Introduction to Wetting & Soiling

Once the kids are out of diapers, most parents breathe a sigh of relief. Mission accomplished! We understand the occasional accident, deal with it, and move on. But with abused and neglected children, the toilet can become a battleground. It’s not about voiding their bladders and eliminating waste anymore; it becomes an expression of emotional upset and a primitive form of rebellion. It’s also a window into how the child has been raised in the past.

Jacqueline Ellis is the narrator and guide for this Foster Parent College course on enuresis and encopresis, medical terms for wetting and soiling. Working with her is Dr. Richard Delaney, author, lecturer, and practicing psychologist. In this program, Dr. Delaney examines five types of wetting and soiling problems in children: wetting as an emotional outlet; wetting as self-defense; classic wetting; soiling and smearing; and constipation and withholding stools.

For each type of wetting and soiling problem, you’ll hear foster, kinship, or adoptive parents tell their story about how they are trying to deal with their child’s problem. Dr. Delaney follows up with some additional questions for the caregivers about the child’s background. When he has the necessary information in hand, he gives parents insights into the possible reasons for their child’s problem behavior.

He follows up with some practical and immediate steps the parents can take to deal with their child’s particular type of wetting and soiling problem. Finally, Dr. Delaney provides some general steps for all foster or adoptive parents who are caring for a child with a wetting or soiling problem.

This companion booklet provides a brief review of each of the five segments on wetting and soiling problems.

At the end of this course, you will be able to:

1. Identify five types of wetting and soiling problems in children.
2. State medical and psychological causes for wetting and soiling.
3. List strategies for regulating a child’s bowels.
4. Identify strategies to help a child use words to express feelings and emotional needs.
Wetting as an Emotional Outlet

Victor, Louise, and Scott’s Story

Victor and Louise are the foster parents of eight-year-old Scott, who has been secretly urinating in jars down in the basement. He used to urinate in the closet in his bedroom. When he does use the bathroom, he goes on the floor, on the walls, or in the tub—anywhere but the toilet. Victor and Louise want to understand why he does this.

Questions and Responses

Q: Could you tell me about Scott’s background?
R: Actually, we don’t know that much. We do know that there was a lot of neglect. He was left alone a lot. His birth mother had seven children, each by a different father. Scotty was in the middle.

Q: Was there any sexual or physical abuse?
R: Again, we don’t really know. We heard that the birth mom had lots of abusive boyfriends who drank and used drugs with her and then got out of control. We’re not sure exactly how much of the violence Scott saw or experienced himself.

Q: How long have you had Scott in your home?
R: He’s been with us for a whole year. He was supposed to stay for only a night or two, but his mother ran off with her latest boyfriend and all the children were placed in separate foster homes. We don’t know the mom’s whereabouts.

Q: What was Scott’s reaction to losing her?
R: Weird. When he was dropped off at our home, it was midnight. He started calling us Mom and Dad immediately. It was spooky.

Q: No grief, no tears, no fears about being separated from his mother?
R: Right, exactly right. No emotion at all. He smiled at us and waltzed through the front door like he’d lived here his whole life. And that’s never changed. He never gets angry around us. He never cries, even if he’s hurt. You know, he’ll smile like he’s happy, but it doesn’t seem genuine. He’s got some problems with showing any real emotion.

Q: Do you know if Scott was toilet trained by his birth mother or anyone else?
R: We really don’t. Of course, we knew soon after he arrived that there was a problem. His bedroom started to stink of urine in a matter of days. He was urinating on the carpet in his closet. We asked him about that, and he denied it at first. Then he promised to use the bathroom. But in the bathroom, he urinated in the shampoo bottles or sprayed the walls and floor. He never hit the toilet bowl, but it wasn’t an eye-hand coordination problem.
Insights

Many abused or neglected kids urinate in bottles, cans, and other containers because they had no access to indoor plumbing. Some urinate in Ziploc baggies and save the urine to sell to teenagers who have to pass drug screening. Others will urinate on their clean clothes, or on your clean clothes; sometimes they'll even urinate on you. And if you're the mother, they'll deliberately urinate on your purse.

It's not uncommon for children like Scott to be angry at mother figures because of the neglect they've experienced. These children probably didn't express their anger, because they were afraid of being abused. So it was withheld and only leaked out, so to speak, at safe times, out of sight of the parent. For the child, it becomes, “Don't get mad…get damp.” Scotty gets mad, but he expresses it secretly and when alone. As one therapist described it, this is a form of “pissive-aggressive behavior.”

