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1. Editorial: Evidence Based Medicine and the SIS: Wilfred A. Cassell, Email: siswilfredacassell@yahoo.com, pages 85-86.

We are now living in the 21st century when the concept of Evidence-Based Medicine is becoming internationally accepted. This is having a profound effect at all levels of research and clinical investigation. One definition of this follows: Evidence-based medicine is looked upon as a new paradigm, replacing the traditional medical paradigm, which is based upon authority. It is based upon the use of randomized controlled trials, as well as systematic reviews (of a series of trials) and meta-analysis, although it is not restricted to these. There also is emphasis on the dissemination of information, as well as the collection, so that evidence can reach clinical practice. It therefore has commonality with the idea of research based practice.

In considering how these standards could be met in future scientific and clinical SIS work, certain issues need to be addressed. A central one concerns the highly subjective, unique and fluid aspects of IMAGERY. For a particular individual with focal somatic symptoms, in viewing SIS stimuli, organ images of that region may be sensitized at one moment, only to be perceptually inhibited seconds later. For such a person, the total number of anatomical responses depicting that area, could well be within the normal range, thereby complicating statistical analysis.

Yet we must continue to come up with scoring systems and assessment procedures consistent with evidence-based standards. One approach, that has much appeal, involves brain imaging research designs employing the subject as his own control. An example would be an individual, who fails to detect anatomical structure in a highly structured SIS stimulus, yet perceives other stimuli in a normative fashion. Evaluating brain function under these two separate viewing conditions is methodologically feasible. Until we get neurobiologists and memory psychologists more involved in our work, we likely will find ourselves outside the halls of respectable science.

We need to begin with the basics, such as the fact that neurons that process visual information look different structurally, than those for motor skills. Tracing centrally the multiple pathways of SIS stimulated sensory input and unraveling the neural systems for implicit memory, explicit memory, episodic memory and related affect underlying the projective released imagery poses challenges.

On step in informing those outside our SIS society involves the SIS Journal of Projective Psychology and Mental Health. Thanks to the efforts of our Editor Dr B. L. Dubey, is now available CD discs. These provide a new resource for reaching out to scientists internationally as well as providing information to supplement that available on our web site at http://www.somaticinkblots.com

We all have encountered grandiose thinking and irreverent members of the human species, who frequently tend to overrate the power of science. Many fundamental issues of existence will likely prove beyond the reaches of understanding, by even the most intellectually endowed. Since we have the limitations of a homosapien’s brain, perhaps we will never be able to fully understand the human brain.


Self-report personality instruments have been conceptualized as indicating aspects of personality of which one is relatively aware. Thus, examining the relationships between Rorschach variables and self-report measures can expand the interpretation of Rorschach variables by indicating the conscious experiences associated with the variable in question. The present investigation attempted to determine the types of consciously experienced depressive symptomatology with which the Morbid (MOR) response is associated. The relationship between the number of MOR responses and scores on the Personality Assessment Inventory Depression subscales was examined using archival data from 49 adult psychiatric inpatients. The MOR response was not associated with self-reported affective, cognitive, or physiological depressive symptoms in isolation. However, as predicted, subjects who reported a disproportionately higher level of depressive affect compared to depressive cognitions produced more MOR responses. The converse was also true. Thus, an elevated number of MOR responses was associated with consciously experiencing a level of dysphoria beyond that which was represented cognitively. The author suggests that the MOR response may reflect ego-dystonic negative cognitions or individuals who are depressed but trying not to think about it.

3. Assessing Suicidal/Homicidal Impulses with the SIS: Wilfred A. Cassell, Email: siswilfredacassell@yahoo.com, pages 99-106.

The four case histories in the present study serve to illustrate how the SIS can provide important information regarding violent fantasies (Cassell & Dubey, 1998, Cassell, et al, 2002). The direct and symbolic imagery projected can provide new insights enriching those obtained with standard clinical interviews. We also must learn how to more effectively incorporate its spiritual applications into clinical practice.
4. Who is Afraid of Rorschach Inkblots? Projective Studies in India an End Century Assessment, Nilanjana Sanyal Email: sanyal_nilanjana2004@rediffmail.com, Manisha Dasgupta, Mohor Mala Chatterjee, pages 107-114.

“Oudium”, characterized by a negative and violent orientation toward life, has become the highlight factor behind moulding the masks of the psyche in the modern era (Wolfe, Wekerle and Scott, 1997). As such, the whole world is resonating with animalistic aggression of mankind. Hence, the utmost necessity to delve deeper into the raw self to identify the maladaptive defenses that increasingly pave the way for conflict-laden pathologies. Projective techniques come at the aid to this mind-boggling crossroad to loosen the self-filtered interpretative angles and wrap up the roots of the etiological probe. The Rorschach Inkblot Test (RIT) provides a sound clinical platform to assess the mazes of the psychic system. Its contribution to the assessment of propensities toward violence, impulsiveness and criminal behavior is noteworthy (Janson & Statinn, 2003; Loving & Russell, 2000; Elfhag et al., 2003; Leavitt, 2000; Krishnamurthy & Archer, 2001). review of theoretical evidence in the Indian scenario pinpoint to a peculiar and alarming trend of Rorschach avoidance. An attempt to fathom deeper into this process intensely has been put forth in the present theoretical frame.

5. Diagnostic Efficiency of Schizophrenia Index and Perceptual-Thinking Index in Schizophrenia and Mania: Ranjeet Kumar and C.R.J. Khess, Email: ran_psy@yahoo.co.in, pages 115-122.

