Chronic Encopresis: A System Based Psychodynamic Approach

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ABSTRACT: A successful method used in treating a series of five cases of chronic encopresis is reported. The method is a system based approach, taking into account the typically underlying hostile mother-child psychodynamics accompanying encopresis.

Chronic encopresis in children is a difficult therapeutic problem. As defined by Belman [1] this disorder is one of repeated, apparently involuntary evacuation of feces in the clothes without any gross explanatory cause; isolated mishaps are not included. On the basis of personality tests, Belman concluded that encopretic boys are characterized by "passiveness, inhibited aggression, lack of maturity, disturbed contact with the mother, sensitivity to compulsion and demands from the environment, a feeling of failure and other tendencies indicative of poor self-assertion." In contrast, the mothers of encopretic children appear to be overly controlling and domineering individuals who allow their children little autonomy. Bemporad et al. [2] reported that encopresis did not respond to either play therapy or parental counseling, was intimately related to the mother-child relationship and showed rapid improvement with environmental amelioration of family problems. Soiling was used as a hostile weapon against the mother. Bemporad noted that "if the children generally felt defeated by their mothers, the mothers felt equally defeated by the encopresis." Encopretic children appear to treat their toilet functions as ego alien, using the defense mechanism of denial. Although they apparently understand parental attitudes toward toilet training, they have not internalized them.

From a family therapy or systems point of view, the treatment problem...
may be conceptualized as dealing with a dyad beset by a chronic struggle for control, on the battleground of bowel functioning. Thus, the goal of therapy is to defuse this conflict by having the child assume conscious and deliberate control and responsibility for his own body, especially his bowel. This goal requires the child to relinquish denial as a primary mechanism of defense in this particular conflict. Since incontinence is a major means of self-assertion and aggression against his mother, alternative modes for self-expression and power are required. While there have been a number of reports of patients treated by operant conditioning techniques, and a highly successful method employing gastro-ileal reflex training by Young, we have utilized a treatment technique based on a system approach taking into account the psychodynamics of the underlying hostile mother-child relationship, and the child's use of denial which is typical of encopresis; this affords the therapist leverage for providing alternate behaviors to the chronic struggle for power in these families. Thus, this study considers the psychodynamics of encopresis, presents a systematic behavioral method of therapy, and reports a series of five encopretic boys, all of whom were successfully treated in one to four sessions.

**Method**

The children studied were five six to 12 year-old boys, with encopresis from one to six years of duration. The usual varieties of therapy, including mineral oil, enemas and behavior modification had been attempted and had failed. In some instances the mother was seen initially for a developmental and problem history. All children had recent medical evaluation with negative findings. When the parent(s) and child were seen in the therapist's office, based in a county community mental health center, the encopresis was the immediate focus of discussion, utilizing crisis intervention and family therapy approaches.

The following issues are examined in detail: (a) time of occurrence of symptom, that is, time of day or week; (b) place of symptom occurrence, that is indoors or outdoors, at home or away; (c) who is present at the time and, (d) who cleans up. In the chronic encopretic, the symptoms typically occur at home, close to a place where mother is present, not far from a bathroom, and it is usually mother who cleans. Unlike the enuretic child, the chronic encopretic children seen in this series did not show embarrassment when discussing their symptoms. Although these children typically expressed total denial of discomfort or awareness of the problem, when asked specific questions, they knew exactly when the fecal soiling took place, who was present, and who cleaned up.

The following steps are then used to deal with the problem:

*Establishing who owns the problem* [see 5]. This is determined by identifying which family member is most upset by the child's fecal soiling. Invariably, by the time this