

## **Holistic psychiatry: A model for holistic diagnoses and holistic treatment of mild, borderline and psychotic personality disorders**

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### **Abstract**

Today's categorical system of diagnosing personality disorders in ICD-10 and DSM-IV should in ICD-11 and DSM-V be substituted with a simpler, more comprehensive, five-dimensional model. The proposed model gives a tremendous simplification of today's diagnostic universe and empowers the psychiatrist and therapist with tools that facilitate an integrated holistic practice of understanding, diagnosing and healing the mental disorders in general. The five dimensions are based on the classical Hippocratic description of man: 1) body and sexuality, 2) consciousness and psyche, 3) feelings and emotions, 4) spirituality and ability to love and 5) an integrative function of the "I" often called "the heart". We present seven easy-to-use rating scales of 1) Therapist's global impression of the patient (as normal, low self-esteem, low self-confidence, nymphomaniac, dependant, nervous/evasive, compulsive, labile, narcissistic, hysteric/histrionic, dyssocial/antisocial, paranoid, skizoid, autistic, dysphoric, hypomanic, depressive, manic, bipolar, skizo-affective, schizophrenic); 2) Level of sexual development (genital, immature oral/anal/clitoral, infantile autoerotic); 3) State of sexual energy (free or blocked); 4) Patient's affective/emotional state (vital, flat, blocked), 5) Level of mental development (mature, immature, instable, deluded, deluded-instable, disintegrated), 6) Spiritual state (whole, flat or split) and 7) "I-Strength" also called "state of heart" or "degree of development of integrative ability" (fair, intermediate, weak). The seven rating scales makes diagnosis and planning of the psychodynamic or holistic therapy easy and opens up for a constructive dialog about the goal of therapy with the patient. The five-dimensional diagnostic system has been clinically tested and seems to humanize psychiatry and improve treatment efficiency and compliance.

**Keywords:** Mental health, psychiatry, holistic health and medicine, personality disorder.

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## **Introduction**

There seems to be a general agreement that the categorical system of diagnosing the personality disorder used both in ICD-10 (1) and DSM-IV (2) is highly impractical and presumably even outdated (3,4). We need a much simpler and more logical system that integrates our understanding and knowledge of the mental disorders and empowers us as therapists to treat and cure the patients suffering from personality disorders. Especially problematic is the complex relations between personality disorders and genuine mental illnesses. From all we know the mental diseases present themselves in a perfect continuum, which is only artificially made into categorical diagnoses, and this transformation of continuous phenomenon's into categories is a severe hindrance to exploration, diagnostics and healing work. Especially the dialog with the patients has become much more difficult than it needs to be, as patients most often show severe resistance against the diagnosis. The resistance often comes from an experience of stigmatization, as nobody likes to accept to be in a specific category of personality disorders. On the other hand, every patient will agree that his or her feelings, mind, sexuality etc. are somewhat less than perfectly developed, and the degree can be satisfactorily negotiated during treatment. This dialog is extremely important in therapy, making the diagnosis of ICD-10 and DSM-IV highly counterproductive and difficult to use in the clinic.

The personality disorders are traditionally placed between the completely mentally healthy state and the most psychotic mentally ill schizophrenic state. Historically the personality disorders are collectively characterized by causing unproductive conflicts in the person's inner and outer life. When only the patient himself is tormented by the mental disorder we often use the work "neurosis", i.e. "anxiety neurosis" but almost always anxiety will give the patient an evasive trait - paradoxically creating lots of conflicts around the patient as the entire patient's fears one by one materialize - turning the neurosis into a personality disorder. The concept of "neurosis" is therefore well substituted with the concept of personality disorders. All mental illnesses are rooted in psychological defense and therefore also based in personality

disorders. The distinction between personality disorders and mental illnesses are therefore also totally artificial. Theoretically there is no reason not to integrate the mental illnesses and the personality disorders, as we have done in our suggested 5-dimensional model of personality disorders (see table 1) In the psychodynamic literature there seems to be an agreement that the outer conflicts is a materialization of the person's inner conflicts, which are understood as internalized early external conflicts, often going all the way back to the earliest childhood and even the womb. The reason for the internalization is adaptation to the environment and parents to increase the holding and love and thereby optimizing the basic conditions for personal development and survival. Traditionally the personality disorders have been categorized as mild, borderline and psychotic and we have developed a five-dimensional model that we suggest should enter the ICD-11 and DSM-V classification. We have tested the model in clinical practice and found that it allows successful healing work with both patients with personality disorders and with mental illnesses (5,6).

