EASY TOILET TRAINING

Dr Janet Hall
author of Boss of the Bladder

Dr Janet Hall, 111 Hoddle St
Richmond 3121

Phone: [03] 9419 3010 or Email: deb@drjanethall.com.au
NOT TOILET TRAINED YET?

Simple words that can instil extreme embarrassment in any parent. For some parents a certificate of dryness for their toddler would be more significant than a University degree or winning the ‘trip of a lifetime’ to Disneyland! For these upset Mums and Dads, the search for dry pants is as elusive as the crock of gold at the end of the rainbow.

You hear stories of the miraculous one-day training of somebody else’s toddler. For example:

An eighteen-month-old someone knows is wearing training pants successfully and, there is even a six-month-old who enjoys sitting on the potty, stays sitting on the potty and even does something on the potty.

Young mothers can be intimidated by a grandmother’s boasts and extravagant claims of instant success in training their children.

Meanwhile the unfortunate parents whose children are hard to train remain perplexed. It seems so unfair. They just don’t understand how they seem to be the only ‘failed’ parents-in-training.
Easy toilet training -
the pot of gold at the end of the rainbow
Three psychologists had babies within six months of each other. Each child had the same exposure (with their well-trained mothers) to advanced toilet training techniques, but the results were vastly different.

**Number 1 Child:** a girl – sat happily on the potty from the age of six months, usually looking at a book or playing with a toy and with a high success rate. She was fully bowel- and bladder-trained by the age of two.

**Number 2 Child:** a girl – took three days to ‘day-train’ at the age of 20 months, and was dry at night at 26 months. Night dryness continued until transferring from kindergarten to school at the age of five, when she started wetting the bed!

**Number 3 Child:** a boy – was still having day-wetting accidents at the age of four, had a fear of sitting on the toilet and was chronically constipated.

**WHAT HAPPENED? WHY THE DIFFERENCE?**

THE FACTS ARE – Children’s responsiveness to toilet training is constitutionally unique.

Some are TERRIFIC, some are TOUGH, and some are TORTUOUS TO TRAIN!
THE DEVELOPMENT OF CONTROL

Toddlers have to learn to control the impulse to spontaneously let it all out.

Control comes with maturation of the central nervous system (CNS). The child can then take voluntary control over the bladder (urine) and anal (faecal) sphincter muscles which control elimination.

Hang on! This is sounding awfully clinical; I promised that this was to be a user-friendly survival guide, so let’s cut the ‘crap’ (pardon the pun!). Let’s use user-friendly terms – urine is ‘wees’, faeces is ‘poos’. For ease and economy we will use these low-tech but easily understood words, OK?

VOLUNTARY VS RESPONSIVE TOILETING

Some babies will seem to be responding to potty training and automatically ‘do something’ as soon as the buttock touches the potty. But it’s probably not true toilet training. For true voluntary control to develop, the child needs to be motivated to want to use the control in order to stay dry and clean.*

*See the DISASTROUS DON’TS LIST later in the book for the dangers of early toileting.
EASY TOILET TRAINING

DEVELOPMENTAL CONTROL
WHAT INFLUENCES TRAINING?

Readiness for the development of toileting control depends on these main aspects:

1. AGE  2. EGO  3. ENVIRONMENT

1. AGE

The age of toilet training is not usually reflective of the child’s intelligence level. Bright children can be difficult to train. But emotionally or intellectually ‘slower’ children may also be slow to train.

Bladder Control
Awareness of the results of wetting (wet pants or puddles) usually begins at about fifteen months. Awareness of the internal sensations of the need to pass wees can occur from twenty months. Most children, by the age of three-and-a-half, have learned to recognize the sensation of a full bladder and hold on until at a potty or toilet. By the age of five, children can voluntarily pass urine even if the bladder is not full.

Night Control
By the age of four years, 70% of children are dry at night most of the time. By the age of five, 15% of children still wet the bed, by age ten, 10% of children still wet the bed and by age fifteen, only 1% wet at night.

Night control usually develops later than day control and does not necessarily respond to special training. Night control develops gradually over months. Since night control develops naturally, it is important that parents avoid pressure on day training. Methods which are stressful, over controlling or involve punishment are not recommended. (See Dr Janet Hall’s book How you can be Boss of the Bladder for help with bed-wetting!)
Bowel Control
Some children learn to control their bowels at two years, but some take longer. Children tend to have a bowel motion during a more active period of the day and are less likely to soil whilst in bed. Some children learn to control their bowels before their bladder, but it is normally the other way around.

2. EGO
As well as developing bowel and bladder control, toddlers are developing a healthy ego. Most of their words are egocentric – me, mine, me want, give me etc.

They are push-pulled between:

Wanting to please, be a good boy and be just like everyone else and,

Wanting to be a rebel, a grown-up and independent.

The opportunities to exert their own ego and personal control by withholding or letting go wees or poos in public is immensely empowering.

