Self-Esteem and Compliance in Encopretic Children

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ABSTRACT: The impact of encopresis on self-esteem, and the relationships between self-esteem scores, compliance, and treatment success were measured in a group of school-age encopretic children. Results on the Piers-Harris Children's Self-Concept Scale revealed significantly lower scores in the encopretic group. Physicians and parents were asked to rate each encopretic child's level of compliance and success in treatment in a follow-up interview. There was no significant relationship between lower self-esteem scores and treatment compliance. All of the children were rated as successful in treatment. Implications for treatment of childhood encopresis are discussed.

The development of self-concept and its evaluative component, self-esteem, is one of the most important tasks of middle childhood. Self-esteem may be defined as "awareness of one's self and one's capabilities... (which) permits a person to function as a self-directed individual who likes himself and allows himself to make mistakes without feeling any less valuable or important." It is based upon both "a large measure of reference to internal criteria ... ourselves in relation to an internalized 'sense of who we are,'" as well as the powerful influence of the judgements of others—including parents, teachers, and peers. Self-esteem in this age group also relies heavily on the individual child's perception of individual competence and his/her achievements and mastery of age-appropriate tasks, especially in relation to the perceived attributes of others.

While self-concept becomes increasingly solidified during the years of middle childhood as children develop both specific and general self-images, the development of self-esteem continues to be strongly influenced by the child's perceptions of others' expectations and more visible aspects of his or her "social exterior"—such as physical characteristics, academic success, popularity with peers. Physical illness...
intrudes significantly on a child's burgeoning sense of body image and
function, often has important repercussions on interpersonal relationships, can interfere with participation in academic and athletic endeavors, and may foster dependence at any age when increasing independence is sought. Thus, it has great potential for affecting a latency age child's sense of self-esteem. Previous studies have demonstrated that both acute and chronic conditions such as congenital heart disease and both organic and nonorganic abdominal pain are linked with a lower level of self-esteem in children. By the same token, low self-esteem may color a child's interpretation of the nature and significance of an illness, and thus affect illness-related behavior. This has been substantiated by studies that link low self-esteem in children and adolescents with renal disease, arthritis, and diabetes with poor compliance and lower levels of self-management during treatment.

Encopresis, defined as the repeated deposition of feces or fecal smears in inappropriate places by a child over the age of four, might be expected to have far-reaching effects on a child's self-esteem. This condition threatens the child's sense of autonomy and mastery of age-appropriate tasks and frequently leads to family conflicts and peer ridicule. Several reviews of encopresis in childhood have emphasized the "feelings of guilt and isolation" of the child who soils, which may lead to "tendency to withdraw and become depressed." Most treatment regimens for encopresis require a motivated and cooperative child, and indeed compliance has been shown to be an important factor in encopresis treatment success. Thus, the idea that a low level of self-esteem may contribute to a sense of helplessness and frustration, and thus a lower level of treatment compliance, suggests this interaction could be an important factor in the clinical management of this problem.

The purpose of the following study is to systematically examine the levels of self-esteem in encopretic children, in comparison to a control group, by means of a standard instrument. The second part of the study addresses the relationship of self-esteem scores to compliance and treatment success, as assessed both by the child's parents and physician. Our hypotheses were the following:

1) Encopretic children will overall have lower self-esteem as measured by the Piers-Harris Children's Self-Concept Scale, than do control children of similar age and socioeconomic status.
2) Encopretic children who have a lower level of self-esteem will be less compliant by parental and physician account with treatment than are children with a higher level of self-esteem.