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J. Philip Clarke

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Love and Control—A Warning

J. PHILIP CLARKE, M.D.

Cardinal Suenen's timely book *Love and Control* has been widely discussed since its 1961 publication. At Cana conferences in various cities, the priest, married couple, and doctor comprising the speaking team, have reiterated and elaborated upon the Cardinal's statements regarding sexual control practice in love-making during times of periodic continence. He writes:¹

We have already said that periodic continence does not mean living as brother and sister—it allows a couple the full range of physical intimacy, as we have pointed out, as long as they do not reach the terminal reflex, whose absence will mean that these intimacies will play a greater role than ordinarily. The "all or nothing" attitude has nothing to do with this question and we falsify the human and Christian solution by putting a couple in the position where they are faced with this dilemma—either completely terminated intercourse or nothing.

The degree of expression of their love will depend upon how successful they have been in developing self-control.

This statement has been interpreted by some as moral approval of all degrees of sexual foreplay, vag-

Dr. Clarke is a member of the Dept. of Medicine, the Denver Clinic; Associate Clinical Professor of Medicine, the University of Colorado School of Medicine, and a Fellow of the American College of Physicians.

¹Suenens, Leo Joseph (Cardinal): *Love and Control—The Contemporary Problem*, Newman Press, p. 104.

inal penetration, and acuity short of orgasm. Control of this nature must be learned and "accidents" (i.e. unintentional extra-vaginal ejaculations) may occur in the process.²

The purpose of this discussion is to direct attention to certain possible undesired or harmful effects from such practice when performed habitually. Since a highly motivated couple practicing periodic continence may restrict sexual intercourse to about a week or less per cycle, a number of days for such "control" is most significant.

IMMEDIATELY UNDESIRE EFFECTS

The chance of an "accident" occurring intravaginally during advanced sexual stimulation is obvious. Less so is the fact that prostatic lubricating secretions may contain viable spermatozoa. Hence, conception may possibly (albeit rarely?) occur in the absence of orgasm. Another cause why rhythm can fail!

Congestion of the male organs prepared for but unrelieved by orgasm often leads to severe discomfort in the testes and prostate. Unfortunately, exact scientific data on psycho-physiological effect of other gratified or ungratified sexual behavior are lacking.

²*Ibid.*, p. 82.

DELAYED EFFECTS

Repeated effects of unrelieved congestion of genital organs in the husband may lead to chronic posterior urethral congestion and irrigation and possibly congestive vesiculoprostatis.³ In the wife the pelvic congestion syndrom (Taylor's syndrome) may occur. It corresponds to the engagement pelvis of the young girl "brought about by frequent petting without release."⁴

It is the off-repeated failure of these internal pelvic organs to disengage properly at the termination of the sex act which may contribute heavily to the genesis of this syndrome. Symptoms include dysmenorrhea, irritability, pre-menstrual tension, excessive vaginal discharge, fatigue, and possibly a characteristic dream pattern ("just too late—just short of").

The long term physical effects of repeated frustrations of autonomic nervous system mechanisms normally terminated by orgasm are not known. However, in view of blood pressure and cardiac rate elevations and vagotonic effects upon gastrointestinal motility and gastric secretions,⁵ the possible provocative

³Oliver, J. F.: *Sexual Hygiene and Pathology*, 2nd Edition, p. 320 (Lippincott).

⁴*Ibid.*, p. 461-463.

⁵Kinsey, A. C., Pomeroy, W. B., Martin, C. E., and Gebhard, P. H.: *Sexual Behavior in the Human Female*, p. 705, W. B. Saunders, 1953.

effects toward circulatory (e.g. hypertension) and gastrointestinal (e.g. peptic ulcer) derangements must be considered.

Regarding possible adverse psychic effects from such practice, Freud has stated:⁶

"I found that outbreaks of anxiety and a general state of anxiety preparedness were produced by certain sexual practices such as coitus interruptus or undischarged sexual excitement." This principle is still acknowledged by psychiatrists.

CONCLUSION

I do not wish to indicate that physical or psychic disturbances would result from the occasional practice of such sexual brinkmanship as is morally permissible, but the frequent habitual indulgence in such practice seems unwise. Here is a situation in which a morally acceptable sexual activity may carry with it possible pathophysiologic and psychologic disturbances if habitually practiced.

[Editor's note: Because of the theological complexities of the question raised by Dr. Clarke, we asked Fr. John J. Lynch, S.J., one of our moral consultants, to comment briefly from a moral theologian's point of view. His discussion follows, p. 336.]

⁶Freud, Sigmund: Inhibitions, Symptoms and Anxiety, Chapter IV, Volume 52, *Great Books, Encyclopedia, Britannica*.