

Medical ethics: Therapeutic dilemmas in the sexology clinic

Søren Ventegodt, MD, MMedSci, EU-MSc-
CAM*^{1,2,3,4,5} and Pia Struck⁶

¹Quality of Life Research Center, Copenhagen,
Denmark,

²Research Clinic for Holistic Medicine

³Nordic School of Holistic Medicine, Copenhagen,
Denmark

⁴Scandinavian Foundation for Holistic Medicine,
Sandvika, Norway

⁵Interuniversity College, Graz, Austria

⁶European Orgasm Academy, Copenhagen, Denmark

Abstract

Medical ethics provides us with rules and principles about how we as physicians can benefit our patients without doing harm; this goal is the essence of ethical medicine. Contemporary “sexual-ethical rules” were set up to protect patients from being sexually abused by their physicians, but surveys document that the existent “ethical rules” do not prevent sexual abuse of patients by their therapists. On the other hand they make holistic physicians and CAM-therapists using bodywork especially vulnerable to accusations of unethical behavior. The fear of being harmed by open critique in the media makes many physicians abstain from using CAM-bodywork, therapeutic touch, and sexological manual therapy, thus depriving many chronic pain patients the healing care they desperately need. The standard ethical rules in medicine and therapy are thus not working well and should be revised. A deeper understanding of sexual traumas and sexual healing enables us to evaluate the general validity of ethical rules, and the specific ethics of sexological therapies and CAM-bodywork. We discuss the ethics of manual sexological techniques, like “vaginal acupuncture” with therapeutic asexual, genital touch for dyspareunia and vulvodynia and Betty Dodson’s sexological method and “the sexological examination”, where direct sexual, clitoral stimulation are used to break the orgasm-barrier in anorgasmia. The problems of consent are discussed. Sexual desires acted out without ethical consciousness are potentially harmful, and the Hippocratic ethical rule of “not abusing the patient’s body” must be well respected at all times. We conclude that therapeutic touch is ethical and should be allowed, but understand that different countries and cultures have different rules and laws.

Keywords: Integrative medicine, holistic health, sexology, ethics.

Introduction

The physicians around Hippocrates 300 BC used in their famous “character medicine” (1) intimate conversations, bodywork and spiritual exercises. The Hippocratic physicians were extremely aware of

* **Correspondence:** Søren Ventegodt, MD, MMedSci, MSc, Director, Quality of Life Research Center, Classensgade 11C, 1 sal, DK-2100 Copenhagen O, Denmark. Tel: +45-33-141113; Fax: +45-33-141123; E-mail: ventegodt@livskvalitet.org

medical ethics and the Hippocratic Oath contained a promise of “not abusing the patient’s body” and regulated thus the physician’s behaviour (1). Character medicine induces salutogenesis through rehabilitation of the patient’s character (2). When patients step into character they improve self-esteem and self-confidence, uses their talents better, and create more value in their relationships, and thus increase their sense of coherence (SOC) (3-10 0, which according to a large body of scientific evidence induce healing of both physical and mental diseases (11-15). As we have two genders, a natural part of this process was the rehabilitation of the patient’s sexual character (1). According to *Corpus Hippocraticum* bodywork like healing massage with and without oil was a central part of the holistic medical treatment, and the Hippocratic medicine included intimate pelvic massage through the bodily openings, which was believed to balance the female psyche and cure diseases like “Hysteria” (1,16,17). Similar techniques have been used for millenniums in India as a part of the tantric tradition, and presumably many premodern cultures.

Hippocratic character medicine was built on a theory of four basic elements, which according to Greek anatomical science were represented in the body by four bodily fluids. In spite of significant progress in anatomical understanding, it is still generally believed in holistic medical science that bodywork is essential for the healing of both somatoform and psychoform dissociation (18,19). In so many ways contemporary holistic medical science has been validating the methods of ancient Greek medicine and for more than two millennia became the holistic medicine of whole Europe - and a significant part of the near orient.

The development of natural science during the last century has given us the pharmaceuticals used by contemporary biomedicine, which has now become the dominant medicine in Europe. In Asia and Africa CAM is still dominant, and in the USA CAM is now again becoming the preferred medicine with more CAM-consultations than biomedical consultations after 50 years of biomedical dominance.

Biomedicine has made it possible to treat patients without the need for bodywork and healing touch (20), thus avoiding the problematic nudity, and physical intimacy of the classical holistic medicine.

Except for a few clinical standard procedures like the physical examination including pelvic examination, and some tools of manual medicine i.e. manipulation of the spine in lower back pain, the biomedical physician rarely do touch and undress his patient.

The International Society for Holistic Health, a society for the physician, therapist and researcher in the field of scientific holistic medicine, has in its ethical code for holistic medical practitioners two rules regarding the therapists ethical conduct: “The practitioner must not: Exploit the patient economically, philosophically, religiously, sexually or in any other way. The consent of the patient does not free from this.” And “The practitioner must not: Engage in a sexual relationship with the patient.” These rules are copied from the ethical rules of biomedical doctors; they secure that holistic physician and therapists are behaving as well as the biomedical physicians, but they might not be optimal for their purpose.

In the shift to biomedicine the complex ethics of holistic medicine expressed in the original Hippocratic rule “do not abuse the patient’s body” has been changed to the much simpler rule of contemporary biomedicine: “do not act out sexually”. For most physicians these rules are saying the same, but a sexual relationship is not always abuse. Sometimes it can be helpful, as in the famous example from Masters and Johnson’s clinic, where a female physician worked as substitute partner for male patients with erectile sexual dysfunction (21). Today both CAM and advanced holistic sexology are using methods that use sexual elements, making it necessary to reconsider the medical sexual ethics. Another reason to analyse medical sexual ethics is the sad fact that in spite of the simplicity of the ethical rule of not acting out sexually, sex between doctors and patients are extremely common, and the violation of the ethical rules are causing many problems both to patients, physicians and their societies. Violation of ethical rules are also one of the most common accusations in the media against doctors and a bare accusation can harm the doctor’s whole career, also when the physician is later completely cleared.

