

Clinical Holistic Medicine: The Case Story of Anna. III. Rehabilitation of Philosophy of Life During Holistic Existential Therapy for Childhood Sexual Abuse

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When we experience life events with overwhelming emotional pain, we can escape this pain by making decisions (in our mind) that transfer responsibility from our existence to the surrounding world. By doing this, we slowly destroy the essence of our being, health, quality of life, and ability to function. The case of Anna is an excellent example of such a systematic destruction of self, done to survive the extreme pressure from childhood abuse and sexual abuse.

The case study shows that the damage done to us by traumatic events is not on our body or soul, but rather our philosophy of life. The important consequence is that we can heal our existence by letting go of the negative decisions taken in the past painful and traumatic situations. By letting go of the life-denying sentences, we come back to life and take responsibility for our own life and existence.

The healing of Anna's existence was done by existential holistic therapy. Although the processing did not always run smoothly, as she projected very charged material on the therapists on several occasions, the process resulted in full health and a good quality of life due to her own will to recover and heal completely.

The case illustrates the inner logic and complexity of intensive holistic therapy at the most difficult moment, where only a combination of intensive medical, psychiatric, and sexological treatment could set her free. In the paper, we also present a meta-perspective on intensive holistic therapy and its most characteristic phases.

KEYWORDS: quality of life, QOL, philosophy, human development, holistic medicine, public health, holistic health, holistic process theory, life mission theory, group therapy, incest, violent abuse, rape, sexual torture, existential healing, existential (Antonovsky) coherence, Denmark

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INTRODUCTION

In order to find a way to rehabilitate victims of childhood sexual maltreatment, many forms of therapy have been used[1,2,3,4,5,6,7,8,9,10,11,12,13,14], but not always with satisfactory results. Therefore, we need to develop new methods and therapeutic tools to facilitate the important process of existential, emotional, mental, and sexual healing that can take the patient all the way back to a normal life. We have seen such a treatment with one of our patients and believe it is important to analyze and reflect over her journey through a long treatment process.

Anna was a borderline patient[15,16,17], student, 22 years of age, who had completely repressed over 100 episodes of childhood sexual abuse. She has recovered completely, including regaining her full emotional range, through holistic existential therapy[18], individually and in a group[19,20]. The therapy took 18 months and more than 100 hours of intensive holistic existential therapy. In the beginning of the therapy, the issues was her physical and mental health[21,22]; in the middle of the therapy, the central issue was about her purpose of life[23] and her love life; and at the end of the therapy, the issue was about gender, character, spirit, and sexuality. The strategy was to build up her strength for several months, mobilizing all her hidden resources and motivation for living, before the painful old traumas were confronted and integrated. The therapy was based on the quality of life philosophy[24,25,26,27,28,29,30,31] and theoretically based on the life mission theory[23], the theory of ego[32], the theory of talent[33], the theory of the evil side of man[34], the theory of human character[35], and the holistic process theory of healing[18]. The clinical procedures included conversational therapy and training in philosophy of life[36]. The tools in use were the advanced holistic medical toolbox and the group therapeutic tools[19], extended use of therapeutic touch[37], holistic pelvic examination[38,39], acceptance through touch[40], and acupressure though the vagina[41] in order to integrate the early traumas bound to the pelvis and scar tissue in the sexual organs.

The therapy had two phases; the first was a normal phase, where the patient was integrating old material destabilizing her mental state[21,22]. After months of therapy, she broke through to a layer of repressed material revealing substantial sexual abuse. The traumas started as physical replay of rape traumas followed by the associated emotions and feelings, and finally came her insight and understanding, leading her to identify and let go of hundreds of negative sentences, the content of which is the issue of this paper.

It seems as if she worked her way up the scale of existential responsibility, from the hallucinated state in the bottom to the free and responsible state at the top of the scale (see Table 1)[22]. The scale describes how existential responsibility — seen from inside (the state of consciousness) and outside (the behavior) — is first lost and then found as the patient climbs the ladder of hallucination, blacking out, denial, escape, psychic death, unbearable emotional pain, to freedom of perception. To rehabilitate a psychotic patient in a hallucinatory state of consciousness, you need to help him or her confront the trauma that originally motivated the escape into hallucination. In doing this, you must carefully avoid pushing them deeper down into suicide[22].

