



Getting to Dry: How to Help Your Child Overcome Bedwetting

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Harvard Common Press (Feb 25, 1999)

Unknown \$27.95 (272pp)

978-1-55832-130-4

The advice most often bestowed upon parents of a bedwetting child is “Don’t worry, he/she will outgrow it.” While in most cases the prediction holds true, it is little comfort for families plagued by sleepless nights, mountains of laundry and frustrated and often humiliated children.

Help has arrived in the form of a comprehensive handbook for parents by the founders of the Program in Pediatric Enurology and the Try for Dry program at Children’s Memorial Hospital in Chicago. The authors—a urologist, psychologist and nurse—have collaborated on an approach to treat bedwetting, or enuresis, by targeting four primary causes: difficulty in waking from deep sleep, small bladder capacity, irregular bowel movements and food sensitivities. According to the authors, deep sleep is nearly always a factor in bedwetting, but it often partners with one of the other culprits. Some children also have difficulty with daytime wetting, which can be particularly embarrassing for those in school. The authors recommend that parents keep a detailed three-day diary on the toileting habits and diet of the child and seek a medical evaluation to determine the possible causes of wetting before selecting a course of treatment, which may include a moisture alarm, medication, toileting regimen, and/or elimination diet.

Maizels, Rosenbaum and Keating provide gentle and sensitive advice for parents who may feel they have reached the end of their bedsheets. Rest assured, wetting is a physiological problem and not a result of a child’s psychological disturbance, immaturity, laziness or a parent’s inadequacy, although psychological and emotional consequences from wetting are common. Long-term wetting may eventually impair a child’s self-esteem and social development as the child tries to keep the condition a secret. Misinformed parents also may try to punish a child for wetting. The authors urge parents to treat the condition as they would any medical problem, matter-of-factly and without shame. Any parents who want to minimize teasing in the schoolyard, however, should encourage Junior not to share the musically inept and lyrically-challenged “try for dry” songs provided in the appendix (“I’m gonna try at night to feel my pee. But Mister Sleep’s distractin’ me.”)

Aside from the song appendix, this book provides a welcome service to parents beleaguered by a problem that is often misunderstood and inadequately addressed. While the authors make no claims that they can “cure” every case of bedwetting, they do provide a sensible and coherent course of action they assure will help the majority of affected families.

SHARON FLESHER (January / February 1999)

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