

An Exploratory Case Study of Australian Adults with Inflammatory Bowel Disease and Their Perception and Experience of Well-being: A Transpersonal Lens

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Inflammatory bowel disease (IBD) is a chronic and recurrent inflammation of the gastrointestinal tract. While extensive research has focused on the physical symptoms and treatments of IBD, there is a significant gap in understanding the overall well-being experience of individuals living with this currently incurable condition. This study aimed to address this gap by using a transpersonal lens to explore the perception and experience of well-being among six adult Australians with IBD. Here, well-being was viewed as the balance of resources and challenges in the physical, psychological, emotional, social, and spiritual aspects of the unique human experience. Through pre-interview meditation, whole-person focused interviews, thematic analysis, and reflection, seven key themes emerged: connection with others, growth and development, limitations, self, shame and guilt, treatment and action, and uncertainty. The findings acknowledge the multifaceted nature of well-being for individuals with the condition and emphasise the value and importance of considering the whole person in future studies and treatments of IBD. The integration of transpersonal therapy, alongside medical approaches, is proposed as a promising step forward.

Keywords: IBD, inflammatory bowel disease, holistic, wellbeing, transpersonal, auto-immune disease

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Understanding Inflammatory Bowel Disease (IBD)

IBD is considered an auto-immune disease characterised by chronic inflammation of the gastrointestinal tract. Physical symptoms include abdominal pain, bloody and loose stools, nausea, and at times the need for bowel re-sectioning or a total colectomy (Cotton et al., 2009). The two major types of IBD are Crohn's disease (CD) and ulcerative colitis (UC) (Emerson et al., 2022). The primary difference between CD and UC is that UC presents on the lining of the large intestine whereas CD can arise anywhere in the gastrointestinal tract and across all layers of the intestinal wall (Baumgart & Sandborn, 2012; Le Berre et al., 2023). While medical treatments exist to manage symptoms, there is currently no cure for IBD (Busingye et al., 2021). At present, all available medical treatments focus on physical symptom management and often need to be trialled and shifted over time. This is because disease presentation is ever-changing, unique to each person, and treatments often become suddenly and unexplainably ineffective (Abdelaziz et al., 2013). Australia alone is currently home to over 100,000 sufferers of IBD, a number that has risen by 20,000 in just a few years and is expected to continue climbing (Busingye et al. 2021; Pudipeddi et al., 2021), with the disease now also linked to the onset of colorectal cancer (Stidham & Higgins, 2018).

Research into the Multidimensional Experience of IBD and Well-being

In this study, well-being is considered to be when individuals have the emotional, physical, psychological, social, and spiritual resources they need to meet these particular challenges (Dodge et al., 2012). Previous research has examined various aspects of well-being in the context of IBD, but often with a narrow focus on isolated factors or single dimensions. For example, Emerson et al. (2022) identified low subjective well-being (SWB) and high stress as predictors of only psychological distress among individuals with IBD, doing so without inquiring into the cause-and-effect relationship. Similarly, without considering cause and effect, Simren et al. (2002) concluded that irregular gastrointestinal symptoms in individuals with IBD in remission were associated with reduced well-being and higher levels of anxiety and depression. Watters et al. (2001) posited that positive subjective well-being factors were predictors of greater exercise uptake among individuals with Crohn's disease and whilst their findings challenged the assumption of prior studies, grounded in simple association that noted exercise uptake as causal to greater psychological well-being, this study is yet another example of one-dimensional focus.

Further, Schreiner et al. (2019) posited that vegetarian and gluten-free diets have no positive impact on the physical or psychological well-being of a person with IBD. Their research and conclusion neglected any other variables outside of the individual's vegetarian and gluten-free diets; such as physical activity, overall diet, alcohol or drug use, psychological and emotional states, pre-existing medical conditions or socioeconomic factors. Lastly, Dür et al. (2014) found that of the 18-selected patient-reported outcomes applied to CD, few covered the determinants of health meaningful for people with CD. Dür et al.'s (2014) study and all the aforementioned are clear examples of the lack of a

comprehensive inquiry and understanding of the whole-person experience and also the failure to investigate the interplay between different domains of well-being.

