Construct Validity of Rorschach Variables for Alexithymia

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The construct validity of Rorschach Comprehensive System (CS) variables theoretically linked to alexithymia was evaluated in 92 outpatients with inflammatory bowel disease, 32 of whom were categorized as alexithymic, 15 as indeterminate-alexithymic, and 45 as nonalexithymic, on the basis of Toronto Alexithymia Scale scores. Six sets of Rorschach CS marker variables were selected for analysis: fantasy, affect, adaptive resources, cognition, social adaptation, and projection. Most variables significantly differentiated the three groups. Compared with the other groups, alexithymic subjects were more likely to show an impoverished fantasy life, poorly adapted emotional expression, poor coping resources, concrete and stereotypical thinking, and social conformity with compromised relationships.

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The TAS-20 is a well-established, empirically validated measure of alexithymia. However, it is completed by the patient and thus is dependent on the patient’s ability to accurately recognize and honestly endorse face-valid items. Although the reliability and validity of the TAS-20 have been supported by many research studies, questions have been raised about the possible limitations of using a self-report measure to assess the alexithymia construct. Therefore, heteromethod measures of alexithymia features have been advocated. A distinct and independent method of measuring alexithymic characteristics would also serve to further the test validity of the TAS-20.

The Rorschach test has been used in prior research to evaluate alexithymia. Studies involving patients with various medical disorders have shown some common alexithymia characteristics, such as coarctated thinking, low level of imagination, absence of an inner-oriented cognitive style, poor control of emotional expression, coarctated experience, and a repressive coping style. Studies investigating alexithymia in patients with IBD have produced equivocal findings. Taylor et al. found that alexithymic patients with IBD had less control of emotional expression than psychoneurotic comparison subjects. A heterogeneous group of patients with gastrointestinal disorders, including UC, were found to be not significantly different from patients with organic diseases on the so-called “Rorschach phantasy syndrome” developed by Vogt et al. However, Acklin and Alexander found that Rorschach variables assessing psychological characteristics linked to alexithymia differentiated patients with psychosomatic disorders from healthy subjects.

Earlier Rorschach studies investigating alexithymia had methodological shortcomings that limited their interpretation and may explain some of the equivocal findings. First, they used different systems of Rorschach scoring and interpretation, so the possibility of comparing results across studies was weakened. Second, the studies did not provide data on scoring reliability. Third, clinical and comparison groups were not matched for major sociodemographic variables. Fourth, the samples were poorly defined as “psychosomatic” on the basis of the assumption that certain disorders are psychosomatic while others are organic. For instance, the “psychosomatic” gastrointestinal disorder groups often included patients with heterogeneous illnesses, such as peptic ulcer, UC, and irritable bowel syndrome. Fifth, the studies considered alexithymia to be synonymous with psychosomatic disorder rather than directly evaluating alexithymia with a sound assessment instrument. Finally, the comparison groups were often inadequate. For example, psychoneurotic patients were considered comparison subjects, although no definition or inclusion criteria for psychoneurosis were provided.

The study reported here was designed to address problems in previous research in several ways. We evaluated the construct validity of the Rorschach variables theoretically linked to alexithymia by using the Rorschach Comprehensive System (CS). The CS is the most commonly used scoring system, based on standard administration rules, has shown good interrater and test-retest reliability, has generally good construct validity, and provides data for reference samples of nonpatients and patients to facilitate interpretation. Second, we evaluated scoring reliability in this study. Third, the IBD patients in the study were homogeneous in that they suffered from the same organic disease, but they were not a priori considered to have a psychosomatic condition. Rather, these patients were expected to vary in severity and stability of alexithymia. Finally, alexithymia was assessed by a criterion external to the Rorschach, the TAS-20, which is the most frequently used and validated self-report scale for assessing alexithymia.

**METHODS**

**Subjects**

The initial sample was composed of 102 outpatients with IBD who were recruited consecutively from the Scientific Institute of Gastroenterology in Castellana Grotte, Italy. All patients had both endoscopic and histologic diagnoses of IBD. The patients were taking 5-aminosalicylate alone or in combination with steroid treatment, according to their IBD activity status. No patient had undergone surgery. The sample was homogeneous for disease, geographical area, and treatment setting. The subjects constituted 91% of a group of 112 patients previously included in an evaluation of the prevalence and stability of alexithymia.

**Procedure**

At baseline, the patients were administered the Italian translation of the TAS-20 and the Rorschach according to CS administration rules. The Italian version of the TAS-20 has been cross-validated in a large sample of normal and clinical subjects recruited for a multicenter study.
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