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SIS

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Sd/
Dr. B.L. Dubey, Editor-in-Chief
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Editorial

SIS As an Insturment of Change

Change is the law of nature. As the poet says : 'Everything changeth. The old order changeth, yielding place to the new; lest one good order should corrupt the world.'

In the field of Projective Psychology and Mental Health, the inclusion of S.I.S. may be considered as an instrument bringing the fresh air and ushering in the new era of change in our attitudes towards health and illness. We tend to see things not as they are, but as we are. By bringing about changes in our perceptions - like through the proper use of SIS techniques - we can bring about changes in other's personality including various attitudes e.g. towards ourselves, our place and possible roles in this world. This is likely to result in further changes in our other perceptions about life and its purposes. It is a circular argument, the horizon widens and so do our perceptions, feelings and motives including the ethical / moral and value systems. The role of SIS - with its use of colours, sounds and movements, is significant in bringing about this change in one's health status, in its maintenance and bringing about further, unavoidable sequence of required changes in our attitudes, feelings and actions.

It is not an easy thing to bring about changes in one's attitudes, feeling, and actions. It is easier said than done. The required effort has to be continuous, strong and motivation to do so maintained over a period of time. Persistence and patience pay in the long run and the success is sure to follow.

If changes must occur, it is important that we give some directions to this change - so that the changes may be positive, right and favourable for all of us. The changes need to be acceptable and fully accepted by us. Our mental health status depends upon these. Let us hope that SIS justifies our faith in it, fulfils its inherent potential in future and proves to be an instrument of change in the field of mental health.

The inclusion of teletherapy with help of Somatic Inkblot Series Video, images has brought a revolutionary change in the field of therapeutic intervention. People in remote parts of the world can be benefitted through teletherapy. We are dreaming of sending SIS images with the help of electronic media to other planets to help fellow dwellers of the universe, if in existence. Such an approach will be a contribution of genius through SIS instrument. Like wise with the help of Video images adolescents can be given therapy for modifying there aggressive behaviour during school time. Aged can be helped in processing their grief and

separation from their family. Dr. Cassell, the innovator of SIS technique deserves our congratulations. Hope the SIS family will labour hard to get revolutionary results in future.

S. K. Verma, Ph.D.,
Consultant , 5522, Modern Housing Complex, Manimajra,
Chandigarh - 160 001 INDIA

SOMATIC INKBLOT SOCIETY is an International organization helping thru **SOMATIC INKBLOT SERIES TEST (SIS). The SIS** is a structured, projective, diagnostic test and an adjunct to psychotherapy. It helps in hearing the inner cry of suffering individuals.

SOMATIC INKBLOT SOCIETY is publishing its Journal **SIS JOURNAL OF PROJECTIVE PSYCHOLOGY AND MENTAL HEALTH** a half yearly publication in January and July. It has 2 Awards for employing the use of Inkblot Tests SIS & Rorschach.

For details please contact :

Wilfred A. Cassell, M.D., FAPA, APC, FSIS, Director, Somatic Inkblot Center, President, Somatic Inkblot Society and Editor, SIS Journal of Projective Psychology & Mental Health, 4501E, 104th Avenue, Anchorage, AK-99516 (USA). Fax : (907) 563-3746
E-Mail : drcassell@corecom.net
Web Site at http: //www.somaticinkblots.com

OR

B.L. Dubey, Ph.D., DPM, FSIS,
Chief Editor, SIS Jr. of Proj. Psy. & Mental Health,
Director, Somatic Inkblot Center India,
Post Box 1107, Sector 15 Post Office, Chandigarh-160015 (India)
Tele/Fax : 91 - 172 - 710986, Tel. : 91 - 172-710985,
E-Mail: sisdubey@hotmail.com OR sisdubey@sancharnet.in

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Presidential Address

SIS Explorations of Human Consciousness

Wilfred A. Cassell

Thank you for the great honor of allowing me to address you today. I wish to convey the warmest greetings from the board members of the SIS Corporation in Alaska. These include my wife, Mary, who has been so incredibly helpful over the years, and Steven Corp, our board's secretary.

We also have as part of the Alaskan contingent two other professionals who will be contributing to the programs at this conference. Dr. Patricia Patrick is a child psychiatrist who will provide a training seminar on the value of integrating clinical applications of the Somatic Inkblot Series with Sand Tray Therapy in children.

As president, I sincerely welcome the chief guest of this Fourth SIS International Conference, His Excellency Lt. Gen. J.F.R.Jacob, Governor of Punjab, who has granted time from his busy schedule. We feel most honoured and graced by his presence. I am equally gratified to welcome Dr.K.N Pathak, a renowned International Scientist and Vice Chancellor of Punjab University, Dr.R.P.Gupta Chairman University Business School and Chairman of this Conference, Dr. B.L.Dubey a known international Projective Psychologist, Chief Editor SIS Journal of Projective Psychology and Mental Health and Organising secretary of this Conference and Mrs. Padma Dwivedi General Secretary of Somatic Inkblot Society. I am also grateful to see great technocrats Mr. D.K.Bhatt, Director Marketing Division of IFFCO, Mr.Anil Agrawal, CEO Telephone Cables Limited, Mr.Ravi Palia CEO Chahal Mushrooms Ltd., Mr. Yasho V. Verma, Chief H.R.Divison LGE, and Senior Executives from various organisations, who grace us with their distinguished presence and support at this meeting. I also warmly welcome all members of our Somatic Inkblot Society from different countries such as USA, Brazil, Finland, Italy, Russia, South Africa, Israel etc, delegates from India and abroad, Faculty Members and Students of University Business School, ladies and gentlemen!

As we convene, let us take a few moments to greet those members of the SIS Society who are sitting nearby. Let us set aside any rivalries and petty jealousies, and unite as one family under the SIS banner of international enlightenment.

It is an honor and great pleasure to address this conference. For those abroad, India has historically been a beacon of intellectual and spiritual light, especially for those interested in yoga training. Dr. Alfred Collins, one of our SIS board members in Alaska, has studied in this culturally rich climate. Like many such trained American psychologists, he has a guru here. Because of his mother's terminal illness, he is unable to attend. He

Dr. Wilfred A. Cassell, MD., FAPA, APC, President, Somatic Inkblot Society, SIS Center, 4501E, 104th Ave, Anchorage, AK-99516 (USA) e-mail : drcassell@corecom.net Fax (907) 563-3746
Presidential address delivered during 4th SIS International Conference, Nov 24-27, 2000 Chandigarh (India).

wanted me to personally communicate his regrets as well as his great appreciation for all that he has received from India.

Rapidly evolving SIS technology provides highly innovative techniques for exploring human consciousness. These promise to lead to new ways of enriching mind-body processes and healing. At the dawn of this new millennium, members of the Somatic Inkblot Society can begin an intellectual voyage with great enthusiasm!

We live at a time of incredibly rapid technological change. Modern Internet technology brings us all closer and we are more interdependent. We all share the atmosphere of this relatively small, environmentally fragile planet. Our identities as citizens of one particular country become blurred in a positive sense. We now can benefit from friendships linked by immediate e-mail, even though we are miles apart.

Many existing web pages offer instruction on how to relax and meditate (e.g. www.do-not-zzz.com and dhamma.org). With regard to imagery sources, state of the art film directors are taking a long view of technologically innovative visual techniques. An example of this new dimension is the work of film director Godfrey Reggio, who envisions a future where we're transiting into another (form) of nature, into a technological environment...It's not inconceivable that we're going into a post human context.

With regard to personal fitness training, there are also Web pages available on the internet (e.g., coachu.com). Relative to issues of diagnosis and therapy, John Grohol, cofounder of MHN: MENTALHEALTHNET has published a book entitled The Insider's Guide to Mental Health Resources Online.

The development of the SIS Web page for education, psychological assessment and therapy is currently being given high priority. We very much welcome input and suggestions at this meeting. While some are making large amounts of money from Internet enterprises, our philosophy is to work as a nonprofit scientific organization whose goal is to expand human consciousness to its full potential.

In the digital age, questions can arise as to ownership of ideas. The structure of the Net and the Web, in particular, may alter the way the next generation views many traditional ethics and values, including definitions of theft, content and property. Discussion on this subject may be viewed at the following Web page: www.geekforce.org. My personal plans concerning the copyright for the various forms of the SIS are to retain copyright control. I will retain this during the active professional part of my life and then transfer or will it to this international society.

I wish to avoid the pitfalls experienced by both Herman Rorschach and Wayne Holtzman. The publishers of both of these projective tests were highly resistant to the notion of the development of video versions. Remarkably enough, Dr. Holtzman strongly endorsed my plan, but the publisher refused. Much of the resistance of publishers to consider new inkblot technology may be traced to their wish for making money from outdated inkblots. I choose to retain copyright control to ensure that if new and presently

unforeseable SIS applications become available, this society can achieve them.

To progress in this world's present political state, we must be aware of the evil within all humans, especially our aggressive tendencies. Military expenditures drain off huge economic resources worldwide. According to the International committee of the Red Cross, someone is maimed or killed by a landmine every twenty-two minutes. In spite of abundant food in industrial nations, in many countries starvation, disease and abuse threaten children. In many regions of the world, there is a population explosion overwhelming the capacity of health, education and economic systems.

Even though Alaska is a wonderful area where I live, my clinical work in a psychiatric hospital often saddens me greatly. Many children never benefit from consistent parental love. When they view the SIS, their psychologically empty souls fail to recognize the maternal figure nurturing an infant in viewing Image 28B. Many are either part American Indian or Eskimo. Bethel, Alaska, is a northern native community where health surveys have been conducted. It has been estimated that sixty percent of the babies born suffer from brain damage secondary to fetal drug and alcohol toxicity. In adolescence, many experience serious identity crisis as a result of their native culture's rapid erosion. Males have the highest rate of suicide in the United States. Death through violence is also very common. Many attempt to relieve their emotional pain with drugs and alcohol, while others permanently damage their brains by sniffing inhalants such as gasoline.

Later in the conference, I will present educational material illustrating how the SIS may be used in assessing these adolescents. The SIS technology in its present stage of development is only partially helpful in releasing their inner cry. One wonders if anything will improve their lives. We avoid making unrealistic therapeutic claims because of our present limited capability of improving such out of control health, socio-economic and cultural systems.

However, we are strongly encouraged by the positive therapeutic findings from individual clinical case studies. In the future, we need statistically monitored clinical trials that will demonstrate the therapeutic efficacy of the various SIS approaches. Given the technical potential of television, the Internet, and classroom video viewing of SIS stimuli, there is hope of reaching large populations of young people regarding prevention, early detection and treatment. Developing new SIS technology is an ongoing challenge. In the new millennium, nothing will be static, including inkblot techniques. We need to remain on the cutting edge of knowledge.

While psychotropic medications have brought great therapeutic benefits in the field of mental health, these are sometimes used indiscriminately. Consider the significance of epidemiological studies indicating that the vast sums of money spent on antidepressant medication have not reduced suicide rates. Consequently, we need to be active in creating alternative therapeutic approaches- or at least those that can be used concomitantly with the psychopharmacological approach. Perhaps such collaborative efforts will enable future generations to achieve optimal universal standards of health and education. Only

then will the human species be adequately prepared for space travel and colonizing the cosmos.

At this meeting, let us feel free to communicate with dignity and honesty about both the advantages and limitations of expanding the scope of SIS technology. Thoughtfully consider all new ideas and arguments including those that you do not personally share. Remember that advances in science do not ordinarily occur without creative conflict. Recognize that our scientific SIS journey exploring mind-body relationships may traverse, conceptual grounds that are both highly fluid and illusive. We may, at times, blindly and erroneously attempt to cross boundaries into mystical realms. No doubt these will prove beyond the scope of psychobiological assessment, mathematical quantification and ultimate human understanding. At this conference, let us try at all times to communicate with humility, respect for our colleagues and reverence for the mysteries of human consciousness. In active discussions, enjoy this wonderful opportunity to share directly, without the potentially disruptive influences inherent in electronic internet communication. We all are aware of how disruptions can come cleverly disguised and from unlikely sources such as the Philippines student who recently unleashed the internet Love Bug virus. Let us all take advantage of this setting to kindle bonds of friendship that will surely enhance our future SIS work.

My wife, Mary, and I feel very close emotionally and spiritually to members of this SIS Society. We feel particularly blessed to include Dr. Bankey L. Dubey and his wife Padma as beloved members of our spiritual family. With a sense of loss, they have graciously loaned us their talented computer -literate sons, Anand and Asheem. They have been recently living with us in Anchorage, while attending university in Alaska. We view them with deep affection and great appreciation. As will be subsequently shown in a later stage of this presidential address, they have completed outstanding technical work in upgrading the SIS Web Page.

In contemplating the role of the SIS technology in the new millennium, one is frequently amazed by the ever-increasing rate of incredible advances in scientific achievement. Remarkable developments in astronomy and space exploration have changed our view of the cosmos as well as our understanding of the origins of life. Physical scientists near Fairbanks, Alaska, are rushing to crack the mystery of the northern lights (part of our presentation in the conference thru slide and Video). Hopefully these colorful shifting light patterns will further foster an appreciation for our planet's natural beauty. As you appreciate them, you must consider that these energy forms can serve as a type of SIS inkblot projective stimuli. For example, many newly wed Japanese couples honeymoon near Fairbanks. Their culture includes the notion that procreation is enhanced by such mystical visual stimulation from Nature.

Perhaps next, we might turn our attention to a few outstanding examples of fascinating technological achievements in the health sciences. Prominent examples in this area include the recent deciphering of the DNA genetic code, the creation of new drugs in

medicine with previously unimaginable therapeutic benefits, the design of robotic surgical techniques, and so on. In this technological age, our SIS work must be ever changing and innovative to keep pace, or we will be left far behind.

Illustrations of accomplishments closer to our field of mind-body investigation include the evolution of a highly promising approach for victims of stroke called constraint-induced-movement therapy. Edward Taub, a psychologist at the University of Alabama, developed this. Taub contends that it is precisely the sensory and motor experiences that prompt rewiring of the brain restoring function. In the July issue of the journal Stroke, he and German researchers reported that areas of active brain activity almost doubled after this type of therapy.

Other new evidence also suggests that more therapy is better, even if it comes from a robot. Researchers have found that stroke victims who spent an hour a day using a robot arm to complete a connect a dot exercise - much like a video game - gained twice as much arm movement as individuals in traditional rehabilitation therapy. Unlike constraint-induced therapy, even severely disabled patients can benefit from robotic therapy, since computer controls gauge and adjust to the stroke victim's strength. Neville Hogan, an engineering professor who led the robotic designs, envisions robots being put to work at home with the therapist being linked over the internet. As members of this international society, let us become inspired by such remarkable achievements. Consider the exciting challenge of matching such technological advances in our own future work.

While there are many highly interesting areas of mind-body research, I hope that many in this society will strive to assist all those who are studying human aggression. If we can develop effective ways to prevent deranged individuals from unleashing modern weapons of mass destruction, there will be immense hope for our young people worldwide. The SIS images appear to facilitate the assessment of aggressive imagery. Of course, much scientific work needs to be done before we can understand and control violent behavior, either in the mentally ill or the so-called normal population. Imagine how much better the future would be if we could develop reliable assessment techniques that could screen political candidates.

In envisioning future work, we are being propelled with the incredible momentum gained from the outstanding contributions of all here today. Not to be forgotten are the efforts of all the dedicated workers, internationally. I would like to take this opportunity to thank those who have given so very much of themselves in achieving our society's past accomplishments. Thank you from the bottom of my heart for giving me this wonderful honor of addressing this prestigious scientific society. It is with great pleasure that I look forward to presenting the SIS Awards 2000!

Today I wish to pay particular tribute to the Indian members of this society. Historically, Indians have contributed extensively to many areas of human knowledge, particularly

concerning depth psychology and our understanding of mind-body relationships. Currently, India is rapidly becoming a leader in many technological areas. It is understandable that the SIS ideas have grown in this incredibly rich scientific soil. Those farsighted young psychologists who have completed doctoral dissertations deserve special recognition and praise at this Fourth International Meeting of the SIS Society. Similarly, their doctoral guides under whose inspiration they were able to complete their important work deserve high respect and honor.

In contemplating additional directions for exploring SIS technology, perhaps it would be helpful to review the origins of this technique. It may be recalled that it was originally envisioned as a new approach for the appraisal of body consciousness. Consequently, our future SIS explorations must be conceptualized against the background of theory concerning human consciousness.

In a symposium on Scientific Approaches to Consciousness at the National Institute of Health in Washington in May 2000, certain theories were advanced. These encompassed a broad spectrum of approaches. At one extreme was the position advanced by David Chalmers, a philosopher at the University of Arizona, that subjective experience cannot be fully accounted for by understanding mechanics of the brain. For him, consciousness is a fundamental, irreducible phenomenon, like space, time, or gravity. Though its qualities might be correlated with structural and neurochemical aspects of brain function, it cannot be fully explained within the limitations of these sciences.

This thesis was particularly troubling to the materialistic, nonspiritual philosopher, from the University of California San Diego, Patricia Churchland. She was critical of Chalmers' position because of its proximity to notions of the soul or even a nonmaterial human essence. Consciousness, she argued, is no less susceptible to reductionistic analysis than any other phenomenon - as long as we are hoping for crude, deterministic connections between particular neurones and specific qualities of mind.

The views of the two practicing scientists on the panel that explore the physical basis of mental processes fall somewhere between those positions. J. Allan Hobson, a Harvard neuroscientist investigating dreams and Christof Koch, biochemist at the California Institute of Technology, who has worked with Nobel laureate Francis Crick on the neuronal basis of visual awareness, both tended to be agnostic about whether scientific explanations will get to the bottom of consciousness itself. Koch observed that scientists have discovered some of the neuronal correlates of consciousness, but is unclear whether there will be a satisfactory reductionistic account of why this activity and this subset of neurons give rise to subjectivity.

Members of this society might well ask the question: where does SIS work fit into such conceptual frames of reference? After all, a prime motivation for developing the SIS was to evaluate how conscious an individual is of specific organ systems under a variety of conditions in health and disease. In considering this, it must be recognized that

projective techniques are not given serious consideration by many behavioral scientists. This is a major political obstacle for us and the resistance may be traced to many sources.

In the early years of the twentieth century, there was a widely held enthusiasm for investigations such as those of William James, who employed the methods of experimental psychology to investigate subjective mental life " in the field of consciousness". Unfortunately, the behaviorists pushed this approach aside, insisting that introspection was insufficiently scientific. While working with rats and salivating dogs has provided significant information of scientific interest, it is highly removed from understanding human consciousness.

Another historical obstacle has been the failure of psychologists to prove that projective techniques meet acceptable criteria for validity, reliability, etc. In this connection, we are all familiar with the historical rise and fall of the Rorschach in the scientific community.

This same negative thinking has also been generalized to the SIS. For example, I vividly remember a psychiatric colleague of mine dismissing the clinical value of the Somatic Inkblot Series with the disdainful comment: "Your work is like reading tea leaves". He represents many psychiatrists in the latter period of the twentieth century. The waves of dramatic advances in diagnostic classification and psychopharmacological treatments have tended to obscure the value of introspection, dream analysis, free association, projective assessment and psychotherapy.

Fortunately, in the last decade, there have been changes taking place, which are more consistent with the latter. In the United States, the National Institute of Mental Health has just recently reported on the results of a major study of treatment results in Major Depression. The data roughly reduced to the conclusions that antidepressant medication showed the greatest effect in the first third of a year after beginning treatment. In the middle third, psychological therapies were equivalent. At the end of the third period, the individuals surveyed appreciated their overall therapeutic experience more than those who just received drugs alone. As training centers for mental health professionals digest such findings, at least for psychiatrists, there will likely be a movement back to the inclusion of basic behavioral sciences in addition to psychopharmacology in educational curricula.

Another positive indication of growing interest in the subjective aspects of behavior concerns the founding of new associations such as the Association for the Scientific Study of Consciousness and journals such as Consciousness and Cognition, Psyche, and Journal of Consciousness. This growing interest and improving intellectual climate bodes well for more widespread use of the SIS for exploring aspects of human consciousness.