## **Holistic medicine and biomedicine in the treatment of personality disorders**

Historically the treatment of personality disorders like hysteria goes all the way back to Hippocrates and the Greek doctors who used massage of the uterus combined with conversational therapy to heal the sexual disturbances believed to be the primary cause of personality disturbances (7-9). Holistic medicine that combined conversational therapy with bodywork was the European medicine for more than 2000 years and Freud started himself as a holistic doctor giving massage to the hysterical patients' legs (10). Freud left bodywork and initiated the tradition of psychodynamic psychotherapy, but he struggled with the problem that contemporary culture was extremely negative towards physical touch and bodily intimacy and he gained great fame from developing a style of therapy that left bodywork behind to focus on the talking; in spite of this the psychosexual developmental problems of the patient were still seen as the primary cause of personality disorders.

**Table 1. The personality disorders (according to ICD-10 and DSM-v) and the mental illness can be seen as a simple product of the combination of psychosexual, emotional, mental, spiritual and integrative problems that often can be successfully addressed in holistic therapy (CHM). Most interestingly this analysis does not justify the traditional distinguishing between personality disorders and mental illnesses, and all mental disorders are seemingly curable in therapy (11-14, 42-44)**

|                        | ICD-10                | DSM-IV                | I-Strength (integrative ability, "heart") | Sexual development                         | Affective (emotional) state | Mental state                      | Spiritual state |
|------------------------|-----------------------|-----------------------|---|--|-----------------------------|-----------------------------------|-----------------|
| Normal, healthy person | -                     | -                     | Strong                                    | Genital, free                              | Vital                       | Mature                            | Whole           |
|                        | Low self esteem *     | Low self esteem *     | Fair                                      | Genital, free                              | Flat or blocked             | Mature                            | Whole           |
|                        | Low self confidence * | Low self confidence * | Fair                                      | Genital, free                              | Vital                       | Immature                          | Whole           |
|                        | Nympho-mania *        | Nympho-mania *        | Fair                                      | Sexualised, often genital                  | Vital                       | Mature                            | Whole           |
| Mild (neurotic)        | Dependant             | Dependent             | Fair                                      | Often immature, free                       | Vital                       | Often immature                    | Whole           |
|                        | Nervous/Evasive       | Evasive               | Fair                                      | Often immature, free                       | Vital                       | Often immature                    | Whole           |
|                        | Compulsive            | Compulsive            | Fair                                      | Often immature, often blocked              | Often flat                  | Often immature                    | Whole           |
|                        | Dysphoric *           |                       | Fair                                      | Often immature, blocked                    | Flat                        | Often immature                    | Whole           |
|                        | Hypomanic*            |                       | Fair                                      | Often immature, free                       | Vital                       | Often immature                    | Whole           |
| Borderline             | Emotionally labile    | Instable              | Moderate or weak                          | Immature, free                             | Vital                       | Often immature                    | Whole           |
|                        | -                     | Narcissistic          | Moderate or weak                          | Infantile autoerotism, free                | Vital                       | Often immature                    | Whole           |
|                        | Histrionic (Hysteric) | Histrionic (Hysteric) | Often weak                                | Sexualised, often genital                  | Vital                       | Often immature, instable          | Whole           |
|                        | Dyssocial             | Antisocial            | Weak                                      | Immature, sexualised or blocked            | Often flat                  | Often immature                    | Flat            |
|                        | Depressive**          |                       | Moderate                                  | Immature, Blocked                          | Flat                        | Often immature                    | Flat            |
|                        | Manic**               |                       | Moderate                                  | Immature, often sexualised                 | Vital or flat               | Often immature                    | Flat            |
| Psychotic              | Paranoid              | Paranoid              | Weak                                      | Immature, blocked                          | Often flat or blocked       | Immature, deluded                 | Flat            |
|                        | Skizoid               | Skizoid               | Weak                                      | Immature or infantile autoerotism, blocked | Blocked                     | Immature                          | Split           |
|                        | (Autistic*)           | Skizotypi-cal         | Weak                                      | Infantile autoerotism, blocked             | Blocked                     | Immature, deluded                 | Split           |
|                        | Bipolar**             |                       | Weak                                      | Immature, instable, blocked or sexualised  | Vital or flat               | Immature, deluded, instable       | Split           |
|                        | Schizo-affective **   |                       | Weak                                      | Immature, blocked or sexualised            | Vital or flat               | Immature, Deluded                 | Split           |
| Schizo-phrenia *       | Schizo-phrenia**      |                       | Weak                                      | Infantile Autoerotism, blocked             | Blocked                     | Immature, deluded, dis-integrated | Split           |

\*) Not considered a personality disorder in ICD-10 and DSM-IV.

