

RELATO DE CASO

FLORAIS DE BACH EM PACIENTE COM HISTÓRICO DE ABUSO SEXUAL: UM RELATO DE CASO

BACH'S FLOWER REMEDIES IN PATIENT WITH A HISTORY OF SEXUAL ABUSE: CASE REPORT

RESUMO

Introdução: Segundo a Organização Mundial da Saúde (OMS), o abuso sexual infantil é considerado como um dos maiores problemas de saúde pública. Os efeitos psicológicos e emocionais do abuso sexual pode ser devastadores e os problemas sociais e de relacionamento decorrentes podem persistir até a vida adulta.

Objetivo: Este estudo de caso relata os efeitos do tratamento com os remédios florais de Bach em uma paciente de 21 anos, do sexo feminino, de nacionalidade Brasileira com um histórico de abuso sexual.

Métodos: O tratamento consistiu em remédios compostos por seis essências florais que foram selecionados a cada mês, durante um período de quatro meses. Os dados foram coletados por meio de duas perguntas abertas que exploraram o efeito dos remédios na saúde física, cognitiva, emocional e espiritual da paciente, bem como suas percepções sobre os aspectos positivos e negativos do uso de remédios florais de Bach. Foi realizada uma análise qualitativa.

Resultados: Ao longo da intervenção, o paciente relatou uma melhoria significativa no seu bem-estar emocional, onde se sentiu capaz de dar uma “boa risada” e não sentir mais vergonha de ser feliz. Além disso, ela se permitiu iniciar um namoro durante o período de tratamento.

Considerações: Os remédios florais de Bach podem ser uma intervenção promissora para indivíduos que sofreram abuso sexual na infância. Neste estudo de caso, uma vítima de abuso sexual relatou resultados positivos com o tratamento com os florais de Bach, principalmente no que diz respeito à criação de relacionamentos íntimos.

Palavras-chaves

Essências florais.

Maus-tratos infantis.

Terapias complementares.

Pesquisa qualitativa.



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SUMMARY

Introduction: According to the World Health Organization (WHO), child sexual abuse is regarded as one of the greatest public health problems. Psychological and emotional effects of sexual abuse can be devastating to the survivors and social and relationship problems arising from this abuse can persist well into adulthood⁴.

Objective: This case study reports on the treatment effects of Bach's flower remedies on a 21 years old, female patient with a history of sexual abuse living in Brazil.

Methods: Treatment consisted of remedies comprised of six flower essences that were selected each month over a four-month time period. Data were collected using two open-ended questions that explored the effect of the remedies on the patient's physical, cognitive, emotional and spiritual health as well as her perceptions about the positive and negative aspects of using Bach's flower remedies. Qualitative content analysis was conducted.

Results: Over the course of the intervention, the patient reported a significant improvement in her emotional well-being, being able to have a "good laugh" and no longer feeling ashamed of being happy. Also she started pursuing dating relationships throughout the period of treatment.

Conclusion: Bach's flower remedies may be a promising intervention for individuals who have experienced childhood sexual abuse and have experienced difficulties in developing relationships. In this case study, a female sexual abuse survivor reported Bach's flower remedies as having beneficial effects with regards to her willingness to engage in dating behaviour and pursue the possible establishment of intimate relationships.

KEYWORDS: Bach's flower remedies. Flower essences. Child abuse. Complementary therapies. Qualitative research.

INTRODUCTION

Sexual abuse is a universal phenomenon that affects all ages, social classes, ethnicities, religions and cultures and can be regarded as any sexual related act or conduct that causes harm or physical, sexual or psychological suffering to the victim¹. According to the World Health Organization (WHO), child sexual abuse is regarded as one of the greatest public health problems². Studies conducted worldwide suggest that 7 to 36% of girls and 3 to 29% of boys have been sexually abused².

In Brazil, the national dataset of the *Sistema Único de Saúde - SUS* (Unified Health System) indicates a daily average of 21.9 women seeking health services for sexual violence and 14.2 women a day presenting as victims of rape³.

Psychological and emotional effects of sexual abuse can be devastating to the survivors and social and relationship problems arising from this abuse can persist well into adulthood⁴. Childhood sexual abuse is considered a predisposing factor for later psychological symptoms such as phobias, anxiety and depression, as well as dissociative identity disorder

(also known as multiple personality disorder), with the possibility of self-destructive and suicidal behavior¹. Sexual abuse has also been associated more strongly with the internalizing dimension than the externalizing dimension in both men and women⁵. The internalizing dimension indicates a propensity towards mood and anxiety disorders such as major depression, generalized anxiety disorder, panic disorder and social phobia⁶. In contrast, the externalizing dimension is more closely associated with conduct disorders and antisocial personality disorder⁷. With regards to treatment, children and youth experiencing sexual abuse require early contact with health services to promote prophylaxis against sexual diseases (e.g., antiretroviral drugs, antibiotics and hepatitis B vaccine / immunoglobulin) and, if appropriate, emergency contraception⁸. Psychological treatment is also indicated and cognitive processing therapy has shown efficacy in high-income countries, with effects lasting for five or more years⁹⁻¹⁰.