At this time, perhaps it might be helpful to briefly review the history of the original SIS inkblots approximately forty years ago. During the course of a clinical study assessing

how female patients suffering from hirsutism perceived their disfigurement, I was first introduced to the concept of body image. It was quickly recognized that traditional medical interviews frequently failed to provide information concerning how patients subjectively perceived the body.

Following this, a decision was made to develop some new techniques for body image assessment. It seemed promising to initially study cardiac consciousness. This organ was selected for certain methodological reasons. It was recognized that cardiac awareness shifts during states of emotional and physiological arousal. Regionally recognizable internal symptoms in the form of palpitations and chest pain are common clinical complaints. These are frequently observed in mental disorders and also in various heart conditions.

This strategy utilized a fundamental principle in scientific investigation: one should attempt to move from relative solid structure of known conceptual area (i.e., physiological response and measurable pathology) to the more illusive realms of organ consciousness. At the time, it was anticipated that it would be feasible to design studies measuring heart consciousness as a function of shifting levels of cardiovascular sensory feedback. Moreover, it was considered to be more possible in terms of methodology to examine awareness for a region that is readily captured in culturally embedded symbols.

Initially, a series of three inkblots were designed with color-form connotations suggestive of the heart. Two of these original designs have survived repeated trials. In the card form of the SIS they are Cards VII and VIII. In the video version they are 17A and 18A. Employing video technology with Image 17B, we now have color-form-movement structure suggestive of the heart. We have also experimented with introducing the accompanying sounds of a beating heart, but decided not to include this in the sound track concurrent with Image 17B. To date, studies suggest that an individual's relative cardiac consciousness, as well as subjective cognitive and emotional associations, is reflected in responses to these SIS images.

However, it is much more complicated and fraught with methodological difficulties than one would expect. Nature does not easily give up her secrets. For example, the relative degree that an individual's consciousness focuses on the heart rapidly fluctuates from moment to moment. Sensory feedback of changing levels of cardiac activity alters it. Thus, healthy individuals become more aware of the heart's pumping action at moments of exercise and of emotional arousal.

To complicate it further, organ awareness is dramatically influenced by cognitive and emotional associations. For example, a patient with advanced, life threatening cardiac illness can unduly focus on the heart secondary to the realistic expectation to die. In a similar fashion, individuals who are free of heart disease but who suffer from mental disorder may have hypochondriac concerns and psycho physiological heart symptoms. In responding to the SIS, they may, at one stage, project a heart image where there is

little cardiac structure in the blot. If this is not an individual who has viewed hearts as part of education or occupation, this can be interpreted to be projective evidence of heightened cardiac consciousness. In the opposite direction, moments later, the same individual may fail to respond to highly suggestive cardiac structure in a subsequent blot. This perceptual blindness may occur even with the interviewer's suggestive question: "Could it look like any part of the body?" The SIS blind individual usually substitutes a nonanatomical image over the relevant organ image.

In 1980 when the manual for the card form of the SIS was published, I referred to this phenomenon as Somatic Repression. The title of the manual Body Symbolism is based on such observations. In recent years, I have been reluctant to use the terms repression and symbolism because so many professionals now consider them to be tainted by nonscientific psychoanalytic connotations. In spite of problems in nomenclature, this type of SIS approach affords investigators a conceptual frame of reference and methodological strategy for the scientific exploration of how proprioceptive feedback, cognitive, and emotional influences can shape what surfaces in human consciousness.

Apparently through evolution, we tend to focus actively on threats; one primitive response is to either fight or flee, employing activated sensory input and skeletal muscle excitation. In instances where it may be safer to remain still and thereby camouflaged from a predator's sensory input, motor inhibition is activated, resulting in stillness, blinding the predator to the presence of the prey. To complement this safety response pattern, it may be easier if some type of perceptual visual inhibition minimizes the visual awareness of the threat.

As a further method of SIS investigation, we have experimented with additional strategies. Intravenous barbiturate drugs (truth serum) and hypnosis can temporarily restore the ability to identify blocked visual imagery .In those suffering from Conversion Disorder (psychogenic pain, organ dysfunction, etc.), these clinical techniques have provided new ways of understanding the mysteries of body consciousness. These approaches can facilitate the interpretation of the hidden significance of symbolic imagery. Two examples in regard to female genitalia symbolism might be illustrative. One pertains to the superimposition of Christian symbolic images over the SIS material with such anatomical structure. Part of a Christian woman's religious training involves appropriate sexual behavior. The significance of this was originally discussed in Body Symbolism.

The second example pertains to a follow-up neurological investigation of brain activity in a case described in the July 1999 issue of our journal. It involved a woman with a past history of sexual assault. Her defensive response to the SIS image depicting female genitalia was a helmet that symbolized her attitude prior to therapy that she needed to protect herself from future sexual threat. Computerized electroencephalographic measurements were analyzed in a subsequent session. When she was viewing the genitalia Card 14 as compared to sexually neutral cards, her central nervous system

showed a reduction in Alpha waves. This was consistent with the notion that the embedded sexual content was still measurably threatening in spite of the use of defensive symbolic material.

Unfortunately, it has proven difficult to interest psycho physiologists in such pilot studies. The same applies to cardiologists in studying the underlying cardiovascular physiology of cardiac consciousness. A high level of financial support is required in order to involve laboratories capable of monitoring measures of cardiovascular activity on the computer. This might be enriched by correlating the brain activity assessment techniques in the visual cortex with SIS stimulation such as that of the pulsating 17B.

There is a great potential for acquiring support at many levels in this country. India is rapidly emerging as a major technological nation, especially with computers and the internet. Individuals come here from all over the world to be trained in consciousness altering techniques such as meditation. It is quite understandable that the SIS ideas have grown so rapidly in this rich scientific soil for the imagination. The preliminary groundwork for such mind-heart research could well be laid in India. It would be particularly useful to involve those trained in the SIS who also have experience with yoga meditation. Advanced practitioners who have learned to develop conscious control over heart rate would be excellent subjects for such future investigations. Such collaborative research could also help customize the selection of what types of images would be most trance -inducing for visualization during certain types of meditation.

For example, experts in this ancient art of yoga indicate that traditionally, the spiritual yoga teacher (swami or guru) has a great deal of information to convey to his disciples. To have full practice in different types of yoga, one needs six months to one year of intense training at different intervals. If the disciple strives to become a master, such as hatha-yoga or samadhi state, it may take years of dedicated practice under the close supervision of the guru. These highly trained individuals can control heart rate; they can sit in the same position for months at a time; they can be resistant to pain and able to neglect many body functions ordinarily associated with life.

The use of customized inkblot stimuli while providing sensory feedback information might shorten the time period by facilitating tension release and a more blissful state. In acquiring these mental powers, the disciple gradually could be guided to develop and store a series of optimally relaxing mental pictures. The series could start out with flowers and other beautiful scenes from nature. These could then be followed by newly designed inkblots resembling color-form-movement visual arrays. Such envisioned future SIS stimuli could be selected and tested experimentally on the basis of their healing effects, as well as their power to elicit positive spirituality. Like the earlier work of Hogan in using robotic technology in the treatment of stroke victims, such mind-body experimentation could be computer assessed and managed by robotic-type electronics. Perhaps such futuristic thinking seems to be too much like science fiction, or even offensive to practitioners of yoga. It is intended to provide an intellectual stimulus upon

which to plan future multidimensional SIS studies. I welcome your comments and suggestions.

Apart from envisioning futuristic studies in the mind- body relationship, there are a number of much more reachable immediate goals. Certain examples of these might be briefly mentioned. If the terrible tragedy of nuclear or other types of mass devastation can be avoided as we learn to deal with aggression, we could anticipate a very optimistic future. One exciting area involves that of space travel and eventual colonization of nearby planets. Since the SIS stimuli can be presented as electronic energy forms, these may be transmitted for multiple applications in space research. This year, we have been actively educating a N.A.S.A. psychiatrist in this technology with the hopes he would eventually pass the information along to other space scientists. One way would involve the development of a series of international training seminars.

Another application involves expanding the SIS technology in industry. For example, in a few reputable Indian companies, the SIS has been highly successful in a number of areas, such as personality assessment and therapeutic intervention. Moreover, it also has been used effectively as an instrument for selection and promotion. It has emerged as a tool for the facilitation of team building and interpersonal relationships as well as a variety of other psychological applications. We are very appreciative and fortunate to have distinguished senior executives such as those from IFFCO. Telephone Cables, LGE etc. here with us.

Another example involves our need to develop a series of educational programs. Arrangements need to be made with appropriate professional educational bodies, so that participants can acquire formal education credits in their area of speciality. Not only will this spread the use of the SIS, it could also become an important source of funds for the Somatic Inkblot Society.

There is also a need to develop educational programs in schools for children and young people demonstrating many of the basic principles of inkblot perception. With the aid of simple laboratory-type SIS demonstrations, students can be introduced to the fundamental importance of projection, avoidance and symbolism in mental functioning, both while in the awake state and in dreams. Tendencies to project negative aspects on oneself, family members and others will be illustrated through examining the human content interactions in the inkblot stimuli. It will be shown that this can be used to delude oneself into justifying and rationalizing aggressive behavior. Professionals need to be concerned that in many video and computer games, when keys are punched or triggers activated repeatedly, these repetitions are not, like in Traub's model, building neural pathways for stroke victims, but are developing neural channels to facilitate nonempathetic internalized images leading to future aggressive in real life situations.

Lastly, and perhaps in the long run, the behavior most important, is the ability of the SIS

to be an image vehicle for the expression of deep-seated emotional pain. Internationally, too many children suffer in silence without an effective means of communicating their inner cry. Many cannot communicate with their parental figures. Frequently, these adults are either not available to them for guidance and emotional support. In dysfunctional families, the adults may not want to hear because of their responsibility and guilt. Classroom teachers do not wish to begin the morning teaching sessions with a review of traumatized and neglected children's nightmares. It would open up subjects that are highly relevant for the developing young minds, but which the teachers are ill prepared to pursue. Moreover, in troubled populations such as the Alaskan native communities, it would expose them to occupational risk for secondary empathetic trauma. Consequently, educators ordinarily rationalize that communication about imagery from dreams; children's drawings or SIS responses would be too disruptive to formal studies. Religious leaders and politicians do not want to hear of the suffering of the neglected, rejected in the disintegrating societal house of cards. It would point to the failure of their belief systems. As SIS scientists, it is our role to be a voice for suffering humanity, even in those many where the individuals have long forgotten the sources of their inner cry.

At this time, I wish to end the session with an illustration of such futuristic SIS technology. The video is called Poppa. It presents art forms intended to stimulate loving dreams of a father figure in children.

Now, we are coming to my favorite part of the program, the presentation of SIS research awards 2000. It has been said that an unexpressed code of science demands that researchers do their work, earn recognition from their peers and shy away from public attention. Now we wish to recognize their beautiful gifts to the SIS technology by the SIS awards to Dr. Gopa Mitra and Dr. Anjana Mukhopadhyaya, (for Ph.D. work), Dr. M.P. Singh and A. Singh (for Ph.D. work), Dr. Bankey Lal Dubey and Padma Dubey (for research work), Mr. Anand Dubey & Asheem Dubey (designing SIS web site), Dr. S. Chaudhury, Dr. D. Saldanha, Dr. Mridula Mishra, Dr. Nalini Mishra, Mr. Anil Aggarwal and Mr. Ravi S. Palia for their contribution towards the development of SIS procedure. Hope the Somatic Inkblot Society will grow with our joint efforts.

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Experiences of the Therapeutic Assessment with Couples

Ailo Uhinki

The number of divorces has shown a constantly rising trend during the last years in Finland. Consequently, new effective techniques are needed to respond to people who are searching for help in marital interaction problems. A technique called Couples' Assessment holds out great hope as a brief marital therapy. It is based on the model of Therapeutic Assessment initiated by Finn. Theoretic explanations are found in Self-psychology, Object Relations Theory and Ego Psychology. Individual and joint interviews, personality assessment techniques and feedback sessions are the main tools of this approach. The Rorschach, the MMPI and other methods have been used. As a new technique the SIS obviously could offer alternative possibilities in this connection. The Couple's Assessment seems to work in practice but, to the best of the author's knowledge, we still lack research regarding it.

Couples' Assessment is an approach that helps the couple to learn more about themselves and their relationship among other things in problematic situations. It is a process, which is started by a session where the psychologist meets the couple to discuss areas of the relationship that are puzzling or troubling them. On the next step the psychologist meets both partners individually to discuss the problems from the viewpoint of each partner. Both of them are asked to form questions regarding themselves and the marital relationship. Thereafter both of them will individually participate in an assessment and some intervention sessions where the individual questions are elaborated and answered. The next step is a testing as a couple. At the end of the procedure the assessor meets the couple and they will discuss the assessment results and how they relate to the questions. (Finn, 1996.) Between each step the psychologist formulates hypotheses about the spouses' behavior and their relationship. He then uses the hypotheses as a basis for his work during the sessions and they are an essential factor in promoting the process.

Actually the procedure is a combination of an individual Therapeutic Assessment and a phase where an assessment is implemented jointly for the couple (Finn, 1996b). The Therapeutic Assessment is a model of psychological assessment grounded in phenomenological psychology. It uses assessment activities and data as the core of therapeutic intervention with the client and correspondingly, as I understand, with the couple. The client and assessor work collaboratively to understand the client's situation and to find personally viable, positive shifts that allow reaching goals. The traditional power imbalance between assessor and client is reduced, and neither the assessor nor the client's truth is considered super ordinate (Fisher, 1985; Finn & Fisher, 1997).

The Consensus Rorschach :

The Consensus Rorschach involves administration of the Rorschach to two or more people simultaneously. The use of this technique has been activated by the recent emphasis on interpersonal and object relations approaches and the increased popularity of marital and family therapy (Handler 1997). According to Handler two ways of administration are possible. 1. The Rorschach is at first given individually to the couples. The couple is then asked to take the Rorschach again, this time arriving at one or more

Ailo Uhinki, Ps.D., Ed.I., Psykologitoimisto, Synteesi, Linnankatu-37a A 9, Fin-20100 Turku. (Finland)
E-mail : a.uhinki@synteesi.inet.fi

agreed-on responses. As a result there are three different protocols which can be scored and compared with each other. The focus here is on the dynamics of the individual patient and the “couple dynamics”. This procedure gives much information but it is very time consuming. In the other approach the focus is on the interaction of the couple. The interest of the psychologist is on the process itself, not on the contents of the communication. The question is, what kind of impact the husband’ or the wife’s verbal communication has on the other partner ?

The way in which Consensus Rorschach is used in Finn’s model (Finn, 1996) resembles the latter one. At first cards I, II, IV, VII and X are presented to the couple. The couple is asked to talk out loudly together what they see. Their next task is then to come up with responses that both of them can see and agree upon. The psychologist observes the spouses as they elaborate their findings and makes notes about interactions and patterns of communication.

After the last card is completed a break of 15-20 minutes is given to the couple. During the break the psychologist reviews his notes and observations. He identifies characteristic patterns of interaction and notifies significant events in the communication. He makes hypotheses about how these behaviors might be connected to the problems of the couple and the goals of the assessment. After the break they start discussing the findings.

Theoretic Bases :

Therapeutic Assessment rests heavily on the work of Constance Fisher (1985), who developed a collaborative and interventional approach to assessment and articulated a comprehensive human science perspective on assessment.

The effect of the Therapeutic Assessment is based on basic human motives, which are addressed by this method (Finn and Tonsanger, 1997). The authors mention three of these motives and their relationship to other theories of psychotherapeutic change.

Self-verification which means e.g. to have one’s self-concept and reality affirmed in relationship and to maintain a stable and coherent sense of self. This motive relates to Self-psychology. Self-enhancement, a wish to be loved, praised and cherished by important others and, for example, to be able to think well of oneself has its roots in the Object relations theory. The third motive is Self-efficacy, which could be illustrated as a wish to grow and strive creatively or to learn more about oneself or to develop more mastery over the world. This is related to Ego psychology. Later (Amsterdam, 1999) Finn added to these motives the Self-transcendence which refers e.g. to a need to find meaning in one’s life or to feel connected to something larger than people themselves. These motives and their theoretical bases are relevant for an individual assessment. Consecutively they can be of relevance also for the assessment for couples.

The Idea of Marital Dances :

Based on Feldman´s research, Middelberg (1997) has formulated a model of marital dances to explain how the marital dances keep the couples within the homeostatic limits for intimacy. The five dances are 1. dance of conflict, 2. dance of distance, 3. dance of pursuer/avoider, 4. dance of over-responsible/ under-responsible and 5. dance of triangulation. By means of them it is possible to understand and illustrate for the spouses the dynamics of marital interaction and problems especially in connection of the Couple’s Assessment.

Two people who regulate their interpersonal distance create the dance of conflict, as an example, and their intimacy anxieties through blame and attack. The dance of conflict is mobilized when the unconscious fear on intimacy reaches a level at which it threatens to break through into conscious awareness. Individuals use various ways to trigger the conflict, but they all take the form of saying or doing something that diminishes the self-esteem of the partner. The partner returns an equally attacking or blaming response, resulting in an escalating spiral of attack and counter-attack. These behaviors usually start with verbal assaults including criticism, insults etc. They can escalate to physical violence. The dance of conflict will escalate to the couple's homeostatic limit for conflict and then the need for intimacy re-emerges aiming at reparation for the hurt. These mechanisms can be explained by means of defence processes, which involve splitting, projecting and projective identification (Middelberg, 1997, 13).

The SIS and Couples' Assessment :

Probably the SIS has not yet been used as a tool in couples' assessment. Also on the field of psychology new ideas should be tested in practice. The papers presented at the IV SIS Conference in Chandigarh made the author of this paper think that there are no reasons why the SIS should not be tested as an instrument in the assessment procedure in question. Alternative uses could be found in the individual assessment phase and in the collaborative phase. As an individual technique it could possibly be implemented by means of the video. In the collaborative phase it might be used as cards which could be chosen according to the case. It could be recommendable that someone who is familiar both with marital therapy and the SIS would start with this project.

Experiences :

Finn´s model and Consensus Rorschach according to Finns suggestions seems to work in practice. The most critical point in the process seems to be the beginning of the joint assessment. Clients often become critical here or they hesitate about proceeding. Anyhow I have noticed that many couples have been able to make their interaction better. In some cases the marriage has ended but I suppose that the assessment procedure has helped them to part as reasonably as possible.

The Couples' Assessment obviously is in line with Dicks who says that following aspects of marital relations require attention to comprehend marital relations: 1. An assessment of each partner as a separate individual. 2. An assessment of the socio-cultural factors bearing on the couple. 3. An attempt to identify the more unconscious forces, which flow between the partners. (Dicks, 1993, 8). This, according to Dicks, constitutes the personal, psychological core of marital life both in the disorders of marriage and normally functioning element, which bind two persons into a dyad.

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Yoga and Personality

Swami Niranjanananda Saraswati

Yoga is a process of understanding the necessities of life and the management of the mind and human potentials. Of course, there are many other aspects of yoga and to perfect them all is a lifelong process, but, as they say, a journey of a thousand miles begins with one step. This is how yoga can help us in our lives. The practice of asanas helps in the management of the body, providing physical balance and harmony. Pranayama, mudras and bandhas are ways to channel the physical forces, giving us the opportunity to deal with the manifest mind. It helps in the development and shaping of personality at all stages.

According to the yogic system, the human personality has two dimensions : one which evolves externally and one which evolves internally. The practices of yoga aim at providing experience and also knowledge concerning both human dimensions. Yogis have experienced that when there is an integration of the human faculties, the expressions of life change and there is greater fulfillment and satisfaction.

We experience or live in four distinct dimensions. A human being is guided by ambitions, by the strengths of character, by the weaknesses of human personality and by the needs which govern our life. Let us look at these four dimensions individually in order to understand the entire yogic process.

First come the necessities in our life. The body has certain needs in order to sustain it, and a clear example is food. Without food, without drink, the body would not be able to sustain itself. In the same way, in our external social life there are certain needs : financial, emotional, intellectual and so on. In order to sustain ourselves and have a sense of satisfaction there has to be fulfillment of these needs.

To fulfil these needs we utilize the strength of our character. These strengths represent the qualities which help a human being progress in life. It could be will power or performance of an action or even clarity of thought. We constantly utilize these strengths in our daily life. At the same time we are confronted by certain weaknesses in our personality. These weaknesses can be insecurities, fears, mental conflicts, psychological problems, emotional and physical imbalances.

