1. Editorial: The SIS Journal as a Cyberspace Scientific Meeting Hall for Sharing Scientific Based Truths, Wilfred A. Cassell, pages 1-3

Defining what reality is truly can be facilitated by SIS memory releasing electronic viewing technology. This evolving psychological testing system and structured interview aide has far reaching applications in the 21st century. These extend far beyond mind/body research and clinical diagnostic/treatment into the spiritual realm of existence.

Inkblot projective procedures, such as the Rorschach were originally conceived for traditional applications by clinicians. Subsequently their use was extended to other populations, such as testing applicants for military service or roles in industry. Unfortunately, sometimes such extension disregarded basic standards of validity and reliability, resulting in flagrant abuses. As an extreme example, at one time in California, the Rorschach results sometimes determined a prisoner’s fate in regard to execution!

We need to be careful not to repeat such overly optimistic expectations in extending SIS assessment work, and the evolving technologies therapeutic applications. Cautions are indicated in an age when basic brain research points out the important role of genetic factors as well as the importance of psychopharmacological based treatments. To date all positive therapeutic claims have been based upon individual case history studies. It is humbling to realize, that as yet, not even one statistically based outcome study has been attempted. I challenge dedicated SIS workers to contemplate this important line of future therapeutic investigation. Moreover, it may prove to be worthwhile, when recognized treatments fail to relieve suffering, that SIS therapists create new ways to more effectively communicate utilizing the language of spiritual symbols that are consistent with the sufferer’s own religious doctrine.

In contemplating this latter, attention might be directed to designing SIS inkblot-like structures with color-form content suggestive of religious symbols. Historically, to my surprise, in my early clinical trials with SIS I stimulus XIV, it was found that certain women, when defending against perceiving the blots sexual content, substituted defensive Christian symbolism. In the SIS II series A3 has also been found to evoke such spiritual imagery. In this journal issue, there is an illustrative case presentation involving a twelve year old girl who developed symptoms from verbal and physical abuse in a dysfunctional family. In viewing SIS this blot which also can evoke Christian symbolism (“A loving Jesus suffering on the cross”), her projected response momentarily took her mind off emotionally painful PTSD abusive memories.

We now have a growing body of evidence permitting investigation into the mental mechanisms by means of which imagery projected onto such spiritually charged SIS stimuli can mentally displace PTSD memories and relieve discomforting emotions. Focusing on these conjured up visions readily displaces pathological material that would otherwise flood conscious awareness dragging along discomforting affect. This reflects the brain’s basic biological neural inhibiting mechanisms that normally (unless there is a Dissociative splitting) only allow only one stimulus to peak into consciousness at a time. This principle is utilized in Yoga. Focusing on specific body regions can obliterate negative memories and affect. In some yet inexplicable psychosomatic manner, this can establish optimal neurophysiologic conditions for the body’s natural healing processes.

Continuing with the example of Christian symbolism, creating in fantasy a human figure, which on the basis of religious doctrine is imagined to be suffering and “dying” for the viewer’s “sin” facilitates the process of projective identification. It enables the temporary magical transfer of the victim of PTSD within inner psyche space, to a loving spiritual realm of healing. Clergy and knowledgeable therapists can extend the time duration of this defensive mechanism by encouraging protracted religious rituals augmenting such defensive mechanisms. These are analogous to the psychological defenses observed and sometimes selectively therapeutically supported treating those suffering from the religious categories of Obsessive Compulsive Disorder.

SIS psychotherapists employing symbols utilized in healing by other world religions can likewise utilize religious symbols more consistent with the sufferer’s particular dogma. It is hoped that designing semi ambiguous stimuli / “inkblots” with human or animal structure would be much more powerful in displacing PTSD imagery than projective stimuli lacking living content. Perhaps this is why the Roman Catholic symbol of Jesus on the cross is so much more attention/affect grabbing than the Protestant empty cross, symbolizing the much more intellectualized notion of “resurrection”. Unfortunately demonic religious leaders can mesmerize their followers and temporarily lift them out of stressful memories by substituting members of
other groups for victimization and aggressive release of pent up frustrations.