Bach's flower remedies (BFR) are a complementary therapy recognized in over 50 countries and

approved by the World Health Organization (WHO) since 1956¹¹. They are remedies mainly extracted from flowers and prepared with mineral water and brandy, with the latter acting as a preservative. This system consists of 38 flowers essences, each suited to a particular clinical situation, among them, emotional trauma¹². After significant research¹², the founder of BFR, Dr. Edward Bach, concluded that the source of most diseases should be investigated in the context of previous emotional manifestations (e.g., fears, insecurity, anxiety, despondency, despair, sadness, anger). According to Bach, if these emotional issues were addressed, disease could be prevented or cured. As such, emotional well-being is the target of BFR.

BFR are typically administered to a patient via an oral route. The remedies are most commonly selected by a practitioner, who interviews a patient and determines their emotional state and health issues. Alternatively, patients determine what remedies they will receive by reviewing a series of photos of flowers that constitute the flower essences, selecting those photos that resonate most with them. Up to six essences¹² are chosen in total to compose the remedy. According to the theory underlying BFR¹³, individuals are intuitively attracted to flowers that represent an emotional issue they are open to resolving. Grounded in the theory of vibrational healing¹³, each flower is thought to contain a unique energy that can be used to positively change the energetic field of a patient, resulting in healing. In contrast, pictures of flowers that patients are repelled by are thought to reveal ideas, emotions or behaviors that the person would like to silence because they represent a painful memory or a negative emotion¹³. Patients are encouraged to select the top three flowers that they are attracted to and the top three that they are repelled by and, together, these six flowers comprise the final tincture remedy.

Dr. Bach¹²⁻¹⁴ recommended that the preparation of tinctures occur in a natural environment, using the flowers that are healthy and in full bloom. This process can take two to seven hours depending on the flower and strength of the sun. Following wilting, the flowers are carefully removed from

the bowl and the water is combined in a 50:50 ratio with brandy and placed into vessels, become the “mother” tincture. The majority of BFR are prepared in this manner, with a few remedies being prepared by boiling¹⁴. By solar and subsequent dilution procedure, the mother tincture (or stock) of flower essences has an equivalent dilution of 1C or 5X from homeopathic remedies¹⁴.

This case study reports on the effects of treatment with BFR in a 21 years old female patient with a history of childhood sexual abuse. This patient was selected from a larger clinical trial that evaluated the efficacy of BFR in treating mental health issues. The significant emotional improvement observed in this patient following the use of BFR motivated this case report.

METHOD

This study used case report methodology, which is a method of research that uses quantitative and qualitative data collected from a single case, with the aim of describing a phenomenon. It is characterized as being a detailed and comprehensive study of a few or even a single patient, providing detailed and in-depth knowledge¹⁵.

According to Nissen and Wynn¹⁶, some of the major advantages of case reporting are the ability to detect novel outcomes when other research designs are not appropriate, it's value in generating hypotheses and the emphasis on the narrative aspect of an experience. The major limitations of case study methodology, however, are the inability to generalize and establish cause-effect relationships.

This case is based on a female undergraduate student who voluntarily participated in a placebo-controlled clinical trial of BFR for mental health issues. This unpublished trial received approval from the appropriate institutional ethics board and all patients, including the patient who is the subject of this case study, provided informed consent before participating.

The patient was seen once a month over a three-month time period in a private office in a Brazilian university's School of Nursing. At the first appointment, the lead investigator provided the patient with 38 photographs purchased from the Brazilian web-

site, Healing Herbs[®], illustrating the different BFR. The patient was asked to group the photographs into those that she liked and disliked, as well as those she felt neutral about. Then, she was asked to review the photographs that she liked and disliked and select the top three images from each group, resulting in the selection of six flower remedies. Despite seeing the photographs the patient only became aware of the names of the chosen essences at the last appointment and, during this selection process, the investigator minimally engaged with the patient to avoid developing a therapeutic relationship and creating bias.

