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The Family Life Clinic Evaluation

ARCHDIOCESE OF DETROIT

VERY REV. MSGR. CLIFFORD SAWHER — JOHN MALONE, M.D.

In recent years a considerable amount has been written about the need for, development of and the operation of a Rhythm Clinic by various groups. This is well and good and in growing numbers these Clinics are being established, usually under the auspices of Diocesan Family Life Bureaus with the cooperation of Catholic Physicians' Guilds. However, relatively little has appeared concerning itself with the results of these efforts. This report, somewhat in the nature of a preliminary report, will attempt to detail the results of the Detroit Clinic.

Results from such an endeavor are both objective and subjective. The former will consist of certain statistics dealing with the number cared for and the resultant number of pregnancies. The latter, which is somewhat more difficult to determine yet equally as important, is the spiritual and psychological help that can be given.

The Detroit Clinic, which we call the Family Life Clinic, began operation on August 18, 1964, after one year of planning, investigation and remodeling of the Family Life Bu-

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reau. Up to November 23, 1965, we had seen 4 couples. In recent months interest has grown so that we are receiving calls from 10-15 new couples per week. This past fall we sent a questionnaire to all those couples who had completed the program, asking them about their experiences and observations. To date, approximately 175 have been returned and others will be sent out at appropriate times, so that we will have a continuing survey. From these and from an initial interview at time of registration with the Clinic, we have compiled the information that is contained in the following paragraphs.

A sample of 100 consecutive couples registered with the Clinic shows the average couple had 5.47 children with a range of from 1 to 13 and that the last previous pregnancy had terminated an average of 12.78 months prior to the time of registration. 77% of these last pregnancies were less than 12 months before registration. Thus, we are dealing with a group of highly fertile couples who have demonstrated their fertility in the relatively recent past.

Almost all of these couples were using some form of family planning at the time of registration. Approximately 50% were using steroid pills, a very few some mechanical contraception and the rest were using some sort of rhythm, generally just the calendar method. We require that they stop using all forms of con-

ception. To support rhythm we explain the calendar method, but stress that they should use other means to determine the time of ovulation. For this we have them use the Basal Body Temperature, Cervical Glucose (Fertility Testor by Weston Lab.) and Spinnbarkeit. We try to impress upon them that we are not certain which method is the best, but that it seems more helpful if all three methods be used. By correlating the information from all three we believe that we can be of greater help to more people. It is planned to report in the future, after further experience is gained, which method seems to be the most practical and efficient.

In the 401 couples there have been 14 unplanned pregnancies during the time reported. Of these 14 cases, 10 couples admit, for any one of a variety of reasons, that they did not follow instructions or as several expressed it, we "goofed." In two cases it subsequently could be shown that they had misunderstood the doctor's instructions, which must be accepted as a failure of application, but not necessarily as a failure of the system. In the remaining two cases the data would appear to be good and done well, along with compliance with directions, yet pregnancy did occur. Therefore, we have had four failures in 401 couples or a rate of 1%.

Because the follow up time has been of various lengths and only for some has it been one year or more, the above statistics must be accepted as preliminary in nature. Nevertheless it is significant that in this highly fertile group only four

pregnancies have occurred. To further substantiate our claim that this is significant, it might be pointed out that in many of the couples there are some problems in the marriage. These problems have a definite influence on the motivation of the respective couples, and, as a result, their willingness to comply with the sacrifices involved.

Equally important as the statistical evidence above, is the honesty with which couples face their problems. Where there has been no great amount of selfless love displayed between two individuals it is evident that the discipline necessary to practice rhythm will be difficult to develop. The same may be said of other marriage problems, such as drinking, or immaturity, or irresponsibility. These are not soluble by any method of family planning: contraceptive or self-denial.

While the realization that other couples are also having problems is important therapy, the personal interviews with the doctors or nurses or priests is significantly more important. There is a good amount of supportive therapy received at our clinic, but the private interviews, particularly with the priests on the staff, often discover areas of marital discord which must be remedied before the successful practice of the rhythm will be attained, and love grow.

It is an important goal in our clinic that problems be discovered and handled by the priests of the staff, or referred to the Priests' Counseling Service of the Family Life Bureau, or to some other source,

such as Catholic Social Services, if the couple so desire. The essential truth is that help is available for couples who have an additional problem, more important, perhaps, than the difficulties leading more proximately to the desire to plan the family.

From the surveys mentioned above many couples indicated, sometimes indirectly, that they were most pleased by the warmth of the physicians, nurses and priests who staff the clinic. The accepting attitude of these people is of tremendous importance in developing the atmosphere of trust which will allow the couples who do have problems to express the symptoms necessary to ascertain the presence of a conflict, or even the cause of the marital disturbance.

Those who write about the need for free and spontaneous love simply have not experienced a helping operation whereby couples learn how to accept the difficulties in marriage as part of this vale of tears. Granted some couples have a considerable struggle to restrain themselves, the

very act of sacrifice itself is able to be used as strength producing, to assist in relating to one another more perfectly and deeply as human beings, bound by the divine-human love of God, man and woman. This love does not deny the need for physical expression, but orients this need to the total relationship of husband and wife, as mother and father, as dear and beloved, as friend and friend. Counseling has this sort of relationship in mind, as a goal to tend toward.

We have a long way to go to be satisfied that we are doing all that can be done in the Family Life Clinic, either directly in the rhythm system or indirectly through the counseling interviews. However, we are helping, and considerable success is evident. We are confident that, given time and proper motivation each couple coming to us will be helped immensely to plan their families if they desire, to bring about a pregnancy if previously infertile, or to accept a child with greater calmness and love because of their improved marital relationship.

November Symposium

A symposium — The Meaning of Christian Marriage in the Age of Vatican Council II — will be held in Washington, D. C. November 8-10. The National Federation is one of the co-sponsors. Write to John R. Cavanagh, M.D., 3225 Garfield St., N.W., Washington, D. C., 20008 for further details.