1. Editorial: Changing Personal and Professional SIS Perspectives, Wilfred A. Cassell, pages 1-3

“Humpty Dumpty sat on a wall,
Humpty dumpty had a great fall:
All the king’s horses and all the king’s men
Couldn’t put Humpty together again” - Mother Goose Nursery tales

The first decade in the new millennium has passed, so I wish to share certain SIS society perspectives. In some American native cultures, such sharing might be referred to as “the wisdom of the elders”. As separate nations gradually merge their common interests through English language communication, air travel, the internet and common trade interests, medical diagnostic/treatment procedures etc., international life on our small fragile planet, now, as compared to the past, even seems much more complex. Consequently, no informed person can really feel “wise”.

Moreover, how could any dedicated SIS clinician/behavioral scientist not be puzzled, yet intrigued, by the complexity of peering into the inner world of the mentally disturbed? Looking through the powerful lenses of the SIS represents a projective “time machine”. It not only reveals past perceptions of outer world reality, but accesses symbolic dream imagery, that may be totally out of awareness and missed in interviews, as well as questionnaires.

It remains a challenge for SIS researchers and clinicians to decipher the body-mind-spirit revealing projective data, especially the symbols seen in the various diagnostic categories. The splitting of ego identity observed in many such conditions is quite analogous to that portrayed in the above nursery rhyme. Present day attempts at diagnostic categorization nomenclature can reflect this pathological fracturing of the self concept, as for example, “Schizophrenic Disorder” and the recently renamed category “Multiple Personality Disorder”.

While advances in treatment efficacy have been significant, using structured psychotherapeutic approaches and psychopharmacological medications. Sadly, in many cases “Humpty dumpty” doesn’t get “put together again”. In contemplating the future clinical applications of the SIS technology, future claims of success must be based in evidence based scientific studies. For the severely mentally ill, their genetic abnormalities may predispose them to lifelong “Humpty dumpty” morbidity. The modern literature now indicates that existing therapies including SIS interventions must be viewed as primarily palliative and to improve functioning, not “curable” (i.e. secondary and tertiary prevention).

Unfortunately in the past, statistical based studies have not always guided treatment programs for the mentally ill and with devastating long term results. Perhaps my own past clinical experience might be of interest. Historically, in the 1950’s while in medical school, I was employed part time in the Dept. of Pharmacology. My task was to assess the ability of antihistamines to suppress “motion sickness”. Some of the more effective ones (e.g.Chlorpromazine) were subsequently in the 1960’s used therapeutically as antipsychotic therapeutic agents for the severely mentally ill in Saskatchewan. At that time, I was working there conducting investigations to evaluate the diagnostic/treatment applications of the SIS-I card form of the procedure. In the psychiatric hospitals, some clinicians initially became overly optimistic the efficacy of about the new class of drugs. In the absence of any scientific longitudinal studies, a minority of them convinced politicians that hospitals could be phased out. It was purported that the chronically mentally ill, “would be better cared for in the envisioned community care facilities, near family members and that it would be more cost effective”.

Eventually, the provincial government gave lip service to this “cost reducing” plan, but failed to fully fund community programs. Subsequently, this fallacious, fault ridden, plan was adopted in the United States. Unfortunately, there again were similar funding deficits. Now, in North America, improperly cared for chronically mentally ill people aimlessly walk urban streets. Eventually many experience legal problems and become imprisoned. This example of poor research work on drug efficacy and treatment outcome must not be repeated with regard to our promising positive clinical case therapeutic studies. While I remain optimistic that SIS research with group controlled studies would produce statistical outcome data, supporting our early work. However, in America with the current economic crisis, I am pessimistic about the possibility of obtaining
necessary financial support. As a result of the Saskatchewan fiasco, I am more aware of the political/economic vulnerabilities of mental health research investigations due to naïve politicians and a media mesmerized/street drug narcotized public.