\*\*\*) Mental illnesses according to ICD-10 and DSM-IV.

During the 20<sup>th</sup> century psychiatry came up with neurobiological hypothesis for personality disorders and the more severe mental problems were less treated with conversational therapy and more and more often treated with psychopharmacological drugs, often combined with ECT (electroconvulsive therapy).

Its is difficult to compare the results from the three different ways to treat personality disorders, but it seems that Philippe Pinel (1745-1826) could cure 70% of his patients – presumably a mixture of schizophrenics and borderline patients - with his version of holistic medicine, the “traitement moral” that had a strong focus also on philosophical and somatic aspects of the patient around 1800 (11). Psychodynamic psychotherapy with conversational therapy alone could cure around 33% of the patients with personality disorders and schizophrenia from 1900 to 1970 (12-14), while psychopharmacological treatment only have helped a few percent of the patients with personality disorders since 1970 (1) and cured even less.

The reason for the use of psychopharmacological drugs in the treatment of the personality disorders (in spite of no Cochrane or other studies documenting clinically significant effect here) is simple: Firstly the believe that mental disorders are caused by chemical disturbances in the brain makes this natural and secondly an extremely large number of patient can be treated with a minimal of the physician’s time. The sad fact is that the urbanization, modernization and the shift to a strong focus on natural science and biochemistry in medicine seems to take the healing power out of medicine.

To increase the rate of patients being cured it seems that we are forced to take medicine back to its holistic roots; only if we work with therapy, and preferably the classical combination of bodywork and conversational therapy, can we really come back to the excellent results of the former eras holistic doctors. We have tested this idea in clinical practice and found that 57,4% of mentally ill patients seen at the Copenhagen Clinic can actually be cured (self rated outcome in mental health) just in one year and with 20 hours of treatment (6) using the system of clinical holistic medicine (CHM), that our international research team has developed during the last two decades (15-28). CHM is easy to use and

highly efficient, as we have documented this approach in a number of uncontrolled studies addressing a long serious of physical, mental, sexual and existential problems (6,29-32) and the treatment plan comes quite natural if the physician uses the five-dimensional, diagnostic system.

After a decade of treatment experiments and research into the process of holistic healing we have come up with a theoretical framework that we have used to explain and map all major personality disorders (see table 1) together with the mental diseases (33). We have learned that we are indeed capable of understanding and also curing many of the patients with these disorders and illnesses using the simple tools of clinical holistic medicine (28). Of course one can disagree with the holistic description of man as consisting of body, mind, spirit and heart and with the idea of the sexual energy as the fundamental life energy of man. Without this perspective the presented theory of personality disorders and the holistic cures will be of little value. On the other hand one can argue that the fine results of the methods derived from this understanding can be taken as an empirical confirmation of the holistic theory of man.

## The definition of personality

In holistic medicine the personality is different from the being (34). The entity, or real person, is behind every appearance always intact and can be revitalized just by letting go of all the patient’s many layers of existential learning and adaptation that we call personality. The personality is in this sense *neurotic and created for survival and adaptation* and very different from the person’s character (35) and life mission (33,35-40), that is the person’s real talents given already at conception intended for *living and growing*. So in this sense a completely healthy person does not have a personality, but is striving for self-realization to be able to create value in the world. A mentally healthy person can create conflicts, but these conflicts will always be about maximizing value and taking down hindrances for what is considered good by the individual. On the other hand will personality disorders always lead to neurotic conflicts that will consume a lot of time and energy and only lead to

modest results if any. More often the conflicts will be destructive to the individual in spite of the experience of the conflicts being necessary and for the good of all. A person with severe personality disturbances will always blame the surrounding world for the problems and conflicts, while a mentally healthy person will assume full responsibility for all conflicts.

Conflicts can be made actively and passively; the psychodynamic concept of “passive aggression” is often very well used in relation to personality disorders. Autism can be seen as the pure crystallization of passive aggression towards the parents; it can also be seen as a product of arrested psychosexual development around the fetal or infantile state called “infantile autoerotism” by Freud (41).

