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THE MAGIC YEARS

UNDERSTANDING AND HANDLING THE PROBLEMS OF EARLY CHILDHOOD

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INTRODUCTION TO BOWEL TRAINING.

IF WE ask, "When is the best time to begin toilet training?" we can find some clues through a knowledge of child development. In order for a child to cooperate in his toilet training he must be able to control the sphincter muscles, he must have the ability to postpone the urge to defecate, and he must be able to give a signal to be taken to the bathroom, or to get there under his own steam. In normal child development all of these conditions may not be present until fifteen to eighteen months, or later.

It is possible to get an eight- or nine-month-old baby with regular movements to sit on a potty after breakfast until he produces a b.m., but the baby at this age is not a partner in his training. His *successes* are due to his mother's knowledge of his elimination pattern, and his willingness to sit on the potty chair can be attributed to the fact that, if he is not yet actively crawling, there is not much else he can do but sit -- and a potty chair is as good a seat as any. Usually, we find that the baby whose training started out on this basis will show a marked disinclination to use of the potty after he begins to get around on his own and has any choice in the matter and for several months following the first independent locomotion he may not be any more cooperative about the use of a potty than a child who has never had the pleasure of making its acquaintance. It's hard to say whether there are any advantages in beginning the training of the child before he is able to participate in the process, to cooperate actively in his own training.

Even at a later stage of development, let us say in the second year, when we are able to engage the child's cooperation in the process of toilet training, we are impressed with the difficulties he encounters in understanding these new demands and in cooperating with them. First of all, although it is perfectly plain to us that the use of a potty is a respectable and civilized way of disposing of the body's products, from the child's point of view it makes very little sense at the beginning. Let's look at it first from his standpoint.

His mother first "introduces" him to the potty, sometimes to the toilet with a little seat. The word "introduces" is a euphemism since at thirteen or fourteen months he is not pleased to make its acquaintance and little cares whether he meets it again. But he loves his mommy and for reasons which he cannot divine she would like him to sit on the little chair with the hole or the big toilet with the little seat with the hole. So he does. It's a bore and there are lots of other things he'd rather do, but he good naturedly agrees to sit on the hole. One day, partly by clever design and quickness on his mother's part, largely by accident, he produces a b.m. in the pot or on the toilet. His mother's face registers delight and surprise and she makes approving sounds and little cries of "good" and "big-boy." He is not sure just what he has done to bring forth such a demonstration from his mother but now he finds out. In the bottom of the pot rests an object, one that is familiar to him from another context, let us say, and which is apparently the cause of this accolade. He joins in the congratulatory noises just to be sociable, but it is not yet clear to him just how this object got there and why it has created such joy in his mother.

Since he doesn't know how he achieved this miracle he is unable to repeat it voluntarily. But in the weeks and months to come mother's anticipation and other accidental successes combine to produce an association between defecation and the potty.

He also comes to know that he made this object, that it came from him. But this presents a problem in itself. He regards this b.m. as part of his body. We say that's ridiculous and how could he imagine that a body's waste product was part of the body? But he doesn't know that and we could never explain it to him at this age, either. No, the best he can do in explaining this phenomenon with the type of thinking he has at his disposal is this: it is like an appendage to the body, it is part of his body and as part of himself he values this product. He has already learned that his mother values it, too. And since he produces his b.m.'s on the potty to please his mother, he comes to regard this act in the same way that an older child regards a gift to a loved person.

Now in order to engage the cooperation of the second-year child in this education for cleanliness we become partners with him in a fraud. We behave as if these productions on the potty are objects of value; we accept this gift of love with demonstrations of approval -- after which we indifferently flush it down the toilet! From the point of view of the child in the second year this is one of life's great mysteries. When he values an object he wants to keep it and see it. This goes for beloved persons, beloved toys, cherished objects. The fate of his gift, its disappearance into the cavern of noisy rushing waters, strikes him as a strange way to accept and dispose of an offering of such value.

The toilet itself adds to the madness and mystery of this operation in the eyes of the second-year child. Whatever *we* may think of the convenience and efficiency of indoor plumbing, the small child has his *own* ideas. This vitreous monster with its yawning jaws does not invite friendship or confidence at this age. The most superficial observation will reveal that it swallows up objects with a mighty roar, causes them to disappear in its secret depths, then rises again thirstily for its next victim which might be just anyone.

