

Fertility Awareness and Women Religious

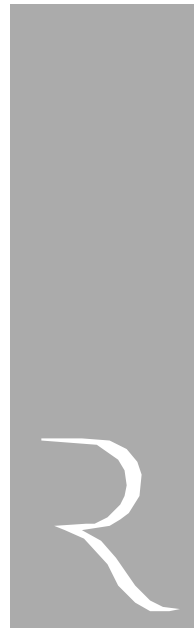
I thoroughly agree with the Mock Turtle who advised Alice that “no wise fish would go anywhere without a porpoise.”¹ Whether I am undertaking a journey, a life vocation, or for that matter this composition, I ought to have my *telos* or end securely in mind. The goal of this essay is to offer an *apologia* for the practice of fertility awareness in the life of a consecrated woman religious. More specifically, it is a personal apology for this activity and how it metamorphosed in my very doing and experiencing it. By that I mean that the program of charting the cycles of my fertility—at base a natural discipline—gradually evolved into a practice that benefited me and my commitment to my vowed life on a metaphysical or super-natural level.

Beginnings

I attribute the circumstances that disposed me to see a *theology* behind the practice of fertility awareness to two events that were simultaneously occurring in my life. In the first place, I had been tracking my ovulation and menstrual cycles for two years through a system of

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charting that is specific to Creighton NaProEducation Technology. While tracking fertility is most generally taught to married women as a component of a moral means of family planning, unmarried women also use it as a way of tracking their gynecological health. It was for this latter reason that I adopted the exercise.

In the second place, in the same two-and-a-half years, I was immersing myself in the pope's theology of the body as preparation for my work as a Catholic ethicist. One day I read something that proved to be the turning point in my practice of tracking my fertility. Pope John Paul II, explaining the complementary nature

of the vocations of Christian marriage and consecrated religious life, noted the following. Marriage and religious-life decisions presuppose "the learning and the interior acceptance of the nuptial meaning of the body, bound up with the masculinity and femininity of the human person."² If I was correctly understanding the Holy Father, he was suggesting that, even

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though this kind of sexual knowledge and understanding is typically associated with the decision to marry, it must also be present in those who are called to a celibate life. In other words, both married persons and celibate religious must ask the important anthropological question: What is the significance of "being a body" as a man or a woman? Furthermore, and with great import for me in my *daily* practice of charting, the pope went on to insist that, given this "full consciousness" of the truth of the human body, "a man or a woman who has voluntarily chosen continence for the sake of the kingdom of heaven must *daily* give a living witness of fidelity to that choice, heeding the direction of Christ in the Gospel" (*italics mine*).³

If I were to couch in Thomistic language what happened when my practice of fertility awareness intersected with these insights of John Paul, I would speak in terms of matter and form. As these two life experiences converged, the "material" aspect of my project of fertility appreciation fell into place, and it simultaneously received a new "form."

I was charting my fertility every day. But, with the new light of grace that came from my studies of the pope's personalist thought, I began to see this practice in its more comprehensive

moral and spiritual implications. The pope's insight acted as a powerful reminder to me that I must be a personal testament each new day to my vowed commitment. With this important new dimension, tracking my fertility was a personal experience whose benefits could very well far exceed those initial ones of health and bodily stewardship. Now it was also an effective tool that brought me into direct contact with the meaning of my vowed life, particularly the meaning of the total way I had vowed myself to love Jesus and the members of his body. The earthy, biology-based practice of fertility awareness became, from this point forward, a direct contact with the essential meaning of my vowed life, particularly the meaning of my vow of chastity. Tracking my fertility and my gynecological health could be an integral component of a *daily* "living witness" to my decision to become a bride of Christ forever.

