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Søren Ventegodt, Gideon Vardi and Joav Merrick (15 January 2005)

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EDITOR--- Caroline Free points to an issue of extreme importance in her editorial "Advice about sexual health for young people" [1]. Combining the fact that more that a quarter of young people are sexually active before they are 16 years of age, that one in ten suffer from severe sexual problems and half of them from minor sexual problems, the need for counselling and supporting the teenager in the sexual area is obvious.

Sexuality remains the biggest taboo in society and in the medical community this taboo is the constant fear of loosing the license, if the physician is accused of overstepping bounderies. The development in most western societies has for decades been towards a more open attitude towards sexuality and pornography with an earlier sexual debut, that today in the Nordic countries, England and USA find teenagers aged only 13, 14 and 15 years highly sexually active and often much more experimental than their parents have ever been.

From our clinical experience, sexual problems are almost always both in the young teenager and in the young adult related to existential and emotional problems. Therefore a holistic approach seems appropriate focusing at the same time both on the physical, emotional and existential aspects of the sexual problems. Often solving the existential problems causing the sexual inadequacy is the key to a permanent solution. This means that an open and honest dialog with a non-judging and accepting attitude can benefit the teenager for life. Many or maybe most sexual problems can simply be prevented, if the physician takes time to give thorough counselling and

even sexological treatment to the teenager, when needed.

The conversation is so far the most important tool for helping the teenager, educating him or her in the fundamental dimensions of existence and sexuality and the correspondence between these dimensions. What is so desperately needed by the physician is the words, structure and understanding of both sexuality and the existence, so he can educate the teenager, who more that anything needs understanding.

HOLISTIC SEXOLOGY FOR TEENAGERS

The scientific breakthrough in the understanding of human sexuality came with Masters and Johnson's brilliant work in the middle of the last century [2,3]. The most famous curve in sexological research is still the curve of the male and female sexual reaction cycles, explaining the four phases of the normal sexual intercourse: the excitement phase, the plateau phase, the orgasmic phase and the relaxation phase. Since their work, most clinical sexologists have recognised a pre-phase of lust, where one of the most dominant problems of our time is the lack of sexual lust in females [4]. In spite of this excellent description of sexual experience and behaviour, we still lack a sufficient theory of sexuality that can serve as guidance for the sexologic therapy, especially when we in the holistic sexological clinic want to treat the whole person and overview all the relevant dimensions of sexuality and existence, as is often the case when we want to help the teenager. We want the teenager to be a whole, balanced, ethical and able person, not just to be able to function sexually.

As sexual and existential problems often go hand in hand and as both existence and sexuality is theoretically difficult issues, the two maybe most fundamental questions of the research in human life and quality of life are: "what is existence?" and "what is sexuality?" Often the first question are left unanswered and the second met with theoretical answers from evolutionary theory and psychosocial models [5,6], but difficult to use in sexual education as well as in the sexological clinic with the teenager.

We want to make up for this lack of a comprehensive theory of sexuality by introducing an existentially oriented theory of sexuality, taking its basis in the life mission theory [7-13] of human existence. The useful thing of having two strongly related theories for both existence and sexuality is that is becomes easy to work with both sexuality and existence at the same time in the holistic clinic, as the physician often must to help the patient, both the patient with sexual problems and the patient with existential problems.

THE THEORY OF EXISTENCE AND THE THEORY OF SEXUALITY

According to the theory of talent [10], the human being has three fundamental dimensions of existence:

1. Purpose of life – giving meaning, happiness, existential and spiritual satisfaction 2. Gender and sexuality – giving joy and sensual pleasure, sensual satisfaction 3. Power in mind, feelings and body – giving fun and success, mental satisfaction

PURPOSE OF LIFE

The dimension of purpose of life, also called love, or primary talent, arise according to the life mission theory[7-13] from human choice. The life mission theory is a theory of the purpose of life, which integrate neo-freudian, existential and transpersonal models. It explains in general the loss of health, quality of life and ability of human beings. It states, that our human nature gives us choice, that is freedom to an autonomous intention, and that our first intentional choice becomes our purpose of life. This intention of our wholeness, or soul if you like, sets the fundamental perspective of the person, which again gives birth to the personality and a consciousness mind, that is the structure of interpretation of the world (the consciousness is in our understanding basically based on our cellular biology, giving raise to a purpose of life, and other intentions [14-20]).