The motivating force behind performance of an action is ambition. This should be seen in the form of a desire that we wish to fulfil, not as something negative. Strengths, weaknesses, ambitions and needs are the four areas of life which have to be brought into balance through yoga in order to achieve fulfillment.

This is a very practical approach to yoga. When we are aware of, or are subjected to, our weaknesses, then we become aware of the imbalances in our personality. Imbalances in the body create illness and disease. Imbalances in the mind create mental conflicts, anxiety, stress and depression, which when not contained, create deep psychological problems, called samskaras. *Samskaras* are the unconscious expressions of human

Swami Niranjanananda Saraswati, Chancellor, Bihar Yoga Bharti, Ganga Darshan, Munger 811201, Bihar, INDIA.

personality, and in order to deal with these various weaknesses of personality, yoga has devised certain systems of practice, for example, the system of hatha yoga and the system of raja yoga.

The practices of asana and pranayama are for physical balance. The body has to be managed properly because, although we take it for granted, there are certain areas which we have to consider very carefully, for example, accumulation of stress in different parts of the body. Stress definitely creates a lot of physical as well as mental imbalances, and when these imbalances are not dealt with immediately, they create further problems.

Yoga and Health :

There is a word in English is known as disease : 'dis' plus 'ease' - 'dis' meaning disturbed, 'ease' meaning comfort. When the comfortable, natural state of the body is disturbed, then disease is experienced. Although yoga does not claim that it can alleviate or cure diseases or illnesses, it has been found that through regular practice many conditions are helped. In the field of body management, yoga has been recognized in many parts of the world as having great therapeutic potential.

Yoga has the potential to manage many different illnesses and diseases which are physical in nature. This is possible through the practice of yoga asanas and through the yogic breathing exercises, or pranayama. When the body is harmonized through the practice of asana and pranayama, its systems are brought into balance. It is similar to pruning the plant externally, while at the same time nurturing the root of the plant by working with our minds internally.

In this process the first training we receive is relaxation. Relaxation is an art. It is not something we can achieve any time, anywhere. Relaxation is a discipline. It is not sleep; because research has shown that even at the time of sleep there can be high levels of stress in the mind. It is quite obvious that when we go to bed we are not alone, we take our daily problems too. We may sleep, but the problems continue to affect the normal states of mind and, therefore, relaxation is not achieved; or if it is achieved, it is never complete and deep. Therefore, we say that relaxation is an art which has to be mastered. In order to perfect that art we only have to spend ten minutes every day, during which we are able to let go of the accumulated stresses and develop inner harmony. The mental aspect of yoga, which is comprised of the techniques of pratyahara, plays a very vital role in achieving this harmony.

Many people believe that yoga is a spiritual science, and those who have studied some yogic literature say it is a process of controlling the patterns of mind. However, in actual fact, if you study one of the major treatises on yoga, the *Yoga Sutras* of Patanjali, in the very first sutra it has been stated that yoga is a form of discipline - *anushasana.* Although it has been translated as discipline, it does not mean strictly discipline. *Shasan* means to govern, to rule, and *anu* means the subtle aspect, the subtle dimensions. Therefore, the meaning of anushasana is governing the subtle aspect of human personality - and this is yoga.

Evolution of personality :

Once you can govern the subtle aspects of human personality, you can do anything.

Here, we have to look into the practices of yoga, in relation to how they help the human personality, in five stages. The first stage is by giving one the ability to relax. The second stage is by giving one the ability to develop awareness and to observe what is happening. The third is concentrating or focusing the dissipated forces of the personality and mind. The fourth is attaining realization of the dormant faculties of human personality. The fifth is utilizing these previously dormant potentials for bettering one's life. Therefore, we find that the concept of spirituality in yoga encompasses the body, the mind and the psychic dimensions.

So, when we begin with the practice of relaxation, we are releasing barriers and stress created within the mind. The mind is considered to be a very powerful force. Pleasures are experienced in the mind, pain and sorrow is first experienced within the mind, and even the highest spiritual experience is also first experienced within the mind. The mind is the base which has to be properly tuned and, therefore, yoga lays great emphasis on the management of the mind - not control of the mind but management of the mental forces. With the practice of relaxation we gradually prepare the base of the mind.

The entire spectrum of the mind is seen in yoga in four stages : the intellect, the emotions, the feeling and the psychic dimensions. Intellect is a tool which we always use in life. Emotion is a tool which guides the performance of the mind and the senses. Feeling is a tool which gives us deeper and subtle realizations. Psychic awareness is a tool which brings us closer to the unknown areas of our personality.

In order to manage these areas we have to begin with the simple practices of concentration. Concentration is an effortless achievement. It is a state of mind in which there is total clarity of mind, perception and behaviour. The interaction of these three things leads to mental concentration. Concentration has to be a flowering state of realization, or mind, in which there is absolutely no tension. The word attention suggests to be 'at-tension', and many people confuse concentration with attention, but concentration means relaxed one point awareness. This is achieved with the normal practices of yoga where we learn to focus the mind. When the mind is focussed it becomes uni-directional, and then the faculties of the mind awaken.

When we turn on the light, it spreads everywhere but, if by some process we are able to focus the entire light at one point, it becomes a laser beam. It gains strength and potential. As children we played around with a magnifying glass, trying to burn pieces of paper or straw. That is a very good example of how the mental energies can be focused to become as powerful as a laser beam. When we are able to increase the focus and sharpness of our mind, its potential increases and certain changes take place in the human personality. This change happens at the level of human qualities.

Transformation of Personality :

The qualities which evolve in life are not restricted to the selfish nature, but become more universal. The qualities which we aspire for, of compassion, love and affection are not conditioned but become universal. Then the process of realization begins. Yogic realization is knowledge plus perfection plus understanding plus utilization; these are the different aspects of one realization. Realization is not an intellectual concept. Rather

it is a state of transformation of human nature. It is a state of understanding human nature in which divinity is expressed and this is the culmination of yoga.

Samadhi generally means union or merger with the divine consciousness. However, if yoga means unity, then it cannot be a self-centred practice. In samadhi, it is not only the realization of God which is important, but also the application of that realization externally. This is a very important aspect which every aspirant must understand. Only when that happens can we say, "Yes, I have completed my journey in life and attained fulfilment."

So, through concentration we move into states of meditation. When concentration is developed, there is a transformation of human qualities, and with this transformation there is an experience of the meditative state. In the meditative state there is a merging of the normal externalised mind with the internal mind. In yogic terminology, this internal mind is known as consciousness. Although intellectually we can say that there is very little difference between mind and consciousness, yoga says there is a difference. The mind relates to the world of senses, objects, time and space whereas consciousness relates more to the continuity of human understanding and experience. It is this continuity of experience which makes one aware of higher potentials. This is the evolutionary process of an individual and also of humanity. Ultimately this consciousness is realized with the practices of yoga. If we are able to give yoga a chance, in our lives, we shall win.

Yoga is a process of understanding the necessities of life and the management of the mind and human potentials. Of course, there are many other aspects of yoga and to perfect them all is a lifelong process, but, as they say, a journey of a thousand miles begins with one step. This is how yoga can help us in our lives. The practice of asanas helps in the management of the body, providing physical balance and harmony. Pranayama, mudras and bandhas are ways to channel the physical forces, giving us the opportunity to deal with the manifestation of mind. The practices of relaxation and concentration help us deal with imbalances caused by lack of control over the mental faculties, and the practices of meditation give us the ability to use our potential. When this is attained, a beautiful transformation in life takes place.

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Effect of Yogic Practices on Depression and Anixety

Mridula Mishra and Rajesh Kumar Sinha

Yoga is a holistic science, which encompasses yogic life for living, yogic practices and following of yogic attitudes. Yoga affects all dimensions of personality. Practice of yoga affects the physical, mental and spiritual levels of personality. Therefore by following yogic practices and lifestyle there is a reduction in one's physical mental and emotional problems. In this study, we found that though the yogic practices were aimed at reducing problems of (G.I.D.) they had considerable effects on the levels of depression and anxiety also. It can be concluded that effects of yogic practices are holistic and in the case of depression and anxiety, it's effects are highly positive and remarkable.

Yoga is the science of right living and as such, is intended to be incorporated into daily life. It works on all aspects of the person : the physical, mental, emotional, psychic and spiritual. The modern age is often termed as the age of anxiety and stress. In this modern age technology, life style patterns are changing very quickly because of the adaptive demands of this age. The human being has the coping mechanism to adjust to the demands of the situation, but if the demand needs frequent change in individual life style, patterns of behavior, concepts about the world of objects or people, change in attitude etc., it causes a situation in the individual which is, in psychological terminology, known as learned helpless. Human beings have limited capacity to adopt and adapt in the enviornment. If the demands of the situation exceed the capability of an individual, then a psycho- physical deviation arises in the individual, known as stress. This stress causes further anxiety and depression in the individual. The states of anxiety and depression are the outcome of incisive, closed and unfavorable attitudes towards the world and oneself. When the intensity of anxiety and depression exceeds normal level, it costs the systems (physical and mental) of the individual. The commonly seen result of anxiety and depression at the physical level are insomnia, constipation, disturbed sexual life, loss of appetite and decreased immune efficiency, drop in mental efficiency and concentration tendencies etc. High levels of anxiety and depression make one's life a hell. These not only affect one's mental and physical dimensions but the effect of these two percolate into one's social relationships. The interpersonal relationships of the patients suffering from anxiety and depression is very poor.

When these patients go to a psychiatrist or physician, they generally prescribe some medicines to treat these patients, but this kind of treatment that modern medical system provides is symptomatic and superficial. As the causes of these problems are hidden in the deeper recesses of their mind, they need such a therapy, which can treat them in all the dimensions of their personalities. The answer to the above problems lies in the domain of yoga which propounds holistic health.

Objective :

This study aims to see the effects of yoga on depression and anxiety.

Method of Study :

Sample :

The sample consisted of 25 adults (12 male and 10 female) in the age range of 22 to 70

Mridula Mishra, Ph.D., Lecturer in Yoga, Psychology & Rajesh Kumar Sinha, Deptt. of Yoga Psycology, Bihar Yoga Bharti, Ganga Darshan, Munger 811201, Bihar INDIA.

years. They were suffering from Gastro Intestinal problems. They were confirmed patients of the disease as per diagnosis made by physicians at different places. Most of them were suffering since more than a year. So most of the patients were chronic case of Gastro Intestinal disorder. These patients suffered from symptoms like indigestion, constipation, acidity, excess wind/gases, lack of appetite etc. They also suffered from hyper anxiety and depression.

Tools :

As per the objective of the study, two psychological dimensions of the subjects - depression and anxiety were taken as dependent variables. Depression was measured by depression scale of symptomatic check list (SCL) developed by R. L. Derogatis (1981). In order to measure anxiety of the subject, state trait anxiety inventory (STAI) developed by Spiel Berger (1970) was used in the present study. A higher score on the depression score scale indicated a greater degree of depression on the part of the subject. Similarly a higher score on the STAI indicated greater degree of that trait on the part of the subject.

Yogic Practices Prescribed :

All patients came here for the management of GID problems through yogic techniques. They lived the yogic lifestyle, which includes the yogic practices of Asana, Pranayama, Mudra, Pratyahar, Dharna, Dhyan etc. They were also encouraged to develop yogic attitudes as far as possible. They had for their meals yogic food that is sattvic, simple, easily digestible and seasonal. They followed the yogic lifestyle which was prepared under the guidance of Swami Niranjanananda Saraswati. Their yogic lifestyle schedule is given below :-

Waking Time	4.30 A.M.
Asana Pranayama Practices	5.00 - 6.30 A.M.
Breakfast	6.30 - 7.30 A.M.
Karma Yoga	7.30 - 8.30 A.M.
Study Time	9.00 - 10.30 A.M.
Lunch	10.30 - 11.30 A.M.
Rest	11.30 - 1.30 P.M.

Tea	1.30 - 2.00 P.M.
Meditation	2.00 - 3.00 P.M.
Study	3.00 - 4.00 P.M.
Gardening : Karma Yoga	4.00 - 5.00 P.M.
Dinner	5.30 - 6.30 P.M.
Kirtan - Satsang	6.30 - 7.30 P.M.
Study and individual practices	7.30 - 9.00 P.M.
Light out	9.00 P.M.

Specific Yogic Practices :

1.	Asanas	Pawan Muktasana I, II, Shavasana, Tadasana, Triyak Tadasana, Kati Chakrasana, Trikonasana, Advasana, Makrasana, Matsya Kridasana, Jyestikasana, Snasnankasana (If possible), Marjariasana, Vyaghasana, Saithalyasana, Janu Sirshasana, Bhujangasana, Dhanurasana, Shalbhasana, Eka pada Pranamasana, Natvarasana.
2.	Pranayama	Nadi Sodhana, Bhramri, Sheetali Sheetkari, Bhastrika.
3.	Meditation	Yoga Nidra, Antar Mouna, Ajapajapa.
4.	Satkarmas	Neti, Kunjal, Laghoo Sankha Pakshalana

Procedure :

The data collection was done in the Shivaa Nanda ashram at Munger. The personal data about each was noted on a separate sheet and the subject was told about the purpose of administration. This was done to establish a rapport with him. After this the questionnaires were distributed to the group of subjects. The subjects were asked to read the instructions carefully. If they had any problem or difficulty in understanding, the same was explained by the researcher. The subjects lived in the Ashram for 15 days. The tests were administered in the beginning and followed to the end of this period. Thus the study was done in pre-post design. The purpose was to compare the pre and post data and to see the difference, if any, between the scores the individual subjects obtained on the two occasions.

Result :

The concept of health in yogic perspective is the harmonious function between the physical, mental and spiritual dimensions of one's personality. These three dimensions are affected by the practices of yoga. Yoga aims at bringing harmony and smooth functioning to these dimensions. Thus the ancient science of yoga believes in a holistic approach to health. Therefore any practices of yoga touches the physical, mental and spiritual domains of one's personality.

In this study the subjects had the problems of G.I.D. As G.I.D. is a psychosomatic disorder, one's mental conflicts, stress, anxiety, depression etc., play an important role in the development of this disease.

Table-1 : Comparison of Anxiety score in Pre and Post Conditions.						
	Group	N	Mean	S.D.	t	p
	Pre	22	49.32	10.28	1.96	N.S.
	Post	22	42.14	10.26		

Among the subjects the anxiety level was found to be very high before the commencement of the yoga therapy session. The mean Anxiety level of the subjects in the beginning of the therapy was found to be 49.32 and the mean Depression level of the subjects was 19.45 (Table - I and Table - II). The total possible score in anxiety scale (STAI) is 80 and in the depression scale (SCL-90R) is 52. The yoga therapy session which was conducted for 15 days in an Ashram environment facilitated remarkable reduction in the levels of anxiety and depression.

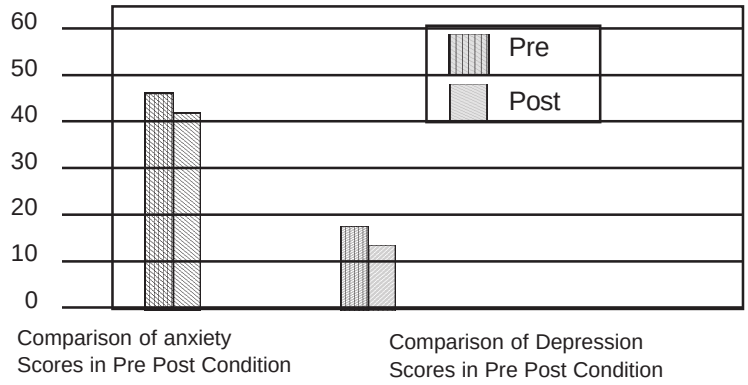
Table I suggest that the pre mean anxiety score of the subjects was 49.32 which was reduced to the level of 42.14 post mean score. The S.D. of pre anxiety score was 10.28 and 10.26 in post anxiety score. The 't' ratio is 1.96 which is non-significant.

Table-2 : Comparison of Depression score in Pre nad Post Conditions.

Group	N	Mean	S.D.	t	p
Pre	22	19.45	8.50		
Post	22	10.31	1.49		

Table II reveals that the pre mean depression score of 22 subjects was 19.45, which was reduced to the post mean score of 10.31. The pre S.D. was 8.5 and post S.D. was found to be 1.49. The 't' ratio is 4.86, which is highly significant at 0.01 and 0.05 level.

Graph 1 : Effect of Yogic Practices on Anxiety and Depression



In graphic presentation a clear cut difference between pre-post anxiety and pre-post depression findings is observable. In this way we found in this study that with management through yogic techniques, the levels of depression and anxiety are affected remarkably.

Discussion :

The yoga practices require the attention & awareness of the individual in order to attain full benefits. The yoga practices are not solely a physical exercise because there is full involvement of bodily and mental processes. As a result the effects of yoga practices are not restricted to the somatic level but it also affects one's thought process. The practice of Asanas help to harmonize the physiological systems of the body and releases the tensions from the muscels. Practices of pranayama help one to deemotionalize one's breath and enables an individual one's to control ones emotions.

The pratyahara techniques (Yoga Nidra, Antarmouna) helps one to develop the ability to read one's own thoughts and understand the functioning of the mind. Yoga nidra not only releases tensions from physical level, but it also eliminates tensions from one's mental and emotional levels. It helps to harmonize one's emotions and develops mastery over them. Antarmouna helps an individual to develop an attitude of wins, sakshi towards the events of the world and one's own reactions (physical and mental). The practices of dharma increases the concentration ability and opens the channel of creativity. By this practice one attains the equanimity and poise of mind.

The Hatha yoga practices of Satkarmas releases the toxins out of the body. As a result, whole function of body and mind is harmonized. Neti releases the tensions from facial muscles and decreases the anxiety and depression levels. Kunjal not only releases toxins and impurities of upper gastro-intestinal region, it also helps to release emotional problems. Other activities of Kirtans and Karma Yoga also help to reduce the levels of anxiety and depression. Kirtan challenges one's emotions towards supreme reality or God and develops the attitude of transcendental love. As a result one achieves emotional integration.

The practice of Karma Yoga develops the attitude of equanimity, non attachment, ego lessness and perfection, so it helps an individual to develop immune power against the emotional upheaval of the fruits of actions.

In the yoga therapy session which includes the practices of Raja Yoga, Karma Yoga, Hatha Yoga and Bhakti Yoga, help one to elevate the physical, mental and spiritual well-being. So, in all the dimensions of health there is remarkable change. In the present study, the Yoga practices not only affected the somatic condition but through the above mentioned techniques it helped in the reduction of depression and anxiety levels.

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SIS J. Proj. Psy. & Ment. Health (2001) 8 : 28-30

SIS II Profile of Professional Murderers

Amool R. Singh, K. C. Manjhi, B. L. Dubey and K. R. Banerjee

The Somatic Inkblot Series-II test was administered to 30 professional murderers and the result was compared with normal subjects. The findings suggest that the SIS-II is a powerful psychological test to discriminate murderers from normal population.

The Somatic Inkblot Series (SIS-II) can be used in a variety of ways and has been established as an instrument for discriminating different clinical groups (Psychotics, Neurotics, OCDs, Murderers, Drug Dependents & Alcohol Dependents) from Normals (Cassell 1980, Verma et al 1994, 1995, Dubey et al 1995, Singh & Banerjee 1996, Singh & Dubey 1997 and Singh et al 2000).

The present study was undertaken to prepare SIS II profile of professional male murderers.

Material & Method :

Sample : Thirty male professional murderers for at least two different cases of murders on two different occasions imprisoned in Central Jail, Ranchi.

Most of them were non matric and were in age range of 28 to 56 years. The SIS -II was administered after establishing good rapport following standard procedure (Cassell and Dubey, 1997).

Analysis :

The SIS protocols were analysed for nine SIS variables viz; Total number of Responses, Rejection of images, Sex, Movement, Human, Animal, Anatomical, Most Typical and Atypical Responses. The Means and S.D.s were calculated for each indices separately.

Results & Discussion :

All the subjects were administered various psychological tools including SIS II. The subjects who co-operated and volunteered, were included in the study. The

test protocols were compared with the normal subjects as reported by Dubey et al 1995 for normal population.