Clinicians treating individuals suffering from definable mental conditions are encouraged to first introduce SIS evoked imagery consistent with guidelines established by traditional scientifically based professional disciplines within this society. Yet standard present day therapies take time. Frankly, for many victims of PTSD they are sometimes not always as effective as their adherents claim. Moreover many clinical research studies suggest that the “personality” of the therapist is more important than the technique. In any case, when these do not entirely resolve symptoms, it is reasonable to envision supplementing them by scientifically exploring concepts and symbolic language in therapy related to spirituality. Eventually as SIS color/form/movement stimuli are created with content related to other religions than Christianity, they will have a wider range of spiritual releasing power to augment existing PTSD treatment methods.

Investigators exploring the boundaries of our scientific knowledge in a relatively intangible spiritual realm are advised to keep in mind a sound scientific basis in reality for their pioneering endeavors. None of what has been discussed above need be based upon accepting or adhering to the alleged validity of a particular religious doctrine. We are mere mortals functioning as mind-body scientists in envisioning new techniques for healing - without subscribing to any particular religious belief system which purports to explain the multiple mysteries of cosmic reality.

Over the years, our journal has provided a communication vehicle for sharing the results of a variety of innovative basic research and clinical studies. Clinical investigators in the mental health disciplines extending into the neurological sciences are welcome to publish informative articles on their work. This invitation extends even to those whose scientific findings may have political, religious or economically controversial implications. Our hope for resolving problems in living on our fragile war torn planet is to extend epidemiological research in the health sciences. Ultimately it may be come possible to educate political leaders on the need for funding SIS survey derived health statistics. Unlike traditional medical/psychological questionnaires which solely access symptoms in conscious awareness, the SIS can bring to the surface of awareness preconscious disturbances in body imagery. Early detection of illness can lead to more effective methods of prevention.

At this stage of the Somatic Inkblot Society’s history, members need to be proud of their past accomplishments and journal. In looking to the future, we need to maintain economic independence from outside groups, who might at some time attempt to compromise honest communication. In the modern world there are many political/economic influences lurking in communication media. In the west, these have transformed honest news reporting, describing reality based world events, to falsified deceptive image entertainment, analogous to fantasy theatre. In America the majority of the public is still mesmerized by programs about their favorite sports, entertainment or religious personality. Only now, as the recent economic downturn produces hardships and as other countries emerge with greater economic potential are thinking Americans beginning to realize that they have been deceived.

Scientists suffer from human weakness involving deception as well. Consequently they are not immune from distorting the truth in scientific publications. External pressures can influence the reported results. One medical example involves altering statistics regarding a new drug’s efficacy and side effect profile. Currently in western countries, the economic influence of the pharmaceutical industry has caused some American university researchers to fraudulently distort data. Another American example involves mental health studies on military stress related suicide and Posttraumatic Stress Disorder (PTSD). How reliable are health care statistics derived by investigators whose funding is dependant on government support, when the political powers controlling the budget wish to shape the public’s thinking about a particular conflict?

Relative to the latter example, this issue of our journal includes a clinical case study on PTSD developed by an American Vietnam veteran. An educational television program was recorded over 15 years ago, but has never been shown or transcribed previously. It still is a very emotionally charged and highly controversial subject to many Americans. Moreover, this mental disorder may be quite unlike law enforcement PTSD, where police personnel are psychologically traumatized by witnessing a mutilating traffic “accident” that on the surface appears to present no moral dilemmas.

In sharp contrast, the military recruit originally brain washed by propaganda supporting a particular war, may eventually, during combat rethink the underlying moral issues, and begin to question the political motivation for the combat, especially if intense ever enduring guilt pervades. The veteran whose case is presented in this issue of our journal began such introspective questioning, after in self defense he had blown apart a ten year old Vietnam boy. During combat his instantaneous impression was that this child was an adult enemy soldier about to shoot. When after similar personal traumatic experiences from warfare in a foreign country,
suggest that reality based questions may be valid, this new belief can produce cognitive dissonance during introspectively reprocessing PTSD imagery. Imagine the additional repressive complications that can arise, if the military mental health team is ordered to psychologically support the original propaganda propagated by a powerful industrial/military conglomerate.

As long as this international journal can maintain scientifically based honesty, it will continue to be a positive intellectual force, in a world beset by evil.

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2. Questionable Validity of Projective Technique and SIS Intervention. Wilfred A. Cassell and Bankey L. Dubey, pages 4-15

Some psychologists question the validity of projective test as they do with Questionnaires. They forget that the projective tests can not be verified on the same parameters as questionnaires. We put our perception and feelings in to the mind of subject by asking them to choose their answers as “Yes” or “No”, “True” or “False” “Agree” or “Disagree” etc. The true validity of a test should be decided “if it measures for what it was made”. An Inkblot test is a powerful instrument. It brings unprocessed material through projection which can not be assessed through so called objective questionnaires. This approach is demonstrated in the following case study using SIS Test.

