

## The Linacre Quarterly

---

Volume 59 | Number 4

Article 7

---

November 1992

# Natural Family Planning and Family Systems Theory

Mary Shivanandan

Marion Geremia

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

---

### Recommended Citation

Shivanandan, Mary and Geremia, Marion (1992) "Natural Family Planning and Family Systems Theory," *The Linacre Quarterly*: Vol. 59: No. 4, Article 7.

Available at: <http://epublications.marquette.edu/lnq/vol59/iss4/7>

# **Natural Family Planning and Family Systems Theory**

by

**Mary Shivanandan, MA, CFLE, STL**

Adjunct Faculty

John Paul II Institute for Studies in Marriage & Family

and

**Marion Geremia, RN, BSN**

---

Natural family planning (NFP) and family systems theory and therapy are separate disciplines which are complementary. Both place the focus on the couple by recognizing that the couple are the architects of the family and both stress the need for emotional maturity. The couple not only determines the size of the family but also the functioning ability of its members. A common criticism of natural family planning is that it is not for immature couples. This paper has two purposes: (1) to explain key concepts of natural family planning and family systems theory and their relationship with one another and (2) to explain why immature couples may have difficulty with the method as well as ways in which NFP actually may improve family functioning and raise the level of emotional maturity.

Natural family planning and family systems theory are both innovations of the 20th century. In the 1920s scientists discovered the hormonal events of the menstrual cycle and their relation to fertility. The method of calendar rhythm was developed by Ogino in Japan and Knaus in Austria by which a couple could have some control over their fertility by abstaining during the calculated fertile days. Later in the 1930s the more accurate basal body temperature method was developed. (Mucharski, 1982, pp. 41-67 and Shivanandan, 1979, p 21)

As early as the 1920s, professionals in the field of psychoanalysis began to realize the influence of family interaction upon the individual's physical and psychological health. (Psychoanalysis has been slow to recognize the spiritual aspect of the human person.) Pressure began to mount from within the field for a diagnosis and treatment of the family instead of treating only the "identified patient" or several symptomatic people from the same family separately. (Kaslow, 1982, p. 7, and Minuchin 1980, p. 110)

In the 1950s two significant events took place. Family systems theory was developed as a new way of understanding and treating family functioning while at

the same time the cervical mucus method of natural family planning pioneered by the Drs. Billings gave couples a reliable method both of predicting the fertile period and of marking its end. The time required for abstinence is now significantly reduced and less burdensome to couples. (Guerin, 1976, pp. 5, 6, Kaslow, 1982, p. 5 and Shivanandan, 1979, pp. 22-24)

### **Natural Family Planning**

Sociologically NFP is an innovation because it is an educational, not a technological solution to family planning (Borkman 1979). According to the WHO definition:

Natural family planning refers to techniques for planning or preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. It is implicit in the definition of natural family planning, when used to avoid pregnancies, that there is abstinence from sexual intercourse during the fertile phase of the menstrual cycle." (Lancot, 1979)

Key concepts of NFP are that it does not interfere with physiological processes; men and women can have personal knowledge and awareness of their fertility; both share responsibility for family planning, not just the man or woman; abstinence need not be negative but can have positive effects on the relationship; and the practice of NFP can help the couple's communication and role relationship. (Marshall, 1970, Jonas, 1983, Borkman and Shivanandan 1984 and 1986, and Boys, 1986).

### **Family Systems Theory**

Systems theory focuses on the functioning of a system and its component parts. According to Murray Bowen, M.D., a psychiatrist and leader in the field of Family Systems Theory: "The family is a system in that change in the functioning of one family member is automatically followed by a compensatory change in another family member . . . . The family like the human body as a biological system functions at all levels of efficiency from robust health to total failure." (Bowen, 1974, p. 1)

Like the human body, the family functions best when the interdependence of each specialized part is maintained in appropriate balance. The interdependence is of such a nature that one part cannot change without affecting the whole system.

