

INTERNATIONAL REVIEW OF

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# NATURAL FAMILY PLANNING

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## Integration of Abstinence in NFP

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*Editors' note: The following papers by Maureen Ball and Dorothy Scally were presented as a part of a panel on the topic "Integrating of Abstinence in Natural Family Planning" at the International Federation for Family Life Promotion (IFFLP) IVth International Congress, held in Ottawa, Ontario, Canada, July 1, 1986.*

### Maureen Ball

**W**HEN I considered this title I was reminded of a couple, driving through Ireland, who asked a man the way to Dublin. He thought for a while and said "Well now, if I were going there I wouldn't start from here."

So it is with natural family planning (NFP). If a couple are trying to learn NFP, they are trying to reach a goal; they want to get to the stage of autonomy. I, the teacher, am there to help them find the way, but I do not want them to start their journey by concentraing on "abstinence." I prefer to help them look at their fertility and decide how they intend to live with that fertility. They need to integrate (a) their individual fertility into their

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own lives and (b) their respective contributions to their combined fertility into their lives as a couple.

Charts with mucus descriptions, temperature graphs, and other signs are the maps they make to guide them on their way to autonomy. When they can follow the maps, interpret the charts, they are part of the way towards their goal. When they can see their fertile and infertile times in the cycle, they have to make decisions about how to live with this knowledge.

#### **NFP Is about Combined Fertility**

If this couple do not want to conceive and want to use NFP to avoid conception, they are led to periodic abstinence by the indicators of their combined fertility. Let us consider this for a moment. For both partners to be able to integrate periodic abstinence into their lives, both need to understand their combined fertility.

I am not too happy about the way the popular literature on NFP presents the concept of fertility. Much has been written about ovulation, ovarian function, the endocrinology of the menstrual cycle, the functions of the cervix, and mucus production. Most of this literature is woman-centered. The more recent literature usually mentions the properties of the mucus in aiding sperm survival and transport. We learn about the fertile woman through her ovaries and her cervix, and we are introduced to her partner through his sperm survival. I have noticed that recent books and articles are mentioning the need to try and involve the man as a support for his partner. Some training material (for example, the British Life Assurance Trust [BLAT] Centre for Health and Medical Education Resource Package, 1982) suggests that seeing the couple is the ideal, but we have to accept that frequently we only see the woman.

I suggest we have gone wrong here. We need to step back and ask ourselves why we have concentrated on woman's fertility and then only looked to her partner for support. I think we owe men a better deal. NFP is about combined fertility. His sperm survival is just as important as her ovulation. The couple need to understand his sperm production as much as her ovulatory process.

I would like to remove the emphasis from mucus as an indica-

tion of impending ovulation. Sperm are transported to the vagina in seminal fluid; from there they need cervical mucus for survival and transport to the fallopian tube. Mucus does nothing for the ovum; its main purpose is to sustain sperm. All that we have learned about cervical mucus in the past fifteen years points to its relationship with sperm. The pathway to conception starts in the testes not at the cervix. If a couple have intercourse on Saturday and she ovulates on the following Tuesday and conceives, the pathway to that conception started the previous week when his sperm were being produced.

When preovulatory mucus begins, man's potential fertility becomes real. If they have intercourse in those preovulatory days, they conceive at ovulation because his sperm survived. When the woman has ovulated, the couple's time of combined fertility declines quite rapidly. The post-ovulatory time is rendered infertile by the short life span of the ovum.

Thus, a man needs to recognize the mucus descriptions which indicate his sperm survival time. In New Zealand, we teach him to take his partner's temperature, not because this makes him a "good guy" who helps her, but because she records mucus for his sperm survival and he records temperature for her ovulation. Each considers their contribution to combined fertility. We make bookings for both partners, and we consider them as two clients: each has half a method to learn. By itself, half a method is useless. In all promotional work, we emphasize the combined approach.

