and I take medicines daily for the inflammation and the pain each week I have to inject myself with an role which is a mega painkiller because I have polyarticular rheumatoid arthritis which means basically it affects every joint possible. I am taking something called methotrexate, a drug they give to chemo patients to help cope with the pain. I take a very low dose but I take eight pills a week. That has a birth defect rate of like 99 percent. So my body could try to reject the baby. My body could harm my eggs. It could be dangerous for the baby, so before I decide to conceive I need to get off that medication. – Elizabeth

As Elizabeth explains, an accidental pregnancy could be life threatening for her child. She later explained that her different doctors have been in contact and forming a plan to change her medications so that when she and her husband decide to begin a family they can do so without harming their child. However, this could be a difficult and painful process to find non-harmful medications.

Two other participants cited serious medical risks to both themselves and their child, both due to complications with a previous pregnancy. Agnes was told by her doctor that she could not conceive because of she had to undergo surgery to remove tissue after her miscarriage.

I miscarried at sixteen weeks. So it was an issue of the doctor said "you can't get pregnant for a certain amount of time because it's not safe." Because I had to have surgery, a D&C, because I didn't naturally expel. You have to wait about six months before you can try to have another baby. – Agnes

Like Agnes, Katharine, below, had experiences with miscarriage. But she also experienced two traumatic birth experiences. Therefore, her doctor regulated a period of time after both that she could not safely become pregnant.

We had a miscarriage 10 weeks after [becoming pregnant]. My doctor had said do not get pregnant [again] for at least six to nine months. I was pretty freaked out about uterine rupture and all of the things that could possibly happen. [Our second child] was also an unplanned C-section. So, again it's very serious for health reasons why I really should not get pregnant right now. But I don't have any way of tracking [to use NFP] because I don't have a cycle, because I'm breastfeeding, which is good for the baby, good for mom. But it's not good for the marriage to be abstaining all the time. – Katharine

Both Katharine and Agnes utilized artificial birth control as a more effective method of pregnancy prevention because their doctors had told them that it would not be healthy to get pregnant after their miscarriages and birth experiences. However, as Katharine explained, constantly abstaining from sex so you do not become pregnant is “not good for the marriage.” Therefore, in order to have a healthy marriage and not become pregnant, both used birth control.

Bethany, similarly had a difficult birth experience and was told by her doctor not to conceive another child for a certain amount of time.

My second child was a preemie. He was in the hospital for a month. Then after that he had a lot of complications. So he was a very very difficult baby. The doctor told me that they don't know why he came early. My cousin, the one that did natural family planning, she has had eight pregnancies and four kids. And there's other people in my family; it's very common for us to like lose babies. So I was like I'm not going to have another premature baby. I don't want to have a stillborn baby or a miscarriage. I don't want to go through that. So we decided to wait. After I had him my doctor told me to wait a year. Then after that year was up I was like I don't need any more. I'm happy with my family. What if something goes wrong with the next one? I don't think I'm strong enough to take care of a baby that needs more help than my last one did. Because he needed a lot of help. – Bethany

Bethany's birth experience was both physically difficult for her child as well as emotionally difficult for her. She utilized artificial birth control in the window of time that her doctor had told her she could not safely become pregnant after her child was born. But after that window of time she still felt that she would not be able to handle a difficult birth.

All of these participants justified the use of contraception for medical reasons, though the Catholic Church does not approve of contraception. None of the participants framed this use in terms of choice, but rather necessity.

Betrayal. Another form of justification for the use of birth control was the discovery of Church history that caused the participants to feel betrayed by their church. Two participants were very vocal about their research and reflection into Catholic consideration of birth control. Both participants stumbled upon the information while researching church teaching on family planning.

I had heard mention of a committee during Vatican II. The commission looked at the morality and the different complexities of using [contraception]. The majority opinion of that counsel discuss that contraception is a form of man's progress in being aware of technology to regulate birth. They recognized that though ideally all acts of sexual lovemaking should be open to life according to natural law, realities of finances, realities of number of children already present, realities of physical and psychological health could not be ignored. They said there are legitimate means to regulate birth. Rather than, to use the words of this report, condemning couples to long abstinence, referring to natural family planning, they found other methods to be acceptable. But they urged the couples to consider carefully, to have dialogue with the church doctrine before making a decision. I think that's so beautiful because it makes us as married people protagonists in our own moral decision-making. However, Pope Paul decided to side with the minority report, which I found very frustrating because the collegiality and the *sensus fidelium* was completely ignored. I found that very disheartening. So as a result of that and continued prayer throughout this whole process, and it was for me very much a process of conversion a reordering of my life to this new idea that perhaps what I had been taught was not was not the only opinion, was not the only valid a voice in this discourse. And in fact it was not the right one, not just for me but I feel like in general. – Dinah

This participant's discovery is even more powerful when considered in conjunction with the fact that she studied pastoral ministry and theology at a Catholic university and now works as a youth minister for the Catholic Church. This information is clearly not publicized within the church and when the other participant discovered it, she was very upset.

It made me mad! I said to my friends "How do I not know about this? How have I been raised a Catholic my whole life and have never been told about this? How come I wasn't told about this when I was planning for my marriage when we were talking about our family planning method? Why wasn't this been brought to my attention?" I feel like I've been lied to. Because they had a lot of evidence. I mean it was a rigorous study. I have the reports now and I've read bits and

pieces, I haven't examined them as well as I would like to but I was so full of anger about it. – Isabel

They felt that if it weren't for the conservative Pope Paul church teaching would have changed, and even if they didn't change that this study should be better known within the Catholic community. The second participant specifically said that she stopped feeling guilty about using contraception after she discovered that piece of church history.

Legitimizing

Another strategy that participants engaged to manage the guilt of using contraception was to legitimate their choice to use contraception by claiming that God was in control of their fertility. They were technically not following church teaching but said that it was possible that they could become pregnant anyway. Additionally, they legitimated their decision by explaining their spouses' aversion to NFP.