(Anderson, 1984, pp. 11-12)

Change, which is vital to growth and development, is a movement by the system towards health. In the human family appropriate balance is achieved when change is supported by the family system. When change is resisted by the system, this results in dysfunction and possible failure. (Anderson, 1984, p. 13)

The purpose of the family is to provide a calm and protected environment in which family members, both children and parents, can find the love and support necessary for them to grow and develop to their full potential. Birth, adoption and marriage are the three ways to enter families. Adult children are expected to leave their family of origin and begin families of their own. (Williams, 1982)

Spouses pick someone from the same emotional level of maturity as themselves. They usually function at or below the level of emotional maturity of their family of origin. Bowen believes they can only achieve a higher level of functioning outside their family of origin. Ideally this occurs in the newly formed nuclear family in the relationship between husband and wife. (Bowen, 1976, p. 79)

Murray Bowen went the furthest in the development of family systems theory. His theory is made up of eight interlocking concepts, which were developed over 20 years: (1) the concept of triangles, (2) the concept of the nuclear family emotional process, (3) the family projection process (4) the scale of differentiation (5) multigenerational transmission process, (6) sibling position (7) emotional cut off and (8) societal regression. (Bowen, 1978, pp. 304-308; 1976, pp. 65-69) In this paper we shall relate three of Bowen's concepts to natural family planning: his scale of differentiation and his concepts of triangling and projection. Two major variables, the degree of anxiety and the degree of integration of differentiation of self will also be related.

Bowen developed his scale of differentiation to measure the ability of a person to act from a thinking level or from an emotionally determined level. Those who function at a level dominated by their emotions are referred to as having fusion between their intellectual and emotional systems. This, in turn, causes more "togetherness" in the relationship. Conversely, a person whose intellect governs their emotional system is said to be operating at the higher end of the scale. Those on the lower end of the scale are more prone to anxiety and have a greater share of life's problems. Those at higher levels of differentiation experience less anxiety and can withstand crises better. (Bowen, 1978, pp. 472-475; 1976, pp. 72-73)

An important aspect of Bowen's theory is his concept of emotional maturity; it has to do with the degree to which people are able to distinguish between the feeling process and the intellectual process and to exercise a choice between the two when the system is stressed.

Each individual person has a cross-over point, in the level of anxiety, at which their intellectual and emotional systems will fuse. The retention of choice is the key element, not as to which system is superior. Different life circumstances require the use of different systems. (Williams, 1983)

Anxiety is a phenomenon that short-circuits the brain, making it less efficient and less able to perceive the situation accurately, let alone to propose and implement solutions. Anxious systems behave differently than calm systems. People in uptight systems try to relieve the anxiety of the moment and in the process lose the long-term view. They will try anything to get immediate relief but rarely are the solutions lasting. This is self-destructive action. They think in terms of getting what they want as the solution to their "need" and lose sight of the long-term consequences of their acts. When they get what they want they end up wanting more of it. (Bowen, 1976, p. 75) They demand their "rights" instead of thinking in terms of toning down their "needs." For example, men think they need sex on demand as a solution to tension when it is more appropriate to seek another physical release such as exercise or discuss the source of tension and

remove it.

Bowen's definition of a system is, "any relationship with balancing forces and counter forces in constant operation." (Bowen, 1976, p. 62) In his theory, not only do we see the counterbalancing life forces of coming together — intimacy — and separation — autonomy — but also interwoven in the theory are Erikson's eight stages of human development and Evelyn Duvall's family development stages and tasks. Internal family stress is highest during transitional stages. Such transitions occur when an individual family member moves from one developmental stage to another or when the family itself is negotiating a change in the family life cycle. (Loader, 1982, p. 159) Sometimes several internal events can be concurrent with an external stressor such as the loss of a job or family relocation or even the learning of natural family planning. This raises the anxiety level of the family. If the anxiety is too much for the family's coping mechanisms symptoms will appear. The type of symptoms depend upon which coping mechanism is used by the family. Some families use more than one coping mechanism at a time. (Bowen, 1974, p. 118)