#### **Waiting, a More Positive Concept**

Having integrated fertility into their lives, how do the couple integrate abstinence so that they can use NFP to avoid conception? If they understand the concept of combined fertility, they know that intercourse on preovulatory days of mucus may lead to conception. They know that they become infertile again soon after ovulation. To avoid conception, they know they must wait during their time of combined fertility. "Waiting" is a much more positive word than "abstinence." To abstain we must go without, be deprived; if we wait we can look forward. I do not talk about abstinence to couples learning NFP, I talk about waiting.

What are they waiting for: I hope they are waiting for an in-

fertile time of lovemaking which is both satisfying and sustaining. *The quality of their lovemaking during their infertile time will have an influence on how they manage to wait during their fertile time.* A couple who can develop their lovemaking skills to a satisfying and sustaining level can then learn to develop waiting skills. The time to talk about the next fertile time of waiting is during the infertile time of lovemaking. With good motivation, couples can learn to recognize the difference between touches which relax and those which stimulate. The fertile time is the time for relaxing together.

How often do we hear the objection that some women are only interested in sex when they are fertile? What a challenge that should present! It suggests that her own body chemistry can do more for her than her lover. However, if their sex life during their infertile time is not enjoyable or satisfying, they will have little to sustain them when they have to wait again.

When a couple have difficulty with waiting or they say that she is more interested in the fertile time, this is a signal for a need to look at how they cope when they are *infertile*. Is premenstrual tension a problem that robs them of good feelings? Do either or both of them find it easier to say that they would prefer the time they cannot use than to say "I don't enjoy sex very much"? Have they developed good lovemaking skills?

#### **Marriage Is a Partnership**

A difficult problem exists where the husband regards his wife as his property rather than as his partner. She is not supposed to enjoy their love life, she is there to please him. If we address the woman alone, we collude with a form of sexual apartheid which can reinforce her lowly status. If this is a cultural issue, NFP has much to offer in the form of education. In some cultures, women may need to address women and men address men; we need male NFP teachers, but our aim should be to develop a sense of shared responsibility. When these men and women learn about their respective contributions toward combined fertility, there is an opportunity to raise the status of marriage to that of partnership. We can help with this problem by our presentation and our role as educators.

### **Difficulty in Detecting Signs of Infertility**

A more difficult problem is posed by couples who are unable to detect signs of infertility during a very long preovulatory time, as in some stages of partial breastfeeding. Most couples can work their way through by following the signs of infertility in their mucus. A few have a time of prolonged abstinence because of intermittent patches of fertile-type symptoms which occur close together. This may go on for several weeks until they ovulate.

I do not know any simple answer. Each couple have to be helped individually, some will abstain for weeks and then take a risk just at the time their symptoms lead to ovulation. I have investigated pregnancies where such couples have expressed great frustration, especially when they can see only in retrospect that they have abstained unnecessarily.

Although these clients represent a very small group of NFP users, I hope we will consider their difficulties. Prolonged abstinence and the making of charts do not constitute NFP. We lack more precise infertility indicators during a prolonged preovulatory time. I look forward to a scientific breakthrough which can reduce prolonged abstinence and uncertainty to periodic times of waiting with confidence.

### **Post-Contraceptive Clients**

Clients who come to us after using the Pill have to learn to integrate their fertility into their lives, a fertility that has been suspended for a while. They are bringing something back which has been absent, and it will take time to accommodate fertility into their relationship. The challenge of developing the art of love-making to sustain them through their next fertile time may be new to them, because their experience of waiting has been associated with illness or separation rather than with intimacy without intercourse.

The couple who have used barrier methods and now want NFP may have to make adjustments which challenge their feelings about intercourse. Without barriers, they may feel vulnerable and "unprotected" in the intimacy of intercourse. What has been a barrier to conception may have become a barrier to full sharing. Their use of a condom or diaphragm may have added a ritual

which was a dimension of their lovemaking; without that dimension, they may feel deprived. Others may have found barriers aesthetically unpleasant but have associated this feeling with intercourse. It may take time to enjoy their new experience of intimacy.

