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CHAPTER

Concept of self in holistic medicine: Coming from love, freeing the soul, the ego and the physical self.

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Abstract

René Descartes, Sigmund Freud and Anna Freud have developed the concept of self and the latter focused on ego development and self-interpretation. These concepts have also been used in counseling, where self-consistency has been seen as a primary motivating force in human behavior and psychotherapy can be seen as basically a process of altering the ways that individuals see themselves. In holistic medicine we believe that there is an ego connected to the brain-mind and a deeper self, connected to the wholeness of the person (the soul), but we have yet another self connected to the body mind taking care of our sexuality [20]. So this three-some of selves (ego, the body and the soul) must function and this is done best under the leadership of our wholeness, the deep self. This chapter with a few case stories illustrate the holistic medicine mindset concerned with the concept of self.

Introduction

Philosophically the self has always been problematic. Millions of Buddhists believe in the concept on "anata" meaning no-self and many more scientist and physicians of today believe that we are only chemical machines making the concept of consciousness and the self a matter of mere self-illusion.

In psychoanalysis and related systems we have the ego, the super ego and the id, in most psychology we have a self that is the person's self reference, his interpretation of own personified existence[1-4].

In holistic medicine we normally have an ego connected to the brain- mind, and a deeper self, connected to the wholeness of the person (often in religion and philosophy called the "soul")[5-19]. We have yet another self connected to the body mind taking care of our sexuality [20]. So this three-some of selves must function, and this is done best under the leadership of our wholeness, the deep self. To call it deep is really strange, because when you come from this self, you are not really coming from any depth, but only from yourself. The term is appropriate in education as most students are familiar to some extend with their ego, and to some extent with their sexual bodily self, but not with their totality. To discover this vast hall of existence in oneself often gives a feeling of revelation, of realizing that we are divine creates. The soul is close to God in our inner experience, and many religious

experiences [21] thus come after discovering this existential layer in one self. What is interesting for medicine is that many people experience a dramatic improvement in their quality of life, general ability and their health when they break through to this dimension of “higher self”, as it can be called [5-19]. The term “higher” might be justified from the reference to the person’s wholeness, higher then signifying “the top of the hierarchy of entities of this person”.

Purpose of life: the essence of self

In the scientific holistic medicine we intent to improve QOL, health and ability, all in one process [22,23]. The only way to do this is by re-establishing the patient’s existential coherence [19,24,25]. This is often done in the holistic clinic by the rehabilitation of the patient in the three dimensions of love, consciousness and sexuality [15]. The most important being love. To rehabilitate the patients ability to love is done by helping the patient to acknowledge his existential depth, that is his wholeness, and what we call “the essence of the soul” or the purpose of life. The purpose of life, or life mission [13] is the primary talent of the person and when this talent is taken into use, the person can contribute in a constructive and valuable way to other people and society. Realising this value to other people is often making the person very happy, which will facilitate the person to go to the next level of unconditional love. When a person realises that the meaning of life is to give from the bottom of his soul what he himself has been gifted with to other people awakens a happiness in the person that is so sufficient that no more is needed. This person can now give without wanting or needing anything in return. He has become a source of love, a source of value for his family and environment. Living the purpose of life is an experience as being in the state of existence that we were originally meant to be in. This is realising our self [27]. So love is only realised though the wholeness, the deep self or the soul. When we come from love we give from the core of our soul, and we give from our essence. On doing this, all human talents can be recruited to support this key intension of manifesting love, expressing our purpose of life [14].

Quite surprisingly this means that almost everybody contains huge hidden resources that can be mobilised. The experience of becoming oneself and finding the ability to love seems to be the biggest resource a patient can find. Often this is the initiation of an intense self-healing process [28,29]. The background for the life mission theory [13] can be found in box 1.

