Selflessness in Anorexia Nervosa as Reflected in the Rorschach Comprehensive System

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Abstract. This study examines the expression of selflessness – the tendency to ignore one’s own needs and serve others’ needs – in Rorschach protocols of women suffering from anorexia nervosa. The protocols of 35 women suffering from anorexia nervosa were compared to 30 protocols of a psychiatric comparison group. A multivariate analysis of variance over five variables (AG, PER, PHR, COP, and GHR) was significant: Anorexic patients showed higher characteristics of selflessness compared to the psychiatric comparison group. These findings contribute to the validation of the Rorschach technique and to the clinical observation of selflessness in anorexic patients, and they emphasize specific characteristics in the treatment of anorexia nervosa patients.

Keywords: Rorschach, anorexia nervosa, selflessness, self-psychology, validation of Rorschach

Anorexia nervosa is a severe mental disorder that may be chronic and lead to significant physical harm and death. It has one of the highest mortality rates among all psychiatric disorders, with a standardized mortality ratio (SMR) of 11.6% (Keel et al., 2003). The disorder is complex and difficult to treat because of the severe physiological threat and the patients’ tendency to deny the existence of the disorder and to resist treatment. The etiology of the disorder includes psychological, familial, sociocultural, and biological factors (Garner & Garfinkel, 1997).

The psychological factors are the most prominent in the research and treatment of anorexia nervosa. A family therapy system theory...
describes the circumstances under which the disorder develops. The “anorexic family” is described as an enmeshed family in which values of loyalty precede those of autonomy and self-realization. This kind of interaction leads the anorexic girl to become a “parent watcher”: She becomes overly concerned and tuned to her parents, and is constantly worried about her effect on her surroundings. These worries lead to a lack in initiative and excessive dependence on parental approval (Minuchin, Rosman, & Baker, 1978).

A contemporary psychoanalytic self-psychology view (Bachar, 1998; Barth, 1991; Geist, 1989; Goodsitt, 1997) supports the description of the family interaction portrayed by Minuchin et al. (1978), but explains these observations with the new concept of “selflessness” to characterize anorexic patients’ attitudes. Self-psychological clinicians describe the anorexic patient as one who relinquishes her own interests and ignores her own needs in order to serve the interests and well-being of others. The anorexic patient feels and behaves like a selfless human being, serving others’ needs; she cannot imagine that other people would be willing to give up, even temporarily, their interests and viewpoint in order to fulfill her needs. According to this theory, the anorexic patient is liable to feel self-guilt whenever she finds herself promoting her own interests (Goodsitt, 1997).

Support for this self-psychological viewpoint can be found in sociological theories suggesting that women tend to concentrate on the emotions of others more than on their own, and that they inhibit self-expression, especially anger. Furthermore, they fail to seek and acknowledge their own experiences (Gilligan, Rogers, & Tolman, 1991). Geller, Cockell, Goldner, and Flett (2000) from a cognitive and sociological perspective, found that anorexic patients have a tendency to “silence their self” or to inhibit self-expression in order to secure interpersonal relations, more than normal controls and other psychiatric groups.

With a self-report measure – the selflessness scale (Bachar et al., 2002) – empirical support was found for the clinical observation depicting the anorexic patient’s attunedness to her mother’s needs. Bachar et al., (2008) found a significant correlation between mothers’ depressive tendencies and an increase in their anorexic daughters’ tendency to ignore their own needs and serve others’ as well as an increase in their selflessness level. In another study, Bachner-Melman, Zohar, Ebstein, and Bachar (2007) found that the anorexics’ selflessness levels decrease in accordance with the decrease in their symptomatology level. In a prospective longitudinal study in a community based sample, selflessness levels
predicted the development of eating disorders at intervals of 2 and 4 years (Bachar, Gur, Canetti, Berry, & Stein, 2010).

