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Pain and Pleasure in Sexuality. An Analysis for Use in Clinical Holistic Medicine

Søren Ventegodt*, MD, MMedSci, EU-MSc-CAM^{1,2,3,4,5}, Isack Kandel, MA, PhD^{6,7} and Joav Merrick, MD, MMedSci, DMSci^{7,8,9}

¹Quality of Life Research Center, Copenhagen, Denmark

²Research Clinic for Holistic Medicine, Copenhagen, Denmark

³Nordic School of Holistic Medicine, Copenhagen, Denmark

⁴Scandinavian Foundation for Holistic Medicine, Sandvika, Norway

⁵Interuniversity College, Graz, Austria

⁶Faculty of Social Sciences, Department of Behavioral Sciences, Ariel University Center, Samaria, Ariel, Israel

⁷National Institute of Child Health and Human Development

⁸Office of the Medical Director, Division for Mental Retardation, Ministry of Social Affairs, Jerusalem, Israel and

⁹Kentucky Children's Hospital, University of Kentucky, Lexington, United States

Abstract

In order to understand sexuality from a psychological point of view, the positive sexual experience must be analysed into its components of desire, excitement, and pleasure. The three components melt together in the experience of climax that can be orgasm, where tension is released or ecstasy, where there is an inner meeting between the male and the female pole of the person (compare with Jung's theory of anima/animus). The three above-mentioned dimensions of sexuality fits well into the model of body, mind and spirit with lust arising from spirit and intention, excitement from power and mind, and pleasure from the dimension of gender and body. Sexuality thus seems to be flowing through all aspects of the human being. Sexual pain seems to be the most intense suffering possible, and sexual humiliation like rape and forced sodomy are often used tools of torture. Sexual pain can be understood as the inversed experience of orgasm. In this paper we present sexual theory and sexual motivations and try to shed light on problems related to desire, excitement, pleasure/orgasm, sexually related pain, vaginismus, vulvodynia, impotence, premature ejaculation, adultery, the use of prostitutes, pornography, homosexuality, incest, paedophilia, child pornography, rape, sado-masochism, and sexual torture and murder.

Keywords: *Holistic health, pain management, sexuality, sense of coherence, Denmark.*

Introduction

Sexuality is known to be the most intense source both to pleasure and pain, but why is sexuality so potentially painful? A possible answer is that sexuality is the source of the most intense pleasure a human being can experience; therefore by reversing the experience it can be turned into the most intense of sufferings.

The scientific breakthrough in understanding human sexuality came with Masters and Johnson's

* **Correspondence:** Søren Ventegodt, Director, Quality of Life Research Center, Classensgade 11 C, DK-2100 Copenhagen Ø, Denmark.
E-mail: ventegodt@livskvalitet.org

brilliant work in the middle of the last century (1,2). 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 this 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 desire in females (3-8). In spite of this excellent description of sexual experience and behaviour, we still lack a sufficient theory of sexuality that can serve as guidance in sex therapy, especially when we in the holistic clinic want to treat the whole person and view all the relevant dimensions of sexuality and existence (9-11). A most important fact seems to be that the sexual part of us carry most of our repressed emotional charge, which must be integrated in the treatment with clinical holistic medicine (CHM).

As sexual and existential problems often goes 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 (12) difficult to use in sexual education (13,14) as well as in the sexological clinic.

In this paper we want to make up for this lack of comprehensive theory of sexuality by introducing an existentially oriented theory of sexuality based on the life mission theory (15-22) of human existence, and using this to explain sexual pain and pleasure. The useful thing of having two strongly related theories for both existence and sexuality is that it becomes easy to work with both sexuality and existence at the same time in the holistic clinic, as the physician often must help the patient with both the sexual problems and the existential problems.

Before publishing this theory we tested its clinical usefulness and found that 14 one hour sessions of holistic sexual therapy as outlined in this paper (see also 23-25) can help 41,1% of patients, who experienced severely compromised sexual functioning (26). An alternative, intensive therapy also based on the presented theory could help 56% of the chronic

patients, who did not respond to other treatments (27-29).

The Theory of Existence and the Theory of Sexuality

According to the theory of talent (18), mankind has three fundamental dimensions of existence:

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

Most interesting it seems that sexuality is so closely connected with the fundamental energy of life that sexual energies are circulated through all layers of our existence, body, mind and spirit. Because of the integrative nature of sexuality, existential suffering and sexual pain is very closely connected, as is existential joy and sexual pleasure.

The dimension of purpose of life, also called love, or primary talent, arise due to human choice according to the life mission theory (16,18). The life mission theory (16) is a theory of the purpose of life, which according to one researcher integrate neo-freudian, existential and transpersonal models (30). It explains in general the loss of health, quality of life and ability of human beings. This theory states, that our human nature provides us with a choice or freedom to an autonomous intention and 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 (see how the consciousness is based on intention in (31-37)).

The fundamental differences in worldview give human beings their fundamental difficulties in understanding each other. We all have a very personal perspective on 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 to the very bottom of

our soul, including all aspects of our character (21) and purpose of life (18), can we know the other.

When we rehabilitate the purpose of life and character, we rehabilitate the person's ability to be coherent with the world at large (22,38,39). Or in other words, our ability to love, our ability to exist on a spiritual level – to be on an abstract level of existence – and to use our central talents to be of value to others. All happiness arises according to this theory from realising one's purpose of life, and all suffering arises from not being able to do so.

The dimension of power comes from the biological fact that we all have a mind, feelings, and emotions, but 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 are too powerful and dominating we are met with rejection, neglect, violation etc, so we have to deny our own intelligence, feelings, bodily presence etc.

While these two dimensions with the presented theories are fairly well understood, we have yet to explain the third dimension of gender and sexuality, which is the aim of this paper. We will also explore how the dimensions of love and power must relate to the dimension of sexuality, for us to lead a whole, balanced and successful life.

What Is Sexuality?

Sexuality is believed to arise 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 the male biological nature is to spread his semen, and the female sexuality is receptive, and limiting, as she has to choose the right partner for her offspring. From a biological perspective this makes good sense. Later in this paper we will discuss this in more details, as these considerations are of a more speculative nature.