Health Benefits

The cumulative information from the practice of tracking fertility on a regular basis gives a woman a picture of what her cycles look like when they are normal. Against this yardstick she can more readily notice indications of physiological change that it would be good for her to be aware of. The following are some of the gynecological conditions that are not healthy and to which the practice of charting cycles might alert a woman in the future.⁴

First, PMS (premenstrual syndrome) will frequently manifest itself in the charting with biological markers that signal hormonal deficiencies. These include a limited mucus cycle, premenstrual brown bleeding, or a short post-peak phase, all of which are abnormal cyclic developments. A religious sister might suspect she is experiencing PMS because she struggles with the classic psychophysical symptoms seven to nine days before her menses (bloating, fatigue, irritability, depression, breast tenderness, carbohydrate craving, weight gain, headaches, and insomnia) and because of what she sees on her chart. The hope is that, having evidence from both her charts and her lived experience, she can get medical help early before this condition escalates into a debilitating psychosomatic condition.⁵

Second, endometriosis can be detected in abnormal symptoms that the woman religious and her instructor-practitioner may notice, perhaps from the very beginning of her charting process.

These signs include the presence of premenstrual and postmenstrual spotting, a limited mucus cycle, and a short post-peak phase, all conditions that deviate from the defining parameters of a normal cycle. At the identification of these symptoms, the sister could be referred to a physician and thereafter take a proactive kind of stewardship over her gynecological health.

Third, one of the early warning signs of endometrial cancer is abnormal bleeding. Women who do not chart could easily miss this sign or dismiss it as insignificant. That will not happen with

the sister who is charting, since she has been instructed to note on her chart any bleeding that is abnormal in either its timing or its color. Needless to say, the earlier one detects this type of cancer, the better.⁶

Fourth, it stands to reason that there are proportionately as many celibate women as there are married women in the general population who experience such conditions as irregular cycles, irregular bleeding, or dysmenorrhea. These sisters should know

that there are physicians trained by the Pope Paul VI Institute who prescribe cooperative hormone replacement therapy (HCG or progesterone) that often alleviates these conditions.⁷ And, good news, these situations can be treated *without* recourse to a medical regimen that introduces the abnormal, artificial chemical environment of the oral contraceptive into the woman's body.

Fifth, cervicitis, inflammation of the cervix, is another condition that can be diagnosed early with the knowledge that comes from charting one's cycle. Again, the early detection of this disease will give the woman a running start in its medical management. There are two specific criteria for the identification of cervicitis. One is the presence of sticky, tacky, or gummy mucus in the woman's early pre-peak phase. The timing of this type of mucus is abnormal because in good health the woman observes it only during her peak time of fertility, in and around ovulation. The other is the presence of sticky, tacky, stretchy, or gummy mucus in the post-peak phase; it may also be yellow in color. This type of mucus could signal a health problem by reason of the abnormal time of its appearance.

Sixth, a woman can identify the problem of a luteal ovarian cyst when, besides the experience of pain in her side, the post-

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peak phase of her cycle is longer than normal. Clinical research at the Pope Paul VI Institute shows that these tumors will often shrink and disappear when they are managed nonsurgically through cooperative hormone replacement therapy, particularly, progesterone therapy.

Finally, as a woman religious approaches menopause, charting will also help her identify certain pre- and peri-menopausal conditions that need to be carefully monitored. For example, she might observe long periods of peak-type mucus that could involve critical adverse effects on gynecological health because it would mean a prolonged estrogenic stimulation of the uterus. Unchecked, this unhealthy situation could lead to a precancerous uterine condition. In the case of irregular cycles (another perimenopausal symptom), it is good for a sister to be noting it on her chart and discussing it with her practitioner and physician. Most of the time the woman religious will be assured that this irregularity can be expected in perimenopause and need not be a problem or a concern to her. It is, however, only in a fertility awareness program of regular observation of cervical mucus that the precancerous condition or worrisome pre- and peri-menopausal conditions can be carefully identified and monitored in their very earliest appearance.

Moral and Personal Benefits

I consider the intersection of human and divine realities in fertility awareness to be yet another example of our human nature's inherent capacity for God. The development of a theology from what is a natural (and, for some, perhaps a pedantic) exercise provides yet another "window" onto what I believe is the basic relation between God and human persons. Human nature, including my human sexuality and fertility, is open to receiving a transformative meaning from the side of the supernatural. Things human, including my fertility, although they are decidedly of an unstable, transitory, and mixed character, have an obediential potency for stable, lasting, and pure supernatural realities.