Thus far, the empirical literature assessing selflessness was based on a self-report questionnaire. In the present study we examined the construct of selflessness using an unobtrusive projective measure, the Rorschach. We made use of Exner’s Rorschach Comprehensive System, the most validated Rorschach method available (Groth-Marnat, 2003). Interpretations of Rorschach data can provide information on variables such as motivations, response tendencies, cognitive operations, affectivity, and personal and interpersonal perceptions. The Rorschach is one of the most extensively used and thoroughly researched techniques, and additional research can contribute to the validation of the multiple variables of this technique (Archer & Newsom, 2000; Groth-Marnat, 2003).

Rorschach research in anorexia, however, is sparse. Researchers who have examined anorexia with the Rorschach concentrated on parameters unrelated to the selflessness construct: An elevation in misperceptions of external reality or thinking disorders in eating-disordered patients compared to control groups (Kaufer & Katz, 1983; Small, Teagno, Madero, Gross, & Ebert, 1982). Using the “oral dependency scale” conceptualized as a measure of interpersonal dependency, high dependency levels were found in a sample of eating-disordered women as opposed to a control group (Bornstein & Greenberg, 1991; Narduzzi & Jackson, 2000). In a recently conducted study, researchers explored Rorschach protocols and self-report measures of 53 female adolescents suffering from eating disorders and found that stabilization of weight and disordered eating behaviors were accompanied by a reduction of self-reported depression and anxiety as well as an elevation in implicit stress overload (Rothschild, Lacoua, Eshel, & Stein, 2008). In another study, Tibon and Rothschild (2009) were able to discriminate between restricting anorexia nervosa and the other eating disorder subtypes. Using the Rorschach reality–fantasy scale they found a high dissociative component in binge eating disorders.

In the present study we examined the construct of selflessness in the Rorschach protocols of a sample of women suffering from anorexia nervosa. These are the Rorschach variables we designated as reflecting the construct of selflessness:

- **Aggressive movements** (AG) imply that the individual anticipates interpersonal exchanges to be marked by some form of aggressiveness or assertiveness (as opposed to submission). Individuals who give multiple AG responses view interpersonal relationships as usually marked
by some form of aggression. However, because 70% of nonpatients
give at least one AG response (Exner, 2003), it seems that low scores
of this variable imply an adequate degree of a socially acceptable form
of aggression. Thus, the preferred way to interpret AG responses is as
an indication of inclinations to display either verbal or nonverbal as-
sertive behavior (Weiner, 2003). Because, according to self-psycholo-
gy, anorexic women inhibit the expression of emotions, including an-
ger, and behave in a submissive way to accommodate others’ needs,
we hypothesized that they will show lower scores of AG.

- **Personal responses** (PER) represent a way of reassuring one’s self. If
done excessively, however, it can be a form of authoritarianism and a
way of dominating others. Most nonpatients give at least one PER,
which indicates a healthy willingness to share personal experiences
with others (Exner, 2003). Because anorexic women tend to “silence
their selves,” We hypothesized that they will not share information
about their selves and will obtain lower PER scores.

- **Poor human representation** (PHR) responses indicate interpersonal his-
tories marked by conflict and failure. These people manifest social
ineptness leading to being rejected by others.

- **Good human representation** (GHR) responses correlate with interper-
sonal histories that are effective and adaptive (Exner, 2003). In order
to be attuned to the needs and interests of others, anorexic patients
will likely develop good social skills to enable them to comply with
others. Moreover, they show empathy toward others and avoid conflict
in their interactions. Thus, we hypothesized that anorexic women will
show better social skills as reflected in lower PHR and higher GHR
than the comparison group.

- **Cooperative movement** (COP) responses convey the notion that inter-
personal exchanges are positive (Exner, 2003). These responses iden-
tify an interest in collaborative engagement with others. Because ano-
rexic patients are willing to put themselves at the service of others, it
is reasonable to assume that they will obtain higher scores in this vari-
able.