The results reveal that the professional murderers obtained high scores on Movement Responses, and low scores on total number of responses, Human, Anatomical Contents, Animal, Sex and Most - Typical responses. The high number of Movement responses indicate underlying emotionality, impulsivity and reactivity. Lower number of total responses might be indicative of their low productivity, poor imaginative capacity and low intellectual ability.

Similarly, low Human and Sex contents support their poor interpersonal relationship

Amool Ranjan Singh, *Associate Prof. & Head,* Deptt. of Clinical Psychology, K. C. Manjhi, Medical Superintendent, K. R. Banerjee, Maj. Gen. (Retd.) Former Director, Ranchi Institute of Neuro-Psychiatry & Allied Sciences, (RINPAS), Kanke, Ranchi-834006 India and B. L. Dubey, Professor, UBS, Panjab University, Chandigarh (E-Mail : sisdubey@hotmail.com)

and feeling of social deprivation and separation from family. Since, the subjects in the study are professional murderers, they have been lodged in the prison for atleast two years and are deprived of family contacts. Further, concern for others and attachment with other persons are limited in such individuals.

Normal subjects generally give more than 13 Most Typical responses and the subjects of the present study gave slightly lower number of most typical responses which indicate that there is merely deviation in respect to social conformity and reality from the world. Similarly high number of rejection of images indicated guardedness which is a common phenomenon among criminals.

Results & Discussion :

SIS Indices		Professional Murderers (N=30) Present study	Normal Subjects Dubey et al (1995)	Trend in difference
Total number of	M	63.40	74.02	Lower in Professional
Responses	SD	9.64	12.40	Murderers
Movement Responses	M	13.26	9.60	Higher in Professional
	SD	3.95	5.33	
Human Responses	M	12.80	14.66	Lower in Professional
	SD	3.50	5.46	Murderers
Animal Responses	M	5.75	8.65	Lower in Professional
	SD	4.60	4.69	Murderers
Anatomical Responses	M	7.58	9.18	Low in Professional
	SD	4.35	4.24	Murderers
Sex Responses	M	3.27	4.12	Low in Professional
	SD	2.10	2.58	Murderers
Rejection of Images	M	1.65	0.82	Higher in Professional
	SD	2.62	2.00	Murderers
Most Typical Responses	M	12.33	13.6	Lower in Professional
	SD	2.15	1.98	Murderers
Atypical Responses	M	3.52	--	
	SD	0.95	--	

M — Mean SD— Standard Deviation

Conclusion :

The results of the index study clearly suggest that the SIS-II is a potential psychological tool to discriminate professional murderers from normal population. The SIS-II can be helpful to the mental health professionals as an aid in arriving at conclusion when some prisoner is referred for psycho-diagnostics or personality assessment.

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SIS Instruments can be Obtained from :

Somatic Inkblot Center
4501E, 104th Avenue,
Anchorage, Alaska - 99516 (U.S.A.)
Fax : (907) 563-3746
E-Mail : marycassell@hotmail.com
Web Site at : http://www.somaticinkblots.com

Somatic Inkblot Center,
Post Box 1107, Sector - 15, Post Office;
Chandigarh - 160 015 (India)
Tel./Fax. : 91-172-710986, Tel. : 91-172-710985
E-Mail: sisdubey@hotmail.com
E-Mail : sisdubey@ sancharnet.in

National Psychological Corporation
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Tel. : 91-562-364926, 350113

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A study of Somatic Inkblot Series-I in Hospitalised Male Chronic Schizophrenics

S. Kumar, R. Singh and S. Mohanty

The present study was designed to identify the prominent SIS-I indices among hospitalised male chronic schizophrenics. The test was administered on 32 male hospitalised chronic schizophrenics drawn from Agra Mansik Agrogyashala and 32 normal participants. The analysis of results indicated that the schizophrenic group scored lower on total number of responses, animal responses, anatomical responses, sex responses, most typical responses and typical responses.

Projective techniques have a major contribution in psychodiagnosis. Among the psychological tests inkblot techniques are the most favoured (Sundberg, 1961; Hinkle et.al. 1968; Sharma et.al. 1975; Wade et.al. 1978; Dubey, 1982). Somatic inkblot Series (SIS) is a recent addition in inkblot techniques.

SIS was initially developed in 1960. It provides images in three forms-Cards, Booklet and Videotapes. The card form (SIS-I) consists of 20 images in black, screened black and red colours. The form has been employed to study coronary disease cases (Rathee et.al. 1994), male transsexuals (Sahay & Srivastava, 1994), obesity (Cinzia & Roberto, 1998), Russian and American female adolescents (Khromov et.al. 1999).

Psychiatric illnesses particularly schizophrenia has been studied by various investigators through SIS-II (booklet-form)-Dubey et.al. (1994), Pershad & Verma (1995), Dwivedi et.al. (1995), and Mishra and Dwivedi (1997). The findings of these studies indicate that SIS-II could differentiate schizophrenia from normals and other clinical conditions. This being an important observation, has the potential to help diagnose psychiatric disorders specially schizophrenia with more ease, confidence and reliability.

The existing literature on SIS-I indicates that it effectively discriminate the clinical conditions. The index study is an extension of the previous studies with a focus on identifying the SIS-I indices prominent in hospitalised male chronic schizophrenics.

Material & Method :

The sample for the present study comprised of 64 participants in two groups-male normals (n=32) and hospitalised male chronic shizophrenics (n=32). The clinical group was drawn amongst long staying male patients with schizophrenia at Agra Mansik Arogyashala (AMA). Their age ranged from 30-55 years (M=44.28). The duration of illness was above 10 years. The participants in normal group were drawn amongst relations of the patients attending OPD and employees of AMA. Their age ranged from 28-54 years (mean = 41.60). The normals were screened through GHQ-12 (Goldberg, 1972) to rule out any psychiatric problem. The participants who were co-operative and gave their consent were included in the sample. The persons with clinical evidence of concurrent major general medical conditions were not included in any of the groups.

Somatic Inkblot Series-I Card-form (Cassell, 1980; Cassell and Dubey, 1977) was administered individually on each participants, using standard procedure.

S. Kumar, Director; R. Singh, Medical Superintendent and S. Mohanty, Resarch Officer, Agra Mansik Arogyashala, Agra - 282 002. U.P.

The data have been analysed using mean and standard deviation.

Results and Discussion :

The mean and standard deviation of various SIS-indices among both the groups are given in following table :

Table 1 : Mean and Standard Deviation of SIS-I Indices among hospitalised male chronic schizophrenics and normals.

SIS-I INDICES	NORMALS (N) MEAN	SD	CHRONIC SCHIZOPHRENICS (S) MEAN	SD	TREND OF DIFFERENCE
Total Responses	25.38	5.98	20.00	3.57	NS
Human Responses	3.13	1.82	3.66	3.48	NS
Animal Responses	7.25	2.42	5,78	3.43	NS
Anatomical Responses	6.75	3.98	3.31	3.38	NS
Sex Responses	0.34	0.73	0.19	0.53	NS
Movement Responses	1.00	1.20	1.03	1.38	NS
Most typical	2.13	1.43	1.47	1.44	NS
Typical	16.56	5.41	10.97	3.42	NS
Atypical	6.63	4.31	7.56	4.26	NS
Image rejection	2.34	1.90	2.44	2.46	NS

The result indicate that chronic schizophrenics have lower scores on total responses, animal responses, anatomical responses, sex responses, most typical responses and typical responses. Since there is no previous study on schizophrenics using SIS-I, direct comparison could not be done. However, the studies on schizophrenics employing SIS-II suggested that they scored lower on following indices - total number of responses, movement, sex and most typical (Dubey et.al. 1994); Human, movement and most typical (Dwivedi et.al. 1995); total responses, human movement and most typical responses (Mishra and Dwivedi, 1997).

There are a few indices on which schizophrenics score lower than normals on both SIS-II- total number of responses and most typical responses.

Conclusion :

Results of the index study clearly indicate that compared to normals the hospitalised male chronic schizophrenics scored lower on following SIS-I indices- total response, animal, anatomy, sex, most typical, and typical responses. On remaining indices schizophrenics scored higher than normals. The positive results of the study underscore the importance of SIS in delineation of schizophrenic patients from normal person and further reflect the need for normative studies on SIS-I on the clinical populations.

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SIS J. Proj. Psy. & Ment. Health (2001) 8 : 35-40

Age Related Changes in SIS - II Response Contents

Rakesh Pandey ,V.R.M. Tripathi and Seema Tripathi

The present study examined the effect of age on SIS-II response contents. Three groups of subjects belonging to rural area of Gopalganj district in the age range of 6-12 (children) 13-20 (adults) and 21-40 years (adults) were individually tested on the SIS-II. Responses were scored for 9 indices. Analysis of the data revealed an age related increasing trend for various categories of sex responses as well as for movement, most typical, atypical and rejection responses. A reverse trend (i.e. decrease in score with increasing age) was obtained for human responses. Age specific changes in other SIS-II indices were also observed. Contrary to earlier findings, subjects of the present study across all age groups showed slightly elevated score on atypical response index of SIS-II. This observations therefore put a need to develop norms for rural population.

Tests of Somatic Inkblot Series (SIS) have generated a large body of research and a variety of applications (Singh et al, 1999). Besides the diagnostic use, researchers have used SIS tests (particularly the video version) for therapeutic purposes and a recent research extends its application for stimulating beacon images for meditation (Cassell et al, 1999). Though most of the researchers score SIS protocols on 10-12 quantitative indices (Such as Human, Animal, Anatomical, Sex, Movement, Typical, Most typical, Atypical etc.), a group of researchers (Dwivedi, Mishra & Pandey, 1996; Pandey, 1995, 1999) have tried to enhance the diagnostic utility of SIS-II quantitative indices by including certain indices based on the structural property of the images and/ or reaction time for various images. For example, Pandey and associates (1997) introduced three new anatomical response categories for SIS-II (viz., anatomical responses on pure anatomical images, anatomical responses on mixed anatomical images and anatomical responses on nonanatomical images) and observed that these SIS-II indices differentiate between normal and pathological subjects better than the commonly used “total anatomical responses”. Similarly, Pandey and associates (1996) presented an extended SIS-II scoring system for sex responses. Pandey (1995) observed that reaction time on certain specific SIS-II images may reveal the personality dynamics and emotional aspect of the personality. The rapidly increasing research on SIS put the need for the Journal of Projective Psychology and Mental Health (Published by Somatic Inkblot Society) which presents reports of research findings on somatic Inkblot series.

Though the volume of research on SIS is increasing rapidly, still there are a number of research problems related to SIS which has little been attended. For example, Singh and associates (1999) noted that the effect of cultural group, gender and age on SIS responses has not been much investigated. To fill this lacuna they conducted a study on a very large sample to examine the effect of gender and age on SIS-II responses. Though, the findings of this study demonstrated the effect of gender across various age groups on SIS-II responses, it is limited by a number of factors. For example, this finding does not report the main effect of age and also has not included children. Moreover most of the studies done on SIS present data from urban population. How rural people react to SIS-II is little known. Since response contents of projective tests in general, is

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The paper is based on M.A. dissertation of the second author.

Rakesh Pandey, Ph.D., Lecturer, Department of Psychology, D.D.U. Gorakhpur University, Gorakhpur. e-mail : rpan_in@yahoo.com

V.R.M. Tripathi, M.A. (Final) Student and Seem Tripathi, Research Scholar, Department of Psychology, D.D.U. Gorakhpur University, Gorakhpur.

Reprint request to Dr. Rakesh Pandey

influenced by cultural background, (Klopfer et. al., 1946; Singh et. al. 1999) it becomes important to examine the SIS responses of rural subjects.

Taking these gaps in the SIS literature into account, the present study attempts to examine the differences in SIS-II response contents of rural subjects across three age groups namely, 6-12, 13-20 and 21-40 years.

Method :

Sample:

The present study was conducted on a sample of sixty subjects belonging to rural area of Gopalganj District of Bihar. Subjects were randomly sampled from three age strata, (6-12, 13-20 and 21-40 years). The mean age of 6-12 years age group subject was 11.25 years. Similarly the mean age for 13-21 and 21-40 years age group was 16.7 and 26.45 years respectively. All the subjects belonged to middle class socioeconomic status. Those subjects who reported any visual problem, colour blindness, any history of mental or physical illness were excluded from the present study. This screening was done on the basis of a structured interview before the actual experiment. All the subjects were having the minimum verbal ability to complete the SIS-II test.

Tool :

Somatic Inkblot Series-II (SIS-II) : The Somatic Inkblot Series (SIS) have been developed by Wilfed. A. Cassell (1960, 1980, 1985, 1992) with an underlying assumption that emotional complaints have almost always a somatic root. There are five forms of this test and in the present study SIS-II has been used. This form is unique in the sense that it can be self administered and it encompasses the qualities of the SIS-I as well. It consists of 62 images printed in blue and white in two series A and B, each with 31 images. It is a 8 page booklet with first seven pages consisting of 9 images each and a place for writing one's responses below each blot, while there is space for personal data and instructions on the final page. Though this test is a self administered one, a supervised type of administration has been followed in the present study.

Procedure :

The data collection was done at the residence of each subject. Before administration of the SIS-II, preliminary demographic information was collected about the subject. A copy of the booklet and response sheet was placed before the testee and the testing started. The testee continued writing responses (in case of children oral responses) until the booklet was completed. After ensuring that no image was left unresponded the testee was then thanked and the session was terminated after assuring the testee that the responses will be kept strictly confidential and will be used only for the research purpose.

The SIS-II protocols were scored for 9 content categories, namely Human (H), Animal (A), Anatomical (AT), Sex , Movement (M), Most Typical (MT), Typcial (T), Atypcial (ATY) and Rejection (Rj).

Results :

Data on the aforesaid SIS-II indices were analyzed using descriptive measures after transforming the frequency scores in percent scores using total number of responses as denominator. Mean Score and SD of SIS-II indices for each group were computed

separately and have been displayed in Table 1. From this table it is apparent that with increasing age the number of sex responses, increase. Similarly an age related increasing trend has also emerged in the present study for movement, most typical, atypical, and rejection indices of SIS-II. However, there are few SIS-II indices or content categories for which a reverse trend of mean scores has been found. Greater number of human responses were observed in the protocols of children compared to adolescents and adults. Analysis of the data reveals a decreasing linear trend for these SIS-II indices. In sharp contrast to this, it was observed that animal, anatomical responses on non anatomical images occurred more frequently in adolescents compared to both children and adults. Adolescents scored lower on this SIS-II index compared to children and adults. For various anatomical responses adults and adolescents produced comparable number of responses but higher than children.

Table 1

Mean Score and S.D. of various SIS-II Indices and content categories

SIS-II Indices Content categories	Group 1 (6-12 years) N = 20		Group 2 (13-20 years) N = 20		Group 3 (21-40 years) N = 20	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Human	33.08	9.69	29.76	7.59	27.92	4.46
Animal	15.45	4.56	12.63	7.59	14.16	6.09
Anatomical	12.71	8.79	26.84	11.54	25.10	11.17
Sex	0.65	0.95	3.57	2.81	6.19	5.23
Movement	1.25	1.76	4.96	5.19	8.62	4.16
Most Typical	10.89	3.10	15.11	5.30	18.37	2.96
Typical	27.98	7.32	39.04	8.29	41.98	6.37
Atypical	3.62	3.00	5.52	3.86	5.45	3.02
Rejection	3.67	3.87	4.99	3.43	6.05	4.29

Although the foregoing comparisons of mean reveals a theoretically meaningful age related trend in the SIS-II responses, simple mean comparison can not tell about the statistical significance of the observed trend. Therefore to test the significance of the intergroup difference on various SIS-II indices a “t” test was done and results are presented in Table-2. With three age groups and twenty SIS-II indices 60 intergroup comparisons was possible and :t” test for each of the possible comparison was done. Out of the 27 comparisions only 11 comparisions yield a statistically signaficant difference. Thus it provides a partial support for the aforesaid trends of mean scores.

Table 2

Inter group comparison of various SIS-II indices

SIS-II Indices & Content categories	Children vs adolescents df (38)	Children vs adults df (38)	Adolescents vs adults df (38)
Human	1.209	2.177*	0.934
Animal	1.424	0.761	0.705
Anatomical	4.353**	3.910**	0.484
Sex	4.410**	4.702**	1.98
Movement	3.030**	7.311**	2.46*
Most Typical	3.070**	7.840**	2.41*
Typical	4.470**	3.461**	1.26
Atypical	1.739	1.932	0.639
Rejection	1.142	1.859	0.863

Examination of Table-2 reveals that almost on all SIS-II indices the mean score of adolescents did not statistically differ from those of adults, except for movement & most typical responses for which a statistically significant difference between adults and adolescents was obtained.

However children scored differently compared to both adolescents and adults on various anatomical responses and sex responses as well as on movement, most typical, typical and tree response category of SIS-II. For human responses only a intergroup difference between children and adults was found to be significant. On movement and most typical responses all the three age groups differed with each other. Remaining intergroup comparison were not found to be statistically significant.

Significantly greater number of human responses produced by children compared to adults reflects their greater concern and dependency on human figures (See table 1 and 2). Projection of anatomical structures on SIS-II was significantly more frequent in the protocols of adolescents and adults compared to children. Similarly on sex responses, adolescents and adults scored higher than children. Exactly similar pattern of intergroup difference was observed for movement responses (See Table-1 & 2). This pattern of finding suggests that sexual awareness and concern as well as imaginative capacity is more developed in adolesecents and adults compared to children. Similarly the statistical comparison of mean score on most typical and typical responses revealed that adolescents and adults scored higher than children (See Table 1 & 2). This finding suggest that with increasing age the touch with social reality and the level of conventional knowledge increases.

Discussion :

Over all finding of the present study suggests that age has a significant influence on various SIS-II responses. More number of human responses given by children compared to adults may be due to their psychological dependency on other human figures. It is well known that children are dependent on adults for the fulfillment of most of their needs. (including biological as well as psychological needs).

The finding that children perceive very few anatomical structures in SIS-II images is suggestive of a poor cognitive representation of internal body parts. Though developmental studies suggest that physical self concept develops in school going children, it is related more to the surface body structure and bodily out look rather than to internal bodily functions. Thus the observation of significantly fewer anatomical responses in children appears to be theoretically congruent.

The prevalence of sexual content in the protocols of adolescents and adults is self explanatory. Adult-like sexual concern and responses are absent in children. Adolescent and adult stage of development is associated with such bio-psychological changes which prepare them psychosexually and develop heterosexual needs. Presence of sexual motive and thoughts in adults and adolescents is evident in higher sexual content in their SIS-II protocols.

Higher score on SIS-II movement responses in adults and adolescents compared to children reflects their intellectual maturity and increased capacity of imagination. Studies done with the Rorschach suggest an increasing number of movement response with increasing age. For example Klopfer et. al., (1946) has cited a number of studies reflecting the effect of age on movement responses. It has been found that children below 8 years gave less than one movement response while adults with average I.Q. gave more than three movement responses on the Rorschach (Klopfer et. al. 1946). Thus the present observation is consistent with the earlier findings of the Rorschach Inkblot Test. Developmental theories also suggest that the cognitive capacity in general and the imaginative capacity in particular increases with increasing age.

Increase in typical and most typical responses with increasing age suggest that the capacity for reality testing and acquisition of social conventions develops with increasing age. This observation is also consistent with the Psychoanalytic theory which suggest that the Id (which is unaware of the social reality and works on pleasure principle) develops first and the Ego (reality testing principle) develops later. It also suggest that in early stage of development, the ego control over the id is poor. Therefore, the present observation of higher typical and most typical responses in subjects of higher age group reflects the development of ego principle also.

One of the most important observation of the present study is higher atypical responses across the three age groups (See Table-1). Generally more number of atypical responses is considered a sign of abnormality. Although the subjects

included in the present study were randomly sampled from a normal healthy population, the mean atypical responses (obtained in this study) is slightly greater than that expected on the basis of earlier findings. The scoring of SIS-II atypical responses in the present study has been done the on the basis of norms developed for urban population.