God's control. One way that participants were able to negotiate a Catholic identity was to legitimate their choice to use contraception by recognizing God's control. They cited the power God had to bring people together or to make things happen, that were visible if an individual had faith. Judith, below, explains that her journey of becoming pregnant before she was married, choosing to place her child for adoption, meeting her husband, and falling in love was all a part of God's plan.

Our whole story, every part of it, is such a God thing that if you don't believe in God come talk to me. At our wedding, the priest never exactly said anything, because maybe only 20 people in the congregation knew about our whole story, but it just showed how godly our whole situation was. How everybody comes together in your life. Faith is so important. It showed to show how I was pregnant with some other guy's baby and [my husband] took me in and he stayed with me.
– Judith

Though Judith had been through a lot, she felt that God was with her through her journey and was in control of the way her story turned out. Other participants cited examples of times that women, either themselves or other women they knew, had become pregnant while using birth control. Therefore, they believed that God is in control of fertility and individuals' lives.

We got pregnant using condoms. My dad passed away while I was pregnant. Things would be so different if my family didn't have a baby to focus on after losing my dad. I always say things happen for a reason and God doesn't make mistakes. I seriously think that condom failed because we had to have a baby in the family. That's the second time it happened in my family. My cousin had a baby [right after a family death] and she even had the IUD. – Agnes

Agnes' experience of becoming pregnant while using birth control was similar to Naomi's experience, below. Both women were not planning to conceive children, however, both become pregnant. Rather than the accidental pregnancy being a challenge or a burden both women saw the pregnancy as a blessing.

It was not totally purposeful, but it ended up being in perfect timing. We got pregnant right before my dad passed away. We were able to tell him right before he died. That, I think, is a perfect God's timing thing. We weren't really planning on doing it. Even though this whole time we've been using oral contraception or condoms to make sure that we were ready, there was a time that we didn't and we got pregnant. I don't think that was an accident. I think that was a planned thing. It was something good that was happening to our family during the time that something bad was happening. I do think that was a plan by God. I don't think that was any sort of an accident. Even though we're using different methods that it happened that way. I think going through that whole experience has strengthened my faith and understanding that certain times and certain things happen for a reason. We didn't just accidentally forget to use a condom that day. That was really supposed to happen. Because I am a teacher and I was trying to plan like "Oh let's have the baby in the spring time so that I only have to take off a couple of months and then I have the summer." But he was born in January, which was just a few months prior to when we really wanted to start trying. The timing of it worked out so it ended up being perfect. We definitely didn't plan that. It was not us. It was part of a higher up plan. – Naomi

Both women became pregnant at a time that their family was going through great struggles because of the death of their fathers. Both women claim God gave them a child at that time to help their families cope. They believe that God is in control of their fertility.

These examples above were used to legitimate the choice to use contraception. Yes participants were technically breaking church rules, and yet they claimed that if God wanted them to become pregnant they would conceive even while using birth control.

Partner's perceptions of NFP. Another way that participants would legitimate their decision to use contraception instead of NFP was to explain how opposed their husband was to

using NFP. Both Cecelia and Isabel are married to non-Catholic men who had never heard of NFP before.

I remember my husband laughing about it. He was like “People do that?” Because he had no idea. He took away from it that it was very tedious and you very much have to work at it: take your temperature, make sure you plan it right. He was like “That’s too much work.” He took it as “Why am I gonna do that when I can just put on a condom and there you go? I don’t have to worry about anything.” That was something we hadn’t talked about until we did take that education [marriage preparation] class beforehand. – Cecelia

Here Cecelia explains her husband’s incredulity at the process of NFP. Cecelia had known about NFP since she was much younger and had more time to create perceptions about it. However, as an outsider who had never heard of the process, her husband did not understand why people would use NFP. Similarly, Isabel’s husband, below, did not understand or want to utilize NFP as a means of pregnancy prevention.

Because my husband wasn’t Catholic, he wasn’t really interested in talking about natural family planning. He was like “That’s silly and were not going to do that.” I didn’t feel like it was a big deal. It wasn’t the thing that I was going to argue about. It was more important to me that he went to church with me. It was more important to me that he agreed that our kids be baptized Catholic and raised Catholic. That stuff was way more important than whether or not we used artificial contraception. – Isabel

Again, because Isabel’s husband was not Catholic he did not understand NFP. Here Isabel clearly shows her coping strategy of legitimation here when she says that it was more important that her husband be involved in other religious activities that he did understand, such as going to church with her and raising their children Catholic, as well as other religious activities that would affect her children. She legitimated her choice to not follow church teaching on family planning so that she could follow other church teachings with her husband and for her children.

Participants’ spouses’ aversion to NFP was not presented as a surprising discovery. Not wanting to use a tedious and involved method of pregnancy prevention was a normal reaction especially when factoring in the ability to care for children and the desire to be sexually intimate with their spouse.

Normalizing

Finally, participants situated themselves within a larger community outside of the Catholic Church. Though they all found their Catholic identity to be very important to them, they recognized that it was not their only identity. These women engaged in a process of normalizing to make their contraceptive choices more acceptable. These women recognized that their lived experiences may not line up exactly with Catholic teaching, but they had to take into account multiple realities such as their ability to care for any children they have and their desire to be sexually intimate with their husband.

Ability to care for children. Many participants discussed the multiple factors involved in deciding to conceive a child. The main concern that women cited was financial ability provide for their children. Below, Judith and Agnes both discuss their concerns about having more children than they can afford.

We didn't want our kids to outnumber us. We wanted to be able to take care of them. And we are a one income household. We've prayed about it. But just for our family, we know we cannot afford another child. Right now we live paycheck to paycheck. So it would not be fair to bring another child into our family. We just want to make sure we're safe and we don't accidentally put another child into this world that we would have to struggle to take care of. We don't want to risk our children having to- not miss out because it's not just the tangible things. I'm not just talking about miss out on what we can afford. But why would God want us to struggle to give our children the best we can? I don't feel like He would. – Judith

Here Judith recognizes their financial limitations because they are a one-income household. However, she also mentions the intangible aspects of raising a child that they might not be able to provide if they have too many children. She questions if God would really want them to have more children than they can take care of. Below, Agnes asks similar questions about how many children Catholics can and should have.