- **High passive movements versus active movement** ($p > a + 1$) responses re-
fect a tendency to assume a passive role in interpersonal relations
(Exner, 2003). Since we assume that anorexic individuals take a com-
pliant stance in interpersonal relationships, we hypothesize that they
will have a higher frequency of passive movements.
Method

Participants

The data for the study were obtained from the archives of the psychiatric wards in two hospitals in Israel. A total of 65 Rorschach protocols of women were selected to comprise the two groups: The anorexic group (35 protocols) and a control group of psychiatric patients (30 protocols). We compared the anorexic group (22 restrictive type, 13 binge eating/purging type) to a group of patients suffering from axis I DSM-IV disorders (APA, 1994), mainly depression (26 patients), dissociative disorder (2 patients), bipolar disorder (1 patient), and anxiety disorder (1 patient). We selected disorders in which crucial mental functioning capabilities do not differ from the anorexic patients, as might have been the case had we selected psychotic disorders. Accordingly, exclusion criteria were patients who suffered from the schizophrenic sphere, organic mental syndromes and eating disorders other than anorexia nervosa. For this comparison we selected women ranging from late adolescents to early adulthood.

In the anorexic group two patients suffered from comorbidity of obsessive compulsive disorder and another five from axis II personality disorders. In the psychiatric comparison group, nine of the participants suffered from an axis II personality disorder. In order to ensure that there was no difference in crucial mental functioning capabilities between the two groups, we compared the Wechsler intelligence scores of the participants.

Instruments

- The Rorschach Comprehensive System (Exner, 2003). The Rorschach consists of a perceptual stimulus comprised of ink blots. The response process activates perceptual, cognitive, and emotional aspects of the personality. The results provide quantifiable data. The variables chosen in this study are commonly used in Rorschach interpretation.

- The Wechsler Intelligence Scales (Wechsler, 1955) are individually administered intelligence tests in a battery format. They assess different areas of intellectual abilities. The scales provide an overall IQ score, a verbal IQ, and a performance IQ. Their psychometric properties are sound, and because of these properties they are the most popular method of intellectual appraisal (Groth-Marnat, 2003).
Approval for the study was obtained from the Ethics Committee of the Hebrew University of Jerusalem and from two ethics committees in two major hospitals in Israel. The Rorschach protocols were obtained from the archives of the inpatient psychiatric divisions. Only protocols administered and scored using the Comprehensive System were collected. All the protocols were entered into the Rorschach computer program in order to prevent calculation errors. All diagnoses were collected from the official hospital records.

Results

The mean age of the anorexic group was 18.3 years (SD = 3.6), and the mean age of the psychiatric comparison groups was 18.4 (SD = 3.4). No significant difference was found in the mean age between the groups (t(63) = –0.183, ns).

The mean IQ of the anorexic group was 103.5 (SD = 16.7), and the mean IQ of the psychiatric comparison group was 105.2 (SD = 16.1). No significant difference was found in the IQ scores between the groups (t(63) = –0.393, ns).

In order to examine interrater reliability, we randomly selected and blindly rescored 25 protocols (40%). The number of protocols rescored fit into the recommended percentage of protocols for computing interrater reliability in Rorschach studies (Exner, Kinder, & Curtis, 1995). Out of 7 variables, 6 variables showed an excellent reliability score (r ≥ 0.75), and the remaining one showed a good reliability score (r ≥ 0.60, see Table 1).

Table 1. Interrater reliability: intraclass correlation coefficients

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intraclass coefficients (n = 25)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG</td>
<td>0.90</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>PER</td>
<td>0.75</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>PHR</td>
<td>0.89</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>COP</td>
<td>0.97</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>GHR</td>
<td>0.83</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Active movements</td>
<td>0.80</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Passive movements</td>
<td>0.60</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>
A multivariate analysis of variance comparing the mean scores of the anorexic group with those of the psychiatric comparison group over five variables was significant: MANOVA over all $F(5, 59) = 4.5, p = .001$. Anorexic patients showed higher characteristics of selflessness compared with the psychiatric comparison group.

Comparisons of these individual variables between the two groups revealed that the differences were significant in four out of five variables. The fifth variable was also in the expected direction though not significant. Anorexic patients expressed less aggressive responses ($t(63) = -3.52, p = .002$), less personalized responses ($t = -2.76, p = .012$), less poor human representation responses ($t(63) = -2.26, p = .028$), and more cooperative responses ($t(63) = 2.23, p = .029$) compared to the psychiatric comparison group. As expected, anorexics had more good human representation responses, though this comparison was not significant. $T$-tests and Cohen’s $d$ effect sizes are presented in Table 2.

