Family Dynamics as an Encumbrance for Enuretics

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I collected the material for this study from the Vienna Child Guidance Clinic, where psychologists and social workers work together under the direction of the psychiatrist, Dr. K. Baumgartel. On our staff various schools of depth psychology are represented; I am an Individual Psychologist.

The purpose of this paper is to present some of my observations concerning boys who are enuretics. From experience we have learned that some boys stop bed-wetting at the onset of puberty, and other boys replace bed-wetting with other symptoms which are more tolerable and acceptable by their parents and peers. The treatment of enuretics is usually a very difficult and tedious process and the problem is understood as a form of neurotic behavior.

For my research I have used case histories of children of above average intelligence. All families concerned had relatively good social backgrounds, and there were no reported acute states of family friction. If acute friction did exist it was either not recognized as such by the parents, or it remained completely concealed from outsiders. Therefore, we concluded that the children were growing up in harmonious family circles. Later, I will describe the general characteristics of the fathers, mothers, and children, and specific personality factors involved.

I have chosen only cases where the active cooperation of the parents seemed to be assured. At the Child Guidance Clinic we insist upon cooperation of the parents as a basis for any treatment or play therapy. In my choice of subjects, I did *not* take the child's age into consideration; neither was the moment at which the parents decided to seek professional advice a part of the selection factor.

The Family Constellation

As an individual psychologist, I feel that it is necessary for the therapist to get a clear idea of the part played by the parent in the origin of neurotic defective development. Individual psychologists believe that the symptom can only be understood in the family context; therefore, we must study the whole family.

The Mothers

In toilet training the child is faced for the first time with the social demands of integration and with the wishes and interests of others. The mother appeals to the social sensibility of the child. The child feels that his mother wants something from him. He learns to know an angry mother when there is

uncontrolled wetting, and a loving mother when he controls himself. The child longs for a loving mother, and tries, as soon as he is physically capable, to give up his convenient lack of control. All this can only come about without complications at a certain stage of maturation, and only then if the relationship between mother and child is good.

We also know that the mother's individual likes and dislikes have a marked influence on the child's development. What the mother prefers and whatever meets with her interests develops most rapidly. On the other hand, where there is a lack of interest or only limited approval, development is likely to be retarded. The mother's tendencies and preferences are important influences even in the development of the infant.

In the families of enuretic boys it is mostly the mothers who are the more active and more dynamic personalities. In many cases they prefer to go to work; however, when they do not have an outside occupation their households are usually expertly run. The women are also anxious to push their husbands up the professional ladder. Their conduct is almost always self-assured and energetic, and their plans are ambitious.

The enuretic is given by his mother a special part to play. The mother projects her own feelings to her child. He may be the mother's favorite because he is so much like his father or because he is the longed-for son. On the other hand, the child may represent, for the mother, a part of her own ego which she rejects. Or she may direct at this child those dominating, importunate, and demanding feelings which are really intended for her husband. She sets very narrow limits for the child. In this way the problem child becomes a substitute for the unfulfilled and often subconscious wishes of the mother. The mother demands from the child that which she has never been able to fulfill herself.

The mother's attitude – either domineering or neglectful – leads to a contact interference between mother and child. During the stages of development when the child particularly provokes these attitudes from the mother, its desire for contact and love cannot be adequately met. This relationship leads to mother fixations and infantilism. The strong mother fixation is certainly one of the reasons why these children remain so infantile. A further difficulty and an obstacle in maturation, is the fact that the fathers do not represent a sufficiently attractive image for the child.

The Fathers

Let us have a look at the fathers in our families. Very often they have not achieved in life all that they have intended. The reasons for this are varied and usually include lack of money, unemployment, and war. Often the fathers are not–though this may be subconscious–satisfied with their jobs, or their jobs do not satisfy them. Many of them have hobbies which do not involve the son or family; however, I should emphasize that the marriages are considered good by those concerned. The fathers leave the running of the family entirely to the mothers. If we look into their family histories, these men have often been the

outsiders in their own families. In therapy they ask the counselor whether their neurotic sons have not inherited their own neurotic role. Generally, the fathers are somewhat sensitive and passive types. Their attitude towards their children is authoritarian, particularly towards the problem child. They are not inclined to be indulgent fathers, but behind their outward show of discipline and severity, there lurks the desire for their children to have a better time than they themselves had.

Possibly, no very clear picture of the fathers has emerged for the boys. It is very difficult for the boy to identify with his father. The father is partially or totally out of reach for the boy and will not let the boy develop a close relationship.

The Child

Roughly speaking, we can say that two characteristically opposite types can be found among enuretics, and they have been described in the relevant literature. There is the overactive boy with markedly aggressive tendencies. He shows negativistic reactions and a disproportionate desire for recognition. Also, there is the boy who is unsure of himself—speculative, sensitive, and easily discouraged. He makes a slack, impassive, and insecure impression, and lacks energy. Whether these types can be regarded as primary types or whether they are solely a form of reaction to the methods of upbringing, I would not like to say—in any case this question could not be examined here in detail.

The enuretic boys are very often exceptionally infantile. They seem to submit to the conditions their parents provide for them, and they do not want or cannot grow up to accept responsibilities.

With puberty, maturity finally makes it possible for the boy to break away from his mother, and the bed-wetting stops; however, puberty for these boys is later than for the average boy. Often these children show concealed ambitions, and during play therapy it is quite difficult for them to let themselves go. The children suffer under their symptoms, even though they derive apparent advantages from their state.