I've met Catholics that aren't using any sort of contraception that have a lot of kids, who, in my opinion, aren't able to give their kids the quality of life. There's too many kids and they can't really afford it. To me it's a choice of what kind of quality of life do you want to give your kids to have? Do you prefer have more kids than we can afford? To have a bunch of kids and maybe we can feed them rice and beans and their clothes won't fit? But you know its how many kids God

wants us to have. Or do you want to plan our kids? The ones we can actually afford and not go crazy. We do live in the United States. A family of two with two kids is pretty average. I think the average is like 2.8 or 1.8 kids or something like that. That's the norm. And I feel bad, I know one couple who have, in my opinion, too many kids. More than their wallet can afford. I look at that and it kind of makes me feel validated in my decision. – Agnes

Agnes challenges the NFP rhetoric that Catholics are supposed to have as many children as God sends them because she wants to be sure that any children she has are well taken care of without harming she and her husband's sanity or relationship. Agnes brings up the national average number of children in the U.S. to normalize her decision to use contraception to control the number of children she has, and follows that comparison with a discussion of Catholic families with too many children. These comparison is poignant because she is normalizing her choice as an American, because she is both Catholic and her family is not originally from the United States.

This concern for financial ability took many forms throughout participants' discussion. One participant discussed the financial burden of simply conceiving and having a child, even before that child grows

It's really expensive to have a baby and to get proper medical care for that. I was lucky enough to have a lot of money saved up. But I know that it would not be financially responsible for us to have another child next year. We need to space it out. We need to definitely make sure we save enough money to be able to afford proper medical care for another child. – Dinah

With rising costs of medical care as well as different expenses that many modern families have to face, finances are a concern that could influence the number of children a family can afford. One participant cited an example of modern concern in the form of geographic distance between her children and her parents:

My husband is English. His family lives in Europe. We need to travel to Europe periodically so [our kids] have a relationship with his parents, which is important to him. Honestly I don't think we can afford more than two kids. And there were definitely times before we had kids that we talked about having three but once we had one we were sort of blown away with how much work it was. I don't think we had any concept of what it would be like to be parents. – Isabel

These participants are not discussing any issues that are unique to Catholic women. Rather they are normalizing their concerns with other non-Catholic women and mothers. The ability to care for children is a concern that parents have across the globe.

Desire to be sexually intimate with husband. Another concern that Catholic women have when considering contraceptive methods is their sexual relationship with their husbands. NFP, the method of pregnancy prevention endorsed by the Catholic Church involves a great deal of planning and communication. Spontaneous sexual intimacy is not possible, and participants struggled with that limitation.

I was not going to stop myself from having sex with my husband because it was the wrong timing. So to me, making love when we want to make love was more important than [the fact that we aren't supposed to] do the birth control or the IUD. I'm not going to be like "Oh hold on. Can you wait 15 minutes and then we'll go ahead and make love?" We knew we don't work that way. I remember thinking "What happens if I just want to make love to my husband?" Oh you can't because you may get pregnant and you don't want to get pregnant right now. Just this concept of having to use a calendar to control when we could make love, and when we couldn't because we weren't ready for a child. It was just, like, no. – Agnes

Having a relationship with their husband was valued by participants and even conceptualized as a gift for some. The following participant discussed why she has accepted the use of contraception:

See the thing that I love about the decision we finally came to is that it allows for spontaneity. There is no spontaneity with natural family planning. There can't be because you have to keep track of everything. You have to communicate literally everything your body does as a woman. It's not that I have a problem with that, but I value being spontaneous with my husband. I feel like that was the most liberating beautiful gift. – Dinah

Not only does NFP include a great deal of tracking and communication, but if a woman is not able to track her cycle the only option available to prevent pregnancy is abstinence.

So we kind of did a lot of abstinence after [our first child] was born. In fact, I think he was 7 months old before we had intercourse again. So, and I don't like that. That's not good for a marriage. And we were newlyweds. It's like that's not cool. – Katharine

Katharine did attempt to follow NFP and eventually decided with her husband that it was not healthy for their marriage to abstain. As Judith states, below, sex is important in a married relationship for more than just procreation and therefore the limitations that NFP places on a couple's sexual relationship becomes a problem for some Catholics.

We don't necessarily think that sex is just for reproduction. We feel like it is part of a relationship. It's not only for conceiving children. So we don't feel like that is something that we're going to take out of our lives completely. – Judith

Again, lengthy abstinence is seen as a problem for these women in their contraceptive decisions. They normalize their sexual desire and problematize the methods of NFP.

These participants all normalized their decision to use contraception by discussing the balance they must maintain between multiple identities and concerns, not just their Catholic identity or religious concerns. By framing their lived experiences as equally important as Catholic teaching they normalize their decision to use contraception while still remaining a practicing Catholic.

Strategies for Maintaining Catholic Identity: Analysis

In order to manage the tension of their Catholic guilt, participants engaged in a number of coping strategies: boundary making, justifying, legitimating and normalizing.

These women engaged in a process of boundary making to acknowledge what they could do and what they could not do. Though they are technically not following church teaching, they manage tension by recognizing that some forms of birth control are absolutely unacceptable while the methods that they are using are more acceptable. Some women did not want to introduce hormones or chemicals into their bodies; they accepted barrier methods but did not want to take hormonal birth control pills. Other women did not want to surgically insert anything into their bodies; they accepted oral contraception but did not accept IUDs or implants. Other women were more concerned about the effects of their contraceptive method. Some participants would only use a birth control after they had determined that it was not an abortifacient and therefore would

not allow conception to occur at all. Additionally, all participants rejected the use of abortion. None would abort their child if they accidentally became pregnant.