The sixth variable – passive vs. active movement – was not included in the MANOVA since it is a dichotomized variable (Exner, 2003) states it has clinical meaning only if $p > a + 1$), and therefore it was calculated using a nonparametric test. The comparison using the $\chi^2$ test of the variable $p > a + 1$ was not significant $\chi^2(1) = 0.84, ns$ (see Table 3).

### Table 2. Anorexic patients versus the psychiatric comparison group on Rorschach variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Anorexic group $(n = 35)$</th>
<th>Psychiatric group $(n = 30)$</th>
<th>$t$</th>
<th>$p$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG</td>
<td>0.23</td>
<td>1.08</td>
<td>1.25</td>
<td>-3.52</td>
<td>.002</td>
</tr>
<tr>
<td>PER</td>
<td>0.26</td>
<td>0.80</td>
<td>1.03</td>
<td>-2.76</td>
<td>.012</td>
</tr>
<tr>
<td>PHR</td>
<td>2.97</td>
<td>4.25</td>
<td>2.49</td>
<td>-2.26</td>
<td>.028</td>
</tr>
<tr>
<td>COP</td>
<td>1.14</td>
<td>0.53</td>
<td>0.90</td>
<td>2.23</td>
<td>.029</td>
</tr>
<tr>
<td>GHR</td>
<td>3.86</td>
<td>3.70</td>
<td>2.55</td>
<td>0.27</td>
<td>ns</td>
</tr>
</tbody>
</table>

### Table 3. Anorexic patients versus the psychiatric comparison group for variable $p > a + 1$

<table>
<thead>
<tr>
<th></th>
<th>Passive</th>
<th>Nonpassive</th>
<th>$\chi^2(1)$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexic group</td>
<td>3 (8.6%)</td>
<td>32 (91.4%)</td>
<td>0.84</td>
<td>ns</td>
</tr>
<tr>
<td>Psychiatric comparison</td>
<td>3 (10.0%)</td>
<td>27 (90.0%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. $ns = not$ significant
Discussion

In the current study we found support for the selflessness construct in women suffering from anorexia as expressed in the relevant variables of the Rorschach. A MANOVA computation over five variables theoretically expressing the selflessness stance was significant. These findings contribute to the validation of both the Rorschach technique and the theory of self-psychology regarding anorexia nervosa.

Anorexic patients exhibited less aggressive behavior and tended not to assert themselves with personalized responses as opposed to patients in the psychiatric comparison group. Anorexic patients gave more cooperative behavior responses and less poor human representation responses than patients in the psychiatric comparison group. It seems likely that this pattern of being more cooperative and less maladaptive may reflect a form of compliance and perhaps a tendency to be overly attuned to the surroundings. It seems that the anorexic patients made an additional effort to adapt to environmental expectations. These findings concur with the findings of Geller et al. (2000), namely, that anorexic women tend to “silence their self” by inhibiting self-expression, especially anger, and by focusing on the emotions and need of others.

A difference was not found in the \( p > a + 1 \) variable. The \( p > a + 1 \) variable is described by Weiner (1998) as reflecting a tendency to subjugate one’s needs and wishes to those of others, and to accommodate one’s actions to satisfy the requests of others. Exner (2003) states that higher passive than active movements is a rare finding in the Rorschach (found in only 3% of adult nonpatients), but that it is a more common finding in a population suffering from depression (24%). It is possible that our choice of a psychiatric comparison group consisting mostly of women suffering from depression prevented us from finding a significant difference.

