

Encopresis: Clinical illustration of a girl in latency via the Comprehensive System for the Rorschach

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Abstract:

The Encopresis is one of the reasons for the psychologist's consultation in his clinic both for boys and girls. However, this is a rather sensitive subject for the female category, especially in our Arab societies because it has an impact on the image of the encopretic girl. Few and seniority writings on this subject compared to other disorders affecting the child and adolescent led us to write this article and address the topic of defecation through a clinical illustration of a 10-year-old girl to whom the Rorschach test was applied in the integrated system. The results of this study have resulted in a very fragile psychological reality paving the way for depression that disappears behind the defecation disorder .

Keywords: Encopresis; latency period; Rorschach with a Comprehensive System.

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1. INTRODUCTION

The period of latency is the propitious moment in which the mechanism of repression (refoulement) is confirmed, the instincts are eclipsed allowing a significant reduction of psychological conflicts, especially in the second phase where the overall development of the personality is more elaborate and the difference between the ego and the superego is well illustrated; The secondary conduits are more sophisticated. This makes a child ready to invest knowledge and science.

The emergence of disorders in this particular period, and especially if it is about encopresis, leads us to ask several questions about the psychological state of this child. Did the child manage to move from early childhood to latency? And if the answer is no, why does not that passage take place? Is the child's psychological condition involved in this disorder? Is this symptom (i.e. encopresis) an indicator of a psychological disorder?

In order to provide answers to this problem we will rely on a clinical illustration of an encopretic girl, which we examined with the help of the Rorschach in Integrated System. It is one of the best tests that allows us to explore the psyche in a reliable way and gives a global understanding of the psychic functioning of the individual by articulating the various dimensions measured by this test, and this is what differentiates him to other tests (Andronikoff, 2010).

2. Literature on encopresis in psychology

First, we begin with the writings of Sigmend Freud, who spoke about "anal eroticism" in his book "Three Essays on Sexuality" (1905), after having spoken about oral eroticism. He considers that the retention/expulsion of feces is also a source of pleasure or auto-eroticism in the anal phase, as well as the self-sucking of the baby's finger.

According to Freud, a child will not become clean except when he can renounce this pleasure and submit to the will of the parents, but this passage would not be without "relational compensations", allowing the child to overcome fear over his integrity; It becomes ready for growth and evolution towards "separation-individuation".

In "The Sex Life" (1917) Freud developed two basic concepts for understanding encopresis: the investment of oneself and the investment of others. Considering that encopresis gives the child the first opportunity to choose between "narcissistic attitude" and "object love", either he sacrifices and obeys by giving excrement for the sake of his mother, either he retains to satisfy his autoeroticism and affirm his own desire and will in the future.

In the same book, Freud highlighted a very important point, where this anal pleasure is like a privileged investment or a fixation that compensates for relational frustrations.

After Freud, many psychosomatic researchers became interested in this disorder, including: L.Kreisler, M.Fain and M.Soulé in their book "The child and his body" (1974). Then Fain identified three types of encopretic children:

- The homeless type, where the child is passive and anxious, expresses aggression in an immature way.
- The delinquent type, where the child is opposed with obsessive traits, his encopresis reflects the refusal to comply with social norms.
- Finally, the perverse type, where the perverse dimension dominates in the behaviour of encopretic children. We find either a regression or fixation to an archaic mode of satisfaction concentrated both on retention and then the secondary eroticization of deviant driving.

Soulé and Lauzane (1980) conducted a clinical study of a

number of children with a defecation disorder and described two clinical features:

"Functional megacolon" during which the muscles of the colon and rectum are swollen. In this case, we find what looks like reverse defecation, so that when fecal matter comes to the muscles of anal sphincter, the contraction does not lead to expulsion, but rather to retention. This accumulation of stool in turn leads to bloating and dilation of the colon, a physiological dysfunction that serves a perverse investment of encopretic function. The mastery of the internal object is first to avoid the anguish of loss, it generates in a second time the secondary eroticism of sphincter contractions and excitement resembles masturbation.

"Phobia of defecation", we notice here a strong anxiety in the child when he begins to feel the need to defecate, or when his mother asks him to go defecate. Soulé and Lausanne explain this fear by an archaic fear of internal object loss, where waste or excrement are perceived as a component of the child's body.

Boign N, Missonier S, Bellaïche M and Foucaud P (1999) addressed the theme of encopresis and stressed the importance of addressing the psychological aspect of this disorder and the need for bilateral medical-psychological cooperation. This is because organic treatment alone is not enough to treat psychological pain, as well as ignoring the psychological aspect can lead to a relapse or a displacement of symptoms.