To sum up the finding of the present study suggest that the age of individual has an important influence on the SIS-II responses. Since SIS-II is becoming a popular tool in the area of clinical psychology, the present finding also indicates that the SIS-II data in the clinical set up should be evaluated keeping the age of the subjects as well as their socio-cultural background in mind.

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The Adjunctive Use of a Projective Technique with Hypno-Therapy

George Savage

Somatic Inkblot Series-I was administered to three patients who were not responding with medical treatment. The SIS was able to identify deep seated conflicts which patients were unable to uncover through conventional therapy. The usefulness of therapeutic tool of reframing along with hypnotic relaxation is also demonstrated with the help of three case studies.

"What is learned and remembered is dependent on one's psychological state at the time of the experience" (Rossi, 1986, p.47). Accessing the state-bound memory or experience, creates an opportunity for growth through reframing or reorganising it to facilitate some resolution. This is achieved through the recreation of the emotions, sounds and thoughts related to the repressed event or experience. Accepting the concept of state-bound memory, the therapist strives to create for the patient an opportunity to access the state bound sources of the problem. Hypnosis is one way of helping patients to access state-bound memories. All patients however are able to access these memories. This paper illustrates the use of the SIS as a projective technique and an adjunct to hypnosis, to help patients access the state bound memory, when conventional therapy is unable to achieve the same result.

A three stage administration technique is used. The first step is to administer the SIS cards and for the patient to identify the three cards they found least disturbing and the three cards they found most disturbing. The second step is to induce a light trance. Depending on the severity of the condition, the author would either induce a light trace or a deep one. The patient is given suggestions of relaxation and the state of relax is then anchored in the fingers. The third step is to ask the patient to open their eyes, look and concentrate on the card and close their eyes again. The patient is asked to report what emotional responses the card evoked or what images came to mind.

Three vignettes describe the use of the SIS to access state bound memory. The cases described are of a woman with marital problems, an anuretic child and a woman with chronic anxiety. Once the memory was accessed and reframed, the patients showed a dramatic improvement in their condition.

Case 1.

Mrs. E.D. is a 38-years-old married woman who was referred by a colleague because she was not responding to conventional treatment and hypno-therapy for the complaint of marital and sexual problems. She dated the onset of her problem to nine years prior to being seen by the author after having had a Pap smear. She reports that she was embarrassed by the examination and had

difficulty opening her legs. The examining doctor made derogatory remarks about her being sexually active as a single woman. She is married for two years to her boyfriend of 12 years and has a 2-year-old son. Her husband had visual problems. After extensive therapy by a colleague, which included hypno-therapy the patient showed no signs of

George Savage (M.Sc. Clinical Psychology) U.C.T. Clinical Psychologist Prviate Practice. "Deo Gratias" 37 Victoria Road, Retreat, South Africa. Phone/Telefax : +27-21-712 12 81 Email : gsav@worldonline.co.za

improving. She was referred to the author for hypno-therapy.

At the initial interview the SIS-II booklet was adminstered after taking a partial history. The following is what the author considered were some of the more significant responses.

3A I don't know.

4A Left-hand side looks like a rose bud starting to open.

5A Looks like a small body, length and arms. This is the mouth. Like this person is confused like me.

6A Looks like a teddy bear sitting here could either be legs. Also reminds me almost like sperm going somewhere. Could also be me keeping myself closed.

7A Someone drawing, could also look like the fruit being hanged, looks like me moving my body away.

8A (After a long silence), looks like a figure as well, like a pregnant tummy. Looks like sperm. Pinokio's nose growing.

12A An ear, could be someone is always wanting to listen.

13A A hand and it looks like some hand of a plant or something. Saying stop right there. Like its telling you if you go any further it might be dangerous. Could also be a flame or something that is in the sea, something like that.

22A Looks like a head cut apart, some object, two heads that were put together but separate.

26A Looks like a deformed face, I see the eyes, or it could be a scan, a baby, development taking place.

1B Head of a baby, flames, picture depicting the moon from space, whirlwind.

10B Scan of womb showing developing foetus, pregnant stomach.

15B Confusion, a child's scribble, danger, dangerous pointing.

30B Ears, there will always be someone who will listen to you.

By looking at the responses, the author formed the hypothesis that the patient was feeling confused and was asking for someone to listen to her story. The frequent references to babies was difficult to interpret. Because hypnosis was the treatment of choice, the following two sessions were spent clarifying any misconceptions the patient might have about hypnosis and to let her experience what it feels like to be in a state of relaxation and to provide her with an anchor for relaxation. This was done with the full knowledge that the referring colleauge had used hypnosis and that the patient was familiar with the technique. the primary objective was to establish a rapport and to introduce her to my way of working.

Session 4.

Two options were considered, one was to explore the responses to the booklet in greater detail or to administer the SIS cards. The second option was decided on as a further diagnostic tool. The following are her responses to the cards.

Card 1.

Patient Could be a young girl with pony-tails. could be two birds. Young girl's eye look a bit sad.

Therapist : What is she sad about ?

Patient : I do not know. May be she wanted something she was not allowed to get.

Therapist : What do you think it could have been ?

Patient : My mind goes back to when I was 10 years old. Mother had cancer, I knew she was sick when I was nine. I knew she had pain. I did not realize that she had died. I knew she had to go to a hospital. I knew she was in pain, I insisted that she plait my hair. When I left for school she wanted me to kiss her, I refused to kiss her.

Comment : At this point the patient became very quiet and tears rolled down her face.

Patient : At school the principal called me, I thought it was my uncle who had open heart surgery, I thought Uncle Bobby had passed away. When I got home my grandfather told me, my mother was gone. My grandfather was crying. At the funeral I refused to look at my mother in the coffin. I feel sad. I often think about her. I am sad, I did not kiss her good bye. My greatest fear is that I lost my mother, I hope my son does not lose me before he is 18. I think of her quiet often. My grand father had two daughters.

Comment : On a further questioning patient told the therapist she had two photos of her mother displayed in her house and that she was sexually active before the marriage.

Card 2.

Patient : Little boy with a big face, there is a smile on his face. There is a smile but no eyes, I cannot read the expression. I do not know if it is a smile or not or they are just stretching their lips.

Therapist : What does that make you think of ?

Patient : A person not saying her true feelings, just smiling, a smile on her face. I am always smiling, don't let anyone know.

Therapist : Why did you get married ?

Patient : He insisted. After a year I proposed, maybe it was the sexual thing, after a few years he wanted to get married. I made up my mind, no I did not want a big wedding. I never had my parents. I fell pregnant, he said we had to get married as his uncle did not want another child out of wedlock. I was 35, I was single for a long time, I felt free. At 18 my husband started having problems with his eyes. I have accepted his condition, I am proud of what he had achieved. I feel it is too much, I feel if I do not help him he will leave me. I went into this relationship knowing his eyes were bad. He had a drinking problem. He wants another child.

Card 3.

Patient : Another face, longish hair. Person is contented, could be a little bit (could not make out what the patient said) I don't know why I said that. It dawned on me she is asking me a question, Do you think she did the right thing I want to say yes, may be I did not forgive XX (She mentioned her own name) for what she did.

At his point the hour was over and the patient was distressed. The session ended with the patient being relaxed.

Session 5.

Conclusions drawn from session four were that the patient had some separation anxiety. There was guilt about her mother's death and her refusal to kiss her goodby on the day she died and she had some unresolved conflicts about her premarital sexual activities. The author decided to use hypnosis to help her to work through these conflicts. Routine induction was done with systematic relaxation. Using age regression and visualisation the patient was able to "talk" to the 10-year-old girl and reassure her that young girls react on impulse some times and that she could forgive the 10-year-old girl for what she did.

Session 6 and 7.

During these sessions hypnosis was used to complete the grief work and help her to resolve conflicts related to her mother's death. Some ego strengthening was also done.

Session 8.

Patient reported that she was feeling relaxed and had visited her mother's grave and was able to complete her ritual of separation and felt proud of her achievement. She reported that she had applied for a promotion post and requested some assertiveness training to prepare her for the interview. She still had the fear of dying. Basic stress management techniuqes were discussed.

Session 9.

She reported that she was able to make decisions with confidence and only spoke very briefly about her marital problems. She was concerned that her husband was very friendly with a colleague at his work. She promised to phone to confirm the next appointment. The patient defaulted and did not return to therapy.

Case 2.

J.P. was a 11 year old boy who was referred to the author by his mother becuase he was not responding to previous treatment for a 11 year history of primary enuresis. He was extensively investigated medically and was exposed to various recognised treatments for enuresis. He did not respond to medication which he was on for 6 months. The parents had a discordant relationship when J.P. was about 5 years old but they have a good relationship now. Mother was concerned because J.P. was wetting the bed every night.

Session 1.

During the session a routine history was taken and basic information about hypnosis,

the treatment of choice by the author, was explained to the parents.

Session 2.

By means of a diagram the author explained the basic working of the brain with particular reference to the controlling function it has. Hypnotic induction by means of systematic relaxation was done. While in trance suggestions of control by the brain was given with a post hypnotic suggestion that whenever he is asleep and his bladder is full he will wake up to go to the toilet. A 2 week follow-up appointment was given. Mother phoned the author to report that J.P. had only wet the bed once during the week but had wet the bed over the week-end.

Session 3.

This session was used to reinforce the suggestions given during the first session and a 2-week follow-up appointment was given. Mother phoned after a week and a half to report that J.P. was back to wetting the bed daily. A third session was arranged.

Session 4.

Because of J.P.'s resistance to treatment it was decided to administer the SIS-II cards to see if there was any underlying dynamics that was missed. the following are the responses to the cards :

Card 1. A sheep, a goat.

Card 2. Looks like a person who is smiling.

Card 3. Two people who are dancing or something.

Card 4. Looks like a person who is doing, he is walking. I don't know.

Card 5. Looks like a star.

Card 6. Looks like birds.

Card 7. Heart.

Card 8. Looks like a skeleton of a person.

Card 9. Kidneys.

Card 10. Looks like a snail.

Card 11. Looks like a heart.

Card 12. Looks like a body or something.

Card 13. I don't know, looks like a heart turned upside down.

Card 14. Looks like an eye.

Card 15. Spine.

Card 16. Eyes and nose.

Card 17. Looks like a fish swimming in the sea.

Card 18. Looks like a monster's face.

Card 19. Looks like a cockroach's head.

Card 20. Looks like a face.

He liked cards 20, 4, and 19 and did not like cards 5,13 & 3 .

The technique used by the author is to induce a light trance and to ask the patient to look at the cards and while in a relaxed state to say what it reminds them of. The following are the responses while the patient was in a trance. The responses to the cards he liked were.

Card 4.

A body moving, that is all.

Card 19.

No response, the patient just looked at the card and did not respond to any probing question by the author.

Card 20.

Looks like a monster.

There responses to the cards he did not like were:

Card 3.

He just looked at the card with no response.

Card 5.

He just looked at the card with no response.

Card 13.

He looked at the card and said nothing.

Therapist : Does it make you think of anything?

Patient : Someone playing around. In the park. Person happy.

Therapist : Why is the person happy.

Patient : Because he is with his friends.

Therapist : Is there anything else?

Patient : A persons face, makes me frightened. (Silence).

Therapist : Why are you frightened?

Patient : Because I get scarey ... silence.

Therapist : Are you afraid of someone?

Patient : Yes.

Therapist : Who made you frightened.

Patient : I'm scared of the dark.

The patient could not recall any incident that could have precipitated his fear of the dark nor could he remember how old he was when he first became aware of this fear.

With the patient still in hypnosis he was regressed to an earlier age. he identified the age as 2 years, he was alone and afraid. He did not know why he was afraid and there was no one who made him afraid. Using the reframing technique, the 11 year old boy reassured the 2 year old boy that it was normal for a young child to be afraid of the dark. The therapist had the 11 year old boy "talk" to the 2 year old until he was sure that the 2 year old boy was no longer afraid of the dark. The patient was relaxed and reassured. He was asked to open his eye and look at the card 13 a second time. The following is his response :

Patient : People are dancing.

Therapist : Why are they dancing.

Patient : They are feeling happy.

Therapist : What happened to make them so happy?

Patient : Someone got married.

Therapist : Is every one happy?

Patient : Yes no one is sad.

Therapist : Does the card make you feel unpleasant.

Patient : No.

Therapist : Does the card remind you of anything you are afraid of?

Patient : No.

The patient was given the suggestion of deep relaxation and a post hypnotic suggestion that he was not afraid of the dark any longer. The patient's fear of the dark was discussed with the parents and they agreed to place a night light in the room. Two weeks later the mother phoned the therapist to report that J. P. had been dry up to then. One month after the termination, the patient was still dry.

Case 3.

Mrs. J. P. is a 52 year old married woman with an 18 years history of anxiety and depression. She was treated by different general practitioners with various medicine with no symptomatic relief. She has one daughter prior to her marriage and 4 children born within the marriage. Her husband and daughters has formed an alliance against the patient and she reports that "I feel very alone". The symptoms she complained of were suggestive of a diagnosis of chronic free floating anxiety.

At 10 years she started sleep walking and from the age of 15 yrs she was afraid of going to sleep at night. She married at the age of 25 yrs and reports that she is still afraid to go to sleep at night and suffers from agoraphobia. She has a recurring nightmare or seeing her mother in a coffin and of her asking her mother to open her eyes as she is not dead. Her mother died when patient was 42 years old. Patient has a pronounced stutter whenever she has to speak in public. Because of the severity of the symptoms the author decided to concentrate on symptomatic relief. The first 3 session were devoted

to taking the history and to teaching the patient the technique of self hypnosis, anxiety management and stress management. At the end of the third session the patient reported no relief in the severity of the symptoms. The author decided to administer the SIS cards to identify any underlying conflict that the patient was unable to access.

Session 4.

The following are her responses to the cards see identified as most liked and those she did not like : She found cards 2, 4 and 6 least disturbing and cards 18, 19 and 20 most disturbing.

Card 2. This looks like someone very happy, a smiling person.

Card 4. This seems to be another kind of dancing, laughing figure to me.

Card 6. Looks like someone kissing, two shapes, there is a feeling one wants to get close to the other one.

Card 17. This is a spooky something, scary something with pinches.

Card 18. This is another scary thing, looks like a nasty animal ready to fight.

Card 19. Oh mmmm looks like a bad face with a mask on, an evil face.

Card 20. Another ... like a viscious dog wanting to pounce.

The exploration of the cards were done at the following session.

Session 5.

The method used to explore the cards is to induce a light trance and to get the patient to open her eyes, focus on the cards and report what the card reminded her of. The author decided to start with the cards least liked by the patient.

Card 18.

Patient : I see a coffin, my uncle is in the coffin.

Therapist : What else do you see?

Patient : I am 12 years old. They want me to touch him. I am afraid.

Comment. At this point tears started to rolling down her face. The reframing took the form of helping the patient to let the 52 years old person comfort the 12 years old girl, in her mind, by telling her that it was normal for a young child to be aftaid to touch a dead body. The 52 year old had to continue comforting the 12 years old until she was sure that the 12 years old was no longer afraid. When the patient indicated that the 12 years old was no longer afraid the following card was shown.

Card 19.

Patient : A man's face, cruel, (a long pause).

Therapist : Whose face is it ?

Patient : Vicky, my child's farther. I loved him so much and he left me. I could not say goodbye.

Therapist : Why could you not say goodbye to him ?

Patient : He hurt us so much, the two of us (long pause).

Therapist : Why did he leave you ?

Patient : I was too poor, he wanted lots of things. When I told him I was pregnant he told me he could not marry me. He said he was going to marry (X) and that hurt me. He just left.

Comment : The patient was very distressed at this point and there was a long pause. The therapist has made the patient compose a letter in her mind, to her ex-boyfriend. In the letter she had to tell him how she felt when he left her to marry another person, she also had to say good bye to him in her own way. When she had "written" the letter she had to visualise giving the letter to him and watch while he read it. When he had read the letter she could if she wished say a verbal goodbye or she could just walk away. She did not share with the therapist what she did.

Card 20.

Patient : (She started to cry loudly and uncontrollably) I am scared, a scary face, someone wants to bite me, I don't know, someone wants to hit me. he looks black, big white eyes.

Therapist : How old are you now ?

Patient : I am 4, I see a man (pause).

Therapist : What is the man doing?

Patient : He is taking me by the hand, going into the house, on the bed ... taking off my panty ... he is going to cut me. Not going to cut. He is patting me, on my private. He is saying it is alright. I'am not afraid anymore. I get up, walking out of the door, I'm going home (patient is crying aloud freely now). I'm scared to go home. My mommy's going to hit me. I'm out side, I'm not scared anymore. It's O.K. it's "Mal Willie" (Mad Willy). He's putting me on the swing. I'm so scared of the swing, I'a scared, why is he pushing me so high. I jump off, I'm falling on the tar. My leg is bleeding. I'm scared. I'm so scared of the man, he is so big. I'm going home. I'm at home. It's O.K. I'm not scared anymore. My mommy is there in the kitchen. I'm in the park, I see him again, Mal Willie (Mad Willie). I'm not alone, I'm not scared of him any more.

Comment : The patient had settled down by now and became very quiet. The therapist reinforced the suggestion of deep relaxation and reframed the incident by helping the patient to visualise the 52 years old adult comfort the 4 years old child. She had to continue to talk to the young child in her mind and to reassure the child that it was normal for a 4 years old child to be afraid of an adult who does things they are uncomfortable with. She had further to reassure the 4 years old there was nothing she could have done and that she was not to feel ashamed of what had happened. The patient had to continue talking to the young child in her mind until she was satisfied that the young child felt comforted. After a period of silence

the patient settled down. The session ended with the patient being relaxed and being given a post hypnotic suggestion that she would remember only those things that were comfortable for her to remember.

Session 5 was held 3 months after session 4 because it was over the Christmas period. At this session the patient no longer had free floating anxiety. She did however, complain of situational anxiety with relation to her husband. The patient terminated the therapy. She contacted the author again 18 months after terminating for a completely different problem.

Discussion :

These cases demonstrate the usefulness of the SIS in identifying deep seated conflicts which patients are unable to uncover through conventional therapy. The usefulness of the therapeutic tool of reframing is also demonstrated. In case one, the patient presented with marital problems but did not respond to conventional therapy aimed at the "problem". The SIS helped to identify the underlying unresolved grief. Once this was dealt with and reframed, the patient was able to continue with her normal duties. Because the patient terminated therapy no follow-up appointment was given. It is interesting to note that only 3 cards were used in this case. An unknown factor is the author does not know whether any of the other cards would have uncovered some other conflicts. Because of the patient's improvement the matter was not pursued.

In case 2 the young man did not respond to both therapeutic and medical intervention. The SIS cards helped to identify the very basic problem of a fear of the dark. Once identified it became obvious that this was a very logical question to ask. Everyone, including the author, was so concerned to treat the enuresis that no one thought of asking the patient if he was afraid of the dark. Once a night light was placed in his room and his fear of the dark was reframed, the enuresis stopped.

Case 3 is an example of the effects of childhood sexual abuse. Eighteen years of treatment did not bring symptomatic relief. With the use of the SIS the underlying problem was identified, treated and reframed, with the desired symptomatic relief.

It could be argued that the problems would have eventually been identified but at considerable emotional cost to the patients. These case histories have demonstrated the usefulness of the SIS cards to identifying deep seated conflicts.

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Therapeutic Utility of SIS-II

Mridula Mishra and Nalini Mishra

The SIS-II is both a diagnostic and a therapeutic instrument. It was administered to a 18 years female college student who had lost her mother in the early childhood and was staying with her uncle who had no children. She had difficult relationship with her stepmother. Her responses to SIS images were able to bring out her inner cry and depressed feelings. The case is discussed in length in this presentation.

A few significant responses are interpreted for better understanding of the case.

A1 "…The left side creature is happy and dancing but the right side is an angry man." The happy creature reflects her own image as happy child where as the angry man might reflect her father's image.

A2 "… feel afraid of this one eyed, horrible creature, Feeling of disturbed relationship with her parents are brought on surface. She also looks suspicious.

A3 "…As if a bitch is running to kill others with fire in her hand". This reflects her stepmother's image that does not like her.

A4 "…A handicapped man is trying to walk".

