The life mission theory: A theory for a consciousness-based medicine

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Abstract: Genetic factors, external stress and the human factor are influential to the health and well-being of every person. Several studies have shown that the human being have many internal powers that can promote health and increase quality of life. A theory on the human meaning of life is put forward and how it relates to health, disease and quality of life in the context of holistic medicine.

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INTRODUCTION
The basic factors that influence health and disease can be divided into three categories: genetic factors, external stressors and traumas, as well as positive factors such as social network and medical treatment, and finally the purely “human” factor concerned with lifestyles, free will, philosophy of life and the quality of their lives. Studies of the role of this “human” factor (1,2) indicated that many patients have major and unexplained powers to promote their own health. This short communication sketches a possible explanation that draws on classical psychodynamic and psychosomatic theory.

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

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

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

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

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

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

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

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

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

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

APPLYING THE THEORY
Spiegel et al (1) asked women with
metastatic breast cancer to talk to each
other in group sessions about their illness.
As described in the article, the women
made an effort to improve the quality of
their lives. Survival improved radically,
relative to a control group. This may be
accounted for as follows. When people
confront and deal with still more of their
destructive cognitions or attitudes to life,
then the counter-decisions recorded in their
bodies and minds results in the repressed
pain to resurface in consciousness to be
dealt with and the fragmentation of the
person slowly ceases. We heal and we
become whole. Since the fragmentation is
one of the causes of the disease resulting in
decreased quality of life and ability to
function, the internal repair will enable the
person to become more healthy, happy and
functional. The inner qualities of joy,
energy and wisdom re-express themselves.
Other things being equal, there will be
prophylactic effects on new outbreaks of
disease, accidents and loss of functionality.

Ornish et al (2) induced patients with
coronary arteries severely constricted from
atherosclerosis to adopt lifestyle changes
and deal with the quality of their lives. This
had beneficial effects on the arterial
constrictions, as compared with a control
group.

The life mission theory may explain this
by reference to the systematic efforts exerted by the patients to modify their behaviours and the attitudes that go along with them. This means that people work to relinquish destructive attitudes to life that deny the life mission. As this denial recedes, the person more or less returns to his or her natural state of health, quality of life and ability to function.

The theory predicts that, for example, that when a person is helped along by a family physician conducting a conversation (clinical interview or consultation) about the quality of life of that person, she can reestablish her life mission. The person can then recognize it as the proper purpose in her life. She can rearrange her life accordingly and achieve her truest sense of humanity, a human being in full agreement with herself and life. This person can draw on her resources and potentials to the fullest degree. In her natural state, a human being is maximally valuable to herself and the world around her.

A consciousness-oriented (holistic) medicine based on this theory will help people become valuable not only to themselves, but also to each other.

REFERENCES