

Clinical Holistic Medicine (Mindful, Short-Term Psychodynamic Psychotherapy Complemented with Bodywork) in the Treatment of Experienced Impaired Sexual Functioning

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In this clinical follow-up study, we examined the effect of clinical holistic medicine (psychodynamic short-term therapy complemented with bodywork) on patients with poor self-assessed sexual functioning and found that this problem could be solved in 41.67% of the patients ((95% CI: 27.61–56.7%; 1.75 < NNT < 3.62, $p = 0.05$). The bodywork was inspired by the Marion Rosen method and helped the patients to confront painful emotions from childhood trauma(s), and thus accelerated and deepened the therapy. The goal of therapy was the healing of the whole life of the patient through Antonovsky-salutogenesis. In this process, rehabilitation of the character and purpose of life of the patient was essential, and assisted the patient to recover his or her sense of coherence (existential coherence). We conclude that clinical holistic medicine is the treatment of choice if the patient is ready to explore and assume responsibility for his or her existence (true self), and willing to struggle emotionally in the therapy to reach this important goal. When the patient heals existentially, quality of life, health, and ability to function in general are improved at the same time. The therapy was “mindful” in its focus on existential and spiritual issues. The patients received in average 14.8 sessions at the cost of 1,188 EURO.

KEYWORDS: human development, quality of life, sexual dysfunction, psychodynamic therapy, body work, Denmark, short-term psychodynamic psychotherapy (STPP), holistic medicine, existential healing, salutogenesis, Antonovsky

INTRODUCTION

About 25–50% of the western population complains about sexual issues[1] and with more specific questions asked, the larger the group of patients that have such problems becomes. In our clinical work, we measured sexual ability in 109 patients who entered the Research Clinic for Holistic Medicine during the 2004–2005 period and found that 48 of these patients complained about significant sexual issues regarding their self-assessed ability to function sexually. These patients entered a treatment process where their sexual ability could be addressed through rehabilitation of their natural being and knowledge of self. The intention was to heal their whole life through induction of Antonovsky-salutogenesis[2,3]. In this paper, we analyze the effect that our treatment had on the patients who presented with self-assessed sexual problems.

METHOD

The patients were included in this study if they assessed their own sexual functioning (each patient received a questionnaire before start of treatment) as impaired or very impaired before treatment started. They received treatment according to clinical holistic medicine[4,5,6], a kind of psychodynamic short-term therapy earlier found effective for a long list of health problems[7,8]. The patients were also evaluated for sexual issues that existed along three axis: desire, orgasmic dysfunction, and sexually related pain (mostly pain during intercourse, primary vulvodynia, or pelvic tension pain)[9]. The bodywork was inspired by Marion Rosen and helped the patients to confront old emotional pain from childhood trauma repressed to the body-mind[10].

RESULTS

Forty-eight patients entered the study having self-assessed impaired ability to function sexually before treatment (self-assessed as being “impaired” or “very impaired”). Twenty patients rated their sexual functioning as adequate after treatment: (self-assessed sexual ability: very good, good, or neither good nor bad). Of those 20 patients, eight completely resolved their problem (rating good or very good) and 12 were improving (rating: neither good nor bad). Eleven of the patients continued to self-assess their sexual functioning as impaired after the treatment (self-assessed sexual ability: bad or very bad). The response rate of follow-up survey 1 year after was 64.6%. Seventeen patients were classified as nonresponders on follow-up. After the treatment, 28 patients were either still poorly functioning sexually or classified as nonresponders on follow-up, or withdrew from the study early.

The “rate of cure” of the treatment was $20/48 = 41.7\%$ (95%CI: 27.6–57.0%) (Table 1)[11]. Number Needed to Treat (NNT) of clinical holistic medicine with sexually poorly functioning patients = 1.75–3.62. Number Needed to Harm (NNH) was estimated from treating more than 500 patients in our clinic since the year 2000 with this therapy and none of which had severe side effects or harmed themselves or other people during the therapy; NNH estimated >500. The patients healed not only their sexuality, but also their whole being because of the induction of Antonovsky-salutogenesis. Both physical and mental health; relations to self, friends, and partner; and ability to function socially and to work was improved, as was the self-assessed quality of life. Quality of life, health, and relations were measured with QOL1 and QOL5[6,12].

Table 2 shows that 43 patients had sexual issues related to desire, 16 patients had problems related to sexually related pain, 24 patients suffered from orgasmic dysfunction, and 33 patients had other sexual problems. Patients could have more than one problem. Interestingly, physical health; mental health; relation to self, friends, and partner; ability to love, function socially, and work (meaning ability to sustain full-time work); and self-evaluated quality of life by QOL1[12] did also improve for many of the patients

during the therapy. The general beneficial effect of the therapy is due to the induction of Antonovsky-salutogenesis[2,3].

