

# **The Management of Difficult Toilet Training**

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*The following article was written by Thomas Millar in the late 1990s;  
many people find the information still useful today.*

## **Introduction**

A recent study by Dr T Shan from the Medical College of Wisconsin has provided some surprising information with respect to toilet training. While his study showed that practically all children eventually train, he found some significant differences in rate of training.<sup>1</sup>

He found three groups of children: the rapid progressors, who took a median of three weeks to train; the intermediate progressors, who took a median of nine weeks to train; and the slow progressors, who took a median of sixty-five weeks. In all, twenty five percent of his sample took over six months to train.

What his study could not examine is the outcome of the training, that is, the nature of the bowel habit the child formed. This we have learned is more important than has been previously understood. The principal problem occurs when mild and chronic constipation becomes a lifetime bowel habit. We have recently had some indication that this may contribute to the development of colon cancer, certainly diverticulitis, and recently has been implicated in Parkinson's disease.

In my experience, bowel training ought not to take more than a couple of months to manage. I suggest that with Dr Shan's slow progressors the bowel training is in difficulty and is likely to result in an unhealthy bowel habit such as chronic constipation, with all this implies for the health of the individual. When this happens I believe the cause is primarily psychological in origin. In this paper I will examine the psychological context of bowel training, show how this that can get into difficulties, and describe a pattern of training that can avoid or, if the training has not been too protracted, overcome these problems.

## **Toilet Training – The Psychological Context**

Toilet training<sup>2</sup> is a parent-child interaction which is embedded in the normal child development and usually takes place in the second year of the child's life. The relevant psychological progression involved is a series of events which I call the omnipotence disillusionment phase of adaptive development. This is described in detail in my parenting book, *The Omnipotent Child*. I will recap its salient points here.

The child, who has heretofore been sunny and cooperative, becomes willful and demanding: the

degree dependent upon his or her temperament. (The child is referred to as “he” from now on, and the parent as “she,” to simplify reading.) This change in attitude usually happens sometime in the child’s second year, which is why, in the literature of parenting this time has become known as the terrible twos.<sup>3</sup>

Three behavioral symptoms are commonly seen in the terrible twos:

- battles of will
- temper tantrums
- separation anxiety.

Up to this point the infant, having no real knowledge of the world and its arrangements, believes that when he hollers and the bottle comes, it is because he hollers. He believes all things happen because he wills them to happen. He believes he is “unlimited in power, ability and authority,” that is to say omnipotent. Of course he has no real power, but his cognitive immaturity is such he has no idea of this.

Since his parents come when he calls, feed him when he’s hungry, change him when he’s wet, they unwittingly endorse his omnipotence illusion. However, reality soon intrudes, even for infants. Once he is on his feet, he finds the sofa won’t move when he orders it to, or that he cannot open the refrigerator door. Offended, he yells – or whimpers as his nature dictates. His mother comes and solves the problem.

Now he takes the first step toward the disillusionment of his omnipotence. He accepts that maybe he can’t move the world, but, he concludes, his mother can. But since she is his robot, he controls her and he is still omnipotent, even though his power is now more executive than operational. About this time the self-respecting mother decides she is not his slave and it won’t hurt him to wait for things occasionally.

Now comes step two. He can’t do it and his robot won’t. Now what? She won’t! Well, he decides, we’ll just see about that. He sets up a non-negotiable demand. The result is usually a battle of wills.

Battles of wills are an inevitable part of adaptive growth for all but the mildest children (or those totally indulged by grandmother types, which just postpones things) Even so, many parenting books say never get involved in a battle of wills, as if this were possible. The only way it would be even occasionally possible would be if one gave in to the child, or conned him into doing what one wants by making him think it was his idea, i.e. that he is omnipotent. Both of these methods simply postpone normal omnipotence disillusionment.

While it is not germane to this article to go into detail, the interested reader will find battles of will strategies and temper tantrum control methods explored in my paper, *An Adaptive Approach to Primary Prevention in Child Psychiatry*. Here, for purposes of exposition, is a brief summation of that process.

One manages a battle of wills by holding firm. The child is told what he must do, given a minute to comply, then fetched to the task. If he fusses or throws a tantrum he is contained in his room,

door latched ajar, for four minutes by timer and then returned to the task. If he fusses again, back he goes to the room for another four minutes. In time the child will realize he no longer has the temper tantrum as a way out, which means that in most cases that he loses the battle of wills that began things.

