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BRIEF REPORT

Symbiotic Imagery and Separation-Individuation Conflict in Patients With Crohn's Disease

Anna Christopoulos, PhD[1], Anna Fardi, MA[1], Vassilis Pavlopoulos, PhD[1], and Konstantinos Triantafyllou, MD, PhD[2]

[1] Department of Psychology, National & Kapodistrian University of Athens
[2] Medical School, National & Kapodistrian University of Athens

The current study investigated the relationship between unconscious difficulties with separation-individuation in patients with Crohn's disease. Thirty patients with Crohn's disease and 30 healthy subjects were administered the Rorschach Inkblot Test. Comparison of their responses on the Symbiotic Phenomena Content Scale (SPCS) revealed significant differences regarding separation in terms of symbiotic imagery between the two groups.

Keywords: Crohn's disease, Rorschach, symbiosis, separation-individuation

The psychological correlates of Crohn's disease are increasingly a source of theoretical and empirical interest (Abautret-Daly et al., 2018; Küchenhoff, 2019). Crohn's disease is a severe, chronic, relapsing inflammatory disorder which can affect any part of the gastrointestinal tract and has serious medical and psychological correlates (Bielinski et al., 2018; Küchenhoff, 2004).

Crohn's disease has received limited attention in the psychoanalytic literature (Agostini et al., 2010; Hogan, 1995; La Barbera et al., 2017; Tibon et al., 2005). Case studies have observed that unresolved conflicts regarding separation may be implicated (Demers, 1993; Engel, 1955; Gerson, 2002; Karush et al., 1969; McDougall, 1974; Schöttler, 1998; Sperling, 1960; Vaslamatzis & Chatzistavrakis, 2012). Schöttler (1998) in a clinical presentation refers to an "almost archaic merging fantasy and closeness of the patient to her mother, as if the patient and her mother shared one mouth and one intestine" (p. 410). Moreover, illness outbreaks in Crohn's patients tend to occur after the real or imagined loss of a significant relationship (Engel, 1955; Karush et al., 1969; Sperling, 1960; Taylor, 1992).

Studies with self-report measures and interviews have provided some corroboration for this line of thinking. Patients with Crohn's disease report problematic maternal care, insecure attachment, and problems with dependency (Agostini et al., 2010; Ford et al., 1969; Gerbert, 1980; Küchenhoff, 2004; Smith et al., 1995). To date, there have been no empirical studies regarding unconscious aspects of intrapsychic functioning of patients with Crohn's disease.

The purpose of the present study was to contribute to this area by investigating dimensions of separation-individuation, in patients with Crohn's disease using psychoanalytic empirically based methodology.

Method

Participants

Thirty patients with Crohn's disease participated in the study. Ten patients were from the Inflammatory Bowel Disease Unit of the Attikon University General Hospital in Athens and 20 patients came from the Attica Association of Crohn's disease and Colitis. The diagnosis of Crohn's disease was based on endoscopic, histological, and radiological findings. The inclusion criteria were Crohn's disease in clinical remission as evaluated by the gastroenterologists using the Crohn's Disease Activity Index (CDAI) by a CDAI score of <150 indicating asymptomatic remission; scores above 150 indicate disease relapse that increases in severity as scores increase (Yoshida, 1999).[1] Medical staff and researchers felt that patients even with mild symptoms could be psychologically taxed by participation in the study. Moreover, disease activity is associated with anxiety and depression (Byrne et al., 2017) which were exclusion criteria. Other exclusion criteria were a diagnosis of a major medical illness/condition other than Crohn's, a mental or neurological disorder, use of antidepressant drugs, and smoking.

The control group was made up of 30 healthy subjects chosen in order to match the Crohn's disease patients in gender, age, educational status, socioeconomic status, profession, place of residence, family status, number of siblings, and number of children. They were recruited through announcements at the University of Athens. The two groups were matched for the above variables as well as for the total number of Rorschach responses. The demographic and

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Correspondence concerning this article should be addressed to Anna Christopoulos, PhD, Department of Psychology, School of Philosophy (office 504), National and Kapodistrian University of Athens, Panepistimiopolis, 15784 Zografos, Greece. Email: annachr@psych.uoa.gr

[1] Scores: 151–220 = mild moderately active; 221–450 = moderately severely active; 451–1100 severely active-fulminant.

Table 1
Demographic Characteristics of the Group of Patients With Crohn's Disease and the Control Group

Demographic characteristics	Crohn's	Control group
Total N	30	30
Age (in years)		
Mean (*SD*)	35.3 (12.2)	35.1 (11.7)
Gender		
Male	11	11
Female	19	19
Education		
Primary	2	2
Secondary	8	3
University	18	22
Post-graduate	2	3
Marital status		
Single	18	17
Married	9	12
Divorced	3	1

clinical characteristics of the two groups are shown in Tables 1 and 2.

