

Documenting effect in clinical holistic medicine using the case record: Development of a rating scale for therapeutic progress, version 1.0 based upon the holistic process theory of healing

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Abstract

We have developed the "Rating scale for therapeutic progress in clinical holistic medicine, Version 1.0" that can be used whenever there is a need to use the case record to evaluate if holistic therapy is efficient and to document healing in the patient. 17 questions on the patients progress in feeling, understanding and letting go of negative beliefs gives a score that indicates if healing is happening or not. The rating scale can be used for supervision, and to evaluate therapy when not completed because treatment is interrupted before completion, i.e. if the patient drops out. It can also be used to document effect of therapy, when others question the efficacy of holistic therapy for a specific patient. We recommend that a short questionnaire like QOL1, QOL5 or QOL10 is always used for quality assurance, as the qualitative assessment is much more complicated and time-demanding than the quantitative measuring of the quality of life and self-assessed physical and mental health before and after the treatment.

Keywords: Integrative medicine, alternative medicine, holistic medicine, CAM, qualitative research, holistic health, imagery, healing, therapeutic efficacy.

Introduction

The effect of holistic therapy can be measured quantitatively or assessed qualitatively (1-3). One can look at the outcome of therapy or at the process of healing in itself (4,5). While outcome is often hard to evaluate directly due to the chaotic nature of life, where happiness and good periods interchange with challenges and suffering, it is often much easier to see, if there is a positive development and if the patient is healing. According to many researchers, the good life is not a boring, stable state, but is happening

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on the edge of chaos, with intensive feelings and emotions, and sufficient challenges for personal development (6-16).

The case record or chart (17) is often used for qualitative evaluation of a patient's progress, but the many different dimensions of life and existence can make this a hard task to document. We have therefore developed this simple rating scale for documenting effect of holistic therapy using the case record. Some of the aspects, like the sexual life of the patient, might be missing from the case record, making the assessment incomplete. In spite of this, we believe that sufficiently many factors are addressed in most case records to make such an assessment possible. If the case record lacks data for more than 1/3 of the questions, the score is not valid.

Constructing the rating scale

According to the holistic process theory of healing (4), there are three steps in holistic, existential healing:

- (1) Feel
- (2) Understand
- (3) Let go

When it is needed to evaluate whether clinical holistic therapy actually helps a patients it is necessary to see if the therapy

- (1) supports the patient in feeling
- (2) supports the patient in reflecting and understanding his or her past
- (3) supports the patient to let go of negative beliefs and develop an independent, responsible and positive philosophy of life.

The signs of intensified feelings are:

- (1) Emotional expression
- (2) Patient report of more emotions, positive and/or negative
- (3) More emotionally motivated behavior
- (4) Less mental control
- (5) Enhanced sexuality – sexual interest, sexual activity (i.e. masturbation)

- (6) More interest in other people, or more feelings towards them, i.e. fear or anger

The signs of increased reflection and understanding are:

- (1) Expressed reflections and thoughts about all aspects of self, life and the surrounding world
- (2) Patient report on more reflections and understanding
- (3) Patient recalling personal history, especially emotionally charged life-events (traumas)
- (4) Patient constructing explanations and pseudo-memories (“implanted memories”) that leads to insight and understanding after more reflection (18)
- (5) Spontaneous regression, sometimes into psychotic events of childhood
- (6) Spiritual and transpersonal (i.e. divine) experiences
- (7) Old diseases (i.e. acne, eczema), neurotic patterns (i.e. social phobia) and gestalts (projections of parents on other people) re-manifest itself (compare with Heering's law (19-25))

The signs of letting go and development of a positive philosophy of life are:

- (1) Expressions of letting go and positive philosophy of life
- (2) Patient reports on letting go and noticing a more positive attitude towards self, life and/or other people
- (3) Patients engaging in activities that indicate a more positive, confident and trusting attitude.
- (4) The patient is becoming orgasmic potent (able to let go sexually) (26).

The rating scale

From the list of questions above it is a simple task to construct the rating scale with the questions needed to evaluate if the patient has been healing in the therapy:

Rating scale for therapeutic progress in clinical holistic medicine, Version 1.0

1: Yes	2: In doubt	3: No	4: No data
<i>A. Intensified feelings</i>			
Q1: Does the patient express feelings and emotions?			1 2 3 4
Q2: Does the patients report emotions, positive and/or negative?			1 2 3 4
Q3: Is there emotionally motivated behavior?			1 2 3 4
Q4: Are there less mental control in patient’s life, and more spontaneity?			1 2 3 4
Q5: Is there enhanced sexuality – sexual interest or sexual activity (i.e. masturbation)?			1 2 3 4
Q6: Is there more interest in other people, or more feelings towards them, i.e. fear or anger			1 2 3 4
<i>B. Increased reflection and understanding</i>			
Q7: Does the patient express reflections and thought about self, life and the surrounding world?			1 2 3 4
Q8: Does the patient report on reflections and understanding?			1 2 3 4
Q9: Is the patient recalling personal history, especially emotionally charged life-events (traumas)?			
Q10: Is the patient constructing explanations and pseudo-memories (“implanted memories”)?			1 2 3 4
Q11: Is there spontaneous regression, to i.e. psychotic childhood-events?			1 2 3 4
Q12: Does the patient have spiritual and transpersonal (i.e. divine) experiences?			1 2 3 4
Q13: Is there re-appearance of diseases from childhood or adolescence, (i.e. acne, eczema), or old neurotic patterns (i.e. social phobia), or projections of parents on other people?			1 2 3 4
<i>C: Letting go of negative attitudes and development of a positive philosophy of life</i>			
Q14: Does the patient express letting go or a positive philosophy of life?			1 2 3 4
Q15: Does the patient report of letting go or about developing a positive attitude towards self, life and/or other people?			1 2 3 4
Q16: Does the patients engaging in activities that indicate a positive, confident and trusting attitude?			1 2 3 4
Q17: Has the patient become less dysfunctional and happier sexually?			1 2 3 4

Scoring

“Yes” is scored as 1, “In doubt” as 0.5, and “No” as 0. No data is scored as “No”, that is as 0. If there is no data for more than five questions the score is not valid, and can only be taken as an indication. Interpretation of total score:

- 0-3: The patient is not healing
- 4-7: The patient is likely to heal
- 8-17: The patient is definitely healing

Using the rating scale

We have evaluated the therapy of “Anna” (27-29) with the rating scale and found the following:

1: Yes	2: In doubt	3: No	4: No data
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A. Intensified feelings

Q1: Does the patient express feelings and emotions?	1	
Q2: Does the patients report of emotions, positive and/or negative?		1
Q3: Is there emotionally motivated behavior?	1	
Q4: Are there less mental control in patient's life, and more spontaneity?		1
Q5: Is there enhanced sexuality – sexual interest or sexual activity (i.e. masturbation)?		1
Q6: Is there more interest in other people, or more feelings towards them, i.e. fear or anger		1

B. Increased reflection and understanding

Q7: Does the patient express reflections and thought about self, life and the surrounding world?		1
Q8: Does the patient report on reflections and understanding?	1	
Q9: Is the patient recalling personal history, especially emotionally charged life-events (traumas)?		
Q10: Is the patient constructing explanations and pseudo-memories (“implanted memories”)?		3
Q11: Is there spontaneous regression, to i.e. psychotic childhood-events?		1
Q12: Does the patient have spiritual and transpersonal (i.e. divine) experiences?		3
Q13: Is there re-appearance of diseases from childhood or adolescence, (i.e. acne, eczema), or old neurotic patterns (i.e. social phobia), or projections of parents on other people?		1

C: Letting go of negative attitudes and development of a positive philosophy of life

Q14: Does the patient express letting go or a positive philosophy of life?	1	
Q15: Does the patient report of letting go or about developing a positive attitude towards self, life and/or other people?		1
Q16: Does the patients engaging in activities that indicate a positive, confident and trusting attitude?		1
Q17: Has the patient become less dysfunctional and happier sexually?		4

The score is thus 14; only one “No” from missing data allows us to conclude that the patient is healing. This is a simple example of how to extract the knowledge about the healing from a highly complex case record, demonstrating the usefulness of the tool.

Discussion

The therapist and the patient most often know if there is progress in the therapy. For the therapist the state of healing is associated with a special feeling of the earth moving, and for the patient healing is often a strong

and not-always-pleasant experience. We could say that it is known by *intuition*. Unfortunately it is easy to be caught in illusions as therapist, so it is important that we have tools for evaluating the effect of therapy, also when the therapy is made by another therapist, whom we supervise, when the patient drops out half the way though the treatment, or when the therapy is questioned by authorities or other professionals. We believe that the presented questionnaire is valuable in these situations.

The rating scale is valid as it is firmly based on theory, which is the most solid way to validate a questionnaire (30). In principle it could be validated

by comparing results from the qualitative evaluation with results from quantitative measuring, but this has yet to be done. We believe that this is not necessary for taking the scale into use. We have used it for supervision, and found that it is practical and valuable. When it comes to tools for qualitative research and evaluation the qualities validation is always more important than a quantitative. We therefore find the questionnaire sufficiently validated.

We have developed the “rating scale for therapeutic progress in clinical holistic medicine, Version 1.0” that can be used whenever there is a need to use the case record to evaluate and also document if holistic therapy is efficient and the patient healing. 17 questions on the patient’s progress in feeling, understanding and letting go of negative beliefs gives a score that indicates, if healing is happening or not.