The fundamental differences in worldview give human beings their fundamental difficulties in understanding each other. We all have a very personal perspective of reality and only when we realise how deep down this goes, to the bottom of our totality, or soul, can we understand the other, patient or peer. Only when we know ourselves do the very bottom of our soul, including all aspects of our character [13] and purpose of life [7-13], can we truly know the other.

When we rehabilitate the purpose of life and human character, we rehabilitate the persons ability to be coherent with the world at large [21,22], that is, our ability to love, our ability to exist on a spiritual level – be on an abstract level of existence – and to use our central talents to be of value to the other.

The dimension of power comes from the biological fact that we all have a mind, feelings, and emotions, where rehabilitating this dimension is important because of the sad fact that we often need to modify our self and restrict our own power to be tolerated and accepted by our parents. If we as children and teenagers are too powerful and dominating, we are often meet with rejection, neglect, violation [11], so we have to deny our own intelligence, feelings or bodily presence.

While these two dimensions with the presented theories are fairly well understood, we have yet to explain the third dimension of gender and sexuality. The dimensions of love and power must relate to the dimension of sexuality, for us to lead a whole, balanced and successful life.

The physician must always, when evaluating a teenagers sexual relationship, reflect on the ethical side of sexuality or answering the question: when is a sexual relationship harmful to the patient? If the relationship is seen as harmful, harm must be prevented. The best way is to make the teenager understand what causes the harm and letting go of this part of the relationship or of the sexual partner when necessary. Without educating the teenager to be able to protect herself, the harm can only be temporarily avoided; if a negative pattern is there, the harm is likely to happen later. Prevention of sexual abuse is thus possible in many cases.

WHAT IS SEXUALITY?

Sexuality arises fundamentally from the polarity of our gender. The quality of our sexuality, the mental impression of it, the structure of the desire and patterns of behaviour, seem to be defined by our biology and is closely connected to our gender and only slightly modified by our culture. The male sexuality is often said to be outgoing and aggressive, as his biological nature is to spread his semen and the female sexuality is receptive and limiting, as she has to chose the right partner for her offspring. From a biological perspective this makes good sense. We suggest that we analyse the nature of sexuality from the qualitative perspective of motivation and we thus find the following nine reasons for human beings to engage in sexual activity:

1) Reproduction: To have children or to give children 2) Sensual enjoyment 3) Love: As an expression of love, including spiritual and developmental reasons. 4) Fun (power games): either to give or receive it, or not to give or not to receive it, as an entertainment, reward or punishment. 5) Dependency of sex (substituting meaning in life and love, often after incest of sexual abuse in childhood) [24] 6) Prostitution: To trade it for material or immaterial values (money, food, accommodation, drugs, safety, protection, and more) 7) Manipulation: social pressure, seduction (abuse, group pressure, societal prestige, incest, and professional incest) 8) Rape: to exploit the of lack of resistance (lack of mental, emotional or physical power) 9) To do evil (to consciously or unconsciously revenge wrongdoings towards self, or just to materialise an evil intention [12]

Only 1) and 2) is directly related to the existential dimension of gender and sexuality. The enjoyment is obviously closely related to the intent and behaviour of reproduction, and it is normally suggested that this activity is rewarded by the organism releasing a morphine-like substances in the brain [25]. While the objective meaning of reproduction is easily understood, the subjective dimension of joy is much more difficult to comprehend. The joy can be understood as a biological reward system connected to reproduction, but as the female interest in and enjoyment of sex often starts long before and continues long after the menopause, this is not a very good explanation. The real mystery about sex obviously lies in understanding the biological and existential source of the sexual pleasure, which seems to be connected to all living being, going all the way down the eukaryot cell's path of evolution to the bacteria's strong interest in foreign genes (please see the discussion below).