We suggest to 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:

- Reproduction: To have children or to give children
- Sensual enjoyment
- Love: As an expression of love, including spiritual and developmental reasons.
- Fun (power games): either to give or receive it, or not to give or not to receive it, as an entertainment, reward or punishment.
- Dependency of sex (substituting meaning in life and love, often after incest or sexual abuse in childhood) (40)
- Prostitution: To trade it for material or immaterial values (money, food, accommodation, drugs, safety, protection, and more)
- Manipulation: social pressure, seduction (abuse, group pressure, societal prestige, incest, and professional incest)
- Rape: to exploit the lack of resistance (lack of mental, emotional or physical power)
- To do evil (to consciously or unconsciously revenge wrongdoings towards self, or just to materialise an evil intention) (20)

Only the first two are 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 morphine-like substances in the brain (41). 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 eukaryote 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 (1,2,6-9):

- Desire 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 (silent ecstasy, plateau orgasm); the multi-orgasmic experience, which is natural with women and obtainable for more men with tantric exercises, is a somewhat dynamic combination of these two. The orgasm can, depending on the person's level of sexual development, be local, located to the genitals and pelvis, or more global, or all including, often deathlike, and transcendent experience. It is now generally believed that women can have a male extrovert-type clitoral orgasm sometimes with squirt, and a female, introvert type, called vaginal orgasm, depending on the orientation of her sexual flow of energy in the body.

What Are the Dimensions of Sexual Enjoyment?

A person with frustrated desire is basically not succeeding in having sex, which is failing the intention of sex. Lack of excitement is basically the mind, feelings and body not being able to get involved with sex. Lack of pleasure is not enjoying the female and the male pole meeting. Sexual pain, disgust, and humiliation arises from abuse and repression of sexuality.

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 you reach orgasm. For men it is actually the same, but orgasmic potency is also directly 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 rising to its peak, and 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 (18): 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 alive.

Sexual health depends thus on the ability to allow oneself to experience the maximal level of sexual desire, and in the same time to completely control your 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.

Sexual health is easily measured by the four questions of the "Sexual Health Scale", rated on a five point Likert Scale (1: very good, 2: good, 3: neither good nor bad, 4: bad, 5: very bad; Comp. QOL5 (42)):

1. How would you rate your ability to feel desire these days?
2. How would you rate your ability to get sexually excited these days?
3. How would you rate your ability to enjoy sexual contact these days?
4. How would you rate your ability to obtain orgasm these days?

Sexual health is easily calculated as an average of these four questions. The questionnaire has not yet been validated, but has shown its usefulness in the holistic sexological clinic as a tool for screening for sexual problems and opening for the therapeutic conversation.

The ability to feel 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 are rehabilitated, together with the ability to let go of the ego and transcend.

What Is Orgasm, Sexual Enjoyment, and Enjoyment in General?

Wilhelm Reich explained orgasm as the pleasure of releasing a tension build up under the sexual act (43). This theory are widely accepted today, but it is not easy to understand this theory if one goes deep into the mechanisms: why is a “sexual tension” build in the first place, and why is the release of this so emotionally rewarding? Normally tension builds in the body to avoid pain, and the release of this tension reveals the pain hidden in the tension. It is true that most people experience a lot of tension associated with sexuality in general and sexual activity specifically. When the energy of the person by a sexual intention is canalised onto the sexual realm, it takes the form of polar sexual energy; a kind of potential energy is thus build, and the enjoyment comes from this polarity. But when reflected upon deeply, the pleasure is not a result of its release as Reich suggested, because the moment the man ejaculate (and thus accomplish his often unconscious existential goal of reproduction) and releases the accumulated sexual energy, the orgasm is over; actually most of the sexual enjoyment is immediately

gone. If the man as suggested in the old tradition of tantra lets go of his intention of reproduction and therefore keeps his ejaculation back, the un-released energy will cause him to have yet another orgasm in a seemingly unlimited series (44). Women are thus “tantric” from birth, while men have to learn it. Interestingly, many Danish women of today have a neurotic and “tense” sexuality with an unsatisfactory, extrovert, “male”, and mono-orgasmic pattern. The less emotionally tense and shameful the woman becomes during the existential or sexological therapy, the more multi-orgasmic she will become, sharing the same pattern as men: deeper relaxation means more enjoyment and deeper sexual satisfaction.

From a holistic medical perspective the tension in Reich’s sexual theory is thus more likely to be neurotic, than to be natural and healthy. Deep sexual pleasure seems to need deep relaxation, transforming the person from being in the head and mind to being centred in life and existence; the sexual experience is thus in itself salutogenic, melting the persons ego, and sending him/her into the ecstasy and sweetness of life and finally beyond that into transcendence, into the spiritual and religious realm: the loving realm of the free soul.

Interestingly, from our subjective experience, it seems that the sexual transcendence goes so deep that it even transcends the purpose of life, taking the person back to the first now of conception, before the purpose of life is decided, all the way back to the creation of the zygote from the egg and semen. Thus the fully transcendent orgasm takes the person as deep into life as theoretically possible.

Jung’s theory of sexuality claimed that every man and woman are essentially whole, carrying the opposite sex within themselves, as an “inner” man or woman, and the more natural and relaxed the person becomes, the more double-sexed will the person be. This idea or concept fits much better into the general theoretical framework of scientific holistic medicine (45-49). The sound person will always be in contact with his inner self, and therefore also in contact with either anima or animus inside. So by nature we are, Jung said, orgasmic or double-poled beings. As a consequence of this all sexuality is in some way masturbatory, so that when we have sex, we project our inner man or woman into the partner, making this person sexually attractive to us. This projective theory

seems from an epistemological perspective extremely sound, because how can we perceive something that is not within us, as a part of our nature already? If so, the problem is the nature of this inner man or woman. Going back to the question of how biology is to be understood (34) we see, that any levels of the organism represents all other levels; the level of our totality represents the level of the cells. This gives an explanation of why it is that we on an organismic level can feel good about biological functions like eating, urinating, defecating, moving, etc. Our experience simply reflects the joy of the constituent cells.

This is what we normally call our “biological needs” (46), and these needs are something that we seemingly cannot choose to have or not have, but we can repress them to some extent, and many people have repressed their sexuality to some degree in order to be socially acceptable individuals. Most religions have recommended people to control their behaviour connected to the biological needs, especially to sexuality, as the focus on sexuality is taking the focus away from the spiritual dimension. We have the number 666 of the beast in the bible (from the Book of Revelation of the New Testament of the Christian Bible) and we have Satan, which is opposite of God. In the Kabbalah (Jewish mysticism), the number 666 may be considered mystical and holy and may represent the physical universe. Seen theoretically this gives meaning, as the dimension of love and purpose of life arises directly from the wholeness of the person, while the joy of sexuality arises from the level of the cell. Going deeply into sexuality takes us down to earth, while going deeply into our abstract and spiritual dimension takes us all the way to meeting the totality of the world, that is into the experience of God. Fortunately these two often-conflicting perspectives can be united in one.