This process was repeated at each appointment, with a remedy consisting of the six flower essences being provided to the patient in a 50ml vial equipped with a dropper. The recommended dose was four drops taken orally, four times per day. The kit used to make BFR was from Healing Herbs[®], which prepares their remedies according to the norms established by Dr. Bach. The remedies given to the patient studied in this report followed the Dr. Bach's instruction¹²⁻¹⁴ and were made with 2 drops of the mother tinctures.

Baseline and follow-up of quantitative data was collected from the patient in July and September of 2011 using two standardized questionnaires, including the Spiritual Well-Being Scale (SWBS), which measures spiritual well-being and the Self-Reporting Questionnaire (SRQ-20), which screens for common mental disorders.

The SWBS was developed by Paloutzian and Ellison¹⁷, who pioneered the concepts of spirituality and religiosity and is considered a standard instrument to measure spiritual well-being¹⁸. This scale is divided into two parts, one referring to religious well-being (10 items) and the other to existential well-being (10 items) using a six-point Likert-type scale ranging from "strong agree" to "strongly disagree". A total spiritual well-being score is created by summing the total of the two subscales. Total score ranges have been suggested for low (20-40), medium (41-99) and high (100-120) spiritual well-being¹⁹. In terms of reliability, Cronbach's alphas of 0.89, 0.87, and 0.78 have been reported for the total spiritual

well-being scale, religious well-being subscale and existential well-being subscale, respectively¹⁹.

The SRQ-20 has been recommended by the WHO for screening for common mental disorders (CMD) in primary care services²⁰. According to Goldberg and Huxley²¹, CMD refers to the health states involving non-psychotic psychiatric symptoms, such as depression, anxiety and psychosomatic symptoms. Included in these broad diagnostic categories are symptoms, such as difficulty in concentrating, forgetfulness, insomnia, fatigue, irritability, feelings of worthlessness. Facundes and Ludermir²² found that the prevalence of CMD was significantly higher among those who felt overwhelmed and those who reported the presence of special situations, such as sexual abuse, during childhood and adolescence.

The SRQ-20 is a 20-item scale with binary response ("yes"/"no") that has total score created by scoring all the "yes" responses, with, six or more positive answers for men and eight or more for women being considered a cutoff for a probable case²³. Given the high sensitivity (83%) and specificity (80%) of the SRQ, researchers consider the subjects with scores above the cutoff points as CMD, a condition which, although not a formal psychiatric diagnosis, indicates significant psychological distress that requires the attention of mental health professionals²³. It has been validated in a Brazilian population by Mari & Williams²⁴.

The qualitative data collection occurred at the second, third and fourth appointments. At the beginning of each session, the patient was asked to write down her answer to the following open-ended question: "How has your physical, mental, emotional and spiritual health been since taking this treatment?" In the final appointment, a second open-ended question was asked: "What were the positive and negative aspects of taking this treatment on your physical, mental, emotional and spiritual health?"

RESULTS: CASE REPORT

The patient, Alanis (fictitious name), was single, 21 years old and attending an undergraduate university program. She described herself as a practicing

catholic with no health problems, beyond a headache that had occurred in the past 30 days. During the first appointment, she briefly mentioned that she had suffered sexual abuse as a teenager by a close family member and that her parents were unaware of the abuse. She also shared that because of the abuse, she had not been able to date and establish a loving relationship. She had not sought treatment for emotional problems associated with the sexual abuse. Despite having never used BFR, she expressed optimism about obtaining good results.

Alanis chose the pictures of flowers using an adapted technique described by Barnao¹³. Intuitively, the patient selects each flower, which has a “signature” (i.e., shape, structure, root formation, color, number of petals, flower design, etc.) that corresponds to a state of mind or type of human temperament. This is illustrated in Appendix 1. At her first appointment, the essences Alanis chose were: *Elm, Aspen, Chestnut Bud, Rock Rose, Mustard and Star of Bethlehem*.

When she returned to her second appointment, Alanis jokingly asked if there was “some kind of magic potion” in the ingested remedy since she had noticed a significant improvement in her emotional well-being. She also mentioned that in the previous week, she had dreamed about a tumor being removed from her abdomen without any anesthesia. She perceived herself as experiencing more joy and lightness, as if a weight had been removed from her and a problem that seemed too big to manage had suddenly become smaller. She also reported that a friend’s brother had asked her on a date and that she felt inclined to accept his invitation, which she found surprising given her previous hesitancy about dating. At the second appointment, the essences Alanis chose were: *Aspen, Chestnut Bud, Rock Water, Beech, Mustard and Wild Rose*

At the third appointment, after two months of treatment, Alanis described herself as being successful in establishing in a loving relationship with this new acquaintance while experiencing little fear. She felt comfortable allowing this new relationship to naturally evolve. She reported that she felt better

able to express her feelings and speak in a sincere manner with others. She felt happier with herself since receiving the BFR treatment and found herself seeking “God’s teachings” and placing more trust in “His mercy”. Alanis shared that she still experienced some anger, but was unable to specify the reasons for this emotion. The flowers chosen by Alanis in the third appointment were: *Aspen, Elm, Cherry Plum, Water Violet, Mustard and Star of Bethlehem*.