Measures

All participants were administered the Rorschach Inkblot Test (Exner, 2003). All patients gave a valid record (more than 14 responses). Their responses were scored according to the Symbiotic Phenomena Content Scale (SPCS; Hirshberg, 1989) which assesses core symbiotic and separation conflicts. Responses are placed into three categories: symbiotic, separation, and counter-symbiotic. Any response scored for one of the three content types is further scored for primitive or socialized expression and compromised or maintained integrity of the object in the response. More detailed descriptions of these categories may be found in Hirshberg (1989).

Table 2
Clinical Characteristics of the Group of Patients With Crohn's Disease

Clinical characteristics	Crohn's patients
Age of onset (in years)	
Mean (*SD*)	26.0 (10.3)
Duration of disease (in years)	
Mean (*SD*)	9.4 (8.1)
Disease location	
Small bowel	6
Colon	8
Both	16
Surgery	
Yes	3
No	27
Pharmacotherapy	
Biologic	4
Azatheiprini	5
Pentasa	3
Other	9
None	8
Member of ASCC	
Yes	20
No	10

Procedure

All participants, after receiving an explanation of the study, gave their signed informed consent. Data collection took place at the Attikon Hospital for the Crohn's patients and at the premises of the University of Athens, for the control group.

Results

Crohn's patients and the control group were matched for sex, age, education, marital status, and total number of Rorschach responses. Chi-squared test revealed no significant differences between the two groups in terms of these variables.

Descriptive statistics for the Crohn's patients and the control group were computed in 25 SPCS subscales. Inspection of their distribution using Kolmogorov–Smirnov test indicated that the assumption of normality was violated in all cases. This was not a surprise given the relatively small sample size and the clinical nature of the variables. Therefore, although we ran both parametric (*t*-tests) and non-parametric (Mann–Whitney *U*) tests in order to check for differences between Crohn's patients and the control group, we chose to present only the latter, encouraged by researchers who warn for improper application of parametric tests and call for greater use of non-parametric statistics (e.g., Leech & Onwuegbuzie, 2002). Moreover, we calculated effect sizes following procedures indicated by Fritz et al. (2012). Table 3 summarizes the results of these analyses.

Mann–Whitney *U* test revealed significant differences in 11 out of 25 group comparisons. Crohn's patients gave significantly more symbiotic primitive ($U = 201.0$, $p < .001$), counter symbiotic primitive ($U = 313.5$, $p = .003$), separation primitive ($U = 228.5$, $p < .001$), total primitive ($U = 116.0$, $p < .001$), symbiotic compromised ($U = 199.0$, $p < .001$), counter symbiotic compromised ($U = 267.0$, $p < .001$), separation compromised ($U = 252.5$, $p = .001$), total compromised ($U = 180.0$, $p < .001$), weighted symbiotic ($U = 212.5$, $p = < .001$), weighted separation ($U = 267.5$, $p = .006$), weighted total ($U = 163.5$, $p < .001$), and mixed responses ($U = 195.0$, $p < .001$), as compared to the control group. On the other hand, the healthy individuals produced more symbiotic socialized ($U = 290.0$, $p = .016$) and symbiotic maintained ($U = 308.5$, $p = .031$) responses than Crohn's patients.

The effect size of the above differences was higher in the cases of more frequent responses by Crohn's patients (η^2 ranging from .13 to .46, with a mean value of .26) than in the cases of more frequent responses by the healthy controls (η^2 ranging from .08 to .10, with a mean value of .09).

No significant differences between Crohn's patients and healthy subjects were found in any other SPCS subscales.

Discussion

The findings of the present study suggest that patients with Crohn's disease reveal significant difficulties with separation-individuation in comparison to those without the disease, giving more symbiotic primitive content responses than healthy subjects, for example, "two animals with the same red thoughts, they do not have anything different, they have the same brain" (Card II), and "non differentiated animals in the ocean" (Card X). Participants in the control group instead reported socialized symbiotic responses such as "two people riding a motorcycle coming closer to each

Table 3

Medians, Range, Mann–Whitney U Tests, and Effect Size of Differences in the Symbiotic Phenomena Content Scale Scores Between the Crohn's Patients and the Control Group

