
In envisioning the future, it might prove helpful to review the developmental history of the Somatic Inkblot Series (SIS). The need for an anatomically structured projective assessment procedure first became evident during my psychiatric residency training in Syracuse New York. It arose during a 1959 investigation of hormonal and body image abnormalities observed in women whose feminine appearance was marred by excessive facial hair. I was fortunate that my supervisor Professor Hollender, for a psychoanalyst was comparatively open minded to scientific research. This stimulated my lifelong interest in exploring various methods of investigating body-mind phenomenon.

Initially several techniques for peering into the inner world of body consciousness were explored. One involved the use of figure drawings such as the “Draw a person test” and the “The Inside of the Body Test”. While these were found to provide a rich source of body imagery, they were hard to quantify and were largely bypassed.

Next consideration was given to a more quantifiable approach based upon recognition thresholds of tachistoscopic presentations of anatomy pictures. One study suggested that this body image generating approach might have validity in regard to assessing exterior versus interior awareness. Another indicated that tachistoscopic thresholds for recognition of the heart were different in subjects with psychophysiological cardiac symptoms. Eventually by 1964 decision was made to postpone work with this technique because of technical measurement difficulties and unavailability of equipment in clinical settings. With advances in electronic and computer technology, it is hoped that eventually SIS investigators will reconsider this earlier approach.

In any case, early on at Syracuse a decision was made to design an “Inkblot” projective technique. At the time I was fortunate in that my mentor Professor Hollender had previously been interested in body image clinical studies. Since he was head of the psychiatric department, he was able to offer Professor Fisher a position in our department. He introduced to me a Rorschach measure of body boundary awareness based upon quantifying percepts symbolizing the exterior. Expanding upon this projective principle, I developed a Rorschach scale based upon internal anatomy responses. After finding that it had a measure of validity in assessing internal symptoms, I began designing blots depicting various aspects of the body.

Initially inkblots with visual color-form stimuli suggestive of the human heart were created. This area was focused on for several reasons: there are symbolic representations of the heart in many cultures, many individuals experience stress induced cardiac symptoms, emotional arousal alters measurable cardiovascular activity and subsequent sensory feedback affects heart consciousness, life threatening diseases involving the heart are prevalent and so on. Eventually after clinical trials using a variety of designs, four were selected for experimental use. Of these two remain. In the SIS-I series they are VII & VII and in SIS-II they are numbered 17A & 18A.

Subsequently a study was completed in college students with histories of stress triggered psychophysiological cardiac symptoms, such as “Palpitations”, “Heart fluttering” & “Heart pain”. A statistically significant relationship distinguished the cardiac symptom subjects from those free of such somatic symptoms. This suggested that somatic inkblots might provide a methodological opening for peering into the mysterious realm of body-mind phenomenon.

In 1969 the series was extended to depict more regions in the body gestalt. Trials indicated, that as long as the artistic creations had suggestive structure, that they did not have to be symmetrical. Eventually a series of twelve was created. Follow-up studies suggested that extending the series opened up new clinical avenues of investigation.
Two used the SIS in the context of behavioral therapy: The first in 1971 was BODY CONSCIOUSNESS IN EXIBITIONISM and the second in 1977 was DESENSITIZATION THERAPY FOR BODY IMAGE ANXIETY. Since these may not be readily available to all readers, they have been reprinted in this journal. In these the SIS was used during clinical interviews, when calming was induced, either by hypnotic doses of intravenous barbiturate, or by deep muscle relaxation training.

A third previously unpublished 1976 case history report follows using the Rorschach cards as visual stimuli for behavior therapy: RESTRUCTURING RORSCHACH PATHOLOGICAL BODY SYMBOLISM IN SOMATOFORM DISORDERS WITH TRUTH SERUM BEHAVIORAL THERAPY. It describes how in Conversion Disorder, diagnostically relevant Rorschach pathological anatomy symbolism depicting the site of pain, may be totally split off from conscious awareness.

This developmental history will be brought up to the present in the next issues of our SIS journal. It will review reasons why the series was increased to permit projective image stimulation projects with wider clinical and research applications.

One politically sensitive subject involves the inclusion of stimuli depicting the organs of reproduction and sexuality. Just like the invention of the telescope enabled Galileo to challenge the Pope’s erroneous notion that the earth was the center of the universe; our work has produced insights challenging conventional clinical practice. While SIS workers have not had to face the Inquisition, there has been significant criticism and resistance. Getting case history studies published has been problematic and served as a stimulus for this journal.

The early studies were met with suspicion by those solely invested in standard interviews and established psychological tests. More serious roadblock to scientific investigation arose when it became apparent that there was a need for designing stimuli related to reproduction. A troublesome problem arose: How could the series be created ethically without being falsely accused of displaying “Pornographic pictures”?

In western cultures the public media are flooded with sexual themes; yet scientific research in the field is looked on with great suspicion. In these and other countries where there are politically powerful religious bigots, this poses a major roadblock for involving students, researchers and clinicians in the SIS adventure.

Fortunately India’s richer heritage has largely sheltered contributors to this journal from such bigoted attacks. As our knowledge becomes shared internationally have courage to face modern day equivalents of the Inquisition!

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This presents a case history of a man suffering from Exhibitionism illustrating his phobic like avoidance of somatic inkblot structure suggestive of sexual content. A followup interview using intravenous barbiturate induced sedation combining psychotherapy and behavioral therapy is described. The need for replication with group studies is emphasized.


The Somatic Inkblot Series (SIS) has the capacity to activate in projective awareness regionally specific anatomical imagery underlying psychophysioletic symptoms. A case history involving premature ejaculation using Jacobson deep muscle relaxation to facilitate desensitization therapy is described.

