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A Closed Retreat: Its Value for Physicians

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A CLOSED RETREAT
Its Value for Physicians
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"Come to Me, all you that labour, and are burdened, and I will refresh you." (Matt. 11:28).

These words of Christ are impelling and refreshing, and are a timeless source of abundant spiritual and physical good among multitudes of souls.

A well-established purpose of the Retreat Movement for Catholic Laymen is to foster these refreshing words of Christ in such a way that they provide a realistic source of spiritual enrichment and personal enlightenment for the Catholic individual. This long-standing work of the retreat movement is of great importance and significance. It provides the lay apostolate with extraordinary means for perfecting spiritual and physical benefit, and thereby an important source of unusual power for the lay apostolate.

The purpose of this paper is to point out that "making a retreat" is one of the most unusual means of providing for a person a type of experience that not only deepens his religious conviction and fosters a spiritual way of life but also achieves a state of natural physical and mental rest.

These unique benefits of retreat are extremely impressive and are largely responsible for the increasing personal interest of innumerable Catholic physicians in the retreat movement. There are many reasons why this is so.

Exposure to many separate environmental forces tends to disturb what is otherwise a reasonably satisfactory balance between man's body, mind and soul. Frequently, continuing demands on his time and matters require careful decision and action. Thus, a physician's teeming professional and personal life. There is the simple situation of trying to grasp details of knowledge of a patient's complex illness while conscious of the demands for his presence elsewhere—the telephone calls of colleagues, the bedside of a seriously ill patient, the schedule of surgery in the hospital and the meeting of a medical, civic, church or school committee. Efficient means of modern communication also load a physician with appreciably more problems than he can reasonably carry into practice. The ordinary expenses of existence and even the less evident pressures of social, political and cultural effects steadily increase and substantially effect stressing influences on a person.

The results of these continuing influences serve to emphasize the physician's pressing struggle to carry out at times a manner of living that is intimately designed to be pleasing to God and basically rewarding to his patients and associates, and to members of his family.

As notable as these aims are, a physician's mode of living often accounts for his steady loss of awareness of the commonly felt effects of strain. His responses to the ever-increasing demands of each individual and by every group of human beings to whom he is both normally and decidedly devoted may be noticeably less effective and less thorough. Unimportant annoyances and frustrations, and even temptations of special pleasure and personal advantage heretofore controlled adequately with modest effort, sometimes assume a role of jumbled significance and false importance.

Since the physiological effects of sustained psychological and physical fatigue often evolve insidiously, even a so-called sensible and scientifically trained human being, such as a doctor of medicine, may become frequently and unexplainably bewildered. Biological reactions of continuous stress and fatigue differ widely in individuals, however, and many separate factors play diverse roles of importance in the total make-up of each human being. The type of physical and psychological endowment, the difficulty of carrying out a standard of excellence in medical practice, the degree of gravity of conflict in his family and social group, the economical aims and the caliber of professional relations all serve to influence the physician's extent of vulnerability to the ordinary stresses of a busy professional and personal life.

When basic causes for physical reactions of continuous fatigue are permitted to continue, however, there occurs a diminishing ability to concentrate and to think, and
increasing inability to cope satisfactorily with controversy. Once lofty goals of the physician's personal life and conspicuous vocation appear less and less cherished, with further disregard for real prayer and for frequentation of the Sacraments; and what was at one time a frequent and ardent participation in Holy Mass may become decidedly less evident.

Some of the manifestations of psychological and physical reactions, together with a clear-cut state of mental depression and anxiety, are also brought about by the nagging reproaches of conscience and the awareness of gradually losing one's soul. A state of anxiety and depression is also largely responsible for the physician experiencing a strong desire "to wipe out" all undesirable feelings with special therapeutic measures which would provide a sense of sustained tranquility and "peace of mind." All too often this means for some physicians the little stressed start and the unwarranted continuing use of different pharmacological means. Sedative and stimulating compounds, alcoholic liquors, tranquilizer agents and narcotic drugs, which obviously afford convincing, but temporary, feelings of false "well being" only serve to compound unfavorable problems of far reaching consequence when used over and over again.