Fortunately, not all mentally disturbed people have incurable genetic determined illnesses and even for those who do, SIS intervention can sometimes be helpful in terms of secondary and tertiary prevention. For example, an individual suffering from Schizophrenia, paranoid type, could be assessed to complete, on a regular basis, the SIS-II Booklet form. These could be quickly scored on intensification of psychosis reflected in an increase of projective responses, depicting being stared at and/or the number of “Eye” responses. This could alert care providers to medication noncompliance or a need to hospitalize. In those suffering from one of the more severe Affective Disorders, unreported suicidal impulses might be detected by the projection of self destructive imagery on B22, depicting a dying person’s body, with the soul leaving, B15, depicting, sharp, knife like objects and B21, depicting a handgun.

This journal has published many other examples and promises to do so in the future. Consequently, I am quite hopeful about the educational, research, clinical and industrial applications of SIS technology, especially in India. I am more pessimistic about the economic vulnerability of community mental health programs, worldwide.

When contemplating international financial problems, I feel quite envious of naïve children, who still believe in positive fairy tales, the physically healthy, mentally retarded, who are fortunate enough to be well taken care of, the authoritarian religious bigot, whose restricted mental health view is blinded by simplistic, existential anxiety reducing dogma that considers spirituality, solely a human characteristic. I particularly fear Moslems who plan on using inflated reproductive rates as a device to eventually turn democratic nations, into theocracy dictatorships. When opposing religious systems clash, like in the past, the seeds of violence, human atrocities, terrorism and war are sown.

There is a similar tinge of anxiety in viewing the power of political leaders, who basically are ignorant of the growing scientific literature on helpful body-mind-spiritual health programs. Many of these are skilled in using the media to manipulate their own public image. They access vast hidden financial support from powerful economic sources. One involves the international drug lords, who prey on mentally tormented individuals lacking mental health care, but who find solace in alcohol/illegal drugs.

Another source of funding in America, involves influential bankers and hedge fund operators who have let their greed ("white collar crimes") set in motion an unfolding international financial crisis. Many of these perpetrators are wizards at acquiring billions of personal dollars, yet have sociopathic personality biases. Some behind public view have established working relationships with corrupt brain washed, over confident, egotistical military leaders. A few of the latter are linked with industrial power groups, who can benefit financially from covert CIA international operations, which repeatedly undermine the democratic guidelines of the American Constitution. It is my hope and prayer that Americans who share such concerns can once again raise to the challenge.

Yet, I predict that the ascendance of India will surpass all others in a leadership position on the world stage. I hope that our international SIS society based in India will continue to be guided by optimally blending "left brain" scientific methodology, with “right brain” emotion connected spiritually. We must continue to honestly employ ethical principles in research and clinical practice. This especially concerns SIS diagnostic/treatment applications relative to the efficacious management of severe mental conditions as well as the less biologically tangible personality disorders involving “Humpty Dumpty” type childhood “fractures”.

Ultimately, SIS conceptual models intellectually relate to all life sciences sharing common questions, the most basic of which involves unraveling the puzzle concerning the origin of life on our planet. To what extent did chemicals resulting from cosmic reactions provide the building blocks for primitive life forms on our planet? How did these become transformed into primitive life forms setting the stage for evolution into the central nervous system of higher life forms? Can a human brain ever expect to fully understand itself, solely, in biological models, without some meaningful consideration of spirituality? Finally, how can our SIS society proceed in this intangible dimension without turning back into the dark ages of mythology and dogmatic religion?

Wilfred A Cassell, M.D., FAPA, APC.
2. **Childhood PTSD Roots of Borderline Personality Disorder- Emotionally Unstable Personality Disorder (ICU-10),** Walter M. Case and Bankey L. Dubey, Pages 4-13.

In recent years there has been a growing controversy regarding the validity of the APA diagnosis of Borderline Personality Disorder. This categorization is not recognized internationally and perhaps the closest approximation internationally in the ICU-10 is “Emotionally Unstable Personality Disorder”. A clinical case history is presented involving an adult male, who presented with a childhood background of PTSD and ADHD. His personality problems became apparent in late adolescence. As an adult, he self medicated with alcohol and street drugs for handling bouts of severe depression. When this failed, he sought treatment and revealed his inner tormented world through symbolic dreams and SIS imagery. These presented time capsule “pictures” of his “borderline” life style traceable to trauma in a dysfunctional family.