3. Discriminating Power of the Comprehensive Scoring System for SIS-I, Sunita Kandhari, Jyotsna Sharma and Rakesh Kumar, pages 16-22

A systematic review of the literature available on SIS-I indicates that the test has been extensively used on a variety of populations. Simultaneously, some researchers felt the need for extending the current scoring system for SIS (Deepak and Jagdish, 2002, Ruchi, Singh and Kumar, 2002). A Comprehensive Scoring System (CSS) for SIS-I was developed on the basis of Beck’s scoring system for Rorschach. The CSS indices for SIS-I were compared in manic, depressive and schizophrenic patients. A sample of 90 patients in three groups: mania (n=30), depression (n=30) and schizophrenia (n=30) were drawn from a psychiatric institute. SIS-I was administered individually to each patients and scoring was done according to the CSS. The Kruskal Wallis test revealed significant difference amongst various indices of CSS and the results are discussed in the paper.


The Psychodynamic School of thought conceptualizes magnitude of ego-strength as a major component of healthy personality. Ego functioning is evident to be impaired in schizophrenia and pervading impairment spreads to behavior, perception, emotion and cognitive domain. We explored to determine if the Rorschach inkblot test could effectively gauge ego strength, operationally defined as reality orientation, in schizophrenic patients. This projective instrument was individually administered to 50 schizophrenic patients drawn from Psychiatry OPD of VSS Medical College, Burla, Sambalpur. A matched control group of 50 normal participants was also drawn from general population. The following indices of Rorschach inkblot test were identified as measures of ego-strength: Total number of responses (R), Whole responses (W), Rare detail (Dd), White Space (S), Good Form (F+), Human Movement (M) and Popularity (P). It was found that R, F+, M and P responses were significantly lower, and W, Dd and S responses were significantly higher in the schizophrenic group. These results suggest that Rorschach indices may successfully measure ego-strength in schizophrenic patients.

5. Infectious Suicidal Imagery in Combat PTSD, Wilfred A. Cassell and Bankey L. Dubey, pages 27-37

The SIS-II Video version was administered to an American Vietnam veteran suffering from PTSD. Like many such military veterans, he had never sought treatment for his own mental symptoms. He had been deeply
depressed and suicidal. The SIS images helped as a psychotherapeutic aide in reprocessing combat related long term traumatic material. The memory pulling power of SIS is discussed.

6. Psychological Distress in Alcohol Dependence Syndrome, S. Chaudhury, Jyoti Prakash, T. S. Walia, K. Seby, S. Sukumaran and Dolly Kumari, Pages 38-44

Psychological assessment of 100 consecutive male inpatients with alcohol dependence and an equal number of age, sex, occupation and regional background matched controls was carried out utilizing the State Trait Anxiety inventory, Carroll Rating Scale for Depression, The Multiphasic Questionnaire, Maudsley Personality Inventory, Toronto Alexithymia Scale, AFMC life events scale, Self-esteem inventory and the Somatic Inkblot Series- II. Analysis of the results showed that alcoholics obtained higher scores on state and trait anxiety, depression, mania scale, paranoia scale, schizophrenia scale, psychopathic deviance, neuroticism, extroversion, and AFMC life events scale. Alcohol dependent individuals had significantly lower self-esteem as compared to control subjects. As compared to normal controls significantly more alcoholics were identified as alexithymic. Profile of the alcohol dependence patients on SIS-II indicated that they vary on Human response, Animal response, Anatomy Responses, Sex Responses, Most Typical Responses, Typical Responses, Atypical Responses and Depression, from the normal population.


The present study is an attempt to explore and quantify the effect of maternal employment on well-being, personality and parent-child relationships of young adults of nuclear families. For this purpose a sample of 120 undergraduate students (age ranging from 19-21 years) from nuclear families, 60 with working mothers and 60 with mothers who were full time home makers, 30 males and 30 females in each sub sample, was chosen. General well-being, personality and parent child relationship of this sample were studied by administering P.G.I. General Well-Being Measure (Verma and Verma, 1989), NEO Five Factor Inventory - Form S (NEOFFI) (Costa and McCrae, 1992), Parent-Child Relationship Scale (Rao, 1989). The data were analyzed using parametric statistics. Results showed that maternal employment has significant impact on well-being, personality and parent-child relationship of young adults of nuclear families.