I recall a little boy who had never been persuaded to use the toilet and who came to me at the age of four because "he couldn't be trained." He was still soiling and wetting his pants. He was a perfectly intelligent child who understood very well what was expected of him and he had long ago learned that everybody else used the toilet, all big boys and girls and their mommies and daddies. His parents thought he was being stubborn and defiant and that he was soiling his pants out of revenge. I suppose this was true to a certain extent. But when he got to know me and to trust me he confided to me that "there is a lobster in the toilet that's gonna eat me up." This baffled me until I asked a few careful questions and learned that he meant "there is a *monster* in the toilet" and then I understood him very well. He was very glad to tell me about the monster who lived in the toilet. He had been trying to explain this to people for years, but they wouldn't believe him. The monster lived in the toilet and made noises like a lion. "Rr-r-r, I'm gonna eat you up!" My patient demonstrated this to me, sneaking out of a closet stealthily, creeping up behind me, and roaring mightily "Rr-r-r, I'm a lobster, I'm gonna eat you up!" "Now be scared!" he whispered fiercely.

Now considering the situation, my patient was behaving with understandable caution. If there is a monster in the toilet, it's much smarter to make your do-do's in your pants, risking censure, disgrace, or anything that comes. But is this nonsense? Is this little boy pulling my leg with this lobster stuff? Do kids really believe that? I can only say that after going into the matter of monsters in the toilet in several fruitful discussions my patient began to use the toilet for the first time in his life and the monster descended to the psychic depths from which he had emerged.

But this is very unusual. Most children of four have long ago established toilet habits and they would probably be a little cynical if they heard my patient's theory. But before the age of reason most other children, too, have entertained such fantastic theories about the toilet. The reason we capture this theory in our four year old is that he never overcame this fear which normally should have subsided in the third year. And because he never overcame it he was able to put into words at the age of four what our little children in the second year can only express in behavior or by means of a limited vocabulary.

If we understand the process of toilet training from the point of view of the preverbal child with his primitive thinking we can help the child accept his training and cooperate with it, we can understand his difficulties and not increase them, and we can avoid some serious problems which can emerge from the training period. We can easily understand, for example, why training on the potty will be more acceptable than training on the toilet. On the potty the child can sit with his feet on the ground which reassures him against the fear of falling. On the potty he doesn't have to have direct contact with the noisy machine that makes things disappear. The size of the potty chair is "right" for him; the big toilet is as high as his waist and even with a little toilet seat, it's very high up. It's conceivable that many adults would endure constipation rather than sit on a toilet in a bathroom scaled for giants in which the seat is level with the adult waist. Even if you know you can't fall in, you might decide that, after all, this is something that can wait.

Let's return to a problem that we posed at the very beginning of this discussion, the problem of engaging the cooperation of an active and busy toddler in an educational project that doesn't interest him in the least at the beginning. The important thing to remember is that no normally active child in the second year will submit to a method of training in which he is compelled to sit on a potty until he produces. It will require considerable parental pressure to get an active toddler to sit there for more than a few minutes, and such pressure or insistence will inevitably create rebellion and an inability to produce on the potty. Furthermore the method of regularly placing a child on the potty does not in itself induce a bowel movement, of course, and "works" as a method only in those cases where a child regularly tends to have his movements at a certain time, shortly after breakfast, for example. For those children who do not have their bowel movements at regular times (very possible these children are in the majority in the second year) this procedure will probably lead to an impasse between child and mother. From the child's point of view this sitting on the potty seems completely foolish.

Another method commonly employed in training is "catching" the child at the point he shows signs of beginning a movement and leading him off to the potty chair. If this method is employed it requires considerable tact on the part of the mother. We need to remember that we are interrupting a natural function, or asking at the very least for a postponement, and if we rush in at this point and whisk the baby off to the potty in a frenzy of activity, the baby will react with anxiety to the experience and the whole problem of achieving sphincter control will be burdened by the child's apprehension about getting to the potty on time.

Whatever method we use we want to avoid pressure, contests of will, anxiety about getting to the potty, and shame about failure. We want to find ways in which we can enlist the child's interest and cooperation in achieving bowel and bladder control. If we look upon this process as education that continues for months and if we take advantage of the child's own readiness to participate in this process, we can patiently win the child's interest and participation in his achievement.