In studies with 1,891 responders, 9% of the physicians admitted to having had a sexual relationship with a patient (22) and many more were likely to have had it without admitting it, as such an

admission to break the “ethical rules” often have dire consequences for the physicians career. In one study 29% of the responding therapists reported that at least one of their patients had experienced sexual relations with the most recent, former therapist (23). Much more common than having sex with a patient is having sex with a former patient; only a 37% of the physicians opposed sexual contact with a former patient, while 94% opposed sexual contact with a current patients (22). In spite of most doctors finding it acceptable to have sex with former patients, and in spite of the fact that no valid arguments have been put up against this, it often has dire consequences because of strict “ethical rules”. One example of this is a well-respected gynaecologist in the United States, who eight years after treating a patient became her partner. He broke a very restrictive ethical rule of the local medical association of never having sex with an ex-patient, and he had to leave his job at the hospital (24). From a rational perspective this is an example of an ethical rule that harms not only the physician, but also the many future patients he could have helped, and in the end also the medical society now having to expel one of its fine members for unethical conduct. Many more examples like this exist.

Accusations of unethical conduct has been raised against one of us (SV) in the media some years ago by a group of psychiatrists that found the procedures of a pilot study in sexological, manual therapy (17) unethical. This media campaign had strong negative impact on our research in holistic medicine, even though we have had no patients complain about the treatment that helped every second patient without harming anybody (11-15,25), which was verified by the police investigation also. This group of psychiatrists have competed with us for using the Zachau-Christiansen birth cohort of 9,006 mothers and their children (26) giving them a strong negative bias. A later investigation by the authorities concluded that our holistic medical treatment had no ethical problems and that the accusations for abuse were false, but damage was done, and valuable funding lost. Public accusation for breaking the medical ethical rules, or just spreading such rumours are often-used and highly efficient weapons against colleagues in inter-collegial power-struggles, where holistic medical physicians, sexologist and other alternative therapists who use bodywork are

especially vulnerable to such accusations. The result is that many therapists avoid using bodywork in spite of this kind of therapy being the only way to heal somatoform dissociation (18,19). Ethical rules that create such a severe hindrance for the physicians, that they do not dare to use the tools needed to treat the patients, are not ethical in our final analysis.

These examples indicate an urgent need for deep exploration into the difficult field of medical ethics and if possible, a change of the rules of medical sexual ethics, in order to make them much more beneficial and much less harmful, both to patients and their physicians. We need to analyse when a physician-patient relationships is actually harmful and traumatising to the patient, and when it is not, to see if we can pinpoint the ethical principles and sharpen the “ethical rules”, so that we can protect the patients from sexual abuse, and in the same time make rules that do not harm the physicians or unnecessarily restrict his ability to use the therapeutic tools that help.

In this paper we first look at ethical problems in sexuality in general; then we look at ethical problems in sexological and holistic manual therapy and finally we look at the ethical problems in the physician-patient relationship.

Part 1: Ethical problems in sexuality

When is sex harmful?

We need our sexual practice not to cause sexual traumas and if possible we would like sexuality to be a source of pleasure and personal development. We would also be very happy if our sexual behaviour leads to sexual, psychological and existential healing of our partner and our self.

To avoid harming each other we need a thorough understanding of what sexual behaviour causes sexual traumas. A logic way to investigate this seems to be an analysis of the loss in quality of life of people getting sexual traumas. Unfortunately no thorough, prospective studies have been made on this, making it impossible to analyse the negative effect of sexual life events. Several retrospective studies have been made documenting a strong association between abusive

sexual life events and quality of life; Table 1 list such findings from our own study (27,28).

Global quality of life is in contemporary holistic medical science often seen as the most important endpoint in studies, and it seems quite clear and logic that events like incest and rape are associated with low quality of life. But it is very important to remember that a low quality of life also is associated with high vulnerability increasing both likelihood of getting involved with sexually traumatising events, and the likelihood of being traumatised by a sexual event. Sexually traumatising events will decrease quality of life, often taking the patient into an evil circle of inviting abuse by playing the victim and being victimised. Being raped is an indicator of being vulnerable. Incest is an indicator of a dysfunctional family. The negative effect of rape or incest is thus not so easily established, and the research on rape has demonstrated what has been called posttraumatic paradoxical growth (29-33): the raped girls are seemingly doing better than the girls not being raped. These data are very disturbing to our whole understanding of sexual traumas, and makes us aware of the complexity of the subject. What looks like a trauma can be a healing event (34).

In spite of these reflections, sexual assaults are known to be among the most traumatic of events and sexual torture is internationally acknowledged as the most evil and destructive methods of torture, and many sex-torture-victims are never rehabilitated in spite of intensive therapy. Rape is intentionally used in war to destroy and enslave the enemy, and rape of a virgin has in pre-modern cultures been regarded as a sin comparable to murdering the girl and the rapist given a similar punishment. Sexual abuse of a patient's body has since Hippocrates been considered one of the most fundamental violations of the physicians ethical rules; a serious crime followed by severe punishment by the Gods. The traumas of violent incest are known from clinical practice to be among the most traumatic of life event (35-37).

So incest and sex with children are extremely harmful, as is sexual violation by force. In accordance with this our study of the correlation of life events and global quality of life documented that rape, incest, and sexual assaults actually were among the life events associated with a very low quality of life of the victim (see table 1). We found such events similar to

events like "threatened with violence to the family" and statistically worse than the events of "brain-bleeding" and "two psychiatric hospitalizations".

But things are even more complicated. Some people are actively seeking to become victims of sexual violence, and sexual masochists are often paying prostitutes money for sexual slavery and forceful sexual abuse (35-38). People are often filled with strong and strange sexual desires leading to all kinds of difficulty and developmental crises from sexual abuse they first gave their consent to.

One theory is that these people are actually searching for healing from early sexual abuse by seeking similar events, as they only can heal by getting back into the traumatic events, and need present time abuse as support for going back (39). This theory is not in accordance with our clinical finding, since many such patients do not recall sexual abuse in childhood during therapy (although some do). From a philosophical perspective these traumas seems to be inherited from their parents in an "energetic" or symbolic way; they are often called "karmic traumas". So one theory of paradoxical posttraumatic growth is that patients, who need these events to heal actual or symbolic "karmic" traumas, subconsciously attract these events. Philosophies of this kind coming to the west from the orient; especially Hinduistic and Buddhist philosophy from India, China and Japan are becoming increasingly popular.

