

The Tyranny of the Diaper

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Presenting Problem

Dan, 4 years old, will defecate only in a diaper, after which his mother must change and clean him. Toilet training has been a continuing problem. His parents are upper middle class and college educated. Dan is an only child.

Developmental History

1971. At age 7 months, Dan seemed normal, except that he was irritable and did not sleep through the night and was given two or three bottles each night. He was also attached to a pacifier as well as a blanket. At 1 year Dan was walking. His bottle was taken away. There was much crying and wakefulness.

1973. Behavior was normal except that he was not toilet trained. He urinated in the toilet but would only have his bowel movement in his diaper.

1974. Dan would have a bowel movement only if he were diapered. Dan tried extreme measures to keep his parents involved. He was especially demanding when Dad was home on weekends. Mother returned to work part time. He went to nursery school 3 days a week. Dan seemed to improve in social adjustment with other children; however, he continued to have constipation problems. He went 5 to 9 days without having a bowel movement. A pediatrician examined Dan and concluded that he had perfect sphincter control. He could and did hold back his stool until his mother was available to diaper him. For example, when Mom and Dad left for the weekend, Dan would not have a bowel movement until they returned. He had never soiled his pants nor had a bowel movement in his training pants.

November 1974. The family was transferred to a city in Michigan. Dan was now nearly 4 years old. He was dry through the night, but still was not potty trained. He was combative with children of any age.

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Treatment History

Phase 1

April 1975. A pediatrician was consulted. After a thorough physical examination, Dan and his mother were referred to a child guidance clinic. Dan was enrolled in a normal preschool assessment program for 3- and 4-year-old children. The staff included two PhD child psychologists, two early childhood educators, and one psychiatric social worker. Treatment for children consisted of two meetings a week for 2 hours each. The children played in groups with therapists. During their sessions the mother met in conference with the psychiatric social worker and an early childhood educator. In the play group of 10 children, there was one therapist for every two children. They observed the interactions of the children and evaluated their behavior. At the same time, the mothers met and shared common problems of handling preschoolers and their developmental lags.

The sessions were (according to the mother) not well-directed and not brought to any conclusions. They were mainly "soul baring." No particular philosophy was taught or followed.

The evaluation sessions with the therapist and other staff members were followed with these recommendations and conclusions.

1. Dan is an extremely sensitive child in need of much added attention and understanding.
2. Dan has a fragile personality and becomes dependent on a substitute mother figure in the absence of the mother.
3. Dan's holding back of his stool *is a symptom of deeper problems that need further testing by child psychiatrists.*

June 1975. The family was transferred back to Lubbock, Texas. In Michigan, the mother refused the psychiatric testing. The child guidance center advised her to continue diapering Dan through the move rather than allowing constipation to set in.

Phase 2

August 1975. The mother returned to work on a part-time basis. Dan was sent to nursery school for 3 days a week. The mother talked with an early childhood educator who recommended that she consult a psychologist; the family doctor supported this recommendation.

September 1975. The following account, in the mother's words,

represents conclusions from the first through the third sessions with the psychologist.

1. The problem is not that of a deep-seated disturbance but that of the child's mistaken goals of *attention* and *power* and the mistaken involvement of the parents in falling for these mistaken goals.

2. We were presented a philosophy that all behavior is purposive and has social meaning.

3. We were given a text to read—*Children: The Challenge*—and advised to see if we could identify our problems and accept the Adlerian principles of dealing with them.

4. We were to discuss with Dan that toilet training is his responsibility, not ours.

5. We were to try the principles of logical and natural consequences in other areas of discipline as well as toilet training.

October 1975. Second appointment—the mother continues her narrative:

We have completed reading the text, *Children: The Challenge*. We have identified our problems in dealing with Dan.

1. We have decided that we have been involved in an attention and power struggle since Dan was a newborn.

2. A lack of consistency in methods of discipline was apparent.

3. We have tried out any and every theory suggested.

4. I relented in diapering Dan one time since the last appointment, and Dan has now gone 5 days without a bowel movement.

