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SIS

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Sd/
Dr. B.L. Dubey, Chief Editor,
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EDITORIAL

SIS Technology in Millennium 2000

In this Millennium year, I feel honored to express my views for the future through this Editorial. The rapidly expanding use of the internet and telecommunications has played a prominent role in spreading international interest in the Somatic Inkblot Series (SIS). We in India are particularly fortunate in becoming recognized as world leaders in the race for dot com and technology companies. Azim Hashim Premji, chairman of Wipro, a Bangalore information-technology-cum-consumer-products company is not far behind the American, Bill Gates (Microsoft) in the billionaire club.

I envision that in this technologically oriented century, the competition will intensify and all can reap the multiple rewards. Scientists in the fields of communication, psychobiology and health, who further refine and develop the SIS, will likely emerge as winners. The prize will be the understanding of mind-body-spirit connections in ways previously unimaginable. Archaic and outmoded psychological instruments such as the Rorschach and many of the so-called "non projective tests" developed in the 20th century will soon fall into the waste-basket of history.

One example of such innovative technique is the SIS-Video version. Since this provides electronic patterns that may be transmitted to distant areas on earth, as well as to computer monitors for space travellers, the many applications could potentially go far beyond the wildest imaginations of the most visionary futuristic thinkers.

In today's digital age, the SIS has provided useful psychological insights through our internet presence. The potential for our internet based applications can be gauged from the fact that since 1996 thousands of people worldwide have visited our SIS site. These viewers in cyberspace are afforded the opportunity of comparing their subjective perceptions with what others have seen, with no cost. They receive an immediate educational experience concerning what constitutes projection. Everyone needs to realize that reality is a relative concept. One's experiences are highly subjective and may be distorted by strong personal emotional coloring.

This bodes well for the creation of an international community of understanding on our small and delicate planet earth. It can provide a measure of hope for a more peaceful world. As such, it represents great news for the members of the Somatic Inkblot Society.

Projective procedures such as the SIS are not based solely on verbal communication but employ the power of imagery. They can penetrate the "outer shell" of psychological defences and surface behavior. Unlike non projective tests, they more directly assess deeper mental processes. They use the language of dreams, visual imagery and symbolic thought. The SIS can serve to decodify the language of repression, thereby bringing long forgotten material closer to consciousness, so that it is available for processing. SIS stimulation prior to sleep can activate healing dreams.

The increasing usage of the various forms of the SIS in different countries, as well as the translation of the SIS manual into Russian and Italian, is the harbinger of its global success. Normative data is available on different population such as students, executives in public and private sectors and various clinical population. It appears that the versatility of the SIS is becoming generally more recognized and appreciated.

Moreover, the SIS is also becoming popular in industrial psychology and various clinical population. The indices are now available for schizophrenics, neurotics, depressive, sexually traumatized persons, drug addicts, alcoholics and many others. Its therapeutic applications have been used successfully in cases of impotency, Alopecia areata, miscarriages, cancer, AIDS, etc. Various cases published in the SIS Journal of Projective Psychology and Mental Health may be reviewed for illustration and training purposes. In clinical settings, dominated by the vast financial support of pharmaceutical companies advancing potent psychotropic medications, the SIS can effectively introduce empathetic light. Hopefully, this could enable caring clinicians to provide more compassionate communication and healing.

Unfortunately, there is no dearth of those who have misgivings concerning the diagnostic and therapeutic value of projective instruments. Many such professionals have never used projective procedures nor been properly educated in depth psychology. Moreover, those who want to apply the principles of projection in a fashion similar to verbal questionnaires are largely indulging in an exercise of futility. Every swimmer will not be successful in the sea. However, bringing back precious pearls of wisdom will reward those who dive deep enough will be rewarded by bringing back precious pearls of wisdom.

As observed by Dr. Wilfred A Cassell, the mentor of the SIS procedures, the SIS video technology can psychically transport the viewer back in time to moments of trauma. The video presentation of flowers - like Yoga meditation - can serve as an aide in this mental journey. The symbolic and content analysis of the resultant responses can facilitate the process. Dr. Cassell, as well as all team members of the SIS society in India and abroad, deserve our congratulations for this invaluable contribution to humanity.

During the 7 year period since its inception, the SIS Journal of Projective Psychology and Mental Health has been abstracted in “Psychological Abstracts” and accepted by the American Psychological Association. Additionally, it has found a place in the archives of many National and International libraries. We deeply appreciate the contributions of the members and patrons of the SIS Society worldwide.

In this millennium, I look forward to further support and growth of this noble venture. Research papers and donations to the non -profit tax -exempted SIS Society will be greatly appreciated. As a closing note, I would like to extend a warm invitation to attend and participate in this year’s international conference to be held from November 24-27, 2000 in Chandigarh.

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SIS Projective Responses in PTSD and Dissociative Disorder

Wilfred A Cassell, Asheem Dubey and Bankey L. Dubey

This paper uses the SIS-Video to study the effects of psychological trauma in two adolescent females. The first was an adolescent Jewish girl who was traumatized in a German concentration camp at Aushwitz and interviewed as an adult survivor. The second involved studying a hospitalized adolescent girl suffering from Dissociative Disorder. In both instances, the SIS technology provided a type of "time machine" for releasing long forgotten emotionally painful feelings and memories.

"The only way to achieve peace is through understanding" Albert Einstein

All of us have within us the capacity for both good and evil. As clinicians, we are constantly participating in this timeless historical struggle. This is particularly true for those concerned with individuals suffering from Posttraumatic Stress Disorder (Pynoos,1993;Schacter, 1996). The events in Kosovo and elsewhere dramatize the pressing need to develop improved methods for the understanding and care of victims traumatized by war. Imagery from art (Cohen et al,1995) and projective techniques such as the SIS technology can assist in this endeavor (Cassell et al, 1999a & Cassell et al, 1999b).

This especially applies for the SIS video version with its hypnotic floral pictures. When these are followed by a sound track communicating suggestions to relax, the sufferer with PTSD begins a mental journey back in time to long forgotten events. While there has been much controversy concerning the validity of traumatic memories recovered during psychological interviews (Whitfield, 1995; Reviere, 1996; Pope & Brown,1996), the SIS affords a valid approach for accessing past events and their emotions. Recall may be stimulated of associated emotionally linked body sensations, PTSD dreams and dissociated hallucinatory phenomenon not readily accessible in standard interviews. This complex flow of images may then be projected onto the SIS stimuli, enriching diagnosis and therapy. A traumatized individual can sometimes benefit from this procedure prior to professional intervention and debriefing (Cassell, 1991).

Two case histories will be presented illustrating how this projective approach

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can serve as a "time machine", accessing traumatic memories and emotions.

Case - I

The first case involves the horrible events experienced by children in the Holocaust (Epstein,1998; Langer 1991 Helmreich, 1992). It is based upon a Jewish teenage girl's trauma in the Holocaust. In humanistic terms, it is incredible that the Germans perpetrated so many inhumane atrocities in World War II. Some older Europeans may reminisce with pride concerning their bravery in extending a helping hand to the Jewish people. While the memories of those who helped may have faded, such is not the case for the surviving victims suffering from longstanding PTSD.

Although over fifty years have passed, their right brain centers contain the neural residual dormant memories (van der Kolk et al,1996; Ramachandran & Blackeslee, 1998). These can be brought to conscious awareness by triggering external events or affect conditioned body sensations associated with Holocaust war memories. Sleep may be disrupted by terrible dreams reliving horrible events, either directly or symbolically.

There has been a great reluctance on the part of the modern Germans to examine their role in perpetrating trauma on the Jewish people and other victims. Finally, in June 1999 their government voted to establish a Holocaust memorial in Bonn. Consistent with their historical denial of national guilt, a sizeable number of the elected officials had the audacity to vote against establishing such a memorial.

There is a similar avoidance on the part of many clinicians in assessing PTSD. For example, many psychologists avoid the use of content analysis in examining Rorschach responses graphically denoting horrible traumatic events. This avoidance may partially relate to the fact that projected visions from "nightmares" can sometimes secondarily stimulate emotionally painful images in the professional's own mind.

In a similar fashion, empathizing with Holocaust victims (Daniel, 1992) can expose sensitive and caring individuals to Secondary PTSD (Stamm, 1993) or "Compassion Fatigue"(Figley, 1995). A teacher from one of the author's clinical practice serves to illustrate this phenomenon. This woman found herself feeling

"very, very depressed" after visiting the Holocaust museum in Washington D.C. She described her painful experience as follows :

"In mid-April 1999, Kosovo was on everyone's mind; the ethnic cleansing of the Kosovar population in Yugoslavia. At that time, I found myself in Washington at the Holocaust museum and the experience was overwhelming.

The museum exhibit begins with describing the earliest days of mistreatment of the Jewish population (and anyone deemed "different") in Germany. Jewish shops were required to post signs and were declared off-limits to non-Jews. A young woman who dated a Jewish man was forced to wear a sign that declared she was the "biggest slut-pig" in town. The pressure to conform must have been tremendous, and the declaration of any sympathetic feelings very difficult.

I thought about my classroom and the feelings that the students sometimes express about others, the bigotry and hatred for anyone who is "different". I thought about the fear of what we don't understand, what we consider to be different, that can sometimes lead to hatred. I tried to understand how all of the people who worked in concentration camps could allow themselves to callously eliminate human beings. I was saddened by how easily people were put in a position that they could murder people and somehow justify their actions. I cried when I looked at a huge pile of shoes that had belonged to the victims, the tiny little shoes of babies and small children. I looked at a room filled with human hair that had been shaved to be used to stuff mattresses and pillows. I looked at the pictures of the faces of beautiful people, who seemed to look directly at me, and had been led to the gas chamber and perished. I thought, perhaps, the ones who were gassed when they first arrived at the concentration camps might have been the lucky ones. They did not have to endure the slave labor, the starvation and the inhumane treatment, and possibly to survive with the memories of what they saw and what they endured. And the feelings of guilt they may have had because they were the survivors, when so many loved ones died.

I had an incredible feeling of sadness and loss! After I left the museum, I wandered around Washington feeling numb (A symptom of Compassion Fatigue). I was trying to understand how such a thing could have happened, and how it could still be happening.

I thought about the quote that I have in my classroom from Albert Einstein,

"THE ONLY WAY TO ACHIEVE PEACE IS THROUGH UNDERSTANDING". I thought that that might be the most important lesson I have to teach my students."

Perhaps the reader can identify with this teacher's empathetic Holocaust suffering after considering the following personal history. This surfaced while recording a television educational program on the use of the SIS-II Video in the Dissociative Disorders. A psychologist and authority on the subject volunteered to share her personal Holocaust memories released by the SIS stimuli.

Not only did she survive, she was one of those survivors who made a successful subsequent life in America (Helmreich, 1992) .

When she was a teenager, she was taken, along with her family, to Auschwitz. The next morning, she asked a prison guard where her parents were located. He said: " Look at the smoke coming out of the chimney, that is where your parents are!" This traumatic experience marked the onset of her PTSD.

She survived because of positive loving identification with family members and strong inner spiritual resources. Previously, she had been trained in ballet. In regard to the latter, her prison perpetrators asked her to dance for their entertainment. On stage, she mentally withdrew from her horrible reality by fantasizing that she was dancing in a wonderful London ballet.

Her memories were reflected in the following SIS-II Video responses:

10A "A parrot with a beak... or... looking at a woman with blond hair and painful. The woman's face is tormented and helpless. It looks like she is giving up. It reminds me of the walking dead in Auschwitz."

12A "A uterus...a baby in utero...I see its eyes...it reminds me of the pregnant women in the camps...They all went to the gas chambers...I remember one woman who went into labor and they tied her legs together and she suffocated"

13A"A hand reaching out from someone who is desperate...it reminds me of the cannibalism in the camp...eating of human flesh"

17A "Shrimp...I don't have a good feeling about the red ...its human intestines and guts...I saw a lot of dead bodies"

22A “Scary...a lobster but it can catch you and bite...a phallic symbol on top...Its like Dr M(the camp physician)...very seductive and piercing...I was almost raped by him”

23A “This brings back sad memories...once I was beaten very severely with the end of a gun...it broke my back and I could no longer dance...I had stolen some carrots for my sister”

24A “Mystery...darkness...blue green...I am not happy...it looks like a female form and thigh...I was shaved in Auschwitz and naked...all dignity was taken away and was told that I was subhuman."

30A “Its very scary! I’ve seen a lot of corpses...and parts of the body...it reminds me of psyche numbing...not emoting...and talking to the self...since then I’ve tried to show Germans that love can conquer”

3B “Turmoil... Chaos...fire...blood and pain...it reminds me of evacuating from one place to another...fire...bombs falling...nightmares”

4B “Nakedness...baldness...fear of the unknown...not knowing what is next!”

18B “A phallic symbol...not desirable...a claw...being debased!”

20B “It makes me feel sad...a skull lying in front of me...like in Auschwitz”

21B “A key or gun-scary-it reminds me of a guard holding a gun and being killed”

Next, an outline will be given of her responses to Image 2A which surfaced prior to her Auschwitz traumatic memories. A transcript of the beginning of the interview when she was speaking about PTSD in children follows:

Dr X. “I have great concern for the child who has been abused at home and has no where else to run to. I have tremendous compassion for children who grow up in an alcoholic home. Her father goes out drinking and the mother wonders where the father is, there is no one there for the child-he is no longer the caregiver but he is the one who needs to be taken care of. Many times I ask women and men, when did their childhood end, because I grieve over, not the childhood I had, but the childhood that I never had. I was a little adult.”

Dr C. “ I wonder if I could ask you to share some of yourself at this point and let us see what you see in the images.”

Dr X. " I am one of those fortunate people who was a hopeless romantic, even in Auschwitz. I would always talk about when I get out of here. I was somehow able to create a world that the Nazis could never touch, so I was fortunate to look for positive in everything. That doesn't mean that I didn't have the pain, but I think that now at my age, I have been going through many years of my own studies and my own therapy. When I look at a picture (2A) like that and being a dancer-I see fire coming out of something very spiritually enriching-soulful-a lot of soul-a lot of life-a lot of fire."