It is my conviction that, if we women religious peer through the window provided by the experience of fertility appreciation, we will have a view of how the supernatural life of God confers on human nature, including human fertility, the very completion toward which it tends. What we will see is that to be fully human

in the existential, historical living out of the meaning and the truth of our human sexuality and fertility is to live a life of grace.

Bear with me as I repeat something I have already mentioned. That I would be so bold as to speak in terms of a *theology* of a practice that is at base natural is testimony to the reciprocally integrative way that nature and grace function in our lives as persons who are at once physical and spiritual.

I experience the practice of tracking my fertility, now transformed by grace, as an ever renewing reminder that, in the essential nature of my sexuality, God has created me to be a gift. The reality slowly begins to sink in: Human beings, myself included, are the only creatures on earth that God created for their own sakes, and I find myself by making a gift of myself (see *Gaudium et spes*, §24).

I have my origin in the love of my parents and in the person of God, who *is* love. In this context should I, *could* I, doubt that the deepest meaning of who I am is that of a person who exists *for* another? The truth to which fertility awareness points is the mysterious paradox summed up in Simone Weil's thought, "We only possess what we renounce." And that renunciation applies even to my very self. In short, I will find myself only when I give myself away. Keep in mind that the supernatural "form" of the practice of tracking fertility not only brings the process itself to its fullest meaning, but also helps the one who uses the method to more precisely understand the *ethos* of her personal being.

No longer is charting *only* a way of tracking gynecological health and coming to fertility appreciation on a biological level. It is a growth-inducing encounter between a woman religious who practices fertility awareness and the wisdom exemplified in John Paul II's theology of the body. A consecrated woman religious who genuinely gives herself to others in community and receives others as gift experiences the opposite of a lust that uses rather than loves the other. Instinctively such a woman religious will want to curb any spirit of competition between herself and other persons—within or outside of her community—and also to curb any tendency to manipulate, use, or dominate others. All such attitudes and behaviors give a false meaning to the language of person-as-gift. A woman religious who is authentically living out the ethos of her person through fertility awareness has experienced the redemption of her body, including her sexuality and fertility. This means that the grace won by Jesus' death and resurrection once again

makes it possible for her body to express her person, as it did at the creation. In community and in society, this woman religious is a subject amongst other subjects whose authentic moral behavior consists in making a gift of herself to others.

Perhaps, above everything, as a woman religious witnesses cycle after cycle the marvelous ebb and flow of her fertility, she is reminded that she is a being who is capable of generativity. What she more fully understands is that what is true for the love between two married persons applies equally to her spousal celibate love. The human-divine love that is active in her vocation to the consecrated religious life is a single reality that reaches its perfection in giving life. What she seeks is a marriage and a family directly with God. Her practice of fertility awareness advises her that she is called to love on the human plane as a spiritual mother, as an icon of God's life-giving love. She is called to imitate the diagram of Christ's love on the cross, to imitate a love for others that is unto death.

As a woman religious who has tracked her fertility, I see that my vocational choice, just like every choice of continence or virginity for the sake of the kingdom, must follow on the heels of the "full consciousness of that nuptial meaning which masculinity and femininity contain in themselves."⁸ My decision to espouse myself to the Lord for the sake of his kingdom is on its firmest ground if I make my choice with my eyes wide open to what the pope calls the "real wealth of every human subject." This increased awareness leads me to a higher level where the ethos of my daily being and doing are such that my body, my femininity, and my spiritual maternity speak a language that is true—a language that is consistent with who I am as a human being with a female-sexed body who is consecrated to God.

The Spiritual Benefits

What metaphysics adds to the understanding of fertility and the practice of fertility awareness is that as a sexual-bodied person I am the least in the hierarchy of angelic beings, yet I enjoy a genuine participation in the being of a personal God. And my faith tells me that God is a total communion—one God in three persons. The biblical account of my creation in God's image and likeness becomes metaphysically intelligible by expressing my spiritual participation in God's infinite spiritual personhood.

