
Sensory-oriented self-system peeps into the external reality in search of bodily pleasure and its resonance in mind. In the process itself, it encounters pains at times. Pleasure and pain are inevitably entwined. To have peace, harmony and the deep feelings of serenity in this stimulus-conglomerated world, our target should be the experience of bliss and just not pleasure. To attain bliss, our internality of self, needs to be fathomed in calm state of mind.

The world of projection radiates the internal elements in the subjective coloration of one’s own schema. Schema-content is once again the product of sensorium-transmitted external objects. The frames and fringes of projection need tender care to understand one’s internal contents and dynamics of personality. Such understanding differentiates between healthy and pathological frames of personalities. Assessment of mental health offers beads of comfort and, in their integration, a productive person for the society. Pathology, detected through projective techniques, opens up the gates of connection to initiate productivity in a person.

Today’s world has non-stop sparkling stimulations. Our sensoriums are over-loaded with them. Our mind not only has sharp clarity of these stimulations, often they are clouded with doubts and anxieties, and crowded with too many contents to touch the “feel good” zones in life. Helplessness in interpretations is obvious in the absence of clarity. The added streaks are lack of trust and faith in life-contents. The resultant conditions are sufferings in enormity. The situation is calling for a change. Established efforts are there in Psychology domain to use projective techniques to know the unknown frames of the hidden self. SIS seems to be a very potent set in the context. The use of SIS in the Indian context is expected to bring out Indian personality dynamics one day. The paint-brushes of Psychology would be more eloquent then to speak our own stories.

In current academics, researches are umpteen in number. This is the indication of quest for knowledge in scientific frames. The backdrop scenario has life-canvas, with sketches of pleasures and pains, happiness and sufferings with boundless lines. The academic efforts are to trace the pathways of improving life-conditions through human knowledge, particularly in terms of realizational contents in experientiality, so that abundance of pains can be reduced in rates. The kaleidoscopic view of life shows bright colors with patches of darkness. These dark areas are either inevitability of life or else crafted by the unacknowledged primitivity of human mind. Psychology as science offers the avenues to accept traumas with grace, to attain and maintain stability in life. It also helps us to fathom the deep layers of hidden mind through projective assessment techniques. These are doors of self-knowledge that need to be kept open to usher in positive approaches to embroider the soothing fringes of personal experiences. We blame others in our frustrations without realizing this may be one’s unrealistic expectations that are getting baffled in the process or else, this is the blamer’s own projection in the form of projective identification on to someone else. True logical perspective developed within oneself is the “mantra” of attaining peace and escaping the clutches of mis-readings leading to pains.

Projective techniques are just not to know “others” in totality, but also to peep into one’s own world, develop self-knowledge to adopt right cleansers, to attain a crystal-clear mind.

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2. Emotional Intelligence, Exner’s Special Indices on Rorschach in Schizophrenia, Pushpanjali Vishwakarma, Satyadhar Dwivedi and Rakesh Kumar, pages 66-72.

The present study aimed to explore the associations among emotional intelligence and Rorschach’s special indices in patients with schizophrenia. A sample of 30 male patients with different types of schizophrenia (diagnosed using ICD 10) each within age range of 18-45 years was taken. Subjects were selected by purposive sampling on the basis of inclusion and exclusion criteria from the in-patient department of IMHH. MSREIS-R test and Rorschach inkblot test (Exner system) were administered on the patients to assess different components of emotional intelligence and the special indices respectively. The results revealed that two components of emotional intelligence (a) ability to utilize emotions and (b) to manage emotions in self were significantly reflected on following Exner’s indices (i) Suicide constellation (ii) Depression Index and (iii) Coping Deficits index.