Filling the Gap - Rationale for the Study

Although not directly focused on IBD, a study by Linders and Lancaster (2013) delved into the interplay between transpersonal elements of chronic somatic illness and the connection with spiritual exploration and development. Through heuristic inquiry, their study highlighted the significance of the body beyond pathology, unveiling multifaceted and interconnected themes associated with bodily dis-ease. Again, noting the absence of such considerations in the area of IBD and well-being it became crucial to fill in the gaps. That said, the primary objective of this present study became the investigation of IBD and the concept of well-being from a transpersonal standpoint, with the intent to illuminate the whole-human experience and perception of well-being and to contribute to a more comprehensive understanding in the field of IBD research and treatment.

In this study, the transpersonal lens was understood as the whole-person, multi-disciplinary and transformative inquiry into human existence, in connection with this world, its beings and the transcendent (Hartelius et al., 2013). This understanding of transpersonal is synchronous with the whole/multi-focal and uniquely balanced nature of well-being as defined earlier.

Due to the visible disconnect in research thus far and to effectively meet this objective, it was crucial to take a step back and use an exploratory case study approach with an inductive lens. Part of this was the necessity to work with a small and focused sample, and due to the researcher's familiarity with IBD, having been diagnosed and in a flare for 12 years, and the high number of diagnosed persons with IBD in their locality, that sample became Australian adults. Consequently, the primary question of this study became: What is the perception and experience of well-being, from a transpersonal perspective, among Australian adults with inflammatory bowel disease?

Method

Design

In its design, this case study was collective, exploratory and inductive (Baxter & Jack, 2008; Creswell & Poth, 2018; Yin, 2008) as well as transpersonal (Anderson & Braud, 2011; Hartelius et al., 2013). It was collective and inductive in its inquiry into the experience of a group of people with common characteristics and regarding a phenomenon, without trying to deduce or prove anything. Exploratory, as rather than offering to justify, it simply endeavoured to first learn of the participants' experience. Lastly, it upheld a transpersonal lens throughout, from the case study's inception, to the disciplines used in data collection and analysis, and its potential review and application. This was achieved by maintaining a steadfast focus on the whole person and fostering a sense of safety that encouraged exploration, insight, and transformation for all involved.

Sampling and Recruitment

Based on a simple criterion approach (Creswell & Poth, 2018) and in line with the inductive and transpersonal lens, focusing on ethics and the participant's well-being, all interested parties had to meet the following criteria to qualify as a participant:

- 18 years of age or older;
- living in Australia as a citizen or resident;
- presently in remission or with active IBD;
- presently under the care of a gastroenterologist in Australia;
- at a minimum, one year has passed since the medical diagnosis of IBD;
- have approximately in the last year been on or are currently on at least one medical treatment;
- willing to take part in an interview to discuss their experience of well-being;
- able to comfortably navigate an online meeting platform;
- willing to partake in a short mindfulness meditation exercise before the interview;
- willing to share copies of any personal material they believe relevant to the study.

The recruitment strategy then aimed to reach a diverse group of adult Australians with IBD through reputable means. Using a digital poster, the study was initially promoted by and through the official Crohn's and Colitis Australia (CCA) member newsletter, Facebook page, and independent social media platforms for approximately six weeks. Using maximum variant sampling (Creswell & Poth, 2018), the study aimed to recruit six participants based on gender, disease type, and disease activity. Out of the eight individuals who responded during the recruitment period, four females met the criteria and consented to become study participants. Additional participants were recruited through convenience sampling (Creswell & Poth, 2018), including one individual from the researcher's personal network and another who openly shared their IBD journey on social media.

Ethical considerations were paramount throughout the recruitment process, especially the well-being of participants. The participant information sheet and consent form provided comprehensive details about the study, and open communication channels were maintained to address any concerns or questions. Participants were informed of their right to withdraw from the study at any time.