In addition to making boundaries around which contraceptive methods were acceptable and unacceptable, participants created boundaries around the authority that the church and the faithful should have. Only two participants of the fourteen said that the church should change its teaching on birth control because so many Catholics were using birth control. Though participants often struggled to answer the question because they are not typically used to being offered authority to change teaching, the vast majority did not think the church should change its stance. They again created boundaries: the church should not change its teaching because of the faithful, but it should be more accepting of the faithful's decision to use contraception. They felt the church should help and support regardless of contraceptive method.

Participants also engaged in justifying of their contraceptive decision as a way to manage the tension. They defended their choice to use birth control because they medically needed birth control and because they felt the church had betrayed them.

The majority of these women needed birth control at some point. They were prescribed birth control to regulate menstrual cycles, to help with pain management, and to regulate mood swings. Additionally, some participants cited more serious medical diagnoses including endometriosis, precancerous cervix cells, and polycystic ovaries: their doctor prescribed birth control in all of these instances. Further, some participants needed to be on an effective method of birth control because of the possible danger to the mother and the child if she were to conceive a child at that time. Some participants would be in danger if they were to become pregnant because of previous miscarriages and one would be in danger because of the medications she was taking for her autoimmune diseases. Participants felt that because their doctor had prescribed their birth control and because they had serious medical concerns that their decision to use contraception was justified.

Two participants who did not cite any medical necessity to use birth control justified their use because of the betrayal they felt from the Catholic Church. Both participants had discovered the Pontifical Commission on Birth Control which had recommended to Pope Paul VI to change the church's teaching and allow married couples to use contraception. They were frustrated not only that the pope ignores the majority report of the commission but also that they had never been taught or informed about this study and this moment in Catholic history. These two participants felt justified in their use of contraception because they believed that the church teaching would have changed were it not for Pope Paul VI.

In addition to justifying their choice to use contraception, many participants legitimated their use of birth control by claiming that God was in control of their fertility and their life either way and by explaining their spouses' aversion to NFP. The women used examples, either from their own lives or from people they knew, of times when women had become pregnant while using birth control. Both Agnes and Naomi had personal stories of becoming pregnant when they were not planning a child. However, rather than facing struggle because of their surprise pregnancy, both women felt that those children had been sent by God. Both women's father had died while they were pregnant and they believed that they had become pregnant to give their families something positive to focus on during the tragedy. They believed their children were sent by God to help them during the death of their fathers. Participants whose husbands were not Catholic also discussed how confused their spouses were about the purpose of NFP or why anyone would use that method. These women sanctioned their use of contraception because they did not want contraception to come between them and their husband. Isabel in particular explained that it was more important to her that her husband be involved in other Catholic activities than they use NFP as the church wants them to.

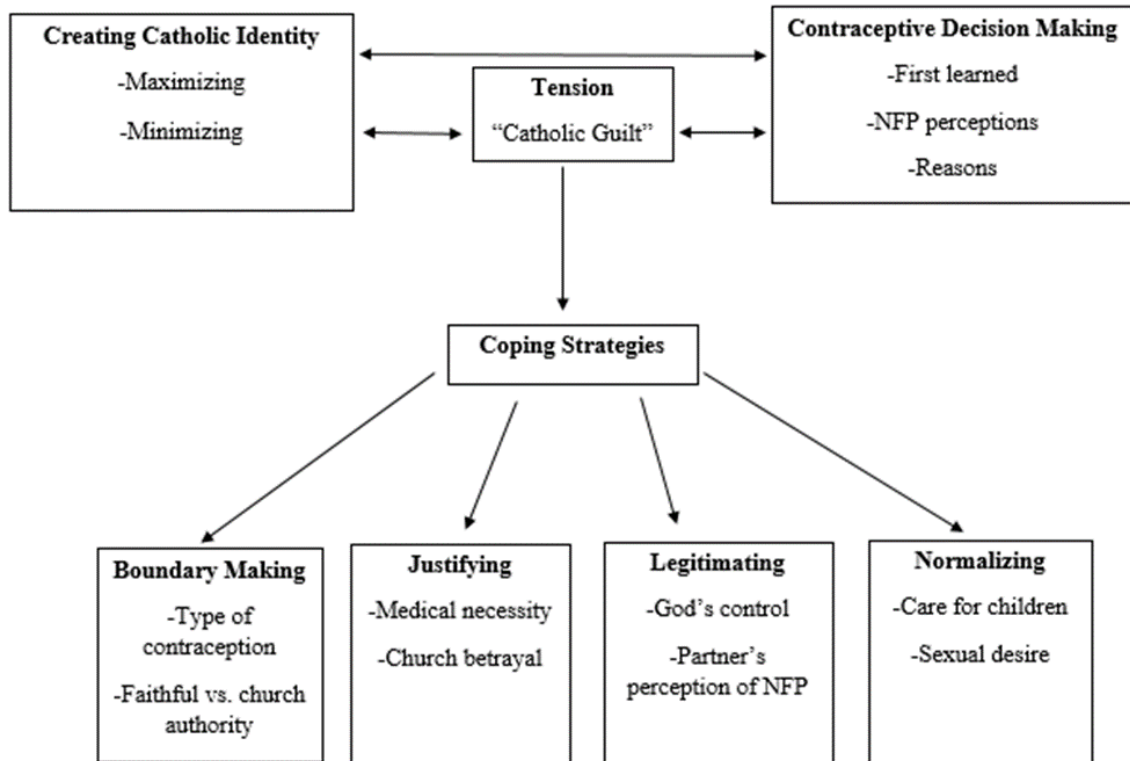
Finally, participants recognized that although they identify as practicing Catholic, they also hold many other identities and using contraception is a normal choice for most of their other identities. Therefore, these women engaged in a process of normalizing their decision to use

contraception because of the other factors in their lives and experience. They struggled with the idea of how they could accurately plan a family that they could take care of while using NFP. Participants wanted to be able to take care of and provide for their children. Since they previously discussed their perceptions that NFP is not an effective method of pregnancy prevention, these women normalized their choice to use birth control to prevent pregnancy in order to not have more children than they could handle. Additionally, participants struggled with the idea of having to schedule their sexual lives with their husbands. They feel that sex is an integral and normal part of any married relationship. Therefore, they felt it was acceptable to use a method of pregnancy prevention that would allow for frequent and spontaneous sexual intimacy.