What is joy at the cellular level? This is an extremely difficult question; the cell is motivated for eating and reproducing, but how is this motivation organised on the global level of the cell? The most appropriate ideas from contemporary science to explain this, is a quantum field, which integrates all the molecular orbitals of the cell molecules into a true whole, and this field must then act as a holder of information, consciousness and qualia, like pleasure

on the cellular level (these speculations have been presented elsewhere (50-54)).

To conclude this paragraph, joy of being – enjoyment - arises directly from the level of the cells, fun arises from using the power of mind, feelings and body, while meaning and love arises from the global level of the human being, the totality, or soul, living its purpose of life; happiness seems thus to be a successful, balanced synthesis of fun, joy, and meaning, and a fulfilling sexual life must in the same way come from a balanced synthesis of lust, excitement and sensual enjoyment, allowing for full orgasmic potency.

Most important for sexual pleasure and orgasmic potency is the ability to relax deeply and allow our inherent double-sexed and thus ecstatic nature to manifest itself; the more our consciousness is allowed to let go of the structures of the mind and transcend, the more it can resolve itself into our fundamental biological material and we can experience our innermost and divine nature. The full and deep relaxation and the total freedom from emotional and other tensions in mind and body is thus the central aim of holistic sexological therapy.

Relevance to Holistic Sexological Therapy

Nothing is as practical as a good theory, and this theory supports the intervention on the sexually dysfunctional 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 (1,2,4,5,14, 24,25,27).

The four standard steps of holistic existential therapy: love, trust, holding and healing are used. 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 (24).

In general sexual problems cannot be solved without a partial focus on existential issues. Many young patients will present existential problems as sexual problems, as sexual dysfunction where lack of lust and orgasmic potency is often the most noticeable subjective symptom of poor quality of life and low self-esteem.

In elder 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 (21) is the path to insight in self and the purpose of life, the essence of self (16).

Relevance to Sexual Ethics and Medical Ethics

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. As most people are unaware of their most fundamental intentions, most people cannot control desire. The holistic physician uses re-parenting, that is the clear intention of being there for the patient in the same way as a good parent, as a 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 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 sexual poles (male or female); as the repression of your 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 your character in general (21), which 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 (25,27).

The interesting consequence on this is that sexual ethics can be taught, and 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 job of a physician. 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 patient's experience, calling old painful moments into this present 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 an honest appreciation the feeling of being a well-respected, autonomous, precious and whole, is an important precondition for this kind of therapy.

Relevance to Holistic Existential Therapy: Rehabilitation the Existence

Working with sexual problems in the holistic clinic almost always includes existential dimensions (18). In the same way working with existential problems will almost always include some rehabilitation of gender and sexuality.

From a modern scientific perspective of holistic health, it is necessary for a person to be free and alive on all levels of his or her being, that is being present and optimally functioning on the axis of existence. Engaging in sexual enjoyment is a path, which connects us deeply to our life within going all the way down to the cells. As we fundamentally are a colony of cells, a sound sexuality is from a theoretical point of view also extremely important to health. This is also our statistical finding, that people who can enjoy a rich sexual life are also having a high quality of life, a good health and high ability on other areas of life (3). In holistic existential therapy it is the patient himself or herself, who deliver the material to be worked with, as the problems to be solved are the problems presented by the patients. Normally there are three steps of the rehabilitation of the patient's existence:

- Rehabilitation of power: mind, feelings, and body – out of boredom, passivity and low self esteem (18)
- Rehabilitation of sexuality and character (21) – out of pain and invisibility
- Rehabilitation of self and purpose of life (16,17) – out of unhappiness and meaninglessness

Interestingly, it seems that human character cannot be fully rehabilitated without the rehabilitation of gender and sexuality, and purpose of life cannot be fully rehabilitated without the rehabilitation of the human character, and most patients have both their character and their sexuality at least somewhat repressed. This makes rehabilitation of sexuality a necessary step in the holistic medical treatment of a majority of patients to obtain a complete existential rehabilitation.

The reason for the above order of rehabilitation is quite simple: love-issues are much more painful to us than sexuality-issues, which again are much more painful to us than power-issues. This is why patients, who have had severe problems in their life (threatening their survival) often only function in one aspect of life, say mentally, emotionally or physically. A sound sexuality and ability to love will only appear after personal development and long therapy. Most people in this world are actually fixed in a mental

survival position, so the normal path of development in holistic therapy with people from the western world seems to be:

1. Awareness of being “in the head”
2. Coming back in the body (centring in the bodies physical centre, which is often called the “hara”-centre, in the middle of the stomach five fingers below the navel)
3. Opening the heart – contact with all the feelings
4. Accepting the body, its organs and energy, and finally the gender: Rehabilitation of sexuality and physical character
5. Discovering your true self: rehabilitation of mental and spiritual character, purpose of life, intentionality, and talents

Problems with Sexuality in the Clinic

Many patients are hesitant to open themselves up to this difficult area of existence and sexuality. This because of the intense feelings of shame, guilt, worthlessness and shyness related to sex in their personal history. In the same way many physicians do not know how to work with sexuality, because of their own alienation towards their body, gender, and emotions, and are thus often unconsciously avoiding this important area of existence. To avoid working with sexuality in holistic medicine might be harmful for the patient, as the progress of the patient is easily arrested at level 4 in the above list of steps. This is still far from the healthy position of being able to love yourself and others, and far from knowing and living the purpose of life.

It is therefore of great importance that the holistic physician is able and well functioning in all aspects of sexuality in order to help the patient to confront any problem in this sensitive area in order to heal. The intimate re-parenting that is needed in much holistic therapy demands, that the holistic physician is keenly aware of the border between intimacy and sexuality, to be able to be completely intimate with the patient, without getting into a sexual relationship (like flirting, circulating sexual energy, having sexual behaviour etc.). As sexuality starts with the intent, it is only a question of training the physician to be able to be

intimate without having a sexual relationship; the solution is that the physician at all times is aware of his or her own intent, to keep the healing of the patient as the only intent during the treatment. The physician must strictly avoid all kinds of behaviour, like flirting, which can be misunderstood as a sexual intention. As all physicians know that it is unethical to abuse their patients, and most physicians comply to the ethical roles of their community, complaints from a patient about sexual harassment or sexual abuse often comes about the physician not sufficiently understanding the sensitiveness of this issue, and the patient's transference during the therapy. Unfortunately there still is a large number of patients, who actually experience violation by their therapist, as for example one survey showed that 23% of incest patients reported they were violated by their therapist (55) (including both physicians and non-physicians). Training is therefore extremely important in order to keep the sexual border, while being intimate with the patient in the process of healing.

This leads to another extremely important principal question, the fundamental ethical question related to sex: when is a sexual experience good and harmless, when is it healing and developing the person, and when is it damaging to the person?