### **The Pseudo-Self and the Solid Self**

A common coping mechanism is for one spouse to accommodate by lending some of their "pseudo-self" identity to the other. The "pseudo-self" identity is a system of beliefs and roles that are picked up from the relationship and can change from one minute to the next. The "solid-self" identity is a system of beliefs which might alter slightly over a lifetime because of newly acquired information but basically the values and beliefs remain the same. Gender is also part of the "solid self" identity. It is gradually integrated into the understanding of who one is as a unique self. Once gender is integrated into identity, it does not change over a lifetime. (Ashley, 1985, p. 445) This "solid-self" should never be available for negotiation in a relationship. (Bowen, 1976, p. 71, 1978, p. 365)

Usually there is a more dominant partner who will borrow "ego" strength from one who is more compliant. This trading off of the "pseudo-self" by the compliant partner if done over a period of time will cause some dysfunction in the compliant partner. The dominant partner seems to gain ability to function but does not realize what he or she is doing to the other partner. Since the "pseudo-self" is made up of principles and beliefs acquired from others, it is negotiable in a relationship but it should never be unilaterally negotiated.

Roles such as who pays the bills, who is the speaker for the family, and who listens, are examples of the "pseudo-self" which can be traded off and should be shared in the family. Even the more dominant partner should take a term at the role of accommodation. If one partner does all the accommodating no one else in the family learns how to accommodate. (Anderson, 1984, pp. 66-67)

Bowen believes that it is the emotional maturity of the spouses which determines the functional level of the whole family. The overall goal of his family systems therapy is to help individual family members to claim their uniqueness within the emotional "togetherness" that binds us all. He believes change is possible but stresses that this usually happens by taking one "microscopic step"

at a time and usually in the area of the "pseudo-self." (Bowen, 1976, p. 71)

Furthermore, when one partner makes such a move, he or she must come from a firm conviction within themselves. Anxiety is increased and system balance is disturbed by the change. The motivated spouse will be subjected to very strong pressures to go back to the way he or she was before the change took place. The motivated partner needs support either from a counselor or support group while making the transition. (Bowen, 1976, p. 75) If the motivated partner can master this small change then the other partner will automatically take a similar step.

### **Natural Family Planning and the Scale of Differentiation**

The discipline required of natural family planning users can help a couple to take that step up on the scale of differentiation by teaching them to make decisions regarding their joint fertility based on objective observations, not emotion. This helps them to distinguish between the feeling and the intellectual processes.

As both NFP and family systems theory recognize, there are two counter-balancing life-giving forces always at work in man. First is the drive toward independence and autonomy.

Each human being is unique; a one-and-only piece of the entire picture of humanity. However, personal uniqueness can only be expressed in relationship with another.

(Williams and Weinstein, 1983)

The second life-giving force looks for completion through togetherness or intimacy. Nowhere are these two counter-balancing life forces more apparent than in marriage. Rollo May in *Love and Will*, sees a polar rhythm in the coming together and parting of sexual union.

It cannot be an accident of nature that in sex we thus enact the sacrament of intimacy and withdrawal, union and distance . . . . In the rhythm of participation in a union in a dual being and the eventual separation into individual autonomy are contained the necessary poles of human existence itself, shown in their fullness in sexual intercourse.

(May, 1969, p. 113)

Love, however, must not be confused with desire. Desire seeks to possess and dominate the other. A self-giving love accepts the beloved in all of his or her unique difference and wishes the full development of the beloved. At the same time it seeks to be united with the beloved in the most complete way possible. Natural family planning with its alternating rhythm of abstinence and sexual union respects both aspects of marital love. Through fertility awareness both spouses, but especially the woman, learn to appreciate their own unique gift of fertility and sexuality. (McCusker, 1976) During the abstinence phase couples curb unruly desire and develop nonphysical ways of expressing love. A key concept of NFP is *joint fertility* since it is the potential life of the sperm and ovum together during the fertile phase that constitutes the couple's fertility. NFP both respects the unique identity of the man and the woman (autonomy) and their mutual relationship (intimacy) and fosters emotional maturity. (Borkman and Shivanandan, 1986)

Contraception, on the other hand, either by destroying the fertility cycle of the woman through drugs such as the Pill, or by making her continuously available for sexual intercourse throughout the cycle, and by possibly aborting new life, undermines both autonomy and intimacy. The unique identity of the woman is negated. This threatens her ability to integrate her knowledge of her unique sexuality into her "solid-self" identity. At the very least neither the individuals nor their relationship can realize their full potential.