With proper foreknowledge and resourcefulness most physicians abort "gloomy" events such as these. An innate endowment of superior intelligence and a state of emotional stability, which are opposed to be characteristic of the physician's constitutional make-up, should be useful advantages.

Some physicians organize proper time of their daily activities, prose frequently of well-being, benefits of physical exercise (swimming, fishing, bicycling, etc.) and provide regular periods for short diversions of "free time" from a busy pressure practice.

A state of abundant problems and remarkable scientific accomplishments, however, which provide many modern means for functioning efficiently and normally, an extremely successful physician may "have everything he needs" except one of the most important — time to think and time to set his life and soul in order. A period of solitude is essential, and this ever increasing need is of profound importance.

Providing for one of the most pressing needs of physicians and laity alike is an indisputable advantage of retreat. Complete freedom from distraction and days of ample time for solitude and desultory quiet furnish a type of atmosphere that is both satisfying and relaxing. Proper physical relaxation is unquestionably essential for clarifying one's own thoughts and for reaffirming personal goals and objectives. Indeed, the special environment of retreat compels a person to "take stock" of himself.

Proper time in retreat is allotted not only for contemplation and for spiritual reading, but also to regularly scheduled religious conferences. Conducted by a confessor and the breadth of his moral perspective.

Both the unusual religious experiences and the strong intellectual forces of retreat stimulate a person in this regard. By increasing his knowledge of basic tenets of reason and the special virtues of faith and charity which underlie the vast knowledge of Catholic morality, the physician also enriches his respect for the fundamental Christian principles of morality and ethics. Since these well established principles dominate basic concepts of proper medical ethics and standards of excellence of practice, any opportunity to enlighten one's moral wisdom and soundness, perhaps to a degree paralleling or surpassing ever-increasing scientific knowledge, should be of real concern to a physician and his science and practice of medicine.

The extraordinary circumstances of days in retreat, however, are those that serve to acquire for the individual a greater recognition for the dignity of his soul and its proper stature in relation to God. This provides man incalculable good. The frequent opportunity for exposure to the special benefits of penance and the supernatural gifts of intimate contact with the Blessed Sacrament serve abundantly to permit a physician to grow in the knowledge and understanding of the will of God.

The noteworthy increase of faith and the spiritual reinforcement of grace beget a type of physical and mental buoyancy that is of distinct usefulness to man's intellectual fa-
The Impediments of Impotency and The Conditions of Male Impotence
A Canonical Medical Study

REV. PAUL V. HARRINGTON, J.C.L., CHARLES J. E. KICKHAM, M.D., F.A.C.S.

To present the problems involved in the matter of male impotence as related to the validity of marriage, here follows the second part (Part I, August 1958, THE LINACRE QUARTERLY) of the canonical considerations as prepared by Rev. Paul V. Harrington, J.C.L., Q.C., of the Archdiocese of Boston. The medical study as set forth by Dr. Charles E. Kickham will appear in the February 1959 issue of this journal.

PART II
CANONICAL CONSIDERATIONS

The above represents the development of the concept of an impotent condition and the requirements for potency which were commonly held at the time of the promulgation of the Code of Canon Law in 1918. It remains now to consider the opinions advanced on this subject by the canonists and theologians, who have written during the past forty years and to study the decisions of the Sacred Roman Rota and the decrees of the Roman Congregations, which have been issued during this same period.

The several writers of this period are careful to distinguish between the concept of impotency and that of sterility. An impotent person is considered to be one who is not capable of having true conjugal relations; whereas a sterile person is thought to be one who, although he can have normal, satisfactory marital relations, is unable to generate offspring because of the presence of some complicating condition, which rules out this possibility.

The specific definitions of the term impotency, as given by various authors, are interesting to consider.

Cappello states that impotency is the inability of a man or woman to have conjugal copula or the inability to participate in conjugal copula or the incapacity of depositing, in a natural manner, 

Cappello continues by saying that potency includes also the notion that the concupiscence of a man or a woman is satisfied, in a legitimate and natural way which is accomplished by penetration and semination within the vagina. Inchoate or attempted penetration does not suffice because of the presence of some complicating condition, which rules out this possibility.

Cheledi-Ciprotti refers to impotency as the inability to have...