Although the issue of sexual ethics has gotten more attention in medicine than any other ethical issue and in traditional medicine the ethical rule regarding sexuality is quite simple: do not engage in any sexual relationship with the patient. In holistic health care this simple rule is more relevant than ever; but as sexuality is often much more subtle and much more present in the holistic therapies – i.e. in psychotherapy and in bodywork - the issue of sexual ethics needs more clarification. The first researcher to struggle with the problem of how to deal with sexuality in the holistic clinical setting was Sigmund Freud (1856-1939), who in his famous paper "Transference love" gave his clever advise to his fellow psychoanalysts [56]:

"It is, therefore, just as disastrous for the analysis if the patients craving for love is gratified as if it is suppressed. The course the analyst must pursue is neither of these; it is one for which there is no model in real life. He must take care not to steer away from the transference-love, or to repulse it or to make it distasteful to the patient; but he must

just as resolutely withhold any response to it [i.e. avoid acting out]. He must keep firm hold of the transference-love, but treat it as something unreal, as a situation which has to be gone through in the treatment and traced back to its unconscious origins and which must assist in bringing all that is most deeply hidden in the patient's erotic life into her consciousness and therefore under her control. The more plainly the analyst lets it be seen that he is proof against every temptation, the more readily will he be able to extract from the situation its analytical content. The patient, whose sexual repression is of course not yet removed but merely pushed into the background, will then feel safe enough to allow all her preconditions for loving, all the phantasies of her state of being in love, to come to light; and from these she will herself open the way to the infantile roots of her love."

Freud became famous for his realisation of the importance for the patient's health by healing her sexuality. He had also realised that while working on releasing the patient's sexuality from suppression, the female patient frequently felt in love with her male therapist and he also noticed that this transferred love could reach extreme intensity. Most disturbingly Freud also noticed the impact of the transference-love on the therapist, since it often gave a strong sexual counter-transference as an involuntary response.

This was a serious problem to psychoanalysis in its early days. Freud had two main concerns here: How could the therapy continue in spite of the seemingly locked situation, where therapy turned into a love affair? And how could the therapist help himself to avoid getting sexually involved with his patient? Freud ingeniously realised that the mutual sexual attraction was unavoidable in the psychodynamic therapy and he also realised that it was a most useful artefact, if the therapist had a sound response to the sexual interest of his female patient. Freud's solution was that the therapist's reaction should neither be so cold that her sexuality was re-repressed, or so hot that it resulted in acting out on the sexual desire.

On one hand, the therapist should give his full acceptance to every aspect of his patient's sexuality and also actively encourage the patient to go deeper into it; and on the other hand the therapist had to completely resist the temptation of a sexually

interested woman totally in his power. The therapy should be done in a loving, accepting and caring way. Freud always advocated honesty with his patients in analysis. In this case honesty would mean the therapist letting his patient know that he also felt attracted, but that he managed to firmly resist any temptation. Since 1912 this well-tempered response has been the solution to this severe therapeutic headache. With this said, the complexity of the matter must be underlined: In the above mentioned paper Freud recommended a “neutral” response to the patient’s sexual interest; it is not so clear from Freud’s writings how such a response really looks, and how sexual “neutrality” goes along with honesty in the case of a strong sexual counter-transference.

Holistic health practitioners are often dealing with patients that are chronically ill with no improvement from standard treatment, including psychiatric and sexological treatment. Today’s intensive holistic therapy with these patients often include bodywork and here every kind of sexual reactions are found, from the patient entering catharsis from remembering early sexual abuse – and sometimes even projecting the abuser on the therapist to avoid the emotional pain of the traumas - to the patient re-discovering her own sexuality in the therapy by sometimes having “unprovoked” orgasms, which happens suddenly, uncontrolled, and without any warning, often resulting from only a light touch on the patient’s non-erogenous zones of the arms or back. The enhanced difficulties of sexual transference, when working directly on the body makes the discovery of Freud’s solution more actual than ever, and every student of holistic therapy must be trained to have a firm, proper and constructive, therapeutic response to the patient’s transference of love.

It is important to remember that what happens in the therapy must always be done with the full consent of the patient. There are very different views on the value and significance of a patient consent in different countries and cultures. In Denmark, which value patient-autonomy and very liberal when it comes to sexual issues, the patient consent is what makes a medical procedure legal and acceptable. In many countries outside Denmark the mere suspicion that consent to a procedure has been given under the influence of transference would weaken the

significance of the consent and raise suspicion of the patient being exploited by the therapist.

In the Nordic countries, when there is consent, the therapy can contain even the most radical elements like direct touch on the genitals, or agreed upon elements of symbolic failure or abuse, of other rough and provocative therapeutic elements meant to facilitate the patient’s re-experience of traumatic life events in order to enter the state of existential healing (salutogenesis) by use of the famous “principle of similarity” (57-63). In principle, there is no limits to what can function as a tool for healing in holistic therapy, and the excellent therapist continue the treatment as long as there is progress, by continuing to invent original new steps of the therapeutic intervention.

Since Hippocrates it has been of crucial importance that the patient is never harmed, and this is even more important for the holistic practitioner today. It is also necessary that the holistic therapist always respect the laws of the country. National laws might set severe limits for what can be done in the holistic clinic, even with the presence of both a written and an oral consent of the patient, and the holistic practitioner must be continually engaged in awakening the public awareness of any need of changes of the actual laws, in the best interest of his patients.

Explaining Sexual Difficulties and Abnormal Sexual Behaviors

The lack of one of these three: lust, excitement and pleasure/orgasm, or the presence of the opposite of pleasure, which is pain, are traditionally described as the most common sexual problems, together with the emotional problems of anger, hate, shame, guilt, disgust, helplessness and other difficult feelings. Vaginismus (40), vulvodynia (41) and other sexual dysfunctions seems to be caused by the repression of such feelings into the body and its organs and tissues, and these problems are normally solved, when the old, painful emotions are processed and integrated during holistic existential therapy or holistic sexological therapy (40-43). Repression is according to the life mission theory (16-22) a consequence of negative decisions taken in emotionally difficult

moments (called gestalts) to escape the responsibility and thus repressing the emotional and existential pain. Sexual problems reacts easily to holistic existential therapy addressing the negative decisions, and therefore many different problems can be solved using this kind of therapy.

