

## **ACT for Crohn's Disease: A Case Study**

Summary: a 40 year old woman was treated successfully for Crohn's disease in six sessions using Affect Centered Therapy (ACT).

Client: 40 year old divorced mother of three. Now on disability. Release signed and written agreement obtained to participate in research; permission granted to publish results of research.

Presenting problems: Client states her immediate problems are irritable bowel syndrome, stress, and old memories of sexual abuse surfacing that she has never disclosed to anyone. Client had been previously hospitalized with colitis/Crohn's disease, a condition that has caused her to lose her job teaching at the college level. She reports having this condition for many years. She states she is currently not well. She reports that medications have not worked and that her gastroenterologist has advised that she have surgery to remove part of her colon with a colostomy.

Appearance: Client appears sad and shame-based with shoulders slumped and eyes downcast. Her facial color is pale. Her muscle tone is flaccid.

Therapy goals: (1) Learn to control fear and stress; (2) Believe in self (emotional health and self-expression); (3) Reclaim mental health; (4) Work through the "big secret I've been keeping."

History: Client is the youngest of four. She is ten years younger than her next oldest sibling. Her mother was a wheelchair-bound invalid. Client was not breastfed. Her first memory of mother is her taking away client's security blanket. She reports mother hitting her in the head with her hand and hitting her with a yardstick. The five adjectives she chose to describe her relationship with her mother were: yearning, fear, ignored, handled/managed, burden to her.

Client's first memory of her father was him telling her bedtime stories. Her unpleasant memory of him was being taken to a dark room. The client reports feeling afraid of her father and him putting her in a closet to punish her. She

reports fear, adoration, confusion, worry, and not there as the five adjectives describing their relationship. Father imposed a strict Irish Catholicism on the family.

#### ACT Phase I

AMST: Client's Skill I container was a 3' x 5' ceramic container. She saw black ooze going in. After the initial filling, she spontaneously reported feeling "relief" and stated "I feel my gut is relaxing right where I usually feel the pain, the lower left quadrant in my large colon." The initial filling resulted in 60% of every disturbing thing moving into the container. Client stated the quality of courage would help her get more in, and she produced an image of a male lion that embodied courage. This was installed and filling resumed. She now reports feeling "satisfaction and hunger. Also an awareness of my lower colon, an emptying feeling like I was being drained." The client reports 88% of every disturbing thing has now gone into the container, and the clinician made a decision to move to skill II.

Safe Place (Skill II). After stating that "in my house the bogey man was real," the client developed a safe place in nature. She was able to endorse VoC = 7 for the PC "I am safe" and became teary, stating, "There's a good warm feeling, a feeling of warmth in my abdomen." The installation of the PC "I feel safe" elicited the client's statement: "Lot's of things are happening down here [lower GI tract], but rather than being warmth, it feels energizing. It felt joyful." Her VoC for the PC "I feel safe" was 4, and bringing in the lion (courage) resource and repeating the installation raised the VoC to 5. As the first one hour session was ending, the clinician decided to leave the VoC at 5 and return to it if necessary.

During the second through the fourth one hour session, the client learned AMST skills III-VII and applied them to a range of emotions. Her Grounding Resource consisted of tree roots emerging from her calves and lower legs. An important part of this visualization for this client was the image of the rootlets feeling the "moisture and nutrients of the soil." Once the client had learned to regulate fear affect, the clinician returned to the safe place installation and repeated it, and the client was now able to endorse VoC = 6 for "I feel safe." After working on a future template for fear regulation, the client smiled for the first time during the therapy and verbalized feeling hope and joy.

Affect	Sensations	Body
Relief	hunger & connection	stomach
Fear	heat & prickliness	face, chest, underarms
Grounded	cooling & peaceful softness	chest
Joy	smile	face
Anger	heat	abdomen
Sadness	weeping	eyes
Disgust	nausea	abdomen
Startle	impulse to gasp	
Shame	slump	shoulders
Yearning	soft emptiness	chest
Excitement	tingling	hands, arms, upper body

## ACT Phase II

In session five, the client was asked to place her Crohn's/colitis/IBS (the traumaphor) in an empty chair. She saw a black, lonely, isolated darkness that reminded her of a black oozy figure for a Star Trek: The Next Generation episode. This figure was "sort of pouring out of me" and saying "I'm afraid. I don't want to be here. I don't want to tell anybody." It believed it could use the client and that it was in charge, that it could hurt the client, and that it was right for it to "do this to you even if you don't like it." The Crohn's/colitis/IBS felt attracted to the client, and it felt sick itself.

The client thought the traumaphor was a curse on her life that had made her weird. She felt anger and fear for it, and she felt revulsion herself.

The gender of the traumaphor was male. Her relationship to it was similar to her relationship to her father.

In Traumaphor Focused Processing, the client's NC was "I am dirty, filthy" and her PC was "I am clean & whole" to which she assigned VoC = 2. Her emotions were yearning (to be clean and whole), fear, anger, sadness, and revulsion. She felt sensations accompanying the image and emotions in her abdomen, and she

assigned SUD = 10.

At completion of the first set of TABS (ca. 40 saccades), the client reported feeling “sick in my gut and wanting to vomit.” The clinician instructed her to floatback on these sensations to the first time she felt them, and with TABS facilitation she quickly accessed a time when she was about 18 months old (as suggested by the fact that she was still in diapers.) In the recalled episode she was taken to a familiar, darkened room and molested. She disclosed that it was her father who was molesting her.

The clinician carried out an abreactive intervention during which the client held her father responsible and verbalized the consequences of his molest (felt sick, felt shamed and disgusted, felt afraid, felt angry, was made crazy, was made to bleed inside, felt her, felt her sexual self frozen, felt she could not face that part of herself, and was made ill.) The client was asked to bring her mother into the scene and the mother was held responsible for failing to notice her daughter’s pain and for allowing the molestation to happen because the parents had no sex life.

The client was assisted with TABS facilitation to float forward from the first event to three subsequent events between age three and four, one of which was apparently a complete intercourse. As before, an abreactive intervention was effected as well as a redemptive intervention in which the client told the child part “You are innocent. You are pure. It was not your fault.” At the completion of this phase, the SUD = 0 and the client stated “I feel refreshed and excited.”

The positive cognition, “I am clean and whole” was installed and the client reported feeling “Relief. Contentment. Happiness. No pain.” The VoC = 5.5. Another set of TABS was followed by the verbalization “I feel a warm sensation from my groin up into my abdomen, like getting into a warm bath.” Another set of TABS produced the verbalization, “I feel interested in doing more, I feel more back in my body.” The VoC was now 6. As the 90 minute session was now completed, the client was checked for safety to drive home and the session was ended. The clinician checked on the client by phone later in the day, and the client reported feeling “positive” mentally, emotionally, and physically albeit drained. She

spontaneously verbalized, "I feel healthy."

Termination. In session six the clinician and client explored the ramifications of her work. "This is what happened," the client stated with acceptance. The client reports "no pain her her gut and more normal GI function." She appears happy and animated. The effects of this work on her family relations, her relations to her children and her S.O. as well as to her career were explored. The client was discharged.

Follow up: In a follow up at two weeks, the client reported "non-existent" symptoms of Crohn's Disease. She reports her attitude is "very good." The client laughs happily. She states that she had managed well a difficult situation with her family of origin.

