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Life mission theory IX: Integrative, ethical theory

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Abstract

We have presented an integral ethical theory with three dimensions: 1) intent, 2) outcome and 3) the quality of the act, well known from a) the duty ethics, b) the utilitarian ethics and c) the feministic ethics. This theory makes it possible to give a complex evaluation of the ethics of a complex holistic medical or sexological treatment. We have introduced a new "rule of integrative ethics" that allows us to evaluate the medical ethics of complex therapeutic behaviour. This ethical model is useful for clinical holistic medicine, especially to evaluate the ethics of concrete therapeutic actions in advanced holistic medical and sexological treatment. An integrative medical ethic is useful for teaching ethics to holistic therapists and physicians and for training students in holistic medicine.

Keywords: Medical ethics, integrative medicine, Zen, sexuality, holistic sexology, healing, clinical holistic medicine, crazy wisdom, holy madness, CAM.

Introduction

Ethics is the philosophy and science about doing good. It must be discriminated from the moral of society, which is the set of moral rules that a specific society requests its members to respect and follow. Medical ethics can sometimes be in conflict with the morals of society; it can be immoral to kill but ethical to perform euthanasia or it can be immoral for 13-year old teenagers to have sex but ethical to give them birth control. In a society physicians often receive permission to violate moral rules of society, if the actions are well based in medical ethics. Therefore it is urgent that the principles of medical ethics are clear, logical, fair and practical.

The medical ethics has its roots with Hippocrates (460-377 BCE), who worked with non-drug therapy. His aim was to help people cure their diseases by stepping into character, knowing themselves, and using all their talents to create value in the world. One thing that could seriously harm a physician's ability to

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help was if his reputation was destroyed, if he was mistrusted, or if he destroyed his therapeutic relationships by having sex with his patients. All this meant special demands and conduct for the behaviour of a physician, hence the famous medical ethics (1).

With the establishment of the Research Clinic for Holistic Medicine in 1997, expanding to the Research Clinic for Holistic Medicine and Sexology in 2003, and into the Nordic School of Holistic Medicine in 2004, all under the auspices of the Quality of Life Research Center in Copenhagen, we have gone back to *clinical medicine,* i.e. a medicine that is *examination and cure in the same process* (2-4). For almost two decades we have been doing research in non-drug medicine - clinical holistic medicine - which is basically the combination of conversation and touch therapy (5-9). Of talking and touching, touching is far the most emotional, and the most difficult to master. In spite of this, it is well known that bodywork and touch therapy has no adverse effects, if it is done gently and without use of perfumed, aromatic oils (10). Even the most vulnerable and fragile of patients, the mentally ill children and teenagers has been shown to benefit from therapeutic touch (11), but even if you avoid extremely vigorous touch, the patient can still be violated sexually, hence the classical Hippocratic rule of the physician avoiding abusing his patients sexually. We know of no therapist that does not agree in this simple and basic rule of professional behaviour. So this is simple.

What is not so simple is to create value for the patient just by talking and touching. When the therapist's words and behaviour is used as medicine – when the doctor is himself the tool (12) - the need for a clear and practical medical ethics becomes obvious. Most unfortunately medical ethics has not developed much since Hippocrates, while the ethics as a philosophical subject had undergone a tremendous development. Most unfortunately, philosophical ethics had divided into three major schools, none of them completely efficient in guiding the practice of medicine and therapy. We therefore in our research project on clinical holistic medicine started to develop an integrated medical ethics that could fill the gab (13).

As teachers of the therapy and the training of therapists we have assumed responsibility for our patients and for our student's behaviour. The practical training of the student to behave optimally together with the patient was what most urgently forced us to work on formulating a new more comprehensive medical ethic.