### Case Histories

To illustrate these concepts of Bowen, we have drawn on four case histories from 50 in-depth interviews conducted by Mary Shivanandan. The 50 couples consisted of 25 teacher-users and 25 users. The teacher-users were older, median age 30-34 years, while users were in the median age group 25-29 years. Teacher-users had also used NFP longer than users, with a median of five years versus two years for users. The majority (92%) were married. While the majority (75%) of teacher-users were Catholic as many as 46% of users were from other religious faiths or without religious affiliation. Most of the couples were white middle class with husbands in professional or managerial occupations. (Full details of the sample can be found in Borkman and Shivanandan, 1984) Since the nonrepresentative sample consisted of overwhelmingly satisfied NFP users, caution needs to be observed in extrapolating to other populations but the four case histories chosen illustrate the potential for growth NFP offers a couple.

The first case, a woman, whom we shall call Mary, became pregnant while using NFP. This event increased the anxiety level of the couple. However, NFP had helped Mary to integrate her understanding of her unique sexual identity as a woman into her total self identity or "solid self." (By "solid self" we mean the values which she holds dear and will not surrender.) This gave Mary a firm base within herself, an inner strength to remain objective in a situation that called for use of the thinking capacity. She kept the emotional and thinking capacities separate in a very anxious system. She refused her husband's inappropriate demand that she have an abortion and get sterilized.

Mary was aware of how her husband was trying to control her. He wanted "them" to have more of a male sexual identity with no concern for pregnancy and unlimited access to sexual intercourse. Mary's husband was unable to accept her higher level of functioning and unwilling to accept her sexual difference. He had an opportunity to grow by their difference but he missed it. He chose to have himself sterilized. In a way, if she would not have a male sexual identity, he would not either. This is not life-giving love, it is self-centered destructive desire on the part of the husband because he wants the immediate gratification of sexual intercourse without thought to long-term consequences. (Bowen, 1987, p. 75 and Shivanandan, 1979, p. 125)

The second case is of a young couple describing the transition to marriage using contraception.

After the first two weeks of marriage we suddenly did a rapid plunge. I was just frantic. It was that compartmentalized view of married life. All of a sudden I felt Dick couldn't

escape from it. It was part of his upbringing. Men did this and women did this, until you got into bed at night and then it was supposed to be a free for all . . . Dick seemed to be very brusque about anything I wanted to talk about and there was all this sex . . . but after a while I started to feel like a mat. It was getting easier and easier not to talk to him about these things till finally we had just an enormous blow-up.

The blow-up occurred just after they began natural family planning.

All of a sudden things got better and better. If you can talk to someone about things like vaginal mucus, you can talk to them about anything . . . It was exciting to lie in bed at night and not to have intercourse because you didn't want to become pregnant . . . It is much less personal just to have a bare body in bed than it is to love somebody. (Shivanandan, 1979, p. 108-109)

During courtship we are attracted by what is the same about each other, our likes, dislikes and what we did the same way in our families of origin. Beginning the new family, which begins with marriage, is one of the most important life stages. It is the task of the new family to become aware of the differences in the roles and rules they carry over from their family of origin and to agree on the roles and rules to be followed in the new family. (Anderson, 1984, pp. 90-94)

The beginning of NFP was the stressor-change that brought this conflict to the surface and enabled communication to take place about these differences. The young wife was in danger of giving up some of her "solid self" through the use of contraception. When she initiated the change to NFP, it enabled both to function at a higher emotional level. It gave them both the opportunity to discuss intimate areas of their lives. It also changed the roles. Since she was the one who knew more about NFP she became the family spokesman in this area and "he kept asking questions." Communication about the woman's fixed sexual role by the joint honoring of her unique fertility cycle helped her husband learn the social role of accommodation. (Anderson, 1984, pp. 66-67)

Natural family planning has a built-in mechanism for marital communication although it is up to the couple to take full advantage of it. NFP requires at least minimal communication on when the fertile and infertile periods begin each cycle and what the couple plan to do about achieving or avoiding pregnancy. Many couples find that communication goes beyond this and extends to sexuality and other areas of their relationship. (Borkman and Shivanandan, 1986).