The child who loses a battle of wills has been taken his first step towards omnipotence disillusion. He has discovered, to his dismay, that his mother is not his robot: he can't simply order her to do things. If he can't order her to do things, how is he going to get what he needs?

"No, by Jiminy," he tells himself. "I can order her. Where is she? I'll just run a little test and prove it."

So he deliberately sets up a battle of wills designed, of course, to prove he's still the boss. He throws his spoon on the floor and orders his mother to pick it up. Mother has a choice. She can give in or she can go through her temper tantrum control program again. She is, whether she knows it or not, immersed in the terrible twos.

The child is clearly very determined to win. What powers his determination to win at all costs is separation anxiety. Here how that works. When the child senses he cannot control his mother, he gets a taste of his true helplessness. Without her to do his bidding, to fetch and serve him, he can see he would perish. Since she is not on a string, as he had thought she was, she could even leave if she wants. And maybe sometimes she wants? He begins to experience anxiety when she is not present. This is separation anxiety, and it is this separation anxiety that powers the terrible twos, and is the origin of the nighttime settling problems that often accompany the phase.

Despite the anxiety it generates, it is important that mother wins some of the battles of wills if the child is to make his way through the omnipotence disillusionment phase of adaptive development. She does this by choosing the right grounds on which to battle, having a plan, holding firm, and using her temper tantrum control program where necessary. Bowel training, like meal times, is exactly the **wrong** ground on which to engage in battles of will.

The child who loses a battle of wills has reason to question his illusion of omnipotence. But, he soon discovers, though he can't make her do what he wants her to, she does eventually do what he needs. He is not abandoned. He does not starve. His essential needs are met. "Maybe," he concludes, "the situation is not as serious as I feared. Maybe I can't make her do things, but I can count on her." Trust is generated by successful omnipotence disillusionment. Now, he is into step two of omnipotence devaluation.

After a few weeks or months of not getting his way and finding his needs are still met, the child comes to a more sweeping conclusion. "Maybe I'm not the king, but I'm a close friend of the king and I'm going to be O.K." He has surrendered the omnipotent illusion and accepted his childhood. Now, secure in the protection of his "omnipotent" parent, he has the inner peace he needs to attend to the rest of his psychological development.

There are a lot of ways this process can go wrong. The one we are concerned with here is choosing the right grounds upon which to engage the child in a battle of wills. Bowel training is, next to "cleaning your dinner plate," the very worst ground.

## **Bowel Training and Omnipotence Devaluation**

Because bowel training comes along at about the same time as normal omnipotence disillusionment, it can easily get caught up in that psychological process. When it does this is the kind of thing that happens. The mother suggests to the toddler that he or she should come and tell her when he or she needs to go to the potty and mother will help. The toddler, in a mind to prove his omnipotence with a battle of wills, decides this is just one more instance of his robot getting out of hand and acting bossy. When the time comes, he does it in his pants.

Mother pleads, but he is still mad from the last battle of wills, the one that resulted when, after two trips, she refused to change his morning cereal a third time. He does it in his pants again.

Mother threatens. He does it on the rug in the corner of his room.

Mother decides to sit him on the potty for an hour after each meal. He gets down. She puts him back. He gets down again. She puts him back and stays in with him. After an hour with no result, she lets him down. Fifteen minutes later he does it under the dining room table.

Going to the bathroom has become a battle of wills. The issue is no longer physiological, it is psychological. He is using his bowel to retain his omnipotence. "It's my poo and I'll deposit it when and where I please." The fact is, it is his poo, and he can control its time and place of deposit.

There is no way mother can win this battle of wills. And, if she continues to try, she will lose two battles: the physiological developmental one and the psychological developmental one.

How then does one manage such bowel training difficulties?

## **A Management Program**

The first step is to neutralize bowel function. By this I mean divorce it from the psychological process in which it has become entangled. The only person who can do this is the mother. If she refuses to do battle over toilet training, there can be no battle of wills on that subject.

Mother is advised to forget bowel training for six weeks. She is instructed to say something like this to the child. "I am sure you will soon learn to do your poos in the toilet. If you need my help, ask me."

He won't ask. He'll do it in his pants. "Oops, had an accident, I see," mother says. "Well come on. I'll clean you up." No scolding. No encouraging homilies about being a big boy. If something has to be said, mother simply repeats her litany. "I am sure you will soon learn to do your poos in the potty."

