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Commission on Rhythm

THE 2ND INTERNATIONAL SYMPOSIUM ON RHYTHM

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 *LINACRE QUARTERLY*, 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 diffident terms, characterized this year's meeting as follows: ". . . the symposium marked significant progress in scientific work and practical application.

. . . Specialists from many fields, probed the mysteries of rhythm—from body chemistry to the psychology of life. Their work, and the discussion among almost 300 . . . who participated in the meeting, produced one of the most significant meetings 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 this 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 psychosocial environment—20% of all pregnancies in Chile are terminated by induced abortions—68 of 100 patients continued the use of thermo-rhythm once introduced to it. (In Japan, where the prevalent method of controlling births is abortion, artificial birth control has made 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)

LINACRE QUARTERLY

viz. that the poor and the illiterate were able to learn, follow and interpret temperature charts.

Dr. John Hillabrand of Toledo, Ohio, reported on one of the most successful diocesan-wide parish programs in the U.S. with these words: "Although I know of many couples who have had 'rhythm babies' after getting their information on rhythm from good Catholic doctors who know more about ear, nose and throat, or just the latest jokes about rhythm, in our program we are so sure of thermo-rhythm effectiveness, when intercourse is restricted to the post-ovulatory period, that we offer to deliver free any baby conceived on our regimen. So far we have had no takes."

An impressive statewide program of the Connecticut Natural Family Planning Association was outlined by Frank and Rosemary Piccolo. 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 minutia 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*

FEBRUARY, 1966

67

Rhythm; Rates of the Counseling Couple, the Nurse, the Social Worker; and Educating the Educators and Building a Favorable Public Image of Rhythm.

The highpoint of the meeting centered about the growing realization by all in attendance over the three day period that, in birth regulation, the success of methods depended not on technology but on the persons for whom the technology is intended; that motivation in the persons using it, not technique, is determinant of success; and that with rhythm, maturity and outgoing love is a prime factor in motivation.

This key theme was established by Msgr. John C. Knott, director of the Family Life Bureau, when he warned that "we would be defeating our own purpose if we regard rhythm *qua* rhythm as a goal. Rather it is an aid, a tool, a means, but not an end in itself. The real need is for a broad education for a better understanding of human sexuality in all of its dimensions."

This theme was developed in great force by a series of speakers: Rev. Stanislas deLestapis, S.J., of Paris, France, as he related rhythm to the Christian concept of marriage; Dr. William Lynch of Tufts University Medical School in his discussion of *Education in Rhythm*; Rev. John J. O'Sullivan of the St. Paul, Minnesota Diocesan Seminary, in his paper on *Education in Sexuality*; and by Dr. Frank J. Ayd, Jr., of the Gregorian University, Rome, in his address on *Motivation and Rhythm*.

This theme was climaxed by Dr. Max Levin, New York psychiatrist and the well known contributing editor to *Catholic Medical Digest*, who received a standing ovation following his paper on *Sexual Fulfillment in the Couple Practicing Rhythm*, and Dr. Conrad Baars, Rochester, Minnesota, psychiatrist, who in the final talk of the symposium, was the recipient of an applause so prolonged that the chairman had to call it 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 happy and successful." After stressing the value of freedom in liberating man from Victorian concepts of sex, he warned that "in other respects the advocates of the new era provide a concept of freedom that is destructive. It is naive to suppose that freedom means we may do just as we please."

In a striking 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 some-

thing seriously wrong with the marriage. There was no love, no spirit of devotion. One or both partners were 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 unselfish, generous, mutually dedicated men and women of noble character complained vigorously 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 it 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.

"I have already said that in my own experience, whenever I have studied a Catholic couple who found the rhythm method intolerable and who feared it would disrupt their marriage, without exception I found them mismatched, with personality

problems that would have threatened the marriage had they belonged to another faith."

Dr. Levin concluded, "periodic continence in itself is no obstacle to marriage fulfillment. When it seems to be an obstacle, we must make a determination, a choice of alternatives. If the couple are mismatched in their marriage, mismatched, the real trouble lies in their personality problems. If, on the other hand, they are unselfish people who love each other, we must assume that their dissatisfaction with rhythm derives from some problem related to faith, and the physician would be wise to refer them to their father confessor."

Dr. Baars' paper, *Rhythm — An Expression of Marital Love*, was immediately recognized as a profound, scholarly, soberly and patiently 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. Baars' paper, like good classical music, called for, demanded, and was worthy of continuing reading and study. This was manifest when the first discussant 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. Baars' paper covered the following topics: St. Paul's Love Edifies; Untoward Psychic Sequelae;

Present Day Couples; The Elements of Human Love; Frustration Neurosis; Volitional Love; Affirmation; Love of Restraint; Love and the Church; Sexual Education; Beyond Rhythm. Although Dr. Baars' paper deserves an intact reading, the following excerpts will be of immediate interest:

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 subservience of the irascible or utilitarian appetite to the concupiscible or pleasurable appetite. It is to be expected that this will be avenged of necessity in the same order, and clinically we observe this in the development of neurotic symptoms. . . . For if it is true that love must be given and received freely and fully, that 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 Guilton, 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. . . . At the same time so important that without it human love is incomplete. . . . The feelings of love are responsible for the depth of our friendship and marital union; they alone make it possible to complement and fulfill Christ's first and second commandments where He refers to the need of loving Him also with the heart. . . . The perfect generous integration of volitional and emotional love is the goal of our existence: to love God with the will AND feelings, to surrender ourselves to Him free from the last trace of selfishness.

We now know that when St. Paul spoke of AMOR EDIFICATIO he could not have referred to the action of spiritual love which has overcome the love of the flesh, but rather to spiritual love in full cooperation with emotional love.

There is . . . with frustration, as non-sexual manifestations of love between spouses are often non-existent or pitifully inadequate. As these spouses do not feel the love of the other in a psychologically meaningful manner their sexual demands become readily unreasonable . . . as sexual love by itself can never replace the many varied non-sexual manifestations of love which so possess the whole person, feelings of depression and loneliness, especially in the woman, soon become the forerunners of alienation and divorce.

It is in the love of restraint that one finds happiness and fulfillment in not giving the other what he cannot or should not receive. In that case one's love takes the form of patiently waiting, of being at hand, attentive and concerned for the good of the other. . . . It is this love of restraint which must guide the manner 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 continence 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 has shown 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 mature love has to be their motive for periodic restraint, they do not run the risk of degrading it to a utilitarian system for reasons 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, first that man requires a fully developed, not a retarded, repressed and distorted emotional life, and second, that its 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 to have taught them first how to love (through the) ease and willingness with which they can forego the gratification of their own desires for the sake of the good of the other.

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

POSTSCRIPT

Scientific medicine steadily preaches 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 sex 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 population 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 population 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 curbed abortions.

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

The *Proceedings of the 1st International Symposium on Rhythm* are still available. The *Proceedings of the 2nd International Symposium* will be published in the spring. Order from The Family Life Bureau, 1312 Massachusetts Avenue, N.W., Washington, D.C. 20005.

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