It is important to underline that the teachings of many of these philosophies are not easily rejected by scientific arguments. We often need to work with "karmic" traumas in the holistic clinic, as patients presents trauma, they impossibly could have had, like one patient "recalling" the pictures of being raped by 100 soldiers during a war, and presenting the emotional content of the trauma in therapy.

An alternative interpretation of this "karmic trauma" is that we are talking about "implanted memory" (40), but as there is no claim of this having happened in reality, this term does not seem appropriate. Some philosophers with this line of thinking believe that even sexual assaults in childhood are invited by a vulnerability caused by the karmic traumas, and that these events happens for a higher, spiritual reason.

Table 1. Major events in life (selected for illustration)

The connection between global QOL and 1,000 different life events; only statistically ($p < 0.05$; NS: Not significant) and clinically significant factors listed. Difference in global QOL is measured according to the Integrated QOL theory, and is measured with the validated SEQOL questionnaire. *) Difference in percentage between the worst and the best off (single events), or calculated with the method of weight modified linear regression (impact of all events)	
Life event (impact of single event)	QOL-difference (%) *)
Sexual assault by well-known offender	-20.8
Threatened with violence upon family	-18.6
Victim of rape	-15.7
Incest, without intercourse	-15.4
Sexual assault: Pawing	-13.9
Expulsed from a group	-12.9
Lack of care in childhood	-12.3
Attempt of rape, 1st time (women)	-12.1
Two psychiatric hospitalisations	-11.9
Registered in a credit-bureau	-11.9
Cannot run	-11.9
Other serious physical disorders	-11.5
Got kicked under attack	-11.2
Sex harassment	-10.8
Brain bleeding (apoplexy, stroke)	-10.3

How repulsive this thinking might seem, placing so much of the guilt on the victim, the perspective often helps severely abused patients to assume responsibility for the experience. The perspective of karma creates order in chaos for the time being, and allows the patient to integrate the traumas caused by the abuse, which is important for existential healing (salutogenesis) (3,4,41-43). In the course of therapy such “therapeutic philosophy” must be carefully de-learned (40).

To conclude this paragraph, sex is harmful when: 1) the victim is too vulnerable, or 2) too much force is used, 3) leading to a sexual experience which is overwhelmingly painful (or pleasurable) leading to repressed emotions, 4) and the event induces a destructive philosophy or self-image. If 1), 2) and 3) are happening, but this is leading to healing, this sexual event was not harmful, but beneficent. This can be the case in holistic sexological therapy, based on the principle of similarity, where the tool of “controlled abuse” is being used (44). This might be the most difficult problem to solve in this paper: That the fruit of any sexual event only can be known

afterwards. Some events like incest and rape are very likely to damage the patient; sado-masochistic games are presumably not, in spite of physical and mental pain being a core ingredient. This is the essence of the paradox we need to deal with: sexual torture in a prison is damaging; sexual torture in a swinger club is not. What in the end determines, if a sexual event is healing or harming is if the person needs it to happen. It is such a complex understanding of sexuality we need to integrate in a pragmatic medical ethic.

What is the damage from sexual traumas?

Research has documented that sexual traumas can damage a person’s *sexuality*, *mental health* (i.e. self esteem), *physical health* (i.e. cause chronic pelvic pain and primary vulvodynia), *quality of life*, and *the character, mission of life and existence at large* (45-51). The many different damages are listed in table 2. Lack of more accurate research data makes it impossible to quantify the relative damages.

Table 2. Some of the most common negative consequences of sexual traumas

Psychodynamic damage on sexual life from sexual violations:

1. Loss of lust, as an expression of repression of the wish to have sex.
2. Loss of arousal, as the patient abstains from involving her mind, feelings and body with sex.
3. Loss of orgasmic potency. Because of repression, pleasure becomes less intense, and more local, and less transcendent
4. Pain during intercourse and chronic genital pain as the pelvis and the local tissue of the genitals are holding on to many painful emotions from the trauma. Primary vulvodynia
5. Nymphomania and sexualisation. Sometimes the person gets so identified with being a sexual being that all her purpose of life is redefined to the sexual area, making the woman a clinical nymphomania.
6. Symbiotic dependency. Happens often when sexual contact has substituted for care.

Psychodynamic damage from sexual violations on body, mind and existence:

1. Boredom, passivity, low self esteem, depression - symptoms from repression of power: mind, feelings, and body
2. Physical chronic pain i.e. low back pain, muscular tension pain
3. Low self esteem, existential "invisibility" - symptoms from repression of sexuality, feelings, gender and character
4. Emotional pain, unhappiness and meaninglessness - symptoms from repression of self and purpose of life
5. Lack of sense of coherence, discontinuation of relationships or alienation, with father, mother, brother, a physician etc., including interruption of care or treatment.
6. Mental disease, patients with borderline personality and schizophrenia have very often been sexually abused

Other problems arising from sex, sexual abuse, and self-abuse:

1. STDs and HIV/aids (52)
 2. Reproduction. Often the sexually violated patient will have problem with reproduction.
 3. Children. Children of rape, incest and abuse can be genetically defective. A dysfunctional family cannot give what they need for a normal psychosexual development.
 4. Alienation and sex-love split. Using sex as an expression of love might be very difficult, making love difficult, and arresting the spiritual and personal developmental of the patient. Often sexuality and love is compartmentalized in the persona life.
 5. Sex for fun and power-games. When the motivation is no longer the joy of sensual pleasure, sex becomes often more motivated by using it for fun, and to obtain power.
 6. Prostitution. Research has shown prostitution to be much more common among incest and rape victims; often the element of prostitution is a hidden trade of sex for money, food, accommodation, drugs or other material or immaterial benefits. Prostitution is associated with drug abuse, HIV-infections and an early death.
 7. Sexually abusive behaviour. Most sadly, many of the abused children will become child abusers themselves, if the problems are not solved in therapy, using manipulation, social pressure, or brute force towards other in the sexual area.
 8. Professional incest. Sadly many of the cases of professional incest might be carried out also by incest victims, which are unconsciously attracted to the professional position of power and legitimacy and to the therapeutic work with other victims, consciously or unconsciously motivated by their need to solve their own problems.
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How are we harmed by sexual traumas?

