

Case Study: Interstitial Cystitis Patient (C.C.) Treated with STSH over Skype

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ABSTRACT: Background: *Interstitial cystitis (IC) is a disease of the urinary bladder involving inflammation and ulceration and resulting in pain and discomfort, urinary frequency and urgency. It is a disease originating from both physical and psychological causes and had been temporarily treated by traditional hypnotherapy as well as medically that was somewhat effective. Case:* A 22-year old woman presented with a 4-year medical history of IC without resolution despite multiple treatments by neurologists. Six sessions with Short-Term Sidman Hypnotherapy (STSH) conducted by Skype has resulted in her resolving most pain and discomfort issues and to resume her normal life. Anecdotal comments are corroborated by substantial changes in Beck questionnaire data. She remains in contact with her therapist and continues to improve. **Conclusion:** Resolution of IC symptoms was obtained in a client who had been refractory to medical treatment by STSH therapy conducted entirely by Skype.

Key words: Beck questionnaires, hypnosis, interstitial cystitis, abdominal pain, Skype

Interstitial cystitis (IC) is one of the most difficult and frustrating conditions in urological practice, the differential diagnosis including infectious, inflammatory, and gynecologic, urologic and neurologic causes (Nickel, Teichman, Gregoire et al., 2005). Surgical intervention is rarely indicated or beneficial, and therapy usually consists of various supportive, behavioral and pharmacologic measures. Effective self-care for active management of IC includes stress-reduction and comfort activities, e.g., meditation and prayer (Webster & Brennan, 1998), as well as self-hypnosis and posthypnotic suggestion (Lynch, 1999). We previously reported successful long-term treatment of IC using Short-Term Sidman Hypnotherapy (STSH) with more than five years permanence based on follow-up interviews with the client (Sidman, Lechtman & Lyster, 2009).

CASE REPORT

This client was a 22-year old female student residing in New Jersey who had suffered with IC for over four years. She had been treated unsuccessfully by New England neurologists and had tried some alternative medicine techniques. She discovered published material by Dr. Sidman on the internet and checked her website before contacting her. Subsequent introductions, interviews, and therapy were conducted entirely by Skype between Irvine, CA and Pine Brook, NJ by Dr. Jacqueline Sidman.

When first interviewed in May 2013, the client complained of urinating "like a faucet" and experiencing severe frequency, abdominal pressure, and discomfort over the past four years. She had lost the ability to enjoy alcoholic beverages, coffee and many foods, resulting in very few social outings and eventually losing her friends. Self-administered Beck Anxiety Inventory (BAI) (Beck & Steer, 1995) questionnaires indicated severe anxiety in eight of 21 test categories. The Beck Anxiety Inventory (BAI) is a 21-question multiple choice self-report (administered by therapist or taken independently by patient) that measures the severity of patient's anxiety. Anxiety is strongly associated with IC. Each question has the same set of four possible answer choices: not at all (0 points), mildly (1 point), moderately (2 points), and severely (3 points). Thus

the BAI has a maximum score of 63 points: score of 26-63 = severe anxiety; score of 16-25 = moderate anxiety; score of 8-15 = mild anxiety. Two main components were originally indicated by Beck et al., cognitive (fearful thoughts, impaired cognitive function) and somatic (physiological arousal, e.g., eating and sleeping habits). The BAI is used widely by psychologists.

The client then underwent her first session of STSH, lasting approximately two hours, the typical time for one of Dr. Sidman's sessions. At a second session about two weeks later (the standard periodic gap for STSH), the client admitted to intermittent bouts of anxiety which interrupted sleep, jaw rigidity and overall stress related to graduate school studies.

Four weeks after beginning therapy, the client described herself as getting better during the third session. In particular she had shed five excess pounds, was experiencing considerably less school anxiety and jaw tension, and was receiving favorable feedback from those around her. During the therapy session, the client revealed memory of a second grade teacher preventing her from using the bathroom on several occasions, impacting her in a very negative way. The therapist sought to restructure her emotional memory at this time, and subsequent BAI testing indicated no severe test scores with two moderate and five mild categories.

During the fourth session at the six-week mark, the client recalled a memory of almost drowning in the ocean. Dr. Sidman assisted in releasing the anxiety associated with this bad experience, and afterward the client indicated her current nervousness and indigestion were gone. She also helped the client to realize that visualization of a "new safe and calm ocean" was a symbol of peace and relaxation. Subsequent BAI testing revealed previous "severe nervousness" and moderate "fear of worst happening" categories along with tense cardio respiratory parameters had diminished considerably.