### **The Over-Responsible and the Under-Responsible Partners**

In the case of Lisa and John, Lisa kept the charts and John would ask at the last minute "Is it safe?" Lisa became angry and resentful of the responsibility he placed on her for any possible pregnancy. Lisa had been the over-responsible partner with regard to the couple's joint fertility. Often it is the over-responsible partner who is motivated to make a change. (Minuchin, 1980, pp 114) She refused to chart, and just kept track of her fertility signs in her head. This influenced him to take more responsibility for their joint fertility. Lisa brought both to a higher level of emotional functioning by balancing the shared responsibility for their joint fertility. Lisa took a calculated risk of pregnancy, which is a sign of a higher level of differentiation. (Shivanandan, 1979, pp. 122



### **A Case of Anxiety**

The next case history of Al and Barbara illustrates Bowen's concept of chronic anxiety. When a low level of anxiety is sustained, people can appear symptom-free. As intensity, duration, and the number of anxieties increase, symptoms appear. These three aspects of anxiety make it chronic anxiety. Both Al and Barbara had many anxieties and concerns which infected the system. They were unable to communicate with each other on multiple issues vital to their relationship including sex and fertility. (Bowen, 1978, p. 361)

Al and Barbara because of their separate anxieties could not communicate with each other on many differences including sexuality and their joint fertility. Al was concerned over Barbara's health because she was taking the Pill. Barbara was afraid of pregnancy, which prevented them from trying natural family planning. Dialogue with a successful NFP couple increased their confidence in trying NFP. In this case the chronic anxiety in the couple's system was reduced by the calming influence of the outside support received from the NFP couple. Once they began NFP, they were able to discuss Al's anxieties not only about sex but about other matters as well including Barbara's fear of pregnancy. Barbara realized the depth of his life-giving love through his concern for her well-being.

### **Triangling**

The concept of triangles and projection are two more patterns which couples use to reduce stress. A two-person system might be stable as long as it is calm. However, when there is unresolved conflict between the couple, anxiety increases. The couple look outside themselves for the source of the problem. Usually it is the most vulnerable other person (the child) who receives the parents' focus. There are different variations of the triangle. In one scenario the elimination of the perceived cause is sought. This is what happened in the first case history presented. Mary's husband sought to eliminate the child by demanding that she have an abortion. Mary would not allow her husband to project the problem between them onto the unborn child or her fertility. She stood up for her principles against her husband's inappropriate demand to have an abortion and be sterilized. She chose, instead, to risk the relationship with her husband.

The couple can focus either on a third person or a thing to relieve tension in the system. For example an NFP couple may focus on difficulties with abstinence as the third part of a triangle instead of dealing with an unresolved psychological problem between them. If the couple do not address the real problem through direct communication with one another, they may drop out of NFP claiming that periodic abstinence is too difficult. They may also blame the Church's teaching.

### **Conclusion**

This introductory paper has presented: first, the key concepts of natural family planning and family systems theory and their relationship to each other and

second, reasons why immature couples may have difficulty with the method as well as ways in which NFP may actually improve family functioning and raise the level of emotional maturity through the presentation of actual case histories. The NFP couple learn self control through a modicum of abstinence. They are able to think in terms of toning down their needs and respecting the difference of the other. They learn to distinguish between their emotions and thinking capabilities, a skill acquired through making objective observations and a thought-out decision regarding their joint fertility as a couple. Each is able to understand and integrate into their "solid-self" who they are as sexual beings. This give and take required of life-giving love calls for cooperation and communication. These skills in turn allow the couple to be goal-directed, seeking as their goal the good of each other within the context ultimately of their union with God.

The immature couple is likely to have difficulty with abstinence. They triangle more when anxiety increases and are more likely to be impulsive, self destructive and to have an abortive mentality. This couple, especially, need outside support to help them negotiate the transition to NFP successfully.