The support for the selflessness construct found in the present study promotes a better understanding of the psychological dynamics of this disorder in selecting appropriate psychological treatment. Self-psychology theorists propose a unique form of addressing eating-disordered patients (Bachar, 1998; Barth, 1991; Geist, 1989; Goodsitt, 1997). The fragility of the anorexic patient and her tendency to ignore her needs, feelings, and interests require the application of a psychotherapeutic approach that will not impose an interpretation, but rather be experience-near and attuned to her subjectivity (Bachar, 1998). Therapy from
a self-psychological perspective focuses on the patient’s distrust in the ability of others to fulfill her needs and on her deep guilt and feelings of unworthiness (Bachar et al., 2002; Bachar et al., 2010; Bachner-Melman et al., 2007).

Therapists of anorexia (e.g., Lacey, 2008) recently raised the need to expand our knowledge about deeper routes of the anorexic’s belief system. The “Socratic dialog” used in the clinical interview brought us, to a certain degree, close to core beliefs, though they claim that additional tools should be implemented in order to break through the almost impenetrable (yet superficial) layers of beliefs about beauty criteria or perfectionism. We suggest that the Rorschach technique could help in this task as it is supposed to be directed to deeper consciousness levels. Selflessness in our opinion is such a core belief. Finding characteristics of selflessness in the Rorschach, adds significant support to adopting the self-psychological therapeutic technique.

In their critical review of the Rorschach, Hunsley and Bailey (2001) demonstrate difficulties in different aspects of Rorschach research. In order to enhance Rorschach validity, they propose that future research rely on theoretically informed construct validation on an untested construct. They also review conflicting views concerning Rorschach validity using self-report measures and recommend their use. In the current findings we followed these recommendations by examining a theoretical construct, selflessness, and succeeded in differentiating a group of psychiatric patients from another diagnostic group using the selflessness concept in the Rorschach. These Rorschach findings were parallel to the results found in the self-report questionnaire: selflessness scale (Bachar et al., 2002).

Hunsley and Bailey also stress the importance of measuring not the whole Rorschach but specific Rorschach scales that may be valuable in predicting specific criteria. Following their suggestions we chose to examine a group of Rorschach variables reflecting the selflessness stance and to describe the clinical utility gained by implementing specific therapeutic interventions.

The Rorschach technique is one of the most prominent personality assessment tools available, and its contribution to assessing a diversity of mental health functions is vast. Nonetheless, the empirical validation study for this important diagnostic technique lags behind. We hope that other researchers will continue to study and contribute to the empirical validation of the diverse Rorschach variables.

Thus, for example, further studies could examine whether other char-
acteristics of anorexic patients found in the clinical literature, such as perfectionism, can be traced to specific Rorschach variables. This would contribute to the dual task of promoting the empirical validation of the Rorschach technique on the one hand, and better clinical understanding of clinical disorders on the other.

References


negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders,* 28, 8–19.


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Summary

This study examines the expression of selflessness: the tendency to ignore one’s own needs and to serve the needs of others in Rorschach protocols of women suffering from anorexia nervosa. Protocols of 35 women suffering from anorexia nervosa were compared to 30 protocols of a psychiatric comparison group. A multivariate analysis over five variables theoretically expressing the selflessness stance (AG, PER, PHR, COP and GHR) was significant: Anorexic patients showed higher characteristics of selflessness compared to the psychiatric comparison group. Thus, we found support for the selflessness construct in women suffering from anorexia as expressed in the relevant variables of the Rorschach.

Anorexic patients exhibited less aggressive behavior and tended not to assert themselves with personalized responses as opposed to patients in the psychiatric comparison group. Anorexic patients also gave more cooperative behavior responses and less poor human representation responses than patients in the psychiatric comparison group. It seems likely that this pattern of being more cooperative and less maladaptive reflects a form of compliance and perhaps a tendency to be overly attuned to the surroundings. The anorexic patients made an additional effort to adapt to environmental expectations. These findings concur with the findings that anorexic women tend to “silence themselves” by inhibiting self-expression, especially anger, and by focusing on the emotions and needs of others.

