

Clinical holistic medicine: Holistic sexology and female quality of life

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Abstract

In this study we are testing the quantitative effect of holistic sexology on female patient global quality of life (QOL), sexual functioning, health and ability. The patients had sexual problems related to desire, genital pain, and orgasmic dysfunction. We found that holistic sexology clinically significant helped the patients to improve self-rated quality of life, self-rated sexual function, self-rated mental health with self-rated physical health often also improved. Self-esteem, ego-strength and social ability were also often improved. 43 patients with lack of sexual desire, 16 patients with genital pain including primary vulvodynia and dyspareunia, and 24 patients with orgasmic dysfunction including anorgasmia was included in the protocol, together with 33 patients with a wide range of sexual problems like vaginismus, sexual arousal syndrome, and sexual aversion disorder. The patients were between 18 and 70 years old. The different groups underwent 20 hours of holistic sexological therapy, which started with conversational therapy, and if this did not help was complemented with bodywork, and if this did not help, complemented with genital physiotherapy as modum Hippocrates (vaginal acupressure). All dimensions were improved 15-50% (0.75 to 2.0 steps) as measured on a five point Likert Scale with the validated questionnaires QOL1 and QOL5, complemented with questions on sexual, social and working ability and ego-strength. The global simultaneous improvement of all dimensions related to health, quality of life and ability strongly indicated that the holistic sexological treatment induced not only sexual healing, but also Antonovsky-salutogenesis (existential healing).

Keywords: Quality of life, sexology, ethics, existential psychology, sexual dysfunction, integrative medicine, holistic health.

Introduction

In sexology there are several concerns involving the female, such as lack of sexual desire, genital pain including dyspareunia and orgasmic dysfunction

including anorgasmia (1). 56.6% of Danish women about 30 years old doubt that they are sexually attractive and only 27.4% of Danish women feel satisfied sexually (2), indicating that in spite of much more sexual freedom in that country, there is still much that could be better in the sexological area.

Classical holistic medicine goes all the way back to Hippocrates and his students (3). According to "Corpus Hippocraticum" (3) these early physicians cured psychosexual developmental problems with a combination of conversational therapy, bodywork and when necessary also genital physiotherapy today often called "physical therapy for the pelvic floor" (4). The later treatment has been used today to a cure many female health problems including sexual dysfunctions, with about 50 RCTs to support its efficiency, although "the sexological examination" is recommended by Bø et al, if the treatment of sexual dysfunctions with physiotherapy alone fails (4).

During the last ten years our international research team has made a number of theoretical and clinical sexological studies (5-16), including some studies complemented with genital physiotherapy (17,18) and clinical studies in the effect of holistic therapy complemented with bodywork in general (19-22). For ethical and political reasons we have not used sexual stimulation (the sexological examination) (23-29) in our studies, but we evaluated the patients of a sexologist using a similar method in Denmark for anorgasmic women (30).

There seem to be an emerging agreement about sexological researchers that sexual dysfunction often needs more than psychotherapy. A review concluded that manual sexology is superior to psychotherapy (31). We found that holistic sexology combining psychotherapy and bodywork could help 42% of patients, who experienced sexual dysfunction (16) and the ratio of patients helped went up to 56%, if genital physiotherapy ad modum Hippocrates was also given (18). If direct sexual stimulation was used, 93% of the patients were healed (30).

A simple way to understand the increased effect with the more provocative therapeutic tools is to acknowledge Wilhelm Reich (1897-1957) and his brilliant insight, that the more directly the patients emotional resistance is addressed in therapy, the more efficient the therapy (32-34). Working directly on the genitals are provoking much more resistance than just

talking and massaging the body; direct sexual stimulation is likely to be the most provocative procedure at all in the sexological field, going straight to the patients most intimate problems. From this perspective it is not at all surprising that vaginal physiotherapy and manual sexology is highly efficient in treating sexual dysfunctions.

The present study is testing a hypothesis that holistic sexology induce Antonovsky salutogenesis and thus improving not only sexual functioning, but also physical and mental health including quality of life in general.