Holistic medicine and ethics

The Nordic style of holistic medicine and therapy is somewhat different from many other countries, especially America. In the Nordic countries sexology is often an integrated part of the medical clinic, while in other parts of the world the sexological clinics are separated from the medical facilities. In the US, a doctor is rarely a sexologist and a sexologist is rarely a doctor. In Europe, strongly inspired by Freud (14), Jung (15,16) Reich (17) and many other therapists, researchers and sexologists (18-20) including many physicians has included work with the patient's sexuality in their clinical work.

As most other holistic therapists we believe that the process of healing one's existence comes about when sufficient resources are available for the patient. Our concept for giving this support is the four steps of 1) love, 2) trust, 3) holding and 4) processing the patient (3-9). This often leads to close intimacy between the therapist and the patient, often leading further into re-parenting and spontaneous regression into the most emotionally painful childhood and adolescent life events. The extreme closeness and intimacy needed for the patient's healing and the material of the patient's case story is not always as neutral to the therapist as wished for. The experienced therapist knows how to deal with all kinds of reactions, from intense emotional suffering, resentment and aggression, to transference, projections of love, strength and desire, all the way up to sexual excitement.

In the beginning the student and the inexperienced therapist often feels it both awkward and somewhat flattering, when the patient falls in love with them. The reaction to the patient turning on sexually, are often either disgust and condemnation or excitement and desire. The student is before anything a human being with his/her own repressed material, own vulnerable borders, and own sexuality. The repressed material can be activated, the borders

violated, the sexual desire awakened, and from this arises many problems for most students.

It takes about 10 minutes to read the standard medical ethical rules for a student and unfortunately the sexual desire is often not well controlled by such rules. The inexperienced student is often in a very difficult situation regarding ethics, because of the rules being very tempting and very easy to go about. The only solid thing granting an ethical behaviour is the therapist being deeply founded in his/her own inner ethics, or "natural ethics" known from philosophy. The fundamental idea is that every man has an ethical nature, which often must be discovered in serious self-contemplation; what is almost always discovered is that in the essence of our soul, we are loving beings who wants to contribute with something of value to our fellow men.

Sexual issues in clinical practice

A rule will often seem ridiculous, when reality comes marching in and a young man and a young woman fall in love and want each other. Such a relationship will often appear more important than anything else, including the whole education and medical carrier. In this situation ethical rules are much more likely to make the involved persons keep the relationship secret than to make them abstain from having the relationship.

When it comes to personal development, secrecy about a relationship between a patient and a therapist or student with elements of love and sexuality is almost certain to disturb or even arrest it. Applying standard ethical rules, which often cannot be respected even by experienced therapists to the students, are therefore not only meaningless, but even damaging to the learning and development of the student. As we definitely need our students to be ethical and well behaved therapists, the problem is now what kind of ethics we need to impose on them as their teachers, or more precisely: how we can make them solve their own ethical problems by doing a thorough analyses of their personal ethics and the consequent medical ethics.

If possible to formulate at all, we need an ethical theory to guide this important endeavour; we need a general and fundamental understanding of human ethics to enlighten all students and therapists about our deeply ethical nature and the extreme value of ethics. In addition to such a theory we need a strategy for couching the students into the development of a perfectly ethical practice.

The use of ethics

First we need to understand that ethics is meant to guide our actions in order to do good for others in this life. Judging and punishing is generally not good. It leads to conditioned learning (Pavlovian, unconscious learning), with reflex inhibitions and accumulations of life-pain, thus crippling of the soul and existence, instead of facilitating conscious learning, awareness and enlightenment. If we want to create a community of conscious and responsible people, we need everybody to develop a high degree of self-esteem, a full permission to acting on any urge, and a flexible system of feedback to notice impact of any action and efficient learning. The environment must be open and friendly, and everybody must assume that the other person come with a good intent.

Ethics can be used to judge the actions of other people, but being judgemental is often not of any value, unless the offender is completely expelled from the society. If one can choose between being a good example and being judgemental, the impact on a family or on the community will normally be a hundred times more constructive if you elect to be the good example. Rules are often carried in our minds and not in our hearts, making them easy to neglect, when a person can gain a personal advantage or can avoid confronting a neurotic pattern of behaviour dictated by un-integrated life-pain.