These findings contribute to the validation of the Rorschach technique and to the clinical observation of selflessness in anorexic patients. They also emphasize specific characteristics in the treatment of anorexia nervosa patients.
Hebrew Summary

המדחיק הגנביות בין את מחנך "ביוטל העצומת" הנטייה להתעלות למעריצי העצומת ולשאת את
dźכickness של האזרחים, הפרוטוקולים הרשמיים של נשים הוסבלות או נסיבות נרות. הפרוטוקולים
של 35 נשיני הסובלנות מאגריקסיה גור癜י海滨–30 פרוטוקולים של קבוצת בקורת
מאפריקסיה. מבית נינו הושת (MANOVA) מעבר עד חמשת מחוזות המחפקים והעמדת
"ביוטל העצומת" "GHR -1 COP, PIR, PER, AG" נמצאו מבית. נבדקו ארוג/operators הפונטים
מאפרים גבורים זיהוי של "ביוטל העצומת" שלושה קבוצות הבקורת הפיסיסיאטרית.
ממאות ולא למינים המשמש "ביוטל העצומת" פעולה הנשים הוסבלות מאגריקסיה, אם

שננו STREET בין ביתי בبسيطית הפרשים והרגולאטיביים.

נבדקו ארוג/operators הפונטים פורח התנהלות ארבעידת ונה לא לחות את סדרות בארצות
וניתות אשר לעומת קבוצת הרקטר הפיסיסיאטרית. נבדקו ארוג/operators תופס ויתר
תתנובות של שיחות פעלת מצודת תרת של יוניס אנשיים לכלישות מעמד קבוצה
הביקרת הפיסיסיאטרית. דמטרים של שיחות פעלת מדובדב, כלא מעוניין אנשיים לא
стольיגים,鲭ף להדרכות עדות מטריצת הקSharובית ייחוד על המידה ל…”בקורות. מחקרים שונים
נובקותarloניטותแชות מעמד מיטות מהודרת ל…”בקורות. מחקרים שונים
ממציאים את הדוה ניוז ש.tagNameי "ביוטל העצומת" לא עצמר. "ע" הקשוע ב…”עומר, ב…..
בייחד ענה, "המדחיק הגנביות ב…”בעום וב…”בעום,orda hakkם אחדים של "ביוטל העצומת" ב…”בקרות. מחקרי ה…”ון
לתו מובם והרשא, להבחין הקליות של "ביוטל העצומת" ב…”בקרות. מחקרי ה…”ון

מזרשים מאפרים ספורפיזים ספרפיזים בוילוח ב…”בקרות.
Résumé
Cette étude examine l’altruisme ou la tendance à ignorer ses propres besoins et à servir les autres dans les protocoles de Rorschach de femmes souffrant d’anorexie mentale. Les protocoles de 35 femmes souffrant d’anorexie mentale ont été comparés à 30 protocoles d’un groupe de contrôle psychiatrique. Une analyse multi variée de la variance basée sur cinq variables exprimant théoriquement la position altruiste, (AG, PER, PHR, COP, et GHR) s’est avérée significative: les patientes anorexiques ont plus de caractéristiques altruistes que celles du groupe de contrôle. Ainsi, nous avons trouvé un appui à l’hypothèse de l’existence d’une attitude altruiste chez les femmes souffrant d’anorexie qui s’exprimerait dans les variables concernées du Rorschach.

Les patients anorexiques ont affiché un comportement moins agressif et une moins grande tendance à s’affirmer par des réponses personnalisées en comparaison avec les patientes du groupe de contrôle psychiatrique. Les patientes anorexiques ont donné plus de réponses de comportement coopératif et moins de réponses de représentation humaine appauvrie que les patientes du groupe de contrôle. Il semble probable que cette tendance à être plus coopératives et moins inadaptées puisse refléter une forme de servilité et peut-être même une tendance à s’adapter trop parfaitement à l’environnement. Il semble que les patientes anorexiques fassent un effort supplémentaire pour s’adapter aux attentes de l’environnement. Ces données concordent avec celles qui montrent que les femmes anorexiques ont tendance à “se réduire au silence,” à s’autocensurer et à inhiber l’expression de leurs sentiments, en particulier la colère, en se concentrant sur les émotions et les besoins des autres.

Ces résultats contribuent à la validation de la technique de Rorschach, à l’observation clinique de l’altruisme chez les patientes anorexiques et mettent en valeur les caractéristiques spécifiques au traitement des patientes anorexiques.