In the fourth and last appointment, Alanis reported that she had finally succeeded in kissing a man, something that she had not done previously because of her hesitancy in forming relationships. Although she was not yet formally dating her brother’s friend due to what she described as “blocks”, she was gradually feeling calmer and less fearful about getting hurt if she pursued a relationship with him. Alanis also reported that while receiving the BFR, she no longer felt ashamed of being happy. Alanis ended the treatment by selecting the following flowers: *Aspen, Elm, Walnut, Water Violet, Mustard and Mimulus*.

With regards to the negative aspects of the treatment, Alanis reported experiencing periodic anger as well as feeling more sensitive, including some periods of crying. She also experienced some transient loneliness and expressed a desire for more friends and regret about her reclusive nature. In terms of her physical health, Alanis reported suffering some additional headaches as well as less hair growth.

In terms of the quantitative data, Alanis scored 10 (positive for CMD) and 7 (negative for CMD) on the SRQ-20 during her first and third appointment, respectively. A similar improvement was seen on the SWBS scores, with Alanis initially presenting in her first appointment with a score of 76 (representing medium spiritual well-being) and scoring a 107 at her third appointment, which is equivalent to a high spiritual well-being.

DISCUSSION

Childhood sexual abuse has a significant negative impact on mental health in adults²⁵. Increasingly, researchers have identified associations between adverse childhood experiences and an adult’s overall

health²⁶, with an increase in such health conditions as chronic pain²⁷, headache²⁷ and even cancer²⁸. Moreover, sexual abuse in childhood can lead the victim to a sexually distorted view of themselves²⁹ as well as the difficulty in forming sexual relationships in adult life³⁰. These problems may be further aggravated when the sexual abuse was experienced as the first sexual encounter, as shown by a Brazilian study, where about one third of the victims had no prior sexual experience before the abuse³¹.

Quantitatively, the patient in this case study improved both with regards to her overall mental health state, as illustrated in a reduction in her total SRQ-20 score, as well as her spiritual well-being, with an increase in her SWBS score. This is one of the first case studies internationally to demonstrate the efficacy of BFR with regards to mental health and spiritual well-being and provides support for further research to examine the effect of BFR in a larger and more diverse sample of sexual abuse survivors. Such research would also allow the inter-relationship of mental health and spiritual well-being to be explored, which is particularly relevant given previous research by Martinez and Custodio³² that has revealed that spiri-

tual well-being is a strong predictor of overall mental health, as well as psychological stress, sleep disturbance and psychosomatic complaints.

From qualitative perspective, the patient perceived herself to have moved from being closed off to the possibility of forming relationships with men prior to engaging in the BFR treatment to being more open to establishing a loving bond with a partner. In addition, the patient sought out religious guidance, which she has previously avoided. It is intriguing that throughout the BFR treatment, flowers were consistently selected that represented shock (*Star of Bethlehem*), fear of the unknown (*Aspen*), being overwhelmed with responsibility (*Elm*), and the experience of deep gloom for no reason (*Mustard*)¹². These flower remedies may represent the underlying emotional trauma experienced by sexual abuse survivors and the desire to regain one's emotional equilibrium. By the final appointments, the patient was moved to select flowers that represented change and new beginnings (*Walnut*) as well as a sense of individuality and pride in oneself (*Water Violet*). This may represent a movement away from being susceptible to external factors and more internally motivated¹² (see Table 1).

Table 1: Flowers essences chosen on each appointment and their interpretations.