Schizophrenia Index (SCZI) was developed to identify schizophrenia by assessing perceptual and thought disturbances. Since its diagnostic efficiency was weaker than suspected, it was revised to become Perceptual-Thinking Index (PTI). To understand the relative efficiency of these indices in differentiating schizophrenia from mania, 30 actively psychotic patients from each group fulfilling the ICD-10 Diagnostic Criteria for Research were included in the study. There was a significant correlation between the indices (r= .97; P=.01; d=7.99). SCZI revealed a hit rate of 73% and 83% with cutoff 4 and 5, respectively. And, PTI showed a hit rate of 83% with cutoff 4. Overall performance of the indices and the individual criteria indicate that the PTI is marginally better than SCZI in differentiating schizophrenia from mania.

6. An Extended Scoring System of SIS-I: Rakesh Kumar, Email: mindpowerlab@gmail.com, pages 123-128.

Many scoring systems have evolved for Rorschach Inkblot Test. There is only one scoring system for SIS-I. Current Scoring System (CSS) for SIS-I consists of only eleven indices. The present study was designed to extend CSS for SIS-I with an assumption that it will strengthen its discrimination power, promote researches and enhance the diagnostic use as well. The quantitative indices in Extended Scoring System (ESS) are grouped in four categories. (1) blot area (2) attributes (3) response category and (4) most common responses. Several specific scoring indices are added. To assess the discrimination power of Extended Scoring System (ESS) three groups of subjects were drawn - schizophrenics (n=30), manics (n=30) and normals (n=30). The patient groups were drawn from Institute of Mental Health and Hospital, Agra. SIS-I was individually administered. The analysis of results through one-way analysis of variance with Scheffe's post- hoc comparisons revealed that the added indices do discriminate the groups. The outline of ESS and results in detail are presented.

7. A Comparative Cognitive Profile of Epileptic and Non-Epileptic Normal Preadolescents : Nilanjana Sanyal and Nandhini Rajagopalan, Email: sanyal_nilanjana2004@rediffmail.com, pages 129-140.

Prevalence of Epilepsy in current population is drawing special attention. The present study is a venture to unfold the Cognitive profile of such a sample. A sample of 60 subjects, 30 epileptic preadolescents, aged 10-14 years, and a matched group of 30 non-epileptic normals (15 boys and 15 girls in each group of epileptics and non-epileptic normals) were taken. They were matched in terms of age (10-14 years), sex (15 boys and 15 girls), educational level (Class IV. VII in both sexes), religion (Hinduism) and socio-economic status (lower socio-economic status) and were screened on Bender Gestalt Visuo-Motor Test (BGMT) and tested to get a comparative cognitive profile of epileptic and non-epileptic normal preadolescents. The tests administered were Wechsler Intelligence Scale for Children (WISC), Conners Abbreviated Rating Scale, PGI Memory Scale (Remote, Recent and Immediate Memory), Vineland Social Maturity Scale and Benton Visual Retention Test. The results revealed that there were significant differences between epileptics and non-epileptic normals in the cognitive domains of intelligence, attention, remote memory, recent memory and also in social maturity and visual retention. No significant difference was noted between epileptics and non-epileptic normal in case of immediate memory. Significant effect of gender variation was also not present and there was no interaction effect of epilepsy and sex in any of the variables.

8. SIS-I and Rorschach Diagnostic Indicators of Attention Deficit and Hyperactivity Disorder : Ruchi Jain, Beer Singh, Sandhyarani Mohanty and Rakesh Kumar, Email: mindpowerlab@gmail.com, pages 141-152.

The present study makes an effort to identify the Rorschach and SIS-I diagnostic indicators of ADHD. The study was conducted on a sample of 224 children in the age range of 6-11 years drawn from various schools of Baraut (U.P.). Participants were categorized into two groups - ADHD (n=111) and control (n=113). Rorschach and SIS-I were
individually administered on each participant and the response pattern of ADHD and normal children on two projective measures was compared. Frequency data of scored indices were transformed into percent scores (taking total number of responses as denominator) and total and transformed scores of the ADHD and Control groups were compared (using t-test) for identifying the discriminating indices. The sensitivity of both tests in identifying patients of ADHD was also compared. Several Rorschach indices such as, M,D, FC,F+, and A, were found significant in differentiating normal children from ADHD. The SIS-I Results revealed that both the tests are sensitive in discriminating the ADHD children evidences.

9. **Effect of Psychological Intervention through SIS-I Images on Police Personnel: SN. Dubey and B.L.Dubey**, Email: bidubey@gmail.com, pages 153-158.

Police personnel are more likely to witness traumatic situations and live in hard life. The deprivation of family is known factors leading to depression and stress. Lot many police personnel are not able to manage their stress and develop psychological symptoms. The present study was tried on 50 police men. They were administered SIS test along with Progressive Muscular Relaxation (PMR), Shaw Asana and GSR Bio-feedback for 10 days. The results suggest significant increase in Most Typical (MT) and Human responses (H) and decrease in Rejection of images (Rej), Atypical (AT) and Pathological (PAS and HAS) responses. The findings further indicate the effect of intervention thru Progressive Muscular Relaxation (PMR) and Shaw Asana. It is suggested that such Psychological Intervention with PMR, Shaw Asana, GSR Bio-feedback and SIS may help in maintaining their psychological profile.