BOX 1: THE LIFE MISSION THEORY [13]

The phases listed below chart the life and disease history of an individual (II-VII). At the outset, let us assume that a human being begins his or her existence with a plan or an ambition for a good and healthy life. We may put this assumption of a primordial plan in quite abstract terms (I):

I. Life Mission. Let us assume that at the moment of conception all the joy, energy and wisdom that our lives are capable of supporting are expressed in a “decision” as to the purpose of our lives. This first “decision” is quite abstract and all-encompassing and holds the intentions of the entire life for that individual. It may be called the personal mission or the life mission. This mission is the meaning of life for that individual. It is always constructive and sides with life itself.

II. Life pain. The greatest and most fundamental pain in our lives derives from the frustrations encountered, when we try to achieve our personal mission, be they frustrated attempts to satisfy basic needs or the failure to obtain desired psychological states.

III. Denial. When the pain becomes intolerable we can deny our life mission by making a counter-decision, which is then lodged in the body and the mind, partially or entirely cancelling the life mission.

IV. Repair. One or several new life intentions, more specific than the original life mission, may now be chosen relative to what is possible henceforth. They replace the original life mission and enable the person to move forward again. They can, in turn, be modified, when they encounter new pains experienced as unbearable. (Example: Mission #1: "I am good." Denial #1: "I am not good enough." Mission #2: "I will become good," which implies I am not).

V. Repression and loss of responsibility. The new life intention, which corresponds to a new perspective on life at a lower level of responsibility, is based on an effective repression of both the old life mission and the counter-decision that antagonises and denies it. Such a repression causes the person to split in a conscious and one or more unconscious/subconscious parts. The end result is that we deny and repress parts of ourselves. Our new life intention must always be consistent with what is left undenied.

VI. Loss of physical health. Human consciousness is coupled to the wholeness of the organism through the information systems that bind all the cells of the body into a unity. Disturbances in consciousness may thus disturb the organism's information systems, resulting in the cells being less perfectly informed as to what they are to do where.

Disruptions in the necessary flow of information to the cells of the organism and tissues hamper the ability of the cells to function properly. Loss of cellular functionality may eventually result in disease and suffering.

VII. Loss of quality of life and mental health. In psychological and spiritual terms, people who deny their personal mission gradually lose their fundamental sense that life has meaning, direction and coherence. They may find that their joy of life, energy to do important things and intuitive wisdom are slowly petering out. The quality of their lives is diminished and their mental health impaired.

IX. Loss of functionality. When we decide against our life mission we invalidate our very existence. This shows up as reduced self-worth and self-confidence. Thus, the counter-decisions compromise not only our health and quality of life, but also our basic powers to function physically, psychologically, socially, at work, sexually, etc.

The self and healing

When the patient enters the process of existential healing, we find what is important is the three steps that integrates old traumas and develops a positive philosophy of life: 1) to feel, 2) to understand and 3) to let go of negative beliefs and decisions (which has been formulated in "the holistic process theory of healing"[22]). What this process does to a person is a rather peculiar thing: first the negative emotions from old traumas appear in the consciousness; second the repressed and forgotten contexts appear in the mind, where hidden and neurotic patterns are confronted and seen, and finally the many negative beliefs and attitudes collected through live failures are dismissed to reveal a natural and positive philosophy of life. The negative attitudes are really what give the brain-mind ego its lack of transparency. A sound ego is transcendent and allows the deep wishes of the soul (the wholeness) to be manifested in the mind and fulfilled by the person using all of the rich possibilities in this world. In the same way the self of the body-mind will become visible and present when shame, guilt and other feelings attended to sexuality and the body are processed and the old traumatic life events integrated in holistic existential therapy [30-32].

So the three selves of a person, the ego, the body and the soul are closely related in the sound person. In the sick person these are often widely apart [33-35]. Sexuality is repressed and the body's urges distorted and perverted, the soul and the true direction of the person is left out of the persons reach, and the mind is occupied with sheer survival.

Rehabilitation of existence is really rehabilitation of the soul, mind and body. The mind ego must become transparent (see box 2). The body's self must become free and happy. The soul must come into power to manifest its love and be a coherent part of the universe[36].

BOX 2: THE PROCESS OF HEALING AND THE EGO [14].