Depending on the understanding of human nature, ethics is something natural that must be looked for and found at the bottom of your soul, or something un-natural that must be imposed on man from the outside world. The life-mission theory (21-28) states that everybody the essentially in his soul carry a wish to do good in the world, using specific talents and gifts. According to this theory ethics is not only something that we can find and discover within ourselves, but something that is a direct expression of our innermost nature. Doing good for other people is what life is about. Doing good and making a

difference in the world is the meaning of life, the fundamental reason why we are here. The more ethical rules, the easier it is to go into the mind, to go to a place of judging another person, and to loose connection to the heart and deep nature of self; ideally therefore we all carry a non-rule based ethics, customized to completely fit our own understanding of life and self.

A timeline strategy for integrating ethics

There have been three major directions in ethical thinking: the duty ethics, the utilitarian ethics and the feministic ethics. With duty ethics the intention is what is important. If you kill a person with no intention whatsoever to do so, your action can still be ethical. The utilitarian ethics looks at the result of the action: if the person died, the action was wrong, even if you desperately tried to help him as a physician. The feministic thinkers have been looking very much into the balance between the male and the female components in ethical situations.

To integrate these three seemingly contradictory ethical philosophies has been a very difficult task, but obviously this is what must be done for us to have the best ethics, as most people will choose the combination of a good intention, good result and balanced actions. Only a fanatic will say that we just need to look into our heart, the result of our action is not important. Only an opportunistic person deprived of any scruple will say that we can be as evil as we want, as long as it maximizes the profit for me or for the world at large. And only a person with no roots into reality would state that now is all that counts, intention and result are not important at all.

So how can the three different ethical perspectives become integrated into a common ethical theory for use in holistic medical practice? A simple way is to use the timeline: Before an action we must look at our intention (or the intention of another person, directly if possible, or through his/her statement of the intent), we must look at the probable outcome of our different choices of action, and for each of them we must visualise the events that will come in order to see which line of events born from these different possible actions will be the most harmonious.

In the middle of an action, after choosing the fundamental direction, we must keep an eye on our intent to be sure not to depart from an ethical route. Due to the emotional aspects involved, we must be keenly aware to interact in our best way, reflect and at all time notice our impact in order to evaluate if there is anything in our behaviour, understanding, or perspective that we need to correct. Finally we must be certain that every present situation is balanced between female and male energies, not being too much coloured by the element of “water” or of to much “fire”.

After the action we must contemplate on what we did, how we did it, and what we accomplished. Did I come from a good intent or did I catch myself coming from my shadow (25)? Did I act in fine balance, respecting both the male and the female aspects of the universe? Did I do the good I intended? What did I learn? What is the urge in myself and in the space and universe that I now feel? What will be my next step? Is there something or some relationship I involuntarily damaged, which I now need to repair before I can move forward?

An ethical theory based on the theory of existence

To create a formal theory of ethics we need to map the dimensions of existence relevant for human ethics and to be sure to encompass the totality. The extended version of the life mission theory called the theory of talent (23) gives fundamental dimensions of human existence: love/intent, power/consciousness and gender/sexuality. Interestingly, these three dimensions correspond to the three ethical perspectives of duty ethics (love/intention), utilitarian ethics (power/consciousness), and feministic ethics (gender/balance between the male and the female). That makes the life mission theory an excellent framework for an ethical theory with the axes: 1) Intent, 2) impact, and 3) balance between male and female.

In a way, the ethical debate is done with, if one can use such a simple theoretical framework for ethical guidance in all our actions. The strength of

such a model is that it invites anybody who knows it to look for these dimensions in themselves, and thus it helps developing natural ethics. This is especially important where a flawless ethics is a must, as in the training of students in holistic medicine.