Unpleasant essences	Interpretation ^{12,14}	Pleasant essences	Interpretation ^{12,14}
1° <i>Elm; Aspen; Chestnut Bud</i>	Feeling overwhelmed by duties or responsibilities; search for courage to face the unknown; quest for understanding certain life experience	<i>Rock Rose; Mustard; Star of Bethlehem</i>	Search by heroic courage; joy to deal with sadness and dismay that appear and disappear suddenly; rescue lost emotional equilibrium due to emotional trauma
2° <i>Aspen; Chestnut Bud; Rock Water</i>	Search for courage to face the unknown; quest for understanding certain life experience; interior flexibility and flow of life.	<i>Beech; Wild Rose; Mustard</i>	Search by acceptance of differences and shortcomings from people; joy by the will to live and to treat apathy and resignation; joy to deal with sadness and dismay that appear and disappear suddenly
3° <i>Aspen; Elm; Cherry Plum</i>	Search for courage to face the unknown; feeling overwhelmed by duties or responsibilities; search for self-control to handle the fear of losing reason.	<i>Mustard; Star of Bethlehem; Water Violet</i>	Joy to deal with sadness and dismay that appear and disappear suddenly; rescue lost emotional equilibrium due to emotional trauma; search for sharing life with people, to treat loneliness.
4° <i>Aspen; Elm; Walnut</i>	Search for courage to face the unknown; feeling overwhelmed by duties or responsibilities; search by strengthening individuality	<i>Mustard; Mimulus; Water Violet</i>	Joy to deal with sadness and dismay that appear and disappear suddenly; search for courage to face the known; search for sharing life with people, to treat loneliness.

Despite of absence of other published data regarding the possible benefits of BFR for victims of sexual abuse, there are studies showing the beneficial effects of this therapy on issues related to mental health. In a clinical trial, double blind conducted in Brazil³³, the researchers found the efficiency of BFR in anxiety in the experimental group compared to the placebo group, where the statistical tests showed significant difference between these two groups ($p = 0.001$). In a preclinical trial,³⁴ were analyzed BFR and their central effects, the results showed that these remedies exhibit antidepressant, anxiolytic and hypnotic effects.

BFR are commonly known as having very few side effects¹²⁻¹⁴. In some cases, however, a healing crisis³⁵ can occur that may have been responsible for the loneliness, emotional sensitivity and crying exhibited in this case study. This crisis is typically followed, however, by an increase in physical, emotional, and mental well-being³⁵. The anger experienced by this patient during treatment is also commonly seen in survivors of childhood sexual abuse³⁶⁻³⁷. These individuals often suppress this anger for fear of punishment by family members and being able to express anger becomes a significant milestone in the recovery from sexual abuse³⁸.

Although it is difficult to form conclusions from case study research because of the small sample size as well as the associated study design, the results of this case are promising and suggest there would be value in examining the potential beneficial effects of BFR in survivors of childhood sexual abuse. It will be important that such research attempt to control for confounding factors, including

the role of expectancy on perceived benefit, which has been shown in other complementary therapy research³⁹ to be an influencing factor.

CONCLUSION

Childhood sexual abuse is a serious public health issue that must be prevented and when occurs, treated early. The reported case study demonstrates that BFR may be promising interventions for the multidisciplinary care team caring for individuals recovering from childhood abuse. BFR were shown to have beneficial effects within the first month of treatment, with the patient demonstrating more openness to forming a relationship with a significant other and with the improvement of mental health and the spiritual well-being. During the treatment period, the patient's emotional well-being continued to improve. Further research is needed, including clinical trials to determine the efficacy and safety of BFR for sexual abuse survivors. BFR may prove to be a useful adjunct to psychological treatment typically offered for these individuals.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interests, as the funder did not play any role in study design or conduct.

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Appendix 1. The Bach's Flowers Remedies and their Indications^{12,14}

Agrimony	suffering behind a cheerful face
Aspen	fear of unknown things
Beech	intolerance with others
Centaury	disability to say 'no'
Cerato	lack of trust in your own decisions
Cherry Plum	fear of losing control
Chestnut Bud	failure to learn from mistakes
Chicory	possessive love
Clematis	problems of living the present because is dreaming of the future
Crab Apple	can 't see things as they are
Elm	overwhelmed by responsibility
Gentian	discouragement after a setback
Gorse	hopelessness
Heather	egocentrism
Holly	hatred and jealousy
Honeysuckle	living in the past
Hornbeam	laziness at the thought of doing something
Impatiens	impatience
Larch	lack of self-esteem
Mimulus	fear of known things
Mustard	deep gloom for no reason
Oak	for whom keeps going past the point of exhaustion
Olive	exhaustion
Pine	guilt
Red Chestnut	over-concern for the welfare of loved ones
Rock Rose	terror and fright
Rock Water	rigidity and perfectionism
Scleranthus	inability to choose between alternatives
Star of Bethlehem	shock, trauma
Sweet Chestnut	extreme mental anguish
Vervain	over-enthusiasm
Vine	dominance
Walnut	for moments of change and unwanted influences
Water Violet	pride and isolation
White Chestnut	unwanted thoughts and mental arguments, unable to concentrate
Wild Oat	uncertainty over direction in life
Wild Rose	resignation, apathy
Willow	resentment