CHAPTER SIX: CONCLUSION

This study is an initial attempt to describe and understand the experiences of women who self-identify as practicing Catholic but who also use contraception for pregnancy prevention, as that is strictly opposed by the Catholic Church. Seeking as much as possible to explore how these women define and interpret the experiences of their religious identity in conjunction with their contraceptive decision making, I interviewed fourteen married Catholic women and asked them specific questions about their Catholic identity and their experiences with family planning. This study explored what strategies married Catholic women engage to negotiate a Catholic identity while using contraception.

To review, these women engage in an ongoing process of contraceptive decision making which often placed them in conflict with church teaching. This conflict lead to tension that they resolved through a constant process of negotiation and renegotiation of Catholic identity through the strategies of boundary making, justifying, legitimating, and normalizing. This process is explained in the diagram below.



The Catholic women who participated in this study described a very complex process of negotiation in order to live in tension with their contraceptive decision making. Participants minimized certain aspects of their Catholic identity that would cause more cognitive dissonance. Women conceptualized their Catholic identity as an ascribed identity; they did not claim individual autonomy in choosing to be Catholic. They also minimized the distinctions between Catholicism and other Christian denominations that do not oppose birth control. All of these minimizations focused on the passive aspects of their experiences as a Catholic. However, participants maximized the active aspects of their experiences that they felt they could control and continue to improve. They maximized the aspects of their Catholic identity that they were proud of and felt they exemplified well: prayer and service. The strategic minimization and maximization of aspects of identity could position their Catholic identity as salient in a certain way that transcends denominational distinctions. Therefore, their contraceptive decisions were not as important as their Christian spirit of prayer and service.

This positioning of the creation of their Catholic identity may have helped some women in their process of contraceptive decision making. Participants' first memories of learning about family planning usually included both contraception as well as NFP. Because they learned about these two methods at the same time it could have been more likely that they would accept or use NFP. However, perhaps because they were first introduced to NFP in a religious context rather than in a medical context, in their religion classes as opposed to their health classes where they learned about contraception, they did not perceive NFP to be as effective a method of pregnancy prevention as contraception is. Regardless, these women had many different factors and concerns to weigh when making their contraceptive decisions. Some concerns included effectiveness, cost, access, possible risks, health concerns, as well as their religious identity.

This contraceptive decision making often led to tension that many participants called "Catholic guilt." Most participants believed that they were making the correct contraceptive decision for themselves and their family, yet they continued to feel like they were doing something wrong. Their Catholic guilt continued to be a "nagging feeling" that "weighed on them." This guilt also made participants uncomfortable to discuss their contraceptive decision. They felt that they must keep that aspect of their lives private. When these women still felt Catholic guilt over their contraceptive decisions they engaged in other identity negotiation processes.

The negotiation strategies these women engaged included boundary making, justification, legitimation and normalizing. Participants created boundaries which demarcated which methods of pregnancy prevention were acceptable and which were unacceptable, as well as boundaries of authority and who should influence church teaching. They also justified their choices with medical necessity of contraception and the betrayal they felt discovering the Pontifical Commission's majority report on birth control. Participants further legitimated their use of contraception through their belief that God was in total control of their fertility, citing examples of women becoming pregnant while using contraception as proof, as well as explaining their

spouses' opposition to NFP. Finally, women balanced their Catholic identity with their lived experience by normalizing concerns about ability to care for children and their desire for sexual intimacy with their husbands.

These findings demonstrate a similarity to findings from other researchers who have examined religious identity. McQueeney (2009) found that congregants of lesbian- and gay-affirming Protestant communities maintained religious identity through a process which included minimizing sexual identity as secondary to religious identity, normalizing their sexuality through monogamy, manhood, and motherhood, and moralizing their identity by seeing themselves as more generous than those who would condemn homosexuality. Similarly, these women minimized their Catholic identity as less important than their Christian identity and normalized their contraceptive decision making through sexuality and parenthood. In addition, the process of minimization that the women engaged in also included the minimization of individual autonomy. They did not claim autonomy in choosing to become Catholic and therefore could be in the stage of identity development Peek (2005) also encountered when examining the religious identity of Muslims: "religion as ascribed identity."

Implications for Health Care Professionals and Sex Educators

Many women in this study felt that they could not discuss their contraceptive decision making or contraception in general. Some participants did not feel comfortable discussing birth control with their mothers even if they were not interested in using it, or if they merely wanted to use it for medical purposes. Because many participants did not feel comfortable discussing contraception they lacked the knowledge of how to use it. One participant discussed the painful process of using condoms without lubrication until she learned that necessity. Others talked about not understanding birth control and thinking it was a "magic pill." This lack of knowledge could have detrimental effects on these women's sexual health.

Health care providers need to be aware that Catholic women, or religious women of any kind, may be facing unique challenges in contraceptive decision making. Especially if a woman is

facing serious health risks, such as medication combinations that could be dangerous to a fetus or danger of becoming pregnant after a miscarriage like some participants experienced, health care providers must be sure that Catholic women understand the risks and are knowledgeable in their options for effective pregnancy prevention.

Likewise, sex educators need to recognize the challenge that religious populations present. If young women or men attend a religious institution where they are not educated in contraceptive methods and they feel uncomfortable asking questions of their family, friends, or peers, like many women in this study were, they could face multiple sexual risks.