This image represents her self-confidence because here she sees a handicapped man trying to walk. So if she gets support from her stepmother and father, she can easily adjust to her circumstances, her family situation and her close family members. This may also reflect her aggression and wishful thinking to see her father as handicapped, unable to protect his child from the stepmother.

A5 She has perceived " A happy heart trying to share his joy with a eagle" on this image which reflects her happy mood which she wanted to share with someone and in absence of some close relations like parents, she is sharing it with non human being like eagle. This may also bring her depressive contents and feeling of separation from her family.

A6 "…A sad teddy bear watching a dancing man."

On this image she is projecting her own sad feeling through the teddy bear. Dancing man might reflect her uncle with whom she is staying and feeling happy to some extent.

A7 "…. A beautiful classical dancer performing on stage". This Reflects her wishful thinking to be happy and cheerful.

A9 "…Two hearts are very happy and dancing", may suggest her friend who she likes and enjoy with him.

A10 "… I feel afraid watching this eye. It is the eye of a very dangerous lady. She is trying to kill me." Once again she has projected the image of her mother and the cruelty she has undergone during past years. The" eye" and dangerous lady refer to her stepmother.

A13 "…. Birds flying in the open sky." This suggests her desire to be independent

Mridula Mishra, Ph.D., Lecture in Yoga psychology, Bihar Yoga Bharti, Ganga Darshan, Munger - 811201, Bihar, and Nalini Mishra, Lecturer, Maharani College, Ram Nagar, Varanasi, INDIA.

and enjoy freely without any boundary/restrictions.

A24 "… All are dancing in a group"

On this image she has projected her own image with her friends and boy friends and believes in a free life style.

A26 "…A mother is kissing her child who is sleeping," Her wishful desire to have the company of her mother is brought through this image. Kissing during sleep is the expression of indirect attachment with the lady who is giving her mother's affection.

A27 "…A stomach of pregnant lady". She is unable to see the breast, which is a most common response on this image. The probable reason might be the loss of her mother during early childhood. Deprivation of mother or mother figure may lead to rejection of "Breast" on this image. This may also suggest her craving for affectional needs and it may also be indicative of her regression to be an infant and safer while in mother's womb.

A30 "…A happy skeleton". This suggests her ego strength and wish to remain happy even though she has undergone lot of pain reducing her to be like a skeleton.

B4 "…A man who has a face like a dog is giving instructions to another man" This might indicate her aggression towards her father who has very low status-before her stepmother and gives instructions to others particularly to the subject. Once again the hostility towards her father is brought back on the surface. The response also suggests the cruelty faced by the subject in past.

B5 "...The spacemen going into space in a spacecraft". May reflect her desire to move freely away from the family with no social boundaries and control.

As a whole SIS images do not reveal neurotic or psychotic features, however, disturbed interpersonal relationship with mother hostile attitude towards both parents, feeling of insecurity, desire to be away from the present circumstances and suspicious attitude are quite obvious from her responses. As a whole it seems a case of broken family atmosphere with depressive contents.

B8 "...A man / woman who is in deep thought" This might project insecurity and tension faced by the subject and her younger brother as both are the sufferers in the family.

B28 "…A ghost calling me." Feeling of insecurity and fear from stepmother is brought on the surface. Instead of visualizing this image as a mother she has perceived it as ghost. This is very aggressive response particularly in Indian connotation.

The SIS-II reveals her difficult interpersonal relationship with her parents, aggressive attitude towards her stepmother and regression. Her depressive feelings have been lifted after a few sessions of counseling.

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Psychological Characteristics of Subjects with Achondroplasia and Traumatically Shortened Extremities

A. Khromov

In comparative research, aggressiveness (Buss and Durkee), emotional state (SUPOS-8, Miksic), and projective body images (SIS-I, Cassell) of 19 subjects with *Achondroplasia*, 18 with traumatically shortened extremities, and 95 healthy subjects, 17 - 20 years old, were studied. The data was analyzed contextually and statistically. The most valuable information was discovered from the projected responses of SIS-I technique, which represents the ego-body-image. No other technique was able to get this. The subjects with *Achondroplasia* gave fewer movement responses. Some responses were replaced by an image that suggested, "I'm small" (i.e. pussy cat). The correlation of such images was 17- 6 - 3 for each group of 10 subjects. The body image for such subjects was evident only at the subconscious level, which allows them to keep a good self-esteem. The main psychological features of dwarves were superseding somatic images, inadequacy and infantilism, increased sensitivity and an attachment to other people. Subjects with an acquired orthopedic defect have clear images of the deformed body at the conscious level, causing frustration, a high level of physical and verbal aggression, negativism and an extrapunitive reaction.

Today, scientific literature has a sufficient volume of knowledge about psychological problems and characteristic features of emotional experiences of both healthy people and those with rheumatism, diabetes, high blood pressure, heart disease, etc. Psychological peculiarities of people with Achondroplasia, i.e. those with an inherent defect of the long bones, and also people with shortened extremities, acquired as a result of trauma, are poorly investigated.

Inherent achondroplasia is one of the forms of chondrodisplasia (chondrodysplasia - from Greek "chondros" - cartilage, "olasis" - formation), which unites the group of rare hereditary illnesses, characterized by infringements in the development of a skeleton, changes in the normal process of ossification of the cartilage tissue, its insufficient or superfluous formation. Achondroplasia is characterized by a lack of development in the growth of the extremities, compared with the normal growth of the body, neck and head. For a person with such a disease, abnormalities in the proportions of the body - dwarfish height, received as a result of shortened extremities - are characteristic. Short hands of an adult reach up to the inguinal plaits. An adult's face maintains its childish features.

The comparative research of psychological peculiarities of people with achondroplasia and people who aquired shortened extremities as a result of trauma was carried out at the scientific centre of "Rehabilitative Orthopedy and Traumatology", established by G. Ilisarov in Kurgan, Russia.

Methods :

The psychological peculiarities of the subjects in two experimental groups and one control group were studied. The experimental groups included females aged from 17 to 21: A) with achondroplasia (N - 19); B) with an aquired pathology of the top or bottom extremities (N - 18); and C) control group, consisting of healthy students of Kurgan State University (N- 95).

Diagnosis was carried out by the following techniques: Cassell's technique (the SIS-I test), Buss and Durkee's (Hostility and Aggressiveness Inventory), Miksic's questionnaire

Prof. Anatoly Khromov, Dept. of Psychology, Kurgan State University, Russia
Mailing address: N6, Micr, Vl apt. 163 Kurgan, Russia - 640023

of the immediate psychological states (SUPOS - 8), and our inventory of basic youth problems. Content wise data analysis was done.

Not realized personal problems of the people with orthopedic disease were received with the help of Cassell's projective inkblot technique, adapted in Russia by A. Khromov in 2000, directed at the revealing of somatic infringements, mental deviations and psychological problems of the person. (Cassell and Khromov,2000).

20 images of the test were shown in a certain sequence to the tested person. Each inkblot of the projective technique was focused on the certain theoretical aspect of representation of a body and was determined by the system of estimations, based on content - analysis (the qualitative analysis interpretations of the responses), which all of them were allocated on 17 categories and scales (quantitative analysis).

Cassell, the author of the Somatic Inkblot Series proposed that the subjects, suffering from physical ailments, psychosomatic illnesses and perverted reactions, should perceive in the inkblot stimulus much more pathological anatomical structures than healthy people. Somatic inkblot for the healthy people should cause mainly normal anatomical responses of images, and for the diseased people - pathological. If tested person got a lot of different responses from the normative, it testifies some physical or mental deviations (1). It is possible to interpret results of diagnostics qualitatively as well as quantitatively.

In the present research two aspects of a person's emotions were examined. The first aspect, reflecting a subjective estimation of a person's current state, was studied with the help of the SUPOS - 8 technique. The questionnaire is based on the multiple-component representation of the typical mental state of the person, in the structure of which there are non-uniformly represented mobilizing and demobilizing components of mental activity(Miksic,1979).

The optimal emotional state, ensuring productivity and showing a high level of adaptiveness, is one in which mobilizing components dominate. In this state the person feels energetic, and ready to act.

The second aspect of a person's display of emotions is represented by subjective estimations of hostility and aggressiveness. It is most helpful to determine the level of aggressiveness in behavioral studies of people in crisis situations.

In the opinion of R. Baron, aggression is any form of behaviour, aimed to insult or otherwise cause harm to another living being not desiring such treatment (Baron, 1977).

Buss has picked out the following components of aggressive reactions: physical aggression - use of physical force against some other person; indirect aggression, when aggressive actions are directed at some other person; irritation - readiness for the display of negative feelings at the slightest excitation (irascibility, rudeness); negativism-oppositional manner in behaviour from passive resistance to the active struggle against established customs and rules; insult - envy and hate toward surrounding people for actual and invented actions; suspicion - from mistrust and caution when dealing with people to belief that other people do harm; verbal aggression - expression of negative feelings through both the sound (shout), and the contents of verbal answers (curses, threats); sense of guilt - expresses possible belief of the subject that he is a bad person, and also a feeling of remorse (Buss and Durkee,1957).

Results :

Table 1 shows the test results of current emotional state given by the SUPOS - 8

technique; in table 2 the parameters of hostility and aggressiveness, obtained with the help of Buss and Durkee's questionnaire have been recorded; table 3 shows the data of the SIS - I for 10 subjects in each of the two experimental groups and for a group of 95 healthy subjects; table 4 shows the images-responses of the SIS - I technique of 10 subjects in each of the two experimental groups (qualitative analysis) and for a control group.

Table 1.

Meaning of the SUPOS - 8 Scales

SCALES SUPOS-8	A) Group (N-19)		B) Group (N-18)		C) Group (N-95)		SIGNIFICANT DIFFERENCE
	M	SD	M	SD	M	SD	t-STUDENT
Peace of Mind	17.3	3.5	16.6	3.9	14.2	4.5	A-B - A-C T-2.9 P<0.01 B-C -
Forces and Energy	15.7	4.7	19.0	3.1	14.9	4.9	A-B t-2.5 P<0.05 A-C B-C t-3.7 P<0.01
Feeling of Activity	11.7	2.3	15.7	4.3	10.9	5.0	A-B t-3.3 P<0.01 A-C B-C t-3.5 P<0.01
Impulsiveness and Reactivity	6.8	5.6	13.6	7.8	7.8	5.2	A-B t-3.4 P<0.01 A-C - B-C t-3.4 P<0.01
Mental Anxiety	6.9	4.9	13.9	5.2	9.6	5.1	A-B t-4.0 P<0.001 A-C - B-C t-2.8 P<0.05
Fears	6.0	4.9	12.3	4.3	5.2	4.7	A-B t-3.9 P<0.001 A-C - B-C t-5.5 P<0.001
Depression	6.4	6.1	10.1	4.2	5.7	5.2	A-B - A-C - B-C t-3.3 P<0.01
Dreariness	7.2	5.1	8.9	3.0	4.9	3.3	A-B - A-C - B-C t-3.4 P<0.01

Table 2

Meaning of BUSS and DERKEE Scales

SCALES BUSS & DERKEE	A) Group (N-19)		B) Group (N-18)		C) Group (N-95)		SIGNIFICANT DIFFERENCE
	M	SD	M	SD	M	SD	t-STUDENT
Physical Violence	4.7	2.1	7.6	1.9	4.9	2.1	A-B t-4.0, P<0.001 A-C B-C t-4.2, P<0.001
Indirect Aggression	3.8	1.1	4.1	1.9	4.3	1.5	-
Irritability Reactivity	5.2	3.3	8.6	1.7	7.2	2.7	A-B t-3.7 P<0.01 A-C t-2.2 P<0.01 B-C t-2.3 P<0.05
Negativism	4.8	1.4	4.7	1.0	3.5	1.4	A-B - A-C - B-C t-3.4 P<0.01
Susceptibility	3.7	1.5	4.9	1.9	4.0	1.3	-
Suspiciousness	4.3	2.3	7.0	2.1	4.3	2.1	A-B t-3.4, P<0.01 A-C - B-C t-4.1 P<0.001
Verbal Aggression	5.6	1.7	7.7	1.7	6.3	1.9	A-B t-3.5, P<0.01 A-C - B-C t-2.5 P<0.05
Feeling of Fault	5.7	1.9	6.4	0.8	6.5	2.2	-
Total Aggression	15.4	5.0	23.9	4.5	18.2	5.9	A-B t-4.9, P<0.001 A-C - B-C t-3.8 P<0.01
Total Hostility	8.0	3.0	11.9	3.0	8.7	2.9	A-B t-3.7, P<0.01 A-C - B-C t-3.5 P<0.01

Table 3.

Meaning of the SIS -I Scales

SCALES SIS-I	A) Group (N-10)		B) Group (N-10)		C) Group (N-95)		SIGNIFICANT DIFFERENCE
	M	SD	M	SD	M	SD	t-STUDENT
Total Responses (R)	31.2	8.4	27.1	5.4	24.9	4.5	1-3 t-2.2 P<0.05
Human Responses (H)	2.6	1.6	4.0	2.1	4.6	2.2	1-3 t-3.4 P<0.05
Animal Responses (A)	10.1	4.5	6.1	2.5	6.9	3.1	-
Anatomical Responses (At)	10.0	7.9	7.4	2.0	8.2	3.8	-
Sex Responses	0.7	1.7	0.6	1.7	1.7	2.6	-
Movement Responses (M)	4.9	3.9	7.4	4.5	8.2	6.1	1-3 t-2.3 P<0.05
Most Typical Normative (MT)	13.8	2.2	12.1	1.5	12.2	4.0	-
Atypical Responses	6.0	2.3	7.5	1.5	6.0	3.7	-
Positive Emotion, Optimism	0.6	0.7	1.1	1.1	1.6	1.5	1-3 t-3.7 P<0.01
Rejection	7.7	4.8	6.0	3.0	3.8	3.5	1-3 t-2.3 P<0.05
Somatic Repression (SRS)	3.6	0.7	1.7	2.0	3.7	1.7	-
Pathological-Anatomy (PAS)	1.3	3.0	2.3	3.3	1.6	1.9	-
Depression Scale (D)	2.9	2.5	4.4	3.8	2.3	2.4	-
Aggression (HAS)	1.4	1.8	0.6	1.1	2.5	3.4	2-3 t-3.4 P<0.05
Paranoia Scale (P)	0.8	1.6	0.3	0.5	1.0	2.2	2-3 t-2.8 P<0.05
Heart Responses	1.7	1.0	0.9	0.8	1.3	1.1	-

Table 4.

The Responses with Images and Quantitative Analysis of The SIS - I Test of 10 Subjects for each of the Groups

A) Subjects with inherent defect B) Subjects with aquired defect C) Healthy Subjects.

Card 1.

A) “A cow with squinting eyes and rouged cheeks” - the subject emphasizes the physical defect; “malicious imp with eyes, horns and a beard” - displays hostility, aggression, and paranoia attributes; “bear-deer” - ambiguous perception of the image “ego”; 7 normative responses

B) “Crab”, “frog”, “devil”, “bull in a shirt”- negative attitude to the image of the “ego”; “a small sad wolf face”- negative emotional background; “squint-eyed bull” - emphasizes a

body defect; “beetle”, “a good natured cow”- normative responses

C) “Cow in a field”, “bull’s head”, “head of an animal”, “bull”, “face of a person”, “bird”

Card 2.

A) “He-goat with an extended hand” - replaced, deformed and negative image of the “ego”; the subject rejects the image, which speaks about his inability to identify with the image on the card, and about denying an image of his own body; “smiling black man”, “the hopping comical person, with hair and a bended leg, and without eyes”, “a small person” - all these statements show negative perceptions of the corporeal image of the “ego” displayed; 5 normative responses

B) “A wolf with human hands” - deformed image of the human body; “a frightening Papuan with a smile”, “a disgusting ugly face” - negative image of the “ego”; 7 responses with a positive emotional background

C) “Smile”, “person”, “heart”, “clown”

Card 3.

A) “Two apple trees with apples”, “a little parrot falling in love”, “a rabbit with red nostrils” - the replacement of a physical image of the person with images of animals or plants testifies about a low level of social-psychological adaptation of a person; “baby wth the small braids” - response of an immature person; 1 rejection, 3 repressed images, 3 normative responses

B) “Plant”- repression of images of the person; “a little dog (Mosika) barks at an elephant” - verbal aggression, “a dance of red headlights in the light”- normative response

C) “Two people interacting”, “a woman and a man are dancing”

Card 4.

A) “An apple falls in a river, with a black sky and a sunset in the distance”, “a river with an island”, “strawberry”, “dolphin” - inability to assimilate schematical visual features of a female figure in it’s own corporeal gestalt; “a snake” - display of aggression; “a black sky” - depression; “a dancing woman without hands or a face” - image of a deformed body; 7 responses with repressed images of the body, 1 normative response

B) “Sunset” - depression; “a tree with an apple”, and another 3 responses with repressed images of the person; 5 normative responses

C) “A dancing woman with an apple”

Card 5.

A) “Dragon”, “a hawk in flight”, “a spider with a red stain on it’s back” - the responses display aggressiveness; “scarecrow in a garden frightening away crows, a little, kind heart” - low self-esteem and negative experiences of an ill person; “a person in black, with marionettes” - depression, and feeling of dependence on others; “a turtle and a small baby” - an image “I am a small child”; 1 normative answer, 4 responses with repressed somatic images

B) “A small, skinned animal” - illness and oversensitive perception of the body and image of “ego”; “a star on a pedestal” - the image of a person on crutches; “turtle” - is mentioned in the answers about four times; 7 normative responses.

C) “Turtle”, “squirrel”, “heart”, “stomach”

Card 6.

A) “Butterfly”, “flower”, “nestlings”, “small, red rabbit”, “the small eyes, a small face, striped body”, “a body with shrunken organs” - projection of the image “I am small”; “seals”, “animals with noses”, “crocodile and seals”, “striped animals” - 6 responses with repressed anatomical images; “black flower” - depressed response

B) “Sad eyes, drooping moustaches, and an ugly mouth” - the depressed response, an image of an ill person; - 5 responses showing repression of anatomical images, for example: “a flying bird”, “a bud of roses”, “fish”; 3 normative responses

C) “Two birds”, “lungs”, “heart”

Card 7.

A) “The heart is being filled with something bad”, “an insect has eaten a heart” - depressiveness, pathological responses; “a beetle in a crate” - frustration, non-freedom; “a female dress, a heart”, “a tree”, “explosion” - 6 sexual images, 3 repressed anatomical images

B) “A heart with a hole”, “a pierced heart”, “a heart cut by a drop”,

“a broken heart, pinned on a dove” - depressed experience, projection of illness, image of surgical operation; 3 repressed anatomical images, 4 depressive images, 1 rejection

C) “Heart”, “female reproductive organs”

Card 8.

A) “Blooding flash” - display of fear, the pathological anatomy response; “an old tree” - depression, “sea-horses” - replacement; “a body of a person without legs, hands, head, internal organs (except heart)”, “intestine, rib cage, heart, somebody’s body”, “a little mouse, looked at from above” - emphasized sensitivity of the person to his anatomical organs, emotional suffering because of the physical pathologic extremities, the projection of an image “I am small”

B) “Ribs from an x-ray picture and a spreading heart”, “heart in a frame of wood” - frustration, depression; 2 other repressed images; 9 normal responses with images of a body

C) “Heart”, “lungs”, “chest cavity”

Card 9.

A) “Tubers of potato”, “church” - 3 responses with depressed Anatomical images; 5 normative anatomical responses, for example: “kidneys”,”ears”; “thorax with marks”- 1 pathological response

B) 6 pathological anatomical answers in which the stress is made on a problem with the health, for example: “lungs striked by nicotine”, “kidneys of the smoking person”; “a boy on a circus bicycle” - instability of a situation, difficulties, arising at a movement; “sand - glass” - replacement; 1 rejection

C) “Lungs”, “urogenital system”, “chest cavity”, “kidneys”

Card 10.

A) “Bacon” - the pathological response, in which the body is represented in an illness state; “the stone lays on a way” - frustration; “an armchair”, “vacuum cleaner” - repressed anatomical images of gastrointestinal tract.

B) “A mushroom on a tree”, “a smiling mouth, from which bad blood is running”, “a pool of blood” - pathological images; “a mountain, near by a small river flows”, “a flower of the poppy” - 3 repressed images

C) “Landscape”, “mouth”, “stomach”, “gastrointestinal tract”

Card 11.