What is it exactly that is damaging about sexual abuse? A full scientific understanding of this question will presumably allow us to reverse most of the damaging effects of the sexual neglects, assaults and abuses, many of which are listed in table 2.

According to the life mission theory (45-51), what really damages us is what damages our philosophy of life. A negative decision taken during a painful traumatic event is cementing a repression of the painful emotion and thus a reducing of our existence as the repressed life-energy is not accessible for us any more. Accumulated negative beliefs and attitudes can destroy our health, quality of life and general abilities (35-37,41-43). Such negative life-decisions are “generalized justifications” by which our painful responsibility for the situation is transferred away from us (the self) and into the outer world represented by mind (53). Thorough analysis of complete lists of repressed, negative decisions recovered from extensive, sexual traumas in holistic existential therapy with sexually severely abused patient (37), illustrate this negative impact of the sexual abuse, giving us a good understanding of the damaging effect of sexual violation.

If we make sure that the person we are with is not overwhelmed by negative feelings and emotions we can be sure that the person is not traumatised; it does not matter in principle if we are taking the patient into difficult feelings related to sexuality or into different kinds of feelings. Feelings that can be contained are not harmful. From a Jungian perspective (54) there are three different sources of sexual traumas:

- (1) From the beginning of life we are created by a somewhat “impure”, sexual energy, causing what has been called “karmic traumas” (as discussed above)
- (2) We are adjusting to sexually imperfect and somewhat unhealthy parents in the womb and during childhood, setting up our internal circulation of sexual energy wrongly.
- (3) During childhood we are sensitive and very vulnerable and therefore inevitably accumulating sexual traumas from the contact with our parent, who unconsciously sometimes neglects us and sometimes

violates us. We are in addition sometimes overtly abused and traumatised sexually.

All this sums up to everybody being unavoidably sexually unhealthy with severe repression of sexual energy, inappropriate circulation of sexual energy etc. Some of us are more severely traumatised by sexual traumas. If we are severely violated i.e. as incest-victims this often makes us dysfunctional or even seriously ill. Often sexual violations causes mentally illness (i.e. borderline); sometimes it makes the victim behave irresponsibly i.e. becoming a prostitute; sometimes it gives inappropriate sexual behaviour (i.e. sexual aggression, sexual self-victimisation) (see table 2).

All sexual damage is basically about repressed feelings causing sexual blockages and lack of libido and negative sexual attitudes causing inappropriate or even destructive sexual behaviour. Symptoms of this are the many different kinds of sexual dysfunctions we notice in the clinic. As we need to go back to heal our old wound, every sexual event, even how negative, are likely to be a possibility of healing. This leads to the strange conclusion that a life-event is not in itself harmful; it will harm or help you depending on the way you work with it and take learning from it; this goes in principle for incest and rape too.

What is sexual healing?

How are we healed sexually, if we have been sexually traumatised? Sexual healing is what helps us free our repressed sexual energy and related feelings (54), thus raising libido and personal power. That is done by changing the negative attitudes, which can be seen by its effect, since it turns the person back to a normal interest in sexuality and to constructive sexual behaviour. Interestingly, sexual traumas often contain both pleasure and pain (38) and sexual violation is often extremely painful emotionally, but there is often also an element of pleasure causing a lot of additional guilt and shame. So, for sexual healing we need to integrate the traumas, but allowing both the sexual pleasure and the sexual pain to surface (38).

In therapy the use of the principle of similarity is most efficiently doing this. When the patient is given a stimulus similar to that, which originally caused the

problem, the sexual trauma will suddenly reappear in the patient's consciousness and sexuality will heal. Clinical holistic therapy has the tool of "controlled sexual abuse" (44), where a sexual violation is repeated symbolically, while the patient receives the holding and support that she missed during the violation, allowing her to integrate the sexual trauma and heal sexually.

It is not only in the clinic that the patient is helped by the principle of similarity; in real life everything bad seems to repeat itself until the day, where the patient is able to really understand and cope with it. Most interestingly many patients realise that they often have been co-creating the event together with the violator, because the event was needed for her to heal – i.e. a rape scene. This realisation often is almost unbearable, but assuming responsibility is what changes the pattern in real life, and after this the vulnerability causing the trauma will often disappear and everything change. Statistics shows the healing effect of traumatic events as "paradoxal growth" (29-33) and researchers have wondered if such results were artefacts, but from the theory of existential healing paradoxal growth (i.e. after rape) seems reasonable and likely to happen. This does not by any chance mean that rape should be excused or legalized. We just underline the fact that people with a background as victims often invite violators, because of a subconscious longing for healing and instinctively felt possible through a repetition of the trauma.

Sexual healing takes holding and processing (53), because without holding and support the patient cannot confront the past events that were overwhelmingly painful (or overwhelmingly pleasurable) and heal. Therapy must give the needed holding and as sex is related to the body, holding often needs to be physical, or even genital (55), as already Hippocrates and the old physicians discovered (1).

Most interestingly the need for physical holding in sexual healing is not always met – for ethical reasons. Many therapists have come to the understanding that the best way to avoid sexual abuse of the patient is by restraining oneself to never touch a patient. Such rules might work, when therapy is about changing behaviours, but in deep psychodynamic healing of sexuality they directly hinder the patient's

healing. The fear of sexuality and the derived rule of not touching the patient have caused the biggest problem in psychoanalysis, namely its well-known lack of efficiency (see below on "Freud's trap"). As soon as sexuality appears and libidinous energy is invested in the therapy, the longing for intimacy and touch appears; this longing is not just a longing for sex, it is a longing for sexual healing. So it is coming from a much deeper layer in the patient that normal sexuality and with a much larger force, because if it cannot be fulfilled it stays unfulfilled for years, but constantly hindering the patient to be healed. Often therapy takes 10 years, and a lot of mourning and sexual frustration is experienced in the end, but only small therapeutic progress in spite of so many years and thousands of hours of therapy. Here we have a damaging effect of sexual neglect in the therapy, combined with sometimes "financial exploration" of the patient.