3. ENVIRONMENT
While the brain – bowel – bladder connection is vitally important for the ‘insides’ of a toilet training child, the ‘outsides’ can be very important too!

Factors which effect the outside environment include modelling and physical ease of toileting.

Modelling
Family attitudes and demonstrations of positive toileting are important. It may be embarrassing for Mum and Dad to do a successful demonstration of their own elimination, but children learn best from watching others, so overcome your inhibitions and show them how easy it is to be involved – even down to ‘breath work’ and ‘grunts’.
THE DANGERS OF EARLY TOILET TRAINING

1. There may not necessarily be a true brain/bladder communication, but just a reflexive response.

2. It may lead to unexpected bed-wetting later or incontinence much later as an adult.

3. The reflexive response stops and the rebellious behaviour may begin when the ‘terrible two’s’ behaviour begins. It may seem that the child is being naughty; however, it is because the reflex training no longer works when voluntary awareness begins and this coincides with the first stage of ego-assertive behaviour.

4. If the parent or child should fail as a result of trying to toilet train too early, the parent may become anxious and depressed and feel like a failure. Who knows what effect being the cause of that failure would have on the child’s long-term self-esteem?

Remember! The reflex urge stops when the ‘terrible twos’ begins
Too early toilet training?!
SURELY TOILET TRAINING IS SIMPLE? Why should there be a paradox?

A paradox is when there are two seemingly opposite sides, to a point of view.

WITH TOILET TRAINING, PARENTS WANT THE OPPOSITE OF WHAT CHILDREN WANT!

This is set out clearly on the DAILY SURVIVAL NEEDS CHART.

Note: A toddler’s need to be clean is last on the priority list of daily survival needs, and attention is first.

Since attention is easily won by filling the nappy, no wonder toddlers wet and soil themselves. In the light of this paradox, it’s a small miracle that they are toilet trained at all!
### NEEDS IN ORDER OF IMPORTANCE

<table>
<thead>
<tr>
<th>Toddler Needs</th>
<th>Parent Needs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attention</td>
<td>1. Sleep</td>
</tr>
<tr>
<td>2. Adventure – Exploration</td>
<td>2. Child clean and dry (especially in public)</td>
</tr>
<tr>
<td>3. Independence</td>
<td>3. Rest</td>
</tr>
<tr>
<td>4. Love and pleasing the parents</td>
<td>4. Peace and quiet</td>
</tr>
<tr>
<td>5. Food</td>
<td>5. Co-operation</td>
</tr>
<tr>
<td>7. Sleep</td>
<td>7. Food</td>
</tr>
<tr>
<td>8. Cleanliness</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The parent values a clean, dry child secondmost of all. The child values cleanliness the least of all!

* This is meant to be a bit tongue-in-cheek! Feel free to change the order depending on your own values. For many, ‘love’ probably comes first.
For children, the paradox is that the toilet can both attract and repel.

Toilets can be scary
Toilets can be scary and a negative place to go because:
- Water is scary, noisy and cold
- There is height involved in sitting on an adult-sized seat
- It’s cold and dark
- It may be a long distance away from the family and the child is expected to be there alone.

Toilets can be attractive
Toilets can be attractive because they are good for:
- Washing cats
- Making things disappear (like spoons, or Daddy’s wallet)
- Shrinking mum’s leather gloves
- Filling up with dirt or a variety of items (like brother’s toys)
- Even giving dolly a bubble bath!
THE PARADOX OF THE FEAR OF LOSS

Some children love the power of the flush . . . but some children fear loss of their ‘good results’.

For example:
Mr Three-Year-Old screamed anxiously, ‘Don’t flush it, it’s mine’, as Mum pressed the button.
You can hear the child’s mind ticking over...
• It might come in handy later
• I haven’t really savoured it yet
• I was going to play with it later (for instance, finger painting the wall might be fun!)
### STAGES OF THE PARENTAL REACTION TO TOILET TRAINING TROUBLES

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Self Talk</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Motivated</td>
<td>1. We can do this</td>
<td></td>
</tr>
<tr>
<td>2. Nonplussed</td>
<td>2. Oh dear, it doesn’t seem to be working</td>
<td></td>
</tr>
<tr>
<td>3. Confused</td>
<td>3. Why isn’t it working?</td>
<td></td>
</tr>
</tbody>
</table>

Unfortunately, there may also be:

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Self Talk</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Angry and Fed Up</td>
<td>5. My child is the only one in the world with this problem! It’s not fair! It’s my child’s fault. He’s just being deliberately naughty.</td>
<td></td>
</tr>
<tr>
<td>6. Fear</td>
<td>6. I might harm the child through sheer exasperation and eventually:</td>
<td></td>
</tr>
</tbody>
</table>

Phone: [03] 9419 3010  or  Email: deb@drjanethall.com.au

Dr Janet Hall, 111 Hoddle S
Richmond 3121