Dr C. " And you have really gotten a lot out of your spirituality as a strength."

Dr X "Yes, spirituality-the strength from within-my inner resources- the freedom to choose is very much with me. I think that I learned in Auschwitz that there was no help from the outside and I created a lot of skills that I could use."

Dr C "And some of those were spiritual strengths -not necessarily that you were religious but that you were spiritual."

Dr X. " No-no-it is really with tremendous determination that I wanted to survive. I saw some people who would fold up and die, even before the Nazis would get them. They truly decided to give up. It was easier for them to die than to live.'

Dr C "Your inner spirit for life was very strong."

Dr X. " I had such determination-I said 'I've got to find something' and I developed this inner dialogue - the visualizations and the dissociations-As a psychologist, I have words for these now.

Comment: Surely the reader must be experiencing some empathetic pain as you reflect on these terrible SIS evoked memories. Perhaps you might visualize taking an imaginary voyage back to 1944. Try to envision the prison camp world through this adolescent girl's eyes. Imagine how she felt as she was looking at the smoke coming out of the chimney. Those readers who have lost a parent in adolescence might be in the best subjective position to empathize with the horror that she must have felt. Techniques for dealing with such secondary suffering may be helpful (Saakvitne & Pearlman, 1995 & 1996).

Next try to conjure up images of other suffering victims that she empathized with in the following images :

10A The blond woman's face who symbolized the "walking dead"

12A The sadistic murder of the pregnant woman and her baby

13A Visions of starving people desperately eating human flesh

17A Scenes of emaciated dead bodies

20B Sad memories of a skull

21B People being shot

Several of her SIS responses graphically related to her personal suffering. These stimulated memories of the guards who attempted to debase her as a human being, rationalizing for their subsequent evil behavior. Shortly after seeing the "smoke" she was told that she was subhuman and shaved. Over time in the prison camp she was subjected to the sadistic abuses depicted in her projective responses. What is remarkable is that she was able to survive. As illustrated by her associations to SIS-II Video 2A, it is evident that her intense inner determination and positive spirituality were important for her survival.

After immigrating to the United States, she received her psychological training, becoming an effective psychotherapist and a positive role model. She became an inspired educator, as illustrated by her willingness to share her personal experiences in this SIS training program. She is an inspiration to us all with her great capacity to forgive: "I've tried to show Germans that love can conquer".

In addition, she reported in her public lectures that she was only able to heal after she accepted the fact that she too, like the Nazis, had inner evil. In this regard, all of us have the potential to project our negative characteristics onto rationalizing aggression. It is only with maturity or therapy that this human weakness can be overcome.

Addendum

For reasons of scientific objectivity, it must be noted that this SIS technique does not have a universal capacity to stimulate release of PTSD memories in all traumatized individuals. For example, one older Jewish man who also survived Auschwitz viewed the video series as a "normal" volunteer. He had never had any therapy, yet his prison camp traumatic dreams had tortured him for years after World War II. In recent years, these were rarely present and none of their terrible imagery was projected onto the SIS stimuli. What emerged in the projective assessment was evidence of residual emotional detachment from the human content in the SIS. Unlike Dr X., he never had resolved his longstanding painful memories.

In speaking about the horror of Auschwitz, he was angry and bitter. He criticized the term "Holocaust" for being a term that intellectually tended to "sanitize" a horrible situation for the victims of the Nazis. He critically commented upon the recent attempts by the Swiss bankers to return money to the victims. In anger, he spoke about his frustrations in dealing with the bureaucracy with the question: "How do we prove to the authorities that we were in Auschwitz?" Finally, he complained that even the modern Jewish community did not want to hear any more about something that happened so long ago. One wonders how many living victims there are who suffer in silence.

Case II

PROJECTION OF DISSOCIATED PERSONALITIES ONTO SIS INKBLOTS

Previous publications in this journal illustrated how images from dreams and visual hallucinations may be directly projected onto the various forms of the SIS stimuli. For example, the manual for the SIS-II (monochromatic answer form) outlines responses representing projections of personalities in what formerly was known as Multiple Personality Disorder. It is now classified as Dissociative Identity Disorder by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. There has been much interest in this condition (Loewenstein, 1991; Spiegel, 1993; Ross, 1997) and the journal DISSOCIATION (Progress in the Dissociative Disorders) is specifically devoted to work in the field. While there are many non-projective scales for measurement of stress, trauma and adaptation (Stamm, 1996), projective technique has not been generally used. This presentation outlines a case history of a teenaged girl's projection of a menacing dissociated personality and an inner child onto the SIS-I inkblots and the SIS-II Video stimuli.

This girl had been hospitalized in a Seattle adolescent psychiatric unit after making a nearly lethal suicide attempt. Before her self-destructive behavior, she had written a suicide note. What was unique about this communication was the fact that it did not resemble her natural handwriting. When subsequently asked about this discrepancy by her therapist, she revealed that it had been written by a distinct identity within her head. At interview, she spontaneously explained that her behavior was influenced by four distinct personalities apart from herself. One of the entities accounting for her overdose utilized a male voice. This destructive component was very angry that she had survived. She believed that he had written the note. During the early phase of hospitalization,

this inner voice consistently threatened that further attempts would be made on her life. In addition, at one point during her hospitalization, this entity voiced homicidal ideation towards her female roommate. With conflicting voices in her head, she suffered from severe headaches and frequently was seeking pain management medication.

The second voice was that of a child who wanted her to regress and play in an immature fashion. A third one was from a woman whose imagined role was "to look after her". She represented the unfulfilled wish for a nurturing mother. The fourth was a conscientious entity, which tried to keep her aware of events. Their conflicting messages constantly confused her. Dissociative amnesia was manifested in her inability to recall personal information related to her self-destructive behavior.

One could begin to appreciate the extent of her trauma on reviewing her family history. For the first ten years of her life, her mother had been chronic alcoholic and abusive. She had witnessed many domestic fights between her parents before they were divorced. Her mother reported that her daughter might have been sexually abused. Despite this possibility, she did not consult a counsellor. She trivialized her daughter's problems. In fact, she allowed her daughter access to medication which was highly toxic when taken in overdose. This was particularly significant due to fact that her daughter had made previous serious suicide attempts.

Her responses to the SIS-I inkblots will now be reviewed commencing with the three cards that were perceived as most threatening.

Card 8 was seen to represent "little electric eels overhead looking down laughing hysterically. An evil figure laughing (Black area below)". In the detailed inquiry she revealed that there were "Two monsters hysterically laughing" and they reminded her of the voice of the threatening male personality.

Card 20 was seen as "Two unicorns ripping something apart in their teeth". In speaking about this, she expressed fear of being torn apart.

Card 4 was seen as "A moustache-an apple-a hook - like Captain Hook-a mouth laughing". In the detailed inquiry, she said that this reminded her of her voices ripping her apart as well as her sense of confusion and that, "she didn't know what was going on".

Next, attention will be given to the three cards that she liked most. Her responses to these follow:

Card 17 “A face-a skeleton head-kids banging hands and swinging”.

Card 9 “An ultrasound of a baby and little figure in a Nintendo thing smiling-laughing a chuckle (on the left side)”. The responses to these two cards depicted imagery emanating from the playful child’s voice within as well as immaturity.

Card 19 “Two people holding hands”.

Her responses to the remaining cards follow:

Card 1 “A claw and some kind of animal growling”.

Card 2 “Blood...two arms and two legs-a woodpecker-a man”.

Card 3 “Two teardrops-feet”. (This symbolized her deep depression)

Card 5 “Two people looking down at two little people and scolding them”. Her mother acknowledged that for much of this girl’s childhood that both she and her ex-husband verbally abused her during their domestic battles.

Card 6 “Little balloons-like something a clown would make-seals and two tear drops”.(More depressive content, yet she was unable to get in touch with her grief and cry).

Card 7 “An insect-a walrus biting something-a figure hysterically laughing in an evil laugh-looking down at something”.(This is another projection of the destructive male entity)

Card 10 “A war-red the blood.” This symbolizes the war within and past attempts at self-mutilation.

Card 11 “Spikes on top-spears.” (Although she was detached from her own anger, the male entity within had full capability of using objects of aggression.

Card 12 “Cracks (top red area) and an endless hole that goes in forever-a little elf”. (The cracks symbolize the disintegration of her own self. The endless hole denotes her feelings of futility and hopelessness)

Card 13 “Hand puppets bickering at each other-sadness (referring to the dark area). The first part of this response denotes mental representation of her parental figures in conflict.

Card 14 “A knife-a cross”. Projecting the response “knife’ over anatomical structure of female genitalia may have partially accessed forgotten traumatic memories. It may be recalled that her mother had reported that at any earlier age she was held captive and may have been raped.

Card 15 “Vertebrae-fish lips (base of blot).

Card 16 “Two Triceratops butting head with drool hanging off their mouths”. This imagery of two dinosaurs fighting may have symbolized past scenes of parental conflict in her dysfunctional family.

Card 18 “Two animals trying to bite each other with hair sticking up”.

Next her responses to the SIS-II Video will now be reviewed, starting with the three images that she rated as most threatening :

18A “Two monsters with their eyes” (top central). “Their mouths are open ready to attack something. They are laughing hysterically.” In the detailed inquiry she indicated that this SIS image reminded her of the male voice with the threats and evil laughter.

17A “Two monsters looking down at something hysterically laughing an evil laugh”. In the detailed inquiry, she said that they brought to mind “two unicorns that were violently angry”. She added that she feared that the monsters inside would “tear her apart”.

21A “Little people-two people looking down and scolding the little people”. This symbolizes past parental verbal abuse towards herself and a younger sibling. In the detailed inquiry, she said that it reminded her of “sadness, shame and scolding”

The three images that she liked the most were as follows:

20A “An ultrasound” In her regressed psychological state, imagery of a baby in a uterus gave her comfort and security.

3B “Two little kids looking at each other talking”. This symbolized the playful inner child whose voice contributed to her mental confusion and immature behavior.

7A “Apple-mouth laughing-blankness”

Next her overall responses follow :

1A “A dragon looking down at something laughing an evil laugh, picking on something smaller than it”. She added that it made her feel “scared”.

2A “A tornado and people going around in circles.”

3A “Blood...a bird’s head reaching out trying to get at something screaming.”

4A “Conflict...torn apart.”

5A “Legs, arms clashing...butting heads.”

6A “Hockey...A head hanging down in shame.”

8A “War...being divided...walls.”

9A “Blood”

10A “Hammers pounding something.”

11A “Legs...knife”.

12A “Ear”

13A “Hand reaching out grabbing something-fire.”

14A “A hand puppet”

15A “Cord...a sick smile.”

16A “Blood”

18A “Eyes, Mouth open ready to attack something.”

19A “Harp”

22A “People holding hands and swinging and a skeleton head biting something.”

23A “Vertebrae and fish lips.”

24A “Fainting...sadness...yelling...evil laughing.”

25A “Knife...cross...spears.”

26A “A woodpecker laughing in not a good way at all.”

27A “A knee...leg and a leaf.”

28A “A body...a bad cut and a knife.”

29A “An alligator’s mouth with a sick smile.’

30A “A skeleton’s head”.

31A “Two people’s head-mad at each other.”

1B “Weeds...bow...crying.”

2B “Crying out for help...kicking and screaming.”

4B “Two faces really mad and scary looking.”

5B “Two people sitting in chairs throwing books at each other and anger between them.”

6B “Many mouths laughing”.

7B “Veins...crossroads.”

8B “A head with two lumps.”

9B “An ultrasound...a broken light bulb.”

10b “Two clams swallowing things up...yelling and anger.”

21B “Two heads violently biting each other.”

22B “Swords and knives...a ball being kicked.”

13B “A maze...lost forever...no coming back.”

14B “Little people sitting around a campfire and someone being pushed in.”

15B “Spears being thrown at something...chaos.”

16B “Blood...arms reaching out for help...crazy.”

17b “A heart pounds...lots of blood.”

18B “Screw broken.”

19B “Earth being torn apart.”

20B “Broken lines forever changing and no going back.”

21B “A gun going off...ink...a trigger.”

22B “A man sleeping raising upwards...blood being pumped into him.”

23B “Fighting going on attacking someone”.

24B “Knives being stabbed into something.” It may be recalled that in the hospital ward, she was considered to be homicidal in addition to being suicidal. This is consistent with the general observation that victims of abuse can later in life become dangerous perpetrators.

25B “Two people huddling over something, suffocating someone.”

26B “People connected...wanting to get apart.”

27B “Two little babies trying to fight.”

28B “A person crying...sad, confused, trying to reach another child but never coming close.” It may be observed that she failed to recognize the nurturing image of a mother holding an infant. This failure in perception was consistent with the fact that her mother had suffered from alcoholism. This woman’s guilt concerned the fact that she had traumatized her daughter.

29B “A man running away scared...wanting out of here.”

30B “Two ears filled with blood.”

31B “A family together...crying over something, sad...lonely.”

In reviewing these horrible images, it is apparent that her mother’s denial and contention that her daughter’s voices were “just her imagination” was invalid. The horrible imagery is consistent with the inner psychological dimensions of an adolescent suffering from Dissociative Identity Disorder. Many of the projective responses are reminiscent of the Auschwitz victim’s traumatic imagery. They are also consistent with her terrifying dreams. Thus she dreamt of falling off buildings after the evil voice told her to jump off a high place. She had dreams of body image disruption such as having her teeth fall out. In many, she ran from attackers who eventually stabbed her, causing her to bleed profusely, etc. Such was the ability of the SIS to access her “inner cry” and begin the healing process.

This dissociative case history brings to mind Dr X’s observation: “A child who is being abused at home has no where to run and in some ways is far more imprisoned than I was in Auschwitz.”