Vulnerable teenagers and prostitution

The younger a person is the more vulnerable to sexual violations. Danish teenagers often start to have a sex life at the age of thirteen years, but they must be aware of the very special, intimate and emotionally difficult nature of sexuality at all times, and in spite of explicit sexual education by teachers in school, by parents and by their physician, early sexual experiences are often somewhat traumatising. The understanding amongst Danish physicians today is that it would be more sexually traumatising for the teenagers to be held back, but that is an issue that can be debated. The larger the age difference, the larger will the difference in power also be, and the more vulnerable the weakest partner will be. If both were keenly aware of the dangers and pitfalls of a sexual relationship, even an age difference could be harmless. Teenage prostitutes often have a history of sexual traumatising and live their life with friends "on the street" using heroin as self-medication for existential pain. The heroin is offered free by pushers, who later teach them to hook. Prostitution, also of adult women, can result in low quality of life (56)] and these women are often left completely without lust for life, with no sexual desire or orgasmic potency.

It is important to understand that teenagers are not yet adult or fully able to care for their own interests and lives, so it seems logical to forbid teenage prostitution. The law against teenage prostitution in the USA these days do definitely not stop it, as there are now an estimated number of 500.000 teenage prostitutes in USA (57). It is time to reconsider the situation and understand the sad consequences of laws against teenage prostitution, which only seem to marginalize and repress the vulnerable teenagers, to make them criminals and to impose on them an unbearable feeling of blame and guilt. The only solution we can see is to educate the whole population on the harmful effects of sexual abuse. If the society focused on healing its citizens and teaching them to treat sexual partners well in general, prostitution would be much less harmful.

In Denmark we have had what has been called the neo-sexual revolution (58), making sex as normal as eating and so legal and generally accepted, together with striptease, prostitution, and porno, that we now have publicly accepted brothels very much like the famous red light district in liberal Amsterdam and porno-canals on most TV-cables. Some politicians have even considered registering prostitutes and letting them pay taxes as ordinary, respected citizens. This new, relaxed attitude towards sexuality has allowed prostitutes and porno models to enter the public arena like popular television programs on the public national TV, and some have managed to be both the star of the gasoline-station porn-movie-market and a TV-celebrity at the same time. The conclusion by the Danish public seems to be, that soft prostitution and the porn industry does not in itself harm the girl. What is harmful is the lack of acceptance and self-acceptance coming from painful sexual experiences, with lack of love and care, awareness, respect, and acknowledgement of the soul of the sex-partner.

We thus believe that it is time to understand the direction of the development in the next generations towards full sexual liberation in the western society; it is important to legalise also prostitution, and to start educating the whole population on the real dangers of sexual relationships. These dangers come from people being simpleminded, spiritually undeveloped, and unconscious of their impact and their bad intentions.

Part 2: Ethical problems of sexological therapy and cam-bodywork

The use of holistic medicine, CAM and bodywork in Denmark

In Denmark both patients and physicians have questioned the efficiency of biomedicine (drugs). 40% of the population is chronically ill in spite of free health care and good quality hospitals. Several Cochrane analyses have shown, that the drugs being used often harm as much or even more than they benefit (59). This makes many patients return to holistic medicine and CAM, with 400,000 patients using it in 1990, 800,000 using it 2000 (60) and an estimated number of 1,600,000 using it 2010. Recent research has documented that psychodynamic psychotherapy is more efficient than psychiatric standard treatment (61-63), without having the adverse effects of drugs, making psychotherapy very popular. Problems related to the body, like chronic pain and sexual problems, are present with 50% of the population and more and more often being cured by holistic medicine (CAM-bodywork or psychotherapy combined), which seems surprisingly efficient (11-15).

The scientific synthesis of epidemiology, CAM and psychodynamic psychotherapy into scientific holistic medicine (clinical holistic medicine, CHM) (41-43) has given us a highly efficient, integrative treatments system, able to solve health problems for at least half of the patients (physical, mental, sexual, and existential health problems) in one year and 20 hours of therapy according to our recent clinical studies (11-15,65). In holistic medicine, like in all psychodynamic and existentially oriented therapies, the patient's body and sexuality becomes very important issues (54,64) and holistically and psychodynamically oriented physicians and therapists believe, as did the ancient Greek and Indian doctors, that a healthy sexuality is a basic condition for physical and mental health and well-being.

But when bodywork more or less directly addresses the patient's sexuality, many sexual feelings can be provoked in both patient and therapist, which demands a high ethical awareness and an ability to

discriminate sharply between acting out and treating the patient. This becomes even more complicated, when the therapist use their own sexuality to help the patient, as in the tool of being a patient's "substitute partner/surrogate partner" (21). The ethical consideration here has been, if in this classical example, the sexual intercourse during which the female therapist is curing the male patient's erectile dysfunction, is "abusing the patient's body" or "healing the patient's body". From a standard biomedical ethical perspective the behaviour of the therapist is definitely unethical; from a wiser, holistic-medical perspective the behaviour, which helped the patient and did him no harm, might actually be ethical conduct. All this indicates that things in this area are a little bit more complicated than we usually imagine, and that we need to be clearer about what ethical rules should guide contemporary and future holistic medicine.

Sexological manual therapy

With this recent development medicine is somewhat surprisingly returning to its roots, and medicine is coming back to the use of bodywork (1,20,44,55), including a number of intimate, medical, manual procedures (65-71) calling for ethical analysis. The direct work with the patients sexual energies and genitals as it happens in holistic sexology i.e. the treatment of vulvodynia with "acceptance through touch" (54) and "vaginal acupressure" (1,16,17) is not very different from what is happening in the regular gynaecologic pelvic exam and we have found it to be ethical and efficient, although still possibly somewhat alienating to a traditionally trained biomedical physician and to different cultures and traditions.