Implications for the Catholic Church and Future Research

Overall, these women felt unsupported by their Church in their contraceptive decision making. They explained a lack of training in NFP and a lack of follow up from the church after their wedding. These women feel isolated in the challenges they have to face with family planning. Because of the taboo nature of the topic, women did not feel comfortable discussing their experiences and concerns with anyone except their husbands and doctors. They lack the group solidarity that is often associated with religious membership. Often these women felt undesired by their church because they were “cafeteria Catholics” picking and choosing which teachings to follow and which to not follow. They said that “this church doesn’t want me.”

The statistics show that, in fact, most Catholics no longer want their church. The net loss of 7.5 percent for Catholics, is substantially larger than the next greatest net loss, by Baptists, of 3.7 percent (Pew Forum Research 2008: 24). In many respects due to gendered political issues Catholics are leaving the Catholic Church in droves. However, Catholics are still a major force in the United States. The Catholic Church and American Catholics make up huge forces in education, health care, charity, politics, and employment. The total American Catholic school enrollment in the 2014-2015 academic year was 1,939,574 students (National Catholic Education Association 2015). Catholics made up approximately one-quarter of the overall United States electorate in each of the last three presidential elections (Pew Forum Research 2011). In 2014,

there were 549 Catholic hospitals serving 88.8 million patients valued at 3.696 billion dollars (Center for Applied Research in the Apostolate 2015). The number of clients served by Catholic Charities in 2014 exceeded 9.035 million (Center for Applied Research in the Apostolate 2015).

With such a strong influence in the United States from the Catholic Church and Catholics it is essential to understand the experiences of those Catholics. The experiences of women are particularly important as they face greater sanctions from the church both in terms of lack of institutional advancement and leadership opportunities and narrow gender roles. Those members who remain an active part of the Catholic Church, such as the practicing Catholics in this study can influence the way the church changes. “Historically the Vatican has resolved conflict in one of three ways: by silencing dissenters, by coopting them, or, if disagreement reaches a critical mass, by making a change” (Manning 1997: 386). Some would call 82 percent of US Catholics who believe that birth control is morally acceptable and 98 percent of US Catholic women who have had sex utilizing contraception to be a critical mass (Jones and Dreweke 2011, Jones, et al 2012, Newport 2012). By better understanding the experience of these dissenters, social researchers may be able to better understand the future of the Catholic Church.

APPENDICES

Appendix A: Pre-Screening Interview Protocol
 Family Planning Experiences of Married Catholic Women
 Brianna McCaslin, IUPUI Sociology 2014

The interview process will begin when a potential participant contacts me about the study by telephone or email. After making a brief introduction, I will conduct a screening interview to establish that the potential interviewee meets the study’s eligibility requirements. If eligible, I will schedule the interview.

1. Introduction How did you learn about the study? Okay, you received my email/received a forwarded email from a friend/heard about my study from a friend/etc. Well, as indicated in my email, I am looking for married Catholic women who have experiences with different kinds of family planning methods. If you fit this description, I would like to talk to you about your experiences with family planning as a Catholic woman. Your participation would involve meeting with me for a one-on-one private interview where I would ask you about your religious experiences as well as your family planning experiences. I will be audio recording interviews for my own information, and no one else will hear them or be involved in the transcription of the interview, because I will do it all myself. Nothing that could identify you will be included in what I type. Everything you share with me will be kept very strictly private and confidential and I will not use your name on anything. As a gesture of gratitude for your time and for sharing your experiences, you will receive a \$5 Starbuck gift card. Does this sound like something that you might be interested in participating in?

2. Prescreening Questions Okay. I need to ask you a series of questions to determine whether you are eligible to participate in this study. Do you have any questions for me before we proceed? All right.

Screening Interview Questions	Participant must answer the following for eligibility
<ul style="list-style-type: none"> - Would you identify yourself as a practicing Catholic? - Are you married? - How old are you? - Have you ever used any family planning methods other than natural family planning specifically to prevent pregnancy? - What method of birth control are you currently using? - What was the primary purpose for birth control when you first began using it? 	<ul style="list-style-type: none"> - Yes - Yes - Must be 21-44 - Yes - Must be a female controlled method – i.e. pill, diaphragm, intra-uterine device, etc. - Preferably pregnancy prevention

3. Schedule Interview Wonderful! You are eligible for the study [if not eligible, politely let them know]. Can we schedule an interview? We can meet at a public place like a coffee shop or a restaurant, or I can reserve a private room on the IUPUI campus, or I can come to your home. Or, if you have another place in mind, it is possible that we could do the interview there. Where would be most convenient for you? When would be a good time for you? Also, if it is all right

with you, I will give you a reminder call (or send you a reminder email) the day before the interview.

Appendix B: Email Script Protocol

Hello,

My name is Brianna McCaslin, and I am a graduate student at IUPUI in the sociology department. I am currently working on my Master's Thesis, a research project interviewing Catholic women about their perceptions of religious identity and their experiences with family planning practices. **I am looking for married Catholic women who are using contraception to prevent pregnancy.** To participate, the women would meet with me one-on-one for an interview designed to last about an hour. Everything participants share with me will be kept strictly private and confidential. Their names will **NOT** be used in any capacity for this research. As appreciation for their time and valuable experiences, all participants will be offered a \$5 Starbucks gift card.

Do you know any women would meet these criteria who might want to participate? If you do, and could ask them to contact me, I would greatly appreciate it. They can contact me by email at brjmccas@iupui.edu or by phone at 317-755-4287.