Just before the end of the therapy, Anna had a severe existential crisis, where she confronted the value of her own life and she decided to live and accept life as it is, including the shadow of herself and the experiences of evil in her personal history. Interestingly, when she was healed at the end of therapy, she had to go to the bottom of the scale to confront death with her totality, to finally win life and assume full responsibility and her freedom, which was lost in the past.

THE NEGATIVE, LIFE-DENYING DECISIONS

Table 2 is a list of the most important negative and life-denying sentences that were released during the therapy. The sentences were the essence of the gestalts that were integrated in the therapy; they are both feelings and thoughts at the same time, making them extremely *to the point* of the experience. In Table 3, the sentences are listed according to the responsibility for life scale.

TABLE 1
Responsibility for Life Scale

Degree of Responsibility for Your Own Existence (Estimated Percentage)	State of Consciousness (Many Substates Exist)	Behavior (Other Patterns Might Exist)
100% responsibility Mentally healthy	Present, fully aware, interpreting the world according to your purpose of life	Succeeding, playing
90–80%	Emotional pain (denying and repressing the feelings)	Fighting, attacking
66% Neurotic	Emotionally overwhelmed, psychic death (denying the purpose of life)	Fighting, defending
50%	Escaping from here and now	Flight, running
40%	Cannot escape, denying here and now	Freezing, helplessness
33% Psychotic	Destructing the perception (wiping out, “blackness”, “closing eyes”, denying the mind)	Shocked, numb, lame
20–10% Hallucinating (substituting perception)	Dreaming (perception and behavior not related to the outer world)	Dream state
0% responsibility Dead	Unconscious, in coma (denying the body)	Physically dying, suicidal, evil and destructive

METHODS

The treatment of Anna and the principles behind it are described in the two first papers on Anna[16,17]. The case of Anna illustrates the inner logic and complexity of intensive holistic therapy, when it comes to be most difficult, where only a combination of intensive medical, psychiatric, and sexological treatment could set her free. The treatment was intensive existential holistic therapy with the theories of sexuality used to structure and interpret the elements and phases of the therapy strongly inspired by Freud, Jung, Reich, and Lowen. The focus on unconsciousness and the use of terms such as “projection” (transference) is an example of the (neo-)Freudian perspective.

The therapy started with addressing the layer of “quality of life-health-ability”; the next steps addressed the issues of love, consciousness, and sexuality and the third, final, and deepest layer of existential coherence. The patient ran through a series of steps in her personal process of metamorphosis (see Fig. 1) with three severe existential crises during the therapy:

- **A psychotic crisis** where the content of the stream of consciousness looked psychotic, while the patient was still with a part of her consciousness in present time, still able to perform normally, stayed in contact with the world and therefore not psychotic in the classical, psychiatric sense of the word. This was a necessary, but very painful phase of the therapy, where she integrated an old psychotic state of consciousness from her tormented childhood dominated by violence and sexual abuse.
- **A visionary crisis** where she understood her true nature as a human being and “remembered” the collective consciousness of mankind. In this phase, she “plugged” into being human again.
- **A suicidal crisis** where the content of the stream of consciousness looked like she wanted to die, while the patient also here with a part of her consciousness stayed in present time, still able to perform normally, to stay in contact with the outer world and therefore neither psychotic in the classical, psychiatric sense.

TABLE 2. The Most Importance Sentences Anna Let Go of in Her Holistic Existential Therapy (as they appeared in the therapy)