Vaginismus, Vulvodynia, Impotence

Vaginismus (tightening of the vagina during or before having sex) and vulvodynia (chronic pain in the vulva without a physical course) are in our clinical experience almost always caused by repressed emotions like shame, guilt, disgust, and helplessness connected to earlier sexual experiences; the proof of that being the fact that most of the patients can be cured by the simple procedure of acceptance through touch (24). Impotence can be caused by physical defects in the penis; much more often the reason is lack of lust, excitement and pleasure/orgasmic potency; the cause according to the present theory is the repression of the patient's sexuality by negative decisions throughout life. Holistic existential therapy therefore can rehabilitate potency in most cases without biological tissue damage. Temple goddesses has seemingly had this function in India for millenniums, but the first scientific attempt of this kind was made by Masters and Johnson (1,2) using substitute partners in the middle of the 20th century, and most of the dysfunctional men could be cured in only fourteen days.

Adultery and Use of Prostitutes

Most people of the west acquire early in life a sex-love split, which seemingly makes it almost impossible for them to be fully satisfied sexually with the person they love (see discussion below on the healing of this split). This split is caused by the reorganisation of the life energy of the organism in several separate circuits, to protect the person from being destroyed by rejection from the opposite sex (mother/father). Adultery and the use of prostitutes are thus a normal behavioural pattern, unfortunately often harmful, but difficult to regulate by law. The sex-love split is also a normal reason for therapist's to

have sex with their patients. The healing of the sex-love split of the therapist is thus a precondition for the ability to manage your own sexuality and respect the sexual borders of the patient and only a whole therapist can sufficiently help the split patient to heal in the sexological clinic.

Pornography and Lack of Satisfactory Sexual Partners and Orgasmic Potency

The market for pornography has exploded through the last decades as most people in the west have now accepted pornography and many normal people use it for sexual stimulation. The market for internet pornography is said to grow at an astonishing rate of 100% each three month. The reason for this need is either a lack of a sufficient sexual partner or an obvious lack of orgasmic potency, making the normal sex boring and unsatisfactory. When the natural faculties of lust, excitement and orgasm are rehabilitated, the need for artificial stimulation like pornography disappears. The problem of getting a sexual partner will normally also disappear with this rehabilitation, as the sexually attractive woman is a woman who likes sex, and the sexually attractive man is a man who can relax in his contact with the female energy.

Homosexuality

One percent of the Danish population is homosexual (3,64). A complete theory of sexuality will also solve the mystery of homosexuality, which cannot be an effective biological strategy of survival. Freud had his spacious idea about the child being polymorph perverted, and homosexuality rising from the child not learning to turn sexuality towards the genitals of the opposite sex. Our understanding is in line with this view: sexuality is directed by intention; therefore a person can choose – consciously or subconsciously - to direct his/her sexuality towards any gender or any item for that sake. The reason for choosing homosexuality could be neurotic; in this case a normal sexual flow of energy and interest is for some reason blocked, and homosexuality seems to be a possible solution to a hard existential problem: how

to relate satisfactory to the other sex. We have seen women in the clinic who turn lesbian after rape in childhood, and who turn straight when this trauma was integrated, in support of such a possibility. In theory homosexuality could also be a genetic determination, but judged from our clinical findings we find this possibility to be more unlikely. According to the present theory homosexuality will be reversed to heterosexuality, if the person let go of his/her decisions of projecting sexuality towards the same sex. According to our clinical experience decisions causing homosexuality can be a product of sexual abuse, like one of our clients, who presented as a lesbian, but during therapy it was revealed that four older boys raped her repeatedly at the age of 4 to 8 years, which changed her object of sexuality.

Incest

Members of the family almost always inherit the sexual pattern of incest via sexual abuse of the violator. The best cure is taking the whole family into therapy, which can be extremely difficult, because of the intense emotions connected to the severe taboo of incest. Years of holistic existential therapy and holistic sexological therapy are often needed for the incest victim for a full rehabilitation of self-esteem, ability to feel, and sexual health (65). The position of Freud was here again spacious, claiming in the theory of the Electra/Oedipus complex that all small girls have sexual fantasies about her father, and vice versa the boys.

Paedophilia and Child Pornography

The simplest way to understand paedophilia is to look at it as an arrested psychosexual development, the person sexually attracted to children being of the same developmental age as the desired child. The only cure for this is to facilitate the sexual development and maturation of the paedophile patient. Feelings like shame and guilt, disgust and hopelessness/helplessness are most likely to appear in the therapy, often caused by sexual violation of the person, when he/she was a child of that age him/herself. This kind of paedophilia are always

friendly, kind, peaceful and seeking the full acceptance from the child, as if the patient him/herself had the age of the violated child.

A more twisted and violent version of paedophilia is when the patient has lust for inducing pain, fear, shame, guilt, disgust or other negative emotions in the child victim for sadistic sexual pleasure. This behaviour comes from the patient subconsciously choosing to be evil (20), and is often disguised as a tendency to justify punishing children. This dark pattern often reflects the violent nature of the patient's own traumas. According to the theory of the evil side of man (20), this kind of behaviour can even in an more evil version be a direct consequence of a conscious choice to do evil (see "rape" and "sexual torture" below). The way to treat this is to let the patient be as evil as possible in the therapeutic session, and then confronting him/her with the good (the light), the therapist coming from deep and unconditional love for this tormented soul. Of course this kind of holistic existential therapy can only be practiced, if the therapist can truly love his patient, which can be very difficult with patients suffering from this kind of severe pathology.

Rape and Sado-Masochism

The phantasm of rape is common with both sexes, woman often dream of being raped and men about raping. The logic of this is clear when the nature of the masculine and the feminine sexuality is taken into consideration. The male urge is to spread his genes in all directions, and the feminine urge is carefully to select the best genes for her offspring. The strongest, healthiest or most intelligent male must be preferred and this is the man she cannot in the end resist sexually, so she must melt, give up her resistance and receive him. And vice versa: this woman is forced to acknowledge his sovereignty and therefore she finally melts into his strong arms and finally surrender and give her body to him. Unfortunately this simple sexual scheme that in dreams and fantasies are the most natural thing can almost never be realized in the form of rape with a pleasurable feeling and good outcome for the woman. Rape and violent sexual domination often leads to severe traumatization of the

woman, and also often of the involved man, who never intended to do her any harm.

Men who rape are often simpleminded and severely damaged existentially. They are often poorly integrated in the culture and society they live in. In principle they can be helped by holistic existential therapy to get a meaningful and emotionally satisfying relationships with a woman. In principle it could be done if the perpetrator understands the need of existential rehabilitation and an expert therapist, who must be able to truly love them as souls and accept them exactly the way they are. The game of sado-masochism is very popular in most large western cities, but the effect of this in sexual health is not clear.