The Bender-Gestalt Test (B-G) has long been a standard measure in the assessment of perceptual-motor integration and frequently relied upon by psychologists and psycho-educational specialists. Historically, this instrument has ranked amongst the top tests in clinical usage. Moreover, this rather unique test has been adapted for multidimensional purposes, such as a neuropsychological screening indicator and as a projective technique. It is for these latter functions that the B-G has garnered much criticism in the clinical literature. The past 2 decades have witnessed a steady stream of condescending commentary directed largely on the lack of psychometric credibility of individual projective methods. Piotrowski (2015a), in an exhaustive review of survey-based studies, found that the major projective methods continue to be amongst the top tests used in practice; however, the B-G Test was not included in the analysis. In
order to address this gap, the intent of the current study is to determine whether the collective movement against ‘drawing’ techniques has had a deleterious impact on the professional use of the B-G in practice worldwide. To that end, the author identified, through an extensive literature review, published survey research that reported on test usage patterns from 1992-2015. The 30 identified studies, from nations around the world, served as the data pool to ascertain the extent of use (or disuse) of the B-G Test by mental health practitioners. Although the majority (70%) of samples was from the USA, other countries (e.g., South Africa, UK, Spain, Belgium, Brazil) were represented. This analysis showed that the B-G was ranked amongst the top 10 tests, in terms of usage, in 15 of the 30 studies. However, it appears that in the USA the test has been used more commonly by school psychologists for psycho-educational purposes, whereas overseas the B-G is relied upon more as a clinical instrument. Moreover, this review indicates that the B-G seems to be used moderately in neuropsychological assessment. Since 2008, survey-based studies suggest a slight decline in reliance on the B-G as an assessment tool; however, this trend may be tentative and awaits further study. Overall, the findings of the current analysis confirm continued use (albeit to a lesser degree than 20 years ago) of the Bender-Gestalt Test among mental health practitioners worldwide, despite the onslaught of perennial criticism regarding projective techniques in the research literature. Thus, the general conclusion is that practitioners tend to a) ignore ‘biased’ critiques regarding specific tests in the literature, b) find the B-G particularly amenable when evaluating children, c) find the B-G useful in generating working-hypotheses, d) rely on the B-G as a brief, rapid-assessment diagnostic tool, and/or e) rely more on an idiographic versus nomothetic approach.


Use of psychiatric treatment outcomes is critical to informing treatment, revising care plans, and determining criterion for placement in levels of acute, sub-acute, or residential care. As such, psychiatric treatment outcomes are widely recommended but seldom implemented due to the lack of consensus about the meaning and therefore measurement of mental illness, especially among children and adolescents. A systematic review of published and unpublished research revealed a lack of a comprehensive and standardized assessment tool for establishing and tracking psychiatric symptom acuity among children and adolescents referred for intensive psychiatric treatment. The current studies sought to identify patient symptom domains responsible for referral to an acute child’s psychiatric hospital. These patient symptom domains were empirically derived by identifying the most prevalent admission precipitants for 3,150 patients admitted to an acute children’s psychiatric hospital in Anchorage, Alaska over a five year period (2005-9). Sixty-three (63) primary symptoms resulting in hospital admission were synthesized by factor analysis into 9 clinical domains (high risk behaviors, affective instability, social dysfunction, family functioning, aggression, self-harm, academic problems, cognitive dysfunction, and outpatient treatment failures). Trained mental health clinicians rated each of the 63 symptoms for 194 patients according to clinical acuity ratings using a 5 point Likert-scale. (Inter-rater reliability and test-retest reliability correlations across the nine clinical domains ranged from .0987-1.00. Cronbach’s Alpha measures at posttest ranging between .709-.899 suggested high levels of internal consistency and reliability within the 9 clinical domains). A total of 194 children aged 5-17 years old were subsequently rated for their symptom acuity both at admission and at discharge by the same rater. Pre-post (i.e. admission-discharge) data comparisons suggested differential rates of improvement in psychiatric symptom acuity based upon age and length of stay, with statistically and clinically significant improvements noted in all clinical referral domains rated, with the most significant improvements occurring in the areas of reduced suicide potential, improved family communication, improved behavioral control, and improved mood instability. Implications for clinical practice suggest that the SARS is a reliable instrument for informing: clinical treatment care plans, length of stay, levels of care, clinical supervision issues, and hospital treatment program development.


Cognitive Behaviour Therapy (CBT) is one of the most practised forms of psychotherapies for the treatment of patients suffering from social phobia. The present case study is an attempt to provide therapeutic intervention programme to a 21 years old, unmarried female client suffering from social phobia. The patient was treated by using Cognitive Behavioural techniques. However, most of the therapy structures are based on western culture where it was difficult to practise in Indian culture; hence a deviation in the format was made to suite the culture. The presenting symptoms, assessment strategies and treatment elements have been covered in details. After 15 sessions of therapeutic intervention, significant improvement was noticed. The sessions include assessments, psycho-education, cognitive restructuring and relaxation training.


The purpose of the present investigation was to find the personality profile and coping strategies of individuals with attempted suicide. Sixty individuals participated in the study out of which thirty had attempted suicide and thirty were normal subjects. It was a purposive sampling. The tools used in the study were NEO – Five Factor Inventory and Ways of Coping Scale. General Health Questionnaire – 12 was also used to screen out individuals belonging to a non-clinical population. The data were analyzed using Mann – Whitney – U test. The result of the present investigation indicates that individuals with attempted suicide were high on neuroticism, and used coping strategies such as confrontive coping, distancing, and escape-avoidance to deal with difficult situation.