1. I trouble other people	40. There is nothing to come after	75. I am worthless, am I not?
2. I am troublesome	41. It is absurd	76. I hate her
3. I am a burden	42. When I come, I am dying	77. I loathe her
4. I am impossible	43. I cannot stand having it inside me	78. She is nasty
5. It is my fault	44. I cannot find my bearings at all	79. She is disgusting
6. I am not good enough	45. This is the worst thing you have done to me	80. I am a failure
7. I do not deserve to live	46. He is a pig	81. I am out in the space
8. I do not deserve life	47. He disgusts me	82. I have failed
9. I have clocked out	48. He scares me	83. I cannot be in myself
10. This is unreal	49. He is like them	84. I want to leave
11. I am empty	50. I do not care	85. I am worthless
12. I am hollow	51. I bet you will get it!	86. Could he think of anything sexual?
13. I want to go away	52. He is cold	87. Nobody is there for me
14. I want to live	53. He is disgusting	88. I am miserable
15. I get relieved	54. He does not care	89. Now it is enough!
16. I decide – never mind	55. He is so violent	90. I cannot give birth to my child like that. – It will be a trauma for the baby
17. She does not want to	56. If you tell it to anybody, nobody will want to have you	91. He is going to kill me
18. I do not want to hear it – ever	57. I have got nobody	92. There is no room for me
19. I do not hear it	58. It's really bad	93. I am nothing
20. I do not want to know it	59. I want to die	94. She is going to kill me
21. I do not want to say it	60. I cannot have this	95. It is really serious
22. It is not my fault	61. Unbearable pain	96. I feel sorry for myself
23. This is not OK	62. Why didn't they kill me?	97. They are going to kill me
24. This is my secret	63. You bet I will get it out	98. I feel unwell
25. You should just know that you will be punished, harder then ever, if you tell it	64. I cannot do that	99. It is fine you came, and now you must leave
26. It is not me	65. I get smashed up	100. I am good, warm and affectionate
27. I do not want to	66. I go to pieces	101. She is a schizophrenic
28. You get punished	67. I will ...	102. I am a schizophrenic
29. I do not want to hear it	68. Be careful/do it carefully	103. I am ashamed
30. I can do nothing	69. It is not so bad	104. I am very scared
31. I cannot stay anywhere	70. I do not want any more	105. I am not important
32. I bring warmth and joy	71. Nobody likes me	106. I bring life and joy
33. I am ugly		107. I bring life
34. I am afraid of men		
35. I feel sorry for myself		

Table 2, continued

36. She is too much	72. It is odd	108. What did happen?
37. I am getting punished	73. It is really curious	
38. I do not need you	74. I am not good, am I?	
39. I need nobody		

*While letting go of these decisions, she healed her existence and recovered from a dysfunctional state caused by about the similar number of sexual abuse events in her childhood, including rape.

TABLE 3
The Organization of the Sentences of Denial of Her Life in the Many Different Existential Dimensions[33] Fits to the Scheme of the Responsibility Scale and the Degeneration of Perception

90% Responsibility	Emotional Pain (Denying and Repressing the Feelings)	Defending
1. I have failed	16. I am ugly	24. I am worthless, am I not?
2. Could he think of anything sexual?	17. I am afraid of men	25. I hate her
3. I cannot give birth to my child like that. – It will be a trauma for the baby	18. I feel sorry for myself	26. I loathe her,
4. I am good, warm and affectionate	19. It is really bad	27. She is disgusting
5. I trouble other people	20. Unbearable pain	28. I am worthless
6. I am troublesome	21. I do not want any more	29. I am miserable
7. I am a burden	22. It is not so bad	30. I feel so unwell
8. It is my fault	23. I am not good, am I?	31. I am ashamed
9. I am not good enough		32. I am very scared
10. I do not deserve life		33. I am not important
11. She does not want to		
12. It is not my fault		
13. This is not OK		
14. I do not want to		
15. I bring warmth and joy		
50% Responsibility	Emotionally Overwhelmed, Psychic Death (Denying the Purpose of Life)	Fighting
34. I want to live	40. I cannot stand having it inside me	46. I want to go away
35. I get relieved	41. I cannot find my bearings at all	47. I cannot have this
36. You get punished	42. He disgusts me	48. Nobody likes me
37. She is too much	43. I do not care	49. I want to leave
38. I am getting punished	44. I have got nobody	50. Now it is enough!
39. When I come, I am dying	45. I want to die	51. It is really serious

