

## BEHAVIOR TRAINING IN A CASE OF ENURESIS

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An 11-year-old girl, the only child of middle-aged parents, an outstanding student and well liked, was referred for treatment of enuresis nocturna by her pediatrician.

According to the history given, she suffered a fracture of the leg when very young and had to be in traction. The worried parents neglected toilet training, and bed wetting became chronic.

Up to the time of her referral she used to wake up at night and call her parents. She was carried to the bathroom in her wet night-clothes which the parents would take care of. Somewhere in the family there had been another case of bed wetting up to the age of 16. Thus it was looked upon as a family symptom. It was kept secret, and the girl acted as if she were not aware of her problem.

During the first year of our contact, discussions were concerned with facts of growing and becoming independent, and her future role as a woman. She admitted that calling the parents at night and demanding help was a habit of a much younger age. She began to keep clean sheets and gowns in her room and made a change herself when necessary. However the wetting continued. In separate conferences with the parents, first twice a month, later once a month or as required, they had to learn to treat her like a child her age.

In reviewing the treatment situation at the end of this year, one element appeared as untouched by our efforts. The correct reaction of the organism to the stimulus of a full bladder had never been accomplished. The girl, now 12 years old, was unable to function in this area usually not too difficult for a three-year-old. Not long ago she had admitted it was more comfortable to lie in wet sheets than to get up and walk to the bathroom. This gave me a clue.

Could we replace years of habituation, and recapture organic alertness by a learning process, and could this consist of training to verbal stimuli? My thinking was, could we train a motor response to the verbal impression of wetness and formulate it as an alert for the only correct reaction: to get up and leave the room?

In setting up the training procedure I took into account the fact that during the day the patient followed an exacting schedule, was a good listener in school, and never had to do any home work because she did everything in school between classes. We discussed this and decided that the same capacities—attentiveness and control—should stand her in good stead in solving other problems. An experiment was the result.

We discussed it together and gradually arrived at the following procedure: Lying on a couch in a relaxed position as though asleep, the patient listened to a piece selected from an encyclopedia that was read to her. E.g., it might be a piece on physical geography selected for an abundance of words referring to forms of water, and weather conditions reminding one of water. A country or island rich in rivers, lakes and waterfalls, offering a variety of descriptions of water, like gushing waterfalls and splashing rains, was selected for the purpose of alerting to the concept of wetness. The instructions were: "Be careful to notice every word that reminds you of water or wetness in all forms and jump up from the couch as if jumping out of bed." No further acts were included.

This experiment in training turned out to be an activity different from all those she was used to performing. It meant following an order rather than her own choosing, and called for actions not before a public nor to be admired. It was directed at overcoming the reluctance of a spoiled child who refused to be free of a handicap.

At first it was fun, like a game that we created together. Later it appeared as an exercise demanding time and not exactly flattering. Complaints were answered by my pointing out that we both were convinced of her ability to learn this little exercise and to function in it as well as she did in more grown-up practices in school. It was after all a form of training of memory, although of another type. The result would be that she would be able to act her own age in this way as she had been able to do in other types of learning, the difference being that the memory training here was of an organic kind of memory: our body also has a memory which from childhood on is trained in many ways to become part of our adult lives.

The exercise followed our usual sessions, three times a week. At the end of each session a period of five to ten minutes was set apart for this practice of attention to verbal impressions. Although the patient did not like the exercise, she did cooperate.

After a while the patient began to report spontaneously on the state of her bed in the morning. The mother also confirmed that the bed was more often dry. Finally it was dry for two weeks at a time, and then even longer.

We came to the conclusion that on the basis of our success we might try a long desired plan, namely, going to a camp where the patient would sleep away from home, as her friends were doing. Our training had taken place for eight weeks before summer vacation. It proved sufficient preparation for camp, and according to reports received in the fall, bed wetting had become a thing of the past.