## Holistic theory of personality disorders

Man is seen holistically as body, mind, spirit and heart with sexuality as a penetrating ubiquitous energy, which circulates in the whole energetic system of the person and connects all parts of it. The mild personality disorders (the dependent, the nervous, the narcissistic and the labile) are characterized by an open heart and whole and functionally intact spirit, often a normal emotional life, but a somewhat immature mind and sexuality. The borderline, or intermediate, personality disorders (the compulsive, the hysteric (histrionic), the anti-social (psychopathic), the depressive, the manic, and the schizotypal) are characterized by a blocked heart making connections to people very difficult; often a “flat” spirit, flat or labile emotions, a somewhat immature mind, and often a blocked sexuality.

The psychotic personality disorders (the autistic, the bi-polar, the paranoid, and the schizoid) are characterized by a blocked heart making connections to people very difficult; a split spirit, flat, a immature and deluded mind with often a completely blocked, little developed sexuality. The schizophrenic patient is at the extreme end of the spectrum with infantile autoerotism and no objects-related sexuality, split spirit, often highly underdeveloped, strongly deluded mind, and most often complete, emotional flatness.

In principle, body and sexuality must be rehabilitated first, then emotions and mind, and finally spirit and heart. In practice the course of therapy is always strongly dependent on the patient and the holistic therapist need to invent a new cure for every new patient. Table 1 shows the system of personality disorders and the underlying sexual, mental, spiritual and integrative (I/heart) problems that must be addressed in therapy to cure the patient.

## Five dimensions of mental health

### 1. Sexuality

Sexuality has been known to play a central role in personality disorders all the way back to Hippocrates and the Greek physicians and this perspective has been kept in today’s psychoanalysis, psychodynamic psychotherapy and holistic medicine from Hippocrates to Freud, Jung, Reich, Searles and many other grand therapists (13,34,41,45,46). Sexuality lies at the core of human existence and the level of psychosexual development and the free or blocked flow of sexual energy is easily observed in clinical practice from the level of libido, sexual aggression, will to live and level of life energy. The development goes from object-less, infantile autoerotism through immature sexuality to the mature, genital sexuality needed for mutually satisfying, sexual intercourse. Freud described the immature sexuality as oral or anal. It has in the literature of erotic tantra been suggested that immature female sexuality can be seen as “clitoral” opposed to mature, vaginal sexuality (47). Sexuality (the sexual energy) can be free, blocked or sexualized. Sexualized energy is neurotically boosted; compare this with the classical diagnosis of “nymphomania”, which is neurotically boosted sexuality in an otherwise normal patient (nymphomania is therefore included in table 1 as a normal condition and not a disorder).

Many hysteric patients are strongly sexualized and have an obvious nymphomaniac trait. Promiscuous behavior is sometimes the behavioral derivate of sexualisation also in normal people, but this is not a mental disorder as we see it. This problem and many other related sexual problems like vulvodinia belongs to the field of sexology in spite of

obvious presence of personality disorders in these patients. Eating disorders are often more strongly related to sexual than to mental problems and should therefore also be treated under the specialty of sexology. In the future psychiatry and sexology might also be integrated into a more holistic model; as physical health are also strongly related to mental and sexual problems we must always remember that body and mind cannot truly be separated in medicine. A few minutes talk about sexuality will reveal the patient's level of psychosexual developmental status; often just the way the patient dresses and contact you will let you know.

## 2. *Affect/emotions*

The emotional state of a human being goes from vital and healthy to flat and further to completely blocked. A person can contain a whole palette or rainbow of emotions, every moment being like a colorful painting; or emotional life can be flat and simplistic, one single emotion at the time, and no symphony of tones, no profoundness and mystery; or emotional life can be completely blocked. The palette can be dominated by dark colors in depression, or light colors in mania, and the whole palette can be changing unpredictably as in cyclothymia and emotional lability. The emotional status of the patient is easily experienced in personal contact.

## 3. *Mind*

The mind can be immature or maturely developed; it can contain complex concepts and fine language for describing the world or intelligent and creative processes to model the surrounding world and meet the multiple challenges from inside and outside. It can be a sharp, precise, stable, and useful tool, a reliable source of information and true resource for problem solving. When mind is immature, its description of the world can be instable, deluded, an unreliable source of information, or even a severe burden insisting compulsively on the patient doing or thinking specific thoughts or actions, and in the psychotic patient deluded thoughts and ideas can lead to highly destructive acts. In the most undeveloped

and disturbed form the conception is confused and disintegrated. An hour of conversation will allow the therapist to estimate the level of development of patient's mind.