Thank you,
Brianna McCaslin

Hi _____,

It is so good to hear from you, and I am so excited you are willing to help me with my research! As indicated in my email, I am looking for married Catholic women who have experiences with different kinds of family planning methods. If you fit this description, I would like to talk to you about your experiences with family planning as a Catholic woman. Your participation would involve meeting with me for a one-on-one private interview where I would ask you about your religious experiences as well as your family planning experiences. The interview is designed to last anywhere between 45-90 minutes. I will be audio recording interviews for my own information, and no one else will hear them or be involved in the transcription of the interview, because I will do it all myself. Nothing that could identify you will be included in what I type. Everything you share with me will be kept very strictly private and confidential and I will not use your name on anything. As a gesture of gratitude for your time and for sharing your experiences, you will receive a \$5 Starbuck gift card. But before we can schedule a time to meet, I have to double check that you fit the criteria of my research (per the IRB research rules). If you wouldn't mind answering a few questions:

Would you identify yourself as a practicing Catholic?

Are you married?

How old are you?

Have you ever used any family planning methods other than natural family planning specifically to prevent pregnancy?

What method of birth control are you currently using?

I look forward to hearing from you.
Thank you,
Brianna

Appendix C: Qualitative Interview Guide
Family Planning Experiences of Married Catholic Women
Brianna McCaslin, IUPUI Sociology 2014

Introduction: Thank you for taking the time to talk to me today. I really appreciate your willingness to help me out with this interview. Have you ever been interviewed before? Well, the main reason why I would like to interview you is to learn about your experiences with different family planning methods such as contraception, natural family planning, etc., specifically your experiences as a Catholic woman.

Findings from this study will be used for my Master's Thesis.

Interviewee Role: I want you to feel that this is *your* interview. I am here to listen to what you have to say. I am very interested in your experiences and feelings, so please feel free to share anything that comes to mind. My job is to listen to you so that I can better understand these experiences.

Explain Audio Recording Procedures: As I explained when we talked on the phone, I will record our conversation so that I do not have to take notes and so I can get your complete answer. This also helps me guarantee that my report will accurately reflect your experiences. After the interview, I will listen to the recording and type up the interview. I will not include any information that identifies you, your husband, or your children, if you have any. When I have finished my project the recorded copy of the interview will be erased. Is this okay with you?

Assure Interviewee of Confidentiality: Please feel free to speak openly with me. Maintaining your privacy is the most important thing to me and anything you say during this interview will be kept private and confidential. I will not include your name or any other unique information that could identify you in my report. Also, if I ask you any questions that you do not want to answer, you can just say, "pass" and we will skip those questions.

Time Frame of Interview: The interview is designed to last about 45 to 90 minutes. If you need a break at any time, just let me know.

Obtain Informed Consent: Before we begin the interview, I would like to go over the study's information sheet, which describes the nature of the study, your role in the study, the steps taken to maintain your confidentiality, and the voluntary nature of the study. You can take this form with you (*wait for the participant to read the information*). Do you have any questions about the study or the information you read? If not, do you give your permission to participate in the study by being interviewed? (*If the participant agrees, then start the interview*). Ok thank you for your help with the study. Do you have any more questions before we start?

Gain Verbal Consent and Start Interview: Ok, then I will begin recording the interview now.

Start recorder and record verbal consent prior to asking any interview questions: "We are now recording. Today is [date] 2014. My name is Brianna McCaslin. I am a graduate student at Indiana University Indianapolis. I would like to ask your permission to record this interview which I will transcribe myself and to use the recording and the transcription for study and research purposes." [If verbal consent is given and audio recorded, proceed with the interview.]

Questions: Let us begin with some background questions so that I can get to know more about you before we talk about your experiences. I already asked you some of these questions when I

spoke to you on the phone about your eligibility, but I need to ask them again to make sure that I record your answers for the study. I will use the answers to these questions for an overall description of who participated in the study.

Background Questions:

How old are you?

How do you describe your racial/ethnic background?

What is your occupation?

How old is your husband?

How would you describe his racial/ethnic background?

What is his occupation?

How long have you been married?

What is your ideal number of children?

Do you have children? How many? What are their ages?

Ok, during the rest of the interview I want to focus on four things: your religious background, how you see yourself as a Catholic, your experiences with family planning, and your relationship with the larger Catholic Church. Let's first talk about your religious background.

Topic Domain	Main Question	Follow up – Probes
Religious background	Tell me about your religious background.	<ul style="list-style-type: none"> • Were you raised Catholic? • If not, when did you convert? Why? • How important was religion to your family? • Do you consider yourself a “practicing” Catholic? How do you define “practicing”? • Are you involved in church activities? (i.e. attend Mass, volunteer, etc.) • Have you received religious education or instruction? How much? Tell me about it. • How well do you feel you understand Catholic teaching? • Was your husband raised Catholic? • If not, when did he convert? Why? • How important was religion to his family?
Religious identity	Tell me about your identity as a Catholic.	<ul style="list-style-type: none"> • What does it mean to you to be a Catholic? • Does being Catholic affect the way you see yourself (your identity)? • How important is your identity as a Catholic?

		<ul style="list-style-type: none"> • Does your identity as a Catholic influence your day to day life? How so? • Does your identity as a Catholic influence your moral decision making? How so? • Do you feel that your identity as a woman has anything to do with your identity as a Catholic? How so? • Have you ever felt any conflict/tension in being a Catholic woman? If yes, can you describe that to me?
Family planning practices	Tell me about your family planning practices (i.e. hormonal birth control, barrier methods, etc.).	<ul style="list-style-type: none"> • When were you first introduced to any kind of family planning methods? Can you tell me more about that? • What method are you currently using? • Have you always used this method? What other methods have you used? When? For how long? • How did you decide on this method? • Was your husband a part of this decision making process? How so? • Did you talk to anyone besides your husband about your family planning methods? Your health care professional? Religious leaders? Your family? Friends? What were these conversations like? • Did your children (those you have or those you want) affect these decisions?
Family planning experiences	Tell me about your experiences with family planning methods.	<ul style="list-style-type: none"> • How successful did you feel _____ method was? • If used multiple methods, why did you change methods? • How did you feel while using this method? • Did using _____ method affect your religious participation at all? How so? • Did using _____ method affect your identity as a Catholic at all? How so? • Did using _____ method affect your relationship with others at all? How so?
Institutional church	Tell me about the role the church plays, if any, in your family planning practices.	<ul style="list-style-type: none"> • Did your marriage preparation include any help or instruction about family planning methods? What was that experience like? • Can you describe to me your understanding of Catholic teachings about birth control? • How do you feel about your relationship with the larger church as a woman who uses contraception?