WHAT ARE THE DIMENSIONS OF SEXUAL ENJOYMENT?

The sensual enjoyment in sexuality is traditionally described to have the following dimensions [2,3,26-33]: Lust is basically an expression of the wish to have sex, which is the intention of sex. Excitement is basically the mind, feelings and body getting involved with sex. Pleasure is the enjoyment coming from the female and the male pole meeting.

Orgasm is lust, excitement, and pleasure culminating in a peak (peak orgasm), which can be prolonged into a plateau of intensity (plateau orgasm); the multi-orgasmic experience which is natural with woman and

obtainable for more men with tantric exercises is a somewhat dynamic combination of these two. The orgasm can be local, located to the genitals and pelvis, or more global, or all including, often deathlike, and transcendent experience.

Orgasmic potency is the ability to get a high level of intensity, prolonged orgasms, more orgasms, and all-including, transcending orgasms. Interestingly, for women orgasmic potency seems to be the inverse of the time needed in the Master and Johnson's plateau phase; the more orgasmic potent, the less time you need to spend in the plateau phase before your reach orgasm; for men it is actually the same but orgasmic potency is also direct proportional with the time the man can hold his ejaculation back, as he can build a high intensity of pleasure/orgasm without letting go of the "tension" (the sexual polarity), this being the secret of the multi- orgasmic man.

Tantra. The orgasm has two components of pleasure, one is the sensual pleasure raising to its peek, the other is the existential satisfaction of reproduction – giving and receiving the semen and thus making a baby. When consciousness develops to a certain level, the existential satisfactory part of the normal, re-creative and non-reproductive sexual act is seen to be balanced with an existential frustration a moment after, when it is realised that reproduction does not follow the intercourse. The conscious person will then let go of this part of the sexual pleasure, reorganising sexuality into the classical tantric path.

Correspondence of dimensions. Interestingly, the three above mentioned dimensions of sexuality fits well into the general theory of talent [10]: lust arises from intention, excitement from power (freedom and liveliness of mind, feelings and body), and pleasure from the dimension of gender. Orgasm comes from the combination of lust, excitement, and pleasure, but only if the individual can let go of the mind and transcend into being fully a life.

Sexual health depends thus on the ability to allow one self to experience the maximal level of sexual desire, and in the same time to completely control ones level of sexual excitement and behaviour; this is rehabilitated together with the ability to know and be your true self in the course of personal, existentially oriented development.

The ability to desire is rehabilitated together with your general purpose of life, which is your fundamental source of lust for life. The ability to get a high level of excitement is rehabilitated when your full personal power is rehabilitated, so you can involve your mind, your feelings and your body a 100% in the sexual act. Sensual pleasure is rehabilitated when the ability to sensual enjoyment in all areas of life is fully rehabilitated, together with your general self-esteem and your ability to embrace a strong sexual polarity, being fully the male or the female sexual pole. Orgasmic potency is rehabilitated, when lust, excitement, and pleasure is rehabilitated, together with the ability to let go of the ego and transcend.

RELEVANCE TO HOLISTIC SEXOLOGICAL THERAPY

Nothing is as practical as a good theory and this theory supports the intervention on the sexually dysfunctional teenager male or female, in the way that what needs to be done is always rehabilitation of lust, excitement, sensual enjoyment and orgasmic potency, together with the processing of tensions and aches giving pain and discomfort, often caused by the feelings from negative life events related to sex and gender, which are at that time repressed and placed in body and mind as blockages, specifically in the pelvis and the sexual organs and tissues [34-37].