#### Conclusion

To sum up, "abstinence" is a negative word. The concept of waiting can be more positive, especially if we focus on the quality of lovemaking in the infertile time. Their enjoyment of the infertile time should help to sustain couples through their next fertile, waiting time. Fertility is part of a relationship; each partner contributes equally to their combined fertility. The waiting time starts because of his fertility and ends because of her infertility. Lovemaking skills need to be developed to switch from the loving stimulation of the infertile time to a relaxing and sustaining approach during the fertile waiting time. NFP presentations are opportunities to educate those who need help to raise marriage to the level of a partnership. We need both men and women who live with NFP, themselves, to learn how to provide this service to other men and women.

We should be encouraging the couple to explore and share with each other their feelings during the infertile and fertile times. Ultimately it is not the teacher but the couple who integrate their fertile waiting time into their lives. The way they do this becomes their own method of NFP. We can show them the way to NFP; when they arrive, they must help each other to live there.

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## Dorothy Scally

**A**BSTINENCE IS one of the main obstacles to the acceptance of natural family planning (NFP). It has to be treated with the seriousness it deserves. It is not an issue to be fudged.

I want to take an approach to abstinence under two main headings:

1. The place of abstinence in the whole relationship;
2. Aspects that need to be borne in mind in a couple's attempts to come to terms with abstinence.

I will look at each of these headings in the light of the needs and the aims of teachers of NFP.

### **The Place of Abstinence in the Whole Relationship**

The first point I would make is that abstinence cannot be viewed in isolation from intercourse when one is talking about married couples. The couple empower themselves through intercourse to really become a couple and to procreate. Abstinence in NFP occurs when the couple *choose* to channel their sexual expression in intercourse into those times when they are infertile. They choose this in order to achieve their own wish for their procreative power. In doing this, couples are not simply avoiding intercourse—they are deciding when intercourse for them will be in harmony with their other needs. It is sexual action as much as sexual abstention, and I think we must always keep this balance in focus.

The next point is a perspective on abstinence. NFP is bound up with a time-span in that it is limited to the fertile life of the couple. Couples who are open to pregnancy, who are pregnant, or who are in the post-fertile years do not need to abstain in pursuit of family planning. The abstinence requirement of NFP re-

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lates directly to the need to avoid pregnancy. Abstinence is a consequence of NFP—not the purpose of it. For this reason, we must be careful not to set up abstinence on a par with intercourse in marriage.

Abstinence is a natural experience for couples. Even without physical separation, many circumstances in domestic life indicate that intercourse would be inappropriate. So, in each couple's life, an ongoing judgment is being made about intercourse and about abstinence.

As it applies in NFP, abstinence from intercourse can pose extreme difficulties for many couples. Proximity, desire, need for comfort, healing, release, closeness, intimacy—all of these urge the couple towards intercourse. Yet anger and resentment may be the emotions accompanying the use of NFP. The sexual encounter is a place of strength and grace; it is also a place of vulnerability. Planned abstinence challenges couples acutely at the level of their vulnerabilities. Difficulties which are experienced by the individual or within the relationship may be reflected in the way in which sexual expression is approached and experienced. A couple's approach to the management of their fertility will be influenced by those factors which shape other aspects of their relationship. When their choice of method is one that requires some modification of sexual expression, it is inevitable that their reactions to this will bear some reflections of the unresolved difficulties in their persons or in their relationship.

This brings us directly to the question of the relationship. Every couple is different and their approach to fertility, NFP, and abstinence will be different. Couples do not come to NFP from a vacuum. Each person is the sum of their experiences, and these experiences will dictate what strengths and what weaknesses will help or hinder them in their practice of NFP and the abstinence which it requires.

For example, a girl who has grown up in a sexually repressive atmosphere may feel unconsciously that sex is dirty or wrong. For her, abstinence may actually satisfy the need to avoid sex. It is not difficult to see how her attitude will convey negative messages to her partner. These, in turn, will bring pressure from her

partner arising out of his feelings of rejection. The couple may not be aware of what they are doing to each other. It is likely that they will express their difficulty as a problem of abstinence in the use of NFP.