Sexual Torture and Sexual Murder

Snuff pornography where girls are raped, abused and even killed are on the market. We are posing the question why sexual violence has pornographic value. The explanation is likely to be that many people carry an intense hate towards the other sex linked to the gender, because of neglect or violation from the parent of the opposite sex. Many patients experience, in holistic therapy with spontaneous regression to the age of one, two, or three years of age, that they actually wanted to kill their mother or father, because of very painful early events with violating or emotionally dissatisfactory interaction. The intensity of emotions of small children reappearing in the therapy is really overwhelming (as described by Janov in his book on the primal scream (66)), and the intentions of the small children reacting in an attempt to survive the experience are often extremely evil, although they do not have the power to materialise them at that age.

After 20 or 30 years, the person has become an adult in full power, but fortunately a normal person will have matured and in this development he/she has released the immature and childish evil intentions. If the person has been arrested in the psychosocial development, the evil intentions can be intact, and now materialised with the full adult power. This is the scary scenario of destructive rape, sexual torture and sexual murder. Many sexually repressed people carry in their dark side such evil sexual fantasies, which are

seldom shared, not even with their therapist after many years of therapy. The degree of trust it takes to open up for an honest conversation on these matters is extreme; therefore these people live amongst us without anybody knowing what kinds of dark secrets they carry. And without the integration of the dark side, the patient will forever remain sick in his/her soul, and potentially a sexual violator the day a possibility opens up.

Intimacy, love and trust is the only road to healing the existence and the only way to prevent such evil deeds. If a patient reveals an interest for evil rape or snuff porn or murdering woman in his sexual fantasy or similar matters, this must be taken as a serious problem in the therapy, and the patients must, if possible at all, accept to work with and process the original traumas giving birth to the evil sexual intent.

Discussion

As every human life starts as a unification of the egg and the sperm, it seems that this fundamental set up with two poles, a male and a female, is at the root of all human life. From the beginning we are sexual beings and all the fundamental driving forces in life seems to be of a similar energetically structure, the two poles are always there, when a movement is done or a change is wanted. The highly abstract nature of the two poles makes it problematic for us to understand sexuality.

Sometimes, when we want to make a difference through time in society or in business, we do not conceive such an endeavour as sexually motivated, but deep down it is about power, and all power is conceived and motivated by the fundamental driving force in our life, which in its essential form is bodily and sexual. Freud called it "sublimation" of sexuality into the mental and intellectual area. Aldous Huxley (1894-1963, an English writer) is told to have said that "an intellectual is someone who have found something more interesting in life than sex", and in a certain way this is absolutely true, because wanting sexual intercourse is only the most physical and the most concrete presentation of the sexual polarisation in our life. The closer we come to grasping the abstract and all including concept on living with and carried by to two fundamental poles, the more

powerful we are in our own experience and the stronger is our impact on our close and distant world.

Power and excitement is fundamentally about finding this polarity within ourselves and taking it into use as cleanly and focused as we can. Interestingly sex and power are often seen as dirty in our culture and condemned, but in our culture it seems that we use a lot of energy to control others and ourselves. The motivation of this repression of sexuality is found early in life, as we need to repress our own sexuality to the same degree as sexual repression that exists in our family in and between our parents. This down adjustment of our own fundamental power seems to start already in embryonic life, judged from the experience of being extremely sexual that often follows therapeutic regression late in the holistic existential therapy, where the patients often go all the way back to the early fetal periods (the first weeks after conception).

This is a complex situation difficult to understand, when two abstract poles are our life's fundamental motivational force, driving all the sexual, emotional and psychic energy of our life. Many layers of adaptation have lead to repression of so many different aspects of bodily, sexual, emotional, mental and spiritual functions. Actually these repressions are the backbone of our personality (ego), and only by letting go of the negative decisions are we able to repress these aspects of our true self and return to our true human nature.

Holistic existential therapy is therefore, as psychoanalysis and Jungian therapy, highly focused on supporting the patient in finding these two abstract inherent sexual poles, setting them free for use on all levels from sexuality to brainwork and spirituality in the human being.

That the nature of the poles is abstract means that the poles are bound to our totality, our wholeness. The way the poles are held by the cell is determining the whole motivational and energetic set-up of the organism, so let us explore this difficult and unclear issue. We start as two cells fusing into one cell and just before conception the poles are the creative force making the embryo. When it is created the two cells are gone and one remains, carrying the two poles within it on an abstract level. If we accept the idea that the cell remembers the fertilized egg and will remember its creation from two cellular poles. As

there is no structural evidence of the egg being a double being, the polarity is seemingly internalised. How is this done? One obvious answer is through the memory itself. Interestingly the embryo as a gender, making only one of the sexes manifest in its own biology, and in the beginning there is no known structures making any sexual discrimination. The zygote is thus with regards to energy and information both male and female, except for a tiny chromosomal difference to be expressed much later in the morphogenesis, when the embryo finally expresses one sex.

So early in foetal life, it seems that the organism holds the sexual poles in its wholeness, in what we call the conscious or "spiritual" level of the organism. How is this done? Well, how is consciousness and wholeness organised in the zygote, and in the cell in general? The most fundamental aspect seems to be through wholeness, giving the light of consciousness, and through representation of the inner and the outer, that is memory and perception, giving the content of consciousness. To understand that, we have to realize that the cell is a part of the web of life, the coherent matrix of energy and information that all life is a part of (22). The cell is part of the flow of life, the flux of energy and information is running through it and it contains its history as a personal memory to be used through life. Where are the sexual poles? They are represented in the consciousness of the cell through personal memory and also the web of life, having built the poles into all life, represents this set-up.

While the foetus expresses only its one gender physically, the other is still there on the abstract level, in the wholeness and in the memory, and in the web to the used by the organism in sex, an intellectual endeavour etc. Thus we are energetically two-poled beings. The sound sexuality is build around a circuit of sexual energy running within each individual integrating the manifest gender and the opposite only manifest in consciousness; sex is in a way masturbatory as pointed out by Osho (67), and all sex is about aligning the two separate sexual circuits of the two lowers. When this is done the other represents the inner man and the inner woman of the counterpart. Being in love is often highly projective, and the projections often binds the sexual energy and locks it in neurotic patterns and thus becomes a hindrance to

the natural and sound experience of lust, sexual excitement, and orgasm.

Healing the Sex-Love Split: A Challenge for Every Man and Woman

Interestingly, we are also one-poled beings, in that love creates unity, within us and with other people around us. The most fundamental problem in adult life is how to deal with both love and sexuality in the same time. Love brings closeness and unity; sexuality needs distance and polarity. Love is a surrender, abstaining from all power and all conditions in the service of the other, while what turns sex on in us is about meeting the unknown, dominating or being dominated, closing a distance between us, being separate beings. The relationships with our mother and father were so loving and close by nature that sexuality had no place in it. First in adolescence, when the child separates, starts the sexual play so crucial for psychosexual development. In the lack of intimacy, the relationship between parent and child can turn sexual, leading to the problem of incest, severe psychosexual development disturbances and pain with repression and condemnation of sex and lust, nymphomania (personal value connected psychologically to sexual attention) among others.