Resumen
La presente investigación examina la manifestación del “desinterés en sí mismo”: la tendencia a ignorar sus propias necesidades y servir a los demás, en los protocolos de Rorschach de jóvenes que sufren de anorexia nerviosa. Los protocolos de 35 mujeres que sufren de anorexia nerviosa fueron comparados con 30 protocolos de un grupo de control...
psiquiátrico. El análisis multivariado de la varianza de las cinco variables que teóricamente ponen de manifiesto la postura de desinterés, (AG, PER, PHR, COP y GHR) dio resultados significativos: las pacientes anoréxicas mostraron mayores características de “desinterés en sí mismas” comparadas con el grupo de control psiquiátrico. Estos resultados confirman el constructo teórico de “desinterés en sí mismos” en jóvenes que sufren de anorexia tal como se manifiesta en las variables de pertinencia del Rorschach.

Las pacientes anoréxicas mostraron un comportamiento menos agresivo y una tendencia a no hacer valer sus derechos por medio de respuestas personalizadas contrario al comportamiento del grupo de comparación psiquiátrico. Las pacientes anoréxicas dieron mayor cantidad de respuestas de conducta cooperativa y menos respuestas de representación humana pobre que los pacientes en el grupo de control psiquiátrico. Es probable que esta característica de ser cooperativas y de mostrar mejor adaptación refleje una forma de sumisión y tal vez una tendencia exagerada a adaptarse al entorno. Parece ser que las pacientes anoréxicas hicieron un esfuerzo adicional para adaptarse a las expectativas del medio ambiente. Estos resultados concuerdan con resultados que muestran que las mujeres anoréxicas tienden a “reducirse al silencio,” a autocensurarse y a inhibir la libre expresión de sus sentimientos, especialmente el enojo, y a concentrarse en las emociones y necesidades de los demás.

Estos resultados contribuyen a la validación de la técnica del Rorschach, a la observación clínica de desinterés en sí mismos propia de los pacientes anoréxicos y hacen destacar las características específicas del tratamiento de pacientes con anorexia nerviosa.

G. Curiel-Levy et al.
Selflessness and Anorexia in the Rorschach

ロールジャッハ包括システムに反映される神経性無食欲症の
無私無欲

本研究は神経性無食欲症患者に含まれる男性のロールジャッハ
プロトコルにおいて自身の欲求を無視し、他者のために尽
くす傾向である無私無欲（selflessness）の表れを吟味してい
る。35名の神経性無食欲症患者のプロトコルが、30名の精神医学的対照群のプロトコルと比較さ
れた。理論的に無私無欲の態度を表していると考えられる5
つの変数（AG, PER, PHR, COP そして GHR）に対する多
変量分散分析の結果是有意差が認められた；神経性無食欲症
患者は精神医学的対照群と比較して、より高い無私無欲の特
徴を示した。このようにして我々は、ロールジャッハ法におい
て関連する変数としてあらわれている、神経性無食欲症に苦
しむ女性に構成されている無私無欲に対する支持を見出した。

神経性無食欲症の患者は精神医学的対照群に比較して、個性
的な反応において攻撃的な行動をより示さず、断定的でしつ
こい態度で自分を出さない傾向があった。神経性無食欲症の
患者は精神医学的対照群に比較して協調的反応をより多く示し、
負質人間反応をあまり示さなかった。このより協調的であり、
より不適応的でないという様式は、ある種の過度に従順であ
ることとおそらく過剰に周囲に調和する傾向を示しているよ
うである。神経性無食欲症の患者は環境からの期待に適応し
ようとさらなる努力をしているようである。これらの発見は
やせ症の女性が自己表現、特に怒りを抑制し、他者の感情や
要求に焦点を当てることにより自らを沈黙させる傾向がある
という発見と一致している。

これらの発見はロールジャッハ法の妥当性や、神経性無食
欲症の患者の無私無欲の臨床的観察に貢献する。これらのこ
とは思春期やせ症の治療における特定の特徴を強調している。