The present study was designed to compare the pattern of responses on SIS-I in normal males and females. SIS-I was administered to 200 normal persons comprising two groups (Males (n=82) and Females (n=112). The SIS-I was administered individually and the data was analyzed through Mann Whitney U-test. The results indicate that males and females differ significantly only on a few indices of SIS-I. Highly significant difference was found only on TR and CBA.


Mental health professionals have historically been trained with Eurocentric-derived assessment procedures and tests for children in North America. A survey of clinical assessment procedures that could easily be adapted in a cultural-free format for use with Aboriginal children was undertaken. Among the clinical assessment procedures identified as easily adaptable were the Goodenough-Harris Draw-A-Person and Draw-A-Family. Un-adapted these clinical assessment tools tend to be directed toward the Euro-Canadian population and might not be usefully applied to children in Aboriginal communities. This is true for popular assessment measures such as the Draw-A-Person and Family protocols. Nonetheless, drawings have proven to be valuable in facilitating clinical interviews and as outlets for children to express the intent of their emotions. With this in mind, an approach involving two procedures from the drawings was explored and found to be helpful in facilitating clinical interviews and learning about Aboriginal children and their concerns. Draw-Your-Self and Draw-Your-Family tasks were combined with questions adapted from the questioning approach of the Thematic Apperception Test. The discussion concludes with a review of the training and experiences needed by a professional intending to implement this procedure.

5. **‘It might be what I am’: Looking at the use of Rorschach in psychological assessment**

Rui C. Campos, Pages 28-38.

The paper emphasizes the importance of projective methods in psychological assessment and places these methods in the context of other psychological assessment instruments. The clinical status of Rorschach test and the administration, coding, structural summary and interpretation of Exner’s Comprehensive System is discussed here. Two clinical cases following content analysis are also discussed in the paper.


Soldiers with poly-trauma are reported to suffer serious psychological disorders. However, little is known about psychological distress associated with poly-trauma in Indian security force personnel. The present study aimed to assess psychological distress associated with poly-trauma in Indian security force personnel. The study included 100 consecutive poly-trauma patients and 100 normal subjects. All the subjects were screened using General Health Questionnaire (GHQ), Michigan Alcoholism Screening Test (MAST), Carroll Rating Scale for
Depression (CRSD), State-Trait Anxiety Inventory (STAI), Impact of Events Scale (IES), Multidimensional Fatigue Inventory (MFI), Perceived Stress Questionnaire (PSQ), The Satisfaction with life scale (SWLS) and the SIS-II. As compared to normal subjects the poly-trauma patients obtained significantly higher scores on the GHQ, CRSD, IES and MFI but not on the MAST, STAI, and SWLS. Poly-trauma patients had a significantly higher prevalence of psychiatric disorders (34), depression (41%) and alcohol problems (24%). The results indicate that psychological intervention would greatly facilitate the management of these patients.

7. Human Figure Drawings of Normal Indian Adults, Nawab Akhtar Khan, Amrita Kanchan, Masroor Jahan, Amool R. Singh, pages 50-61.

Projective – analytic theory is based on the assumption that deep and often unconscious feelings and motives may be accessed through various means of self expression. The drawing of human figure was seen by Machover as an ideal vehicle for self expression. Various studies reveal the indicators suggestive of various clinical groups, but there is scarcity of studies revealing the profile of normal Indian people. The present study was conducted to prepare a profile of normal Indian people on Human Figure Drawing Test. After screening through GHQ-5, 250 normal participants in the age group of 20 to 40 years with minimum education of 10 years were selected from selected districts of three states of India. Participants were instructed to draw a male and a female human figure on a blank piece of paper. The figures were analyzed on the basis of specific features such as line quality, placement of figure, position of hands and legs, quality of hairs, pattern of clothes etc. The results reveal that most of the drawings were placed on the top. It had heavy or reinforced line. Figures were sophisticated. Hairs were appropriately groomed with clear indication of waist.

8. SIS-I Profile of Psychosexual Dysfunction, Daniel Saldanha, L. Bhattacharya, Kalpana Srivastava and Bankey L. Dubey, Pages 62-68.