Further clinical research on the interface between NFP and family systems theory would greatly benefit both fields as well as enrich the lives of couples.

### References

- Anderson, Herbert. *The Family and Pastoral Care*. Philadelphia: Fortress Press, 1984.
- Ashley, Benedict. *Theologies of the Body: Humanist and Christian*. Braintree, MA: The Pope John Center, 1985.
- Bowen, Murray. *Family Therapy in Clinical Practice*. New York: Jason Aronson, Inc., 1978.
- "Theory in Practice of Psychotherapy," *Family Therapy; Theory and Practice*. Ed. Philip Guerin, New York: Gardner Press, Inc. 1976.
- "Alcoholism as Viewed through Family Systems Theory and Family Psychotherapy." *Annals of the New York Academy of Sciences*. Vol. 233. Eds. J.S. Seixas, R. Cadoret, and S. Eggleston. Published by New York Academy of Sciences, 1974.
- Borkman, Thomasina. "A Social-Science Perspective of Research Issues for Natural Family Planning." *International Review of Natural Family Planning*, (3)4:331-355, 1979.
- Borkman, Thomasina and Shivanandan, Mary. "Sexual Equality and Abstinence in Natural Family Planning." Paper delivered at the International Symposium on Natural Family Planning, Los Angeles, California, 1982.
- "The Impact of Natural Family Planning on Selected Aspects of the Couple Relationship." *International Review of Natural Family Planning*, (8)1:58-66, 1984.
- Boys, Grace A. "Factors Affecting Client Satisfaction in Instruction and Usage of Natural Family Planning." *International Journal of Fertility*, Supplement: 59-64, May, 1988.
- Guerin, Philip, Jr. "Family Therapy: The First Twenty Five Years." *Family Therapy: Theory and Practice*. Ed. Philip Guerin. New York: Gardner Press, Inc., 1976.
- Jonas, Robert. "Birth Control in a Culture of Changing Sex Roles, the NFP Experience." Ed. D. Dissertation at Harvard Graduate School of Education, 1983.
- Kaslow, Florence W. "History of Family Therapy in the United States: A Kaleidoscopic Overview." *The International Book of Family Therapy*. New York: Brunner Magel, Publishers, 1982.
- Lanctot, Claude. "Natural Family Planning." *Clinics in Obstetrics and Gynecology*, (6)1:109-127, 1979.

Loader, Peter, Burck, Charlotte, Kinston, Warren, and Bentovim, Arnon. "A Method for Organizing the Clinical Description of Family Interaction: The family Interaction Format." *The International Book of Family Therapy*. Ed. F. Kaslow, New York: Brunner Magel, Publishers, 1982.

Marshall, John. "Psychologic Aspects of the Basal Body Temperature Method of Regulating Births." *Fertility and Sterility*, (21)1: 14-19, 1970.

May, Rollo. *Love and Will*, New York: W. W. Norton, Inc., 1969.

McCusker, M. Peter. "Couples Perception of the Influence of the Use of Fertility Awareness Methods of Natural Family Planning on Their Marital Relationship." Master's Dissertation, The Catholic University of America, Washington, D.C., 1976.

Minuchin, Salvador. "The Family in Therapy." *Families and Family Therapy*. Cambridge, MA: Harvard University Press, 1980.

Mucharski, Jan. *History of the Biologic Control of Human Fertility* Oakridge, NJ: Married Life Information, 1982.

Shivanandan, Mary. *Natural Sex*. New York: Rawson Associates, 1979.

Shivanandan, Mary and Borkman, Thomasina. "*Couple Communication and Sexual Attitudes in Natural Family Planning*." Paper presented at the National Council on Family Relations annual conference, Dearborn, Michigan, 1986.

Williams, Jon. Lecture. A three-level postgraduate training course, containing professional education units given by the American Psychological Association, 1983.

Williams, Jon, and Weinstein, Ruth. "An Overview of Developmental Family Systems Therapy." American Psychological Association Convention, Washington, DC, February 21, 1983.

---