Participants

The final participant pool became four females and two males, a total of six adults (see Table 1). Three self-identified as being in remission for two years or more, one in remission for less than a year and two in an active flare. The time since their diagnosis ranged from four to 28 years, with all participants recently or currently on some form of medical treatment and under the care of a gastroenterologist. Their pseudonyms, inspired in conversation with the participants but ultimately chosen by the researcher became Daisy, Ganja, Hawthorn, Juniper, Rose and Sage; all names of botanicals known for their anti-inflammatory and healing properties.

Table 1*Participant Biography Relevant to Case Parameters*

Pseudonym	Gender	Time since diagnosis/ years	Presently in remission or with active disease	Type of IBD
Daisy	Female	9	Active flare	Ulcerative colitis
Ganja	Male	26	In remission 22 years	Crohn's disease
Hawthorn	Male	28	In remission 7 years	Crohn's disease
Juniper	Female	21	In remission 2 years	Crohn's disease
Rose	Female	16	Active flare	Crohn's disease
Sage	Female	4	In remission 3 months	Ulcerative colitis

Data Collection Process and Interview Protocol

Data collection for this qualitative study primarily involved interviews and observations, with additional elements of poetry reading and sharing of paintings by participants. Microsoft Teams was used for 90-minute video interviews, which were audio recorded and manually transcribed by the researcher. A week prior to the interviews, participants were sent a guided 15-minute mindfulness meditation link to engage in before the interview (Dängeli, 2020). Mindfulness exercises are used in a variety of transpersonal therapy practices and the intent here was to give participants the opportunity to quieten their minds and begin the exploration from a place of calm akin to an inner sacred space (Kristeller, 2007). Here they could step away from feelings of overwhelm and be better resourced in their responses. The researcher also practised Ujjayi breath (Epe et al., 2021) and mindfulness meditation prior to each interview and data analysis. This was part of the researcher's commitment to the transpersonal approach, observing from a similarly present, open and non-judgmental state whilst also being well-resourced to contextualise and integrate experiences (Kristeller, 2007; Schwartz, 2013).

The interviews were structured using an inductive protocol to explore participants' well-being across physical, psychological, emotional, social, and spiritual dimensions, aligning with a transpersonal perspective that delves into their holistic existence and their connection with the world (Hartelius et al., 2013). The flow of the conversation was guided by the participants, with a four-part roadmap observed throughout the interviews. Part one involved setting the scene, sharing the researcher's connection with IBD, and asking participants about their mindfulness meditation experience. Part two focused on participants' backgrounds and reflections on their IBD journey in relation to their overall life journey. Part three delved into participants' understanding and resonance with the study's definition of well-being as a whole-person experience, as well as the impact of IBD on their whole-self well-being and the resources they used to navigate challenges. Part four provided an opportunity for participants to share additional experiences or creative

expressions related to their unique perception and experience of well-being with IBD. The interviews concluded with gratitude expressed by the researcher, and participants were informed about a post-interview check-in email.

Data Analysis Procedure

The qualitative approach involved in vivo coding, descriptive coding, and the development of themes (Saldaña, 2013). Ujjayi breathwork and mindfulness meditation were practised before analysing the data to maintain a conscious and reflective state. To start, standout sections of each transcript relevant to the study objective were highlighted and used as in vivo codes. These codes were documented in individual tabs of an Excel file for each participant. Verbatim participant language was used as codes to capture the true meaning of the data. The in vivo codes were then reviewed and summarised to create descriptive codes which were similarly documented in each participant tab. Each descriptive code represented the primary ideas of the corresponding in vivo code. The descriptive codes were then combined into one final Excel tab for cross-case analysis. The codes were colour-coded based on similarities, focusing on the study objective of the individual's unique perception and whole-person experience of well-being with IBD. This process led to the emergence of seven core themes, which will be further elaborated in the results.

