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A Study of Experienced Chronic Pain in the Holistic Medicine Clinic Using Mindful Psychodynamic Short Time Psychotherapy Complemented with Bodywork

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Abstract

The purpose of the present paper was to present findings on the treatment effect of clinical holistic medicine (CHM) defined as mindful short-term psychodynamic psychotherapy (STPP) complemented with bodywork (Marion Rosen type) on patients who presented with physical illness and chronic physical pain at the Research Clinic for Holistic Medicine in Copenhagen. Patients were measured with a five-item quality of life and health questionnaire (QOL5), a one-item questionnaire of self-assessed quality of life (QOL1) and four questions on self-rated ability to love, self-rated ability of sexual functioning, self-rated social ability and self-rated working ability (ability to sustain a full time job). Most of the patients had chronic pains that could not be alleviated with drugs. Results showed that 31 patients with the experience of being severely physically ill (mostly from chronically pain), in spite of having consulted their own general practitioner, entered the study. The holistic approach and body therapy accelerated the therapy dramatically and no significant side effects were detected. 38.7% did not feel ill after the intervention (1.73<NNT<4.58) (p=0.05). Psychodynamic short-term therapy complemented with bodywork can help patients. When the patient responded to the therapy, the self-assessed mental health, relationship with partner, ability to work, self-assessed quality of life, relationships in general, measured QOL (with the validated questionnaire QOL5), and life's total state (mean of health, QOL and ability) was statistically and clinically significantly improved. Most important, all aspects of life were improved simultaneously due to induction of Antonovsky-salutogenesis.

Keywords: *Pain, Quality of Life, CAM, short-term psychodynamic therapy (STPP), analgetic drugs, adverse-effect, implanted philosophy, Denmark.*

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Introduction

The famous physician Hippocrates (460-377BCE) cured his patients using holistic medicine, where he emphasised addressing the whole person, and his primary tool according to the *Corpus Hippocraticum* (1) was rehabilitation of the character. His medicine became the medicine of the west for more than two millennia. Since 1950 biomedicine – using drugs to cure – has become more popular than holistic medicine, but recently patients unsatisfied with the results and the side effects of biomedicine has returned to the “old way” of being healed.

Since 1997 we have conducted clinical research in holistic medicine, to develop the psychodynamic short time therapy known from several meta-studies to help many different groups of patients (2-7). We have developed this therapy into a fast and efficient holistic tool for the general practitioner to be able to help patients with physical, mental, existential and sexual problems (8-12). We want a medicine that is fast, efficient, affordable, preventive, safe and with lasting results and if possible we would also like to improve not only health, but also the quality of life and general ability of functioning, especially the ability to work happily. This is much to ask from a medicine, but according to the Aaron Antonovsky’s (1923-1994) theory of “salutogenesis” (13,14) – or healing of the patient’s whole life – this is actually possible. In 2000 we established the Research Clinic for Holistic Medicine in Copenhagen to develop and document a clinical holistic medicine inducing salutogenesis with now more than 500 patients treated in a ten-year clinical study planned to include 1,000 patients. To simplify we decided to use the patients self-evaluated health as both a diagnostic and documentary tool, as many studies indicated self-assessed health to be one of the strongest indications for present and future health, if not the strongest (15-19).

Most often the patients in our clinic have a complex of mental, physical, existential and sexual problems that often have become chronic and disabling problems. The patients came after reading our books on holistic medicine (8-10) or through recommendation from other patients. They have to pay for the treatment (the clinic is not part of the national health system), where on average 20 sessions

cost about 1,600 EURO. This paper is an updated version of an earlier published paper (20).

Methods

The Clinical Holistic Medicine is basically the highly effective method of short-term psychodynamic psychotherapy (STPP) (21-23) complemented with bodywork of Marion Rosen Type, and exercises in philosophy of life. The aim was to introduce existential healing (salutogenesis) according to CAM theory. The reason for expanding STPP was the need to be able to work not only with mental, but also with physical, philosophical and existential and sexual issues.

The expanded, holistic approach in therapy attend to body and philosophy of life, and this lead us to notice that many chronic pain patients suffer not only from physical pain, but also from a philosophical position of being a victim. Often this victimization occur, when a patient is promised a pharmacological solution to the pain problem that just nor really works. The victim-attitude means that they do not seriously try to improve their life, but sink down into a discouraged, hypothyroid or even depressed state of being with resignation and little responsibility for self, other and outer world. To treat the patients we worked with their feelings, body and philosophy of life simultaneously. We call this “learned helplessness” from failed pharmacological treatment for “implanted philosophy” and we have noticed that to support a major shift in philosophy of life towards a positive, constructive and responsible attitude is highly correlated in qualitative observations to become well again. The treatment was guided by a new holistic theory of pain (24).