A much more direct, sexological tool is the feministically inspired, radical procedure of "direct sexual stimulation" involving therapist touch of female patient's vulva to assist the patient's accept of own genitals. Instruction in manual masturbation including use of pelvic floor, pelvic movements, sound on the breathing, sexual vulva, direct stimulation of clitoris or vagina (digital or with clitoral vibrator) (65-71), sexual fantasies, sexual breath work, stimulation of nipples and other erotic zones, use of clitoral vibrator, which has been

successfully used by Betty Dodson from the United States (73) to help women with anorgasmia and other sexual dysfunction. It includes the radical practice of all participants masturbating naked together in the therapy group and it is now practised by a dozen of Danish sexologists personally trained by Dodson. It has been used for almost a decade by over 500 female patients (65). Direct sexual stimulation has been used for many years for sexological research in the United States (69,71), Denmark (65) and many other countries (70) and especially the sexological research by psychoanalyst and body-therapist Wilhelm Reich (1897-1957). This method has been extremely important for our understanding of sexuality (71) and the use of direct sexual stimulation in the sexological clinics makes an ethical analysis of the method relevant.

When it comes to the use of a "substitute/surrogate partner" most find this not to be a violation of ethical rules, because of the fact that studies have documented the therapeutic value of this unconventional procedure with no reports of problems or patients harmed (21). It is quite clear that we need to learn a lesson about medical ethics from this. It is "holistic" in the widest sense of this word as the therapist uses his whole existence to help. But one might as well argue, that this practice is financial, if not sexual abuse of a love-sick patient, who comes to this love-sick therapist (73) for the sexual healing and end up being sexually exploited. Most interestingly there is a lot of sympathy for a female therapist using this method for helping a dysfunctional male patient, and a lot of scepticism for a male therapist helping a dysfunctional female patient, because traditionally women has been the sexual victims of abusive men, but when the doctor is female, the roles are inverted and the female is in power, so this argument is not valid.

Hippocratic ethics was undoubtedly born out of the need for control of the therapist's behaviour and stopping him from acting out, when sexually aroused from the close bodily encounter with his patient. Modern day physicians and therapists have honoured the tradition of medical ethics and all over the world physicians and therapists seem to agree about not acting out sexually. The more directly sexual issues are addressed in therapy, the stronger the sexual transference and counter-transference will be. When

as in psychoanalysis sex becomes the major focus and the patient starts work on their Oedipus complex containing some of the strongest sexual energies known to man, with often resulting in a mutual sexual interest going to an extreme level of intensity, and all too often leading to what we call “professional incest”. In psychodynamic psychotherapy there can also be a symbolic and verbal acting out, which has not been covered by the ethical rules. Most interestingly, a rule of not touching the patient is not really helping here. Quite the opposite this rule is a serious hindrance to the asexual, physical contact and holding necessary for releasing the sexual tension and allowing therapy to progress (53). In psychoanalysis, the ethical rules seem to create what we have called the “Freud’s trap”, keeping the sexually awakened, female patient coming to the therapist for many years in spite of never getting the sexual healing she longs for (74). So we believe that the ethical rules should most definitely be revised, if the major concern is the therapeutic progress of the patient.

Ethics is about doing good for the patient and avoiding doing harm; this is essential and should be kept in mind at all times, also when we analyse the ethics of radical and provocative manual sexological techniques. An ethical discussion is never about the moral of a society or about its laws or rules or about anything else. When a therapist uses his or her own sexuality as a tool to help others, for example when Betty Dodson masturbates before a group of female patients with anorgasmia, to excite them and teach them how to get an orgasm, or when she touches the patients genitals to improve a patient’s genital self-acceptance (72), the question is if this method is helping or harming the patient. Recent research has demonstrated that the method of direct sexual stimulation is extremely efficient and seemingly not harmful. It does not look like acting out on the videotape (72), but as she is serving her patients with her whole existence, using body, mind, spirit and heart. But we are still left with questions like: Is this an ethical practice? Is this a sexual relationship?

The concept of “substitute/surrogate partners” was bravely introduced by Masters and Johnson in 1959 (21). One of the most important contributions to the development of the scientific sexology came from a female doctor, who took the role as a substitute partner in the research program: “Finally a physician,

who openly admitted her curiosity towards the role as a substitute partner, offered her services... When she was convinced about the desperate need for such a partner for treatment of sexual malfunction of the unmarried man, she continued as substitute partner, and she contributed, both from her personal and professional experience, to develop the role to an optimal degree of efficiency” (21). This female physician obviously played an important role in achieving the impressive result of helping 32 of 41 dysfunctional male patients in the program. Her behaviour was never condemned or punished to our knowledge and the medical society thus accepted her behaviour as ethical, which still 50 years later is remarkable.

The conclusion from this work was that a doctor’s sexual relationship with a patient was beneficial, if the intention with the relationship was to cure the patient’s sexual problems and done with the necessary (written) consent. In many cases where physicians and patients have sexual relationships, there is no intention of curing or developing the patient; they happen from the simple and natural reason of sexual desire, combined with lack of self-control and lack of agreement with the ethical rules.

What about this method of “substitute/surrogate partnership” - is this acting out? Can this be ethical, in spite of the physician-patient-relationship being a mutual sexually satisfying relationship, when the scientific studies document that it most definitely helped the patients and did no harm? Can defining a substitute partnership be a solution for a doctor and a patient that continues to be hopelessly in love, in spite of not seeing each other, and even years going by?

Psychodynamic perspectives on sexuality and sexual development

To truly understand harm from sexual events we need to understand the nature of sexuality (54,64,69,71): What is sex? A simple answer is that sex is about inborn, sexual behaviour. Just feeling sexual pleasure or sexual desire when being with another person is not having sex; this is a completely internal thing in one’s own being. As we are sexual beings, our bodies behave much like animals; they are almost always

interested in sex. Our body often reacts sexually to other bodies.