Further Ethical Considerations

This study was approved by the Liverpool John Moores University Psychology Research Ethics Panel. Beyond what has already been considered in the methods section, the following measures were also taken for best practice in ethical conduct. Firstly, participants were informed about the availability of subsidised mental health sessions provided by the Australian healthcare system and were encouraged to seek support if needed. The aim here was to mitigate and manage potential adverse responses to their study experience and/or facilitate curiosities in the future. A risk assessment document was also prepared before the research commenced, identifying and addressing foreseeable risks, no matter how minimal, to protect the participants' well-being. Additionally, a project timeline was established to maintain a schedule and uphold accountability, respecting the time and efforts of all involved. Lastly, as a person with IBD, the researcher maintained regular contact with a gastroenterologist and engaged in transpersonal therapy throughout the study for their own well-being.

Results

This study, using a transpersonal lens, inquired into the perception and experience of well-being among Australian adults with IBD. Seven themes emerged from the research: connection with others, growth and development, limitations, self, shame and guilt, treatment and action, and uncertainty.

Connection with Others

Manifesting as a challenge and resource to their well-being, this theme was of importance to all participants and their experience of well-being. From a well-being resource perspective,

Juniper shared:

My gastroenterologist calls me kiddo and I love it. It is like this really safe feeling. He belly laughs at things... It's the little things like when he walks in and he can see that yeah... that I'm just like absolutely cooked, he'll come in and he'll just touch my foot, you know, and it's just those little things where I'm like, 'I genuinely believe that that guy really cares about me'.

In relation to the social aspect of this theme, and also as a resource, Rose shared:

So my sister is advocating for me too. She's like 'don't ask for what we're having (eating). Just do this. I know this works for her. Don't ask her'. And so yeah, I feel like I'm getting a bit of an ally.

Growth and Development

This theme was presented as boundaries, perspective, resilience, self-reliance, self-advocacy and empowerment and transformation. Daisy shared:

It's (IBD) given me... 'you gotta trust yourself. You know what you need. You know you need this from this person'...I knew I needed new medication... 'You've got to trust yourself and advocate for yourself'... you just gotta get... those feelings that are circulating through you and voice them.

Reflecting on his integrative approach to well-being with IBD, Ganja shared:

You gotta take control of your own health... It's like finances, health, business, your relationship. You're marriage, everything... No one's gonna do it for you. You gotta do it yourself. The second you're like, 'you're gonna get help'. Sure, you can get help, but. They're not responsibilities you can abdicate, and you do that at your own risk if you do. That's ...my take on it.

Limitations

Whether manifesting as disease pain, side effects of treatment, dietary restrictions or other, *limitations* presented in the participants' IBD and well-being experience the way a stop sign may appear to a driver on the road: never permanent but recurring at various points on their journey and presenting different challenges for participants to ponder.

In relation to disease pain and episodes of urgency, Sage reflects:

I was having diarrhoea and going to the toilet quite often... And if I just sat down on the toilet, I would drop out blood into the toilet. I was running literally putting my son in the bouncer and racing, leaping over toys to get to the toilet.

Also, Juniper shared:

The most mentally affected I've ever been by my disease was when they took me off food for a month, so I was just on these vanilla shakes and nothing. I could have water, but no tea, no chewing gum, no anything else. Couldn't suck on a lolly, nothing... I reckon the closest I've ever come to depression. Because it was just, there was no joy to be found in a day.

Self

The theme of *self* in relation to IBD and well-being appeared as self-inquiry, self-awareness, self-reflection, and self-compassion in the study. An example of such can be seen in Rose's compassionate reflections about the impact of IBD on her life as a whole and on her well-being perception and experience. Rose shares:

Connected to parts of myself...I've had to really challenge... all those goals I wanted... I've had to really kind of... challenge what it means to be successful or... to be perceived as productive and I've had to kind of reassess it. Productive is different things and on different days and that... isn't a reflection of who I am and my capability. It's just where I'm at that moment.

Birthered through learning and self-inquiry, Hawthorn shares:

Crohn's is from my point of view, is a collection of circumstances within the body and the body being under a dysbiosis, so not being in its homeostasis. Not being in a happy environment where it's thriving mentally, emotionally and physically. And that's why there's this reaction that happens.