The ego is our description of self in the brain-mind. It is important to notice that personal development is a plan not for the elimination of the ego, but for its cultivation. An existentially sound person will always have an operative mental ego, but it is centered on the optimal verbal expression of the life mission. Such an ego is not in conflict with one's true self, but supports the life and wholeness of the person, although in an invisible and seamless way. The more developed the person, the more talents are taken into use. So, although the core of existence remains the same throughout life, the healthy person continues to grow. As the number of talents we can call upon is unlimited, the journey ends only at death.

Case story 1

A female, aged 42 years with tinnitus, migraine, herpes simplex 1 and 2, low back pain, treatment-resistant genital warts, sun allergy and depression. Despite her age, Mia was already in a very poor condition, physically and mentally. But she possessed something special, an alertness and interest in the spiritual world. She wanted to develop as a person and that meant that she was ready to assume responsibility and take the rather bitter, holistic medicine offered her. We met in a good and sincere way. Processing her painful personal history took her directly to her life purpose. Following this acknowledgement her art began to flourish and grow like never before. Suddenly, she could do things that she had not even come close to doing before, and her art expressed her new state of acceptance and understanding of good and evil, beautiful and ugly, muck and mire and sky and light. Having acknowledged her life purpose, Mia largely became able to manage on her own. She could now develop further without our help. My work (SV) of guiding her through the pain that made her ill and blocked her enjoyment of life and self-expression is now finished. Her body and soul have largely healed, her tinnitus is almost gone and most of the time she cannot hear it at all. Obviously, this patient may become physically ill again, but her resistance and inner equilibrium appeared to be much greater than before, so next time she is likely to recover much faster.

This woman seemed to have almost all her diseases caused by inner conflicts between her ego and her true self. When the conflicts were solved in the holistic therapy, the most of her seemingly incurable diseases disappeared at the same time.

Case story 2

The next case story was written by a Rosen Body Work practitioner at the Quality of Life Research Center. It is instructive as it shows an important aspect of how the conflict of the ego versus the true self is related to the subjective problems of a male with heart problems.

Male, aged 55 years with the question if he had heart problems. This patient was a family man and manager of a private firm. He seemed a happy and extrovert man with a good grip on things. However, his body was heavy and his muscles very hard. Shortly before he started at the clinic, he had been in hospital with a blood clot in his heart and was taking medication for hypertension. Most of the times he was on the couch he fell into a deep sleep that was frequently interrupted by some very violent jerks throughout the body, which he called his electric shocks. Several times during the period when he came to our clinic he was admitted to the hospital with extreme cardiac pain and angina. Eventually he started medication for these symptoms and on the waiting list for bypass surgery. During some of his private sessions he became aware of some of the things that had greatly influenced his life, including an alcoholic father, who had been violent towards his mother. As a very young he received electroconvulsive therapy for severe depression. After he had realised this, the jerks that used to wake up both him and his wife ceased or diminished. It also became apparent that he was taking strong antidepressants and had done so for years. He chose to reduce dosage so that he was far below the daily dose, and he was doing well without the excessive medication. Throughout the therapy he had some major problems with his staff and he felt they had taken a dislike to him. I (SV) had other clients from that workplace, and it turned out that others shared his belief. The patient mobilised all his strength to give notice and start again from scratch in another firm, where he is working today. At some point he was again admitted to the hospital with extreme pain and angina that was considered to be life threatening, so he was transferred to a cardiology ward for surgery at the earliest opportunity. However, when the cardiologists examined him thoroughly they could not find any disorder or defect in the heart or surrounding blood vessels, so they discharged him again. During the last private session with the patient he was truly happy about life, and full of vigour to devote to his family and friends. His jerks and cardiac problems had vanished completely, and he was enjoying his new job.

What happened here according to the theory of the ego presented in this chapter is, that the man finally let go of his cold and frozen-hearted ego, which was suppressing his feelings and emotions. It was also beneficial for his subjective experience of his heart, his quality of life, working life and ability of functioning in general.