A) “An open mouth” - verbal aggression; “an old little man” - reflection of “ego”; “bear, over which red paint was poured” – pathological anatomical image; “beetle”, “snake” - 6 superseded anatomical images

B) “Sweet Bulgarian pepper” - image of inflamed internal bodies; “a pregnant cockroach” - underestimated self-estimation, pathological anatomical response; “drunker with a red nose and depressed eyes”, “a face of a person with depressed eyes” - a depressed image of “ego”,”ugly face”,”house-spirit”, “snake”,”the face of a person with a large nose” - negative image “ego”; 3 superseded corporal images

C) “A man with bared”, “gastro intestines”, “tongue”

Card 12.

A) “A bloody maniac, with strong hands, soiled with blood, in a unbuttoned raincoat” - image of the doctor in hospital, fear; “two malicious heads on sides” - display of aggression; “mutated person”, “a crawfish or a cockroach”, “scorpion” - stressed of the physical lacks, negative perception of physical “ego”

B) “Horror-man” - negative image of “ego”; “a monster, approaching with terrible intention” - aggression, fear; “female genitalia”, “a human pelvis” - sexual responses; “cry for help”, “a motorcycle, on a motorcycle”, “red paint spread on a white wall” - projection of image of illness; other 2 responses with repressed anatomical images; 2 normative responses

C) “Flower”, “sexual organs”, “fur coat”

Card 13.

A) “Small insect in a lamp”, “a vessel of the unusual form, in which there is a muddy solution” - frustration, alarm, “black heart”, “dried pear”, “the starry sky in a frozen window” - depression, “the malicious person” - aggression; 5 subjects have shown repressed images of reproductive sphere

B) “Babies in womb of a mother”, “cave”,”a fruit with a hole” - all subjects except one, have repressed corporal and sexual images; 6 normative responses

C) “Female genitalia”, “buttocks”

Card 14.

A) All subjects, except one, rejected or repressed the images with the female genitalia, for example - “the insect with feelers”

B) - All subjects have repressed somatic and sexual images

C) “Beetle”, “female genitalia”, “cavity”

Card 15.

A) All subjects have shown good understanding of an image of a backbone incorporated in stimulus

B) “A curved backbone” - the pathological anatomical response; 6 normative responses; 2 repressed corporal images

C) “A backbone of the animal”, “human backbone”, “caterpillar”

Card 16.

A) “Ants are belching slime” - image of illness, “he-goats with beards”, “two ostriches without heads” - negative image of “ego” and attributes of somatic pathology, “increased eyes of insect” - raised ability to reflex and paranoia mood

B) “Long legged rabbits” - increase attention to legs; “the eyes in soot” - negative image of the “ego”, “eyes of an eagle owl” - increased sensitivity

C) “A pair of animals”, “eyes”

Card 17.

A) “The place to play for kids”, “medusa”, “the wood at night”; “cowl, nipper and black rose” - aggression, depression; “squid without legs, which covered its head with nippers” - desire to separate from the external world, desire to hide from all; “pelvic bones to which other bones are connected, x-ray picture” - pathological response

B) “A mushroom, stricken with radiation” - depression, pathological response; “children’s toy, which was broken” - image of spoiled childhood; “splinter”- frustration; 2 normative responses; 4 repressed of anatomical image

C) “The bottom part of a backbone”, “rib cage”, “pelvis”, “phallus”

Card 18.

A) “One eye Cyclopes”, “vampire”, “monster”, “stub, as in the films of horror”, “broken stub of a tree” - depression, aggression, fear

B) “An ugly person”, “a kind monster”, “the person in a mask” - negative image of the “ego”; “something ringed, a secret” - projection of process of treatment; 5 other repressed anatomical images

C) “Lock”,”stub”, “horror face of an animal”, “mask”, “landscape”, “person”

Card 19.

A) “Fried meat”, “volcano” - aggression, “crushed beetle”, “two rabbits are kissing with squinting eyes”, “a broken bridge over a gorge, which seems to be caving in” - stressed attention on the physical defect

B) “Terrible and ugly butterfly with broken wings” - negative projection of the “ego”; “large rain clouds” - depression; “log of wood, splitting in the centre, hanging down in to a hole” - an image of physical defect, depression; 5 normative responses

C) “Beetle”, “a head of an insect”, “a person in a mask”

Card 20.

A) “Car naval mask”, “mystical masks” - 3 responses with an image of a mask - desire to heighten, a lowered self-esteem; “fast running dogs, with sharp faces”, “malicious wolf’s face”, “two black cats” - aggression;

B) “Dead butterfly, which started putrefaction”, “a mask of death” - depression, pathological response; “a pool of dirty, rain water”, “ugly mug”, “animated head of a goat”,”skull of a bat” - depression, reflection of a physial lack; “insect with stuck out sting” - aggression

C) “Head”, “a mask, helmet”, “monster”, “shouting mouth”, “a terrible animal”

Discussion :

The research has shown, that the subjective estimations of the psychological state of the subjects have a lot of significant differences between the group of the subjects with aquired shortening of the long bones as a result of a trauma (B) and the the subjects of the control group (C). That is not the way with the subjects of the group (A) suffering with achondroplasia (the subjects with the dwarfish height i.e. with inherent orthopaedical pathology).

The subjects with aquired shortening of the long bones needed more for activity, show impulsiveness and reactivity in their behaviour. They are higher on the level of mental anxiety, fears, and depression. They also estimate higher their physical violence, irritability, negativism, suspiciousness, as compared to the dwarfish subjects and the healthy people.

The levels of subjective estimations of aggressiveness and current emotional state were found to have no difference in two groups - achondroplasia and the healthy people (except peace of mind that the subjects with inborn shortening of the long bones have higher and irritability - lower).

In our research the most meaningful information was received in the responses to the multiple-valued visual stimuli of the body-oriented technique SIS-I. Cassell's technique has revealed personal problems of the orthopedically ill people that were not reflected on the subjective level, and these problems were found in the greatest degree on the unconscious level. This confirms Freud's conviction that the "I" image is first of all corporal; "I" is not only a superficial essence, but is also a projection of the surface of a body" (Freud, 1989).

People with achondroplasia have a misunderstanding of the peculiarities of their own body. They do not accept their bodily image and reject its visual imagery (they refuse to describe the image that obviously exists on the picture). This phenomenon of rejection is more shown by the deceased people than by the healthy subjects.

Image of the body (dwarfish height) is displaced from the consciousness of subjects with achondroplasia completely for such subjects the body is represented only at the unconscious level of mentality. Such people give low human response in comparison with the healthy people, suggesting that the process of the perception of corporal structures is blocked. Due to the activity of the mechanism of replacement and censorship of the information that comes in, the consciousness of the deceased people is protected from images of a deformed body, that allows such a person to feel healthy. People with a tendency to somatic replacement; change the visual somatic image into its socially appropriate analogue. Body images that were placed in the unconsciousness allow consciousness to form an inadequate self-estimation of the image "I", which determines the behaviour of people with achondroplasia that is not appropriate for their challenged physical condition.

People with achondroplasia also gave fewer responses to Cassell's technique that had images of movement. It was found out in our previous research that the low number of responses on "movement" scale positively correlate with the clinical scales MMPI - depression (D), psychopathy (Pd), paranoia (Pa), psychesthenia (Pt), schizophrenia (Sc). The following regularity is observed: the less responses of movement – the stronger the meaning of anxiety, and nervousness as well the need for activity are less expressed. Therefore, physically and mentally healthy individuals (the control group) give more

responses of movement, than ill people (Khromov,1999).

The method of content - analysis made it possible to find out the responses to the stimuli of the projective method, in which the main problem of people with achondroplasia - the image “I am small” was revealed. In the context of the given disease such phrases as: “dancing little fellow without hands”, “little man”, “old little man”, “small hare”, “small red hare”, “small face”, ‘’a child with small braids”, “nestlings”, “small parrots in love”, “a small mouse if you look at it from above”, “mutant”, “body and reduced organs”, “kids’ heads”, “small eyes and a small face” are specific and are statistically more often shown in the responses of people with pathologically low height, than in the statements of people with aquired defect or in the responses of healthy people. The correlation of the similar statements with the equal amount of the tested people is 17 - 6 - 3.

If the person is healthy, the positive and optimistical attitude to life prevails as a rule. This attitude is displayed in the statements concerning the stimuli of the projective technique SIS - I. These statements are not so frequent in the group of people, suffering with achondroplasia than in the group of healthy people.

The results of the research allow us to give the following characteristic of the persons, suffering with achondroplasia. These are sensitive, dreamy, careless and trustful people. They are less, than healthy people, inclined to carry out routine work and prefer the variety in intellectual activity. The main personal problems of these people are caused by instability of emotional sphere. This instability is shown in variability of mood, unprotected ness, and unpractical ness in the difficulties of life. They have weak will, dependent behaviour and warm relations with other people, that is sometimes regarded as demonstrative, unnatural behaviour.

A person suffering with achondroplasia, may be called “an inadequate person”. Infantilism prevails in his personal development. In habitual social environment he is well adapted.

However in wide social environment the majority of people with such disease has a low level of social-psyhological adaptation.

People with aquired orthopedic pathology, unlike people with achondroplasia, have a clear image of the deformed body in their consciousness, and it frustrates them strongly, causing neurotic reactions. Such people are characterized by a high physical and verbal aggressiveness, irritability, negativism, emotional instability, impulsiveness and feeling of fault; extra punitive reactions are common to them, and are shown in the increased requirements to other people, in conflicting behaviour, and in depressive mood.

More often than healthy people, people with aquired pathology have a desire for activity at the level of consciousness, which has compensating character, because it is combined with high parameters of mental anxiety, fear, depression, sadness, gloomy mood, rushing in acts. Such people doubt the sincerity and love to them from other people, and consequently have less positive emotions than healthy people. Any person in this group may be characterized as “a neurotic person”, having a low level of social and psyhological adaptation.

People with traumatically shortened extremities in comparison with healthy people have shown lower aggressiveness and paranoia concerning the stimuli from SIS – I. These responses do not coordinate with their subjective estimations of aggressiveness, as shown in the Buss and Durkee’s test. The fact is, that the attitude of such a person to his/her suffering body is more “sympathetic”, than to the bodies of other people (the person identifies the stimulus material, first of all, with his/her body). These parameters

received from the people with inherent pathology of extremities have no statistical distinctions from the parameters of healthy people.

People in both experimental groups have specific peculiarities in estimations of realized problems, which differ from estimations of the healthy people. Orthopedically ill people say that their future and the problem of appearance don't worry them. Probably, these problems are superseded from consciousness. The problems, which are meaningful for deceased people are connected mostly with social questions, problems of mutual relations with other people and future family life.

The correlation analysis of the scales of Nassell's technique and Buss and Durkee's questionnaire has shown the following correlation: the less the orthopedically ill people with the inherent pathology of extremities give responses with images of a person, the lower is the aggressiveness; the more pathological anatomical images – the less is the verbal aggression. Higher score on the somatic repression suggests body awareness of the subjects. In this case they also have a strong desire to remain children (regression-remain child) and have a low ability of self-understanding. The problem of appearance displaced onto the unconscious level allows the individual to feel free and happy; that strengthens the contrast of discrepancy between serious physical pathology and a rather adapted behaviour.

In the group of the orthopedically ill people with aquired pathology the correlation analysis has shown, that the more responses with the images of men they give to stimuli of Cassell's technique, the lower are the parameters of irritability and aggressiveness; the more responses containing images of animals, the higher are the parameters of suspiciousness and the less is the feeling of fault; the more anatomical responses, the higher is the level of indirect aggression (which is true about the people with the inherent pathology). The higher number of anatomical responses can be a reflection of the replaced aggression to the circumstances that caused physical ugliness. It also coordinates with the tendencies to extra punitive reactions.

The research was done in the Russian Ilizarov Scientific Center for Restorative Traumatology and Orthopaedics. There the length of the bones of the extremities can be increased by 50 cm. The treatment of such defects by their methods allows to considerably increase the height in the shortest time. The change in the psychological state and emotional experiences of a person in the process of such a treatment, could be the subject of the next research.

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Miksic O. (1979) Investigation of the dynamics of immediate psychological states in the first Czechoslovak cosmonaut. - Ceskoslovenska Psychologie. 23:1,32-41.

Somatic Inkblot Society

(MEMBERSHIP DIRECTORY - 2001)

Anil Agrawal, MBA
President & CEO
Telephone Cables Limited
SCO 68-70, Sector 17-C,
Chandigarh-160017 (India) (LM 99)
Tel. : 91-0172-704368, 702720
E-Mail : aagarwal@tclindia.com

S. Alam, Ph.D.
Lecturer, Dept. of Psychology, Women's College, Aligarh Muslim University, Aligarh-202002 (India) (LM 97)

Ms. Zahirunnisa Ali
Specialist in Physical Therapy,
Plot No. 65, Ayppa Nagar,
P.O. Katol Road, Nagpur (India)
Tel. : 91-712-539418 (LM 95)

Deepak Anand, MBA,
University Business School,
Punjab University, Chandigarh (India)

Raman Bansal,
39-C, Sector 14, PU. Campus,
Chandigarh. (India)
Tel. : 778214 (LM 2000)

Phillip. W. Baker, Ed.D.
4325, Laurel, Suit 215,
Anchorage, AK 99508 (USA)
Res. : 2305 Susitna Dr. Anchorage,
AK 99517 (USA) Tel.: (907) 562-2392(W)
(907) 243-8042 (H) (M 95)
E-Mail : wcbaker@alaska.net

Mrs. Shubhra Banerjee, Ph.D.
"Shubhalaya", 7, Mahaveer Colony,
Kamachha, Varanasi - 221 010,
(India) (LM 97) Tel. : 91-542-312049 (H)

R.S. Basi, Ph.D.,
11651, Hill Side Drive, Ancharage, AK99516
Tel. : (907) 345-6655 (H) LM99

Ms. Jayanti Basu, Ph.D.
Consultant Psychologist, AE 692, Salt Lake,
Sector 1, Calcutta - 700 064, (India)
Tel. : 91-33-341421, 3379772 (H) (LM 95)
E-Mail : btapas@cal2.vsnl.net.in

Saugata Basu, M.Sc, M.Phil.
Clinical Psychologist.
Surendranath Cooperative,
201, Manikatala Main Road, Flat No.12,
Calcutta - 700 054, (India)
Tel. : 91-33-3379772 (H) (LM 97)
E-Mail : saubasu@cal3.vsnl.net.in

J.S. Bedi, Chairman
Gian Jyoti Inst. of Mgt. & Technology
Phase-II, Mohali-Chandigarh (LM 99)
Tel. : 91-172-671100, 661327 (H)

Mahesh Bhargava, Ph.D.
Director, National Psychological Corporation, 4/230, Kacherighat,
Agra - 282 004 (India) (LM 95)
Tel. : 91-562-350 113 (H)

Ishlesh Bhaskar, MBA
34 Green Enclave, Borewal,
Ludhiana-142027(M 99) (India)
Tel: 91-161-462772

D.K. Bhatt, BE
Director Mktg., IFFCO,
54, Nehru Place, New Delhi-110019
Tel. : 91-124-6341210 (H), 91-11-6463622

Shantanu Chatterjee, MBA,
University Business School,
Punjab University, Chandigarh (India)

Ram Chander, MBA,
University Business School,
Punjab University, Chandigarh (India)

Carina Coulacoglou, Ph.D.
Psychologist, University of La Verne,
40E, Esperou Str. Kifissia, Athens 14561
Greece (M99) Telefax : (301) 6252269
E-mail : carina@hol.gr

Mrs. Mary Cassell,
Executive Director, 4501E, 104th Avenue,
Anchorage, Alaska - 99516 (USA).
Fax : 907-563-3746 (W) (FM92)
E-Mail : marycassell@hotmail.com

Wilfred A. Cassell, MD, FAPA, APC,
Director, SIS Center, President, Somatic Inkblot Society, 4501E, 104th Avenue,
Anchorage, Alaska - 99516 (USA).
Fax : 907-563-3746 (W) (FM92)
E-Mail : drcassell@corecom.net

Sweta Chhabra, MBA
112, Sec 27-A, Chandigarh (India)
Tel: 91-172-656893 (M 99)

Tena Chhabra, MBA
UBS, Punjab University,
Chandigarh (India) (M 99)

Lt. Col. S. Chaudhury, MD, Ph.D.
Deptt. of Psychiatry,
Armed Force Medical College,
Pune-411040
E-Mail : suprakashchaudhury@hotmail.com

Sebestian Chembakam, Ph.D.
Consultant Clinical Psychologist,
Kalavathu Road, Palarivattom,
Cochin-682025 (India)
Tel. : 91-484-336162 (LM 96)

Alfred Collins, Ph.D.
Consultant Clinical Psychologist
615 East, 82nd Ave, Suite 102,
Anchorage, Alaska - 99518 (USA)
Tel. : (907)-344-3338 (W)
Telefax : (907)-346-4084 (H) (LM 95)
E-Mail : acollins@alaska.net

Laurence Steve. Corp.
3000 Doris St. Ancharage, AK 99517 (M99)
Telefax : (907) 276-7182
email: scorp@sinbad.net

Commandant, Command Hospital (WC)
Chandimandir - 134107, Haryana
India (LM 97)

Neeraj Shayam Deo, DMSP
C/o Dr. S. R. Deo, Gandhi Chowk,
Jalna - 421203 (India) (M 98)
Tel. : 91-252- 225445 (W), 33831 (H)

Dr. Sonali De Ph.D.
B-1015, Karuna Moyee Housing Estate,
Salt Lake, Calcutta - 700091 (India)
Tel. : 3590561 (H) (LM 2000)
E-Mail : sonali.de@cucc.ernet.in

Ankur Dhamija
488, Model Town,
Karnal, Haryana (India) (M 2000)

Vishal Dingra
1013 PAU. Campus,
Ludhiana-141004 (India) (M 2000)

Mrs. Pratibha Dhondia, M.A.
2366, Sector 35-C, Chandigarh - 160 034.
Tel. : 91-172-664562 (H) (LM 97)

N. L. Dosajh, Ph.D.
1121, Sector 15-B, Chandigarh - 160 015.
Tel. : 91-172-772651 (H) (LM 95)

Director, Agra Mansik Arogyashala,
Agra - 282002 (India) (M 98-99)

Anand Dubey, B.E., MBA (Final Year),
Joint Editor, Post Box 244045,
Anchorage, Alaska - 99524 (USA). (LM 97)
E-Mail : adubey@hotmail.com

Asheem Dubey
Joint Editor, 4220 Edinburg Drive,
Anchorage, Alaska - 99515 (USA). (LM 97)
E-Mail : batli@usa.net

Bankey L. Dubey, Ph.D.
Director SIS Center India, Vice President
Somatic Inkblot Society, Post Box : 1107,
Sector 15 Post Office, Chandigarh - 160 015 (India)
Tel. : 91-172-710985, Tel./Fax : 91-172-710986 (FM 92)
E-mail : sisdubey@hotmail.com

Rajan Dutta, M.P.M.I.R.
Chief HR & TQM, Escotel Pvt. Ltd.
H. No. 1348, Sector 17-C,
Gurgaon-122001 (India)
Tel. : 91-124-343828 (H) (LM 95)
E-Mail : rdutta@escotel.net

Mrs. Padma Dwivedi, M.A.
Secretary Somatic Inkblot Society,
Social Worker, Dept. of Cardiology,
Post Graduate Medical Institute,
Chandigarh - 160 012, (India) (FM 92)
Tel. : 91-172-710985, 710986
E-mail : sisdubey@hotmail.com

Ferro Roberto, Ph.D.
Consultant Clinical Psychologist,
Via Bernardino Bellincione -14,
20134 MILANO (ITALY), (M 95)
Tel. : 39-2-2154874 (H)
E-Mail : csguazzin@fsm.it

K. L. Garg, MD
Consultant Neuro-Psychiatrist
SCO-6, 1st Floor, Sector 17-E,
Chandigarh - 160 017 (India) (LM 95)
Tel. : 91-172-702281 (W) 564800 (H)

Varun Garg, MBA
151,Veer Nagar, Bhatinda (Pb)
(India) (M99)