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Holocaust Teacher Resource Center

http://www.holocaust-trc.org/

Holocaust History Project

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Literature of the Holocaust

http://dept.english.upenn.edu/afilreis/Holocaust/holhome.html

Online Resources for Dissociative Disorders

http://www.pilot.infi.net/susanf/mpdsym.htm

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The Effects of Age and Gender on Hand Test Responses of Chronic Pain Patients

Paul E Panek, John J. Skowronski and Edwin E. Wagner

The projective Hand Test (HT) was administered to 200 individuals (female n = 138 ; male n = 62) ranging in age from 25 to 78 years (M age = 46.82, SD = 12.39) who had a variety of chronic pain complaints and were seeking treatment at a pain clinic in an urban area of the southeast in order to examine the relations between the predictors of age and gender on the personality variables measured by the Hand Test. Results indicate that as age increased, responses indicating : (1) exhibitionistic displays (EXH) decreased; (2) delays in coping with situations (AIRT) were more frequent; and (3) the number of failures to respond to the cards (Fail) increased. Overall, the age differences manifested by persons experiencing chronic pain are similar to those of non-pain individuals in previous HT research. Further, in relation to males, females gave : (1) more responses indicative of the tendency to seek attention (EXH); (2) fewer responses reflecting the tendency to acquire some goal or object (ACQ); (3) fewer responses that reflect concern with environmental activities (ENV); (4) more responses reflecting apprehension concerning pain, injury, incapacitation or death, and/or anxiety (FEAR). Women were also more likely to fail a card (FAIL). Such gender differences are unusual in that they have not emerged in earlier Hand Test results from non-pain samples. Finally, older females provided a greater number of acquisition responses than younger females while for males, the pattern was opposite. Implications of the results were discussed and suggestions for future research were presented.

Life-span investigations using projective techniques have generally conveyed the impressions of personality decline with normal aging (see Panek, Wagner, & Kennedy-Zwergel, 1983, for review). More specifically, the results of investigations using the Hand Test in both the United States and in Canada suggest that, although there are individual differences, the normal aging person can be typified as an individual ; (1) whose reality contact has begun to recede; (2) who tends to withdraw from meaningful interactions with the environment and others; (3) who experiences delays in coping quickly with important life situations; and (4) who exhibits less willingness to exert her/himself in order to attain goals or to be assertive in life situations. Furthermore, aging individuals evince and increasing need for others, and display stereotyped and rigid

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responding (Hayslip, Panek, & Stoner, 1990; Panek, Cohen, Barrett, & Matheson, 1998; Panek & Rush, 1985; Panek, Wagner, & Avolio, 1978).

Panek et al. (1998) recently suggested that these typical findings should not be narrowly interpreted to imply "personality deterioration or decline." Instead, Panek et al. Suggested that these findings may reflect attempts at coping with and adapting to environmental and interpersonal events and changes that are experienced as part of the normal aging process. This interpretation is consistent with ideas offered by Baltes (1997). Baltes notes that in order to maintain effective or optimal functioning, aging individuals must compensate, cope and be selective in all aspects of activity.

One area requiring such compensation and coping that usually confronts individuals who are aging concerns their physical condition. Research (e.g., Siegler & Costa, 1985) clearly demonstrates that overall health condition is related to a number of behaviours and activities, as well as to intelligence, cognition, personality and mental health status, at all points along the life-span. However, physical limitations increase and overall health condition decreases with age (Panek, 1997). Further more, the likelihood of having one or more chronic illness mounts with advancing age (Hayslip & Panek 1993).

Many health conditions (such as arthritis) that accompany aging involve the experience of pain. The phenomenology and report of pain is more than simply a sensory experience : It also involves cognitive, behavioral, motivational, personality, and cultural factors (Hayslip & Panek, 1993; Walker, Smith, Gaber, & Van Slyke, 1997). As noted by Clark (1996), these kinds of variables affect not only perceptions of acute pain, but also the experience and report of the kinds of chronic pain that are often experienced as individuals age.

Research into pain suggests that chronic pain is a major health problem in the United States (Curtiss, Kinder, Kalichman, & Spana, 1988) and the intensity of pain complaints is likely exacerbated by psychological factors (McGrath, Sweeney, O'Malley, & Carlton, 1998). Individuals vary greatly in their adaptation to chronic pain (Smith & Wallston, 1996), and research has demonstrated that personality is an important variable associated with how a person experiences chronic pain (Lichtenberg, Skehan, & Swensen, 1984). Hanvik (1951) was the first to demonstrate the relationship between personality variables on the MMPI and low back pain, observing that chronic back pain tends to contribute to a hypochondriacal depression. Similarly, Lichtenberg et

al. (1984) found that a personality trait, hypochondriasis, appears to be an important factor related to the threshold for perceived pain. These researchers suggested that there may be a spiraling interaction between pain and hypochondriasis, such that hypochondriacal concerns cause an increase in the amount of perceived pain, which in turn causes an increase in hypochondriacal concerns.

The literature also suggests that there are personality differences among individuals as a function of the type or locus of the chronic pain. For example, Kinder, Curtiss and Kalichman (1992) found that headache patients were less psychologically disturbed as a group compared to chronic backache patients on the MMPI. Curtiss et al. (1988) found four distinct MMPI profile subgroups in male and female chronic backache patients. Results lend support to the existence of homogenous subgroups within chronic pain patients in terms of their personality functioning (But see Gordon & Hitchcock, 1983). In addition, differences in the experience and expression of anxiety and anger were found between the profile subgroups for both males and females.

One other variable that is known to be related to the experience of pain is aging. For example, research indicates that pain thresholds vary substantially among individuals and among parts of the body within the same individual, and some of that variation is related to aging. Interestingly, as age increases, pain sensitivity tends to decline in both males and females (see Hayslip & Panek, 1993; Panek, 1997). Overall, pain sensitivity remains relatively constant until the fifties, after which it shows a sharp decline (Hayslip & Panek, 1993). It seems possible that changes in personality might also be involved in the relation between pain and aging. This hypothesis follows from Baltes' conjecture about the necessity of compensation to effective aging.

Changes in personality might be especially important in circumstances in which an individual is experiencing chronic pain. However, empirical research on chronic pain, personality, and aging has been neglected (Jensen, Turner, Romano, & Karoly, 1991). The research reported in this article takes a step toward remedying that neglect. The Hand Test was used in this research since it has proven sensitive to the detection of personality differences associated with normal aging (See Hayslip, 1999, for review). Wagner and Young (1999) took the initial step toward investigating the efficacy of using the Hand Test with pain patients when they reported a number of significant differences

between adults referred to a pain clinic and a control group of adults not experiencing pain. Differences were found between the groups on the Hand Test quantitative variables of Direction, Aggression, Total Interpersonal, Acquisition, Active, Passive, Total Environmental, Tension, Crippled, Total Maladjustive, Description, Bizarre, Withdrawal, and Total Responses. However, the Wagner and Young study did not explore how personality might be related to age in chronic pain patients.

One purpose of this study, therefore, was to examine the relation between the age of chronic pain patients and the personality variables measured by the Hand Test. This study used patients with a variety of chronic pain complaints and examined how their personalities (as measured by the Hand Test) were related to age. A second purpose of the study was to examine whether Hand Test personality variables might be related to an individual's gender. Although previous research using the Hand Test has not found major life-span gender differences, it is possible that such difference might emerge in chronic pain patients. For example, males, who often traditionally adopt the role of "family provider," might be particularly likely to find chronic pain to be psychologically debilitating. Alternatively, the female stereotype in western society depicts females as passive and attention-seeking, and it might be particularly easy for females experiencing chronic pain to adopt these psychological characteristics. The present study explores these possibilities.

Method :

Participants : Participants were 200 individuals (female n = 138 ; male n = 62) ranging in age from 25 to 78 years (M age = 46.82, SD = 12.39) who were seeking treatment at a pain clinic in an urban area of the southeast. Of these participants, 145 reported back pain (sometimes along with other types of pain), 5 visceral pain, 16 head/neck pain, 7 overall pain, and 27 in their extremities (e.g., leg, arm, etc.).

Materials and Procedure : All participants were individually administered the Hand Test (Wagner, 1962/1983) according to standard instructions by a licensed Psy. D. psychologist employed by the pain clinic, or by an M.A. psychologist under the direct supervision of the psychologist. The Hand Test was administered as part of the routine admission procedure at the pain clinic. The protocols provided by all 200 participants were scored blind by the developer of the Hand Test (E.E.W.) for only the quantitative variables.

Results and Discussion :

The scores obtained from the participants' protocols were subjected to hierarchical regression analyses. The first step in those analyses was to examine the relation between variables measured by the Hand Test and the predictors of age (treated as a continuous variable) and gender. In this first step the regression effect for each of the two predictors is statistically independent of the result for the other predictor. The second step in the analysis examines the possibility that the relations between the hand test variables and age varied by gender. This was accomplished by running an analysis in which the Age x Gender interaction term was entered into the regression model predicting each dependent measure after both main effects had been entered. Only the interaction term is validly interpreted in this model, and this interaction term is statistically independent of the two main effect terms. All means and b's that are reported are adjusted for the other significant terms in the analyses.

The Hand Test Variables that were significantly related to age are summarized in Table 1. These results indicate that as the age of these chronic pain patients increased : (1) responses indicating exhibitionistic displays (Exhibition) decreased; (2) delays in coping with situations (Average Initials Reaction time) were more frequent; and (3) the number of failures to respond to the cards (Fail), which may suggest an abandonment of meaningful life roles, increased.

Table 1

Hand Test Variables Significantly Predicated by Participant Age.

Variable	b	F (1, 197)	p <
Exhibition	-.013	4.45	.04
Fail (Response failure)	.005	6.38	.02
Average initial Reaction Time	.038	5.09	.03

As is typical of simultaneous regression procedures, the b's presented and adjusted for other variables in the regression (in this case, gender).

These tendencies can be interpreted in a number of ways and the commentary that follows is based on the authors' best judgements and familiarity with pain patient behaviours. The lowered exhibition score indicates that older pain patients may be less concerned with obtaining the attention of others and may reflect a diminished need for approbation. The heightened reaction time may

indicate that older pain patients are more guarded of cautious in their responses than are younger pain patients and/or are simply less alert. Finally, the failures to respond in older adults may reflect a general decline in meaningful interactions with others and/or the environment.

Interestingly, the findings with regard to the relation between age and the variables of Exhibition, Fail and Average Initial Reaction Time are consistent with the results of previous Hand Test research (see Hayslip, 1999; Panek, et al., 1983). Thus, overall, the age differences in the Hand Test variables that occur with age in those experiencing chronic pain appear to be similar to age differences observed in non-pain individuals.

Table 2

Hand Test Variables Significantly Related to Gender.

Variable	Adjusted Female M	Adjusted Male M	F(1, 197)	p<
Exhibition	.79	.46	4.45	.04
Acquisition	.47	.77	5.12	.03
Environmental	3.16	3.78	4.49	.04
Fear	.24	.09	4.01	.05
Response Failure (Fail)	.07	.17	4.01	.05

The regression least-squared means for each gender (means adjusted for the effects of the age variable) are presented. In fact, the values for these means are very close to, and often identical to, the unadjusted raw means.

The significant results involving the gender variable are presented in Table 2. They indicate that, in relation to males, females: gave (1) more responses indicative of the tendency to seek attention (Exhibition); (2) fewer responses reflecting the tendency to acquire some goal or object (Acquisition); (3) fewer responses that reflect concern with environmental activities (Environmental; and, (4) more responses that reflecting apprehension concerning pain, injury, incapacitation or death, and/or anxiety (internal straining) (Fear). Women were also more likely to fail a card (FAIL), suggesting an abandonment of meaningful interactions with the environments and/or others.

These findings with regard to gender differences among chronic pain patients are relatively new for the Hand Test, since in previous investigations, gender differences were slight, or tended to involve aggression (AGG) and dependency (DEP). Thus, these findings suggest that the personalities of males and females

may be differentially affected by the experience of chronic pain. Such effects may be related to sex roles: the females in our pain patient sample showed evidence of personality characteristics associated with the female stereotype (attention-seeking, passivity, anxiety).

In a potentially related finding, Steer, Willman, Key and Beck (1994) observed that among older adults, gender was significantly related to self-reported severity of anxiety, females being significantly related to self-reported severity of anxiety, females being significantly more anxious than males. Does chronic experience of pain lead to more adherence to traditional sex-role stereotypes among women, or does being a female allow a woman to more readily accept traditional sex-role stereotypes and express symptoms associated with chronic pain? This question need to be clarified by further research.

A final question of interest in the present study was whether the relation between age and the personality variables measured by the Hand Test varied as a function of gender. Only one variable, Acquisition, showed evidence of an Age X Gender interaction, $F(1,196)=4.04$, $<.05$. The data for this interaction suggest that older females provided a greater number of acquisition responses than younger females. However, for males, the pattern was opposite: Older males gave significantly fewer responses reflecting acquisition than younger males. We suspect that this interaction may reflect cohort effects. That is, for these cohorts, males were traditionally socialized toward goal attainment, but with increased aging such concerns become less salient. This interpretation is with the results of previous life-span research with the Hand Test.

Conclusion :

Overall, the relations observed in chronic pain between personality variables measured by the Hand Test and aging were similar to the relations in the normal aging population (see Hayslip, 1999). Thus, it appears that experiencing chronic pain does not lead to significantly more negative effects on personality, at least as far as aging is concerned. However, gender differences were observed on a number of Hand Test variables, which is not typical of previous research on non-pain samples. This suggests that the experience of chronic pain differentially affects the personalities of males and females. Further, the observed patterns of gender differences are generally reflective of traditional sex-role stereotypes. We can only speculate as to whether these differences are generalizable, or may be related to other factors such as a cohort effect or the geographical

location of the participants. It will be interesting to observe whether the same gender differences persist in future investigations.

As expected, for the results of previous work, the Hand Test turned out to be a useful research tool that easily administered to population that are sometimes difficult to test. Some goals for future research would be to observe whether gender differences observed in the present study emerge in other samples of chronic pain patients, and whether different personality patterns would emerge in persons who report different types of chronic pain such as back pain, migraine headaches, arthritic pain, and fybromyalgia.

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Author Notes :

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SIS Instruments can be Obtained from :

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Sexual Content in Rorschach and Perceived Control of Internal States

Lisa C. Milne and Philip Greenway

Sexual content in the Rorschach has historically had pathological implications. While it is accepted that there is sexual content to be seen, subjects tend not to report it because it is not socially acceptable (Exner, 1993). The present study examined whether subjects who give female sexual responses differ in their perceived control of their internal states from people who do not give sexual responses. There were 129 normal adult subjects (61 males and 68 females). Results indicated that males giving more female sexual responses were more satisfied with their level of control over internal states and females giving fewer feminine sexual responses reported more emotional control.