When mentally disturbed individuals develop disease, their stress is mentally processed with deranged mental mechanisms. If their preexisting mental condition involves a form of the Somatoform Disorders, than it can poses confusing medical diagnostic problems. Differentiating psychosphysiological and conversion physical complaints from those secondary to physical disease can be puzzling. The diagnostic puzzle can sometimes be unraveled by assessing anatomical responses evoked by the Rorschach. A case history study involving a surgical patient with Conversion Disorder, “Pelvic pain” following successful surgery for bowel cancer is outlined. Post surgery fears of undetected metastases were denied, yet symbolized in an anxiety laden response depicting the pelvis as being attacked by bugs. This Rorschach evoked anxiety laden pathological imagery was desensitized in six subsequent interviews using pharmacologically induced relaxation.


The Rorschach test by Klopfer’s method was administered to 442 older Indians aged 65 years or more, comprising of normal subjects and patient groups. The normal sample consisted of 282 subjects. The patient sample consisted of 160 patients with the diagnosis of dementia (n=66), alcohol dependence syndrome (n=16), schizophrenia (n=16), mania (n=5), depression (n=50) and anxiety disorders (n=15). The Rorschach protocols of normal older Indians at different age groups showed significant differences from each other and also from the Western norms. The Rorschach profiles of the various groups of patients also showed significant differences between them, from normal older Indian subjects and also from the Western norms. Interpretation of the Rorschach protocols of normal older Indian and also patients using the Western norms would be fallacious and misleading. The use of the Rorschach test to study the aging trends of normal older adults as well as an aid to clinical diagnosis was strongly supported.

6. **A Comparison of Somatic Inkblot Series-I Indices in Normal Children and Adults:** Rakesh Kumar: pages 44-47.

Since birth, human beings progress through various stages of personality development. Accordingly inkblot variables should reflect changes in the quantum at different age levels. The present study was designed to demonstrate these changes empirically on Somatic Inkblot Series-I (SIS-I). The test was administered on 100 children and 100 adults. The results revealed significant differences on six out of nine variables: Movement, Typical, Atypical, Anatomy, Most Typical and Rejection of Images which confirmed the hypothesis.

7. **Projective Techniques and the School-Based Assessment of Childhood Internalizing Disorders: A Critical Analysis:** David N. Miller and Amanda B. Nickerson: pages 48-58.

School psychologists in the United States frequently conduct assessments of emotional and behavioral functioning of children and youth in schools, including the assessment of childhood internalizing disorders such as depression and anxiety. Although projective techniques have historically been and continue to be widely used by school psychologists for the assessment of childhood internalizing disorders and other emotional and behavioral problems, there have been frequent and increasing criticisms of their use. This article discusses various reliability and validity issues in the use of projective techniques with children and adolescents, with an emphasis on incremental and treatment validity, as well as problems associated with professional experience and clinical judgment. We conclude that projective techniques are typically not needed for the school-based assessment of childhood internalizing disorders, and that in most cases their combination does not reflect current best practices in school psychology. Recommendations are provided for using
projective techniques with children and youth in schools sparingly, in specific circumstances, and within a problem-solving, databased framework.

8. Inter Correlations of Nine SIS-I Indices: D. Kumar, B.L. Dubey and Rakesh Kumar: pages 59-63.

The present study aims at delineating inter-correlations in nine indices of the Somatic Inkblot Series-I (SIS-I). The test was administered on a sample of 50 subjects screened through PGI Health Questionnaire. The results of product moment correlations revealed significant and positive correlations.

9. Relationship Between Controllability Awareness And Cognitive Emotion Regulation In Selected Clinical Samples: A Psychosocial Perspective: Manisha Dasgupta and Nilanjana Sanyal: pages 64-75.

Probes into “why” behavior pathologies do occur are not very common. The present attempt incorporates a probing exercise in terms of the variables of controllability awareness, cognitive emotion regulation, narcissism, life-satisfaction and self-esteem with 32 (sixteen depressive and sixteen obsessive-compulsive) patients and a comparative judgment of the same with 32 matched normal. The main objective was to examine the relationship of controllability awareness with cognitive emotion regulation as bearing etiological conditions for the selected clinical samples. Statistical analyses revealed significant profile differences between the samples with regard to all the variables. The specific findings highlighted rumination, catastrophizing and self-blame to be non-adaptive, being related to symptoms of psychopathology while a “protective” effect was suggested from refocus on planning, positive reappraisal and putting into perspective. This study would perhaps enrich the knowledge regarding their psychopathology and help design disease-specific psychotherapeutic programs.


This study examined Rorschach protocols of 171 female subjects, belonging to Eating Disorders subgroups (anorexia, bingeing-purging anorexia and bulimia) and mood disorder and anxiety disorder diagnosis. The clinical subgroups were compared with 41 healthy controls group comparable regarding age and socio cultural characteristics. The aim of the study was to explore emotional dynamics in the projective test situation of eating disorders patients and to verify their psychopathological similarity with depressed and anxious patients. Owing to theoretical link that many authors hypothesized with affective and emotional dynamics of shade and color determinants, we have choose them as indicators in our study. Statistical analysis was performed by MANOVA and ANOVA on Rorschach scores, following Klopfers’s method. The results showed a significantly lower productivity, shade responses and color responses in anorexic group of women, similar to Rorschach profile of depressed women. Bingeing-purging group and bulimic group showed intermediate profile being between anorexic and normal controls groups. The results are interpreted in terms of object relation.