The rating scale can be used for supervision, to evaluate therapy when not completed, because treatment is interrupted before completion, i.e. if the patient drops out. It can also be used to document effect of therapy, when the authorities or other professionals have questioned the efficacy of holistic therapy for a specific patient. We recommend that a short questionnaire like QOL1, QOL5 (2) or QOL10 (3) is always used as quality assurance, as the qualitative assessment is much more complicated and time-demanding than the quantitative measuring of the quality of life and self-assessed physical and mental health before and after the treatment.

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References

- [1] Ventegodt S, Andersen NJ, Merrick J. Holistic medicine II: The square-curve paradigm for research in alternative, complementary and holistic medicine: A cost-effective, easy and scientifically valid design for evidence based medicine. *ScientificWorldJournal* 2003;3:1117-27.
- [2] Lindholt JS, Ventegodt S, Henneberg EW. Development and validation of QoL5 for clinical databases. A short, global and generic questionnaire based on an integrated theory of the quality of life. *Eur J Surg* 2002;168:103-7.
- [3] Ventegodt S, Andersen NJ, Kandel I, Merrick J. QOL10 for clinical quality-assurance and research in treatment-efficacy: Ten key questions for measuring the global quality of life, self-rated physical and mental health, and self-rated social-, sexual- and working ability. *J Altern Med Res* 2009;1(2), in press.
- [4] Ventegodt S, Andersen NJ, Merrick J. Holistic Medicine III: The holistic process theory of healing. *ScientificWorldJournal* 2003;3:1138-46.
- [5] Ventegodt S, Andersen NJ, Merrick J. Holistic Medicine IV: Principles of the holistic process of healing in a group setting. *ScientificWorldJournal* 2003;3:1294-1301.
- [6] Antonovsky A. *Health, stress and coping*. London: Jossey-Bass, 1985.
- [7] Antonovsky A. *Unravelling the mystery of health. How people manage stress and stay well*. San Francisco: Jossey-Bass, 1987.
- [8] Frankl V. *Man’s search for meaning*. New York: Pocket Books, 1985.
- [9] Maslow AH. *Toward a psychology of being*. New York: Van Nostrand, 1962.
- [10] Jung CG. *Psychology and alchemy. Collected works of C.G. Jung, Vol. 12*. Princeton, NJ: Princeton Univ Press, 1968.
- [11] Csikszentmihalyi M. *Flow. The psychology of optimal experience*. New York: Harper Collins, 1991.
- [12] Castaneda C. *The teachings of Don Juan: A yaqui way of knowledge*. New York: HarperCollins, 1968.
- [13] Grof S. *LSD psychotherapy: Exploring the frontiers of the hidden mind*. Alameda, CA: Hunter House, 1980.
- [14] Goleman D. *Healing emotions: Conversations with the Dalai Lama on the mindfulness, emotions, and health*. Boston: Mind Life Inst, 1997.

- [15] Goleman D: Destructive emotions. New York: Mind Life Inst, 2003.
- [16] Jung CG. Man and his symbols. New York: Anchor Press, 1964.
- [17] Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: The “new medicine”, the multiparadigmatic physician and the medical record. *ScientificWorldJournal* 2004;4:273-85.
- [18] Ventegodt S, Kandel I, Merrick J. How to use implanted memories of incest as a tool for dissolving a strong female Oedipus complex. *Int J Child Health Hum Dev* 2010;3(1), in press.
- [19] Antonella R. Introduction of regulatory methods. Graz, Austria: Interuniversity College, 2004.
- [20] Blättner B. Fundamentals of salutogenesis. Graz, Austria: Interuniversity College, 2004.
- [21] Endler PC. Master program for complementary, psychosocial and integrated health sciences Graz, Austria: Interuniversity College, 2004.
- [22] Endler PC. Working and writing scientifically in complementary medicine and integrated health sciences. Graz, Austria: Interuniversity College, 2004.
- [23] Kratky KW. Complementary medicine systems. Comparison and integration. New York, Nova Sci, 2008.
- [24] Pass PF. Fundamentals of depth psychology. Therapeutic relationship formation between self-awareness and casework. Graz, Austria: Interuniversity College, 2004.
- [25] Spranger HH. Fundamentals of regulatory biology. Paradigms and scientific backgrounds of regulatory methods. Graz, Austria: Interuniversity College, 2004.
- [26] Reich W. [Die Function des Orgasmus]. Köln: Kiepenheuer Witsch, 1969. [German]
- [27] Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: The case story of Anna: I. Long term effect of child sexual abuse and incest with a treatment approach. *ScientificWorld Journal* 2006;6:1965-76.
- [28] Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: the case story of Anna. II. Patient diary as a tool in treatment. *ScientificWorldJournal* 2006;6:2006-34.
- [29] Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: The case story of Anna. III. Rehabilitation of philosophy of life during holistic existential therapy for childhood sexual abuse. *ScientificWorldJournal* 2006;6:2080-91.
- [30] Ventegodt S, Hilden J, Merrick J. Measurement of quality of life I: A methodological framework. *ScientificWorldJournal* 2003;3:950-61.

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