February 1966

Commission on Rhythm: The 2nd International Symposium on Rhythm

Herbert Ratner

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol33/iss1/22
The 2nd International Symposium on Rhythm, co-sponsored by the Family Life Bureau of the National Catholic Welfare Conference and the National Federation of Catholic Physicians' Guilds, and planned by the Commission on Rhythm (see Linaect QuaerhTY, 32:356-358, Nov. 1965), was held in Kansas City, Missouri, December 2-4 1965. That the Symposium filled a lacuna was attested to by an enrollment of about 300, an increase of 25% over the 1st Symposium held a year ago in Washington, D.C. Those in attendance were equally divided among physicians, lay persons, priests and nuns, and other professionals associated with programs for the strengthening of family life and the functioning of rhythm teaching centers.

The core of the program was again directed toward the practicing physician. It was clear from the testimony and the response of those attending that the Symposium offered the only major opportunity, medical meeting wise, to take in a comprehensive scientific program devoted to rhythm viewed as a successful method of birth regulation.

An outside observer, Shirley de Leon, of the National Catholic Reporter, who in 1964 reported the 1st Symposium in somewhat unsympathetic and diffldent terms, characterized this year's meeting as follows: "... the symposium marked significant progress in scientific work and practical application.

... Specialists from many fields, from body chemistry to the psychology of rhythm, who participated in the meeting, produced the most significant minutes among American Catholics in the post-Pope John era."

The opening session was a survey of progress reports from staff members of rhythm clinics and group programs in the U.S. and other countries. In the United States there are now more than 50 such programs in 35 dioceses.

Dr. Alfredo Perez of Santiago, Chile, reported that in his clinic in Santiago, working under the most adverse psychological and social environment—20% of all pregnancies in Chile are terminated by induced abortion—68 out of 100 patients continued the use of thermo-rhythm once introduced to them. In Japan, where the prevalent method of controlling births is abortion, artificial birth control has produced no headway. This figure is also in the upper range of dropout reported in Planned Parenthood programs using the Pill.

Dr. Rodrigo Guerrero of Cali, Colombia, who works in the slum areas of Cali, reported that rhythm was "extremely well-received" with a dropout of only 5% in 18 months. His work corroborated Dr. Moore's experience in Mauritius, reported in the Proceedings of the 1st International Symposium, (October 1964) and tested to by an enrollment of 2001 pregnancies in Chile—although the figures have not been distinguished from any field.

Following the Montreal experience (Proceedings, Oct. 1964), much use is made of trained couples. Although this program is only one year old, 65 new couples and 30 additional doctors and priests have been trained in a five session course extending over a six month period.

A diversity of other types of programs and experiences was also reported.

On the straight, technical side, physicians had the rewarding experience of detailed talks from two master exponents and practitioners of the thermo-rhythm method: Dr. Patrick Brown of London, England, and Dr. Konald Prem of the University of Minnesota. The length and quality of the discussion that followed the papers by the large physician audience of serious students and practitioners of the rhythm method in private practice, clinics and group settings, was in itself further testimony to the practicality and the utility of the rhythm method and its growing and permanent role in the armamentarium of the conscientious physician. Many minutes of technique as well as the pin-pointing of areas calling for further research on rhythm were covered. Two points are worth repeating here: The value of involving the husband in the reading and the interpretation of the charts; the general agreement that breast-feeding as the only source of calories produced a satisfactory and relatively prolonged anovulatory period.

It was of interest that non-Catholics as well as Catholics attended Dr. Prem's clinic.

Dr. Boutselis of Ohio State University Medical School reported the findings on his pioneer work in the experimental use of small doses of Clomiphene in the non-contraceptive regulation of irregular ovulation in conjunction with the use of thermo-rhythm. At another session Dr. Donald Barrett, director of the Institute for Latin American Population Research, discussing Organizing Scientific Research in Rhythm stressed that Catholic medical schools "have not been distinguished for the volume of research in this area." He also emphasized the need for study of the "social and cultural aspects of rhythm as well as the biological and physiological ones."