Shame and Guilt

Born often from experiencing external judgment or from uncertainty and limitation due to dis-ease symptoms, this theme presented as a challenge to participants' well-being experience. Rose shared, "I kind of felt like it was this thing I had to hide and just get on with, you know. Which is common with invisible illness I'm learning". Juniper also recollected in her experience with a natural healer:

The victim-blaming that some of them do... I'm like, 'stop!... I already would carry an immense amount of guilt with the disease'... As I've said, trying to you know, protect family from it. Even you know having to cancel plans with friends despite the fact they're super understanding, you always feel a bit guilty... like there's a load of guilt that comes with it. So for someone who has only just heard the word Crohn's disease to then decide that I caused it myself that I wanted it, that I'd manifested it out of jealousy?! I'm like, I 'no, uh no, that's not cool!'

Uncertainty

Uncertainty emerged as participants recalled their initial diagnosis experience, expressing uncertainty about the cause, manifestations, and available guidance related to their disease and its impact on their whole human well-being. Juniper shares in recollection of her initial dis-ease manifestation and diagnosis:

I clearly remember it. I remember how washed out and gross I felt before it. I remember that it was almost um relief when I was diagnosed because I was like, 'Well thank God' because I was almost starting to think I was crazy. I'm like, 'am I imagining it? Like you know what's going on?'... It was almost validating.

Treatment and Action

This arose as the drive to resource themselves, despite the challenges, through various treatment routes and with their whole-self well-being balance in mind. Rose shared:

I then went, "You know what? I'm going to make some lifestyle changes, I'm really young, I don't want to go on those medications forever". Like let's see what can happen. So, I kind of like stopped smoking and drinking and partying eventually... prioritised sleep.

Pleading with doctors for a colonoscopy and eventually, having a non-gastroenterologist surgeon agree to perform a colonoscopy at a full fee, Sage shares, "I was like okay, not really what a single mum who has no financial security at all wants to hear but okay, like I need I don't wanna be dead." This exemplifies her determination for answers and treatment during the arduous process of obtaining a clear diagnosis for her dis-ease.

Discussion

In this exploratory case study, the application of a transpersonal lens illuminated the nuanced and interconnected experience of well-being among individuals living with IBD. It unveiled their multi-faceted, holistic, and transformative perspective on well-being that resembled a transpersonal approach and experience in itself. This is expanded and contextualised, below.

Keeping in mind the exploratory and inductive nature of this study it is visible that prior to receiving a diagnosis or at points where they needed a change to their treatment plan, all participants expressed uncertainty in their relationships with medical professionals. Through this uncertainty, they found themselves drawn to self-inquiry and self-reflection, consequently deepening their self-awareness and fostering self-compassion. This process enabled them to find meaning in their IBD experience as part of their life journey. Their re-connection with themselves also led these individuals on a transformative journey of growth and development. This often involved learning self-reliance and advocacy in various aspects of their lives and setting boundaries conducive to maintaining their well-being. Treatment and action flow on from the afore-noted themes as all participants developed an "IBD tool kit" consisting of

various strategies and resources that were uniquely effective for them. These included salt baths, dietary changes, nature walks, meditation, therapy, and clinical treatments. They sought resources that addressed their complete well-being experience, considering physical as well as emotional, psychological, social and spiritual aspects. There is a noteworthy parallel here to the observations made by Linders and Lancaster's (2013) inquiry into the interplay between transpersonal aspects of somatic illness and spiritual development. First, challenges of compromised physical well-being can serve as a catalyst for the development of a range of emotional and psychological resources and strengths (Linders & Lancaster, 2013; Peterson et al., 2006). Second, akin to the findings of Linders and Lancaster (2013), individuals grappling with dis-ease are prompted to actively and discerningly seek innovative and holistic solutions for their well-being challenges when conventional resources prove inadequate. Relatedly Lamers et al. (2012) observed a positive correlation between subjective emotional well-being and increased engagement in health-promoting behaviours as well as social activities among individuals with physical illness. Furthermore, their research causally linked emotional well-being to reduced symptom severity, controlled disease progression and a more optimistic clinical prognosis.