There is accumulating evidence that projective techniques can be successfully used in clinical differential diagnosis. The present study was conducted to compare SIS profile of non-chronic schizophrenia patient and chronic schizophrenia patient. Results show that non-chronic schizophrenia and chronic schizophrenia patients differed significantly on Human (H) and Sex indices of SIS-II. The non-chronic schizophrenia patients have psychologically more social isolation tendencies and have higher sexual anxiety in comparison to chronic schizophrenia patients.


Insight has been widely studied in clinical setting. Nowadays, attention has shifted to cognitive insight or the ability to scrutinize and correct one’s incorrect convictions. Schizophrenia may be conceptualized as a chronic neurocognitive disorder with diverse levels of functioning and symptoms presentation, including deficits in attention, memory, processing speed, and executive functioning. These cognitive deficits may be considered core symptoms of schizophrenia. The present study focused on the association of cognitive insight and executive functioning in schizophrenia. Thirty patients with schizophrenia diagnosed as per ICD-10 criteria were drawn from Institute of Mental Health and Hospital, Agra. Beck Cognitive Insight Scale (BCIS) and Wisconsin Card Sorting Test (WCST) were administered. Mean S.D. and Pearson product moment correlation were computed for BCIS and scored variables on WCST. Detailed results will be presented.

9. SIS-II Indices and Suggestibility, Ruchi Jain, SandhyaraniMohanty and Rakesh Kumar, pages 115-117.

SIS is a projective tool which can be employed to tap both intra-psychic and interpersonal aspects of a person. We were interested to study if any of SIS-II indices are linked with suggestibility of the respondents. We sampled 18 adults in the age range of 18-35 years after screening on GHQ-12. We then administered SIS-II (Booklet Form) and Hypnova Suggestibility Questionnaire. The non-parametric correlation coefficients were significant for Total Responses Vs. Physical Suggestibility and Most Typical Responses Vs. Emotional Suggestibility. These results suggest that suggestibility can have some influence on SIS-II indices. We have drawn an implication for empirically studying the potentials of SIS in terms of suggestibility.


Children have variety of problems and are highly vulnerable to physical and verbal abuse, sexual victimization, critical traumatic experiences, and accidents. They are exposed to unhealthy habits like smoking, drug usages, theft, robbery and other illegal activities. They don’t express their feelings and concerns freely with anyone. Drawing can be used to assess those hidden expressions of the child. Drawings can be used in school settings with students who are struggling with normal developmental issues (Chen Foley, Y., Mullis, F., 2008). The present case study analysed a VIII standard school student who had difficulties in studies as well as some behaviour problems by using Draw-a-Person test.


Exner Jr’s contribution in the area of Clinical Psychology especially personality assessment has been remarkable. He has devoted his entire professional life in the development of Rorschach and his comprehensive system. His methods, procedures and interpretation of Rorschach became standard for mental health professionals worldwide. Exner involved collaborative approaches and efforts in countries throughought the world for research related to personality & Rorschach and due to his meticulous efforts his comprehensive system became internationally accepted system.


Cognitive Drill Therapy (CDT) capitalizes on the principles of classical conditioning, operant conditioning, cognitive appraisal and linguistics. Combined together in a customized manner, application of these principles have the potentials of efficient handling of stimulus bound anxiety more specifically phobia and Obsessive-Compulsive Disorder (OCD). In these disorders, exposures to neutral objects tend to trigger fear reactions amounting to panic in some cases. The patients learn to deal with these fears by avoiding as far as possible the exposure to such fear provoking stimuli. For example, a person with claustrophobia exhibit fear reaction in closed places. As and when such patient comes into contact with closed places like lift, MRI Scanner, metro trains, closed bathroom etc. will experience severe anxiety reaction. To prevent the experiences of fear reactions, he/she will avoid these situations by opting staircase even in multistory buildings. Open MRI Scan or scanning under anesthesia; avoid using metros and take bath in open bathrooms. The avoidance in this manner reinforces the patients’ strategy and the patients adopt a life style which minimally involves exposure to closed places. Whatever, is the lifestyle adopted by the patients to avoid closed places or objects of any phobia for that matter imposes limitations on the optimal functioning of the patients. The life is crippled in many cases.