Symbiotic phenomena content scale	Crohn		Control				
	Mdn	Range	*Mdn*		Range	*Z*	η^2
Overall							
Symbiotic	3.00	6.00	3.00		6.00	−1.33	.03
Counter symbiotic	2.00	6.00	2.00		7.00	−0.70	.01
Separation	1.00	6.00	1.00		4.00	−1.14	.02
Total	7.50	12.00	5.00		10.00	−1.66	.05
Primitive							
Symbiotic	1.00	4.00	0.00		1.00	−4.10***	.28
Counter symbiotic	1.00	4.00	0.00		1.00	−3.00**	.15
Separation	1.00	3.00	0.00		2.00	−4.13***	.28
Total	3.00	7.00	0.00		4.00	−5.26***	.46
Socialized							
Symbiotic	1.50	5.00	3.00		5.00	−2.42*	.10
Counter symbiotic	1.50	5.00	2.00		7.00	−0.28	.00
Separation	1.00	4.00	1.00		3.00	−0.63	.01
Total	4.00	9.00	5.00		10.00	−1.76	.05
Integrity-compromised							
Symbiotic	1.00	4.00	0.00		2.00	−4.02***	.27
Counter symbiotic	1.00	4.00	0.00		1.00	−3.66***	.22
Separation	1.00	3.00	0.00		1.00	−3.42**	.19
Total	3.00	7.00	0.00		3.00	−4.10***	.28
Symbiotic	1.97	1.30	2.60	1.04	4.35	.041	0.535
Counter symbiotic	1.40	1.22	2.23	2.39	2.89	.096[a]	0.437
Separation	0.73	1.11	0.97	1.03	0.70	.403	0.224
Total	4.37	2.37	5.47	2.32	3.30	.074	0.469
Weighted							
Symbiotic	14.93	9.29	7.13	4.70	16.85	<.001[a]	1.060
Counter symbiotic	8.53	8.89	5.57	6.91	2.08	.154	0.372
Separation	8.43	8.16	2.83	3.62	11.80	.001[a]	0.887
Total	31.97	16.32	15.53	8.67	23.72	<.001[a]	1.258
Mixed	0.73	0.78	0.00	0.00	26.18	<.001[a]	1.323

Note. [a] *p* values refer to equal variances not assumed on the basis of a significant Levene's test. Significant *p* values are marked in bold. Bonferroni corrected critical *p* value $\alpha = .002$ (.05/25).

other" (Card II), "two women who wear the same dress looking at each other, smiling" (Card X).

Moreover, patients produced more symbiotic integrity-compromised responses such as "internal human organs which are mixed; here there is a bloated gut" (Card IX). The content of the integrity-compromised in a symbiotic response illustrates fragmentation in the face of emotion and interpersonal stimulation, particularly aggression. There is a fear of loss of physical and psychic integrity, particularly personal identity. Control group participants reported integrity maintained symbiotic responses such as "two people touching their hands" (Card II), "flower attached to its stem" (Card IX).

The overall index of severity in symbiotic imagery was significantly higher than the one of the healthy subjects. When expressing symbiotic desires, Crohn's patients experience boundary confusion, problems with self and other representations, and difficulty in integration of libidinal and aggressive drives.

Patients with Crohn's disease also gave more primitive counter-symbiotic responses than the healthy subjects for example, "a veil" and "a shield" (Card IV) and more integrity-compromised responses with counter-symbiotic content, such as "a shield with blood on it" (Card IV). This suggests that the body as a protective shield is internalized as permeable and easily destroyed with significant implications regarding psychic integrity, ego coherence, and psyche–soma differentiation. Healthy participants reported socialized counter symbiotic responses such as "two people with their hands down, not touching each other now" (Card III), "a turtle" (Card IV). They also reported counter symbiotic responses with their integrity maintained such as "a violin in its case" (Card IV), "two policemen in uniform" (Card III).

Furthermore, separation seems to be experienced at a more archaic level by Crohn's patients. Patients produced more primitive separation responses than healthy subjects such as "the vagina of a woman and here the baby is being born" (Card II), "two men who try to open a female's pelvis" (Card III), and. Also, Crohn's patients produced more separation integrity-compromised responses for example, "a lamb which is cut in two with a chainsaw, stomach, heart and here blood" (Card III), "an explosion and internal organ here and there, here the gut, which has a problem" (Card IX), and "an accident of monsters and blood everywhere, an explosion with blood from the accident" (Card II). The overall index of severity in separation imagery was significantly higher than the one of the healthy subjects. It seems that separation is experienced by these patients in a primitive way; aggression is experienced as catastrophic destruction with loss of physical and psychic integrity. The most primitive separation responses were given to Card X which is also considered as a card which represents the maternal figure (Meer & Singer, 1950). The primitive and integrity-compromised content was not pervasive, but selectively

activated in the face of symbiotic wishes, aggression, and integration. People in the control group reported separation in a socialized form such as "two girls going in different directions" (Card VI). Furthermore, they report separation answers in an integrity-maintained form such as "two people pushing their hands so as to move away from each other" (Card II).

The findings of the present study corroborate observations in the literature regarding earlier, more severe problems with separation in patients with Crohn's disease and provide more detailed elaboration of these difficulties at the intrapsychic level.

The present results are correlational and a causal relationship between the somatic pathology and psychic functioning cannot be determined in either direction. The internal fragility of these patients, and the potential deleterious effects of regression suggest that psychoanalytic psychotherapy within a psychosomatic paradigm is indicated (Gubb, 2013; Smadja, 2011).

摘要

本研究探讨了克罗恩病患者的无意识困难与分离-个体化之间的关系。三十名克罗恩病患者与三十名健康的受试者进行了罗夏墨迹测验。对他们在共生现象内容量表(SPCS)的回答进行比较，揭示出两组在共生意象的分离方面有显著差异。

关键词：克罗恩氏病，罗夏测验，共生，分离-个体化

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