Analysing individuals with celiac disease, Baiardini et al. (2012) found that among those with similar clinical disease presentations, individuals reporting lower subjective well-being experienced higher distress and tended to engage in maladaptive behaviours that could trigger acute symptom flares associated with their celiac disease. McCloughen et al. (2012) highlighted a bidirectional relationship between mental and physical health challenges. As an example, they noted the physiological relationship between the brain and gut in individuals with borderline personality disorder and gastrointestinal issues. They also recognised psychological distress as causal to maladaptive behaviours towards physical disease. Conversely, in this study during moments of limitation and acute challenge within any aspect of their well-being, participants positively adapted and acknowledged that well-being meant acceptance, resting, and intentionally doing less. They emphasised the importance of self-care and compassion and recognised that at times there was an opportunity for self-investigation, personal development, and resourcefulness during these challenging periods. This is exemplified by Juniper's experience with a liquid diet. Whilst challenged physically, mentally, emotionally and socially, she spoke of resourcing the experience by sitting in salt baths for hours a day and eliminating all senses, especially the sight, taste and smell of food. In light of this, and in awareness of the transpersonal lens, it may be of value here to recount the researcher's experience, one that is neither acutely maladaptive nor immediately resourceful.

After the emergence of the study themes, the researcher encountered resistance in response to the collective belief in limitations during disease flares and the idea of doing less during such periods. It coincidentally happened that at this point in the study, the researcher, also a person with IBD, experienced an acute flare and spent four days in hospital. Here, in isolation, they became aware of the unconscious belief that doing less meant defeat and were reminded that in actuality it meant recovery; an opportunity to reflect and also realign all of self with well-being and how it uniquely applies to them. From this, we can see a resemblance to the

thoughts of Duff (1993) as reflected by the words of Linders and Lancaster (2013, p. 3), that “the constraints of illness provide the closed container that enables transformation precisely because there is no way out and we can only go through it.”

Furthermore, delving into the theme of interpersonal connections, participants acknowledge the significance of secure and supportive relationships to their sense of well-being. They made conscious choices about sharing their experiences with friends and family and seeking support as they navigated their well-being journeys. Notably, this emphasis on connection extended to their interactions with healthcare providers and anyone involved in their treatment plan. Yet, within the complex web of themes explored, participants also revealed instances when concealing their condition became a necessity. This was driven by concerns of potential judgment, the ambiguous nature of their disease symptoms, limitations imposed by their condition, or the desire to shield their loved ones from the harsh realities of their experience. Unlike the experience of participants in the study of Linders and Lancaster (2013), where no participants felt victimised, in this study all participants at one point or another were challenged by feelings of shame or guilt.

In the context of health and well-being within clinical settings, Salloum et al. (2016) speak to the evidence-backed value of witnessing health not just as the absence of illness or presence of disease but also as a person-centred, whole-human and subjective experience of well-being. Salloum et al. (2016) go on to emphasise the dynamic interdependence of the various facets of an individual’s well-being. They stress the importance of considering these interconnected elements as a whole to serve a threefold purpose: preventing the progression of diseases, facilitating health restoration, and preserving overall well-being. Equally, this study reveals the multifaceted and interconnected nature of well-being as experienced by individuals with IBD. Here, participants consistently linked the physical aspects of their disease to their emotions, thoughts, social interactions, and belief systems, emphasising the inherently transpersonal quality of their well-being experience. Participants saw IBD as an integral part of their broader, transpersonal well-being experience, rather than its sole defining factor and as such, prioritised their overall well-being when selecting healing modalities and healthcare providers.