Exner (1993) defined sexual content *(Sx)* in the Rorschach as 'Involving percepts of sex organs or activity of a sexual nature, such as penis, vagina, buttocks, breast (except if used to delineate a female figure), testes, menstruation, abortion, intercourse...' (p.159). The frequency for non-patient adults who reported sexual content in the Comprehensive System normative data was 4.3%, while 45.6% of schizophrenic subjects gave one or more sexual responses (Exner, 1993). Weiner (1998) suggested that both normals and schizophrenics see the sexual content, but that schizophrenics, with their reduced ability to control thoughts and actions, are less able to restrain themselves from reporting the content. Weiner (1998) goes on to suggest that even if individuals do not report, there is a lot of it to be seen on the basis of card pull, and that reported or not, it still has an effect on the subject. Sexual content was a category in Holt's scheme for measuring primary process. When individuals do perceive such content they can be reluctant to verbalize their seeing it. Thus, when subjects report sexual content they have either overridden this reluctance or not felt it. Exner (1993), summarizing the research on sexual content, suggested that while people do not have any difficulty in seeing sexual content they tend not to report it because they do not want to portray themselves in a socially unacceptable manner. Bohm (1958) suggested that a few sexual content responses 'with food form' was normal and that the absence of sexual content resulted from inhibition.

Historically, reporting of sexual content has been seen to have pathological implications. Phillips and Smith (1953) for example, proposed that sexual

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responses are rare in normal individuals, but occur more as the evidence of pathology increases. They further suggested that, for males, emphasis on sexual content was associated with inadequate heterosexual relations, and a tendency toward homosexual attachments. They noted that, in normal subjects, sexual responses were more common when subjects were on friendly terms with the examiner, were in psychoanalytic therapy, or were trying to present themselves as being liberated from strict societal conventions. Finally, they suggested that the sexual content reported by males or females, was mostly feminine. Klopfer, Ainsworth, Klopfer & Holt (1954) suggested that subjects seeing many genitalia wanted to appear as mature enough to be interested in such things. A recent study (Morgan, 1990) found clear evidence that sexually disturbed males give significantly more sexual content than non-sexually disturbed males. There is minimal research on the gender differences on the reporting of sexual content.

Hence, while the presence or absence of sexual content may have direct implications about sexual adjustment, the subject's intent in giving or not giving the sexual content response may have diagnostic significance. The purpose of this study is first to find out whether there are differences in perceived control of their internal states, between normal people who give female sexual responses and those who do not, and second, to determine whether there are gender differences in the reporting of female sexual content.

Method :

Subjects :

The subjects were 129 (61 males and 68 females) normal adults from Victoria, Australia, who volunteered to complete a battery of psychological tests. The mean and standard deviation for the age of the sample was 35.43 years and 9.79 years, respectively, with no significant gender differences on age.

Procedure :

The subjects attended two sessions. In the first, the Rorschach was administered and in the second the Perceived Control of Internal States Scale (PCOIS; Pallant, 1998). There were no inducements to participate.

The Rorschach records were scored for the frequency of feminine sexual content (FemSx), that is sexual content that is feminine in nature e.g., breast, vagina, menstruation and so on. Based on the mean and standard deviation of the present

sample and previous research findings (e.g. Bohm, 1958), the subjects were split into two groups. Group 1, Low FemSx, was composed of subjects who gave either none or one feminine sexual content response and Group 2, High FemSx, was composed of subjects who gave two or more feminine sexual content.

The Perceived Control of Internal States Scale (PCOISS; Pallant, 1998) is a 60 item, likert-scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale has nine subscales. Three deal with general beliefs about the degree to which internal states can be controlled or influenced. These three, each consisting of four items, were, first, Emogen focussing on beliefs about emotional states, second, Thgen, beliefs about thoughts, third, Phgen, beliefs about physical reactions. The possible scores for each of these subscales is Minimum = 0, Maximum = 20. Three further subscales concerned the amount of control that respondents felt they personally had over their internal states. These three, each consisting of 12 items each, were, first, Emoctrl, focussing on respondents' perceived control over their own emotional states, second, Thctrl, focussing on respondents' perceived control over their own thoughts, and third, Phctrl, focussing on respondents' perceived control over their own physical reactions. The possible range for each of these subscales was Minimum = 0, Maximum = 60. The last three subscales concerned how satisfied respondents were with their current level of control over their internal states. These last three, each consisting of four items each, were, first, Emosat, focussing on respondents' satisfaction with their control over their own emotions, second, Thsat, focussing on respondents' satisfaction with their control over their own thoughts, and Phsat, focussing on respondents' satisfaction with their control over their own physical reactions. The possible range for each of these subscales was Minimum = 0, Maximum = 20. The three subscales dealing with general beliefs were also summed to form Totgen. The three subscales dealing with perceived control over respondents' actual emotional states were summed to form Totctrl. The three subscales dealing with respondents' satisfaction over their internal states were summed to form Totsat. A total score for the scale is calculated by adding the scores on each item, with total possible scores ranging from 18 to 90, with high scores indicative of greater perceived control of internal states. Mean scores on normal populations have ranged from 59.93 (SD=13.37) to 64.09 (SD=11.75)

(Pallant, 1998). The scale has shown good reliability, with Cronbach's *alpha* co-efficients ranging from .86 to .92. The temporal stability to the scale was assessed in three studies, with test-retest correlations over 1 to 3 weeks, ranging from .81 to .91 (Pallant, 1998). The validity of the scale has been with predicted correlations being shown with a number of scales (Pallant, 1998).

Results and Discussion :

The means and standard deviations for these for the PCOISS scales were : Emogen, M=15.51, SD=3.18; Thgen, M=15.34, SD=3.17; Phgen, M=14.88, SD=1.86; Emoctrl, M=38.87, SD=7.63; Thctrl, M=41.27, SD=7.26; Phctrl, M=40.35, SD=6.73; Emosat, M=13.43, SD=3.67; Thsat, M=13.42, SD=3.42; Phsat, M=13.21, SD=3.45.

The frequency of female sexual content responses ranged from 0 to 7, with a sample mean of .91 (SD = 1.13) per record. For females, female sexual content responses ranged from 0 to 7, with a mean of .93 (SD = 1.29), and for males, from 0 to 3, with a mean of .88 (SD = .94) respectively. The differences in mean scores between males and females was not significant [$F(1, 126) = .599$; $p = .440$]. The mean of *Sx* (entire sexual content) for the sample was 1.16 (SD = 1.33). Exner's sample mean of .07, collected over 20 years, included all sexual responses as well as those describing females. The present sample, therefore, showed a much higher frequency of sexual responses. This possibly reflects changes in societal attitudes over the past two decades. However, it may also reflect the fact that the sample was composed of research subjects (rather than patients, for example), who did not have a particular need to present in a socially acceptable manner.

Table 1 shows the descriptive statistics for the PCOIS variables for males and females on each of the two groups of FemSx: Low FemSx; and High FemSx. An analysis of variance was carried out on each of the PCOISS subscales and each of the three total Scales with FemSx as a first factor with two levels, (Low FemSx; and High FemSx), and with gender as a second factor. Non-significant results were obtained on Emogen, Emosat, Phctrl, Phgen, Thctrl, Thgen, Totctrl, and Totgen.

Table 1

Descriptive Statistics for PCOISS Scales on Rorschach Female Sexual Content

Pcoiss	FemSx	Males			Females		
		M	SD	N	M	SD	N
Emoctrl	Low FemSx	42.56	7.87	43	42.91	8.09	53
	High FemSx	39.50	9.76	14	44.86	8.13	14
Emogen	Low FemSx	15.26	3.32	43	15.60	2.92	53
	High FemSx	15.71	3.15	14	16.07	3.69	14
Emosat	Low FemSx	14.42	3.15	14	13.17	3.72	53
	High FemSx	11.64	3.91	14	13.57	3.82	14
Phctrl	Low FemSx	45.91	6.77	43	43.62	7.20	53
	High FemSx	45.14	14.44	14	46.50	5.45	14
Phgen	Low FemSx	16.34	1.87	43	16.70	1.94	53
	High FemSx	16.00	3.06	14	17.79	2.29	14
Phsat	Low FemSx	13.70	2.97	43	13.00	3.02	53
	High FemSx	12.64	4.58	14	13.57	4.70	14
Thctrl	Low FemSx	41.74	5.96	42	41.02	7.39	53
	High FemSx	39.14	9.67	14	43.43	7.73	14
Thgen	Low FemSx	15.64	2.14	42	15.92	2.57	53
	High FemSx	15.29	2.76	14	16.00	3.44	14
Thsat	Low FemSx	13.60	3.09	42	13.42	3.55	53
	High FemSx	12.29	3.45	14	14.36	3.79	14
Totctrl	Low FemSx	130.43	17.78	42	127.55	19.72	53
	High FemSx	123.79	29.29	14	134.79	16.69	14
Totgen	Low FemSx	43.38	5.68	42	48.23	5.46	53
	High FemSx	47.00	7.38	14	49.86	8.89	14
Totsat	Low FemSx	41.62	7.28	42	39.58	9.02	53
	High FemSx	36.57	10.49	14	41.50	11.38	14

Tables 2-5 show the results of significant analyses. The significant effects were for the interaction effect between gender and each of: Emoctrl; Phsat; Thsat; and Totsat. Student-Newman-Keuls (S-N-K) post-hoc analyses were conducted to determine the direction of the significant interaction effects. Males with high feminine sexual content obtained significantly higher mean scores for

Emoctrl; Phsat; Thsat; and Totsat than females. Also, females with low sexual feminine content obtained significantly higher scores than males on Emoctrl. Males and females with high feminine sexual content differed in terms of their perceived control of and satisfaction with this control of their internal states. Males were more satisfied with their control as a whole, (Totsat) and specifically with their control over their own thoughts, and physical reactions. Males with high feminine sexual content also reported more control over their own emotional states (Emoctrl) than did females. Totctrl and Emoctrl have both been found to show negative correlations with a range of maladjustment measures, for example, anxiety, perceived stress, physical symptoms and negative mood states (Pallant, 1998). The present result thus suggests that males reporting high feminine sexual content are likely to show better psychological adjustment, than females. This finding is contrary to previous findings that sexual content is associated with psychopathology (e.g. Phillips and Smith, 1953; Morgan, 1990). But then, earlier studies did not take gender differences into account. The fact that males with high feminine sexual content reported themselves to be more satisfied than females with their level of emotional control reinforces the above interpretation. Satisfaction with control of internal states has been shown to correlate positively (r = 43) with positive affect. (Pallant, 1998) It is important to note that the satisfaction scales of PCOISS do not measure how much control a person has, but simply whether they are satisfied with their current levels of control. In terms of giving sexual content on the Rorschach, a person's desired level of control could be a crucial variable. A future study could examine whether subjects who would like to impose high levels of control on their internal states are those who report very little sexual content.

Accepting that there is a lot of sexual content to be seen (Weiner, 1998), the fact that males who give more female sexual responses feel significantly more satisfied with control of their thoughts and physical reactions, may suggest that seeing sexual responses creates some psychic tension which is then released upon production of the sexual response. Those who see the sexual response but

do not report it have to then deal the percept in other ways, which may lead to a reduction in the satisfaction of perceived control of internal states.

Table 2
Analysis of Variance of Emoctrl for FemSx

Source	Sums of Square	df	Mean Square	F	p	S-N-K
FemSx	1.976	1	1.976	.031	.860	
Gender	7.249	1	7.249	.114	.736	
FemSx x Gender	790.503	1	790.503	12.44	.001	Low FemSx, M<F High FemSx, M>F

1. M = Males 2. F = Females

Table 3
Analysis of Variance of Phsat for FemSx

Source	Sums of Square	df	Mean Square	F	p	S-N-K
FemSx	.729	1	.729	.064	.801	
Gender	10.041	1	10.041	.878	.351	
FemSx x Gender	74.00	1	74.00	6.467	.012	High FemSx, M > F

1. M = Males 2. F = Females

Table 4
Analysis of Variance of Thsat for FemSx

Source	Sums of Square	df	Mean Square	F	p	S-N-K
FemSx	1.066	1	1.066	.099	.753	
Gender	4.135	1	4.135	.385	.536	
FemSx x Gender	88.980	1	88.980	8.285	.005	High FemSx, M < F

1. M = Males 2. F = Females

Table 5
Analysis of Variance of Totsat for FemSx

Source	Sums of Square	df	Mean Square	F	p	S-N-K
FemSx	47.690	1	47.690	.632	.428	
Gender	23.191	1	23.191	.307	.581	
FemSx Gender	795.651	1	795.651	10.538	.002	High FemSx, M < F

1. M = Males 2. F = Females

Females who gave low feminine sexual content reported significantly more emotional control than males with low feminine sexual content, which suggests that for females, low feminine sexual content is associated with better adjustment. It may be that for females, social desirability is still a factor in the reporting of sexual percepts, so that those who report a low frequency of feminine sexual content feel that they are more in control of their emotions. Further, giving a high level of feminine sexual content may well be associated with an unease with their own body in much the same way that anatomy responses are. Thus, for females reporting feminine sexual content may be associated with anxiety while for males not giving it may be.

In summary, males who give higher frequencies of feminine sexual responses report feeling more satisfied with their control group over their internal states. While these results provide some new evidence for the meaning of sexual content in the Rorschach there are several limitations of results. First, the subjects were selected from the normal population, and results cannot therefore be generalised to clinical populations. Second, the sexual context examined was feminine in nature. Further research would be needed to determine the implications of specifically male sexual responses.

