

Stinky Business!: Pee and Poop Issues in Adoptive Families (Part One)

The adoptee with a history of trauma can bring an array of pee and poop (formally called encopresis and enuresis, nocturnal (night) and diurnal (daytime)) issues along with him when he joins the adoptive family! In fact, the pee and poop issues abound in adoptive families! The stories about how much the adoptee pees, where she pees, where he hides urine soaked clothing, how he holds his poop (for days or weeks), how often the toilet is clogged, the rank odors seeping out of the adoptee's bedroom, etc. could fill volumes!

For example,

Eric joined his adoptive family, via the foster care system, at age 9. His pre-adoptive history included sexual and physical abuse, neglect and several foster care placements. Very shortly after Eric's arrival in his family, he began urinating all over his bedroom—the carpet was soaked, and there were clothes—saturated with urine—stuffed in the closet and in his dresser drawers. His father stated, "Our son (i.e., birth son) initially had to share a room with Eric. The smell of urine became so strong in their room; we couldn't leave our son in there. It was like being in a port-a-potty."

Mary joined her adoptive family at the age of two. Immediately, she began smearing her poop all over the bathroom walls. In pre-adolescence, Mary placed her poop in diapers, which she obtained from the church nursery. She hid these diapers throughout the church! Sunday school teachers, the janitor, the secretary and the pastor found these smelly diapers as they carried out their routine tasks at the church. Eventually, Mary was identified as the poop culprit. The family—overwhelmed with embarrassment—felt they had no choice but to leave this congregation.

Tommy, adopted in early infancy, now age 12, poked a hole in his bedroom wall behind the headboard of his bed. He peed in this hole regularly. His parents and siblings could smell the urine. However, their regular room searches could not locate the source of the odor. (They never thought to look for a hole in the wall!) One evening, while sitting in the living room watching television, a portion of the ceiling collapsed as it had become so soaked with urine. This was quite disgusting to those family members who had gathered to watch the movie!

Parents and siblings ask (as would anyone), "Why does he do this?" "Why does he hide it?" "Why won't he let me know he wet his bed?" "How can he hold his poop for so long?" "Why won't she flush the toilet?" Parents exhaust an array of alarm systems, medications, reward systems; they wake the child during the night and eliminate liquids in the evening all in an effort to rid their home of this pungent problem. Sometimes these efforts are successful. Yet, frequently all of these methods fail to cease this smelly matter.

The purpose of this blog is to answer the above questions and provide ideas about dealing with this stinky business. We'll look at the causes of peeing and pooping,

- Medical and Physical Causes
- Sex: Male vs. Female
- Listening to the Behavior
- Fears and Insecurities
- "I won't get back in the play"
- "I was recently toilet trained"

- A Fascination with Pee and Poop is Developmental
- Sexual Abuse
- Recognize that Emotional Distance is Safe
- “I want control”

Each topic will include suggestions. This is a two-part blog. So, visit us on Thursday to get the whole scoop on pee and poop!

Medical and Physical Causes

Parents and professionals are encouraged to rule out physical reasons for pee and poop issues first. For example, a hormone called Antidiuretic Hormone or ADH, causes the body to produce less urine at night. Some kids’ bodies don’t make enough ADH. So, their bodies produce too much urine at night. Or, too many muscle spasms can prevent the bladder from holding a normal amount of urine. Some kids and teens have relatively small bladders. This can be the result of neglect. Neglect inhibits the physical growth of children—height, weight and “yes”, the size of their organs. On the other hand, children often experience a growth spurt after moving from an orphanage or dysfunctional birth home into a healthy adoptive family. In such cases, organ growth lags behind other physical growth. The bladder needs some time to catch up to the rest of the body.

Compounding nocturnal enuresis is the fact that many adopted sons and daughters sleep so soundly parents say, “The house could fall down and he won’t wake up!” Waking when the bladder signals the need to pee does not occur for these children.

[Sensory Integration Disorder](#) can contribute to children who wet themselves. Many children who have experienced orphanage residence, pre-natal drug/alcohol exposure, etc. have [tactile defensiveness](#); the nervous system misinterprets touch sensations.

Encopresis requires understanding a bit about constipation. The colon’s job is to remove water from the poop before it is passed. The longer the poop is stuck in the colon, the more water is removed. This makes the poop larger and harder to push out. This large poop stretches out the colon, weakening the muscles there and affecting the nerves that signal a child when it is time to poop (KidsHealth, online.) The flabby colon can’t push the poop out and it’s painful to pass. As such, children put off having a bowel movement. Eventually, the lower part of the colon becomes so full that it’s difficult for the sphincter (the muscular valve that controls the passage of feces out of the anus) to hold the poop in. So, partial bowel movements pass through, causing the child to soil his or her pants (KidsHealth, online.) Additionally, the brain gets used to the smell of feces, the child may no longer notice the odor.

Suggestions: Ask your pediatrician, or connect with a [pediatrician who specializes in adoption](#), about your child’s peeing and pooping before taking other steps. Schedule an evaluation with an Occupational Therapist who specializes in the treatment of Sensory Integration Disorder.

