Preparation for Marriage

E.G. Hamilton
the wonders of the contemporary world, surpassing the hanging gardens of Babylon and the pyramids of Egypt.

There was an isolated building for lepers and an accident ward, a section reserved for the maimed and the crippled, and an ambulance service—all this over and above provision made for the common diseases and infirmities. It was served by a staff of professional nurses and doctors, assisted by semi-trained attendants of both sexes. There was, besides, a team of research workers housed in the equivalent of a laboratory or medical school.

Within the compass of this short article, it is not possible to do more than indicate some of the other facilities initiated by the Church soon after she was given her freedom: convalescent homes, provided in the houses of the worthy, for recovering or recovered patients; the provision of blind guides and a beginning made at the difficult task of educating those afflicted in this way; asylums for the deaf and dumb, formerly regarded as useless, and the appearance of a manual alphabet enabling them to "talk"; and, finally, the morotroph—nursing homes for the mentally afflicted.

In due course came the great break-away. The Church retired based on the city, broke out into using her monks as carrier-pigeons, proceeded to spread the Gospel message over the European countryside. For the next five centuries, northern Christianity was based on the monasteries. And so was the healing-art to whose history a new and fascinating chapter was now added, a chapter entitled Medicine in the Cloister.

Preparation For Marriage

E. G. Hamilton, M.D.

One third of all the marriages in affluent St. Louis County end in divorce. The statistics for Catholic marriages are not that bleak. However, little time in practice is needed to observe that widely disseminated false concepts and attitudes are having an effect upon Catholic marriages. Certainly our area is not unique. Workers in this field have found better adjustment and more wholesome attitudes toward marriage in a group of mothers than in their eighteen to twenty year old daughters. It is apparent we have continued to lose ground in the last two decades.

We all have an affinity for stock answers to complex problems. It is probably not an oversimplification, however, to say that two factors comprise a major portion of the problem. One is emotional immaturity of one or both partners and the other a loss of definition as to the true feminine role. Maturation is not fostered by the widespread permissiveness, presently in vogue, or by outright neglect. Too often in the home, no guidelines are drawn within which one may, with confidence, know that his or her actions are appropriate and will lead to future fulfillment and happiness. Too often, the developing child has in the home no adequate models to imitate in his or her striving for maturity. It is little wonder that, in the demanding vocation of marriage, far from attaining their potentialities, these unprepared novices stumble into problems. Lacking remedial measures, their children, under such circumstances, are likely to come out worse than the parents.

At what point in this vicious cycle should training for marriage begin and how extensive should it be? The doctor's consultation room conferences on "pre-marital advice," while rewarding to both the couple and the doctor, are like "cramming" for an examination. The pre-Cana conferences, perhaps even more valuable, deserve the same indictment to a lesser degree.

Especially in the female, the training for marriage begins at birth. Training and development in the
pre-school years are very important and almost exclusively in the realm of the parents—especially the mother. If she is away from the home often or is fretful and maladjusted or if the father is unloving, an unhealthy climate for the child exists from the start. The effects will persist to a greater or lesser degree throughout life.

During the grade and high school years the first opportunity occurs to rectify some of the deficiencies that have arisen due to home conditions. We accept the value of religious training in the Catholic schools. But I surmise we expect more benefits from the students, their background and experience considered, can appropriate for themselves. The great religious truths are weakly soluble in the immature personality.

At this point it might be helpful to describe the mature female. Events have conspired to blur her image. Knowing her nature, there is greater likelihood ways may be found to foster her development. As pictured by Robinson, we know nothing of her physical attributes since they are of little import. We do know that she is much "at home" in the world—glad to be a woman with all its duties and responsibilities. She has an infallible sense in selecting a mate who is almost perfect for her. He may not be perfect in any ultimate sense, but he is perfect for her and as a father for their children. The good husband adds to her sense of "at homeness" and, springing from her sense of security, is delighted in giving to those she loves. This is the sine qua non of the truly feminine character. Psychiatric research has given it a name—"essential feminine altruism."

The finest flower of this altruism blossoms in her joy at the love-making giving "his to the very best of herself" to her husband and children. She never represents the need in herself to give—never considers it a burden or imposition. She is proud of this giving and delights in it. It stands her in marvelous stead for all of life's demands and they will be considerable. She is deeply religious—enfacing the benefit of formal training. She has a firm belief in a Creator and is some form of hereafter. She also believes marriage is a sacrament binding forever. Biologically, she is the carrier of immortality, of the generations of man. This gives her an appreciation for the awesome and creative forces of the universe. Sexually she is always ready to make love when the mood and responds delightedly.

Her psychologic and biologic gratification to him for this richest of all relationships makes all other personal achievements pale for her. Her detachment self-love and her need to give unrestrainedly are the two chief components of her maternal instinct. The fulfillment of it is the most important function of her life. It colors, deepens, and enriches her sexual life. Her unconscious phantasy with every intercourse is that she might make her with child. Her fulfillment and biologic gratitude to him for this richest of all potential gifts is boundless. Childbirth holds no terrors for her. She sails through it proudly, like a clipper ship made especially for such weather. She wants to nurse her child and usually succeeds.

Once married, a career is of secondary importance. She will follow it if necessary for the family, but it can no longer be the center of her life. Achieving her biologic destiny with its associated joys and satisfactions makes all other personal achievements pale for her.