## 4. *Spirit*

In this important, but abstract dimension of man lies our ability to love and give unconditionally. If wholeness or the concept of soul is denied in the patient's personal philosophy, the ability to love unconditionally is often destroyed. The spiritual dimension also holds our mission of life, i.e. our core talents which we need for being of true value in our social relationships. The spiritual dimension can be whole and vital, flat and reduced, or split in two or more parts, giving the most severe personality disorders. The split spirit is a well-known defense mechanism. Splitting is our normal reaction to traumas early in life, when the mind is still too immature to cope. In holistic therapy we often find these traumas under deep regression to the womb, where they can be healed (25-27,34,48,49).

The clinical assessment of this is quite difficult. A split spirit should not be mistaken for the phenomenon of multiple personalities that we all, sound as sick, contains as a condition for normal mental functioning; normally our multitude of "personalities" are not visible due to a high level of integration. But split spirit often materializes through the phenomenon of inner conflicts between the inner personalities and the extreme example of this has given the name to the illness schizophrenia, meaning "split spirit" in Greek. Other manifestations of the split defense is ambivalence, which in marriage can be seen as a strong tendency to adultery, in work seen as a strong tendency to change work places, in friendship seen as a high rhythm of meeting and sacking friends.

Diagnosing the patient's spirit is the most difficult part of the diagnosing process. To master diagnoses and holistic therapy with patients with split-spirit problems the therapist needs to go through deep and regressive therapy himself, allowing for deep self-exploration into the spiritual domain. But even the inexperienced student will soon learn to identify

ambivalence and strong inner conflicts in the patient coming from the obvious split defense.

### 5. Heart

The experience of an integrated “I” is a function of a complex integrative function developed through childhood and adolescence (34,41). We often call this function the “human heart”. The heart integrates body, mind and spirit, or more accurately the patient’s Id, Ego and Self (soul). The function of the heart makes it possible for us to meet another person as a subject (Though) and not an object (“it”) (50). If a person becomes emotionally wounded the heart can be temporarily “broken” or more permanently blocked (a “closed heart”) and relating becomes difficult. This influences the whole experience and appearance of the person. Psychiatry has often understood the concept of I-Strength as a mental quality, while holistic medicine traditionally has seen it as an existential quality. Holistic medicine is aligned with the more common understanding of the heart; people who “have a heart” or “an open heart” are able to meet the world and other people in an open-minded, assertive, empathic, accepting, involved, respectful, interested and loving way. The status of the heart is thus easily observed in clinical practice.

### Diagnosis in the 5-dimensional system

The power of the 5-dimensional system lies in its practicality in daily work. To use the system we always start with an interview about the patient’s status in the five dimensions; the therapist’s global impression grows organically out of this dynamic interaction. After rating this general global impression and also the five dimensions, the diagnosis is easily found using table 1. It is strongly recommended also to use a patient-rated questionnaire like QOL1, QOL 5 or QOL10 (51) and compare the two ratings to secure a reasonable concordance between the two sets of ratings. If the ratings differ much the reason for the discrepancy must be thoroughly analyzed (52). In general, holistic therapy will not run smoothly without a fundamental agreement between the

therapist and the patient about what the patient’s problem is and what the solution and goal of the therapy is.

Schizophrenia is recognized as the lower extreme of all five dimensions combined. In a non-categorical system as the one presented, there are no qualitative characteristics that makes it possible to identify the “schizophrenic patient” per se (like hearing voices). Schizophrenia is a state characterized by extreme lack of personal development of body, mind, spirit, sexuality and heart. Because of this perspective, schizophrenia can be treated as well as the other mental diseases.