The method of Marion Rosen Body Work [37] and other body therapies that make the patient note the feelings located in the body are effective tools in holistic medicine. Sometimes the patient can verbalise his feelings and let go of the limiting beliefs that keep them bound to the narrow world of the ego. For many middle-aged men, their Achilles heel is allowing themselves to feel. Often, it is extremely unpleasant for a grown-up man in a managerial position to register the old feelings from his childhood of being small, frightened or helpless. It is quite simply an insult to his ego, that he is still harboring such feelings. To release them seemingly relieved his angina.

Conclusions

René Descartes (1596-1650) wrote in 1644 the book “Principles of philosophy” [38] perceived as a milestone in reflection on the non-physical inner self. He proposed that doubt was a principal tool of disciplined examination, but he could not doubt that he doubted. He rationalized that if he doubted, he was thinking and therefore must exist and therefore existence depended upon perception. Concept of self was also part of the writings of Sigmund Freud (1856-1939) [1,39], who developed further and new understanding of the importance of internal mental processes. Freud hesitated to make self-concept a primary psychological unit in his theories, but his

daughter Anna Freud (1895-1982) [40] focused on ego development and self-interpretation.

In counseling the psychologist Prescott Lecky (1892-1941) created a personality theory, but was never able to collect his writing into a completed form until his former Columbia University students in 1945 published a small posthumous volume [41], where self-consistency was seen as a primary motivating force in human behavior. Others [42] have used the self-concept in counseling interviews and argued that psychotherapy is basically a process of altering the ways that individuals see themselves.

In holistic medicine we believe that there is an ego connected to the brain-mind and a deeper self, connected to the wholeness of the person (the soul), but we have yet another self connected to the body mind taking care of our sexuality [20]. So this three-some of selves (ego, the body and the soul) must function and this is done best under the leadership of our wholeness, the deep self. This chapter with a few case stories illustrate the holistic medicine mindset concerned with the concept of self.

References

1. Freud S. Mourning and melancholia. London: Penguin, 1984.
2. Jung CG. Man and his symbols. New York: Anchor Press, 1964.
3. Sullivan HS. Interpersonal theory and psychotherapy, London: Routledge, 1996.
4. Horney K. Our inner conflicts: A constructive theory of neurosis. London: WW Norton, 1948.
5. Ventegodt S, Andersen NJ, Merrick J. Quality of life philosophy: when life sparkles or can we make wisdom a science? *ScientificWorldJournal* 2003;3:1160-3.
6. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy I: Quality of life, happiness, and meaning of life. *ScientificWorldJournal* 2003;3:1164-75.
7. Ventegodt S, Andersen NJ, Kromann M, Merrick J. QOL philosophy II: What is a human being? *ScientificWorldJournal* 2003;3:1176-85.
8. Ventegodt S, Merrick J, Andersen NJ. QOL philosophy III: Towards a new biology. *ScientificWorldJournal* 2003;3:1186-98.
9. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy IV: The brain and consciousness. *ScientificWorldJournal* 2003;3:1199-1209.
10. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy V: Seizing the meaning of life and getting well again. *ScientificWorldJournal* 2003;3:1210-29.
11. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy VI: The concepts. *ScientificWorldJournal* 2003;3:1230-40.
12. Ventegodt S, Andersen NJ, Merrick J. Editorial: Five theories of human existence. *ScientificWorldJournal* 2003;3:1272-76.
13. Ventegodt S. The life mission theory: A theory for a consciousness-based medicine. *Int J Adolesc Med Health* 2003;15(1):89-91.
14. Ventegodt S, Andersen NJ, Merrick J. The life mission theory II: The structure of the life purpose and the ego. *ScientificWorldJournal* 2003;3:1277-85.
15. Ventegodt S, Andersen NJ, Merrick J. The life mission theory III: Theory of talent. *ScientificWorldJournal* 2003;3:1286-93.
16. Ventegodt S, Merrick J. The life mission theory IV. Theory of child development. *ScientificWorldJournal* 2003;3:1294-1301.