Since year 2000 we have treated more than 500 patients with “clinical holistic medicine”. In year 2004-5 we treated 109 and among these 31 patients had significant physical health issues, when measured on a five point Likert scale for self-rated physical health. The patients were measured with a five item quality of life and health questionnaire QOL5 (a five questions on self-assessed physical health, mental health, relation to self, relation to partner, and relation to friends) (20), a one-item questionnaire of self-assessed quality of life (QOL1) (20) and four

questions on self-rated ability to love, self rated ability of sexual functioning, self rated social ability and self-rated working ability (ability to sustain a full time job) (together QOL10 questionnaire).

Before entering the study, after the treatment and after one year (see 21,22) for details. The patients who had rated themselves to be physically ill and entered the clinic during 2004-2005 were part of this present study. Six therapists from the Nordic School of Holistic Medicine (master students) performed the therapy as research associates under supervision by the first author. Many more of the 109 patients than the 31 patients selected for this study had physical health issues (chronic pain in the locomotor system (26 ptt), chronic pain in the internal organs (25 ptt), asthma (4 ptt), allergy (9 ptt), eczema (5 ptt), chronic infections (7 ptt), autoimmune diseases (4 ptt), genetic disorders (2 ptt), female hormonal disturbances (bleeding) (5 ptt), but we only included the patients who rated them selves "physically ill". Some of these patients had more than one disease, and some patients who felt severely ill were still without a diagnosis in spite of a thorough examination by their own general practitioner (GP). The patients most often felt ill from chronic pains, without any specific location in the body (wandering pain, non-anatomical pain). The patients included in this study was the difficult-to-treat chronic patient that is all to well know in general practice and who almost never improve spontaneously nor respond well to drugs.

Results

We succeeded to help about half the patients to let go of the victim-attitude and thus de-learn the learning form the failed analgesic treatment. With the new and more responsible attitude they could confront the body and assume responsibility of the existential problems that seemingly caused to physical pain (24).

Table 1 shows that 31 patients were physically ill before treatment (self-assessed physical health: bad or very bad), 12 patients were physically well after treatment: (self-assessed physical health: very good, good, or neither good nor bad) and six patients were still physically ill after treatment (self-assessed physical health: bad or very bad), while 13 did not

respond to the follow up questionnaire. Response rate of follow up study was therefore 58.1%.

Success rate of treatment: $12/31 = 38.71\%$ (95%CI: 21.85%-57.81%)[23]. Calculated in this way we get an NNT (number needed to treat) of clinical holistic medicine with somatically ill patients = 1.73-4.58. As we have treated over 500 patients with no severe or lasting side effects (see below) and no patients harmed, we estimate the number needed to harm (NNH) to be > 500 (we do not have the follow-up data on these patients).

The self-assessed mental health, relationship with partner, ability to work, self-assessed quality of life (see tables 2 and 3), relationships in general, measured QOL (with the validated questionnaire QOL5), and total state of life (mean of health, QOL and ability) was also statistically and clinically significantly improved (see tables 4 and 5).

Table 1. Clinical holistic medicine cure 38.71% (P=0.05 or 95% CI: 22% - 58%, CI being the binomial confidence interval) of patients from self-assessed somatic illness

	Before treatment	After treatment
Physically ill	31	6
Physically well	0	12 = 38.71% 95% CI: 22% - 58%
Non-responders or dropouts	-	13

When we used paired t-test to study the 12 patients, where therapy changed their ratings of self-evaluated physical health from ill to not ill (from 4=bad or 5=very bad, to 1=very good, 2=good, or 3=neither good nor bad) we found (see table 2 and 3) that the 12 patients also improved their self-evaluated mental health, relationship with partner, working ability, and quality of life. Please note that the results are both statistically and clinically highly significant. In table 4 and 5 it can be seen that they also improved their relations (with self, partner, and friends), their self-evaluated ability of functioning (to love, to function sexually and socially, and working ability), and their quality of life as measured with the validated

Table 2. Paired t-test. Study of 12 patients where therapy changed their ratings of self-evaluated physical health from ill to not ill (from 4=bad or 5=very bad, to 1=very good, 2=good, or 3=neither good nor bad)