Fifty-six percent of the clinic’s patients reported sexual problems and received, on average, 14.8 sessions at the cost of 1,188 EURO. Tables 3–6 show that when the patient with the experience of sexual inadequacy healed her/his life (enters the state of salutogenesis), the sexual issues were resolved and all other dimensions of existence were improved as well.

TABLE 1
Patients with Severe Sexual Problems Who Entered the Study

	Before Treatment	After Treatment
Low self-assessed sexual ability	48	11
High ability to function sexually	0	20 = 41.67% (95% CI: 27.61–56.7%)
Nonresponders or dropouts	—	17
Low sexual ability, nonresponder or dropout	—	28

TABLE 2
Summary of Patient Identified Sexual Issues

		Self-Evaluated Physical Health				Self-Evaluated Mental Health				Relation to Myself				Relation to Friends			
		Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p
Desire	Val	2.7	2.33	0.37	.019	3.65	2.42	1.23	.000	3.28	2.41	0.87	.000	2.61	2.18	0.43	.011
	N	43	33	10		43	33	10		43	34	9		43	34	9	
Pain	Val	3	2.4	0.6	NS	3.25	2.4	0.85	NS	3.19	2.2	0.99	.032	2	1.5	0.5	NS
	N	16	10	6		16	10	6		16	10	6		16	10	6	
Orgasmic dysfunction	Val	2.75	2.35	0.4	.016	3.17	2.29	0.88	.000	3.04	2.39	0.65	.006	2	1.89	0.11	NS
	N	24	17	7		24	17	7		24	18	6		24	18	6	
Other problems	Val	2.76	2.21	0.55	NS	3.55	2.63	0.92	.002	3.24	2.36	0.88	.001	2.61	2.04	NS	.012
	N	33	24	9		33	24	9		33	24	9		33	24	9	

		Relation to Your Partner				Self-Evaluated Ability to Love				Self-Evaluated Sexual Function			
		Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p
Desire	Val	5	3.88	1.12	.016		2.5	0.86	.001	3.35	2.71	0.64	.014
	N	43	34	9		42	34	8		43	34	9	
Pain	Val	4.3	2.9	1.4	NS	3.31	1.9	1.41	.011	3.94	3	0.94	.004
	N	16	10	6		16	10	6		16	10	6	
Orgasmic dysfunction	Val	4	3.11	0.89	NS	3	2.44	0.56	NS	3.21	2.78	0.43	NS
	N	24	18	6		24	18	6		24	18	6	
Other problems	Val	4.72	3.46	1.26	NS	3.39	2.29	1.1	.002	3.46	2.67	0.79	.029
	N	32	24	8		33	24	9		33	24	9	

		Self-Evaluated Social Function				Self-Evaluated Working Capacity				Self-Evaluated Quality of Life (QOL)			
		Before	After	Δ	p	Before	After	Δ	p	Before	After	Δ	p
Desire	Val	2.79	2.18	0.61	.002	3.09	2.53	0.56	.025	3.44	2.32	1.12	.000
	N	43	34	9		43	34	9		43	34	9	
Pain	Val	2.63	1.8	0.83	.025	3.38	2.4	0.98	.037	3.31	2.3	1.01	.029
	N	16	10	6		16	10	6		16	10	6	
Orgasmic dysfunction	Val	2.42	2.17	0.25	NS	3	2.67	0.33	NS	3.46	2.61	0.85	.000
	N	24	18	6		24	18	6		24	18	6	
Other problems	Val	3.06	2.29	0.77	.001	3.06	2.46	0.6	NS	3.36	2.33	1.03	.001
	N	33	24	9		33	24	9		33	24	9	

DISCUSSION

Sexual issues are very common and often related to existential and mental problems. In spite of good medical advice and sexological training programs, most patients with a compromised ability to function sexually continue to have sexual problems, which can continue even for years. We have learned from working with many patients during the last 6 years that even severe sexual inadequacy, both male and female, is often due to existential factors, such as not knowing one's self sufficiently. Sexual problems are not only connected to physical or mental factors, and this is why psychotherapy alone often is not able to solve sexual problems, while holistic existential therapy combined with bodywork often is.