As one could surmise, this paragon ages gracefully. She knows just when to give up her children, let them stand on their own, and learn the difficulties of freedom. In doing this without fuss she wins her children's regard forever. She reaches her twilight years with a deep sense of fulfillment. She is convinced of immortality for she has served it with her whole being. She looks at death totally unafraid, wondering, perhaps, what the Creator, who has made her life such a marvel, is like on an even closer view.
What has happened that results in so many pathetic caricatures of the real thing? Social upheavals, beginning at the end of the 18th century (which continue to the present), incited Mary Wollstonecraft to publish "A Vindication of the Rights of Women." In it she declared that men and women are, in all fundamental characteristics identical, and that women, therefore, should receive the same education as men, be governed by the same moral standards, do the same work and have identical political rights and duties, etc. Though the movement righted many social ills, the concept of the feminine role as being inferior has been accepted by too many women as an article of faith down to our time.

Now the goals of the feminists have in great measure been achieved and woman is more confused and miserable than before the movement started. The feminists point to a few as yet unattained goals and say, "Once these are attained, happiness is assured." The truth is that in as yet unattained goals and say, "Once these are attained, happiness is assured." The truth is that in areas wherein women are set against men or made competitive with them—the movement is terribly neurotic. This concept exerts its influence on the education our women receive at all levels. They are stuffed into our educational system without regard to gender and come out the other end with the appearance of glittering females but actually possessing few of the more desirable attributes of either male or female.

No matter what career a young lady pursues, she is destined in most instances to abandon it sooner or later for marriage—a career for which all this time she has attained precious little specific preparation. (Is it not likely the administrative preparations women often make for the wedding is in part, at least, a subconscious recognition of their lack of real preparation for marriage?)

In the military the raw recruit is developed through drills and exercises to create a competent member of a fighting team who performs valiantly or heroically on the field of battle. The same recruit thrown into battle without training would perform miserably, if he survived at all. His superiors would not excuse for so commending him unnecessarily. But we permit unprepared couples to face even more challenging situations than proper for considerable attrition and blindness. "love" will somehow get them through. At the same time we require them to pass examinations before operating a new vehicle or entering college.

Mothers who indicate they would prefer a marriage without sex, nevertheless have this in mind when they seek pre-marital instruction for their daughters. By this well-meaning gesture they display naïveté and blindness. "Love" will somehow get them through. At the same time we require them to pass examinations before operating a new vehicle or entering college.

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As early as the curriculum is practical, we should begin to teach the young girl just what the feminine role is. (While you are getting two experts to agree just what should be taught you can begin to appreciate her predicament.) We must stress the ways, emotionally and intellectually, in which she differs from the male. The qualities of mind and heart that make up these differences should be drawn out and developed, not ignored or obliterated. The creative aspects of her nature must be developed that they may be used for the benefit of her fortunate husband and children. The details and dignity of home-making and child-rearing must become a part of her if she is to face these challenges with confidence and purpose.

Included under home-making would be the subtle skills and feminine wiles relating to the successful "care and feeding of the male." The male is certainly due his share of attention, but the complexities of reintegrating him into a "new" role do not exist as they do for the young lady. Actually, there won't be enough teachers to go around.

The possibilities for the pediatrician in continuing the program, guided by his observations of the mother and child, are again of such magnitude as to present a tremendous challenge.

One should not infer from any of the foregoing that we are seeking to produce women who are "breeders, feeders and followers." It is just as important that they develop to their maximum capacities as it is for the males. But if development is fostered along lines that are consonant with true femininity many of the currently common internal stresses can be reduced or eliminated.

They will be able to look with a fishy eye at the phony blandishments hatched by the feminists and the mass media. They will not ex.
haust themselves seeking Pyrrhic victories. The hands that “rock the cradle and rule the world,” at this juncture in history, can and should be warm, purposeful and confident. The magnitude of work to be done is apparent and benefits are obvious. We should act on the largest scale possible without delay.

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Principal Theme
THE DOCTOR and the POPULATION PROBLEM

Secondary Themes
Fertility and Sterility * Population Control
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HOST SOCIETY
The Catholic Physicians' Guild of the Philippines is happy to organize the Congress and cordially welcomes all Physician Members with the heartfelt

MABUHAY!

Health Care of Religious

Physical Examination Program Provided by
the St. Louis Catholic Physicians' Guild

JOHN E. BYRNE, M.D.

The inception of the Health Care Program of the St. Louis Catholic Physicians' Guild was one born of need. Repeated excellent articles in this publication as well as those appearing in the national medical press too often have statistical wordage with seemingly little local or personal appeal. The legitimate conclusions offered by the previous authors hold little weight until these conclusions strike the personal level. I dare say that the coffee shop of every hospital in America has rung with the physicians' lament "I spend too many hours each week engaged in the free care of the clergy and religious." This lament is frequently a double-edged sword. Admittedly the physician with six delightful deductions at home can hardly feed and clothe his dependents with six hundred hand embroidered copies of "The Physicians Prayer." By the same token, our clergy and religious are living in a society where medical care is a necessity rather than a luxury. Public health education has impressed upon all of the population the need for good medical care. The publications of the American Cancer Society urging the reader to seek medical advice on its five cardinal signs, does not contain the italics "excepting clergy and religious."

It is our finding that most of the physicians' complaints can be answered on the basis of distribution of patient-load. In virtually every community a few doctors will care for a large number of religious, while in the same area a number of equally willing physicians are seeing few if any of the priests and nuns of the community. Too often this disproportionate patient load has a very unrealistic background. Lord help the doctor who by coincidence resides near a major convent. The availability of medical care in terms of patient convenience seems to be a major factor. A second governing factor is the presence of a daughter or relative of the physician in a specific order. The third factor is that upon which every medical practice is built, that of the successfully treated friend. The reader will note that in no instance in the previously mentioned reasons for the religious