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The Corporeal Perception in Subjects with Psychosomatic Disorders Evaluated with the SIS-I Test

Paola Nicolini

The research concerns corporeal perception in subjects with Tensive Cephalalgia or Migraine, under treatment in an outpatient Center for Psychosomatic Medicine. The SIS-I Test is suitable for kindling somatic perceptions and for evaluating some of the mental processes that form the base of the psychosomatic disorder. A control group of 16 subjects and two groups of subjects with psychosomatic pathology, matched in respect of age, number of subjects (16), level of education and professional activity was taken for study. The aim of the study was to test the ability of the SIS-I to discriminate the responses of the two groups of subjects with different disorders. The use of the SIS-I test enabled important information to be acquired regarding the type of perception and of relation existing between each subject under treatment in the Center and his own body, proving to be a useful diagnostic help.

The headache (or cephalalgia) is an "unpleasant or painful sensation, circumscribed or confused, continuous, intermittent or sporadic, that concerns the head and in particular the cranium". This definition is usually amplified by "popular saying", that can often induce the people, afflicted by this disorder, to delaying the request for medical help (Rapaport & Sheftell, 1999). Some headaches are light and their effects are seldom worrying; on the other hand, others are symptoms of deeper disorders and they seriously torment the subject, procuring a biological disorder, that can manifest itself as an impediment to work, to family and social life.

At one time the differential diagnosis of cephalalgia was performed using the classification of the Ad Hoc Committee of the National Institute of Neurologic Diseases and Blindness (1962). Instead today reference is made to a new nosografy proposed in 1988 by the International Headache Society. This nosografy is a descriptive classification, based on the clinical-anamnestical characteristics, but is different from the preceding one because of its gerarchic structure elaborated on the basis of four diagnosis levels, from generic to specialistic.

For the present research, forms of Migraine with and without "aurea" and Muscular-Tensive Cephalalgia were considered, after excluding organic cases.

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The investigation was conducted in the period from January-July 1999, at the out-patient Center for Psychosomatic Medicine of the San Carlo Borromeo Hospital (Milan), using the SIS-I Test. The choice of this instrument was suggested by the necessity of using a test able to stimulate the somatic perceptions of the mental processes that are at the base of the psychosomatic disturbance.

Research :

The principal aim of this research was to evaluate if the SIS-I Test was able to discriminate significantly two groups of subjects under treatment at the center for Migraine or Tensive Cephalalgia. Following this, the Test was administrated to a control group, to highlight any statistically significant differences between the responses given by the healthy subjects and those given by the subjects affected with psychosomatic pathology.

The study was conducted with the following objectives:

1. If SIS-I is able to discriminate control group from the two psychosomatic groups though these concern the same area of the body;
2. If the control and psychosomatic groups have different dimensions/ characteristics on SIS-I cards.
3. Establish the significant indices between the control group and the subjects with psychosomatic disorder.

The Subjects :

The sample consists of 48 adults, divided into three groups of equal number.

(a) The first group is formed of 16 subjects with diagnosis of Migraine, 13 of female sex and 3 of male sex, of ages between 24 and 53.

(b) The second group consists of 16 subjects with diagnosis of Tensive Cephalalgia, 13 of female sex and 3 of male sex, of ages between 23 and 48.

Any organic cause of the disorder that was ruled out in these subjects therefore these were the case of "primitive" cephalalgia. The SIS-I was administered individually by appointment. It was decided to postpone the administration of the test whenever the subject was suffering from cephalalgia, because such situation may effect on SIS responses.

(c) The control group consists of 16 healthy subjects, 13 of female sex and 3 of male sex, of ages between 24 and 53. The subjects, who at the time of Test administration had even light headaches and who were under treatment for a psychosomatic disorder, were excluded from the study.

A care was taken that the three groups were matched in terms of age, educational level and the professional activity (students / housewives / workers).

Procedure :

The SIS-I Test was always administered in the same room, with diurnal light, to favour the spontaneity of the perceptions and without the presence of other person. Each Card was presented in numerical order and always in the same order. No Card was omitted in any case. To establish similar conditions of administration, the instructions were always given in the same way. During the administration of the SIS-I Test, a non structured interview, in which the subject often is able to make spontaneous association of ideas, that concern his/her affective and interpersonal world, was done. This aspect has been emphasized as an important point of the test (Cassell-1980, 1994, 1997, 1998).

The testing has an indeterminate duration (usually the time varies from 30 to 75 minutes), because there is no time limit. Each response was noted on the record sheet. It was decided not to use the recorder because it may have prejudiced the relationship. Using the SIS-I Test, it is very important to stay at a subliminal level, given the priority to the phenomenology of the administration : it is fundamental to establish an empathic relation with the subject, in order to gather information observing his/her behaviour and perceive every message of his/her verbal and non verbal communication (position of the body, facial expressions, movements,...).

Results :

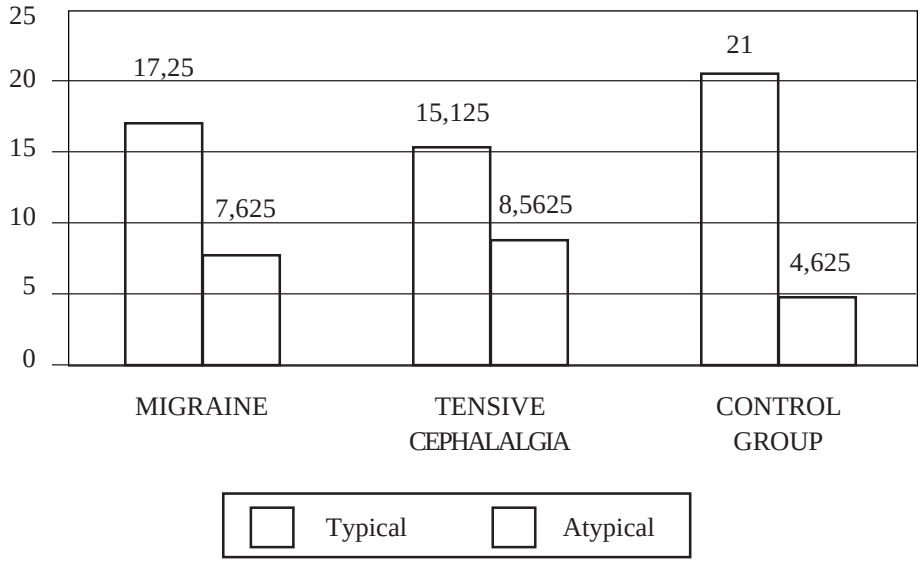
The SIS-I Test results were analysed calculating the averages and the standard deviations for each group. The statistical analysis was performed under the supervision of Dr. Suri and Prof. Poli. The value of "p" was calculated in the two HAS sub-scales : Verbal responses and Total responses. At a comparative level, the two groups of subjects with Tensive Cephalalgia and Migraine

demonstrate difference of little significance with reference to the corporeal perception indexes. This result can be explained considering that the two pathologies under evaluation are part of the same category, although they present themselves with different modalities. It was also observed that the subjects of the control group gave a lower number of Atypical responses with respect to the other two groups. Such findings could be explained by the greater difficulty of the subjects with psychosomatic pathology to verbalise spontaneously in front of the cards.

Finally, the research underlines a significant disparity between the values of the two HAS sub-scales : the subjects with psychosomatic disorder verbalise little aggressivity and/or anxiety, expressing them through a non verbal language (Fig.2-3).

The present study also evidences how the subjects with psychosomatic pathology

Fig. 1 : Correlation of Data with Reference to Typical and Atypical Indices



have difficulties in verbalisation of their own mood, in particular those sentiments that they perceive to be threatening. Therefore, this result confirms the theory according to which in Primitive Cephalalgia there is a repression of the instintual world in general and of its aggressive aspects in particular

Fig. 2 : Comparison Between the Two HAS Subscales in the Migrane Group

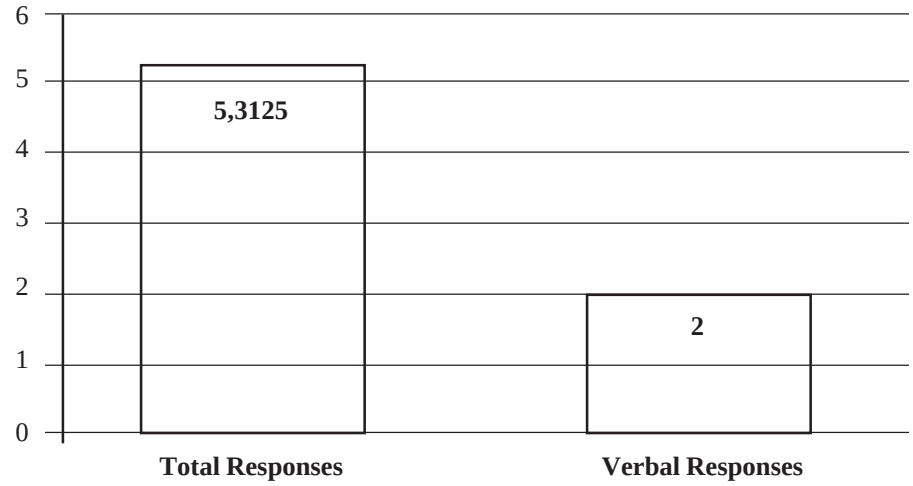
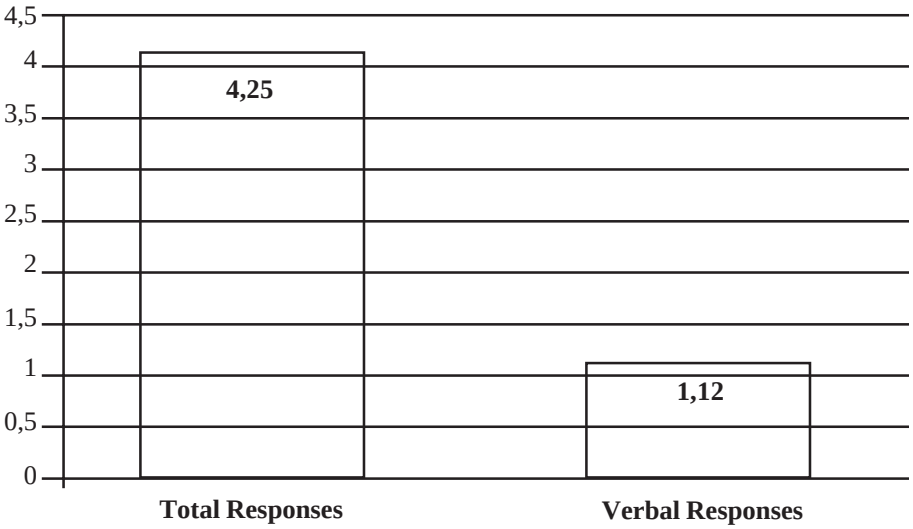


Fig. 3 : Comparison Between the Two HAS Subscales of the Tensive Cephalalgia Group



(Santagostino, 1986). The findings of the present study can therefore, be considered in Italy the start of an iter which aims at greater consciousness of the corporeal perception of the psychosomatic individual and of the necessity to use an idoneous instrument for a correct understanding of this dimension.

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Rorschach in Women Victims of Rape

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The Rorschach test was administered to 12 Venezuelan women in the age group of 19 to 30 years, having history of sexual assault. The findings suggest that those participants whose first sexual contact was rape experience tend to present higher frequencies for special score (sum 6) and morbid contents (MOR), higher scores for intellectualization index and higher number of responses with threatening, paranoid and birth or re-birth contents. Also the help of psychotherapy is emphasised in the paper.

Traumatic experiences are terrible, very oppressive, startling and difficult of confronting for anyone. Beyond the physical and even psychological sequels documented in the literature like consequences of this type of events, the experience of a traumatic event shakes the bases of the security that the victim believes to have strongly and destroys the trust that is supposed he or she could feel. It is an unexpected situation for which no human being seems to be prepared. These events cause strange, unusual, disturbing and generally incomprehensible reactions, even for the victim (Baldwin, 1999).

The Post-Traumatic Stress Disorder (PTSD) is the psychiatric category used with more frequency to integrate in a diagnosis the symptoms that appear after a traumatic experience. Nevertheless, many times the acute symptoms that appear after the traumatic event or those that stay once the acute symptoms intensity diminishes, are not enough to classify as PTSD the victim's psychological real state.

When trying to help victims of sexual assault or violation it has been documented a great variety of symptoms and psychological manifestations that appear, disappear, reappear and gets chronic in time regarding the type of psychological help that the victim receives. In general, many authors coincide in affirming that after a rape experience a wide range of such symptoms can appear: fear, anxiety, depression (or depressive symptoms), sexual dysfunction, family and social adjustment problems (Kimerling & Calhoun, 1994). Some authors add two dissociation types: Pre-traumatic and Post-traumatic. First kind refers to alterations in the experience of time, place and person during the traumatic

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event (Marmar, 1997). The second is related with the difficulty to elaborate a coherent system of meanings adjusted to the history of the trauma, as well as with flashback, nightmares and memory disorders about the event.

Trauma assessment through psychological tests has presented some problems. In the case of the self-report mesures to evaluate the PTSD, the scores associated to the severity of the dysfunction doesn't indicate if the information provided is accurate. An individual can exaggerate his symptoms, misunderstand some question or answer randomly the questionnaire. In the clinical interviews or reports from relatives, the clinician's judgment could also be biased or inaccurate. It is recommended then to carry out evaluations that combine different types of measure instruments (Niles, Newman & Fisher, 1998). The projective methods (specially Rorschach) have been used to evaluate the sequels in diverse kinds of traumatic events (war combats, sexual abuse and incest) with encouraging results about the Rorschach usefulness regarding the psychological manifestations generated by such events (Cerney, 1995; Rojas, 1995; Frueh & Kinder, 1994; Viglione, 1990).

In this study a group of women victims of rape was evaluated using the Rorschach Inkblot Method in order to detect common elements that can be used to conform a particular profile for this group. To find coincident and/or complementary aspects among the indicators of the Comprehensive System of Exner (CSE) and Content Categorization Systems (CCS) was also an important aim in this study. The non-patient adults from Caracas sample was used as reference for some indicator interpretation.