Steps

- Explore possible health issues with a trip to your family doctor or pediatrician.
- Look at the child’s history in more detail to see if anyone ever took the time to potty train him. See whether bathroom control battles occurred, and how they were handled.
- Notice whether the child expresses his or her feelings in words. Pinpoint the triggers that may set off incidents of secret wetting.
- Identify in which situations the child avoids expressing justifiable, normal anger, especially toward adults/caregivers. Help him or her put those feelings in words.
Wetting as Self-Defense

Brad, Lynette, and Caroline’s Story

Brad and Lynette are adopting twelve-year-old Caroline. Her problem is that she urinates in her bed and around her bedroom to the point where the whole house reeks of urine. Caroline has wet on her carpet, in her closet, by the door to her room, and under the windows in her room. She also sleeps in a soaked bed every night. Caroline is bright, good in school, and healthy. Her bedroom is next door to the bathroom, so she could get there in time. Brad and Lynette don’t understand her wetting problem, but it’s so bad that nobody even wants to come to their house anymore.

Questions and Responses

Q: Is the bed ruined?
R: The bed has plastic sheets on it, so she can’t destroy the mattress. But we can’t stop her from urinating on the floor.

Q: Is Caroline an angry or upset child?
R: Not really. She’s a lot like our other kids, our birth children. She speaks up when she doesn’t like something. The only thing she doesn’t want to talk about is her smelly room. We ask her why she wets in there, but she never has an answer. Maybe she doesn’t know why she does it.

Q: Does she wet during the day, or just at night? And does she wet only in her bedroom, or elsewhere too?
R: She wets only in her bedroom—well, sometimes she uses the bathroom toilet. But when she wets in her room, it’s only after dark.

Q: Interesting. Can you tell me about Caroline’s background?
R: At first we didn’t know much about her history, and neither did her caseworker. But gradually the relatives have been speaking up about what they think happened to her. Sexual abuse. That’s the main thing. She was sexually abused by her birth mother’s boyfriends. There were drug parties, nighttime orgies, people in and out of the house at all hours. Caroline would stay in her bedroom, but there was no lock on the door, so people could come in any time. And they did, especially if the mother was entertaining others in her own bedroom or if she was passed out.

Q: Do you know if Caroline wet the bed and floor in her mom’s house?
R: We’re not exactly sure. Caroline says yes. No one else knows.
Insights

Some children with histories of sexual abuse use wetting as a way of protecting themselves. The stench of the urine, they hope, will turn the pedophiles away. This may sound like a feeble strategy, but it’s one of the few weapons the child has. The thought is, “If I foul myself, I will be safe.” When you tell Caroline that no one wants to come to your house because of the smell, she may be satisfied that she’s on the right track. To her, stinking up the house is a good thing.

Many children who are sexual abuse victims virtually raise themselves. They had no one to turn to, no one to look to for protection. They try to survive on their own. Bed-wetting and enuresis are Caroline’s way of surviving. She urinates on the floor beneath the bedroom window and at her bedroom door to create a defensive perimeter. She probably thinks, “If I wet at all the entrances, it will prevent others from entering.” With that thought in mind, she sleeps more securely in her urine-soaked bed. Whether it truly protects her from trespassers or not, Caroline feels better knowing she has done what she can.

Steps

- Seek guidance from a child psychiatrist or psychologist.
- Find out about the child’s history to see how she was traumatized and what her fears are.
- Give the child effective, alternative ways of feeling safe, especially at night.
- Help the child talk about her fears, insecurities, and anxieties.
- Let the child know it’s your job to keep her safe and to help her feel safe.

Classic Wetting

Alana and Gregory’s Story

Alana, who is single and has no children of her own, is providing a home for her nine-year-old nephew, Gregory. He is the only son of Alana’s brother, who is in prison for several years for burglaries. Alana has known Gregory his whole life, and he’s lived with her on and off in the past. This time he has been with her for about 18 months. The problem Alana is concerned about is that Gregory wets the bed several times a week.
Questions and Responses

Q: Was Gregory abused or neglected?
R: No, not at all. Jason, Gregory’s dad, is a good dad when he’s not in jail. Even when he was using, which was mostly alcohol and marijuana, he was pretty mellow and not abusive.