Theory behind

The psychoanalytical and psychodynamic theories by Freud, Jung and Reich are the basis of modern sexological treatment with conversational therapy (33,35,36). Sexological research has pointed towards the musculature of the circumvaginal/pelvic floor musculature (37-40) as important for many different sexual problems. Modern vaginal physiotherapy for sexual dysfunctions concentrate often on the bulbospongiosus, ischiocavernosus and the most medical fibers for the levator ani muscles as stated in a textbook (4, page 310) with the following statement: "All these findings have interesting implications for physiotherapists giving pelvic floor re-education treatments; it could be that anorgasmic women would be helped by improving the strength of their pelvic floor muscles." The lack of effect of conversational therapy alone has meant that vaginal massage and similar techniques are becoming more and more used by educated and modern female patients that insist on having a normal sex-life: "Increasingly physiotherapists are being asked to treat patients... complaining of dyspareunia" (4, page 312). "Physiotherapists are finding that they are able to treat many such patients very successfully using a combination of "tender loving care", listening, counseling, education, ultrasound to soften scar tissues and the teaching of self-massage and pelvic floor exercises. No scientific evaluation of these techniques has so far been undertaken, but the gratitude of patients and their partners is significant" (4, page 312). Confrontation of the genitals is often making miracles for the patients in this area, and

Polden and Mantle found that techniques like “guidance to self-examination using a mirror is often all that is needed” (4, page 312).

So sexual problems seem often to be caused by emotional problems associated with the genitals and as soon as they are solved, the patient’s level of sexual ability is often normalised. The basic method of holistic sexological therapy is therefore to work with the patient’s resistance (32-34) until all negative feelings and emotions connected to gender, sexuality and sexual organs are integrated and the patient is sexually and existentially healed.

Psychodynamically the sexually dysfunctional patients very often have strong unresolved Oedipus complexes (41) and a pronounced level of sexual masochism (34). During the process of sexual healing the patient will often have sexual transference of masochistic quality that gradually transforms into sadism, before the patient is finally healed. The therapist is well advised to take all possible precautions as the patient’s often-unconscious, sexual sadism can take any form. If the issue of sexual sadism are addressed in the therapy, before it actually appears, many problems can be avoided. Sexual sadism might be too difficult for the patient to contain, forcing her to discontinue the therapy, if this is not done elegantly.

Methods

The present retrospective, clinical study presents the results of holistic sexology on sexual functioning, physical and mental health and quality of life of more than 100 self-referred patients treated in the period from 2003-2005 at the Research Clinic for Holistic Medicine in Copenhagen. All patients presented, according to their medical record, with a sexual problem that clinically judged by the physician, who treated them related not to a physical problem like an infection, but to a psychosomatic problem. At the evaluation at our clinic the problem was hypothesised (in accordance with psychodynamic theory) to relate to a disturbance of their childhood psychosexual development.

The therapy was a combination of psychodynamically oriented clinical holistic short-term therapy and holistic sexology, given in such a

way that problems that could be solved with conversational therapy alone were solved this way; then bodywork was added, and if the patients were not cured then vaginal physiotherapy added, in a project where the classical method of Hippocratic Pelvic Massage (also called “vaginal acupuncture” or “genital physiotherapy” (4)) was used. Direct sexual stimulation and the “sexological examination” (21-23) were not used in this study.

The fundamental therapeutic work was character analysis (3,33,34) and self-exploration in accordance with the life-mission theory (42-49). The bodywork was inspired by Hippocrates, Reich, Lowen and Rosen (3,32-34,50,51). The patients were given 20 sessions (mean) during one year.

All patients were measured before and after the intervention with the validated questionnaires QOL1 and QOL5 (52) complemented with four questions on social, sexual and working ability and ego-strength (the battery of questions was all together called QOL10) (53). All data were collected using a five-point Likert Scale, which seems to be most efficient and reliable for psychometric testing (54).

The therapists were holistic therapists from the Nordic School of Holistic Medicine under supervision in order to understand and use the healing methods of Hippocrates (see (55-61)). The patients were diagnosed by a physician using a list of diagnoses and comparing these to the symptoms, which the patients described. The patient’s global, self-assessed sexual ability was also measured as guidance for the therapist giving the diagnosis. Only chronic patients, who had had their problem for more than one year, were included in the study.

Results

43 patients entered the protocol with problems related to sexual desire, 16 patients had genital pain including primary vulvodynia and dyspareunia and 24 patients had orgasmic dysfunction including anorgasmia (see table 1). 33 patients had a wide range of other sexual problems like vaginismus, nymphomania, sexual aversion disorder, chronic arousal syndrome etc..

Table 1. The impact on health quality of life and ability of *holistic sexuality* on patients with problems related to desire, genital pain, and orgasmic dysfunction. Scores are mean scores on the 5-step Likert scale. N the number of participants in the study presenting this problem. (* : improvement is significant, p=0.05; **: improvement is significant p=0.01)