5. After the last diapering I talked with Dan, and together we took *all* the diapers in the house and gave them to a neighbor who has a new baby. I discussed with Dan that using the toilet is his decision. In the event that he goes in his training pants he must clean himself and his pants.

6. Dan waited 5 days without any interest in using the toilet or soiling pants and began having stomach cramps. He was irritable and begged to be diapered. I explained that we had *no* diapers and that he must decide what to do. He had a bowel movement in his training pants. He screamed while passing the stool. I remained in the kitchen ignoring what he was doing. After

he finished, he screamed "Clean me up!" I calmly walked in and reminded him that he must clean himself up and left. He giggled while he was cleaning up and flushed his training pants and the stool down the commode. He appeared self-satisfied and stated "that was easy, now I'm a big boy!" I refrained from commenting.

October, 1975. Third appointment (mother continues).

1. I was discouraged. I felt that we hadn't made any progress. It appears that Dan will never decide to use the toilet.
2. I was advised to hold tight and see what Dan decides to do.

The week between visits. There was no bowel movement for 5 days, he cramped and begged for a diaper again. He cried, screamed, and lay on the floor doubled up in pain. For 48 hours he refused to play, eat, or sleep for fear of soiling himself.

My reaction: I removed myself from the battlefield and agreed with my husband that we would not allow ourselves to become involved but would leave the decision to Dan. We were desperate and had tried every other means of tackling this problem, but never had let Dan handle it himself and were determined to let this occur.

I scrubbed walls, locked myself in the bathroom with the radio on full volume, cleaned out cabinets, vacuumed, did anything to distract myself from Dan's demands and discomfort. When I would get ready to give in, my husband would send me out of the house.

Day 7 of constipation: Dan went into the bathroom on his own while I was doing dishes. I thought he might be attempting to use the toilet, but I ignored it. My husband and I heard a lot of screaming from Dan in his attempt to pass stool, but we stayed away. He called us in after 15 minutes, and, sure enough, after 4½ years, he had passed stool into the commode.

While bathing that evening Dan passed more stool into the tub. As hard as it was to follow through, we insisted that he clean up the mess in the tub himself. He gagged and cried but did clean up.

October 30, 1975. This was D day for us because Dan has used the toilet consistently since this day.

Progress in early 1976. Traveling with Dan had always been a nightmare. Routinely he would get constipated and irritable. This past Christmas was the best trip we ever had. Our parents could not believe the change in our son or in my husband and me. We have a bright, highly spirited 5-year-old,

and Mom and Dad are in control of themselves. Of course, we remain consistent and firm in certain areas of discipline, and, if Dan decides not to comply, he deals with the consequences of choosing not to cooperate.

Epilogue

May, 1976. We settled into a new home in a new neighborhood. Dan loves his new home. He helped us pick it out and made home tours with realtors with us. He has many friends and plays outside constantly.

When I had a positive pregnancy test, I was in a state of shock with the news. I had abandoned all hope of conceiving again. I shared the news with Dan, who commented "Oh, will Daddy have to share his office with the baby? I need my room." We assured him he would keep his room, but after the baby got older it might be fun to share with him.

June-August 1976. He stayed in tune with the entire pregnancy. I walked every day, and he walked with me and talked about the baby a lot. Often he'd say, "Will I still be number one?" I always stated yes. "We have a number one Dad, a Mom, a boy, a dog, and soon a baby."

We named the unborn baby "weird Harold or Harriet" since she was so active and constantly moving. At first with his night prayers, I suggested we pray for a healthy Harriet or Harold, but he seemed reluctant so I let it drop. Within a few weeks he prayed for the baby on his own.