3. Definition of encopresis

The Diagnostic and Statistical Manual for Mental Disorders (DSM V) provides four diagnostic criteria for determining encopresis disorder: Frequent faecal emissions in inappropriate areas such as soil and clothing voluntarily or deliberately, to be done at least once a month for at least three months, the person is at least four years old or

the equivalent in terms of mental development. And finally, the disorder is not subject to physiological effects such as taking laxatives or any medical condition. They also distinguished between "encopresis with constipation and incontinence by overflow" and "encopresis without constipation or overflow incontinence" which can be identified through clinical examination or anamnesis (American Psychiatric Association, 2013, p 463).

4. Clinical Illustration

4.1 Case Presentation

Farah, 10, eldest daughter has two sisters and a younger brother. At the first interview, the daughter is accompanied by her mother, who complains about the bizarre character of her child to the point where she described her as crazy. This oddity is characterized according to the mother by aggressive mimics of her daughter towards her sisters and even towards the other children of the family. She also adds that her daughter told scary stories to her friends.

This was not the sole reason for her request for consultation, but she also referred to a sphincter disorder, it's secondary encopresis.

The mother also said that fortunately her teacher did not complain about her behavior and he described her as calm and obedient.

4.2 The results of Rorschach in a comprehensive system

The interpretation of the Rorschach consists in studying the datasets mentioned in the software CHESSSS (free program, allows to provide a formal summary of the results obtained from the subject answers after scoring by the examiner) that we will present one by one and in order of appearance:

From image number 01 (Look at the annexes) we have obtained the following order of the sets of the Rorschach in integrated system:

CDI>3: CONTROLS -> RELATIONS -> SELF -> AFFECT -> PROCESSING -> MEDIATION -> IDEATION

• Ability to control and tolerate stress:

Through table 01 the results show that the girl is very vulnerable to loss of control and disorganization under stress (Step 1). It also appears that his control and stress tolerance abilities are more limited (Step 2). This deficit suggests the probability of finding an unusual psychological complexity (Step 4).

The girl devotes herself to more negative introspection, centered on the negative features of the self-image, which leads to feelings of discomfort and self-deprecation, which can also make the bed of depression and self-destructive thoughts (Step 5).

• Relationships:

The results show a significant lack of interpersonal skills that are essential to establish and maintain interpersonal relationships. The girl has frequent distant person, it is possible that the girl is active to show her intense contact needs, difficulties in interacting with the environment, which is why she is often considered

Age: 10	
Controls	
Step 1) Adj D	Vulnerable
Step 2) EA	Valid AdjD
Step 3) EB & L	Invalid EA
Step 4) Adj es	Abandon

Table 01: Controls Group
Results for case Farah. (Prepared by OUTERBAH Fouzia)

Relations		(Perception)
COP	=	0 discomfort
AG	=	0 t
GHR:PHR	=	2 : 1
a:p	=	5 : 0
Food	=	0
SumT	=	0
H Cont.	=	3
Pure H	=	0
PER	=	4
Isol° Indx	=	0,48 isolated

Table 02: Relationship Group Results for case Farah. (Prepared by OUTERBAH Fouzia)

by others as distant and bizarre (Step 1). Despite her incompetence she takes an active role in her relationships (Step 3). This is an unusual aspect in a but in an inadequate way, less adapted to the situation (Step 5, 7).

In fact, these significant difficulties in establishing and maintaining interpersonal relationships will lead the girl to isolation. This does not necessarily indicate a sort of pathological withdrawal of social exchanges, but it may be due to poor contact with others or a lack of satisfactory relationships.

• **Self-perception:**

The results indicate that self-esteem is lower than it is ordinary, i.e., the girl tends to be negative (which corresponds to the results of the control). This characteristic is a precursor to depression (Step 3). The girl engages in self-inspection conduct more than most people. This suggests that she is concerned about the impressions she has about herself. This concern is not related to attempts to improve, but concerns perceived negative characteristics that may be the result of physical difficulties or this dimension of pessimism may also be older (Step 4).

