

Contenance and Interoception

What is continence?

The dictionary says it is to be able to control urination and defaecation. To become continent, we need to learn several skills prior to this happening such as:

- Recognise the need to go
- Identify the correct place
- Reach the right place
- Hold on long enough
- Adjust Clothing
- Go when we get there

What is normal?

Babies' bladders are unstable, act on reflexes and empty frequently with some urine remaining in the bladder (residual). Between the age 2 and 3 years bladders mature and develop a normal micturition cycle – fill, hold, empty. The sensations become stronger, no longer a reflex, and this is when we start to recognise the signs of when we need to go.

The urinary system does not completely mature until around the age of 7 years so there can still be “accidents” at this time which is normal.

Normal Bladder



When the bladder is about half full Stretch receptors send signals to the brain, getting ready to void, “warning signal”. If ignored sensation goes.



If allowed to fill completely the bladder will then send an “urgent” signal “wee wee dance!”

Bowels: What is normal?

- A normal bowel habit is having your bowels open anything from 3 times a day to once every other day.
- Stools should be easily passed, no pain/distress
- Stools should not block the toilet
- Normal stools: smooth, sausage shaped, number 4 on the chart.



Learning to use the toilet is a very complex skill to gain. If you wait for the signs of awareness to become apparent in some of our children, we could be waiting forever. There can be many barriers for our children to become “toilet trained” including but not exclusively sensory difficulties and difficulty with our interoception.

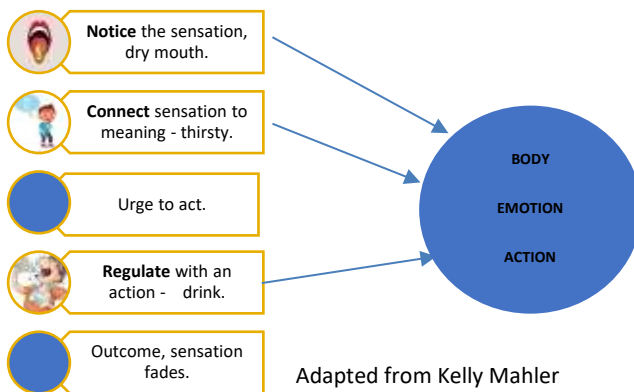
Interoception is our eighth sense. It tells us how we are feeling, our “internal voice” if you like.

We have receptors all over our body which sends messages off to our brain. Our brain then sorts them out and translates them into either a physical feeling for us to feel and understand or into an emotion. Such as hunger, pain, happy, frightened or need the toilet. We learn these things as we grow as we do to walk or talk.

If we do not understand these signals our body is trying to tell us we cannot work out what we are supposed to do or how we feel. If we do not understand the hunger feelings, we would not eat. If we didn't feel when we were full we would keep eating until we would vomit.

Interoceptive awareness.

This is when our body has a sensation, we connect that sensation to a meaning which will urge us on to act in a way that will regulate our body, the sensation then fades.



All our body signals are to urge us to act in a way to control how we feel. We learn over time from birth how to make sense of these signals.

TOO BIG	<ul style="list-style-type: none">• Strong• Overpowering• Too many signals all at once
too small	<ul style="list-style-type: none">• Muted• Doesn't notice until intense• Signals go completely unnoticed
DisTorted	<ul style="list-style-type: none">• Body signals noticeable but unable to be specific of location or type of feeling

Adapted from Kelly Mahler

Children can have heightened sensations or have trouble "feeling" signals or messages, hyperresponsive or hyporesponsive. They can also have trouble working out where feelings are coming from such as they know they are in pain but not where the pain is. This makes it difficult for them to work out what they are meant to do with these feelings.

These feelings may be BIG and can be overwhelming or they can be very small, so we do not hear them until they are extreme. At that point we can again feel very overwhelmed and not know what to do with these feelings or sensations which can lead to extremes in the way we act.

When things are not happening the way we (parent, carer) expect them to happen we need to understand what is causing the actions our children are displaying. All behaviours are trying to communicate a need. When behaviours are challenging, our children are not being difficult or naughty nor are they trying to manipulate a situation or person, they are trying to tell us something.

If we have a good emotional awareness, we are more likely to be able to “go with the flow” and manage changes well. Whereas if we struggle with our emotional awareness, we can be more rigid in our behaviours and struggle with sudden change as well as having overwhelming feelings and little control over them. Poor interoceptive awareness makes it almost impossible to use a strategy to control our emotions as we are unaware of what emotion we are feeling.