17. Ventegodt S, Andersen NJ, Merrick J. The life mission theory V. A theory of the anti-self and explaining the evil side of man. *ScientificWorldJournal* 2003;3:1302-13.
18. Ventegodt S, Andersen NJ, Merrick J. The life mission theory VI: A theory for the human character. *ScientificWorldJournal* 2004;4:859-80.
19. Ventegodt S, Flensburg-Madsen T, Andersen NJ, Merrick J. Life Mission Theory VII: Theory of existential (Antonovsky) coherence: a theory of quality of life, health and ability for use in holistic medicine. *ScientificWorldJournal* 2005;5:377-89.
20. Ventegodt S, Vardi G, Merrick J. Holistic adolescent sexology: How to counsel and treat young people to alleviate and prevent sexual problems. *BMJ Rapid responses* 15 Jan 2005. <http://bmj.com/cgi/eletters/330/7483/107#92872>
21. Buber M. *I and thou*. New York: Charles Scribner, 1970.
22. Ventegodt S, Andersen NJ, Merrick J. Holistic Medicine III: The holistic process theory of healing. *ScientificWorldJournal* 2003;3:1138-46.
23. Ventegodt S, Andersen NJ, Merrick J. Holistic Medicine IV: Principles of existential holistic group therapy and the holistic process of healing in a group setting. *ScientificWorldJournal* 2003;3:1388-1400.
24. Antonovsky A. *Health, stress and coping*. London: Jossey-Bass, 1985.
25. Antonovsky A. *Unravelling the mystery of health. How people manage stress and stay well*. San Francisco: Jossey-Bass, 1987.
26. Fromm E. *The art of loving*. New York: Harper Collins, 2000.
27. Maslow AH. *Toward a psychology of being*, New York: Van Nostrand, 1962.
28. Spiegel D, Bloom JR, Kraemer HC, Gottheil, E. Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet* 1989;2(8668), 888-91.
29. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Induction of Spontaneous Remission of Cancer by Recovery of the Human Character and the Purpose of Life (the Life Mission). *ScientificWorldJournal* 2004;4:362-77.
30. Ventegodt S, Merrick J. Clinical holistic medicine: Applied consciousness-based medicine. *ScientificWorldJournal* 2004;4:96-9.
31. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Classic art of healing or the therapeutic touch. *ScientificWorldJournal* 2004;4:134-47.
32. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: The “new medicine”, the multi-paradigmatic physician and the medical record. *ScientificWorldJournal* 2004;4:273-85.
33. Ventegodt S, Merrick J, Andersen NJ. Quality of life theory I. The IQOL theory: An integrative theory of the global quality of life concept. *ScientificWorldJournal* 2003;3:1030-40.
34. Ventegodt S, Merrick J, Andersen NJ. Quality of life theory II. Quality of life as the realization of life potential: A biological theory of human being. *ScientificWorldJournal* 2003;3:1041-9.
35. Ventegodt S, Merrick J, Andersen NJ. Quality of life theory III. Maslow revisited. *ScientificWorldJournal* 2003;3:1050-7.
36. Ventegodt S, Flensburg-Madsen T, Andersen NJ, Nielsen M, Morad M, Merrick J. Global quality of life (QOL), health and ability are primarily determined by our consciousness. Research findings from Denmark 1991-2004. *Social Indicator Res* 2005;71: 87-122.
37. Rosen M, Brenner S. *Rosen method bodywork. Accessing the unconscious through touch*. Berkeley, CA: North Atlantic Books, 2003.

38. Descartes R. Principles of philosophy (translated by Miller VR, Miller RP). Dordrecht: D Reidel, 1983.
39. Freud S. The interpretation of dreams. In the complete psychological works of Sigmund Freud. London: Hogarth Press, 1962.
40. Freud A. The ego and the mechanisms of defense: The writings of Anna Freud. Guilford, CT: Int Univ Press, 1967.
41. Lecky P. Self-consistency: A theory of personality. New York: Island Press, 1945.
42. Rainy VC. Self-reference in counseling interviews. J Consult Psychol 1948;12:153-63.