Another example might be a man who has grown up scarred by the experience of a dominant, controlling woman in his life. For him, abstinence in NFP may represent the continuing experience of a woman holding power over him, depriving him of the authority of his manhood. Once again, these feelings may not be recognized for what they are and become displaced onto the method of family planning which requires abstinence.

I will give a third example. Imagine a situation in which a husband comes from a large family where children were seen as a prerequisite for happy family life, where the big event of the week was the Sunday outing and the chief celebrations were baptisms and birthdays. Imagine him marrying a woman coming from a small family where individual achievement was highly prized, where self-reliance was developed through boarding-school and summer camps, and where she was encouraged to look on her career as more than just a stop-gap. Can you imagine how it might be for such a couple when faced with managing their fertility through NFP and the abstinence involved? The attitudes of each, learned from their very separate experiences, and their approach to family planning in the widest sense—what they want for themselves personally, what they want for and from each other, what they want for and from their children—will inform their approach to abstinence. This shows that the nature of the relationship is crucial to the practice of abstinence. That is why, I believe, that the NFP teacher must be prepared to address the relationship of the couple and enable them to bring it into focus for themselves.

#### **Coming to Terms with Abstinence**

The NFP teacher, with the couple, must, in a sense, be prepared to take on the sexual life of that couple. To bring this about, I would draw attention to the following important steps:

1. As a NFP teacher, be aware of one's own feelings about NFP and abstinence as well as the values that one attributes

to these. It is important to be clear about one's own stance, so that it is not projected unconsciously on the client. Each person's experience will be unique to them.

2. Never assume that abstinence is either easy or difficult for a couple, even when the couple are silent on the subject. Break the silence.
3. Be active in helping the couple explore and discuss their feelings about NFP and all that NFP entails.
4. Explore with the couple what they find difficult with the abstinence. See whether there are any changes in attitudes and behavior that might help to reduce the level of difficulty.
5. Explore with the couple the attitudes and behaviors that might sustain them in abstinence, that might enrich and expand their loving, for example, giving attention to each other in ways that do not include intercourse.
6. Be respectful of the couple's experience of and their response to abstinence. While, in theory, every couple may have the potential to sustain the times of abstinence with joy, not every couple do so in practice. The ideal, while a reality for many, can be a burden for those who manage abstinence in a manner which is in line with what they have found to be comfortable. For example, a couple who manage abstinence by avoiding much physical contact may not represent the ideal. Nonetheless, in their particular relationship, this may be an appropriate response.
7. Be alert to the possibility of encountering couples or individuals whose experience of abstinence may be such that they perceive their sexual relationship as blighted and damaged by NFP. We need to take such experience seriously. There are happily married people who look back on their fertile years and the experience of abstinence with deep pain and regret. The NFP teacher needs to realize that his or her own willingness to accept abstinence may be met, on the part of either or both clients, with a perception of real difficulty.

### Conclusion

We are addressing the issue of abstinence in the use of NFP and its integration by the couple. I would like to offer you a thought that has occurred to me since I wrote my input for this session.

In these times, there is a lot of interest and work being done on the notion that there are different personality types and that people can be identified as belonging to differing groups. (This is without taking away from the uniqueness of the individual.) The different personality types have their own particular strengths and weaknesses and particular motivating forces integral to their type. From this perspective, when looking at the integration of NFP and abstinence, it may be that the inherent motivating force of the particular personality will find certain aspects having an attraction for them, whereas other aspects may leave them relatively unmoved. For example, certain types of persons may find the challenge of sexual mastery attractive; others will find appealing the possibility of abstinence contributing to the relationship; while another type may be attracted to the concept of respecting the laws of nature in managing their fertility. If there is any truth in this perspective, it seems to me that the NFP teacher's challenge is to discern and build on that value which is already most naturally present in the client and which would appeal to the client's motivating force.

There are no quick or easy solutions, as we NFP teachers know from our own experience. Knowing that we are still a long way from fully understanding human sexuality, I suggest that our task is to risk stepping out to keep good and respectful company with those we are privileged to help.