

# DAY-TO-DAY UPS AND DOWNS OF CHILDHOOD<sup>1</sup>

## II – THE DISRUPTIONS OF THE EXCRETIONAL FUNCTION

The anal stage constitutes for the child a time of confrontation with the rules, authority and autonomy. It is on this account often a source of difficulties whose meaning should be looked for in its somatic element as well as its psychological element in which the relational facet is the greatest.

If they persist or continue beyond a period of time, the ups and downs inherent in that stage signal the beginning of a relationship problem whose effects may be felt beyond the family circle.

### 1 - ENURESIS

It can be defined as the regular presence, more than twice a week, of involuntary and nocturnal micturitions in a child – over 5 in girls and over 6 in boys.

Primary in 85 per cent of the cases and above all in boys, enuresis may also occur secondarily after at least six months of cleanness and sometimes persist until adolescence and beyond.

It may take various nocturnal, diurnal, combined, permanent or exceptional aspects and be sometimes associated with encopresis.

Spontaneous, completed toilet-training depends on the physical and psychological abilities of the child as well as the psycho-affective context in which they develop. The attitude of the parents plays a decisive role, like certain psychological and hereditary factors. Thus a child would be 44 per cent likely to be enuretic if one of their parents, especially the father, had been so, and 77 per cent likely to be so if both parents had had the same type of problem.

#### **Several factors seem to play a role in maintaining it:**

The first one is constituted by a sort of vesical immaturity, with physiological backwardness of the neuromuscular reflexes that control the bladder, which causes the child discomfort, as they are led to regulate themselves because of the imperatives of their schooling. If the necessity of controlling oneself is too considerable, there will appear sphincter hypertonicity with a tendency towards 'retention' and an increase in the vesical capacity, which will result in them emptying their bladder only once or twice a day.

The depth of the sleep is another of the factors likely to bring about enuresis – hence the anticholinergics sometimes recommended, with all the ensuing disadvantages.

The mechanical or infectious causes should always be looked for: too small a bladder, genetic malformation of the urinary tract, urinary infections, predisposition to diabetes or diabetes, spina bifida, constipation or encopresis linked to a neurological factor.

The insufficiency of vasopressin, certain ways of life – large families, housing precariousness, problematic access to the toilet – would constitute a favourable factor for its persistence.

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Certain hyperactivity-type attention or behavioural disorders would be aggravated by it even though the child is not necessarily more anxious, neurotic or predisposed to sleeping disorders and academic failure than other children.

Enuresis should therefore be taken into account as a symptom and a more or less hidden way of protesting against a situation that is hard to come to terms with. If it persists and the family do not tolerate it or understand it in its real meaning, it engenders perturbation... The child withdraws into themselves and becomes anxious.

**At the psychological level**, linked to many causes engendering stress and more or less expressed anxiety, affective backwardness with a 'refusal', in a way, to grow up is frequent.

Disappointments, frustrations, jealousy towards new siblings or an elder brother or sister, family problems with a conflictual relationship between the parents or pervading anxiety, feeling of insecurity, new life or school contexts, relationship problems within the family and at school – intimidatory behaviour of other children, mockery, ostracism with violence – are the rule.

Overprotection by the mother with lack of demandingness and laxity not favourable to the acquisition of the control of the sphincters or, conversely, too great demandingness of the parents can often be found.

Sleeping disorders with nightmares and night terrors are frequent and show the psychological fragility.

Hospitalisation at birth, psychomotor disorders with debility, motor infantilism, behavioural problems, language retardation are sometimes also found.

The awareness of sexual interest or too precocious or difficultly accepted sexual experiences, as well as sexual abuse, have often been mentioned. Like constipation and encopresis, they maintain the disorder if its real meaning has not been looked for and deciphered.

The role of the parents is undeniable: inappropriate habits in toilet-training contribute to the appearance or maintaining of enuresis, which very often perturbs the child more than their parents.

Their adherence to the treatment in all its forms and the study of the reality of their wish – notably the mother's – is therefore essential: if they feel impatient and frustrated by the situation, the child feels it and this only increases their malaise. It is necessary to play down the importance of the problem: to emphasise the fact that the age at which enuresis should stop only depends, after all, on a form of social norm, to show that there is variable tolerance towards a disorder which, if approached appropriately, will necessarily be sorted out at some stage is often effective, especially as, in general, the child really wants to stop being bothered by this problem.