A strategy for coaching

It only takes about ten minutes to read and explain the ethical rules of physicians or other therapists to a class of students. The issue most intensely stressed is the ethical rules regarding sexuality. Sexual abuse cannot be tolerated and just one student or physician caught in severe misconduct can bring shame over a whole hospital or university, actually over the whole medical society. In spite of this obvious fact, sexual misconduct has continuously been a problem, ever since the ethical rules handed down by Hippocrates.

In the modern medical clinic, sexual abuse during the therapy is extremely rare, as people not being able to control their sexual behaviour are likely to be regarded as compulsive sexual offenders and sent away for psychiatric care. The problem is when a physician or student and a patient fall in love. In this situation everything including the education or whole medical career looses its significance, compared to this relationship now commencing. In practice it is almost impossible to keep the two parties from each other and even awareness of the strict ethical rules forbidding a sexual relationship will most likely make the two persons engage in a hidden relationship instead and anyway.

Case study one

A 50-year old, married psychotherapist and his 27-year old patient fell in love. She was in his therapy group. They started a sexual relationship, which they kept secret for about 6 month, until the day when she finally broke down and told another person that he drank and had sexually abused her. He was drinking, because he had severe emotional problems from this double life: a sexually highly dissatisfying life in his marriage and in the darkest secrecy, a promiscuous life with prostitutes and now also the sexual abuse of a patient. She had not been able to get help from another therapist, neither could she tell her girlfriends about the relationship, because she was afraid that the new therapist or some of the girlfriends would denounce him and thus ruin his career. After this incident the patient was supported and refused to see him again, which he insisted. Only after she had threatened him with the possibility of reporting to the ethical committee of the psychotherapist association did he stop bothering her. The psychotherapist is still working as a therapist. The patient is now in therapy healing her wounded heart and body, but the new therapy is facing severe difficulties, because of her serious distrust and intentions of her new therapist. She has seemingly been severely damaged existentially by the abusive relationship.

This situation is unfortunately not unusual and in one study 23% of the incest victims reported a new sexual violation from their therapist (29). Seemingly we are facing a paradox: all the ethical rules are working fine, except with the people, who really need them. Instead of helping, the ethical rules seems to be a destructive barrier making it impossible to talk about what is really going on, making the patients and therapist who fall in love and engage in a relationship so wrong that they must keep it a secret forever. Not being able so share this with anybody, the relationship turns out to but much more harmful, than it would have been in an open and accepting society. The conclusion is that a sexual relationship between a therapist and a patient is damaging; but what seems to be most damaging is the consequences of the wrong and the deep secrecy making it impossible for both the patient and the therapist to talk about it with anybody and to seek supervision and help.

If the therapist in the above mentioned case had been open about his sexual problems in the first place, if not with anybody else then just with his wife, the situation could not have persisted for years and developed as it did. If he just could admit it to his own supervisor and therapist, the situation would not have gone completely out of control and he could have been helped to confront his own feelings and personal problems creating the emotional pull in order to take his projections back (30). If it was not a “deathly sin” leading to expulsion from the society of psychotherapists, the patient could have gone to another therapist for help, or she could have talked with her friends about it.

Case study two

A 30-year old student in holistic medicine fell in love with a mentally ill participant of the same age in a quality of life course and shared her experience and different thoughts with her supervisor. As a sexual relationship seemingly could not be avoided, she asked permission to sleep with him. The supervisor gave the permission, under the condition that she takes full responsibility for the impact of her actions. She slept with him and a month afterwards he entered an almost suicidal crisis. In the middle of the night she took her car and drove 300 km to assist him and help him through his crisis. She felt an extreme degree of empathy and responsibility and knew that she was in it with everything she has got. She stayed intimate and closely emotionally connected to him for about 100 intensive hours in a row during which she connected with her supervisor by phone. Finally she managed to get him to trust her and to receive the holding he needed for healing existentially. He now succeeded to integrate the strong life-pains that made him want to die. After this dramatic culmination of his old tendency to attempt suicide and his spontaneous regression to early childhood and poor mothering, it seemed that his mental and existential problems were to a large extent solved. She on her part took her projections back from him too, so her sexual desire was gone. In her next supervision session it looked more to her like an intense wish to help the young man, than it looked like a sexual intention in its own right. Giving her body will not be a part of her treatments, but here for some idiopathic reason this was inevitable. So they were in the end both set free by the episode, which from normal moral and medical-ethical standards would have been unacceptable. She also learned about the dramatic impact of a sexual relationship with a patient, and why she needs to be extremely careful with this kind of involvement in the future. Without wise guidance this relationship could have ended tragically.