He often worried about me and asked if the baby made me feel bad. I had a lot of nausea. I assured him it was not the baby that caused the problems. I must admit I had apprehensions about this pregnancy, especially since I was 34 and I'd be starting all over again just when Dan's problems had so beautifully evened out. I was truly concerned about upsetting the apple cart and fearful that I'd repeat the same mistakes with the new baby. All those apprehensions were balanced with my elation in the miracle of the pregnancy. I felt deeply that God wanted us to have this child. It was a gift—a second chance, so to speak—and I luxuriated in the idea. My husband and I both had grown so much and were more ready to accept the role of parents this time.

September, 1976. Dan went off to kindergarten and loved school. He adjusted well and his first progress report was excellent. A comment was, "He has a stable, secure personality and is a cohesive factor in the group." At the beginning of school, the teachers asked Dan if he didn't have something to share regarding my expecting, and he said, "The baby won't be here until Christmas, so we don't have to discuss it."

October, 1976. He began sharing with his school friends the "pet" names for the baby and real names we were talking about. We had the

Time-Life series book about development of the fetus, and he would monitor the growth of the baby. "Today, he has fingers and toes, right, Mommy?" Always he'd say, "Did this happen to me?" And I'd tell him how it was and how it felt with him inside me. When I showed him his baby book, he was enthralled with the fact I had kept records about him. He suggested that we get a book for the baby.

December, 1976. Even with the excitement of Christmas the baby was topic number one. "Will Santa know we have a new baby?" Dan took the hospital tour with us and saw where I would have the baby and knew how long I'd be here. My husband and I received our Lamaze class, and Dan would laugh when I would practice breathing.

December 16, 1976. I went into labor, and Dan was home in the morning and excited about this being the day. He announced to his school friends that "Weird Harold decided to come out!"

At 6:30 p.m., I delivered. At 7:45 p.m., I walked to the nursery to see our Colleen Marie, and I saw Dan in Daddy's arms looking at his new sister. Grinning from ear to ear, he saw me and gave me the "A-OK" sign. If I live to be 200, I'll never forget the look of sublime pride on his face. All my apprehensions about sibling rivalry melted. He came to the hospital twice a day, and we would watch Colleen and signal through the glass window.

After 48 hours Colleen developed a blood problem due to an immature liver. She needed a blood exchange, and I was discharged and she was transferred to another hospital on December 19. She stabilized and didn't need the transfusion, but by December 21 they discovered a heart murmur and decided she was premature. At this point she was in congestive heart failure and critical. She had patent ductus arteriosus and needed surgery immediately. She responded beautifully to the surgery and was discharged on December 29. By Christmas Eve, the crisis was over. We truly had a merry Christmas.

Dan was shuffled around a great deal during these 10 days, since we were at the hospital a lot. He would always ask how she was and when could she come home. Perhaps it was the Christmas excitement, but he really breezed right through the trauma. Obviously, my husband and I were tense, but he was not in the least demanding of our attention. More than that, he was concerned because he knew how worried we were. He saved a few of his presents to open when Colleen came home so she could open hers, too.

The day we brought her home he had five neighborhood boyfriends parked on our doorstep to inspect his new sister. He immediately started expounding, saying, "She can't see you yet. You have to talk quietly." We kept her in a bassinet for 2 weeks in our room and I'd wake up and find Dan sleep-

ing on the floor beside the bassinet. He'd pat her gently and she'd "accidentally" stop crying and he'd grow 2 feet.

I know all this sounds like a fairy tale, but it still continues. She smiles and coos now and really does respond in a special way to him. He tells the sitter how to care for her. We all three walk now and he pushes the stroller. He knows for sure that he and she are both number one.

In spite of Colleen's struggle for life, we have things in perspective. She has not been permitted to overpower the household, although she has tried. When she is fussy for the sake of being fussy, she is allowed to cry. At 10 weeks of age she sleeps from 10 p.m. to 8 a.m. She is 8 pounds worth of "spunk and love."

Congratulations to "good" parents who also became courageous parents as they influenced their child in the direction of greater social interest.