An absent or, on the contrary, repressive and violent father; an immature, impatient mother, or a mother who has difficulty in disciplining herself and therefore seeing to it that the child does not drink too much or too late and urinates before going to bed... All scenarios are possible as regards the behaviour of the parents. The need, sometimes, to go and wake up the child before going to bed and therefore to support them in their effort often shows their real wish: the following of a schedule, the removing of nappies, the effort consisting in exhorting an elder child to go and change their sheets or put them in the washing machine to give them a sense of responsibility without punishing or humiliating them engender constraints for them too... Consciously or unconsciously, the child is not fooled by that and in

this way adopts their mother's and parents' wish to see them grow up or supported in their wish to regress or 'remain little': to receive attention that demands constancy and time, prevents the mother from 'escaping' or makes the father alter his attitude authenticates for the child the authenticity of their wish.

The family's tolerance therefore plays an undeniable role here. The nature of the mother-child link and the involvement of everyone in the wish to get rid of that problem play an obvious role, hence the importance of a dialogue, an analysis of the real needs and the assessment of what is really at stake.

### **The homoeopathic approach may be a great help here:**

Different remedies may be found, among which, more particularly:

#### ***Psychically immature ones:***

SILICEA, CALC CARB, fragile and anxious, suffering from a mineral deficiency;

PULSATILLA, anxious to make the world of their childhood last as long as possible;

LYCOPODIUM, ill at ease if they have to be confronted with someone who wants to subject them without logic or structuring firmness.

#### ***Physically immature ones:***

CALC PHOS... quickly exhausted...

#### ***'Sleepy' and slow-paced ones:***

CHLORAL, who often still retains the effects of the anaesthesia that governed their birth and has a very deep sleep that contributes to their enuresis;

BARYTA CARB, GRAPHITES, who have the slowness and problematic if not degenerative aspects of their Carbonic element.

#### ***Subjects predisposed to nervous malformations and pathologies:***

CAUSTICUM, whose sphincters have difficulty in functioning when asked to, which is often misunderstood and engenders punishments or reproaches that aggravate enuresis all the more;

KALI BROMATUM, whose mucous and nervous sensitivity is dulled;

HYOSCYAMUS, prone to neurological dysfunction...

They should all be understood in the real meaning of their difficulties so that one does not run the risk of adding a psychological factor to a pathology in which somatic perturbation often plays a most important role.

## **2 - ENCOPRESIS**

Primary or secondary, it signals disorders of variable importance and aetiology.

It seems essential to the psychological and physical future of the child to distinguish the encopresis of CAUSTICUM or BARYTA CARB, with the incidence of neurological disorders in the former and mental deficiency in the latter, from that of opposing LYCOPODIUM or regressive PULSATILLA... The attitude to each of them will not be the same and will justify different adjustments as regards reaction and education.

If it occurs in a child who had hitherto been toilet-trained, encopresis obviously necessitates a specific therapeutic approach and response.

The anal nature, the alternation of its stages and its disconcerting contrasts shed interesting light on it: meticulousness, order, obsessions, punctuality, a sense of Order and fairness constitute its more or less visible backdrop with, periodically or blurring the picture, stages of disorder, dirtiness and disorganisation punctuated by eliminating and expulsive fits of anger.

What had hitherto been suppressed and hidden becomes clear: ARSENICUM ALBUM, CYCLAMEN, SEPIA, sometimes NAT MUR, belong to the category of 'well-organised' people. Encopresis, one might almost say, is beyond their control: it constitutes for them an 'impulsive' way of manifesting unrestrainedly the strength of the aggressive opposition that secretly dwells in them... One can assess its importance all the more as one knows the fundamental sense of propriety inherent in their psychology. It is therefore essential to decipher the symptom and grasp its meaning.

Timorous and emotional behind their rebellious facet, LYCOPODIUM may also be found here. Ashamed, offended, racked by cynical aggressiveness ready to emerge but cautiously hidden, they are opposed in a way that is, in fact, concealed, not taking their time and enjoying in an unhappy and secretly enjoyable manner the fragrance that bothers their family circle...

They act here as a bridge to untidy people, those immature muddlers divided between carelessness, more or less expressed rebellion, and guilt.

Thus

MEDORRHINUM refuses to accept rules while blaming themselves for it. They are torn between the desire for order and clarity and their muddle-headed if not messy side that gives them the unpleasant feeling that someone is behind them, watching them;

MERC SOL, as reactive at the wrong time as feeling guilty, is not very 'clean'. They blame themselves for it, but at the same time refuse to accept any constraint.

SULPHUR: enjoying life, playful, they do not make time to yield to what the submission to that first and fundamental constraint demands of them.

In the face of all those characters who are more or less capable of yielding to the earliest rule inherent in all social and - of course, school - life, the role of the parents, especially of the mother or the image of the mother, is obviously crucial. The capability to tolerate the disorder and grasp its hidden meaning in spite of the clarity of the message sent is fundamental, especially when the disorder persists beyond a certain age and obviously indicates a problem that is as hidden as visible here<sup>2</sup>.

To be continued...

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<sup>2</sup> Translated by Pascale Tempka