Self			
EGO	=	0,45	EGO : Age: medium
Fr+rF	=	0	
SumV	=	1	Self Criticism
FD	=	1	
An+Xy	=	1	
MOR	=	1	
H:(H)+Hd+(Hd)	=	0:3	Self R° NA

Table 03: Self-perception Group
Results for case Farah. (Prepared by OUTERBAH Fouzia)

Indeed, the analysis of the responses of human content and the material projected show us that the image of oneself is based much more on fictional characters, that is to say on the imagination. These

results seem normal for children under the age of 9, but in our case we can explain them by adjustment problems (Step 7). Similarly, the study of the projected material also gives us the chance to discover the active character of the movements used in the production of the subject, which is sometimes aggressive (Step 8).

• **Affects:**

Although the girl did not appear and did not complain of being depressed, we find elements that indicate the presence of a significant and potentially disruptive emotional problem especially on the somatic level (Stages 1 and 2). This is a person who is very attracted to emotional stimulation and seems to have a lot of interest in emotional exchange (Step 6). This could explain his wisdom, calm and conformism at school.

His inability to establish the interpersonal emotional relationships we saw in the first set is reflected in his interior life by the presence of a considerable amount of anger that has a marked impact indirectly on attitudes towards the environment (Step 11).

It also seems that this girl has a tendency to exercise tighter, rigorous control over emotional discharges than most people, which is very rare in children under the age of 15 (Step 9). This character affects its psychic functioning and leads it to more archaic discharges.

Affect	EB: NA, avoidant	CDI
eb	= 4 : 2	Discomfort
S.Criticism		
Afr	= 1,07	Afr : EB : Age
PC% = 0,52		high
IC':WIC	= 1:0	E.Inhibition
intel	1	0
CP	= 0	
FC:CF+C	= 0:0	NA
Pure C	= 0	
S	= 5	lateS = 3
Blends/R	= 1:31	Bld% 0,03
StressBld	= 0	
Adj Blend	= 1:31	AdjBld% 0,03
3xBld	= 0	
>3xBld	= 0	
Col-Shd Bld	= 0	
Shd Bld	= 0	
Blend : EB : L low	Adj Blend : EB : L low	
3xBld % & >3xBld		
Col-Shd Bld : EB		Shd Bld

Table 04: Affect Group Results for case Farah.

• Information Processing:

It is a cluster that reflects the mental procedures involved in seizing information (Andronikof A, 2001, p 115)

Table 5 results show that the girl seems to invest a lot of effort in processing new information (Step 1). A somewhat unusual effort is characterized by caution, the careful approach in processing information (Step 2). This type causes excessive hesitation in decision making (Step 4). As a result, the quality of treatment decreases and may lead to less effective adjustment modalities (Step7)

In fact, psychological discomfort or emotional distress affects its quality of information processing significantly.

Processing			
PSV	=	0	attention
DQv 1st	=	3 C. Impuls. OR Attention diff	
Zd	=	4,5	overincorporative
Dd	=	5	atypical processing
Zf	=	9	medium
W/D	=	2:24	ecomonical
DQ+	=	2	low
DQv,v/+	=	12	failures
W/M	=	2:1	objectives

Table 05: Processing Group
Results for case Farah. (Prepared by
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• **Cognitive mediation:**

It is a set that reflects the mental operations involved in the translation or identification of the seized material (Andronikof A, 2001, p 115)

Media processes are very disturbed and this has created a significant handicap for effective reality testing. The emotional damage experienced by this girl also seems to affect the mediation operations and produces a psychotic look (Step 1.3). As a result, there is likely to be a tendency to produce unconventional behaviours in society (Step 6

• **Ideation:**

It refers to the thought processes that are initiated after information has been identified, and which represent a form of mental conceptualization of translated information (Andronikof A, 2001, p115).

The girl has an orientation to avoid complexity, which covers inconsistency in thinking and increases inefficiency and difficulties in adapting to a complex environment.

Mediation		
XA%	=	0,58
WDA%	=	0,62
X-%	=	0,35
S-	=	2
P	=	3
X+%	=	0,26
Xu%	=	0,32
Stp3a FQ- Homogeneity (11)		
3.1stC-		2/11
BC-		1/11
CC-		10/11
RC-		2/11
PC-		8/11
S-		2/11
Dd-		3/11
M-		0
FMm-		1/11
Color-		0
Shd-		0
F-		10/11
AnXySxBI-		2/11
Hcont-		0

Table 06: Mediation Group Results for case Farah.
(Prepared by OUTERBAH Fouzia)

Ideation EB- NA, avoidant			
EBper	= NA		
a/p	= 5:0	#VALUE!	Sum6= 7
HVI			Lvl2 = 0
OBS			Wsum6 8
MOR=1			WSum6 : Age
m=1			no problem
FM=3			
Ma/Mp	= 1:0	NA	M- = 0
Intel°	= 1	0	Mnone 0

Table 07: Ideation Group Results for case Farah. (Prepared by OUTERBAH Fouzia)

5. CONCLUSION

Encopresis in children can be a form of aggression or self-aggression that allowed the child to manage his psychic difficulties. The encopretic child is anxious, has a low tolerance for frustration, has great difficulty developing his thoughts; all these difficulties make him boil inwardly and to manage this unbearable situation found only the behavioral path involving the anal sensori-motricity.