In the beginning stages, when we see him having a b.m., it's probably a good idea to comment on it matter of factly, "using a word to identify the act, a word or sound that the child himself can use later on to signal his wish to go to the potty. "Danny's having a b.m." (or any nursery term or sound you wish) . Just commenting on *this* regularly when we notice him having a b.m. will indicate our interest in the process and begin to attract his attention to a process that he has taken for granted throughout. We don't need to do another thing for a little while. After many repetitions a toddler -- being a toddler -- will begin to draw our attention to the process, knowing that it interests us. (He would do the same thing if we commented or showed our interest regularly in any kind of performance of his -- his attempts to use a spoon, or his clapping his hands to music. Soon he would invite our attention to his performance by using a sound or signal to attract us.) So, with his bowel movement, one fine day, if we do not notice or comment, he will make a sound, or use the word we have been using. or in some other way tell us he is having a b.m., and now we have got him to tell us or signal us when he realizes he is having a movement or is about to have one.

Around this point, when we have a signal, it seems right to begin to establish a connection between having a b.m. and a place to have a b.m. It may be fairly easy to suggest that he sit down on the potty chair when he is having his b.m. and to lead him to it. It may not even matter the first few times if we don't take down his pants. We just want him to associate the b.m. with the potty chair and to learn to get there, to sit down and to have it. But anyway one lucky day the child tells us or signals us that he is having or is about to have a b.m., we lead him to the potty chair, get his pants down, and to his great interest and surprise the b.m. goes into the pot. We are pleased, he is interested and pleased that we are pleased, and the first step in training has been completed.

And now will he regularly take himself off to the pot when the urge is felt? Far from it, of course. The next day he may forget about it, Or give his signal too late, or just prefer to have his b.m. in the old familiar way. He may not produce another b.m. in the pot for days or weeks. Meantime we encourage and remind him, approving his successes and not troubling ourselves or him with his failures and eventually, usually after several months, the successes are more frequent than the lapses and finally success is fairly regular.

Well, then, what motives have we employed in getting the child's cooperation in training? Why should a little toddler cooperate in a process that makes so little sense to him at the start? First of all -- and most obvious -- is his pleasure in having pleased his mother. He recognizes very early that his success in using the potty is met with her approval. This doesn't mean, of course, that his mother needs to put on a large demonstration for his successes or to react to each production as if it were a work of art. It's quite enough to show our honest approval and pleasure in his efforts and his success and, in fact, we can run into trouble by overpraising this accomplishment. If a child feels that his b.m. is so highly prized and valuable he may understandably be reluctant to part with it. But the second, important motive in the child's cooperation with bowel training is his own pleasure in accomplishment. He, himself, becomes to look upon his success in using the potty as an achievement. He is interested in his b.m. at this stage of his development and appears to take some pride in its production. Since he is quite without embarrassment about his body products, he wants to touch his stool at the beginning of training and we need tactfully to divert him from this without creating a fuss or creating deep shame in him. And since he values his stool as a production of his own body, we also need to appreciate his feelings in our disposing of his b.m. To praise him for his achievement, his "gift:" and then hastily flush it down the toilet certainly baffles a child at the beginning of his training. It may make it a little easier for him at the beginning if we allow the stool to remain in the pot while he is in the bathroom. At a later stage when the

regular disappearance of his b.m. interests him but doesn't much trouble him, he may like flushing it away 'himself.

All this is achieved very gradually in the course of the second year and part of the third year. Even after the child knows how to use the potty and gives a signal he will alternate cooperative periods with uncooperative periods, -or a "yes" day for the potty and a "non day. He is not being spiteful or mean in doing this; It's just part of difficult learning. But if we engage in a struggle with the child and turn the toilet training into a duel with two strong-willed opponents we may get outright defiance. And since it's his b.m. and he is the one who ultimately controls the time and place for evacuation, guess who wins most of the time. My friend, The Lobster, with *his* usual facility for putting the mental processes of the second year into four-year-old language sized up this situation candidly. "I'm the boss of my do-do's, not my mother!" he said.

If we do not understand how difficult it is for a small child to master this first lesson in postponement and control of an urge, we can easily become impatient. Many parents do not know that *normally* the process of toilet training, including bladder control, can take many months and we can expect occasional relapses until well into the fourth year. When we hear of a child under eighteen months who is "completely trained overnight" or "in a few days" we can immediately be suspicious. In order to get a small child to acquire control in a very short time, so much pressure must be exerted upon him that we can be certain we will pay a price either in terms of the permanence of this training or in problems in another area. For it probably means that this child learned control quickly through fear of consequences and that the necessity to retain control in order to avoid the dangerous consequences will require such an exertion on *his* part that problems in this or other areas commonly develop.