TABLE 3
Patients with Sexual Problems who Succeeded in Experiencing
Antonovsky-Salutogenesis (T-Test Paired Samples Statistics)

		Mean	N	Std. Deviation	Std. Error Mean
Physical health	Before	2.7368	19	0.87191	-0.20003
	After	2.2105	19	0.85498	0.19615
Mental health	Before	3.7000	20	0.86450	0.19331
	After	2.1000	20	-0.85224	-0.19057
Self-esteem	Before	3.5000	20	0.76089	0.17014
	After	2.3500	20	-0.98809	0.22094
Relation to friends	Before	2.5500	20	0.99868	0.22331
	After	1.9500	20	0.88704	0.19835
Relation to partner	Before	4.2000	20	2.01573	0.45073
	After	2.6500	20	2.05900	0.46041
Ability to love	Before	3.6500	20	1.18210	0.26433
	After	2.1500	20	1.26803	0.28354
Sexual ability	Before	4.4000	20	0.50262	0.11239
	After	2.5000	20	0.68825	0.15390
Social ability	Before	3.0500	20	1.14593	0.25624
	After	2.0000	20	0.79472	0.17770
Work ability	Before	3.1053	19	0.93659	0.21487
	After	2.1579	19	1.06787	0.24499
Quality of life	Before	3.6000	20	0.99472	0.22243
	After	2.2500	20	1.01955	0.22798

A successful strategy to solving sexual problems of general sexual inadequacy seems to be personal development of the sense of coherence, healing the whole being, not only of sexual life. The combination of psychodynamic therapy and bodywork helps the patient to confront the painful sexually related emotion in an efficient way and creates fast, affordable, and lasting results with no side effects.

In the course of the treatment, the patient must be willing to face deep existential problems and often very unpleasant feelings, such as shame, guilt, and hopelessness, when the often very early traumas are confronted, and the old emotional charge is reintegrated. The goal of the psychodynamic therapy is for the patients to learn to know their true selves. Not all patients are ready for that, so we believe that clinical holistic therapy is the therapy of choice when the patient is motivated for a deep, inner exploration.

TABLE 4
Paired Samples Test

	Paired Differences					t	df	Significance (Two-Tailed)
	Mean	Std. Deviation	Std. Error Mean	95% CI of Difference				
				Lower	Upper			
Physical health	0.5263	0.84119	0.19298	0.1209	0.9318	2.727	18	0.014
Mental health	1.6000	1.18766	0.26557	1.0442	2.1558	6.025	19	0.000
Self-esteem	1.1500	1.18210	0.26433	0.5968	1.7032	4.351	19	0.000
Relation to friends	0.6000	1.18766	0.26557	0.0442	1.1558	2.259	19	0.036
Relation to partner	1.5500	2.06410	0.46155	0.5840	2.5160	3.358	19	0.003
Ability to love	1.5000	1.50438	0.33639	0.7959	2.2041	4.459	19	0.000
Sexual ability	1.9000	0.85224	0.19057	1.5011	2.2989	9.970	19	0.000
Social ability	1.0500	1.31689	0.29447	0.4337	1.6663	3.566	19	0.002
Work ability	0.9474	1.22355	0.28070	0.3576	1.5371	3.375	18	0.003
Quality of life	1.3500	1.34849	0.30153	0.7189	1.9811	4.477	19	0.000

TABLE 5
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Relations	Before	3.4167	20	0.93580	0.20925
	After	2.3167	20	0.86839	0.19418
Ability	Before	3.5395	19	0.65226	0.14964
	After	2.1842	19	0.75389	0.17295
QOL (QOL 5)	Before	3.3509	19	0.64763	0.14858
	After	2.2456	19	0.68351	0.15681
Health-QOL-Ability (QOL 10)	Before	3.3735	18	0.59609	0.14050
	After	2.1574	18	0.58049	0.13682

CONCLUSIONS

Clinical holistic medicine is our name for psychodynamic short-term therapy complemented with bodywork. The rehabilitation of character and purpose of life is essential, and assisting the patient to recover his or her existential coherence is the primary intent of the therapy. In this paper, we found that 41.67% (95% CI: 27.61–56.7%) were helped. The NNT of clinical holistic medicine with sexually poorly functioning patients = 1.75–3.62. The NNH was estimated as >500.

TABLE 6
Paired Samples Test

	Paired Differences					t	df	Significance (Two-Tailed)
	Mean	Std. Deviation	Std. Error Mean	95% CI of Difference				
				Lower	Upper			
Relations	1.1000	0.99766	0.22308	0.6331	1.5669	4.931	19	0.000
Ability	1.3553	0.89488	0.20530	0.9239	1.7866	6.601	18	0.000
QOL (QOL 5)	1.1053	0.76419	0.17532	0.7369	1.4736	6.304	18	0.000
Health-QOL- Ability (QOL 10)	1.2160	0.65814	0.15512	0.8888	1.5433	7.839	17	0.000

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