		<ul style="list-style-type: none"> • Are there any ways you wish the church would better support you as a married woman in your family planning journey? • Research has shown that most Catholic women use some form of contraception other than natural family planning. What are your thoughts on whether this widespread use of contraception should influence church doctrine on this issues?
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Closing Question:

We are almost finished. Thanks again for sharing your story with me. Two final questions:

1. What advice would you give to a Catholic woman who is trying to decide on family planning methods?
2. Is there anything I have left out or anything else you'd like to share?

Follow up Questions:

Within a month after the completion of the interview I will email participants asking them to email back their responses to these post-interview follow up questions.

Now that you have had time to process and reflect:

1. What was the interview experience like for you? How did you feel talking about these issues?
2. Are there any other questions I should have asked or things you feel we should have discussed?
3. Any final thoughts?

Compensation: Thank you again for taking the time out to come and talk to me about your experiences. Here is a \$5 Starbucks gift card as a way of saying thank you for taking the time to participate.

Thank you:

Thank you! The information you have shared with me has been very helpful. If you have any additional questions or just want to talk about the interview experience, please feel free to give me a call or email me. [After recorder is off, ask participant to recommend additional participants, if needed.]

Appendix D: Indiana University Study Information Sheet
Family Planning Experiences of Married Catholic Women
Brianna McCaslin, IUPUI Sociology 2014

You are invited to participate in a research study of the experiences of married Catholic women who have used different kinds of natural family planning methods. You were selected as a possible participant because you have had experiences using different kinds of family planning methods. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Brianna McCaslin in the Sociology Department at Indiana University – Indianapolis. Dr. Carrie Foote, a faculty member in the Sociology Department at Indiana University – Indianapolis, is supervising the project. This project is not funded.

STUDY PURPOSE: The purpose of this study is to better understand the experiences of married Catholic women who have used family planning methods other than natural family planning (such as hormonal birth control, long-acting reversible contraception, barrier methods, sterilization, etc.). The findings from this study will be used for my Master's Thesis, presentation at research conferences, and possible publication in research journals.

PROCEDURES FOR THE STUDY: If you agree to be in the study, you will participate in an audio-recorded interview designed to last about 45 to 90 minutes. The interview will be recorded on a digital recorder and then transcribed by myself. The interviews will occur at a private location of your choice, such as in a private room on the IUPUI campus, or in your home, or another location that you prefer.

CONFIDENTIALITY: Efforts will be made to keep your personal information confidential. Your identity will be held in confidence in reports in which the study may be published. Your name will never be used in any reports from this project. Brianna McCaslin, and her advisor Dr. Foote, will have access to the audio recordings of the interview, and they will be deleted at the end of this research project.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the Indiana University Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP).

PAYMENT: As a gesture of gratitude for your time and for sharing your experiences, you will receive a \$5 Starbucks gift card.

CONTACTS FOR QUESTIONS OR PROBLEMS: For questions about the study, contact the researcher Brianna McCaslin at 765-212-6037 or brjmccas@iupui.edu, or the faculty supervisor Dr. Carrie Foote at 317-278-8454. For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 or (812) 696-2949.

VOLUNTARY NATURE OF STUDY: Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with IUPUI.

Appendix E: Follow-up Email Script

Hello _____,

I want to thank you again for being willing to participate in my thesis research. Now that couple weeks have gone by since your interview, I was hoping you would have some time in the next few weeks to answer a couple follow up questions. You can type your answer right under the question or copy and paste, or whatever floats your boat. These questions are not meant to be an ego stroke for me or anything like that, so you don't have to say "I loved doing this interview!" if it was super painful and you hated the whole thing. These questions are more meant to probe further into what it is like to be a married Catholic woman who uses contraception and who has now talked about that experience; whether that means that the interview was cathartic or painful or boring or whatever you felt.

Now that you have had time to process and reflect:

What was the interview experience like for you? How did you feel talking about these issues?

Are there any other questions I should have asked or things you feel we should have discussed?

Any final thoughts?

Thank you again so much for talking to me. I really really appreciate it! I look forward to hearing from you,
Brianna

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EDUCATION

- 2015 MA, Sociology, Indiana University Purdue University Indianapolis, Indianapolis
Area of Concentration – Family and Gender
Thesis – Thou Shalt Not: Experiences of Contraceptive Use and Religious
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- 2012 BA, *summa cum laude*, Sociology, Marian University, Indianapolis
Second Major – English
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HONORS AND AWARDS

- 2015 David C Bell Theory Fellowship in Sociology
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- 2014 IUPUI University Fellowship
- 2012 Who’s Who Among Students in American Universities and Colleges
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RESEARCH INTERESTS

- Gender
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PROFESSIONAL EXPERIENCE

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PUBLICATIONS

Refereed

Blinn-Pike, Lynn, **Brianna McCaslin**. (Forthcoming). "College Students: Journaling about Their Intergenerational Relationships with Their Living and Deceased Grandparents." *College Student Journal*.

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Professional Reports

Foote, Carrie E., **Brianna McCaslin**, Andrew Drea, Sgt. Sandra Shea Davis. 2014. "Navy and Marine Family Diversity Study Results." Prepared for the Military Family Research Institute, Purdue University. Indianapolis, Indiana.

Other

McCaslin, Brianna. 2012. "Artemis and the Phenomenon of the Women's Bathroom." *The Fioretti, Marian University Literary Magazine*.

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- 2015 McCaslin, Brianna. "Catholic Female Sexuality: Religious Choice, Experience and Negotiation." Women's Studies Reception. IUPUI, Indianapolis, IN.
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2011-2012 Sociology Editor, Marian Undergraduate Journal of History and Social Science

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