The church's theology of religious life is also metaphysically intelligible because it teaches me that it is not only as an individual that a woman religious is an image of God. In her spousal union with Christ, the consecrated woman mirrors the communion of the love that is in God, that intimate mystery of the one divine life.

The spousal and maternal character of womanhood, the true "genius" of woman, is the whole beautiful truth of the vocation of consecrated religious life and of the meaning of the feminine language of the body and bodily fertility lived out as a celibate

woman. It is the feminine participation in the mystery of "the eternal 'generating' which belongs to the inner life of God."⁹ Hidden in the heart of every consecrated woman religious, John Paul explains, is a "maternal potential" that disposes her to love not only her divine Spouse but all whom he

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loves.¹⁰ This spiritual maternity, the fruit of her spousal union wherein she becomes a "gift" for Christ, is that transcendent reality of which the practice of fertility awareness is a physical reminder. Being a "spiritual mom," responding to others by helping them become whole persons in Christ, enables the woman religious to love, as God does, all persons entrusted to her.

The awesome truth is that the essence of the spiritual benefits that follow from a theology of fertility awareness is a deepening of the spousal relationship of the consecrated religious with God. "Continence for the sake of the kingdom of heaven . . . has acquired the significance of an act of nuptial love . . . a nuptial giving of oneself for the purpose of reciprocating in a particular way the nuptial love of the Redeemer."¹¹

Notes

¹ Lewis Carroll, *Alice's Adventures in Wonderland* (New York: Alfred A. Knopf, 1988), p. 96.

² John Paul II, *Theology of the Body: Human Love in the Divine Plan* (Boston: Pauline Books and Media, 1997), p. 284.

³ John Paul II, *Theology of the Body*, p. 301.

⁴ The medical management I outline for these conditions is not the accepted practice in gynecological healthcare today. Many gynecologists

routinely recommend that women take the oral contraceptive in order to “regulate their cycles” or avail themselves of surgery to deal with ovarian cysts. The Pope Paul VI Institute and the more than ninety physicians it has trained throughout the United States, Canada, Mexico, and Nigeria are able to offer a successful alternative type of treatment that avoids the prescription of the oral contraceptive and unnecessary surgery.

⁵ Dr. Thomas W. Hilgers MD, the director of the Pope Paul VI Institute, has had success in managing the case of religious sisters with PMS. He links these favorable outcomes primarily to the sisters’ use of charting. Because a sister’s chart indicates exactly where she is in her cycle and when ovulation takes place, it allows the physician to administer progesterone replacement therapy in cooperation with her cycle (cooperative hormone replacement therapy). That is, the doctor prescribes natural progesterone during the postovulatory phase of her cycle precisely when it will have its maximum ameliorative effect. Successful outcome includes not only an alleviation of the sister’s physical unease but also relief from the negative psychosocial dimensions of PMS which often impair good community living.

⁶ Dr. Hilgers, after more than twenty years of research and clinical experience in NaProEducation Technology, theorizes (and hopes to do a serious study of the matter) that there may be a connection between prolonged progesterone deficiencies and breast cancer. If this clinically educated guess is correct, in a situation of prolonged hormonal deficiencies which would be indicated on the woman’s charts, a preventive management might be the following. With a history of multiple cycles from a sister’s charts, a physician trained in NaProEducation Technology could recognize the symptoms of hormonal deficiencies, precisely test her hormone levels in cooperation with her cycles, and then administer hormonal supplements accordingly (for example, HCG if the woman is deficient in estrogen and progesterone, and natural progesterone if she is deficient only in that hormone).

⁷ Information regarding the location of physicians trained in NaProTechnology (natural procreative technology) can be obtained from the Pope Paul VI Institute’s education department (6901 Mercy Road; Omaha, Nebraska 68106; tel. 402-390-9168, fax 402-390-9851).

⁸ John Paul II, *Theology of the Body*, p. 284.

⁹ John Paul II, *Mulieris dignitatem*, §8.4.

¹⁰ John Paul II, *Mulieris dignitatem*, §21.

¹¹ John Paul II, *Theology of the Body*, p. 282.