SIS-I has been used by a number of researchers on a variety of population. However, it has not been specifically tested on patients with sexual problems i.e. inadequate penile erection for a satisfactory sexual interaction with females and premature ejaculation. 40 normal individuals and 40 cases with psychosexual dysfunction were administered SIS-I. Scoring was done according to the original guidelines in “Body symbolism and the Somatic Ink blot Series” by Wilfred A Cassell (Cassell 1980). Findings of the study are discussed in the paper.


Projective techniques are commonly utilized to estimate the extent of ego strength. Somatic Inkblot Series is relatively a new addition to the family of inkblots. We have tried to explore if SIS-I can also effectively measure the ego strength in depressive patients. Somatic Inkblot Series-I (Card Form) was individually administered to 50 depressive patients drawn from Psychiatry OPD of VSS Medical College, Burla, Sambalpur (India). A matched control group of 50 normal participants was also drawn from general population. The following SIS-I indices were identified as measures of ego-strength: Total Number of Responses (R), Human Responses (H), Movement Responses (M), Most Typical Responses (MT), Typical Responses (T) and Atypical Responses (AT). The analysis of data suggested that Total Number of Responses, Movement Responses and Typical Responses were significantly lesser, and Most Typical Responses and Atypical Responses were significantly higher in the depressive group. The results indicate that SIS-I indices successfully measures ego-strength in depressive patients.

10. Oedipus: The Deep Rooted Reality to Homosexuality, Jhelum Podder and Sonali De, Pages 77-88.

The present study investigates certain psychodynamic processes of homosexuals and compares it with that of heterosexuals. The objectives of the study were to: (a) explore the oedipal relations and conflicts of male and female homosexual subjects, (b) explore and compare the oedipal relations and conflicts of male and female heterosexual subjects, (c) compare the oedipal relations and conflicts amongst the homosexual and heterosexual subjects. Forty-four individuals participated in the present study of which 22 were homosexuals (13 males and 9 females) and 22 were heterosexuals (13 males and 9 females). The Klein Sexual Orientation Grid was used to assess their sexual orientation. Cohort matching technique was used to match the homosexuals with their heterosexual counterparts. 10 cards of Thematic Apperception Test were administered to elicit the unconscious oedipal desires and conflicts of both heterosexuality and homosexuality. Common themes were elicited by three raters who are experts in the fields of psychology and psychoanalysis. Both the homosexual and the heterosexual groups have oedipal desires towards the opposite sex parent, with over oedipal attachment and consequent inversional bond resulting from relatively stronger castration anxiety in the
homosexual subjects. The unconscious dynamics of the gender role in male homosexuals was found to be feminine with an aspiration to be masculine at times, while female homosexuals were found to be more masculine. The oedipal stage and its consequent dynamic processes are crucial phenomena which contribute enormously upon sexual orientation.

11. Impact of Meaning in Life and Reasons for Living to Hope and Suicidal Ideation: A Study among College Students, Atanu K. Dogra, Saugata Basu and Sanjukta Das, Pages 89-102

The present study attempts to discern whether meaning in life predicts trait hope, state hope and suicidal ideation beyond the effects predicted by reasons for living, personality and stressful life events; and whether reasons for living predicts beyond the effects predicted by personality and stressful life events. Personal Information Schedule, EPQ(Eysenck,1975), Stressful Life Events Scale (modified after Presumptive Stressful Life Events Scale, Singh et al.,1984), Reasons for Living Inventory (Gutierrez et al.,2002), Meaning in Life Questionnaire (Steger et al., 2006), Adult State Hope Scale (Steger et al.,1996), Adult dispositional Hope Scale (Snyder et al.,1991), Adult Suicidal Ideation Questionnaire (Reynolds,1991) were administered on 711 undergraduate college students in small groups. The obtained data have been statistically analyzed using hierarchical regression analysis. Results suggest that future expectations and coping beliefs of reasons for living and presence of meaning in life act as common factors for both hope and suicidal ideation but in opposite direction and the meaning in life influences hope and suicidal ideation beyond the effect of other factors.