*Therapist rated questionnaire for diagnosing the personality disorders and mental illnesses (The holistic 5-dimensional system suggested for ICD-11 and DSM-V)*

*Q1: Therapist’s global impression:*

1. Normal (no significant personality disorder or mental illness)
2. Normal, low self-esteem
3. Normal, low self-confidence
4. Normal, nymphomaniac
5. Dependant
6. Nervous/evasive (including anxiety)
7. Compulsive
8. Dysphoric
9. Hypomaniac
10. Labile
11. Narcissistic
12. Hysteric (Histrionic)
13. Dyssocial/Antisocial
14. Depressive
15. Manic
16. Paranoid
17. Skizoid
18. Autistic
19. Bipolar
20. Skizo-affective
21. Schizophrenic
22. Other, mild personality disorder
23. Other, borderline personality disorder
24. Other, psychotic personality disorder
25. Other psychotic mental illness

*Q2: How I-strong is the patient (heart open/closed)?*

1. Strong (“open heart”)
2. Fair
3. Moderate (“broken heart”)
4. Weak (“closed heart”)

*Q3: How developed is the patient’s sexuality?*

1. Genital (mature)
2. Autoerotism (immature clitoral/oral/anal)
3. Infantile autoerotism (no object)

*Q4: How blocked or sexualized is patient’s sexual energy?*

1. Free
2. Sexualized
3. Blocked

*Q5: How vital are the patient’s emotions?*

1. Vital
2. Flat
3. Blocked

*Q6: How developed is the patient’s mind?*

1. Mature
2. Immature
3. Immature, instable
4. Deluded
5. Deluded, instable
6. Deluded, disintegrated

*Q7: How whole is the patient’s spirit?*

1. Whole
2. Flat (remote)
3. Split

## Principles of holistic therapy

The key to helping the patient to heal his or her life and existence (salutogenesis) (53,54) lies in truly meeting and understanding the patient (55). The

traditional psychodynamic style of therapy is patient conversations allowing the patient to explore and understand himself, and this method is highly efficient (34,42-44,48,49) and with most mental disorders more efficient than psychiatric treatments as usual (42-44]. The holistic style of therapy is much more intensive with physical holding and direct processing of old traumas in spontaneous regression.

Psychodynamic psychotherapy works much with transferences, reflection on the therapist-patient relation being the primary tool. Holistic medicine use both conversation and bodywork to allow the patients to work more directly with the healing of early traumas. Interestingly, Freud did this in the beginning of his career (10), but presumably for political reasons living in a sex-and-body-negative culture he later abandoned bodywork. We have argued that the price Freud paid for psychoanalysis to be accepted in contemporary society was the effect of therapy, where holistic medicine seems to do in only 20 sessions (56), what often takes 1,000 hours of classical psychoanalysis (13).

Holistic therapy is basically re-parenting, where the therapist gives the patient the love, support and holding the parents were unable to give with the intent of healing the old traumas and integrate all the different feelings often related to body and sexuality. This allows the arrested psychosexual development to continue into the mature state. Sexuality almost always plays a central role in personality disorder (see table 1). The intimate love and care from the holistic therapist and assistants allows the patient to return to early childhood or even into the womb fetal state and reconnect to the emotional and sexual energies often left behind. Regression to the early stages of life is often experienced as extremely sexual in regressive therapy and the successful revitalization of the sexuality seems to be a condition for complete healing of a personality disorder.

The mind and the patient’s philosophy of life and ability to think and analyze must also be rehabilitated. This is often done through reading and philosophical exercises, careful writing of patients biography and artwork (25-27). The spiritual dimension of the patient’s life is most simply seen as ability to love and use core talents to be of value to self and others (33-40). When the patient regains ability to unconditional love, most of the personality disorder is often cured.

This happens in the traditional Hippocratic holistic medicine, when the patients recover his true physical, mental and spiritual character. This kind of medicine has therefore also been called for “character medicine” (45,57).

What we call “the heart” is as mentioned above really the abstract, integrative function of the human consciousness that allows us to connect to other people as a wholeness presenting body, mind and spirit at the same time, in a delicate balance. It is quite clear that a profound understanding of one self and also holistic theory and philosophy is a precondition for efficient treatment of patients with mental illnesses. Love and generosity are always the primary tools in therapy. Often the therapist ability to love and care is challenged by the cold-hearted, mentally undeveloped and sexually unappealing patients presenting the personality disorders. It is important to contain all these often-repelling characteristics of the mentally disturbed patient and to see all these unappealing aspects of the person as sides of the disease to be worked upon and healed in the end. A list of the many tools that can be used in holistic therapy can be found in (28).