Lively panel discussions were held on the following topics: Successes and Difficulties in the Practice of
This theme was climaxied by Dr. Max Levin, New York psychiatrist and the well-known contributing editor to Chest Medical Digest, who received a standing ovation following his paper on Sexual Fulfillment in the Couple Practicing Rhythm, and Dr. Conrad F. Bar, Rochester, Minnesota, psychiatrist, who in the closed sesame, were recipient of an applause so prolonged that the chairman had to call to an end.

To the question, "Does the rhythm method impose an obstacle in the fulfillment of a marriage?" Dr. Levin answered, "It is the character of a man and woman that determines whether their marriage will turn out unhappy and successful," After stressing the value of freedom in liberating them from Victorian concepts of sex, he warned that "in other respects, the advocates of the new era propose a concept of freedom that is destructive. It is naive to suppose that freedom means we may do just as we please."

In a straightfoward formulation Dr. Levin stated that although "The (rhythm) method does present problems - whether they are major problems or only minor problems depends on the quality of the marriage. To the couple whose marriage is unhappy the method may present major problems, but to those whose marriage is happy the problems will be no more than minor. In my own experience there has been no exception; in the cases I have seen where periodic continence was presented as an intolerable burden, there has not been a single case where I didn't find something seriously wrong with the marriage. There was no love, no spirit of devotion. One or both partners are immature, egocentric, selfish. Periodic continence, to be sure, imposes a degree of hardship. But whenever I hear the complaint that the method is burdensome, I have a standard reply. I say, 'May the good Lord never ask you to bear a heavier burden.'" In this connection he emphasized that "in sexual fulfillment the thing that counts is not quantity, but quality."

In reference to Michael Novak's book, The Experience of Marriage, in which unselshless, generous, mutually dedicated men and women of noble character complained vigourously of their disturbances by the requirements of rhythm, Dr. Levin made the following most astute observation:

"In the field of Catholic theology I am a layman - and a Jewish layman at that - but I hope I will not seem presumptuous of me to offer the opinion that the problem with these couples boils down to a matter of faith. If a Catholic couple came to me with complaints about rhythm, and my study of their personalities showed that they are emotionally mature and thoroughly devoted to each other, I would tell them that what they need is not the help of a physician but of their father confessor."

Dr. Na's paper, Rhythm - An Expression of Marital Love, was immediately recognized as a profound, scholarly, soberly and patientley thought-through analysis of the two components of love, the emotional and the volitional (the flesh and the spirit): their wholesome development, the need for their integration, and their implications for marriage, birth regulation, and rhythm. It was also recognized that Dr. Na's paper, like good classical music, called for, demanded, and was worthy of continuing reading and study. This was manifest when the first desdeant from the floor requested that this paper be made available to each Symposium registrant. This request was followed by a spontaneous burst of approval from the rest of the audience.

Dr. Baar's paper covered the following topics: St. Paul's Love Edifies; Untoward Psychic Sequelae;
It is not my intention to decry the progress of science in determining or regulating the woman's ovulation with mathematical precision; on the contrary I welcome it. Nor do I want to ridicule the claim that mutual giving and receiving love is essential for the spouses' happiness and personal fulfillment; that I welcome too as a sign of progress in our proper understanding of human nature. However, I do want to point out, and use as a basis for my presentation that this claim, as commonly advocated and understood, is incomplete and inadequate, and therefore mistakenly used to prove the need for means to prevent conception other than self-denial. the contraceptive technique makes a pleasurable act subordinate to an utilitarian one, which is directly contrary to the psychological subsistence of the irascible or utilitarian appetite to the consummable or pleasurable appetite. It is to be expected that this will be avenged of necessity in the development of neurotic symptoms. For if it is true that love must be given and received freely, the marriage of husband and wife fulfill each other in their mutual surrender in love, it is to be expected that the lack of surrender in the biological order through the use of contraceptives must have repercussions.