The sound sexuality is integrated in human life, so the love, the strength and the gender and sexuality are aligned in the person, and sexuality becomes an expression of physical love. When two whole people have sex they come from everything in themselves and accept that. This sound sexuality is unfortunately a rare and highly advanced human state. Every man and woman on planet Earth needs to heal his/her own sexuality, and for this project we urgently need physicians who are able to assist the population in this area.

On the positive side of all the sad things related to dysfunctional sexuality is the paradoxical posttraumatic growth, seen after rape and other violations. This important phenomenon reminds us that not all is lost, even after the worst case of abuse and pain, if we understand to help the victim to learn from what happened and develop as a person. Fine therapy can

seemingly fully compensate for the harm of even the most evil trauma (68-74).

Conclusions

The present theory describes three dimensions of sexuality: 1) desire, 2) excitement, and 3) sensual enjoyment and when combining these three, transcending into orgasm. The theory also describes the inverse experience in sexual pain, disgust and humiliation.

The most common sexual problems, like impotency and anorgasm, can be understood as the lack of one or more of these three positive elements, or as presence of the negative dimension of pleasure, which is pain (intentional failure, emotional frustration or physical pain). The reason for lack of desire, excitement or pleasure is the specific repression of the corresponding dimension of sexuality, or the general repression of the patient's purpose of life, gender and personal character, and general power of mind, feelings and body.

Other problems like premature ejaculation, vulvodynia and vaginismus are caused by repression of the emotional problems of shame, guilt, disgust, helplessness connected to sex, vulvodynia and other dysfunctions seems to be caused by the repression of such emotions, and these problems are normally solved when the old, painful emotions are processed and integrated during holistic existential therapy or holistic sexual therapy.

Full orgasmic potency is the ability to obtain desire, excitement and sensual pleasure culminating in a peak (peak orgasm), which can be prolonged into a plateau of intensity (silent ecstasy/plateau orgasm), repeated into the multi-orgasmic experience, and finally expanded from the genitals to an all-including, transcending experience.

The three dimensions of sexuality fits into the theory of talent, in the way that lust arises from intention, excitement from personal power, and orgasm from the dimension of gender and sensual enjoyment. Accordingly, the ability to have the full desire and full control of excitement and behaviour is rehabilitated together with the ability to know and be your true self. The ability to get a high level of excitement is rehabilitated when full personal power

is rehabilitated, and orgasmic potency is rehabilitated when the ability to enjoy fully is rehabilitated.

This theory predicts that holistic sexology or holistic existential therapy can rehabilitate most cases of sexual dysfunctions, including vulvodynia, vaginismus, impotency, and tendency to rape, child abuse, and other sexual violence.

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References

1. Wight D, Abraham C. From psycho-social theory to sustainable classroom practice: Developing a research-based teacher-delivered sex education programme. *Health Educ Res Theory Pract* 2000;15(1):25-38.
2. Masters WH, Johnson VE. *Human sexual response*. New York: Bantam, 1966.
3. Ventegodt S. Sex and the quality of life in Denmark. *Arch Sex Behav* 1998;27(3):295-307.
4. Berman L, Berman J, Miles M, Pollets D, Powell JA. (2003) Genital self-image as a component of sexual health: Relationship between genital self-image, female sexual function, and quality of life measures. *J Sex Marital Ther* 2003;29(1):11-21.
5. Sigusch V. The neosexual revolution. *Arch Sex Behav* 1998;27(4):331-59.
6. Mah K, Binik YM. Do all orgasms feel alike? Evaluating a two-dimensional model of the orgasm experience across gender and sexual context. *J Sex Res* 2002;39(2):104-13.
7. Sholty MJ, Wphross PH, Plaut SM, Dischman SH, Charnas JF. Female orgasmic experience: A subjective study. *Arch Sex Behav* 1984;13(2):155-64.
8. Leff JJ, Israel M. The relationship between mode of female masturbation and achievement of orgasm in coitus. *Arch Sex Behav* 1983;12(3):227-36.
9. Mah K, Binik YM. The nature of human orgasm: A critical review of major trends. *Clin Psychol Rev* 2001;21(6):823-56.
10. Haavio-Mannila E, Kontula O. Correlates of increased sexual satisfaction. *Arch Sex Behav* 1997;26(4):399-419.
11. Raboch J, Raboch J. Infrequent orgasms in women. *J Sex Marital Ther* 1992;18(2):114-20.
12. Wuethrich B. Why sex? Putting theory to the test. *Science* 1998;281(5385):1980-2.
13. Wight D, Abraham C. From psycho-social theory to sustainable classroom practice: developing a research-based teacher-delivered sex education programme. *Health Educ Res* 2000;15:25-38.
14. 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>
15. Ventegodt S, Andersen NJ, Merrick J. Editorial: Five theories of human existence. *ScientificWorldJournal* 2003;3:1272-76.
16. Ventegodt S. The life mission theory: A theory for a consciousness-based medicine. *Int J Adolesc Med Health* 2003;15(1):89-91.
17. 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.
18. Ventegodt S, Andersen NJ, Merrick J. The life mission theory III: Theory of talent. *ScientificWorldJournal* 2003;3:1286-93.
19. Ventegodt S, Merrick J. The life mission theory IV. A theory of child development. *ScientificWorldJournal* 2003;3:1294-1301.
20. 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.
21. Ventegodt S, Andersen NJ, Merrick J. The life mission theory VI: A theory for the human character. *ScientificWorldJournal* 2004;4:859-880.
22. Ventegodt S, Flensborg-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.
23. Ventegodt S, Clausen B, Nielsen ML, Merrick J. Advanced tools for holistic medicine. *TSW-Holistic Health Med* 2006;1:84-101.
24. Ventegodt S, Morad M, Hyam E, Merrick J. Clinical holistic medicine: Holistic sexology and treatment of vulvodynia through existential therapy and acceptance through touch. *ScientificWorldJournal* 2004;4:571-80.
25. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Holistic pelvic examination and holistic treatment of infertility. *ScientificWorldJournal* 2004;4:148-58.
26. Ventegodt S, Thegler S, Andreassen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced impaired sexual functioning. *ScientificWorldJournal* 2007;7:324-9.
27. Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: Holistic sexology and acupressure through the