## Discussion

Psychodynamic psychotherapy has a long tradition (41-44) and in our experience is not difficult to use this intervention form to cure or heal the personality disorder in therapy. A therapist that understands the basic principle of healing can cure mental illnesses (49). A skilled therapist like Searles cured 33% of even the most severely ill schizophrenic patients even after years of hospitalization with 900 hours of psychoanalysis (13) and in our study we found that 57% of the mentally ill patients experienced to be cured with clinical holistic medicine (6). In our experience it is important to work with a broad variety of patients, also including the most ill patients, for the therapist to fully understand the basic constitution of the personality and the problems connected to it. Only in the most severely ill patients the whole structure of man becomes transparent and visible. When you can cure schizophrenia, everything else becomes easy.

Working with the patient’s sexuality is normally the biggest problem for the modern physician,

because of the strong sexual taboo of society. We must stress that this is an absolutely necessary step in helping most patients with severe personality disorders and not only a thing that should be cared about when rehabilitating the patient with explicit sexual traumas. It is also important to remember that one girl in seven are still being sexually abused and these girls very often become the adult patients that seek therapy for personality disorders and mental problems.

The therapist needs to be without prejudice, generous, caring and containing on order to help patients re-integrate their ability to feel sexual interest, desire and arousal. Often the patents need to verbalize many sexual issues that normal people would never care to verbalize, i.e. their experience of the bodily reactions or orgasm. Most therapists feel quite awkward and embarrassed in the beginning working explicitly with patent sexuality, but it is really worth getting past this point, because it gives the patient motivation and energy to raise the mind. The use of therapeutic touch is paradoxically reducing the need of verbalizing and is also dramatically reducing the intensity of sexual transferences, but they will never completely disappear, making supervision and Balint Group work mandatory for holistic therapists. Written consent is mandatory and the medical record must contain detailed record of all procedures and emotionally charged wordings.

If patient-physician “chemistry” is bad with little love and affection, it is wise to allow the patient to change therapist. If the relation is healing up, this is a sign of the patient’s sexuality healing; in this case it is wise not to abrupt therapy as it can set the patient seriously back. Of course the therapist is responsible for keeping the sexual boundaries and respecting the ethical rules of holistic therapy. We recommend the rules of the International Society for Holistic Health (see [www.internationalsocietyforholistichealth.org](http://www.internationalsocietyforholistichealth.org)).

To obtain fast results in the therapy it is paradoxically important to allow the patient to develop slowly out of a psychotic state or a psychotic crisis. Therefore we recommend as a general rule that anti-psychotic and sedative drugs are not used in holistic psychiatry. It is much better to process the patient in his or her psychosis, than to bring them fast and violently down to normal consciousness with drugs. It is difficult in the beginning to meet psychotic

people and work with them in therapy; surprisingly bodywork and therapeutic touch are often much more efficient in this phase than psychotherapy and words. In general all shifts of mind and understanding must happen slowly and gradually. The patients must be allowed to grow very much as grass, trees or flower grow in the garden. "The grass grows by itself" is an old saying that is relevant here.

## Conclusions

ICD-10 and DSM-IV are in our opinion not well suited for diagnosing the personality disorders, or the mental illnesses in general for that sake. We suggest the categorical diagnosis substituted with a five-dimensional holistic system that allows for a simple analysis and thus a clear understanding of the different personality disorders (including the mental disorders of the affective and schizophrenic specters). Our analysis links the personality disorder close to the traditional mental illnesses and the system allows for a simple and efficient treatment plan: healing the mentally ill patient along the five axis, independent of what mental illness the patients would have in the ICD-10 or DSM-IV systems. This basically means that all mentally ill patients can be treated with holistic non-pharmaceutical medicine. It also means that the classical mental diagnoses are not needed in holistic psychiatry. It might very well be that they are actually therapeutically counterproductive as they make patients think badly about themselves. Therapy should in general avoid inducing negative philosophy.

The relational and psychosexual developmental problems seem to be at the core of every personality disorder and only by healing the patient's sexuality, mind and spirit can health in the end be healed. The strength of this integrative dimension is what determines the functional capability of the patient and thus the severity of the personality disorder.

We recommend that the dimensions of emotion and sexuality are addressed first in the therapy, as the more profound problems of mind, spirit and heart crystallizes well during the process of emotional and sexual healing (23,47). Only when the patient's sexuality, mind, and spirit are all healed, the integrative function known as the patients "I-strength" or "heart" can be recovered. The "I-strength" is still in

our model the central characteristic and determines the severity of the personality disorder, but we add a focus on the development of sexuality, mind, and spirit that has been somewhat neglected by modern psychiatry.

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