Table 3, continued

40% Responsibility	Escaping from Here and Now	Flight, Running
52. I have clocked out	55. I don't hear it	59. I can't stay anywhere
53. I decide NEVER MIND	56. I don't want to know it	60. I am out in the space
54. I do not want to hear it - ever	57. I don't want to say it	61. I cannot be in myself
	58. I don't want to hear it	
30% Responsibility	Cannot Escape, Denying Here and Now	Freezing, Helplessness
62. I am hollow	68. He is a pig	75. You bet I'll get it out
63. It is not me	69. He scares me	76. I cannot do that
64. I can do nothing	70. He is cold	77. I will ...
65. I do not need you	71. He is disgusting	78. Be careful/do it carefully
66. I need nobody	72. He does not care	79. It is odd
67. There is nothing to come after	73. He is so violent	80. It is really curious
	74. If you tell it to anybody, nobody will want to have you	81. I bring life and joy
		82. I bring life.
		83. What did happen
20% Responsibility	Destructing the Perception (Wiping Out, "Blackness", "Closing Eyes", Denying the Mind)	Shocked, Numb, Lame
84. This is unreal	88. He is like them	89. I am a failure
85. I am empty		90. There is no room for me
86. This is a secret		91. I am nothing
87. You should just know that you will be punished, harder than ever, if you tell it		92. It's fine you came, and now you must leave
10% Responsibility	Hallucinating(Substituting Perception)	Dreaming (Perception and Behavior Not Related to the Outer World)
93. It is absurd	94. She is a schizophrenic	95. I am a schizophrenic
0% Responsibility	Unconscious, in Coma (Denying the Body)	Physically Dying, Suicidal, Evil and Destructive
96. I do not deserve to live	99. Why didn't they kill me?	103. He is going to kill me
97. This is the worst thing you have done to me	100. I get smashed up	104. They are going to kill me
98. I bet you will get it!	101. I go to pieces	
	102. She is going to kill me	

The intensity of her therapy followed a bell shaped curve (see Fig. 1) with a lot of minor arches rising and falling though the therapy. Interestingly “the tone or melody” of the processes changed during the process, from being dominated by painful emotions in the beginning, to understanding and revelation in

the middle of the therapy and a focus on philosophy and “letting go” of negative beliefs in the end (see Fig. 2).

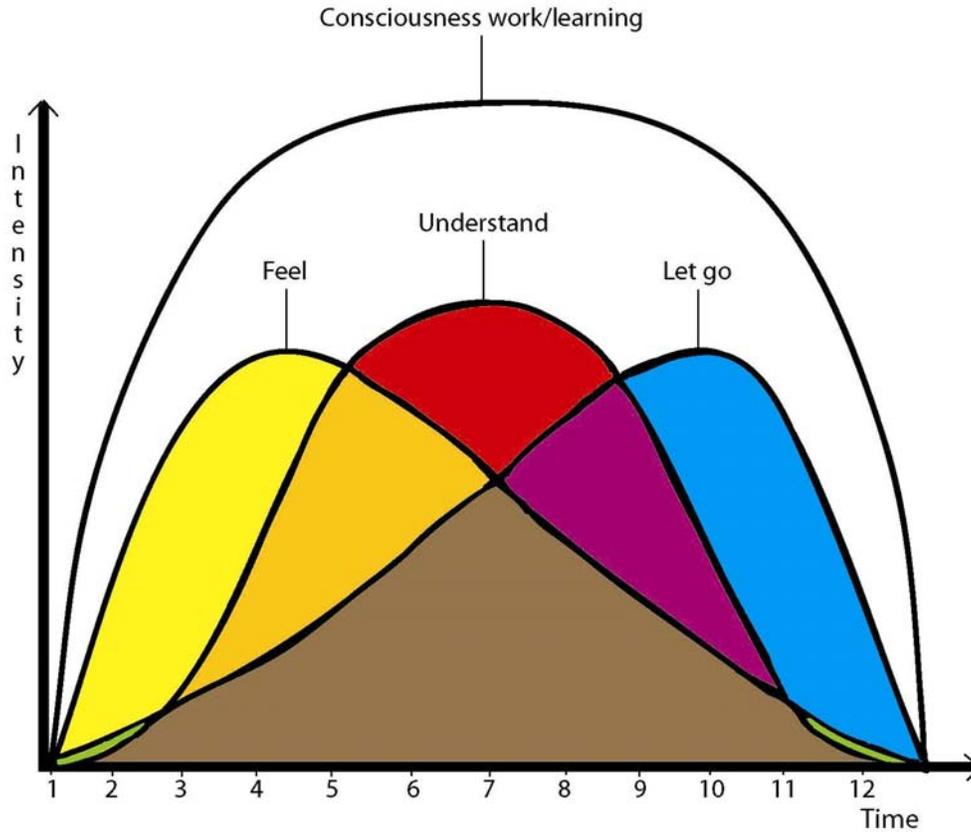
There are several methodological problems in using the Responsibility of Life Scale. First, the best way of operationalization has not yet been fully explored. Second, it would be necessary to know the inter-rater reliability of the scale before the scale could be meaningfully used in the clinical context. Interestingly, this pattern of “metamorphosis”, taking the patient from being like “the butterfly’s larvae” into the transformations state of pupae, finally into being the butterfly she was originally meant to be, seems to be so characteristic that the dominating quality of “feel-understand-let go” indicates where the patient is in the course of the therapy. This is very important as we often need a clue to find out, if there is more important, hidden material in the subconsciousness of the patient, so that therapy can be terminated. To create Table 2 and Table 3 was not so easy. Basically, we still need a systematic coding system to categorize the responses and we also need to prove that the responses have been coded in an objective manner. The presented meta-perspective of the therapy of Anna is therefore still a qualitative approach to understanding the process of intensive, holistic healing.