Q: What kind of a boy is Gregory?
R: He’s a wonderful little kid. He is a bit small for his age–skinny and can’t seem to keep weight on. But he’s an absolute bundle of energy during the day. He’s always got something he’s excited about. His friends can’t keep up with him.

Q: Aside from his bed-wetting, are there any other problems?
R: Not really. He’s good in school. He gets good grades, and the teachers all love him. He is trustworthy and loving at home. Maybe I should I feel guilty about how problem-free he is.

Q: No, just be thankful. Does he have any health problems?
R: Nope. He’s had a few colds, and he had the measles when he was seven. But no health problems. He is a bit accident-prone. You should see the bruises on his shins in the summer time. But at night he sleeps like a log. I’m not sure you could wake him with a canon.

Q: I was going to ask about sleep. It sounds like he earns a good night’s sleep after his non-stop days. Have you talked to your doctor about Gregory’s bed-wetting?
R: Yes, and about the daytime wetting as well. The doctor said the nighttime wetting is pretty normal for a boy who sleeps that deeply. And he said bed-wetting runs in families. (I should have mentioned that my brother Jason was a bed-wetter when he was a boy.) The doctor prescribed an inhaler for the bed-wetting, but it hasn’t worked. I think the daytime wetting is more like a busy-boy problem. And it’s only been one or two times in the last year-and-a-half. He just didn’t stop long enough to go.

Q: How often does the bed-wetting occur?
R: Three to five times a week. Poor Gregory feels so bad about it, like he’s ashamed, even though he’s half-asleep. I know when it happens, because I’ve been trying a “bell-and-pad” system to try to teach him bladder control. It hasn’t stopped the problem, but I haven’t given up yet. I’d like to get Gregory over this, because he wants to have sleepovers with his friends, and he’s worried about it.

Q: What time of the night does the wetting happen?
R: It usually happens within an hour of Gregory going to bed. I haven’t even hit the sack yet, and I’ll hear that bell ring because he has wet already. I go in and have to wake him up. He is such a deep sleeper.
Insights

Gregory probably has classic bed-wetting. It’s the most common type, and it’s often hereditary. In fact, if the child’s parents were both bed-wetters as children, there’s a 75% chance that the child will be a bed wetter, too. Sometimes with wetting there can be a physical problem, like having a smaller bladder or having a urinary tract infection.

Also, kids who have diabetes and are constantly thirsty often have bed-wetting problems. So family doctors may recommend a urinalysis to diagnose any medical problems.

In Gregory’s case, his deep sleep is probably a large part of the problem. He just doesn’t wake up when he needs to go. It sounds like a pretty common form of bed-wetting.

Gregory sure fits the profile: he’s in the 3 to 9 years of age group; he’s a boy; and the wetting occurs within a couple hours of going to sleep.

There’s probably some immaturity of his nervous system, but that will disappear over time. Most children are spontaneously “cured” by mid-adolescence, without any special treatment. That’s not to say that you should just let a child grow out of it, especially if it’s embarrassing for the child. It’s important to remember that it’s normal and common for infants and young children, as well as developmentally delayed and mentally challenged youngsters, to wet their beds.

Steps

• Stay positive and supportive with your child and praise dry nights. Avoid shaming and blaming at all costs.
• Use a plastic sheet to protect the mattress.
• Make sure the child goes to the bathroom before bedtime.
• Find out more about the child’s history to see if he or she has been toilet trained.
• Be sensitive to whether the child is old enough and mature enough to be trained.
• If so, for nighttime wetting consider using a bell-and-pad system. This system wakes up the child as soon as bed-wetting begins in the night. Gradually the child becomes conditioned to wake prior to any dribbling.
• If positive rewards and the bell-and-pad system fail to work, consult with your family doctor. There are medications that may be recommended.
Soiling and Smearing

Marcus, Collette, and Oliver’s Story

Marcus and Collette are raising their ten-year-old grandson, Oliver, who has toilet problems. He used to smear poop on the wall. Lately he has become more clever about hiding his “dirty work.” For instance, he smeared feces on the back of a shelf in the bathroom where no one could see it. Then he stuffed his underwear, soiled with poop, down the heat register. There must have been two dozen dirty underpants packed into that heat register, and it smelled like an outhouse when Marcus turned on the gas furnace for the winter season. Collette and Marcus are puzzled by this behavior and don’t know how to handle it.