- vagina (Hippocratic pelvic massage). *TSW-Holistic Health Med* 2006;1:104-27.
28. Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: Pilot study on the effect of vaginal acupressure (Hippocratic pelvic massage). *TSW-Holistic Health Med* 2006;1:136-152.
 29. Ventegodt S. Min brug af vaginal akupressur. (My use of acupressure.) *Ugeskr Laeger* 2006;168(7):715-6. [Danish].
 30. Shek D. Presentation. First Int Conf Holistic Health Care, Copenhagen, 2004.
 31. 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.
 32. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy I: Quality of life, happiness, and meaning of life. *ScientificWorldJournal* 2003;3:1164-75.
 33. Ventegodt S, Andersen NJ, Kromann M, Merrick J. QOL philosophy II: What is a human being? *ScientificWorldJournal* 2003;3:1176-85.
 34. Ventegodt S, Merrick J, Andersen NJ. QOL philosophy III: Towards a new biology. *ScientificWorldJournal* 2003;3:1186-98.
 35. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy IV: The brain and consciousness. *ScientificWorldJournal* 2003;3:1199-1209.
 36. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy V: Seizing the meaning of life and getting well again. *ScientificWorldJournal* 2003;3:1210-29.
 37. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy VI: The concepts. *ScientificWorldJournal* 2003;3:1230-40.
 38. Antonovsky A. Health, stress and coping. London: Jossey-Bass, 1985.
 39. Antonovsky A. Unravelling the mystery of health. How people manage stress and stay well. San Francisco: Jossey-Bass, 1987.
 40. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: a general cure for dependency of alcohol, drugs, persons, sex, food, work, lottery, and the Internet, by integrating the existential pains. *ScientificWorldJournal* 2004;4:638-48.
 41. Kandel ER, Schwartz JH. Principles of neural science. New York: Elsevier, 1985.
 42. 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.
 43. Reich W. Die Function des Organismus. Köln: Kiepenheuer Witsch, 1969. [German]
 44. Anand M. The art of sexual ecstasy. The path of sacred sexuality for Western lovers. New York: Jeremy P Tarcher/Putnam, 1989.
 45. Jung CG. Man and his symbols. New York: Anchor Press, 1964.
 46. Maslow AH. Toward a psychology of being, New York: Van Nostrand, 1962.
 47. Ventegodt S, Kandel I, Merrick J. Principles of holistic medicine. Philosophy behind quality of life. Victoria, BC: Trafford, 2005.
 48. Ventegodt S, Kandel I, Merrick J. Principles of holistic medicine. Quality of life and health. New York: Hippocrates Sci Publ, 2005
 49. Ventegodt S, Kandel I, Merrick J. Principles of holistic medicine. Global quality of life. Theory, research and methodology. New York: Hippocrates Sci Publ, 2006.
 50. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen M, Merrick J. Human development VI: Supracellular morphogenesis. The origin of biological and cellular order. *ScientificWorldJournal* 2006;6:1424-33.
 51. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Rald E, Nielsen ML, Merrick J. Human development VII: A spiral fractal model of fine structure of physical energy could explain central aspects of biological information, biological organization and biological creativity. *ScientificWorldJournal* 2006;6:1434-40.
 52. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen ML, Merrick J. Human development VIII: A theory of “deep” quantum chemistry and cell consciousness: Quantum chemistry controls genes and biochemistry to give cells and higher organisms consciousness and complex behavior. *ScientificWorldJournal* 2006;6:1441-53.
 53. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Rald E, Nielsen ML, Merrick J. Human development IX: A model of the wholeness of man, his consciousness and collective consciousness. *Scientific WorldJournal* 2006;6:1454-9.
 54. Hermansen TD, Ventegodt S, Merrick J. Human development X: Explanation of macroevolution — top-down evolution materializes consciousness. The origin of metamorphosis. *ScientificWorldJournal* 2006;6:1656-66.
 55. Armsworth MW. Therapy of incest survivors: abuse or support? *Child Abuse Neglect* 1989;13(4):549-62.
 56. Freud S. Further recommendations on the technique of psychoanalysis: Observations on transference love. In: Collected works vol XII. London: Hogarth, 1912:147-71 (reprint 1958).
 57. Antonella R. Introduction of regulatory methods, systematics, description and current research. Graz: Interuniversity College, 2004.
 58. Blättner B. Fundamentals of salutogenesis. Health Promotion (WHO) and individual promotion of health. Graz: Interuniversity College, 2004.
 59. Endler PC. Master programme for complementary, psychosocial and integrated health sciences. Graz: Interuniversity College, 2004.
 60. Endler PC. Working and writing scientifically in complementary medicine and integrated health sciences. Graz: Interuniversity College, 2004.

61. Kratky KW. Comparison and integration of complementary medical methods: Humanity and medical science. Graz: Interuniversity College, 2004.
62. Pass PF. Fundamentals of depth psychology. Therapeutic relationship formation between self-awareness and casework. Graz: Interuniversity College, 2004.
63. Spranger HH. Fundamentals of regulatory biology. Paradigms and scientific backgrounds of regulatory methods. Graz: Interuniversity College, 2004.
64. Ventegodt S. Quality of life in Denmark. Results from a population survey. Copenhagen: Forskningscentret Forlag, 1995.
65. Ventegodt S, Kandel I, Neikrug S, Merrick J. Clinical holistic medicine: Holistic treatment of rape and incest traumas. *ScientificWorldJournal* 2005;5:288-97.
66. Janov A. The primal scream. New York: Putnam, 1970.
67. Osho B. Tao. The pathless path. New York: Renaissance Books, 2002.
68. Smith SG, Cook SL. Are reports of posttraumatic growth positively biased? *J Trauma Stress* 2004;17(4):353-8.
69. Bates GW, Trajstman SE, Jackson CA. Internal consistency, test-retest reliability and sex differences on the Posttraumatic Growth Inventory in an Australian sample with trauma. *Psychol Rep* 2004;94(3 Pt 1):793-4.
70. Linley PA, Joseph S. Positive change following trauma and adversity: a review. *J Trauma Stress* 2004;17(1):11-21.
71. Linley PA. Positive adaptation to trauma: wisdom as both process and outcome. *J Trauma Stress* 2003;16(6):601-10.
72. Cadell S, Regehr C, Hemsworth D. Factors contributing to posttraumatic growth: a proposed structural equation model. *Am J Orthopsychiatry* 2003;73(3):279-87.
73. Frazier P, Conlon A, Glaser T. Positive and negative life changes following sexual assault. *J Consult Clin Psychol* 2001;69(6):1048-55.
74. Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Problems in sex and living together. *ScientificWorldJournal* 2004;4:562-70.

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