Paired samples					
		Mean	N	Std.	Std. mean
Physical Health	Before	4.000	12	.0000	.0000
	After	2.666	12	.4923	.1421
Mental health	Before	3.500	12	.6742	.1946
	After	2.250	12	.7537	.2176
Self esteem	Before	3.000	12	.8528	.2461
	After	2.500	12	.5222	.1507
Relation to friends	Before	2.416	12	.9003	.2599
	After	2.250	12	.4522	.1305
Relation to partner	Before	3.666	12	1.8748	.5412
	After	2.666	12	1.7232	.4974
Ability to love	Before	3.250	12	.9653	.1786
	After	2.583	12	.5149	.1486
Sexual ability	Before	3.500	12	1.0871	.3138
	After	2.833	12	.9374	.2706
Social ability	Before	3.166	12	.9374	.2706
	After	2.333	12	.7785	.2247
Work ability	Before	3.166	12	.8348	.2410
	After	2.333	12	.6513	.1880
Quality of life	Before	3.916	12	.5149	.1486
	After	2.500	12	.7977	.2302

Table 3. Paired samples

	Paired Differences					t	df	Significance (2 – tailed)
	Mean	Std. Deviation	Std. Error mean	95% confidence interval of difference				
				Lower	Upper			
Physical health	1.3333	.49237	.14213	1.0205	1.6462	9.381	11	.000
Mental health	1.2500	1.05529	.30464	.5795	1.9205	4.103	11	.002
Self esteem	.5000	1.08711	.31382	-.1907	1.1907	1.593	11	NS
	Paired Differences					t	df	Significance (2 – tailed)
	Mean	Std. Deviation	Std. Error mean	95% confidence interval of difference				
				Lower	Upper			
Relation to friends	.1667	.57735	.16667	-.2002	.5335			
Relation to partner	1.0000	1.47710	.42640	.0615	1.9385			
Ability to love	.6667	1.15470	.33333	-.0670	1.4003	2.000	11	NS
Sexual ability	.6667	1.4570	.33333	-.0670	1.4003	2.000	11	NS
Social ability	.8333	1.33712	.38599	-.0162	1.6829	2.159	11	NS
Work ability	.8333	.71774	.20719	.3773	1.2894	4.022	11	.002
Quality of life	1.4167	.99620	.28758	.7837	2.0496	4.926	11	.000

Table 4. Paired T-Test. Study of 12 patients which therapy changed their ratings of self-evaluated physical health from ill to not ill (from 4=bad or 5=very bad, to 1=very good, 2=good, or 3=neither good nor bad)

		Mean	N	Std.	Std. mean
Relations	Before	3.027	12	.7029	.2029
	After	2.472	12	.6106	.1762
Ability	Before	3.270	12	.6436	.1858
	After	2.520	12	.4579	.1322
QOL (QOL 5)	Before	3.263	12	.5097	.1471
	After	2.472	12	.4428	.1278
Health-QOL-Ability (QOL 10)	Before	3.349	12	.4804	.1387
	After	2.483	12	.4027	.1162

Table 5. Paired samples

	Paired differences					t	df	Significance (2) – tailed
	Mean	Std.	Std. Error mean	95% confidence interval of difference				
				Lower	Upper			
Relations	.5556	.70113	.20240	.1101	1.0010	2.745	11	.019
Ability	.7500	.72300	.20871	.2906	1.2094	3.593	11	.004
QOL (QOL 5)	.7917	.58657	.16933	.4190	1.1644	4.675	11	.001
Health-QOL-Ability (QOL 10)	.8657	.56925	.16433	.5041	1.2274	5.268	11	.000

questionnaire QOL5. When health, quality of life, and ability were combined, it became clear that these patients had healed their whole life. This healing of all aspects of life is often seen in clinical holistic medicine and called (Antonovsky-) salutogenesis after the researcher who discovered this kind of global healing of the patient's existence (13,14).

Table 2 and 3 shows that the 12 patients that healed somatically also improved their self-evaluated mental health, relationship with partner, working ability, and quality of life. Please notice that the results are both statistically and clinically highly significant.

Table 4 and 5 shows that the 12 patients that healed somatically also improved their relations (with self, partner, and friends), their self-evaluated ability of functioning (to love, to function sexually and socially, and working ability), and their quality of life as measured with the validated questionnaire QOL5 (20). When health, quality of life, and ability are

combined, it is clear that these patients have healed their whole life (as measured by QOL10).