Rehabilitation psychology is an emerging and promising field, working on the underlying principle that persons with disabilities are blessed with enormous potentials. The main focus is on helping the needful clients to achieve optimal functions as well as developing maximum opportunities. It is emerging as a special branch of knowledge dedicated to the understanding and enablement of disabled persons to play a more holistic role in life: Personal, Psychological and Social. While this emerging field is well recognized in the western countries, it is still at developmental stage in India.


The present study explores the roles of meaning in life and reasons for living in Depression. The Beck Depression Inventory (Beck et al., 1961), Meaning in Life Questionnaire (Steger et al., 2006) and Reasons for Living Inventory (Linehan et al., 1983) were administered to two groups- the clinical group and the normal group, each consisting of 15 males and 15 females, matched on the basis of age, sex and educational qualifications. Since significant differences between males and females in clinical and normal groups did not emerge on any of the variables, hence further statistical treatments were done combining males and females together. Significant differences were found between clinical and normal groups with respect to presence of meaning in life and fear of suicide of reasons for living. Also significant relationships were obtained between depression and presence of meaning in life and between depression and survival and coping beliefs and fear of suicide of reasons for living in the clinical group. Survival and coping beliefs of reasons for living was found to be the highest contributing factor for the development of depression, followed by child-related concern of reasons for living.
10. Personality Pattern of Male and Female Schizophrenics on Human Figure Drawing Test, A. Kanchan, N. A. Khan, A. R. Singh, M. Jahan and K.S. Sengar, Pages 63-68

Projective analytic theory is based on the assumption that deep and often unconscious feelings and motives may be assessed through various means of self expression (Machover, 1949). The drawing of a human figure was seen as an ideal vehicle for self expression. The present study was designed to use it as means of self expression and compare the pattern of responses of male and female schizophrenic patient. The sample comprised of 50 males and 50 females schizophrenic patients and 50 normal subjects. The mean, SD and t-test was computed to compare cognitive level between normal and schizophrenics; and male and female schizophrenic patients. The result revealed that schizophrenic group had significant level of cognitive impairment in comparison to normal control but there was no significant difference in level of cognitive impairment between male and female patients. The chi-square was also computed to compare the drawing patterns of male and female schizophrenic patients and the results indicated significant difference in their personality patterns.

11. SIS Imagery in Depression with Somatization – Therapeutic Intervention: A Case Study, Ranjeet Kumar, Pages 69-72

This case study involves a 28 year Engineering graduate woman severely depressed with multiple somatic symptoms. It is evident that many of her SIS responses reflected the severe extent of her depression. SIS responses also projected her poor relationship with her mother-in-law. The therapeutic intervention had begun to restore her self image as being a competent mother to care for her child. The rich and graphic SIS symbols are discussed in the case study.

12. Dissociative Convulsion Disorder: A Case Study. Deepak K. Mishra; Masroor Jahan and Amool R. Singh 73-75

The Somatic Inkblot Series was administered to a 12 years old girl, studying in 7th grade with complaints of nervousness, headache, low mood, stiffness in upper limbs and body, fits of occasional unconsciousness. She was diagnosed as a case of “Dissociative Convulsion Disorder” as per ICD-10. The SIS responses projected her poor interpersonal relationship, pent-up aggression, physical abuse and disturbed family functioning. The SIS imagery projected traumatic feelings which formed the basis for effective therapeutic intervention.

13. Manifestation of Auditory Hallucination in the Cases of Schizophrenia, Jay Kumar Ranjan, Jai Prakash, Vinod K. Sharma and Amool R. Singh, Pages 76-79

Auditory hallucination is the commonest and the most important disorder of perception. Hearing voices is core characteristics of schizophrenia. The present study aims to assess beliefs about auditory hallucinations in the cases of schizophrenia. A total of 50 male schizophrenia patients from RINPAS, Ranchi, India, were administered Beliefs About Voices Questionnaire (BAVQ). Result reveals that schizophrenic patients showed malevolence beliefs, resistance related to feeling, poor resistance related to behavior, negative engagement related to feeling and behavior, regarding auditory hallucinations.