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All three papers presented reflect the recent advances in methodology and research design of studies on psychological factors affecting family size. In fact, the projects they in part report have contributed significantly to progress in the development of hypotheses for such studies and in improvement of the testing instruments. Moreover, their success in handling with reasonable objectivity, the inherent values of different religious groups is itself worthy of note. 1/

In the "Growth of American Families" paper by Campbell, Whelpton and Freedman, some problems of analysis and interpretation inevitably follow upon the categories used. The definition chosen for subfecundity, for example, leaves relevant questions unanswered. It does not reveal the extent to which known or suspected sterility is the result of voluntary choice or of surgical operation for non-contraceptive purposes.

The "semifecund" category, probably needed under the circumstances, may not take adequately into account the naturally "normal" range of the intervals between pregnancies, apart from efforts to control conception. Put another way, with equal logic those with very short intervals could be placed in an "excessively-fecund" category. Though a minor point, this illustrates how very limited is our knowledge of fertility potential and the various factors, other than contraception, which influence frequency of births.

Likewise, the "indeterminate" category poses problems. It does not indicate extent to which douching "for cleanliness only" may conceal unexpressed contraceptive expectations and desires. We have here an area of possibly confused motivation and latent values. As with other practices which affect fecundity indirectly, this merits study.

Among Catholic couples individually committed to periodic continence, there occur at times discrepancies between expectations and performance because of value conflicts. Failures in personal self-control, essential to the method, can become an important factor in the outcome. How one can measure post factum this element, and then isolate its influence from method-failure is not clear.

The report on the Princeton Study by Sagi, Potter and Westoff, offers instructive findings on cultural-religious factors. The shorter interval among Catholics before first births, may reflect a desire to demonstrate willing acceptance of parenthood as such, as well as a fairly general non-use of contraception during the first years of marriage. The longer average interval between first and second births is specially noteworthy.

Use of the term "desires" in connection with anticipated number of children was not a fortunate choice. In the case of Catholics especially, the differences between actual desires and the expectations may be quite significant, and both may be different from ultimate performance. Given truly improved methods of detecting fertile periods, these gaps between desires, expectations and performance could eventually narrow.

Categories relating to amount of education under religious auspices are somewhat less clear

than desirable. Designation of schools simply as parochial or denominational raises difficulties. Breakdown by type might reveal variations according to quality and intensity of religious instruction. A direct relationship between years in the schools and depth of theological-moral knowledge should not be assumed. More refinement in this connection presupposes adequate size of subsample, as well as additional hypotheses regarding degrees of understanding of authentic Church positions.

Of special interest is the indicated differential in desired family size as between the male and female graduates of Catholic colleges. Such a finding merits further exploration, and also gives warning against too hasty generalizations on the motivational effects upon students of religiously oriented education as such.

The study of attitudes of medical practitioners, by Spivak and Ruderman, throws new light on the religious and cultural factors at work. It bears out what was long suspected, that changes over time in medical training have affected the views of doctors on their role as family advisors.

But the finding which stands out in their report is the relationship between degree of involvement and the characteristics of the region wherein the doctor practices. Additional studies may be in order, however, to see what, if any, selectivity factors are at work in leading the Catholic doctors to choose particular areas. Also, the medical school in which they studied possibly is of some relevance.

Use of the term contraception in all three studies, without clearcut breakdown into methods which Catholic norms accept and those they reject, may to some extent bias the results. Because the connotation to Catholics in general is narrower than to sociologists, careful explanation of terms seems necessary. Similarly, the more generic term birth control awakens different emotions and concepts in varying groups. This confusion in terminology is now increased with advent of oral drugs to forestall ovulation, a procedure which has not met with Catholic approval. 2/

To get at additional factors operative in the thinking and decisions of Catholic couples, close attention to their degree of understanding the approved norms will be necessary. And there is also needed greater differentiation between what they would like, what they accept intellectually, and what, on occasion, they may do. Some earlier attitudinal studies were not sufficiently precise in this regard. It is encouraging to note that today's papers manifest considerable care as to definitions. The above comments are made merely in the interests of further advances in clarity.

^{1/} For an early discussion on the role of norms, see: W.J. Gibbons, "The Catholic Value System in Relation to Human Fertility" in Studies in Population (ed. by G.F. Mair), Princeton Univ. Pr., 1949, p.108-134.

^{2/} For discussion of the drugs, see "Physiologic Control of Fertility: Process and Morality" by W.J. Gibbons and T.K. Burch, American Ecclesias-Review, 138:246-77 (April 1958). Bibliography.