It is not difficult to agree wholeheartedly with Jean Guitton, the first lay observer at Vatican Council II, who stated in his book L'Amour Humain, "Man's sexual need is but slight as compared with sexual desire, which knows no bounds and makes itself felt repeatedly at the slightest stimulation. We live in an aphrodisiac society which multiplies our sexual desires." Compared with volitional love which determines ... our spirituality, emotional love is secondary so important is it is incomplete. The feelings of love are responsible for the development and make it possible for Christ's first second commandment "Love Him also with your heart." The perfect and generous integument of volitional and emotional love is love God with all your heart, your soul, your strength, and your last trace of self.

We now know that when St. Paul spelt out AMOR EDOCT should have referred to the exhibition of spiritual love which has overcome the love of the flesh, but rather as spiritual love in full cooperation with emotional love.

There is ... frustration, as non-sexual manifestations of love between spouses are often non-existent or pitifully inadequate. As the spouses do not let the love of God in a psychologically meaningful marriage ... sexual demands become readily reasonable ... sexual love by itself can never replace the many varied needs for emotional manifestations of love which so pure the whole person, full of depersonalization and loneliness, especially in the woman, soon become the forerunners of attraction and divorce.

It is in the love of restraint that one finds happiness and fulfillment in not giving the other what he or she cannot or should not receive. In this case it is love that takes the form of patient waiting, of being hand, attentive and concerned for the good of the other. It is this love of restraint which most guide the measure of limiting the size of the family to what the spouses have determined in conscience to be proper. It is the love which not only makes sexual restraint periodic willing the only responsible form of family planning, but alone guarantees the mutual happiness and fulfillment of the spouses. It is frequently claimed that periodic continence or rhythm is too difficult, especially for the average individual. However, our experience shows that rhythm is not too difficult or impossible provided one explains how it can and should be a positive manifestation of one's love for the other, and not just a reluctant relinquishing of a right, and compliance with a law. ... And when the spouses have become convinced that their marital love has to be their motive for periodic restraint, they do not run the risk of departing it to a utilitarian system for means of selfish material prosperity. By the same token they are spared the psychologically detrimental consequences of rhythm as a useful method which promotes the selfish love of self instead of the generous love of other.

Any attempt to teach us to imitate the love of Christ should be based on the realization that man requires a fully developed, not a retarded, repressed and disturbed emotional life, and second, that it is development and gradual integration into the intellectual life is a process that takes many, many years, perhaps as long as the duration of Christ's hidden life. Before we start teaching young people how to use rhythm we must be certain that they have taught them first how to love (through the) ease and willingness with which they can forego the gratification of their desires for the sake of the good of the other.

(Those) incapable of selfless loving ... can practice rhythm only as a method which, for a great effort and sacrifice, is soon performed inadequately. There can be little doubt that this emotional immunity of one or both spouses is the main reason that the rhythm is in the family often blamed for failure and abandoned in favor of easier methods.

POSTSCRIPT

Scientific medicine steadily proclaims that we should treat the whole person, not the part; the patient, not the disease label; the psychosomatic, not simply the body; the need not the desire. We know that this is witnessed more in the breach than in the observance. As a result of this, and as a result of a contracted and narrow approach to the love act with its technical concentration on dissociating the generative from the love act, followed by the extravagant promotion of contraceptive techniques, we are witnessing distressing psycho-social consequences. As Dr. Eugene Diamond of Chicago has pointed out in another context, rather than witnessing a population explosion in this country, we are witnessing a copulation explosion. In its wake we see a sharp increase in venereal disease rates, a gynecological contribution to psychiatric disease, and a furtherance of irresponsible acts in the area of sexual behavior. We know that in every country where the widespread use of contraception has been promoted as an end in itself, a sharp increase in the abortion rate has resulted. Given human nature as it is, abortions are the natural consequence of a copulation explosion. Even in countries where abortion laws have been liberalized and legalized, the net effect has been a concurrent widespread increase in criminal abortions. It has never been demonstrated that contraception as such, as paradoxical as it may seem, has ever cured abortions.

In presenting this program, the Commission on Rhythm believes that by attending to the whole person it has sustained itself to the cause of good medicine and has exercised medicine's professional responsibility to society.


Herbert Ratner, M.D. For the Commission

February, 1966