SOME DISTURBANCES CONNECTED WITH BOWEL TRAINING.

WE WILL observe in the most normal children that as soon as we begin to make demands upon the child for controlling a body urge some tensions will arise, some anxieties may appear. It is often very puzzling to parents to see a child develop some type of problem behavior around the time toilet training is begun, or is under way, and to find no very clear connection between the behavior and the attitude toward toilet training. If a child develops temper tantrums at this period and also shows an aversion to using the toilet or potty, it's not at all difficult to see the connection, and understanding parents will very sensibly go easy on the toilet training for a while. But here is Patty at seventeen months who is the most cooperative child these days, sits on her potty, is pleased with her successes and behaves in every way like a child who is progressing nicely in her training. But lately Patty has been very difficult at bed-time and has begun to waken two or three times a night. When did this begin? Around fourteen months. When did toilet training begin? Around fourteen months. Could there be any connection? But how could there be when she's such a lamb about her training? Any other little problems? Well, she's fussy about getting her dress dirty, not terribly fussy, you know, but we have remarked on that. Oh, yes, and she's afraid of the maid. We've had her since Patty was five months old, but lately Patty just won't let her take care of her. Does the maid have anything to do with the toileting?" "Oh, yes, if I'm out she may take over." "Is Patty upset when she has an accident in her pants?" "Yes, at times. She'll cling to me and ask to be held. I always tell her it's all right. I've never scolded her for accidents or made her feel ashamed." "Could the maid have scolded or made shaming remarks?" "I never thought of that . . ." Little by little we try to piece together the story. Patty, it seems, is trying too hard to achieve her toilet training. Her reactions of shame for accidents and her fussiness about getting her

dress dirty are a bit excessive for a child of her age who is learning bowel control. She goes willingly to the toilet because she loves her mommy and wants to please her, but the effort to maintain control is too much for her and she has become afraid of losing control, of having accidents. We suspect that this is also why she is afraid to go to sleep at night. When she is asleep she might lose control, have an accident. Understanding this, working on the theory that there is a relationship between the toilet training and this new set of problems, we proposed that we relax the toilet training and our expectations of Patty at this point and see what happens. To everyone's satisfaction and relief Patty's anxiety diminishes in the next week or two, the fussiness about dirt is no longer manifest and the sleeping problem goes back to normal proportions with just the right amount of reluctance to go to sleep that we expect of a healthy child who loves her world, but no longer the anxiety, bordering on terror which had accompanied going to sleep.

In other instances we will see a child who is cooperative in his training, showing little resistance to the process, but who is now very uncooperative, negative and defiant about all manner of other things in his daily routine. Here again, we may find that the child has become obedient with regard to his training out of a wish to obtain mother's approval, or out of a fear of mother's disapproval, and the negative and defiant feelings are removed to another area and expressed in ways that are far removed from the toilet experience. Among the eating disturbances in the second year we have found a number of instances in which a refusal to eat or fussiness in eating coincided with the onset of toilet training. Here, again, the negativism which was the suppressed attitude toward the training process was removed to another area and expressed in regard to food.

Does all this sound very strange and implausible? Are these effects of toilet training just another group of theories which we have concocted to explain some problems of the second year which could be explained more simply? There is a very simple test for these theories when the child is so young that cause and effect are in a close relationship. Whenever we suspect that a relationship exists between a new disturbance of behavior or a manifestation of anxiety and new demands which are being made upon a small child, we propose as a test that we give up the new requirement for a short time and observe the effects (as we did with Patty) . In the case of toilet training, when we find that a new disturbance has appeared coincidentally with the requirements for use of the potty, we may suggest that the mother put aside her encouragement of the training or her expectations for the child for a few days or a week or two. It is very impressive to see in a large number of these cases, how the eating disturbance, the temper tantrums, or the sleep disturbance subside when the training is temporarily given up. This would indicate that in these cases a relationship did exist between the training and the new experience. In other cases, where the simple test does not bring about the same result or an improvement in the situation, we can infer other or more complex motives for the disturbance. In those instances in which a disturbance cleared up through temporarily putting aside the training it was usually enough to wait a few weeks until the child was able to resume his training with less anxiety, then to pursue a much more relaxed type of training. Often it is quite sufficient to recognize these symptoms as signs of tension around toilet training and, still continuing encouragement of the training, relax our expectations for the child, go more slowly, give more reassurance.