At the fifth session eight weeks after beginning STSH, the client had resumed finger-biting after receiving a negative phone call, a habit that had been absent for two weeks. Despite displaying hypersensitivity to certain emotional triggers, school anxiety remained in abeyance. At a sixth and final session at the eleven week mark, the ceasing of urinary tract infections led to the client talking of forgetting ever having IC until two minor flare-ups occurred. The client indicated that she now sought comfortable, rather than stressful

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Table 1.
Sessions Table

Ses.#	Memory ID	Subjective Conditions/Changes	BAI
1	-	freq. urination, abdominal pressure	8/21 severe
2	-	intermit. anxiety, jaw rigid., school stress -	-
3	denied bathroom 2nd grade	feeling better: less jaw rigid., school stress	0 sev., 2/21 mod
4	near drowning in ocean	nervousness, indigestion gone, less fears	-
5	-	negative phone call: resumed finger biting	-
6	-	ceasing of UTI, but 2 minor flare-ups	0 sev., 1/21 mod

situations, taking responsibility for helping to reduce her external stress. Final BAI testing resulted in no severe, one moderate, and four mild scores out of 21 categories. Thus all eight categories originally marked as severe were reduced to minimal scores.

Two months after her final session the client reported that she was delighted with her present health. This included her first cup of dessert coffee in a year and a half with no flare-ups. She mentioned some ups and downs including slight abdominal pressure, but nothing intense like she experienced prior to STSH (Table 1).

DISCUSSION

We again report successful treatment of acute interstitial cystitis with STSH, this time at long distance relying entirely on Skype and with the support of perceived results by BAI testing. With this client, this short-term therapy required only a few sessions to offer relief from the symptoms of IC and offers an alternative to extended psychotherapy and the requirements of daily self-hypnosis and/or the use of suggestion. As with most psychotherapy, STSH guides clients during a relaxed state to the significant time in their emotional memory when the specific health problem originated. Emotion connected to the problem then surfaces, and when addressed directly in the subconscious mind, a considerable amount of psychological relief is generated. The uniqueness of Dr. Sidman's approach includes the promotion of an almost immediate switch from negative to positive feelings and perceptions stored in the subconscious mind, allowing the client to heal both emotionally and physically.

This client was previously told by a physician that her IC was hereditary on her maternal side and could recommend no treatment to provide permanent relief. Indeed six of 18 cousins of the client suffer from IC. Another physician had prescribed Elmiron, which the client had taken for one week before discontinuing due to internal bleeding episodes. For this client no medical treatments proved successful and forays into alternative types of treatments met with little or no success.

We have obtained anecdotal and BAI information several months to six years later on IC, anxiety, and depression patients. With the help of a psychologist, we have identified five cognitive BAI test categories that are markers of patient rumination. Rumination is the leading cause of "recidivism" back to an anxious state similar

to the original presenting symptoms and therefore an indication of therapeutic permanence in a patient. Quarterly to annual evaluation of the patient for those markers

has provided reliable follow-up information on therapeutic permanence and patient well-being.

Since this treatment has already been effective over Skype, with published research, we could take the publication to the insurance companies and let them know that the treatment is cost-effective due to the brevity of the treatment. Once they approve the treatment, we would offer training to large numbers of therapists in the form of in-person seminars coupled with internet examinations. The training program is already in place; therefore it is believed that existing therapists could add this technique to their "toolbox" of techniques they use in order to achieve better results with their clients. Ultimately, the medical community can also be taught this technique. There is no limit to how many people can be helped, not only with Interstitial Cystitis, but also with reduction of depression and anxiety, along with the accompanying symptoms, such as addictions, compulsions, insomnia, chronic pain, etc. It is our belief that the insurance companies will embrace this cost effective treatment and cover the costs for their members, employees and the community at large.

Recently Dr. Sidman conducted a treatment session by telephone only with a client in Orlando, FL, but this client had known her previously. Working over Skype with a client she has never met face-to-face is not unusual, as she has worked with many all over the world. The only requirement is that the client must be in a private and quiet place and needs to feel an excellent rapport and trust in the therapist.

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