Therapeutic behavior in clinical holistic medicine

According to the holistic process theory of healing, holistic and existential healing happens when the patient encounters the repressed content of his or her unconscious. There are three steps in holistic healing: 1) feel, 2) understand and 3) let go (31). To facilitate healing, the therapist must support the patient, which is called “holding” (known as the “principle of resources”) (32, Box 1).

BOX 1. CAM often use one or more of the five central, holistic principles of healing the whole person (from 31)

(a) The principle of salutogenesis: the whole person must be healed (existential healing), not only a part of the person. This is done by recovering the sense of coherence, character and purpose of life of the person
(b) The similarity principle: only by reminding the patient (or his body, mind or soul) of what made him ill, can the patient be cured. The reason for this is that the earlier wound/trauma(s) live in the subconscious (or body-mind)
(c) The Hering’s law of cure (Constantine Hering, 1800-1880): that you will get well in the opposite order of the way you got ill
(d) The principle of resources: only when you are getting the holding/care and support you did not get when you became ill, can you be healed from the old wound (2-4)
(e) The principle of using as little force as possible (primum non nocere or first do no harm), because since Hippocrates (460-377 BCE) statement ”Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things - to help, or at least to do no harm" (1), it has been paramount not to harm the patient or running a risk with the patient’s life or health.

At the same time the therapist must take the patient into painful emotions and gestalts - the traumas from early life - by exposing the patient to small doses of that originally made him ill (this is known as the “principle of similarity”) (32-39). The latter therapeutic re-exposure to the evil is called “processing”. As most of what gave us our traumas

originally was evil, the key to healing is really treating the patient "bad" with the good intention of healing them. This is what happens in the therapeutic processing.

So the skilful therapist treats the patient good and bad at the same time; holding takes love, devotion, acceptance, patience, acknowledgement, respect and so forth (23), while processing takes small doses of controlled violence, abuse, neglect etc. as is well known from the advanced toolbox of clinical holistic medicine (8) and intensive holistic therapy (40-43). The necessity of "evil" actions in holistic therapy calls urgently for an ethical tool that allows us to evaluate each therapeutic action regarding its ethical standing. Below we present three examples in need of ethical evaluation.

EXAMPLE ONE: A patient physically abused as a child

A patient was severely beaten as a child. According to the principle of similarity, the therapist must beat him again, or do something similar to provoke and process him. The therapist must take the patient back to his childhood traumatic violence and (after getting consent) once again beat him. This is what has been called "encounter" (44). During such a session, the therapist through role-play, invite the patient to go back in time, into re-experiencing being children beaten by his father (now the therapist) and to once again feel all the anger and fear that the beating made him feel, and little by little understand what the violent abuse and repression did to him as child. What it did do his personality - to allow him to let go of all his repressed hate and anger and in the end to embrace, understand his father, and forgive him. This is a most difficult therapeutic process, as any therapist will know.

Is this an ethical action? To answer this question, we can look at 1) the intent, 2) the way the exercise was done and 3) the outcome. We need to compare it to the three steps of healing: feel, understand and let go. Regarding the first: If it was done with a good intent – to heal – then we believe it was ethical. Concerning the second: If it was done in an empathic and balanced way, helpful to the patient, facilitating the recall of old feelings and emotions, facilitating reflection and understanding, and facilitating forgiveness and letting go of negative beliefs and learning from the childhood violent abuse, then it was ethical in our opinion. Regarding the last: If it helped the patient to heal and forgive, it was ethical as we understand it – if it healed, or supported healing, because it provoked emotion, understanding and letting go, it was ethical. If the patient learned from it and gained understanding and self-insight it was ethical in our opinion.