	Physical health (self-rated)			Mental health (self-rated)			Self-esteem (self-rated)			Relation to friends (self-rated)						
	Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p				
	Score	2.7	2.33	0.37	.019	3.65	2.42	1.23	.000	3.28	2.41	0.87	.000	2.61	2.18	0.43
N	43	33	10	*	43	33	10	**	43	34	9	**	43	34	9	**
Score	3.0	2.4	0.6	.096	3.25	2.4	0.85	.054	3.19	2.2	0.99	.032	2.0	1.5	0.5	.269
N	16	10	6		16	10	6	*	16	10	6	*	16	10	6	
Score	2.75	2.35	0.4	.016	3.17	2.29	0.88	.000	3.04	2.39	0.65	.006	2.0	1.89	0.11	.816
N	24	17	7	*	24	17	7	**	24	18	6	**	24	18	6	
Score	2.76	2.21	0.55	.110	3.55	2.63	0.92	.002	3.24	2.36	0.88	.001	2.61	2.04	0.57	.012
N	33	24	9		33	24	9	**	33	24	9	**	33	24	9	*

	Relation to partner (self-rated)			Ego strength (self-rated)			Sexual ability (self-rated)					
	Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p
	Score	5.0	3.88	1.12	.016	3.36	2.5	0.86	.001	3.35	2.71	0.64
N	43	34	9	*	42	34	8	**	43	34	9	*
Score	4.3	2.9	1.4	.146	3.31	1.9	1.41	.011	3.94	3	0.94	.004
N	16	10	6		16	10	6	*	16	10	6	**
Score	4.0	3.11	0.89	.101	3.0	2.44	0.56	.083	3.21	2.78	0.43	.110
N	24	18	6		24	18	6		24	18	6	
Score	4.72	3.46	1.26	.083	3.39	2.29	1.1	.002	3.46	2.67	0.79	.029
N	32	24	8		33	24	9	**	33	24	9	*

		Social ability (self-rated)				Working ability (self-rated)				Quality of life (QOL1) (self-rated)			
		Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p
Desire	Score	2.79	2.18	0.61	.002	3.09	2.53	0.56	.025	3.44	2.32	1.12	.000
	N	43	34	9	**	43	34	9	*	43	34	9	**
Genital pain	Score	2.63	1.8	0.83	.025	3.38	2.4	0.98	.037	3.31	2.3	1.01	.029
	N	16	10	6	*	16	10	6	*	16	10	6	*
Orgasmic dysfunction	Score	2.42	2.17	0.25	.381	3.0	2.67	0.33	.427	3.46	2.61	0.85	.000
	N	24	18	6		24	18	6		24	18	6	**
Other sexual problems	Score	3.06	2.29	0.77	.001	3.06	2.46	0.6	.134	3.36	2.33	1.03	.001
	N	33	24	9	**	33	24	9		33	24	9	**

As there were few of each type of patients these were analysed statistically as one group. All dimensions were improved 15-50% (0.75 to 2.0 steps) as measured on a five point Likert Scale with the validated questionnaires QOL1 and QOL5, complemented with questions on sexual, social and working ability and ego-strength.

We found that patients with problems related to sexual desire responded well to holistic sexology. The group increased 0.64 steps of four theoretically possible steps on the Likert scale, which is a remarkably large, significant improvement ($p=0.01$). This group also significantly improved their physical and mental health and global quality of life (0.37, 1.23 and 1.12 step respectively). The contemporary improvement both health, quality of life, and ability strongly indicates that Antonovsky-salutogenesis (62,63) – also called “existential healing” – is induced during the holistic treatment of lack of sexual desire.

We found that patients with problems related to genital pain also responded well to holistic sexological treatment; the group increased 0.94 steps of four theoretically possible steps on the Likert scale, which is a remarkably large, significant improvement ($p=0.01$). This group also significantly improved their mental health, and global quality of life (0.85 and 1.01 step respectively). The contemporary improvement both health, quality of life, and ability strongly indicates that Antonovsky-salutogenesis – also called “existential healing” – is induced during the holistic treatment of genital pain.

We found that patients with problems related to orgasmic dysfunction also responded less well to holistic sexological treatment; the group did not increase sexual ability significantly although the tendency was found and the result could be significant with more participants in the study (the increase was 0.43 step and $p=0.1$). In spite of this, this group did significantly improve their physical and mental health, and their global quality of life (0.40, 0.88 and 0.85 step respectively). The improvement both health and quality of life indicates that Antonovsky-salutogenesis is also induced during the holistic treatment of orgasmic dysfunction; but more modest compared to the two groups described above.

For the last group of patients with miscellaneous sexual problems we found that this group responded well to holistic sexological treatment; the group

increased its sexual ability significantly 0.79 step ($p=0.03$). This group did not significantly improve physical health, but mental health, and global quality of life was significantly improved (0.92 and 1.03 step respectively, with $p=0.01$ and 0.01). The improvement of sexual ability, health and quality of life indicates that Antonovsky-salutogenesis is also induced during the holistic treatment of this group.

Self-rated self-esteem, ego-strength and social ability was also measured and the patients state where often improved in these important dimensions also (see table 1).