Then we have sexual orientation. Freud said that we originally were polymorphous perverted children, but now as adults we are likely to be socialised into heterosexual, genital sexuality. This means that deep down in our repressed sexuality, we find everything of sexual interest. But this is even more complicated: When a person's psychosexual development is disturbed, the patient can be developmentally arrested at different stages, like the infantile autoerotic stage, the oral, anal or genital stage. Many schizophrenics seem to be poorly relating to the world coming from infantile autoerotism (64,75) and treating schizophrenics almost always include healing sexually (54,64,75). Sexual energy accumulated within our body, and within our relationship, as we invest our libidinous energy in it. Searles and other fine therapists noticed that only the patients we love and are able to invest our libidinous energy in are helped by the therapy (76). The investment of libidinous energy and the sexual interest in each other is not damaging, but in general helpful.

Another important aspect of sexuality is that we according to Jung are double sexed beings with the opposite sex inside, but not being expressed; we can therefore have auto sexuality, fantasy, masturbation etc. When we have sex, we project the opposite sex into our partner. Only this way we can feel the partner attractive. This makes all expressions of sexuality a mirroring of our internal state, and our sexual health a function of the flow or lack of flow of sexual energy within our self. Most unfortunately this natural inner circulation of sexual energy is highly vulnerable both to sexual violence and sexual neglect, especially in childhood, where we are totally dependent of relation to a sexual healthy father and mother. If mother and father are not able to circulate their own sexual energy freely and joyfully, this will according to Grof be felt already in the womb, and we will have inherited sexual disturbances with no traumatic course, but appearing in therapy as what has been called "karmic traumas". This is quite complicated as the patient in holistic psychodynamic psychotherapy or holistic breath work can present traumas from rape or incest, with events that never really happened giving problem of temporary "implanted memories", but such memories will always disappear, when the patient

realisation that this is energetically inherited "karmic traumas".

Freud noticed that everybody develops though a natural and necessary Oedipal phase, the boys wanting to marry their mother and the girls wanting to marry their father; he also noticed that most patients still had an unsolved issue with this called the famous Oedipus complex. All together this leaves us and every of our patients with a highly complex, personal, sexual history with something energetically inborn, something introjected at the foetal state, and always also with sexual traumas from childhood, where our father and mother sometimes did not show us the bodily and sexual interest we needed or violating our sexual borders when showing too much interest. Many female patients has been directly sexually violated in childhood (one in 5 or 7 according to most sources), some patients also violated or raped as adults and some have also violated other people, which seems to be even more harmful to them than being violated.

So we are sexual beings, coming from semen and egg, and from the very beginning created by sexuality. We come from sexual beings that were not entirely healthy in their sexual energies, because of a complex personal history, and we have lived a long life being sexually active in many ways, and been together with sexually active people with whom we have interacted, sometimes causing traumas, and sometimes healing traumas, and giving us our sexuality and life-energy back.

To be physically, mentally and existentially healthy we need a healthy flow of sexual life energy within our organism, and both mental and physical illness seems at least partly to come from blocked sexual energy, making rehabilitation of sexual health an issue of primary interest in the holistic medical clinic.

Part 3: Ethical problems of sexual physician-patient relationships

Let us now return to the difficult issue of physician-patient sex. How can we avoid that a sexual physician-patient relationship harms the patient? The first question we have to ask is what dangers such a relationship is putting the patient in and there are

several important, ethical reasons why a physician should not to have sex with his patient (22,23,54,64,73,77-80):

- (1) The patient's treatment is disrupted.
- (2) The patient's trust of therapists in general is destroyed.
- (3) The power is with the doctor/therapist making him able to sexually exploit a large fraction of his young female patients that admire him.
- (4) The patient who often takes the role of a child and the doctor being the parent can be attracted to the doctor, because of Oedipal sexual transferences, and a sexual relationship will block the needed solution of the Oedipus complex.
- (5) The physician exploiting his patients sexually will destroy the confidence and status not only of himself, but also of all other doctors.
- (6) The physician will most likely engage in the sexual relationship to act out on sexual counter-transference; by vesting the invested libidinous energy the physician waste the energy that could have set the patient free (76).
- (7) The physician will often be older and the patient young and vulnerable; this increases the danger of a sexual relationship being harmful.
- (8) The danger of the relationship being in conflict with the ethical rules of the physician's community and therefore having dire consequences for him.

From the physician's perspective a very good reason not to have sex with a patient is obviously that he has taken the Hippocratic oath: *Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrongdoing and harm, especially from abusing the bodies of man or woman, bond or free* (1).

In spite of knowing this, many physicians and therapists engage in a sexual relationship with their patient, and through history many doctors have successfully married their patients. Sometimes a woman, who knew of an attractive doctor, became his patient intending to seduce him. It has been argued

that a patient is unable to give consent to a sexual relationship, and that such a relationship always is harmful (80). We have found no clear scientific evidence that a sexual relationship between therapist and physician is harmful. An eroticised relation can be used to heal the patient (81) giving some worrying indication that we might be much too negative in our fear of and attitude towards sexuality.

In practice, because of all the difficulties listed above, it is difficult for a physician to avoid harming a patient, if they become partners right away. But a conscious and ethical physician can carefully avoid the dangers one by one, and put up a strategy that makes it acceptable to relate intimately with the patient. According to the analysis above of what causes sexual traumas, we feel safe to conclude that in the case of the patient and the physician falling desperately in love, decent behaviour and awareness of the points above will save the patient from traumas. We recommend that the following steps are also taken, and propose this approach to be included in standard ethical rules for physicians and therapists:

- (1) Start by ending the professional relationship without hurrying, in such a way that the patient is either cured or transferred to another physician for continued treatment. Most doctors find it acceptable to start a relationship after termination of the patient-therapist relations, but it is wise to wait for at least six month before making the relation intimate. On the other hand it would be waste of life and love not to see each other; this might be the most difficult challenge, but it is very important and the physician must seek the help he needs to meet it.
- (2) End a relationship with a present partner if any and end it for good. Do it now and be without a partner for a while, to find your self. Take therapy for at least three month (10-20 sessions) to be sure that you do the right thing.
- (3) Assume full responsibility for the new relationship to the patient, admit it openly to everybody, and behave decently, loving and respectful at all times. If you hide it, you probably do not mean it and you are most

likely up to hurting you patient's heart seriously.