The "rule of integrative ethics"

It is always difficult to balance these three factors: Intent, outcome and quality of action. The "rule of integrative ethics" is that if two or three out of these three ethical dimensions were fine, then the action was all together ethical in our opinion. Imagine that the exercise was well performed, and everything in principle went well, but the patent was not helped. We would not blame the therapist in that situation. Imagine that the therapist failed to do the therapy empathically, but that it was done in the best of intentions, and that it really helped the patient. Again, we would not blame the therapist. Imagine that the intent was not good, but selfish, as the therapist himself had been beaten as a child, and needed to do this exercise for his own sake; if it was done emphatically and skilfully, and if it really helped the patient, we would not accuse him for being a bad therapist – but of course we would still give him critique and encourage him to take the therapy he needs himself.

But, if this was done with a selfish intent, and it did not help the patient, we would reject it as unethically therapy. If it was done in the best of intentions, but performed badly, so it did not help the patient, we would say, that it was not good therapy. If the intention was evil, and the act cruel and it really did help the patient, we would still blame the therapist for not giving good and ethical therapy.

EXAMPLE 2: A cancer patient in existential trouble

Now let's take a little more difficult example. A cancer patient wants to life, but feels that she is loosing herself – her hair, her body tissues, her dignity, wearing a ridiculous wig. The therapist wants to encourage her to be what she is, and love just that, and in this intent he makes a role play with her where he puts her wig in the office's paper-bin (it does not destroy the wig, as the bin is clean and empty). After this she feels courageous enough to be bald and she does not wear the wig anymore. Was that ethical?

It was done in a good intent. It was – at least according to the moral of society - a violation of her integrity and the outcome was good. As two out of three of these ethical dimensions were positive, the action was all in all ethically acceptable and good in our opinion.

EXAMPLE 3: Holistic sexology: Healing a sexually abused woman using "acceptance through touch"

Sexual dysfunctions often come from lack of self-acceptance. A traditional cure for this is therapeutic touch especially if the therapist is able to signify acceptance by the touch, a technique known as "acceptance through touch" (1,8,45). Around the year 1900 therapeutic touch was often practiced as a swift kiss, but due to moral reflections this practice has now become rare. Let us use such a controversial practice as the next example.

A holistic therapist works on a severely sexually abused 21-year old woman. The therapist feels that just touching the patient by hand is not enough to heal her, and chooses therefore, after getting her consent for this action, to gently kiss her *mons pubis* (over the pubic hair and the pubic bone, at one of the acupressure points related to sexuality known as "Conception Vessel 4" in Chinese medicine (46)). The intention is to let her know that her body and genitals are completely lovely, acceptable and fine for him or indeed taking her father's place psychodynamically.

The rationale for this action is clear: a kiss is maybe the most powerful bodily sign of acceptance, and the genital kiss is a well-known sexological procedure developed by van der Velde around 1900 as an exercise for couples (47). The genital kiss was a non-sexual interaction indented for lovers; it allowed a man to heal his women for sexual frigidity. Brecher wrote in 1969: "The genital kiss, van der Velde adds, "is particularly calculated to overcome frigidity and fear in hitherto inexperienced women who have had no erotic practice, and are as yet scarcely capable of specific sexual desire". In the example the procedure of the genital kiss seemingly did the job and helped the woman to acceptance of own body and sexuality. After the therapy she is able to enter a happy sexual relationship for the first time in her life.