Method :

Participants :

Twelve Venezuelan women, with ages between 19 and 30 years (Mean = 24.5), contacted through the Venezuelan Association for Alternative Sexuality and some physicians assisted in the physical consequences that these people suffer due to the traumatic events. Five of them have begun (less than 6 months ago) psychological treatment related to the traumatic events. Most of them (10) confirm the presence of physiologic symptoms within manageable limits. Eight (8) of the participants can relate the event like a group of bound quite coherent facts and coherent feelings associated with the rape. For ten (10) of the victims

the feelings associated with the memories are intolerable and disturbing. Time lapsed between the traumatic event and Rorschach application oscillates between 10 months and 6 years (Mean = 3 years). Eight (8) of the participants are university students, two are housewives and two are professionals with a stable job assessment.

Table 1

Some Dates About the Participants.

Case	Age	Age When raped	Time passed since rape	Children	Agressor	Threat with gum	Violence	Family Support	First sexual contact in life	Sex contacts after rape
1	19	18	1	0	Stranger	Yes	Yes	No	Rape	No
2	21	19	2	0	Stranger	Yes	Yes	Yes	Rape	No
3	22	22	0	0	Stranger	No	No	No	Rape	No
4	22	17	5	0	Relative	No	No	No	Rape	No
5	23	20	3	0	Stranger	No	Yes	Yes	Rape	Husband
6	23	20	3	0	Stranger	Yes	No	Yes	Husband	Husband
7	25	20	5	0	Known guy	No	No	No	Husband	Husband
8	26	23	3	1	Boy-frend	No	Yes	Yes	Rape	Husband
9	26	22	4	0	Stranger	Yes	Yes	No	Husband	Husband
10	28	22	6	1	Stranger	Yes	No	Yes	Husband	Husband
11	29	28	1	0	Stranger	Yes	No	Yes	Husband	Casual
12	30	28	2	1	Known guy	Yes	Yes	No	Casual	Casual
Mean	24.50	21.58	2.92	0.25						
Min.	19	17	0	0						
Max.	30	28	6	1						
Freq.	12	12	11	3						

A female psychologist, on the basis of the CSE criteria administered the Rorschach Test. The examiner didn't know any of the participants nor she had participated in their psychotherapeutic treatment. Protocols were also codified (blindly by two psychologists) according to the CSE criteria. Rorschach responses were also codified using three Content Categorization Systems (CCS) :

1) AISS-R: Affective Inferences Scoring System-Revised (Boyer, Dithrich, Harned, Stone & Walt, 1988);

2) Aggressive Past, Aggressive Potential and Sado-masochistic categories (Gacono & Meloy, 1994);

3) Primitive Object Relations Categories (based on Kwawer, 1980).

Results :

In general, reaction time on each card was within average range, participants require no stimulation from the examiner and there was no shock at any card and there was no rejection. Number of responses is higher or equal to 14, the percepts are varied and the responses are enough elaborated, with a wide variety of determinants. Nevertheless, the type of determinants that prevails in the protocols as well as the type of contents more frequently codified, are specially interesting and alarming.

The findings of the results for the structural variables of the CSE and content categories of the SCC are presented in tables 2 & 3. Comparison between these data and those observed for the Caracas that normative sample is also included.

Table 2
Some Structural Variable from SCE.

Variable	Women Victims of Rape						Caracas Normative Data					
	N = 12			Key Variablles			N = 218			Key Variables		
	Mean	SD	Freq.	Criteria	Freq.	%	Mean	SD	Freq.	Criteria	Freq.	%
R	19.7	6.0	12	R³14	12	100%	20.8	7.0	218	R³14	204	94%
Lambda	0.4	0.2	12	L³0.5	9	75%	1.4	2.5	218	L³0.99	92	42%
m	3.3	1.3	12	m>2	8	67%	0.9	1.3	111			
SumY	1.8	1.2	9				1.0	1.5	111			
SumC'	1.8	1.2	10				1.1	1.4	117			
SumT	0.4	0.7	4	T=0	8	67%	0.7	1.0	99	T=0	119	55%
SumV	1.5	1.2	10				0.6	1.0	81			
FD	0.7	0.7	7				0.7	1.0	99			
Sum6	3.8	2.6	12	Sum6>6	2	17%	1.9	2.0	162	Sum6>6	6	3%
2AB+ (Art+Ay)	4.9	3.0	7	Intell>5	6	50%	1.2	1.6	110	Intell.>5	4	2%
Col/Shd Blends	0.8	0.6	9				0.5	1.0	58			
MOR	2.0	1.3	10	MOR>2	3	25%	0.9	1.3	113	MOR>2	19	9%
COP	1.1	1.2	7	COP=0	3	25%	0.7	0.8	115	COP=0	103	47%
AG	2.1	1.9	11	AG=0	1	8%	0.6	0.9	89	AG=0	129	59%
H	2.8	1.7	12	H<2	2	17%	2.5	2.0	196	H<2	75	34%
(H)+Hd+(Hd)	4.8	1.9	12				1.5	1.9	151			
Sx	1.3	1.2	9				0.6	1.0	86			

The high frequency of inanimate movement (m) responses seems to reflect the helpless, disorganization and abandonment experience that it is generally observed among victims of traumatic events. The high frequencies for shading-diffuse (Y), shading-view (V) and achromatic color (C ') supplement a state in which unpleasant experiences, lots of anxiety, sadness, unfavorable self-exam and emotional overload prevail. Presence of FD is not necessarily positive due to the tendency to stand out the negative aspects of the self-image.

The values of Lambda (Lambda < 0.5 = 9 Ss.) seem to indicate a general tendency to be excessively involved and to make feelings play too much in every situation, with significant difficulty to take an objective and distant attitude about the stimulus. The Rorschach seems to have been a catalyst for an important discharge of emotions among this group of victims.

The intellectualization index and the sum of special score (Sum6) seem to work as coincident or complementary factors of complicated thought processes that were generated from the traumatic event. There could be some interference's and/or distortions possibly linked to some kind of over-intellectualizatión the victim uses in order to deny or to avoid the feelings linked to the trauma. The presence of high values for both indicators would point toward a much more complex version of the problem.

The values observed for shading-texture (T) and those observed for COP, AG and H (Table 3) allows describing a group of people that tends to establish an interpersonal distance of security and to preserve their vital space with caution. The approach of the other ones can be perceived as invasive, threatening and not very pleasant. The interpersonal difficulty is favored by the perception of the other ones generated on the base of imaginary, not real, partial and fragmented experiences.

The important presence of morbid contents (MOR) seems to indicate marked feelings of sadness and vulnerability. The multiple determinant of color shading clearly denote the tendency not to experiencing pleasure about positive events as long as the expectation exists (or almost the certainty) of an immediate negative event. The higher presence of sexual contents could be related with the revival of the trauma and/or with the inability to psychologically elaborate

it and to overcome it.

For the content scales corresponding to the AISS-R high values are observed for the categories Threatening-percepts (Athr), with particular protagonism of vampires (mortal seduction?, Violent love?), and Paranoid-percepts (Apar) of the Anxiety Scale, as well as for Hostility-oral (Hora), Dependence-helpless (Dhel) and Somatization-injury (Sinj). They were also observed high values for the AgPotencial and AgPast categories proposed by Gacono and Meloy (1994) possibly linked to contained rage, emotional overload and the experience of having been damaged itself.

Table 3
Some Content Categories.

Variable	Women Victims of Rape N = 12				Caracas Normative Data Women N= 96			
	Mean	SD	Freq.	%	Mean	SD	Freq.	%
AISS-R								
A-Threatening	4.3	1.7	12	100%	1.4	1.3	69	72%
A-Paranoid	1.2	0.9	9	75%	0.8	1.1	48	50%
D-Helpless	0.8	0.6	8	67%	0.9	1.4	41	43%
H-Oral	0.9	0.7	9	75%	1.9	1.7	79	82%
S-Injury	1.4	1.2	9	75%	0.2	0.4	12	13%
Gacono & Meloy								
AgPot	1.3	0.9	19	83%	0.2	0.5	18	19%
Agpast	1.6	1.4	9	75%	0.2	0.6	13	14%
Kwawer								
Kmorf	0.2	0.4	2	17%	0.0	0.1	1	1%
Knare	1.2	0.8	9	75%	0.2	0.6	10	10%
Kusim	1.0	1.1	7	58%	0.2	0.6	11	11%

Regarding the content categories proposed by Kwawer (1980), the hypotheses are more difficult to establish. Although it is possible to consider the presence of Symbiotic Union responses like a regressive effect of the traumatic event, Birth and Rebirth responses presents a greater challenge. It could be thought that they are linked to the experience of surviving the rape and to "have been born again." Nevertheless, the material from the interviews contributes with valuable information about the marked desire to have children, after having happened the violation, with a stable couple. This "wish" is manifested by 11 of the victims and maintained in time like priority by the 9 that do not have children on their own yet. This "wish" is presented either among those who didn't have previous sexual experience to the sexual assault or among who

actually had it. A repair intent? It is possible to consider maternity as a positive fruit of the sexuality that will allow overcoming the so negative and unpleasant traumatic experience (rape)?.

Finally, it is important to highlight that the participants whose first sexual contact was rape experience tend to present higher frequencies for special scores (Sum6) and morbid contents (MOR), higher scores for intellectualization index and higher number of responses with threatening, paranoid and birth or re-birth contents.

Data reported have direct implications regarding the development of psychotherapeutic strategies goes toward the reconstruction of a coherent group of memories, emotions and meanings that could be adjusted to the trauma history and that could be managed by the victims without disturbing too much their daily life.

Conclusions :

The presence and significance of these structural and content indicators, suggests the existence of a common profile among women victims of rape in Venezuela, at least among those with characteristics similar to those that compose the sample and that have survived a relatively recent traumatic event.

The psychotherapeutic process should include strategies of the type used in Exposure Therapy (Keane, 1995), at least in the initial stadiums, then it could be included some psychodynamic techniques (Cloitre, 1998).

The Exposure phase would have a fundamental objective to provide the victims with cognitive, conductual and even physiologic cues for accessing the complexities of factors involved in the processing of the emotions linked to the trauma (Keane, 1995). This should progressively reduce fear, anxiety, need of over-intellectualization, cognitive distortions and emotional overload.

Psychodynamic dimension would be focused in the reconstruction of the family, social and later couple life, to work on the abandonment and vulnerability sensation, as well as on the negative self-image activated by trauma (Marmar, 1991).

The psychotherapeutic process should grant special attention for the desire of procreating with a stable couple, once overcome the traumatic event, or even before, if this favors the recovery possibility and vital reconstruction.

The victims whose first sexual contact was the rape experience would present a more complex traumatic syndrome, at least in qualitative terms, which will require of specific intervention strategies.

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Meta Analysis of the Findings on SIS-II

Rakesh Kumar

The findings of the studies on SIS-II were meta analysed to provide combined mean and standard deviation of various groups and to see if SIS-II indices could differentiate the groups statistically. All the studies appeared in SIS Journal of Projective Psychology and Mental Health 1994-2000 (January) were considered. The studies were combined into five groups based on specified criteria : Normals, Neurotics, Psychotics, Substance Dependents and Murderers. Critical Ratio were computed on combined mean and standard deviation for inter group comparisons. Results indicate that SIS-II indices do differentiate the comparison groups.

Somatic Inkblot Series (SIS) was envisioned in 1959. Five forms of the test have been developed since then : SIS-I (20 cards set), SIS-II (62 images booklet), SIS-Video, SIS-I video and SIS-Living Images.

SIS is reported to serve both diagnostic and therapeutic purposes. Numerous researches are being undertaken on the series. Normative data have been prepared across a wide range of samples. A review of literature on SIS revealed that SIS-II is preferred over other forms of the series by the researchers.

19 studies on SIS-II have appeared in SIS Journal of Projective Psychology and Mental Health since its inception. Brief details of the studies are given in Table - 1 :

Table 1

Brief Details of the Studies on SIS-II Appeared in SIS Journal of Projective Psychology and Mental Health : 1994-2000 (January)

Sl. No.	*Authors*	*Year*	*Page No.*	*Groups Studied*	*n*	*Whether Reported Mean*	*M & S.D.*	*Code*
I	Verma, Pershad & Nehra	1994	18	Psychiatric Cases	25	Yes	Yes	R
				Normal Adults (Dubey, 1992)	100	Yes	Yes	A

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Sl. No.	*Authors*	*Year*	*Page No.*	*Groups Studied*	*n*	*Whether Reported Mean*	*M & S.D.*	*Code*
II	Dubey, Mishra, Dwivedi & Mishra	1994	22	Normal Adolescents	100	Yes	No	R
				Neurotics	39	Yes	no	R
				Schizophrenics	41	Yes	no	R
III	Rathee, Pandey & Singh	1995	64	Psychotics	50	yes	yes	C
				Neurotics	50	yes	yes	B
				Normals	50	yes	yes	A
IV	Verma, Pershad, Kaur & Nehra	1995	74	Neurotics	23	yes	yes	B
				Psychotics	25	yes	yes	C
V	Dubey, Cassell, Pershad & Dwivedi	1995	79	Normals	100	yes	no	R
VI	Pershad & Verma	1995	143	Schizophrenics	12	yes	yes	C
				Depressives	112	yes	yes	R
VII	Dwivedi, Mishra & Dubey	1995	167	Normals	50	yes	yes	A
				Neurotics	50	yes	yes	B
				Schizophrenics	50	yes	yes	C
VIII	Verma, Pershad, Bhagat & Kaur	1996	54	Psychiatric Cases	32	yes	yes	R
IX	Singh & Banerjee	1996	167	Obsessive-Compulsive Disorder	38	yes	yes	B
X	Singh & Dubey	1997	71	Alcoholics	50	yes	yes	D
				Drug Dependents	50	yes	yes	D
XI	Pershad, Verma & Bhagat	1997	81	Normals	50	yes	yes	A
				Neurotics	57	yes	yes	B
				Psychotics	770	yes	yes	C
XII	Gayatri Devi & Kaliappan	1997	117	Tension Headache	19	yes	yes	R
XIII	Mishra & Dwivedi	1997	126	Normals	50	yes	yes	A
				Anxiety Neurotics	25	yes	yes	B
				Neurotic				

Sl. No.	*Authors*	*Year*	*Page No.*	*Groups Studied*	*n*	*Whether Reported Mean*	*M & S.D.*	*Code*
				Depressives	25	yes	yes	B
				Paranoid Schizophrenics	25	yes	yes	C
				Undifferentiated Schizophrenics	25	yes	yes	C
XIV	Nehra, Raghu-nathan, Verma & Mann	1997	148	Speech Defects	18	yes	yes	R
XV	Singh & Dwivedi	1998	64	Manager	50	yes	yes	A
				Students	100	yes	yes	A
XVI	Kaur & Verma	1998	116	Psychiatric Patients	32	yes	yes	R
XVII	Pandey, Mishra, Mishra & Dwivedi	1999 July	36	Normals	30	yes	yes	A
XVIII	Singh, Singh &	1999	58	Adolescent Males	60	yes	yes	R
	Dubey	July		Adolescent Females	50	yes	yes	R
				Adult Males	60	yes	yes	A
				Adult Females	60	yes	yes	A
				Later Adult Males	60	yes	yes	A
				Later Adult Females	60	yes	yes	A
				Old Age Males	60	yes	yes	R
				Old Age Females	60	yes	yes	R
XIX	Singh, Dubey, Sahu & Banerjee	2000	50	Murderers	35	yes	yes	E

Codes : A, B, C, D, E are included in meta analysis

R = Rejected
A = Normals
B = Neurotics
C = Psychotics
D = Substance use disorder
E = Murderers
n = Sample size

The above table reveals that some studies have utilized small samples. Moreover, most of the studies have compared three or less groups. The index study is done with following objectives :

Objectives :

1. To provide normative data on SIS-II indices by combining mean and standard deviation of existing studies across groups.
2. To compare the combined mean and standard deviation to see if SIS-II indices can differentiate various groups.