- (4) Be extremely explicit about the possibility of the relationship being temporary, in spite of intense and honest feelings of love and the best of intentions. The relationship may not last for ever as it might serve the purpose of personal development for both parties, not the purpose of finding a partner for life – in spite of both parties believing the later.
- (5) If and only if it feels right: Get married.

Such a relationship might be for life, but is always for learning. It is bound to be painful which both parties should be well aware of. Success in transforming the relationship from a professional to a personal relationship almost always takes a third person, which must be a coach or a therapist with experience in this area. This person will support the weakest part and balance the power often quite unbalanced between a physician and a patient, which is very good for both parties in the relationship. It is the privilege of the consciousness physician that he can turn such difficulties of potentially destructive and disastrous nature into a mutually beneficial learning experience.

Some physicians or therapists who do not know themselves well enough and who do not reflect upon their own existence in sufficient depth, feel urged to take the route of direct sexual involvement. Real troubles comes, when the relationship is first hidden and then suddenly involuntarily exposed, often leading to unlimited damage both to the patient and to the physician. The physician can loose his whole career, wife/husband and family, friends, and the earned position in the society. The patient will often be deeply hurt and loose faith in physicians/therapists and in therapy in general and can thus have remaining unsolved problems for many years thereafter.

It is only fair that these physicians are excluded from the medical society, although a more rational approach considering the patient would be to treat the misbehaving physician for his personal problems, to help him/her integrate his "mana" (54), which is projected into the patient. If the therapy is successful this would make it possible for him/her to be able to help the suffering patient, who might else be lost for good, or at least be out of therapeutic reach for years. The physician, who is not in love with his/her patient,

but voluntarily chooses to abuse his patient's body, finances, or the patient in any other way, can normally not be helped by therapy, as he/she insists on being evil (49). The only solution here is unfortunately the withdrawal of the medical licence, and often also imprisonment to protect other patients from being abused.

Discussion

Basically ethical rules are securing that people do not harm each other. Sexual ethics is about securing that we are not harming for example children with our inappropriate sexual behaviour. The trans-cultural taboo of incest is securing that parents do not sexually abuse children. The rule against adultery is securing the general population against STDs and it gives children at least some confidence in the man raising them being their father. The rule about the doctor not acting out allows the family to entrust the patient to the doctor's care and allows the patient to be able to undress safely, when needed for examination and treatment. Many of the ethical rules are thus extremely practical.

But other ethical rules are not so wise, i.e. the rule of not touching the patient, which is a completely new rule in medicine, arising from modern culture being very mental and far from the body. Most unfortunately these new "ethical rules" are extremely harmful to medicine and they may very well be the reason, why we have 40% of the whole population being physically and mentally ill today. Without the sexual healing of the patient we cannot at all heal the patient's body or mind so completely dependent on sexual health – the healthy circulation of the basic life-energy of our organism. We think that it is important that ethical rules are not made so strict that they are a hindrance to the natural, healthy processes of life, like people finding each other and wanting to be together for life. If the doctor-patient relationship is brought to a natural end, a physician and an ex-patient who love each other should be allowed to a relationship and marriage. We recommend that the medical ethical rules always are making this possible. Medical ethics has most unfortunately borrowed its rules from the anti-sexual moral attitudes of a conservative, Christian society, not from rational

scientific examination of induced harm from sexual abuse. Contemporary ethical rules are creating a lot of fear from touching the patients, fear of being accused of sexual abuse. This fear is very realistic as a physician who does bodywork is highly vulnerable to false accusations of sexual abuse. There seems to be no documentation that body-workers abuse their patients more than other physicians and therapists. We must encourage the medical societies to change the rules so that the patients can get the bodywork, therapeutic touch and manual sexological treatment they need, without their doctor fearing for his career.

In general sex is not harmful, but a natural and healthy part of life and a condition for a full, loving relationship between man and woman. A healthy sexuality is a condition for physical and mental health, and personal development of character, spirit and purpose of life. A full insight into sexuality is extremely important for knowing one self. A sexual relation between two adults can be harmful if:

- (1) there is an unloving relationship with the lack of awareness, respect, care, acceptance and/or acknowledgment of the other persons soul
- (2) there is a conflict of interest leading to power struggles and traumas (a physically, emotionally or spiritually painful experience, and a negative decision modifying existence (37))
- (3) the soul, mind, feelings, body, gender, integrity, wishes, status or power of the person are seduced, manipulated or invisibly violated
- (4) an important relationship is broken or damaged
- (5) care or a medical treatment is interrupted.

On the other hand, when a sexual relationship is not physically, emotionally or spiritually painful, when responsibility is not failed, when the person or the persons perception of self or other is not in any way violated or damaged, and when important relationships, care and treatment is not interrupted, sex is not harmful. Sex can be healing, and even a painful sexual event can induce sexual and existential healing according to the principle of similarity.

We have analysed the holistic sexological manual procedures and found them ethically acceptable. We found no ethical problems with holistic medical procedures that involve sexuality, like direct sexual stimulation, or substitute partnership. We did find problems with a physician having a sexual relationship with a patient, but no problem with the physician and the patient becoming partners in life after therapy is ended. Sexual transferences and counter-transferences not taken well care of can easily destroy both the life of the physician or therapist and the life of the patient. Sexual desires acted out without ethical consciousness are potentially harmful.

We believe that most societies of physicians and therapists have not understood sexuality well enough and that many ethical rules, i.e. the rule of not touching the patient in psychotherapy, are counterproductive and therefore not ethical, in spite of looking ethical at a first glance. Only through a deep understanding on the nature of sexuality and sexual trauma can we secure a truly ethical, beneficial and not harmful conduct as physicians and therapist. Ethical rules must come from wisdom, not from the contemporary moral of the society or the medical community.

Acknowledgements

The quality of life research was approved by the Copenhagen Scientific Ethical Committee under number (KF)V.100.2123/91 and further correspondence. The IMK Almene Foundation supported the study.

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Submitted: December 12, 2008.

Revised: January 28, 2009.

Accepted: February 04, 2009.