

THE BOY WHO WET HIS PANTS

John is a bright thirteen year old who has had a problem for two years. His problem is that he has urinary urgency—he feels he has to pass urine every one to two hours. This problem has consequences—

He sometimes wets his pants a little; he is constantly asking to leave the classroom; he has trouble staying overnight with friends, and above all it worries his mother Lucy.

Lucy is a nervous, controlling, overprotective mother. She constantly worries about John, his two brothers and his sister. She has taken John to urologists, herbalists, acupuncturists, nutritionists and any other “ists” she could think of. Her visits to these practitioners seem to have made things more complicated than they were.

John had become confused with all the advice he received. They had all promised success and produced failure. When they came to see me, Lucy was carrying a number of large files on John’s previous therapies. She started to read from these files to inform me about John’s condition over the last two years. After ten minutes I became aware of two things—if I didn’t interrupt Lucy there would be no time to see John, and Lucy was a large part of the problem.

I asked Lucy to wait in the waiting room, as I wanted to hear from John on his own. She protested that if she stayed in the room she could give me a lot of information that John may not know. I reassured that I would call her if I needed something, and breathed a sigh of relief as she left.

When John came in it was like a breath of fresh air. He is an intelligent happy boy-in spite of his problems. He was confused by the events of the past two years and eager to make sense of his condition and find an answer. The first thing I noticed about his description of his problem was the repeated use of the word “need”... “I *need* to go to the toilet” and “I *need* to make sure I don’t wet my pants”

The dictionary definition of the word “need” is “require something that is essential rather than desirable”. “Need” is a very restrictive word. It does not allow choice, and leads to “have to” and “must”. In my experience, words such as “need” are often interwoven into the symptom. It converts a nuisance into a problem.

I told John to remove “need” from his vocabulary and replace it with “would like to”, or “want to”. I told him this may be difficult as he had got into the habit of saying “need”.

I next explained a simple concept of the urinary system. I drew a diagram of kidneys, ureters, bladder, sphincter and nerves from the bladder to the mind, and from the mind to the bladder. I explained the function of the bladder sphincter and its role in keeping the urine in. I explained that it was like a rubber band holding the opening of the bladder closed. When he was in the toilet the mind would send a message for the sphincter to open.

“Your problem is that incorrect messages are going from the bladder to the mind. These messages are telling the mind that the bladder is full and that the sphincter needs to be opened when this is not the case. Our job is to have accurate messages going between the bladder and the mind.” He seemed very pleased to have a simple explanation and solution to his problem.

I also explained to him the difference between “a problem” and “a nuisance”, and told him that what was happening with him was a nuisance, even though his mother was describing it as a problem. I asked him to go to the toilet and practise starting and stopping the flow, and to tell me how many times he was able to do this. He went to the toilet and came back with a big smile announcing he had been able to stop and start ten times.

I set John three tasks—

1. To change “need” for “want to” or “would like to”.
2. To think about the diagram of the urinary system and start “talking to the bladder” and “listening to the bladder”, so he could be aware of the messages going between them.

3. To practise stopping and starting when he went to the toilet. When we next meet to tell me if he had beaten his record of ten times.

I then hypnotized John –he was a deep subject as most children are-and when in a trance I asked him to see his urinary system and have the mind, bladder and sphincter all talking to each other, sending accurate messages and working as a team.

In the trance he was to improve the messages going to and fro, so that the system worked more efficiently. He was to help the mind know that the sphincter was normal, and could keep the bladder closed until the level of urine required him to go to the toilet. He was to ask the mind to stop sending him messages that he had to go to the toilet, when it was not necessary.

I made a CD of this for John, and asked him to play it every day to reinforce what we had talked about. I explained the trance state to John, and told him that this is a much more powerful way to talk to the mind. I then called Lucy in and told her that I was now in charge of John's problem. The only thing I wanted her to do was to gently remind John if he said "need" instead of "want to".

I also asked her to cancel two appointments for other "ists" that she had arranged for the following week. I told her I thought I could help John, but that any interference from her or others may reduce the likelihood of success.

Three weeks later I again saw John and Lucy. I saw Lucy first and asked her if she had carried out my directions. She said it had been very difficult "not to interfere", but had managed to "back off" and help John to change "need" to "want". She also said John was very much improved.

I then saw John who said he was much less worried; he had listened to the hypnotic CD every night; he had beaten his record and on one occasion had stopped and started twenty times; had changed "need" to "want" but had found this very difficult and had gone back to his old habit many times.

His urgency was much less frequent but on a few occasions he had dribbled a little. His mother had said this was unhygienic and he must take off his pants straight away. He was worried by his mother's response and concerned about being unhygienic. I explained that urine was not unhygienic and in some countries people drink their urine daily to improve their health.

John was surprised by my statement. I got a "rush of blood to the head" and said, "Would it help you if I drank some of my urine to show you it is not unhygienic?" He thought for a little while, then said:

"You are an intelligent man. If you do that, I think it would help me if I dribbled."

I went to the bathroom in a trance returning with a glass of urine. I drank the urine (I wouldn't say it was my favourite drink) and said "I have never done that before but I have no concerns about my health."

At the end of the session I called Lucy in and explained the empty glass on my desk. She didn't say anything but her eyes rolled up to look at the ceiling. I thought it may well be the last time she brought her son to someone who used such strange therapy.

One month later Lucy rang to make an appointment for John. She had also referred a friend to see me, so my worry about "urine therapy" was unfounded.

John no longer had "a problem". He was well, had not dribbled since our last session and was listening to the CD every day.

When I reflected on my treatment of John, I tried to assess what components created the successful outcome. The following may be relevant---

1. Realising that Lucy was an important factor in maintaining John's problem and "sidelining" her.

2. Bonding with John. Giving him the message that I understood his problem, explaining reasons he had the problem, and providing ways he could resolve it.
3. Talking to John as an equal, rather than a doctor who is superior.
4. Defining the problem as a series of incorrect messages between his mind and bladder, and helping him with a method to correct this.
5. Using hypnosis to deepen his reception to my suggestions.
6. Having John listen to the hypnotic CD every day. I believe this gave him contact with me; reinforced what had occurred in the session; and allowed him time to reflect on what he was learning.
7. Having him practise daily the stopping and starting of his urination to help him realise he can do it and that his system is a healthy one.
8. Perhaps my ordeal of drinking the urine may have helped. I think, if it did, it was more to do with my joining with John to resolve his problem. (Perhaps in future I would have a glass of flat beer handy as a substitute for the real thing!)

When trying to understand a problem, a saying that helps me guide the patient to a resolution is---

EVERYTHING IS ABOUT SOMETHING ELSE