DISCUSSION

The findings of these negative decisions and the content of these seem to be in agreement with the holistic process theory[18] and the holistic theory of mental illnesses[21,22]. The organization of the sentences according to the steps of the Responsibility for Life Scale was less successful, but still doable. The decay of existence seems to happen somewhat chaotically; the timeline of the appearance of the sentences in the therapy did not reveal much structure, as sentences with all kinds of content revealed themselves as disorderly and chaotic. It seemed that the destruction of life was done extremely creatively in every situation as a reduction, which then solves the problem in every case. It is very interesting that many different sentences can coexist and that the person has the resources to come back again and again, while still carrying the destructive sentences in her unconsciousness.

It seems fair to assume that the load of negative beliefs revealed by the therapy could have the effect of making Anna severely mentally ill, even schizophrenic, and that the integration of this material saved her mental health and general well being for life. When we experience life events with overwhelming emotional pain, we can escape this pain by making decisions in our mind that transfer responsibility from our existence to the surrounding world. By doing this, we destroy our being, our health, our quality of life, and our ability to function little by little. The case of Anna is an excellent example of such a systematic destruction of self, done to survive the extreme pressure on her existence from three men sexually abusing her systematically during many years of her childhood.

The most surprising aspect revealed by the study of Anna’s case is that the damage done to us by traumatic events is not on our body or our soul, but on our philosophy of life; the way we see and describe our world, life, our self, other people, and the world at large. The important consequence of this understanding is that we can heal our existence by letting go of the negative decisions taking in the painful and traumatic situations. By letting go of these life-denying sentences, we come back to life and to our natural responsibility for our own existence. We do not come back as a weak and wounded person; no, the real magic of life is that we seem to heal completely and in an absolute sense. We are able to wash all dirt from our bodies and minds, we are able to recover our character and our purpose of life, we are able to return to the brilliant state of being a free soul, and everything that happened, when fully integrated, will not affect us anymore.