The four standard steps of holistic existential therapy: love, trust, holding and healing are more needed with the vulnerable and insecure teenager that with any other patient. Holding consist of awareness, respect, care, acknowledgement and acceptance and when it comes to sexual problems acceptance is often the most important of these five. The lack of self-acceptance is primarily felt as shame and low self-esteem. The most efficient procedure in holistic sexological therapy to solve problems with shame seems to be acceptance through touch [35]. Using this kind of holistic therapy with young teenagers is ethically highly problematic and must always be justified by a strong medical necessity like unbearable vulvodynia as an alternative to surgery or strong lifelong medication and done by physicians, which masters a high degree of self-control and self-insight. Conversation is therefore in general the preferred holistic medical tool in the holistic sexologic clinic with the young teenagers.

In general, sexual problems cannot be solved without a partial focus on existential issues and this is more so with teenagers, which are normally going through so many deep existential crisis. Many young patients will when sexually active present existential problems as sexual problems, as sexual dysfunction, lack of lust, and lack of orgasmic potency is often the most noticeable subjective symptom of poor quality of life and low self-esteem. In older patients this pattern is reversed; often they do not expect to function sexually, but they complain of lack of lust for life in general. Often the rehabilitation of sexuality and character [11] is the path to insight in self and the purpose of life, the essence of self [7-13].

SEXUAL ETHICS AND MEDICAL ETHICS FOR WORKING WITH THE TEENAGER

With the mapping of the three experiential dimensions of sexuality leading to the transcending experience of orgasm, it is possible to analyse what is necessary for a high sexual ethics needed for working with the vulnerable teenager.

As most people are unaware of their most fundamental intentions, most people cannot control lust. The holistic physician comes from a clear intention of being there for the patient in the same way as a good parent, and this is an efficient means of controlling intention, making the intention of helping, healing and supporting the patient his/her sole focus; to accomplish this to a degree where sexual desire and other unwanted intentions does not appear anymore, which is one of the signs of mastery of the holistic medical clinical practice.

As the sexual polarity is an innate quality, the sensual enjoyment connected

to the mere contact with a person of the opposite sex can be diminished by repressing ones sexual poles (male or female); as the repression of ones own gender in the clinic often will be somewhat irreversible and therefore leave a degree of permanent sexual inhibition, this strategy of controlling sexuality is damaging to sexual health, and to ones character in general [11] it cannot be recommended.

Interestingly, as according to the presented sexual theory, sexual excitement comes from investing mind, emotion and body in sexuality, excitement is completely controllable. This means that instead of just controlling ones sexual behaviour, a person or a physician can chose not to get sexually excited, even if the lust cannot be controlled. After some practice sexual excitement can easily be controlled in the holistic medical clinic, making it possible to obtain extreme intimacy without getting sexually involved [35,37], which is of extreme importance in the adolescent holistic sexologic clinic.

The interesting consequence on this is that practical sexual ethics can be taught both to patients and to their physicians. We suggest that this ability of getting intimate with the opposite sex without getting sexually excited should be an obligatory part of every physician's medical training, as physical intimacy is a natural part of the doctors job. The physician still needs to carefully control his behaviour too, as the patient still will interpret the behaviour of the physician, and a patient should never feel sexually abused. In our experience any person, man or woman, will normally take an appreciation, when expressed verbally or non- verbally without any sexual excitement, as a compliment, while the same appreciation, when expressed with such an excitement, often will be taken as a flirt and invitation to a sexual relationship, or as a sexual harassment or even a sexual violation.

The highest degree of responsibility that a physician can take is the responsibility for the experience of the patient; in holistic existential therapy and sexology where painful old emotions are confronted and integrated an important competence is the physician's mastery of the patients experience, calling old painful moments into this moment, while letting the patient clearly know and experience, that the intention of this is solely the healing of the patient. The physician being completely relaxed and without any sexual excitement and emotional tension, giving the patient through an honest appreciation the feeling of being a well- respected, autonomous, precious, and whole being, is an important precondition for this kind of therapy [41,42].

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