Questions and Responses

Q: Can you tell me about Oliver and his history?
R: This kid’s been through a lot—mostly neglect, maybe sexual abuse, we don’t know for sure. His mother, our daughter-in-law, was not good with him. Having a kid cramped her style. She never took the time with him when he was a baby. She’d drag him off to parties and keep him up late. He was dirty and dressed in grubby clothes that didn’t fit. We’d buy him cute outfits, and they’d disappear. We suspected that Charise sold them for drug money. It was always about her, her needs and what she wanted.

Q: It sounds like Oliver was unwanted and neglected. When Charise was with him, what was it like?
R: She was very abrupt with him. Even when he was a baby, she’d get mad at him. She’d shove the baby bottle in his face. She carried him around like a rag doll and didn’t even look him in the eye.

Q: What about his toilet training? Do you know what happened there?
R: No, we don’t, but by the time Oliver was three, he used to smell bad, really bad. He always carried a load in his pants. And Charise didn’t seem to notice at all. Then, when it finally dawned on her, she’d scream at him that he smelled like ‘****.” She was really harsh. When DHS got involved, they heard that Charise was tying Oliver to the toilet and turning the lights out in the bathroom until he’d go. When they did their investigation, they found bruises on him and a house that smelled from dog and human crap. The social worker said Charise told her Oliver was pooping deliberately to make her mad.
Q: Aside from Oliver’s bathroom problems, what is he like as a ten-year-old boy?

R: He’s a good boy, a third grader. Healthy and physically a nice-looking kid. You’d never know he’s been through so much. He’s always pleasant. Never a cross word to us in the six months he’s lived here. He never loses his temper, which is a surprise to us, because he’s got a lot to be angry about.

Insights

This may sound too simple, but I suspect that Oliver has just never been trained how, where, and when to poop. In the chaos of a neglectful home, many children develop what’s called primary encopresis. That means they’ve never learned to control their bowels. Toilet training a young child takes real skill. Parents need to learn the rhythms of their child’s eating and defecating. They need to tune into cues from the child as well. In Oliver’s situation, because Charise was self-absorbed and indifferent to him, she couldn’t possibly be attuned to the child’s needs. Successful toilet training is not very likely when the family life-style doesn’t promote regular patterns of eating and eliminating.

Toilet training is really one of the first tasks where the parent is trying to actively get the child to behave in ways the parent wants. The parent message is, “I want you to go to the bathroom for Momma.” The child’s response can be yes, no, or maybe, depending upon his age, mood, and the parent’s approach. Control battles often occur over this.

Children with encopresis can be very pleasant. Usually it’s by being very passive, but they sit on—no pun intended—a great deal of unexpressed hostility and anger. And they often have had poor relationships with their mother. Oliver’s smearing may have something to do with his feelings toward Charise; Marcus and Collette noticed that the problem first occurred when the visits with her started up again. If Oliver gets upset about visits, he may hold in his feelings in front of his birth mother and dump later in secret and safe moments. He may fantasize that he’ll be able to stay with his grandparents if he doesn’t improve. In other words, he may hope that his mother won’t take him back, won’t take him away from Marcus and Collette, as long as he smells bad.

Steps

- Find out whether the child has ever been toilet trained. Gathering history on the child’s toileting and other background can help you sort out the problem.
- Consider a trip to the doctor’s office. Your pediatrician or family doctor may be able to determine whether soiled underwear is related to constipation or leaking of stools.
- Look into whether the child has been sexually abused.
- Help the child talk about his anger.
- If the child keeps others distant by soiling himself, find ways to allow the child distance in a healthier way.
Constipation and Withholding

Harry, Tina, and Jason’s Story

Harry and Tina are foster parents intending to adopt eight-year-old Jason. They’re concerned because Jason is frequently constipated. He’s had this problem as long as he’s been in their home, three years now, and maybe before that. He’ll hold his bowel movements for days if they don’t keep tabs. Once he held his bowel movements almost two weeks. The pediatrician has tried a lot of approaches, but it’s still a big problem.

Questions and Responses

Q: How long does he go between bowel movements now?
R: Usually no more than two days. He has gotten better, but it’s taken three years. And there are still times when he’ll go for four or more days without a stool. You can see him walking around outside looking uncomfortable. When he sits on the toilet—and that’s only when I ask him to—he’ll sit for a long time grunting and finally produce a dry, hard, painful poop. He’ll cry and whine because it hurts him.