Method :

In 19 studies on SIS-II reviewed above 43 groups have been studied. Some of the groups are common across studies. Of 43 groups, 29 were selected for further analysis on the basis of following inclusion criteria : (a) Specification of global/specific diagnostic entity for clinical groups, (b) Large sample size after pooling the studies for an entity, (c) Availability of both mean and standard deviation, (d) Studies on adults only. The groups with code No. A, B, C, D, & E (Table-1) are included and those with Code R were rejected.

The groups that met inclusion criteria were pooled into following five groups : (1) Normals (code A), (2) Neurotics (Code B), (c) Psychotics (Code C), (4) Substance Dependents (Code D) and (5) Murderers (Code E).

To compute combined mean and combined standard deviation of above grouped studies formula No. 3 and 17 reported in Garrett, (1966) were used. For inter-group comparisons, Critical Ratios were computed on the combined mean and standard deviation.

Results and Discussion :

The combined means and standard deviations on different indices of SIS-II across groups are presented in Table-2. Sample size (n) on the indices across groups varied because some of the studies did not report normative data on these indices.

The results obtained on different indices among various comparison groups are given in Table - 3 :

The findings in table-3 reveal that SIS-II indices statistically differentiate various comparison groups. Moreover, it is found that each individual indice is potent in discriminating the groups. The results strengthen the findings of sampled studies.

A few studies did not report normative data for typical and atypical responses. The researchers in future may incorporate the data on these indices too.

Table 2

Combined Mean and Standard Deviation on SIS-II Indices among Different Groups

INDICES	A Normals			B Neurotics			C Psychotics			D Substance Dependents			E Murderers			Highest to Lowest
	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	order
Total Responses	62.93	8.81	670	61.91	14.68	218	58.48	8.15	207	68.54	13.21	100	58.30	12.53	35	DABCE
Movement	7.42	6.57	570	12.31	9.44	168	2.53	3.46	107	9.94	3.64	100	11.24	4.68	35	BEDAC
Human	17.67	9.00	670	18.16	9.77	218	20.69	8.49	207	16.41	3.42	100	2.85	3.36	35	CBADE
Animal	8.39	4.08	670	12.50	7.21	218	10.47	6.51	207	12.15	3.98	100	8.15	3.62	35	BDCAE
Anatomy	9.74	5.55	640	9.05	9.58	218	12.23	10.55	207	14.00	5.78	100	11.08	3.61	35	DCEAB
Sex	1.93	3.21	690	1.75	2.17	268	1.66	2.47	257	3.82	2.77	100	2.52	2.36	35	DECAB
Rejection	3.95	6.20	570	11.39	16.87	268	4.72	7.02	257	2.15	2.49	100	1.80	2.50	35	BCADE
Most Typical	13.85	2.47	570	11.95	3.95	118	9.75	3.07	157	12.44	2.50	100	11.75	2.26	35	ADEBC
Typical	23.67	8.03	130	21.42	12.69	130	20.04	7.15	132	—	—	—	—	—	—	ABC....
Atypical	15.62	10.54	100	15.16	25.07	145	25.23	12.24	132	—	—	—	2.48	0.68	35	CABE..

Table 3

Values of Critical Ratio on SIS-II Indices among Different Comparison Groups

INDICES	Normals Vs Neurotics (A Vs B)	Normals Vs Psychotics (A Vs C)	Normals Vs Substance Dependents (A Vs D)	Normals Vs Murderers (A Vs E)	Neurotics Vs Psychotics (B Vs C)	Neurotics Vs Substance (B Vs D)	Neurotics Vs Murderers (B Vs E)	Psychotics Vs Substance Dependents (C Vs D)	Psychotics Vs Murderers (C Vs E)	Substance Dependents Vs Murderers (D Vs E)
Total Responses	0.97	*6.74	*4.12	**2.16	*3.00	*4.02	1.54	*6.98	0.08	*4.11
Movement	*6.18	*11.11	*.5.48	*4.54	*12.22	*2.93	0.99	*15.12	*10.13	1.49
Human	0.65	*4.38	**2.57	*22.45	*2.84	**2.33	*17.59	*6.20	*21.76	*20.55
Animal	*8.05	*4.43	*8.95	0.39	*3.08	0.56	*5.58	*2.80	*3.09	*5.48
Anatomy	1.01	*3.23	*6.87	**2.06	*3.24	*5.69	**2.28	1.90	1.21	*3.48
Sex	1.05	1.59	*6.30	1.44	0.45	*6.68	1.83	*6.75	**2.05	*2.65
Rejection	*7.21	1.51	*5.00	*4.30	*5.96	*8.72	*8.64	*5.14	*4.78	0.71
Most Typical	*5.14	*15.76	*5.42	*5.25	*5.00	1.11	0.38	*7.68	*4.35	1.50
Typical	1.72	*3.86	—	—	1.08	—	—	—	—	—
A Typical	0.20	*6.41	—	*12.39	*4.30	—	*6.09	—	*21.26	—

* Significant at .01 level ** Significant at .05 level

The positive results of the present analysis reflect the need for normative data on specific entities on larger samples. The SIS-II indices that differentiated the comparison groups are summarized in table-4 for quick reference.

Table 4

SIS-II Indices that Differentiated Comparison Groups

Comparison Groups	SIS-II Indices
Normal vs Neurotics	Movement Animal. Rejection. Most Typical
Normals vs Psychotics	Total Responses. Movement. Human. Animal. Anatomy. Most Typical. Typical. Atypical.
Normals vs Substance Dependents	Total Responses. Movement. Human. Animal. Sex. Rejection. Anatomy. Most Typical.
Normals vs Murderers	Total Responses. Movement. Human. Anatomy. Rejection. Most Typical. Atyptical.
Neurotics vs Psychotics	Total Responses. Movement. Human. Animal. Anatomy. Rejection. Most Typical. Atypical.
Neurotics vs Substance Dependents	Total Responses. Movement. Human. Anatomy. Sex. Rejection.
Neurotics vs Murderers	Human. Animal. Anatomy. Rejection. Atypical.
Psychotics vs Substance Dependents	Total Responses. Movement. Human. Animal. Sex. Rejection. Most Typical
Psychotics vs Murderers	Movement. Human. Animal. Sex. Rejection. Most Typical. Atypical.
Substance Dependents vs Murderers	Total Responses. Human. Animal. Anatomy. Sex.

Conclusion :

The results of index meta-analysis clearly indicate that SIS-II indices can differentiate various groups. So it could be used as a diagnostic tool.

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Characteristics of Subjects Who See Females on Card VII of Rorschach

Lisa C. Milne and Philip Greenway

With the focus of Rorschach shifting from being a qualitative to a quantitative instrument, the emphasis on specific content changed from a content's having a specific meaning to its belonging to a cluster of related contents. This study examined the specific meaning of an adult-female response to Card VII. The failure to report adult-female content seemed to be related to social discomfort, dependency needs, passivity and perhaps an introspection that comes from social anxiety.

With the introduction the Comprehensive System, CS, (e.g. Exner, 1986; Exner, 1993), the focus of Rorschach psychology shifted from regarding the test as a largely qualitative technique to establishing it as a standardised, psychometric instrument. With this shift, the emphasis on content became largely quantitative, for example, the combining of *Bt, Cl, Ge, Ls* and *Na* to form the *Isolation Index.* It is relatively unimportant, for example, that a subject specifically saw a flower on a card. While historically there has been some focus on content, it has usually been as part of a thematic analysis, such as the measurement of percepts mediating, for example, primary process or object relations (e.g. Lerner, 1975; Schafer 1954). These categories have not found their way into the CS.

Rorschach (1921) termed common responses or 'popular' to each blot 'vulgar answers', and suggested that they represented a subject's capacity for conventional perception. The criterion for popular responses has varied, from a response that occurs at least once every three responses to one in six responses Exner (1986). The CS (1993) lists a total of 13 popular responses. There is also the tendency for particular cards to elicit specific responses, a phenomena known as 'card pull' (Weiner, 1998). The pull in Card VII has long been seen as associated with feminine percepts (Klopfer, Ainsworth, Klopfer, & Holt, 1954). The upper third is most often seen as female figures, the popular response to Card VII (area D1 or D9) being a human head or face, specifically identified as Indian, child or female (Exner, 1993). According to Klopfer et al., (1954) seeing these figures as children or animals, is often associated with social immaturity. They argued that individuals who give such responses can only express affect

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toward children and animals and may be unsuccessful with managing heterosexual relationships. Klopfer et al., (1954) also suggested that failure to give an adult female response and a human movement response to Card VII may indicate a disturbed mother-child relationship. In other words, failure to see a female on Card VII is worthy of interpretation. This kind of hypothesis has been largely neglected within the American as opposed to the European tradition.

The aim of this study was to determine whether there are significant differences in personality style, as measured by the Millon Inventory of Personality Styles (MIPS; Millon, 1994), between people who give an adult-female as a response to Card VII and those who do not. Specifically, we tested the hypothesis that normal subjects who failed to give an adult-female response would show characteristics associated with feeling unsupported and that those who did not would not show these characteristics. In terms of the MIPS scales, these characteristics would be represented by the scales, Conforming, Yielding, Agreeing, Accommodating, Introversing and Retiring.

Method :

Subjects :

Subjects were 129 (61 males and 68 females) normal adults from Victoria, Australia, who volunteered to complete a battery of psychological tests. The mean and standard deviation for the age of the sample was 35.43 years and 9.79 years, respectively, with no significant gender differences on age.

Procedure :

Subjects attended two sessions. In the first, the Rorschach was administered and in the second a battery of inventories was administered, including the MIPS. There were no inducements to participate.

The Rorschach records were scored for female content on Card VII. Records were divided into 2 groups : Group 1, No-female, consisting of subjects who gave no adult-female responses to Card-VII; and Group 2, Female, consisting of subjects who gave at least one adult female response. The Female group consisted of 45 subjects, (20 males and 25 females), and the No-Female group of 84 subjects (41 males and 43 females).

The MIPS is a 180-item, true-false questionnaire designed to measure the personality style. It is composed 24 scales, grouped into 12 pairs, and has three measures of validity. Each pair contains related scales e.g. Extraversion and introversing (Millon, 1994). The pairs are : Enhancing and Preserving; Modifying and Accommodating; Individuating and Nurturing; Extraversion and Introversing; Sensing and Intuiting; Thinking and Feeling; Systematizing and Innovating; Retiring and Outgoing and Asserting; Dissenting and Conforming; Yielding and Controlling; and Complaining and Agreeing (Millon, 1994).

Results and Discussion :

Analysis of variance were run to test for significant differences between the means of the two groups, No-Female Content and Female Content, with Gender as an added factor, for each of the MIPS variables. The variable, Popular Responses, was added as a covariate in these analyses, because the Popular response for Card VII can include a female figure. Each of the MIPS variables were used in the analysis, although the variables which were the focus of the overall hypothesis were, Accommodating, Introversing, Feeling, Retiring, Hesitating, Conforming, Yielding and Agreeing.

In all the analysis, the covariate had no significant effect. The interaction between Gender and No-Female/Female was not significant in any of the analyses. The means and standard deviations for MIPS variables showing significant differences between the No-Female and Female groups are shown in Table 1. The results of the ANOVAS for the significant MIPS variables were ;

Accommodating,	No-Female/Female factor,	F=6.71, df=1/124, p<.01
Agreeing,	No-Female/Female factor,	F=8.82, df=1/124, p<004
Introversing,	No-Female/Female factor,	F=12.08, df=1/124, p<.001
Hesitating,	Gender factor,	F=7.82, df=1/124, p<.006
	No-Female/Female factor,	F=6.86, df=1/124, p<.01
Retiring,	Gender factor,	F=4.42, df=1/124, p<.04
	No-Female/Female factor,	F=7.12, df=1/124, p<.009

Table 1

Means and Standard Deviations of MIPS Scales for the Group. No-Female Content on Card VII and Female Content on Card VII

MIPS Scale	No-Female on Card VII N=84		Female on Card VII N=45	
	M	SD	M	SD
Accommodating	9.70	7.71	6.11	6.50
Agreeing	15.95	6.81	12.31	5.20
Hesitating	7.44	7.73	4.02	5.45
Introversing	9.23	6.00	5.49	6.06
Retiring	9.67	7.10	6.40	5.97
Yielding	9.02	7.20	7.22	6.40

Subjects who did not give female content response were more Accommodating, Agreeing Introversing, Hesitating and Retiring than subjects who did give a female content response. With regards to the last two variables, the significant gender effect demonstrated that female subjects were more Hesitating and Retiring than males regardless of the No-Female Content/Female Content factor. The covariate, Popular Responses, had no significant effect in any of the analyses.