Sex: Male vs. Female

Sex, being male or female, contributes to enuresis—more than twice as many boys have bedwetting issues than do girls; the reasons for this are unknown. Genetics may play a role. Teens with enuresis often had a parent who had the same problem at about the same age (KidsHealth, online.) Scientists have identified specific genes that cause enuresis (KidsHealth,

online.) Bedwetting is also more common among kids who are diagnosed with [Attention-Deficit/Hyperactivity Disorder \(ADHD\)](#). Adoptees are more likely than the general population to receive an ADHD diagnosis. ADHD is an inherited disorder. So again, a genetic link may be operating if your child is prone to nocturnal enuresis.

Suggestion: The genetic link may be unknown in adoptive families. It is not something always included in the child's history prior to the adoption. Pre-adoption, expect that bedwetting may be an issue. Consider bedroom sharing issues prior to a child's arrival in your home. Keep this post handy so you have some ways to deal with potential pee and poop matters.

Post-adoption, before becoming angry, give consideration to this behavior being a genetic issue rather than a need to control on the part of your adopted son or daughter. This will make a significant difference in the way you react to your child.

Listening to the Behavior

Children who have been institutionalized, abused and abandoned communicate with behavior instead of words. The child who poops is letting us know that she feels like "crap", and the child who pees is telling us he is "pissed off." Rather than "listening to these behaviors", we often get "pissed off" ourselves!

In reality, your adopted son or daughter is hoping that you will demonstrate appropriate ways to express these thoughts and feelings—ways he or she can then utilize to heal. We must realize that the child who has been beaten, raped, left by his birthparents, placed in an orphanage, separated from siblings and/or moved from foster home to foster home has internalized intense feelings as a result of these traumas. Inside, she feels rage, sorrow, hopelessness, helplessness, profound sadness, frustration and loneliness. Who wouldn't? These traumatic experiences often occur when he or she has little to no language development. Further, their traumas are also so extensive that it is difficult for them to find words to describe their sufferings. Overall, there is an inability to verbalize the events and the emotions.

Suggestion: Demonstrate the means for the child to express herself verbally. While you are helping her rinse her soiled underwear, casually state, "I would feel like crap if my birthmother left me." The child may not respond the first, second or third time. Yet, in time, the child will take your words. Once she can verbalize, the behavior will cease or reduce.

Suggestion: Stop asking, "Why?" The parent, infuriated, continues to pursue a rational answer as to why the child hid the poop filled underwear, won't flush the toilet, or peed down the heat vent. A lengthy argument results. During the conflict, the "why" was never answered, and the child most likely lied numerous additional times. Now there is parental anger for two behaviors—peeing and lying! A negative emotional climate was generated. Instead, state, "Would you please bring me your sheets?" The child may reply, "I didn't wet my bed." At which point, the parent says, "I didn't say you wet the bed. I just asked you to bring me the bedding." Conflict was avoided. Cleaning up the mess was the [natural and logical consequence](#). Natural and logical consequences are among the best means to alleviate foul smelling behaviors. See the "Readings and Resources" (right) for more resources about natural and logical consequences.

Fears and Insecurities

Events, which make children feel insecure, contribute to the child displaying enuresis (American Psychiatric Association, online.) The traumatized child has had more stressful experiences than most. These anxieties don't disappear upon placement in a loving, caring adoptive home.

Reducing the fears of your adopted son or daughter may take years. Thus, peeing, pooping, as well as an array of other negative behaviors will be around a long time!

Suggestion—Expect the Behavior. Many parents put a note next to their bed. "I live with a liar." "I live with someone who rejects my hugs." "I live with someone who hides his poop". "I live with someone who doesn't flush the toilet." Each day the note serves as a reminder to deal with the particular behavior more calmly or to let the behavior go totally. The note could also read, "I am teaching Billy that he can trust me. I won't overreact or shame him when he lets me know he peed his pants again." "I am teaching Sally to have positive self-concept. I need to have her flush the toilet, and I need to be calm when I am asking her to do this." Notes with this type of message *re-frame* the behavior as a developmental task to be accomplished. The behavior isn't intentional—it is a skill the child is learning.

"I Won't Get Back In The Play"

Children often become so engrossed in play that they ignore the body's signal to urinate. Children with trauma histories fear they won't be allowed back in the group if they take a potty break. Remember, they fear rejection when involved with peers and in family interactions.

Suggestion: At home, the parent can always interrupt the play for a moment. Mom can arrive with a beverage or snack. This will provide a cue for the child to go to the bathroom. School wetting may be more difficult to manage. This will require the assistance of the teacher or playground aide. This will also include making sure your son or daughter has several changes of clothing at school and after school programs.

In essence, the point of this suggestion is that parents can make choices to help manage this behavior. The parent can check the child's bed each morning, rather than asking the child, "Did you wet the bed?" The adopted son or daughter is likely to say, "No." Later, Mom finds bed with soggy sheets, and she becomes infuriated! Parents can conduct regular bedroom checks and remove any defecated on or urine soaked items. Parents can replace carpet with vinyl flooring. Parents who recognize that the child won't stop this behavior quickly, doesn't have the positive sense of self to accept responsibility, or hasn't reached a social and emotional age to possess honesty, are more able to contain and reduce this behavior, than those who make this a chronic source of heated conflicts! Fury only intensifies the frequency of this stinky pee and poop problem.