The phases of adult human metamorphosis

- | | |
|--------------------------------------|------------------------------|
| 1) Philosophical opening phase | 7) "Suicidal" crisis |
| 2) Therapeutical beginning | 8) Integrative phase |
| 3) Therapeutic "pre-psychotic" phase | 9) Philosophical integration |
| 4) "Psychotic" crisis | 10) Secondary breakthrough |
| 5) Visionary phase | 11) Re-entry |
| 6) Primary breakthrough | 12) Re-adjustment of life |

FIGURE 1. The process of holistic healing seen as three phases of feeling (yellow), understanding (red), and letting go (blue) of negative beliefs, attitudes, and decisions. As an end result, the process was improving the patient's philosophy of life and thus allowed the patient to rebalance existence and to assume responsibility for life. During the process, the patient's will re-established quality of life, health, and existential coherence, along with the ability to love, understand, and enjoy the whole spectrum of feelings and emotions, including sexuality. Many patients in intensive therapy experience the healing as a series of phenomena or breakthroughs and existential crises with characteristic content. The most intense crises are metaphorically called the "psychotic", the "visionary", and the "suicidal" crises. They include feelings of going insane, not knowing the world or oneself, and wanting to die. Knowing what is coming next in the course of therapy is of great help to the patient, making it much easier to confront and integrate the often extremely intense, painful emotions and states of being, arising from integrating the early childhood traumas. The 12 steps (see figure) are some possible steps in the process of healing and human transformation; understood though an ancient and powerful metaphor as the steps of "human metamorphosis".

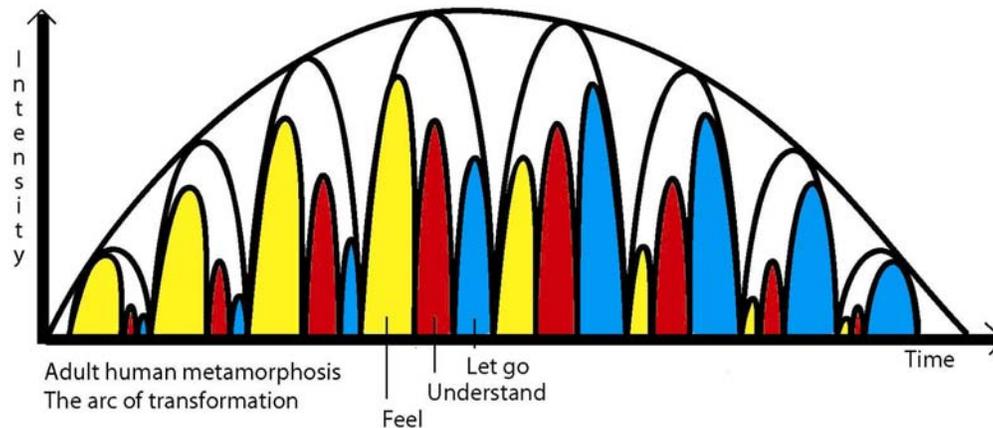


FIGURE 2. The arcs of transformation. The intensity of emotion, mental learning, and philosophical development follows a typical pattern in intensive holistic therapy. (We use the metaphor “adult human metamorphosis”.)

The holistic healing of Anna’s existence was done by existential holistic therapy. Although the processing did not always run smoothly, as she on several occasions projected very charged material on the therapists, the process ran all the way to full health and a good quality of life, thanks to her own will to recover completely. She wanted to be happy, she decided to take the process all the way to her personal happiness, and this was what made her keep working, until the day she could leave the clinic as a whole and renewed woman.

In our clinical experience, the advanced holistic medical toolbox has the tools needed for integrating even the most horrible of life events and traumas. The combination of holistic psychiatry, sexology, and rehabilitation was successful with even the most difficult and damaged of patients. Even when the patient was mentally ill and severely abused both violently and sexually during many years of her childhood, she could recover fully when she found love, trust, support, and holding enough to heal her existence and in this process, identify and let go of all her negative life decisions and systematically improve her philosophy of life. A “psychotic crisis” in the middle of the therapy seemed to be a good sign of healing and a “suicidal crisis” at the end of the therapy seemed to be a sign of the patient taking responsibility over her own life. It is important to underline that in spite of the dramatic metaphors of “psychosis” and “suicide”, these metaphors address the content of her consciousness, not her general state of being; she was thus not psychotic in the classical psychiatric meaning of the word at any time during the therapy. After Anna, we have taken dozens of patients through similar processes without seeing any of them being endangered or harmed. This is very important, as this is the primary reason why even the most intensive, holistic existential therapy is completely safe for the patient, in spite of confronting the most horrible of feelings.

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