Q: What has your pediatrician done to help Jason?
R: He’s tried everything. At least he was good about diagnosing the problem when we first brought Jason in. At that time, Jason had very, very soiled underwear. The doctor figured out that Jerry had been leaking stools because of being so impacted, stuffed up. At first we thought he was messing his pants deliberately.

Q: Can you tell me about Jason’s history? Who raised him?
R: His mother was schizophrenic and obsessive-compulsive. She could act really bizarre. She cleaned constantly, scrubbing Jason so often that he had scratches on his skin when the doctor examined him. She had a thing about germs, so she wore surgical gloves when she handled him as a baby. Being a neat freak, she didn’t take to the diapering and the messy parts of caring for a baby. I think the problems got worse because she wanted to toilet train Jason when he was barely one year old. The woman actually bragged to social workers later that Jason was potty trained by the age of ten months. When we got Jason, he was five and a “little prince” sort of kid. He would be dressed up like a little businessman in tiny three-piece suits. Around the house, he would fold his clothes in his dresser, and his room was always picked up. Everything around him was kept spic-and-span.
Insights

It sounds like Jason has a serious problem with constipation, which may have led to mega colon— that’s an enlargement of the colon. Kids with constipation sometimes don’t take the time to empty their bowels. Maybe they’re impatient, hyperactive, or just too busy. In any case, this can be the start of problems. There’s a buildup of feces in the colon, which stretches and enlarges. The stools can become so large they become impacted. Then there can be leaking, and the child messes his pants.

There are many possible causes of this problem. The constipation may be related to delays in maturing, or to difficulty handling aggressive feelings and frustration, or maybe to problems with using language to express feelings. Spinal chord injuries and other medical problems can also cause constipation.

Psychologically, constipation may be a form of resistance because, as I said, the bowels can be an area of control battles between the child and a parent, especially when toilet training has been premature or coercive. When parents try too early to train the child, they may overuse suppositories, they might punish and shame, they might impose rigid and harsh schedules, and in the extreme, they may lock the child in the bathroom or even tie him to the toilet seat.

In situations like this, the child may withhold as a form of rebellion. In Jason’s life, his birth mother was, in your words, a “control freak.” To get him toilet trained by ten months of age—if that’s accurate—would have required extreme control. That may explain why Jason now continues to struggle with constipation.

Steps

- Take the child to the family doctor or pediatrician for a physical examination. There may be physical constriction or obstruction in the anus or scar tissue in children who have been sexually violated.
- The doctor may need to rule out mega colon, also called Hirschsprung’s disease.
- Prepare for your visit to the doctor’s office. The doctor might ask you questions about how often your child has a bowel movement; the size of the stool, e.g., if it is so large it stops up the toilet; whether your child complains about abdominal pain when he goes; and whether the child soils his underwear.
• The doctor may prescribe stool softeners and laxatives.

• The child may need dietary changes if he’s drinking too much milk, lacks fiber, or does not drink enough water. Foods that bind up the child, such as cheese, bananas, and yogurt, may need to be reduced or eliminated from the diet. Fiber may need to be increased by giving the child fruits, vegetables, raisins, bread, and popcorn.

• If the child has never really been toilet trained, you may need to set up a regimen where the child sits on the stool for 10-15 minutes after each meal to wait for the GI reflex to occur. Some children lose sensitivity to the fullness that signals the need to defecate; therefore, they need to be coached to sit still and pay attention to their bodies.

General Steps

Here are some general steps to remember when helping your children work through issues of soiling, wetting, and related toileting problems:

• Avoid power struggles over the bowels and bladder whenever and however possible.

• If you attempt to train your child, keep your parenting efforts positive.

• Have your doctor rule out any possible medical or health issues.

• Seek out the history of the problem and any past training the child has had.

• Try to remain calm and do not take things too personally.

• Soiling and wetting can be used as an expression of emotional upset in children who cannot express their emotions.

• Gross smells can be used by the child as a self-defense, a way he or she hopes to become sexually undesirable and thus safe from others.

• Avoid assuming, however, that bed-wetting is necessarily caused by something sinister or traumatic. It’s important to discover if your child has some benign, classic wetting or bed-wetting problem related to age, immaturity, or deep sleep.

• Soiling, smearing, and constipation may have to do with past power struggles or neglect that the child has experienced. Patiently, slowly, help your child to overcome these problems. Be prepared for setbacks, especially when the child is under stress.
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