The sensorimotor pathway linked to anality is a sign of the child's depression, and a real state of suffering that has been accompanied by a decrease in self-esteem shown in the results of the Rorschach test of the merged system.

At the end, we conclude this article by saying that encopresis is only one facet that hides behind it a real psychic suffering, «a time bomb» as well described Nathalie Boige (2011) And that requires urgent psychological support helps the child encopretic to change his mode of expression of his conflicts.

Here we can only recommend systemic therapy in such cases, as it allows for a rapid change in the pattern of poor relationships between the child and his or her parents, which has not allowed this girl to express her struggles in a right way.

5. Bibliography List :

1. Anne, Andronikof. (2010). Chapitre I. Le Rorschach en Système Intégré. In : Serge Sultan éd., Du diagnostic au

traitement : Rorschach et MMPI2 (p.15-37) .Wavre: Mardaga, Bruxelles.

2. Sigmund, Freud. (1905). *Trois essais sur la sexualité*. Guillaumard, 1962.
3. Sigmund, Freud. (1917). Sur les transpositions de pulsions plus particulièrement dans l'érotisme anale. In : *La vie sexuelle*. Presses Universitaires de France : Paris.
4. Léon, Kreisler. Michel, Fain.& Michel, Soulé. (1974). L'encoprésie. In : *L'enfant et son corps*(p.389-409) . PUF : Paris.
5. Michel, Soulé. & Kathlem, Lauzanne. (1980). Les troubles de la défécation : encoprésie, mégacôlon fonctionnel de l'enfant. In : Lebovici S, Diatkine R, Soulé M, éd *Traité de psychiatrie de l'enfant et l'adolescent* (p.527-535). Tome II. PUF : Paris.
6. Nathalie, Boige. Sylvain, Missonier. Marc, Bellaïche. & Paul-Michel Foucaud. (1999). Abord psychosomatique de l'encoprésie, *Archives de Pédiatrie*, Volume 6, 1331-1337.
7. Association Américaine de psychiatrie. (2013). *DSM-5 Manuel diagnostique et statistique des troubles mentaux*. Traduction (M.-A. Crocq & J.- D. Guelfi, Ed., Boyer, C.-B. Pull, & M.-C. Pull-Erpelding, Trad.). Elsevier Masson.
8. Patrick, Fontan. Anne, Andronikof. Daniela, Nicodemo. & Lamia, Al Nyssani. (2013). CHESSSS : A free software solution to score and compute the Rorschach Comprehensive System and supplementary scales, *Roschachaina Journal of the International Society for the Rorschach*, 34 (1): 56, DOI: 10.1027/1192-5604/a000040

9. John E, Exner, Jr. (2003). *Manuel d'interprétation du Rorschach en Système Intégré*, Traduction française : Anne Andronikof. édition Frison-Roche : Paris.

Appendices

Image n°1: The summary formal for a case Farah.

Compute for R = 31 L = 3,43 F% = 0,77				S-CON = NA				Affect EB: NA, avoidant CDI			
Scoring				Age: 10				eb = 4:2 Discomfort			
				Controls				S.Criticism			
EB = 1:0 EA = 1 EBper = NA				Step 1) Adj D Vulnerable				Afr = 1,07 Afr: EB: Age			
eb = 4:2 es = 6 D = -1				Step 2) EA Valid AdjD				PC% = 0,52 high			
EB: NA, avoidant				Step 3) EB & L Invalid EA				C'WEC = 1:0 E.Inhibition			
Adj es = 6 Adj D = -1				Step 4) Adj es Abandon				intel 1 0			
FM = 3 SumC' = 1 SumT = 0								CP = 0			
m = 1 SumV = 1 SumY = 0								FC:CF+C = 0:0 NA			
EBt (XP) Ebt = -1								Pure C = 0			
								S = 5 lateS = 3			
CDI>3: CONTROLS -> RELATIONS -> SELF -> AFFECT -> PROCESSING -> MEDIATION -> IDEATION											