The five significant scales describe a coherent personality style. The Accommodating scale belongs to the Motivating Aims group of scales within the MIPS that assess how individuals orient themselves toward obtaining reinforcement from the environment. Individuals high on the Accommodating scale do not shape or alter their behaviours much. Rather, they react and accommodate to circumstances created by others and lack initiative. The Introversing scale belongs to the Cognitive Modes group of scales. Individuals who score highly on this scale use their own thoughts and feelings as resources and get stimulation from within themselves. The remaining three scales belong to the Interpersonal Behaviours group of scales. Individuals high on Agreeing

tend to be socially likeable, form strong loyalties and attachments to others. Moreover they hide any negative feelings when they perceive that others will object to these feelings. Those who score highly on Hesitating are usually shy and nervous in social situations, want to be liked and fear rejection. Those who score highly on Retiring tend to be quiet passive and uninvolved, being characterised by their lack of affect.

Of these five significant variables three, Agreeing, Hesitating, and Retiring, contribute to the 'Retreater' style of interacting. (Millon, 1994) Retreaters do not trust others, nor take risks easily, can be acquiescing and socially uncomfortable. Further, they tend to focus on and experience painful emotional states.

In sum, the failure to report adult female content on Card VII seems to be related to social discomfort, dependency needs, passivity and perhaps an introspection that comes from social anxiety. Such characteristics may be the effect of some disturbance in the mother-child relationship as suggested by Klopfer et al, (1954). It should be remembered that the sample was of normal subjects. Whether the findings could be repeated in clinical samples awaits further research.

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Marital Adjustment of Working Women and Housewives

Vijayalaxmi A. Aminabhav & Vidya R. Kulkarni

The main objective of the present study is to know the significance of difference between the working women and housewives in their marital adjustment. The sample consists of 50 working women and 50 housewives from Dharwad City. The marital Adjustment inventory developed by Deshpande, C.G. (1988) was used to measure the marital adjustment of the two groups. The obtained responses were scored and subjected to 't' test. Results revealed that the working women have significantly higher marital adjustment than that of the housewives. In addition to this it is also observed that women of adult group and women who come from nuclear families have significantly higher marital adjustment than their counterparts.

The Importance of women's role in the present society from past few decades has significantly changed its complexion. It is no longer a question of what women are capable of doing physically and mentally. Now the entrance of women in the larger world of work has proved that women are fit for much wider range of activities than the traditional role of a housewife.

This kind of gradual transition in the role played by Indian women has been observed to be influencing their various psychological factors. Thus the present study makes an attempt in this particular direction. More specifically this study intends to observe scientifically the marital adjustment of working women and housewives.

Several attempts have been made to trace the particular problem of marital adjustment in terms of stresses which are dominant among working and even in non working women. Some such studies are reviewed here.

Melies, et al., (1992) studied spousal role satisfaction, stress and coping of 54 women clerks. These women characterized their spousal satisfaction in relation terms and identified companionship and communication with their partners as pleasing. They also enjoyed feeling of loved and offering nurturance to please their partners.

A study by Ferree (1976-1976b) has revealed that women with jobs outside the home are generally happier and satisfied with their lives than full time housewives.

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Sharon - Houseknecht (1979) found that childless women have higher level of marital adjustment than those with children. But this difference was not uniform across all areas of adjustment.

Wiersma et. al. (1991) examined correlate work - home role conflict for 208 dual earner couples. Analysis revealed that work home role conflict was negatively related to family climate for men and women; Gender differences in role conflict were partially attributed to gender differences in domestic responsibilities; domestic responsibilities and family climate each correlated significantly with work - home role conflict.

Eleanore Brawn Luckey (1966) studied the relationship between marital satisfaction, perception of self and spouse and number of years married. It was found that longer the couples married, the less favourable personality quality they saw in their mates. Overall marital satisfaction was related negatively to the number of years married and positively to the number of years of schooling.

Agnihotri and Rekha (1986) administered a marital adjustment scale to 163 couples married for 5-10 years. Couples were grouped according to whether each spouse older or younger than any cross sex siblings in the family of origin resulting in 4th birth order category combinations. Results indicated that best marital adjustment occurred when both spouses were older than cross sex siblings. The worst adjustment occurred when both spouses were younger than cross sex siblings.

Angira, K.K. (1990) administered the revised adjustment inventory (P.Kumar, 1967) to 80 undergraduates to study adjustment in relation to family structure and birth order. Analysis of variance revealed that the main effects of family structure and birth order were significant. Interaction between family structure and birth order was not significant.

Thus, with this background of reviewed literature, it was felt that there is a need to study the marital adjustment of working women and housewives.

Methodology :

The present study makes an attempt to compare the working women with that of housewives as far as their marital adjustment is concerned.

Therefore, the present investigation is taken up with the main objective of knowing the significance of differences between the working women and housewives with regard to their marital adjustment.

Sample :

The sample of the study consists of working women and housewives, 50 in each group. Both the samples were equated as far as their age, education etc. are concerned. The age of sample ranges from 23 years to 55 years. These samples were selected from Dharwad city, Karnatak State.

The 'Marital Adjustment Inventory' developed by Deshpande, C.G. (1988) was used to measure the marital adjustment of working women and housewives. The inventory measures the inter-spouse's adjustment, adjustment as related to their experiences with in-laws, social participation, bringing up of children, purchases, food habits, temperament, sexual satisfaction, love and affection, personal daily activities, likes and dislikes etc. The Scale has two parts. These two parts 'A' and 'B' have the statements related to different aspects of marital adjustment. The validity coefficient as measured by biserial correlation is 0.49 and the split half reliability coefficient is 0.83.

The scale has 5 point answer categories, totally there are 20 items, here higher the score, lesser the adjustment and vice versa.

The working women and housewives were contacted personally and instructed to show the responses by putting a '4' mark in the appropriate place, which is applicable to them.

All the duly completed questionnaires were collected along with the information in the biodata sheet. Further the responses were scored with the help of key and total scores were derived for each respondent. Further these scores were subjected to 't' test.

Results and Interpretations :

Table 1

Numbers, Means, S.D.'s and 't' Value for Marital Adjustment Scores of Working Women and Housewives.

Groups	N	Means	S.Ds	't' Value
Working women	50	41.9	6.90	
				–2.06*
Housewives	50	46.5	6.95	

*P<0.05 significant

An observation of Table 1 reveals that the mean scores of working women and housewives (i.e. 41.9 and 46.5 respectively) differ to some extent, while the two S.Ds (6.90 & 6.95 respectively) do not differ much. The obtained 't' value (-2.06) shows a significant difference ($P < 0.05$) between the two groups in their marital adjustment. Thus working women are found to have significantly higher marital adjustment than the housewives.

This may be due to the fact that, since the working women are exposed to the life outside the home, they develop greater understanding, knowledge and experience. They see larger world of reality when compared to housewives whose world is so limited. This kind of broader exposure to reality makes the working women become more flexible and more adjustable. On the other hand, the housewives due to their lack of exposure to other sides of life, become more rigid and less adjustable.

This result support the findings of the study by Ferree (1976-1976b).

Table 2

Numbers, means, S.Ds and 't' Value for Marital Adjustment for Two Different Age Groups of Women.

Groups	N	Means	S.Ds	't'
Adults (Below 40 yrs.)	20	41.5	8.9	- 3.5**
Elderly (40 & above)	20	49.5	8.1	

**P < 0.01 Highly Significant

An inspection of Table 2 reveals that the mean scores of adults (41.5) and elderly women (49.5) differ to a greater extent. But standard deviations of them (8.9 & 8.1) do not differ much. The obtained 't' value (3.5) shows that the difference between adults and elderly women is significantly higher in their marital adjustment ($P < 0.01$). Thus it clearly shows that age has its own impact on the marital adjustment, here the adult group has higher marital adjustment when compared to elderly group.

The table 3 reveals that the mean scores of women with children (44.45) and without children (41.7) differ to some extent. But the standard deviation of women with children (16.4) and without children (5.85) differ to a greater extent.

Table 3

Numbers, Means, S.Ds and 't' Value for Women with Children and Without Children.

Groups	N	Means	S.Ds	't'
With children	16	44.45	16.4	
				1.63
Without children	16	41.7	5.85	

P > 0.05, not significant.

However the obtained 't' values (1.63) is not significant (P > 0.05). It means that women with children and without children do not differ significantly in their marital adjustment. So the factor of having children or not having children, does not have any significant effect on the marital adjustment. It is much more concerned with the interaction between the spouses.

Table 4

Numbers, Means, S.Ds and 't' Value for Women of Nuclear Family and Joint Family.

Groups	N	Means	S.Ds	't'
Nuclear family	33	46.8	6.95	
				11.2***
Joint family	33	67.2	8.00	

***P < 0.001 : very highly significant

A perusal at Table 4 reveals that the means (46.8 and 67.8) of women of nuclear family and joint families are differing much, while the standard deviations (6.95 and 8) are not differing much. The 't' value (11.2) is found to be very highly significant (P < 0.001). It means, that the women of nuclear family have significantly higher marital adjustment than the women from joint families. This may be due to the fact that in nuclear families, there will be direct interactions between the spouse and greater scope for mutual understanding as well as joint involvement of couple in their family affairs brings them closer. However, this kind of interaction and involvement between couples may not be existing to a great extent in joint families.

Conclusions :

1. Working women have significantly higher marital adjustment than housewives.
2. Women of adult group have significantly higher marital adjustment than elderly women.
3. The number of children has no significant influence on marital adjustment.
4. Women of nuclear families have higher marital adjustment than women of joint family.

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Second Announcement

4th International Conference of Somatic Inkblot Society

Organised by :

University Business School, Panjab University, Chandigarh (India)

November 24-27, 2000

Dear Sir,

The Chairman and the members of the Organising Committee have great pleasure in inviting you to the 4th International Conference of Somatic Inkblot Society. It is being hosted by the University Business School, Punjab University Chandigarh (India) from November 24-27,2000. This is a Joint Venture of University Business School, Panjab University Chandigarh and Somatic Inkblot Society.

To date we have confirmed the participation of about 40 persons from the USA and other countries such as U.K., Netherlands, Italy, Greece, Finland, Russia, Brazil and South Africa. We would be honored to have you attend the conference.

The SIS is an international, non-profit scientific organization with its main office in Anchorage, Alaska (USA). We are devoted to the advancement of research in the areas of projective psychology, personality assessment, psychotherapy and mental health. Dedicated to the use of projective technique in the healing arts, one of our primary goals is the promotion of teaching, research and practice of the SIS test, a projective assessment tool.

The November 2000 conference is a reflection of our aim to reach clinical psychologists, psychotherapists, social workers, medical professionals and business executive interested in the understanding and modification of human behavior. The conference brochure is attached and contains more detailed information. I welcome your questions and inquiries for additional details.

I hope you will accept my sincere invitation to attend this conference. Indians are known for their hospitality and I am sure you will enjoy your visit to Chandigarh (India).

With warm regards,

Prof. B.L. Dubey, Ph.D., Organizing Secretary
University Business School, Panjab University, Chandigarh (India)
Telefax: 91-172-710986, 541591, Phone: 91-172- 710985
E-Mail : sisdubey@ch1.dot.net.in OR E-Mail : sisdubey@hotmail.com

Theme of the conference :

Personality Assessment, its Improvement and Enhancing Human Potentials.

Sub-Themes :

I) Projective Psychology-Screening & Evaluation
II) Mental Health in Industry
III) Stress Management and
IV) Therapeutic Intervention.

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Wilfred. A. Cassell, President SIS	Mrs. G. Suri, Joint Secretary
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Registration fee : (For Foreign delegates)

Until Sept. 30.2000		After Sept. 30.2000	
Delegates	US $150.	Delegates	US $ 200.
Students	US $ 100.	Students	US $ 125.

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Until Sept. 30.2000		After Sept. 30.2000	
Delegates	Rs. 1500/-	Delegates	Rs. 1800/-
Students	Rs. 700/-	Students	Rs. 800/-

Call for Scientific Papers & Symposia :

The abstract should be typed double-spaced, consisting of approximately 200 words, stating the objectives, methodology, results and conclusion, along with name and address of the author (s). Send submissions to :

Dr. B.L. Dubey, Post Box: 1107, Sector 15 P.O., Chandigarh -160015 (India)
Telefax : 91-172-710986, 541941, Phone: 91-172- 710985
E-mail : sisdubey@ch1.dot.net.in OR E-mail : sisdubey@hotmail.com

Detailed proposal of symposia/workshop is invited on the major theme and should reach Dr. B.L. Dubey by 15th September, 2000.

Office bearers of Somatic Inkblot Society :

Dr. Wilfred A. Cassell, President, Dr. B.L. Dubey, Vice - President

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All hotels are situated within 4 km of the conference venue.

Rooms can be booked depending on availability. To make your stay a comfortable one, kindly remember to send at least one day's tariff in advance by October 1, 2000. Accommodations for students can also be arranged on request at an economical rate ($ 7 per day) in the Faculty Hostel.

Tentative Program :

November 24, 2000

12:00-15:30	:	Registration
16:00-17:30	:	Inauguration
17:30	:	Tea
18:00-20:00	:	Cultural Program

November 25, 2000

9:30-11:00	:	Scientific Session-I
11:30-13:00	:	Scientific Session-II
13:00-14:00	:	Lunch

14:00-17:00	:	Symposium - I
17:00-19:00	:	General Body Meeting
20:00	:	Dinner

November 26, 2000

9:30-11:00	:	Scientific Session -III
11:00-13:00	:	Scientific Session -IV
13.00-14.00	:	Lunch
14:00-16:00	:	Scientific Session -V
16:00-18:00	:	Symposium - II
18:00-20:00	:	Cultural Program
20:00	:	Banquet

November 27, 2000

9:30-11:00	:	Scientific Session -VI
11:30-13:00	:	Valedictory
13:00-14:00	:	Lunch
14:00-18:00	:	City Tour

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Sincerely,

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For details please contact :

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