

Crohn's Disease Case Study
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Crohn's Disease: Physical Symptom as Metaphor

(Dx = 301.83: Borderline Personality Disorder; 316: Borderline Personality Disorder Affecting Crohn's Disease)

Belle's presenting problem when she entered therapy at 36 was Crohn's disease, which can cause inflammation in any part of the digestive tract, though it often centers in the small intestine (Pantera and Korelitz 1996). Her Mom had OCD and spent much of her free time cleaning their apartment obsessively and compelling Belle to help her, to keep their clothes meticulously clean and neat, and even to enter the house through the basement and take off her shoes and outerwear there before coming upstairs if it was raining or snowing. Belle's mother made many demands on her, but did not give Belle the loving, nurturing parenting every child requires. Psychologically abandoned by the mother with whom she was symbiotic, Belle did as she was asked in hopes of being nurtured and loved. Most of her decisions were reactions to her mother's attempts to control her.

As a child Belle sought whatever respite she could find from her mother as father's helper, but in doing so suffered the brunt of his excessive and judgmental perfectionism. Reacting against both parents, she became a rebellious adolescent, ran away from home, used alcohol and drugs and acted out sexually, always coming home to taunt her mother with what she had done and provoke yet another confrontation. As a young adult Belle became tied to a succession of

boyfriends with whom she reenacted her compliant-rebellious maternal symbiosis. Caught in projective identification, they tended to abandon her emotionally when she refused to allow them to control her fully. Belle also manifested other typical borderline characteristics: impulsivity, moodiness, intense anger, and transient paranoid ideation.

Physically healthy as a child and teenager, Belle began experiencing continual intestinal discomfort in her early twenties and discovered that she was lactose intolerant. A diet devoid of dairy did not stop her symptoms, however. At 26 she entered psychotherapy, met her future husband, and began a new job where she had to contend with a controlling boss. By twenty-eight her symptoms had escalated to alternating painful bouts of diarrhea and constipation, and she was diagnosed with Crohn's disease. Her intestines were metaphorically enacting her particular form of rebellion by alternately ceding control through diarrhea and wielding it through constipation.

When she began Seemorg therapy Belle was taking prednisone and asacol. Aunt May, her mother's sister, also had Crohn's disease with an onset in her twenties, and had suffered three surgeries as part of her treatment. Because of her Aunt, the family assumed the cause was genetic, but Belle wanted to try Seemorg treatment since her Aunt was still ill after thirty years and lived as a semi-invalid. Belle wanted a full life.

We began with the Covenant. Then, since her history suggested that the causes of her Crohn's might be both genetic and psychological, we used the True Origins Protocol, which uncovers the multiple causes of a disorder, psychogenic illness, or issue by muscle testing a broad range of possibilities. Muscle testing revealed no

genetic causes. The protocol led us to ancestral, past life, and childhood causes, first among them Belle's mother's intrusiveness, her abandoning Belle emotionally, and her many attempts to control Belle. Other causes included the abandonment, betrayal, and murder of both her great great grandfather whom she never knew, and herself in a past life, her not wanting to leave spiritual union and be born, her emotional abandonment by her dad, and her parents' frequent control battles. After muscle testing to determine the optimal order of treatment, we began by treating her maternal control and symbiosis issues.

After the first two sessions of treatment her physical symptoms began to recede. They diminished in frequency and intensity after each treatment. By the eighth session Belle was asymptomatic and, upon consultation with her doctor, she slowly weaned herself from her prescription medications. We worked on the causes of her Crohn's disease for five more sessions, however, because Belle wanted to treat every cause we had found. It is now some months later. Despite a new and very stressful work situation with yet another controlling boss, she is free of Crohn's symptoms. Beginning the treatment of the major causes of Belle's borderline personality disorder— emotional abandonment, control, and negative symbiosis-- resulted in the remission of her Crohn's disease. As we continue to treat the causes of her other borderline symptoms, those are slowly beginning to disappear as well.