When we have learnt what our bodies are telling us we develop other skills such as perspective, empathy and a sense of self. We can start to predict what may happen in a situation – self and others. We develop an understanding of how others may be feeling and be aware of differing thoughts and feelings – ours is not the only way and an ability to accept other ways.

Ways to help develop interoception

There is not a quick or easy way to learn our body signals. The only evidenced support is from mindfulness. This is a difficult skill for anyone to develop, living in the moment and being aware of oneself and your surroundings.

For our children this is very abstract and probably a step too far. To help children understand what they are feeling and experiencing it has to be done “constantly”. When in a moment talk about how their body feels, are their hearts beating fast, are their hands sweaty, “this might mean you are feeling anxious”, “is your tummy feeling funny? you could be hungry”.

Kelly Mahler, an occupational therapist, has developed a body chart to help with this process and focus the feelings along with strategies to help.

Interoception and continence.

The skill of becoming toilet trained is complex. The body develops as the act of having a wee or poo moves from being a reflex action to one where we learn to understand the signals and what to do with them.

It is also a highly sensory bodily function. Not only from the passing of urine or having the bowels open but the act of sitting on a toilet in a designated room.

There are internal feelings and messages being sent off right, left and centre telling us we need to go to the toilet

as well as external sensory feedback. This can be from sitting on the toilet, the feel of the toilet seat, is it warm or cold? Does the seat dig in the skin? The sensation of nothing touching your bottom. Splash back! The noises, the smells, the visuals, they all play a part in “going to the toilet”.

Imagine if part of our understanding is a little wonky or our sensory information doesn't get through properly, any of these aspects can cause a worry or fear and if that happens we may become frightened of using “this funny, white, cold, seat”. Or wonder what all the fuss is about.

How can we help?

There is no easy answer. As discussed above it is about “learning” what our bodies are trying to tell us. Even before starting toilet training, it is important to introduce the toilet area and the toilet as well as what it is for.

Here are a few hints and tips.

- Always talk about what you are doing when you go to the toilet and your child is with you. Show them what is in the toilet and that you did it, it came from you.
- Don't make the act of going to the toilet, having a wee or a poo, dirty or negative in any way and that it is totally normal. The more they see this happen the more understanding they could gain.
- Change their nappy in the toilet area and always put any poo in the loo so they start to understand

where it should go. Otherwise poo just gets wrapped up and thrown in a bag into the bin!

- Allow them to be involved in the wiping, flushing and washing hands afterwards. All part of the routine.
- When changing the nappy sit them on the toilet so it is a normal process and they do not become frightened of it. Have a toilet insert and a footstool/side rails for support so they feel safe. Only sit for a few seconds and build up. Do not sit for any longer than 5 minutes.
- Use the toilet as a seat. Have the lid down and they can sit to have their teeth brushed or face washed so again removing any mystery or fear.
- Talk about being wet and dry “your nappy is wet, let’s put a dry one on”. Talk about this at other times such as when washing hands, wet then dry.
- Try without a nappy on or have pants on so they experience the feeling of being wet. Disposable nappies are very efficient at keeping them dry so they do not have any motivation to move to a toilet.
- If anything happens on the toilet, even by accident, make a big fuss if your child likes that or praise in any way that they are comfortable with.
- Potty or toilet? This is a personal choice though it may be easier going for the toilet if your child has any difficulties as this way they do not have to “learn” what to do in 2 different places or

transfer the skill from potty to toilet. This is obviously a personal choice and there are pros and cons for both.

If your child becomes upset, distressed or overwhelmed by any of the toileting process then do not force the point. Go back a step to where they were comfortable and try again another time.

Useful websites

- <https://www.kelly-mahler.com> Interoception
- [Dr. Ross Greene \(drrossgreene.com\)](http://drrossgreene.com) The Explosive Child
- <https://www.eric.org.uk/> Continence Support for Children
- [Bladder & Bowel UK - bladder and bowel problems information and advice \(bbuk.org.uk\)](http://bbuk.org.uk) Continence support
- <https://www.sensoryspectacle.co.uk/> Sensory Processing Disorder Support
- Groups on Facebook

If you have any questions or worries about your child's continence seek advice from you 0-19 service or GP who can support or sign post you to the correct services.