Was this action ethical? Let's analyse according to the *"rule of integrative ethics":*

(a) It was done in the best of intentions.
(b) It was not sex and therefore not in conflict with the ethics of Hippocrates (but as it was close to the vulva it was still in conflict with the moral of society).
(c) The woman was helped but it is difficult to say if it was this kiss that healed her.

The score are as follows: a) It was done with a good intention; b) the action was not sex so it was ethical according to medical ethics but at the same time not morally acceptable by society, c) the outcome was good. All in all this is therefore still an ethical act.

Discussion

This kind of "doubtful" actions as shown in example three has been quite normal in the classical holistic therapy of Asia, guided by the principle often called "holy madness" or "crazy wisdom" (48,49). Holy madness is today often used in advanced holistic therapy and at advanced courses in self-knowledge and personal development.

With a traditional duty-ethic many actions performed in the state of "holy madness" must be rejected as unethical, but in the light of a complex, integrated ethics, many of the actions become also ethically acceptable. They are actually very helpful for learning and personal development, because they

turn reality up-side-down and force the students to think and reflect.

It must be admitted, that according to the integrative ethics, sex with a patient, if done with a good intent, and with a good outcome, is in principle ethical, in spite of validating the famous ethical rule of Hippocrates of not having sex with your patient. In spite of this, modern holistic therapists agrees, that this rule is so important, that even the best of intentions and the best of outcomes cannot allow for a dispensation from it. Therefore, we strongly advise that the *"rule of integrative ethics"* is not used to justify sex with the patient. The suspicion, that the therapist did it for himself, and not for his patient, will always be there, making the action unethical.

Conclusions

An integral ethical theory can integrate the three ethical core dimensions: 1) intent, 2) outcome and 3) the quality of the act, well known from a) the duty ethics, b) the utilitarian ethics and c) the feministic ethics. This theory makes it possible to give a complex evaluation of the ethics of a complex holistic medical or sexological treatment. We have introduced a new "rule of integrative ethics" that allows us to evaluate the medical ethics of complex therapeutic behaviour, even if such a behaviour be judged as immoral by society in general. This ethics is useful for clinical holistic medicine, especially to ethically evaluate the concrete therapeutic actions in advanced holistic medical and sexological treatment. An integrative medical ethic is useful for teaching ethics to holistic therapists and physicians and for training students in holistic medicine.

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Clinical medicine and psychodynamic psychotherapy: Evaluation of the patient before intervention

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Abstract

Clinical medicine has been defined as "the study and practice of medicine by direct examination of the patient." This approach to medicine is appropriate whenever the patient's problem or disease is caused by repressed material contained in the patient's unconscious. According to psychoanalysis, body-psychotherapy and clinical holistic medicine most mental and physical illnesses are caused by informational disturbances in the bodies tissues likely to be a direct consequence of repressed emotions, feeling and thoughts from traumas earlier in life. This is the most logical explanation why the rehabilitation of the sense of coherence seems to induce healing of both physical and mental diseases. If it is unconscious material that causes the patient's disorders the patient will not be helped by a precise anamnesis and an accurate diagnosis; the only thing that can cure is the unconscious material being integrating in the patient's consciousness. If a chronic patient with a long history in biomedicine has not been helped, in spite of many biomedical doctors using their best efforts on this, the likely cause of the patient's illness or disease is in the unconscious.

In this case there is no reason to spend much time on anamnesis and diagnosis of the patient; the right thing to do is to start the exploration of the patient's inner, unconscious life together with the patient right away. This strategy leads to the most cost-efficient use of time, and often to the healing of the patients experienced health-problems in only 20 sessions.

Many disorders can be treated effectively and without adverse effects/side effects with clinical medicine (NNT=1-3 and NNH>1000), which should be compared to NNT=5-20 and NNH=1-4 for most drugs.

Keywords: Clinical medicine, sexology, psychodynamic psychotherapy, CAM, physiotherapy, body-psychotherapy, mind-body-medicine, clinical holistic medicine, holistic health, human development, research, quality assurance, NNT, NNH.

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