Discussion

In an earlier paper we have documented that the treatment effect is lasting, using the square curve paradigm, and the results did not deteriorate one year after therapy (21). After the treatment we found that 38.7% did not feel ill any more, if we calculate our success rate conservatively and take all dropouts and non-responders of the follow up questionnaire as negative responders to the treatment.

Of the responders 33.3% felt completely cured (good or very good) and 66.7% was improving (felt neither bad nor good). Most importantly, all aspects of life are improved simultaneously because of induction of Antonovsky-salutogenesis (13,14). The treatment of these patients with clinical holistic medicine had no side effects except for a few days of

feeling bad when old painful, repressed material from old trauma re-appeared in the consciousness of the patient. During the most intense phase of therapy many patients felt very bad for a few days, but none of the patients experienced severe or lasting side effects. Two patients needed support 24 hours for a few days during this period.

The problem of being ill has three major aspects: the symptoms, the compromised quality of life and the reduced ability of functioning. Another important aspect is that illness often signifies a continuous deterioration of life through time. Disease or being ill invites new illness and loss of quality of life and ability.

The most fundamental problem with holistic medicine is that it addresses the patient's consciousness and experience – the whole person – and not the objective symptoms and diseases. When a person is cured in this system the patient feels cured. The literature documents a strong correlation between self-assessed and objective health. The danger here is that the patient might abandon an important biomedical treatment and it is therefore mandatory that clinical holistic medicine should be seen as a supplement to biomedicine and performed in physician supervision. To induce holistic healing, or Salutogenesis (13,14), the most fundamental beliefs of the patient – the patient's philosophy of life – must be addressed and changed toward a more positive and life-sustaining one. To do this, the repressed feelings and emotions of the trauma(s) that established the existential damage to begin with, must be integrated. The process is often very dramatic and often emotionally painful for the patient, and the patient needs to work hard with exercises – most often writings and readings. The reward from this suffering seems to be a general improvement, not only of physical health, but also of all other aspects of life. The process of existential healing is arduous and painful, which limits the number of patients, who are willing to use this kind of medicine/treatment or indeed induced self-treatment.

Conclusions

Clinical holistic medicine is especially useful with chronic patients that present the triad of low

quality of life, poor health (physical and/or mental) and poor ability of functioning. We found that patients who experienced being physically ill, in spite of having consulted their own general practitioner, entered this study and after holistic treatment 38.7% did not feel ill any longer ($1.73 < \text{NNT} < 4.58$) ($p=0.05$). From more than 500 patients treated with no severe side effects we estimated that $\text{NNH} > 500$. The self-assessed mental health, relationship with partner, ability to work, self-assessed quality of life, relationships in general, measured QOL (with the validated questionnaire QOL5), and life's total state (mean of health, QOL and ability) was statistically and clinically significantly improved. These results are comparable to the results from established treatments. Most importantly, all aspects of life are improved simultaneously because of induction of Antonovsky-salutogenesis. Clinical holistic medicine has no known side effects; it seems to give fast and lasting results, and might prevent future disease.

The purpose of the present paper was to present findings on the treatment effect of clinical holistic medicine (CHM) defined as mindful short-term psychodynamic psychotherapy (STPP) complemented with bodywork (Marion Rosen type) on patients who presented with physical illness and chronic physical pain at the Research Clinic for Holistic Medicine in Copenhagen. The therapy aimed to help the patients to confront old emotional and existential pain from childhood and fetal trauma(s). By adding bodywork and mindfulness (existential-philosophical training) to STPP it can be used also for physical disease and philosophical problems. We worked according to a new, holistic theory for pain and found CHM to be effective in re-transforming physical pain back to emotional and existential pain, thus healing the body and relieving the chronic physical pain. Philosophically, chronic pain patients seem often to be caught in a victim's perspective, and a condition for relieving the pain and healing the body is a fundamental shift of this perspective into a responsible philosophy of life. We found that the victim-perspective often comes from expectations to a pharmacological treatment, that promised the patient a cure, but never materialized. We call this harmful new philosophical adverse-effect (or side-effect) of analgesic drugs for implanted philosophy.

Acknowledgements

This study was supported by grants from IMK Almene Fond. The quality of life research was originally approved by the Copenhagen Scientific Ethical Committee under number (KF)V.100.2123/91 and later correspondence. This paper is a revised updated version of an earlier published paper (Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced physical illness and chronic pain. *ScientificWorldJournal* 2007;7:310-6).

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Revised: August 28, 2007.
Accepted: August 29, 2007.