We did not find any adverse effects and no serious negative events like suicide attempts, reactive psychosis or mental hospitalisation during this study.

Ethical aspects

The most important ethical safeguards that were in place to protect the participants and therapist were the following:

- Full and complete written and oral information, including graphic illustration of the content of the therapy.
- Time to reflect about participation from informational session to the practical work.
- Everything was done under supervision; the therapists had individual supervision and they participated in a Balint group.
- The therapy followed the ethical guidelines of International Society for Holistic Health (ISHH) for holistic practitioners (64).
- Careful follow up with questionnaires about adverse effects and therapeutic outcome (qualitative and quantitative assessment and evaluation of the therapy).
- The research team has evaluated the process that is in place in the treatment organization to assure that the treatment was done according to the described methods and ISHH ethical standards.

Manual sexological therapy must be performed according to the highest ethical standards (17,18). The holistic sexological procedures are derived from the holistic existential therapy, which involves re-

parenting, massage and bodywork, conversational therapy, philosophical training, healing of existence during spontaneous regression to painful life events (gestalts) and close intimacy without any sexual involvement. In psychology, psychiatry and existential psychotherapy touch is often allowed, but a sufficient distance between therapist and client must always be kept, all clothes kept on and it is even recommended, that the first name is not taken into use to keep the relationship as formal and correct as possible. The reason for this distance is to create a safety zone that removes the danger of psychotherapy leading to sexual involvement.

The female patients in holistic existential therapy and holistic sexology with life-long anorgasmia often find their situation pretty hopeless; many of them have been dysfunctional and incurable for many years or they suffer from conditions for which there has been no efficient biomedical or psychotherapeutically cure. They suffer from a condition that is a serious burden to their marital life, if they have a husband or often the problem makes them unable to find or keep a partner (65). Often the problem of anorgasmia is caused by traumas from earlier sexual abuse, which needs more effective and direct tools for the induction of healing (salutogenesis).

The primary purpose of the holistic existential therapy is to improve quality of life, secondary to improve health and ability. The severe conditions of the patients and the chronicity is what ethically justify the much more direct, intimate and intense method of holistic manual sexological therapy, which integrates many different therapeutic elements and works on many levels of the patient's body, mind, existence and personality at the same time. Holistic sexology is holistic existential therapy taken into the domain of sexology. The general ethical rule is that everything that does not harm and in the end will help the patient is allowed ("first, do no harm"), but we understand that this procedure is not accepted in many other countries due to sexual taboo and legal regulations.

It is though interesting that the sexological techniques have been used for centuries by physicians and for decades in Denmark also by alternative therapists outside the medical profession (17,18). An important aspect of the therapy is that the physician must be creative and in practice invent a new treatment for every patient. To use sexological

techniques involving direct genital contact, the holistic sexologist must be able to control not only his/her behaviour and most strictly avoid the danger of acting out the therapeutic session turning into mutual, sexual activity. The necessary level of mastery of this art can only be obtained through training, supervision and a third person present. The role of the sexologist is parentally accepting, generous and supporting, loving and therapeutic.

In this, study about 100 female patients with often-lifelong sexual problems received holistic sexological treatment and one in two of the patients solved their problem (16,18), but more importantly their whole life seemed to improve due to salutogenesis, or existential healing.

Discussion

Orgasmic dysfunction was the only sexual problem that holistic sexology did not significantly improve, in spite of the patients becoming better physically, mentally, and existentially. It might be that treating anorgasmia takes more than 20 sessions; it is also very likely that the larger sexological tools like direct sexual stimulation and the sexological examination (23-29) must be used to cure these patients, that seems to be more blocked and "neurotic" than the other groups of patients.

It is important to notice that sexological therapy always has been holistic; the development of holistic sexology and the manual sexological tools has seemingly improved the efficacy of the sexological treatment, but from the very beginning sexological treatment has been able to help at least one in two of the patients with problems related to desire, genital pain and orgasmic dysfunction, as the statistics of Masters and Johnson showed already in the 1960s (65).

The primary reason for the improvement of sexological therapy's impact on general health, quality of life, and ability seems to be the implementation of a better understanding of the process of salutogenesis, or existential healing (62,63). The data presented here seems to support this hypothesis of "applied salutogenesis".

All in all holistic sexology seems efficient for many types of sexual dysfunctions and genital pain.

Not only sexuality, but also mental health and quality of life are also improved and often physical health also. This is a strong indication that holistic sexology can induce existential healing, or Antonovsky-salutogenesis. 20 sessions of therapy might be too little to help the female patients with the most severe sexual problems like anorgasmia.

Holistic sexology does not have any known side effects, and seems to be a fast and efficient way to cure most of the sexual dysfunctions of the female patients.

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