Case No. 1: Richard

Mrs. S. made an appointment for her 11-year-old son because school problems had suddenly cropped up, and because he was concealing bad marks and punishments. In addition, he was an enuretic, but this was only mentioned as an afterthought.

Richard is the oldest of three children. He is a pale boy with light coloring and finely drawn features; he makes an almost girlish, pretty impression. He is unhappy about his bed-wetting and doesn't know why this always happens to him. Richard is quiet, well-adapted, and is willing to make an effort. Affectively he is very limited. He is extremely jealous of his younger brothers. The parents represent positive figures, but his perception of them is almost magical – he sees

them as the good fairy and king. *For him they are out of reach.* When he says he wants to become a cook, he is trying to identify with his father, for whom cooking is a hobby. The father is employed in the parental firm and works very hard but would prefer to be independent. This is impossible for financial reasons. He is strict with the children. Richard fears him. Because of his manual dexterity, Mr. S. is a good handyman, but he has little patience to show Richard anything, and instead rejects him for being clumsy.

From birth Mrs. S. has had one foot shorter than the other. One does not immediately notice this. In fact, her feelings of inferiority are noticed before one notices the actual disability. She mentioned that she never wanted to have a child for fear of its being deformed. One gets the impression that even now Mrs. S. is afraid that Richard's bed-wetting could be caused by biological organ inferiority. She has already taken him to various doctors, and none of the medical treatment has proved successful. The main reason for bringing him to the Child Guidance Clinic was his lack of progress at school. Quite involuntarily the mother kept on making comparisons between her own organ inferiority and Richard's. She considers him to be very much like herself in character. Although his teacher wants to take Richard on a skiing trip, the mother will not let him go. She says that from her own experience she knows how unpleasant it is to be teased by others. The mother's fears are probably justified, but her conduct will not enable Richard to become independent and, involuntarily, she ties him to herself. Richard's toilet training took place just about the time of his younger brother's birth. Jealousy of the younger brother may, in the first instance, have prevented him from becoming dry. He emphasizes his own childishness and tries to demonstrate that he too is still small and in need of looking after. For the mother, on the other hand, the bed-wetting is the confirmation of her ever-present fears. If, in the course of later sessions, the mother can gain some recognition of herself and can learn to take a different attitude towards life, then it will also be possible for her not to identify herself so closely with the boy.

Case No. 2: Philip

My second case concerns a family we will identify as H. We recognize the fact that material values play an important part in their life. There were no difficulties with the first-born son. Because of his intelligence he played an important part in the family. Philip, the second child, is eight years younger than his brother. The sense of competition with his brother has been aggravated by the fact that he has been frustrated from early childhood. Both parents work and Philip is left with the father's mother whose ideas about managing children are very different from his own mother's. When altercations occur, Phillip's father never takes sides. On the one hand, very close ties exist between Mr. H. and his mother; nevertheless, he is unwilling to put any blame on his wife, so he usually keeps out of the debates.

Mrs. H. attends consultations regularly, but only the bed-wetting gets discussed from every angle. Apart from this difficulty, she considers that Philip

presents no problems. Only incidentally does she admit that he has had little contact with her and his father, and that this continues to be the case. But they have little time to devote to him. The idea that she might give up her job never enters her mind. Any such suggestions she firmly rejects; there is still so much to be paid for—the car, the house, and the new furniture. In actual fact, she tries to avoid any real confrontation and tries to work out conflicts within herself. She much prefers withdrawal as a solution, and she tries to find an intellectual explanation for things.

In the course of therapy Philip soon established a good relationship with the therapist. He responded to appeals to his intellect, but resisted appeals to his feelings. Philip suffered very much from his bed-wetting. At first he could deal with his fundamental problems only by playing games which had to do with water. In the course of the games there was a certain confrontation with his subconscious problems. For instance, he would sink stolen treasures deep down. During the play therapy games the therapist took on the mother role. When the bed-wetting improved, he stopped playing games involving water. He began working with his hands and showed great aptitude in this area. As he progressed in therapy, Philip began talking to the therapist about his father, and tried to analyze problems involving his father. He insisted that from the moment his father gave him certain tips about bed-wetting, the problems had improved. The therapy for Philip concentrated on intellectual features, although the use of games certainly contributed to his improvement. During the second half of the treatment sessions when Philip had broken away from his mother to a certain extent, the attempt was made to help him analyze his relationship with his father and to establish closer contact with him. Philip's elder brother also took an active interest in the smaller boy, and the prognosis is that eventually this relationship will have a positive effect on his development.

Summary:

These two case histories are intended to show how very closely interwoven family dynamics are. To an untrained outsider these two families seem to be functioning adequately; nevertheless, the inter-family dynamics have been disturbed. The weakest child draws attention to himself by resorting to bed-wetting. His symptom is a cry for help—a childish helplessness with which he protests against the grown-up's lack of understanding. But because of his helplessness, he cannot escape from this vicious circle. Only when he is surer of himself and when he has broken away from his mother can he dispense with the symptom.

The parents must realize that compensation for real affection and care is being sought with this childish defect. They should further realize that their own affective expectations or fears have directed the child into these undesirable channels and have made his helplessness a permanent state. If we can convey these facts to the parents so that they can take a fresh attitude towards their child and towards life in general, then we may be able to give them genuine help.