Children sometimes resist the neutralization process; bowel was the one battle of wills they were regularly winning. Some will come and say to their mothers, "Do you think I should go to the potty?" If mother says yes, he will disagree. "I don't think I need to," and go do it in his pants. But if she offers no opinion, or simply says "if you need to, dear," she is making it clear she is not going to fight over his bowel function. He may escalate his case by making his deposits more obvious and in increasingly inappropriate locations but, if mother simply repeats her litany, with most toddlers, in a couple of weeks the bowel has regained its neutral status.

The second step, equally important as the first, is that while ignoring toilet events the parents engage the child's omnipotence on other grounds. "I will give you corn flakes, or Wheaties, or whichever cereal you want, but you only get one ask. No changes after that." He will engage her in a battle of wills. She holds firm and deals with the resultant tantrum. When that's over he will ask for a change of cereal again, and again she will refuse. He will have another tantrum. If she sticks to her guns he will lose that battle of wills.

The toddler needs to work through his omnipotence devaluation. It is a psychological task immensely important for his growth. Battles of will provide the opportunity for this growth. If they are not offered in connection with his bowel, he will go where they are offered. The parent should choose a battle ground where she can win. The orifices are not the place for such battling.

Once bowel training loses its psychological significance as a place to retain omnipotence, the child has no reason not to use the potty, and he will begin to do so. Furthermore, once omnipotence disillusionment has been worked through, the child is less motivated to struggle against their parent's authority, so expectations are generally more acceptable. When this is the case, mother's training requests will generate compliance, not defiance.

So, once the omnipotence devaluation is proceeding well, mother reintroduces the subject of using the potty for bowel movements. If she does not get prompt compliance, she returns to her litany, "I am sure you will soon learn to do your poos in the potty" and drops the subject for another week or two.

Using this method, most bowel training impasses resolve themselves in a few weeks. In the few cases where this has not occurred, the problem usually involves a parent so determined this child will do as mother says that she cannot back off on bowel training. In such cases it is difficult to be clear whose omnipotence illusion is most at stake.

*For more practical parenting guidance, see The Omnipotent Child and Rearing the Preschool Child; information about both titles is available at [www.omnipotentchild.com](http://www.omnipotentchild.com).*

## Notes

**1. Not all children train.** A few develop what is known as encopresis. The encopretic bowel habit involves withholding the stool and soiling. What happens is that the child has learned to resist or ignore the signals from his bowel which advise him to empty his colon. If an adult ignores these signals, they go away only to return half an hour later in more urgent expression. The child who ignores his bowel symptoms when he should be learning to perceive and attend them probably remains minimally aware or even unaware of these signals. Either way, the encopretic child retains his stool and it accumulates in his colon for many days. As the amount accumulates, the pressure increases, and eventually it becomes too much for the sphincter – a small amount of stool escapes into his underwear. This is soiling.

One day the pressure of accumulated stool becomes so great the colon evacuates completely. The child produces a monstrous stool. The common phrase one hears from parents is, “We had to break it up with a stick before we could flush.” Then, with his colon empty, the child retains successfully for a few days so the soiling stops. This leads the parents to hope the problem is gone at last. However, as stool and pressure accumulates, soiling returns.

The syndrome begins in early childhood with difficulties in toilet training such as this paper describes. Not solved, the pattern becomes chronic. Once the encopretic pattern is established it persists for years, if not in actual soiling, then in staining and chronic constipation. It is very hard to treat in the older child. Attempts to do so are invariably converted by the child into a psychological power struggle.

**2. Toilet training.** Some child-rearing books frown upon the use of the term “toilet training” and insist that the term “toilet teaching” be employed instead. Training is the proper term because the communication involved requires action communication, which means devising a sequence of events which, in time, communicate the message to the child. Teaching usually involves explaining and depends upon a vocabulary and rationality that the infant does not yet possess.

**3. The terrible twos.** Some child-rearing books become exercised about using the time term “terrible” in connection with this phase of normal child development. They insist on calling these the “terrific” twos. I think they have somehow come to the conclusion that the adjective terrible used in this connection refers to the child not the stage. As for the stage being terrific, ask any mother in the middle of the stage which she thinks is the more appropriate name.

## Bibliography

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3. Millar, Thomas P. An Adaptive Approach to Primary Prevention in Child Psychiatry, *Perspectives in Biology and Medicine*, Vol 38, No 2, Winter 1995.