In the context of physical illness, well-being and the themes examined, this study also underscores the role of somatic dis-ease as a container of self-connection, transformation, and holistic development, aligning with the assertions of Linders and Lancaster (2013). This study perhaps further shows that this curiosity towards self and this transformative process occurs even when somatic awareness and the interplay with whole-person well-being is necessitated by the acute challenges of the condition rather than consciously pursued in connection with participatory spirituality or in search of causality.

Limitations

Although efforts were made to ensure participants had a diagnosis of IBD and were under the care of a gastroenterologist, the status and severity of their disease were self-reported. A

more objective assessment of the organic components of their disease through biomedical reports could have provided a contrast and association between the participants' subjective perspectives and their objective biomedical history. Whilst maximum variant sampling was intended, participants still were limited to six adult Australians and with no consideration of specific socio-cultural parameters. An intentional variation in the sample may have produced different themes as well as presented an opportunity to assess similarities and differences between the said variant factors.

Implications for Future Research

Considering this study's understanding of IBD and well-being as a multi-faceted and deeply interconnected experience, one in which the persons with IBD also choose to resource in a holistic and multi-disciplinary way, it raises the question of whether this perspective should be incorporated into future research and treatments provided for individuals with IBD to resource their well-being adequately.

In this study, participants faced acute disease and experienced uncertainty, shame, guilt, and limitations, yet they demonstrated unwavering resilience and resourcefulness. Hence, future research should focus on individuals with IBD who have endured extended periods of defeat, aiming to understand their unique needs through international, cross-cultural, and demographic analyses. Examining life circumstances at diagnosis and the impact of stressors like domestic violence or significant life events on disease experience and well-being could guide early intervention and support. The study also revealed varying patient-gastroenterologist relationships, from positive to draining. Investigating the impact of these relationships on well-being and disease management could also enhance clinical IBD practice.

Finally, should the whole-person approach to well-being gain recognition, a method for integrating it into clinical IBD treatment might involve complementary models of care. Transpersonal and participatory therapy models (Dana, 2018; Daniels, 2002; Ferrer, 2011; Wilber, 2005) such as internal family systems therapy (Schwartz & Sweezy, 2020) or somatic experiencing (Levine & Frederick, 1997) could be offered in conjunction with conventional medical treatments within clinical settings. Transpersonal therapists could collaborate with gastroenterologists to support patients' whole-person well-being. Monitoring subjective well-being in clinical settings, as suggested by Emerson et al. (2022), can be valuable, therefore integrating whole-self therapy models into treatment plans could optimise patients' well-being according to their unique needs. In addition, organisations like Crohn's and Colitis Australia already host resources that consider various aspects of the whole-person experience of IBD. Encouraging gastroenterologists and their practices to actively engage with such organisations on their resources, as well as facilitate patient access to these resources, could further enhance patient support and well-being.

Conclusion

By centring the individual's viewpoint and framing IBD as just one facet of their overall well-being experience, rather than the primary focal point, this study exposes disparities in the

predominantly physical-focused understanding. It highlights the multi-faceted and interlinked challenges and resources of well-being for individuals with IBD and their holistic perspective toward it. The findings emphasise the necessity of prioritising the whole-person perspective in forthcoming IBD-related research and clinical practice. Reflecting on the findings of this study offers a promising entry point for contemplating the future of IBD research and treatment, marking a transition towards a comprehensive, multi-disciplinary approach.

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About the Author

Saba Larijani is a transpersonal therapy practitioner and life coach residing in Australia. Influenced and inspired by her MSc in Consciousness, Spirituality and Transpersonal Psychology, Sufism and her experiences as an Iranian migrant and person with IBD, her interests lie in working with individuals facing various well-being challenges, including anxiety, unprocessed childhood experiences, dis-ease and identity exploration. Saba tailors her therapeutic approach to meet the unique needs of each client, incorporating techniques from Internal Family Systems Therapy, polyvagal theory, psychological development theory, attachment and trauma theory, compassionate inquiry, mindfulness, and other transpersonal modalities. Saba considers herself an inquisitor, observer, feeler, and storyteller as well as a listener, encourager and holder of space.



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