Nitin Girdhar,
1559, Sector 14, Sonepat (India)
Tel. : 01264-51202 (LM 2000)

Anil Kumar Goel,
M/s High Tech. Storing Industries,
Gali No.9, 12th Cots Road.
Tibba Danu sher
Hisar -125001 (India) (M 2000)

Ambreen Kaur Grewal,
471, Sarabha Nagar, Ludhiana (India)
Tel. : 0161-452206 (LM 2000)

Ravikant Gunthey, Ph.D.
A-111, Shastri Nagar,
Jodhpur-342003 (India) (LM 96)
Tel. : 91-291-33943 (H) 622755 (W)

Neha Gupta,
E3, Sector 14, P.U. Campus,
Sector 14, Chandigarh (India)
Tel. : 5422190 H (LM 2000)

S.C. Gupta, Ph.D.
1/5, Balda Road Colony,
Nishat Ganj, Lucknow-226007 (India)
(LM 1996) Tel. : 91-522-386033
E-Mail : sureshcgupta@hotmail.com

Ms. Sarita Gupta, M.A.
Research Scholar, University Business School, Panjab University, Chandigarh (India) (M 96)

Vishal Gupta, MBA
UBS, Panjab University,
Chandigarh-160014 (India) (M 99)

Bhavana Jain,
255, Sector 17, Panchkula - 134109 (India)
Tel. : 561290 H (LM 2000)

Anuradha Jatana, M.A.
118, Sector 8, Panchkula-134109
Haryana (India) (LM 2000)
Tel. : 91-172-567181
E-Mail : ritzu999@yahoo.com

Mukesh K. Jha, M.A.
Dept. of Yoga Psychology,
Bihar Yoga Bharati,
Ganga Darshan, Munger - 811201,
Bihar (India) (LM 97)
Tel. : 91-6344-22430 (W) (M 97)

M. R. Jhanwar, DPM
Consultant Neuro Psychiatrist,
Deva Institute of Mental Health,
B-27/70, Barhal Kothi, Durga Kund,
Varanasi - 221 005. (India) (LM 94)
Tel. : 91-542-310670 (W)

Ruchika Jindal,
Ashok Rice Mill, Industrial Area,
Sirsa - 125055 (India)
Tel. : 01666-22834 (LM 2000)

Lt. Col. T. Rajan John, MD.
Dept. of Psychiatry,
Command Hospital (WC)
Chandimandir, Panchkula-134107 (LM 97) India)
Tel. : 91-172-866574 (W)

R. K. Joshi, DM & SP
Consultant Clinical Psychologist,
B-27/70, Barhal Kothi, Durga Kund,
Varanasi - 221 005, (India)
Tel. : 91-542-310670 (W) (LM 94)

Vishal Kataria, MBA,
University Business School,
Punjab University, Chandigarh (India)

Maj. Sanjay Kaul, MBA
477 Sector 7, Panchkula (India)
Tel. : 561960 (H) (LM 2000)

Ms. Harpreet Kaur, M.Phil
Clinical Psychologist,
Dept. of Psychiatry
Govt. Medical College & Hospital,
Sector 32, Chandigarh (India) (LM 98)

Rajinder P. Kaur, Ph.D.
Social Scientist, Dept. of Psychiatry,
PGIMER, Chandigarh - 160012
(India) (LM 98)

Gulrej Khan,
2510, Sector 19-C, Chandigarh (India)
Tel. : 774087 H (LM 2000)

Darshan K. Khera, DPM
760, Phase-IV, Mohali (Near Chandigarh)
(India) (LM 96)
Tel. : 91-172-261415 (H), 708961 (W)

Anatoly Khromov
N6, Micr, VI apt. 163, Kurgan,
Russia - 640023
Tel. : 007-352-2-485740 (H)
E-Mail : anatolykh@hotmail.com

Mrs. Rohini Khullar
22 A, Ring Road, Lajpat Nagar-IV,
New Delhi - 110 024 (India) (LM 95)
Tel. : 91-11-6434121, 6225695 (H)
E-Mail : rohini3@vsnl.com

Mr. Navin Kumar
S/o Mr. Mahesh Prasad Sah, Vill.-Paria,
P.O. Bariarpur, Distt. Munger - 811211
Bihar (INDIA) (M 98)

Rakesh Kumar, Ph.D.
Sr. Clinical Psychologist,
Agra Mansik Arogyashala,
Agra-282002 (India) (LM 98)
Tel. : 91-562-322650 Fax : 322648

Vikas Kumar,
Deptt. of Yoga Psychology,
Bihar Yoga Bharti,
Munger-811201 Bihar (India) LM 2000)

A. S. Kundu, Ph.D.
Indian Council of Medical Research,
Ansari Nagar, New Delhi - 110 029
Tel. : 91-11-653980 (W) (FM 94)

Yuvraj Singh Lehl,
106, Sector 8-A, Chandigarh (India)
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Rajneesh Tiwari, Engineer HRD.
Power Grid Corp. of India Ltd.
Hemkunt Chambers
89, Nehru Place New, Delhi-110019

Rekha Mittal, Scientist- E1
Indian National Scientific
Documentation Centre,
14, Satsang Vihar Marg,
New Delhi-110067

B.N. Puhan, Ph.D.
Department of Psychology
Utkal University
Bhubaneswar-751004 Orissa.

Principal, LAD College
Seminary Hills, Nagpur-440006 (M98)

Rama Tejpal, Documentation Officer
Indian Council of Social Science Research
Aruna Asaf Ali Marg, P.O. BO Box 10528
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National Library of Medicine
Serral Records S229401
Building 38, Room B1W10
8600, Rockville Pike, Bethesda MD
MD - 20894 USA (M 98)

Psyc INFO
American Psychological Association,
P.O.Box 91600,
Washington, DC 20090-1600(USA)
Tel:(202) 336-5682 Fax (202) 336-5630
e-Mail:psycinfo@apa.org

The Head, PG Dept. of Psychology,
LN. Mithila University, Kameshwar Nagar,
Durbhanga-846004 Bihar (India) (M 97-2001)

Jagdip Singh Lotay, MBA
K 155, AWHO, Complex, Sector 4,
Mansadevi, Distt. Panchkula,
Haryana (India) (M 99)

Nisha Mehta,
6338 B, Rajeev Vihar, AWHO Society,
Manimajra Complex, Chandigarh-160001 (India)
Tel. : 98140-15235

Prabhdeep Metha, MBA,
University Business School,Punjab University,
Chandigarh (India)

Seema Malhotra, Ph.D.
Asst. Prof. in Clinical Psychology,
Dept. of Psychiatry, Kasturba Medical
College, Manipal-576 119 Karnataka
(India) (LM 95)

L. Sam Manickam, Ph.D.
Director, Center for Applied Psy. Studies
(CAPS) Baith Shalom, Thirupuram,
Thiruvananthapuram - 695133 (India) (LM 97)
Tel. : 91-471-260148 (H), 443587 (W)

B. P. Mishra, Ph.D.
Dept. of Psychiatry, Dayanand Medical
College & Hospital, Ludhiana - 141001
(India) Res. : 481, College Road, Oppo,
Kitty Bakery, Civil Lines, Ludhiana - 141001
Tel. : 91-161-471634 (LM 95)

Miss. Mridula Mishra, Ph.D.
Treasurer, Somatic Inkblot Society,
Lecturer, Bihar Yoga Bharti,
Munger-811201, Bihar (India) (FM 94)
Tel. : 91-542 - 312703 (H)
E-Mail : sisdubey@hotmail.com

Mrs. Nalini Mishra, Ph.D.
Lecturer in Sociology,
C/O Advocate Anuj Bhanot
Chakia, Varanasi - 232103 (India)
Tel. : 91-5413-22267, (FM 94)
E-Mail : sisdubey@hotmail.com

Mrs. Nishi Misra, DM & SP
Scientist 'C' 201, Nag Chaudhuri Hostel,
DRDO Residential Complex, Lucknow Raod,
Timarpur, Delhi-110054 (India) (LM 1995)

P. K. Mishra, Ph.D.
Reader, Center for Advance Studies
in Psychology, Utkal University,
Bhubaneswar-751004 (India) (LM 1997)
Tel. : 91-674-583286 (H) 581739 (W)

P. N. Mishra, Ph.D.
Executive Director, Center for
Entrepreneur Development M.P.
60, Jail Road, Jehangirabad,
Bhopal - 462008 (India) (LM 94)
Tel/Fax : 91-755-574772 (W)

Sunil Mittal, M.D.
Consultant Psychiatrist, Delhi Psychiatry
Center, 35 Defence Enclave, Vikas Nagar,
Delhi - 110 092, (India) (LM 95)
Tel. : 91-11-2214726 (W) 2222767 (H)

Mrs. Reetinder Mohan, Ph.D.
269, Sec. 16-A, Chandigarh - 160016
(India) (LM 97)
Tel. : 91-172-770269, 781026

Ms. Anjana Mukhopadhyay, Ph.D.
Dept. of Psychology, Women's College,
Banaras Hindu University,
Varanasi - 221 005 (India)
Tel. : 91-542-310206 (H) (LM 94)

Bernard I, Murstein, Ph.D.
Dept. of Psychology, Connecticut College,
Box - 5581, New London, CT-06320-4196
(USA). (LM 94) Tel. (203) 442-1816 (H)
Fax : 203-439-2700 (W)

Atul Naku, MBA,
University Business School,
Punjab University, Chandigarh (India)

Ashima Nehra, Ph.D.
5175/1, Modern Housing Complex
Manimajra, Chandigarh-160001 (India)
Tel. : 91-172-553055 (H) (LM 96)

Paola Nicolini, MA
Via Enrico Fermi 14,
Lomagna (LC) 23871, Italy (M 99)
e-mail : paola.nicolini@libero.it
Telefax : 039-9220137 (W)

K. N. Ojha, Assitt. Director,
N.I.M.H. Regional Trg. Center,
Kasturba Niketan, Lajpat Nagar - II,
New Delhi - 110 024, (India) (LM 95)
Tel. : 91-11-6831012 (W) 6840233 (H)

Ann M. O'Roark, Ph.D.
866, Amelia Coart, NE
St. Petersburg, Fl 33702-2784
(USA) (M 98) Tel/Fax : (813) 527-9863
E-Mail : AnnMORoark@aol.com

Rakesh Pandey, Ph.D., Lecturer,
Deptt. of Psychology, DDU.
Gorakhpur University, Gorakhpur-273009
(India) (LM 2000) Tel. : 91-551-337361
E-Mail : rpan_in@yahoo.com

Col. Vijay Pandey, MD,
Psychiatrist, Dept. of Psychiatry,
Command Hospital (EC), Alipore
Calcutta-700027. (India) (M 95)
Tel. : 91-33-4792184

Ravi Palia, MSW
Vice President, HRD
1918, Phase 10, Mohali- Chandigarh (India)
Tel. : 91-172-702720 (W) 676094 (H) (LM 99)
E-Mail : ravipalia@hotmail.com

Lt. Col. S. S. Panglia, MD
Consultant Physician,
1446, Phase-10, SAS Nagar, Mohali
Distt. Ropar (India) Tel. : 91-172-675536(LM 94)

Paul E. Panek, Ph.D.
Associate Dean, OSU Newark Campus,
1179, Uni. Drive, Newark, Ohio-43055,
USA. (M 98) Tel. : (614) 366-9315
E-Mail : panek.1@osu.edu

Suresh Parekh, Prof. Deptt. of Psychology
MMG Mahila College, Opp. Moti Bagh,
Junagarh-362001, Gujrat (India) (LM 2000)

Rekha Prabhakar, MA
160, Sector 16, Panchkula (India) (M 99)

Marisa Porreca, Ph.D.
Professor of Psychology
Via Valsesia 8, 20152, Milano (Italy)
(LM 99) Tel. : 024531624

Sheetala Prasad, Ph.D. Lecturer in Psy.,
Ewing Christian College, Allahabad-211008
Tel. : 91-532-613363 (H) (M 95)

S. Ramachandra, Ph.D.
Addl. Prof. (NIMHANS),292, 2nd Main, 3rd Phase, J.P. Nagar,Bangalore - 560 078. (India) (LM 94)
Tel. : 91-80-6584267 (H)
E-Mail : ramas@nimhans.kar.nic.in

Dalbir Kaur Randhawa, DM&SP,
1106, Sec. 33-C, Chandigarh(India)
Tel :91-172-615774(L.M.97)

Rakesh .K. Ranjan
Rd No. 8-B, Ashok Nagar
Patana-800020 (M99)

Ritesh Ranjan,
N-84/5, Telco Colony,
Jamashedpur - 831004 (India)
Tel. : 0657-281215 (LM 2000)

C.S. Rao, Ph.D,
Chief Manager (HRD), IFFCO,
54, Nehru Place, New Delhi-110019 (LM 2001)
Tel. : 91-11-6432844 (W), 91-124-6341034 (H)
E-Mail : csrao@iffco.nic.in

S.P. Rathee, Ph.D
Dept. of Psychiatry, Command Hospital (WC), Chandi Mandir Cantt -134 107. Haryana (India)
Tel. : 91-172-866574 (W) (LM 94)

Kapil Rohatgi, MBA
1282-Chowk Shah Mubrik, Bazar Sita Ram , Delhi -110006 (India)
Tel: 91-11-3238355(M99)

Gilbert J. Roth, D. Min.
62, Timmerman Drive, Richland,
WA-99352 (USA). (M 94)
Tel./Fax : (509) 628-2132 (H)
E-Mail : gil@owt.com

Sunil Sachdeva
1479, Sector 42-B,
Chandigarh (India) (M 2000)

M. Sahay, Ph.D.
Clinical Psychologist, 95, Doctors Apartments, 4, Vasundhara Enclave,
Delhi - 110096 (India) (FM 94)
Tel. : 91-11-2621789 (H)
E-Mail : dr_m_sahay@hotmail.com

D. Saldanha, DM
Consultant Psychiatrist, Military Hospital Merrut (India) (LM 94)
E-Mail : danval4@hotmail.com

Mrs. Amandeep K. Sandhu, MPMIR
Tej Form, Manimajra, Chandigarh-160101
Tel. : 91-172-740991 (H) 782135 (LM98)

Vivek Shanker, MBA,
20, 4th Cross, 4th Main Road,
N.S. Palya, BTM II Stage, Banglore-560076 (India) (LM 2000)

George Savage, M.Sc.
Consultant Clinical Psychologist,
'Deogratias' 37 Victoria Road,
Retreat 7945, South Africa (LM 95)
Fax : (27) 21-454-161, 461-7564
Tel. : (27) 21-712-1281 (H)
E-Mail : gsav@worldonline.co.za

Shanti P.R., MBA,
University Business School,
Panjab University, Chandigarh (LM 2000)

Harish K. Sharma, M.Phil.
Lecturer in Psychology,
SBS (M) College, Kotkapura,
Punjab (India) (LM 97)

Hemant K. Sharma, Ph. D.
Hemant Mansion, Near Haveli Barkat Sahib,
Nai Sarak, Jodhpur -342001 (India)
Tel. : 91-291-54088 (H). 22755 (LM 96)

Narendra K. Sharma, Ph.D.
Dean Academic Affairs, Prof. of Psychology, 4055. Type-IV, P.O.-IIT, Kanpur-208016 (India) (LM 98) Fax : 91-512-590260
E-Mail : doac@iitk.ernet.in

Neelakshi Sharma, MBA
HL-167, Phase-1,
Mohali-Chandigarh-160055
Tel. : 91-172-224921 (M 99)

Preeti Sharma, MBA
1257, Sector 21-B,
Chandigarh-160022 (India) (M 99)
Tel.: 91-172-700691

Abhayman Sidhu, MBA
120, Sector 9-B,
Chandigarh-160009 (India)
Tel. : 91-172-742105, 743917
e-mail : shenmings@yahoo.com

Agyajit Singh, Ph.D.
136, Civil Lines, Patiala. (India) (LM 97)
Tel. : 91-175-72797

Amool Ranjan Singh, Ph.D.
Clinical Psychologist, Mental Hospital,
Kanke, Ranchi, Bihar (India) (LM 95)

Anup K. Singh
C/o Mrs. Kanta Balangir, At Sagur Para,
P.O. Belangir, Distt. Belangir - 767001 (Orissa) (India) (M 98)

D. P. Singh, MPMIR,
President,
Montari Industries Ltd., 78 Nehru Place, New Delhi - 110 019. (INDIA)
Tel. : 91-11-6436175 (H) (LM 95)

Harmanjit Singh, MBA
2369 Phase 10 , SAS Nagar-160062(M99)

Lt. Col. Gurpinder Singh, MBA
1098, Sector 8-C, Chandigarh (India)
Tel. : 547825 (W) (LM 2000)

Maninder Singh, MBA,
University Business School,
Punjab University, Chandigarh (India)

Narinder Pal Singh, MBA
C-7, HMT Colony,
Pinjore - 134101 (India)
Tel. : 01733-64083 H (LM 2000)

Randeep Singh, MBA,
University Business School,
Punjab University, Chandigarh

M.P.Singh, MBA
House No. 14935,Near NFL Mandir,
Bhatinda (India) (M99)

M. P. Singh, M. Phil
Lecturer in Psychology,
1329, Sec. 70, Guru Teg Bahadur
Complex, Mohali (Near Chandigarh)
(INDIA) Tel. : 91-1675-20583 (W)
Tel. : 91-172-223658 (H) (LM 95)
E-Mail : drmps@usa.net

Navneet Singh, M. P. M. & I.R.
Vice President, S-20/6, DLF, Phase-3,
Gurgaon-122002 (India) (LM 95)
Tel. : 91-124-6387544 (H), 9810058444
E-Mail : navnit.singh@hsbcam.com

Col. Rajinder Singh. MD
Consultant Psychiatrist, 1734, Sec. 33-D,
Chandigarh - 160 047 (India)
Tel. : 91-172-600694 (H) (LM 96)

Col. Rajinder Singh
Management Consultant,
1526, Sector 34-D, Chandigarh, (India)
Tel. : 91-172-601398 (H) (LM 98)

Ripudaman Singh,MBA
1594 Phase 10, Mohali-160062 (India)
Tel: 91-172-220932 (M 99)

Col. Surinder Singh, MBA
5807, Modern Housing Complex,
Manimajra, Chandigarh -160001 (India)
Tel. : 91-172-735231 (H) (M 99)

Virender Singh, MPM & IR
Vill. & P.O. Bir Banga,
Distt. Kaithal, Haryana (India) (LM 98)

Ankur Sood, MBA
676, Civil Lines, Monga (Punjab) (India)
Tel. : 01636-24773 H (LM 2000)

Kalpana Srivastava, M.Phil.
Scientist 'D' Deptt. of Psychiatry,
Armed Force Medical College, Pune-411040
(India) (LM 2000)

Gyanesh Kumar Tiwari, MA
C/o Dr. A Jaiswal, B-34,
Sheel Nagar Colony, Mahmoorgang,
Varanasi-221010 (India) (M 99)

Seema Tripathi, M.A.,
Lecturer in Psychology, DDU, Gorakhpur
University, Gorakhpur-273009 (LM 2001)
Tel. : 91-551-273526 (H)

Ailo Uhinki, Ps.D., Ed.I.,
Psykologitoimisto, Synteesi,
Linnankatu-37a A 9,
Fin-20100 Turku, Finland (LM 98)
Tel. : +358-(0)2-232 2001
Fax : +358 - (0)2-232 5007
E-Mail : a.uhinki@synteesi.inet.fi

Acharya Vinay Vinekar,
Institute of Universal consciousnes,
21, Milton Street, Cooke Town,
Bangalore - 560005 (India) (LM 2000)
Tel. 91-80-5472603 (W), 5548348 (H)

De-Cicero Emidio Vaz. Ph.D.
Av. Lajeado. 969 AP. 301, Porto Alegre,
R.S. Brazil, Brazil - 90460-110 (M 96)
Tel. : 501-3344235 (W)
E-Mail : vaz@pucrs.br

Kiran Bala Verma, Ph.D.
Head Dept. of Psychology,
Harishchandra PG College,
Varanasi - 221001 (India) (M 98)
Tel. : (0542) 332042 (W) 32031 (H)

S. K. Verma, Ph.D.
5522, Modern Housing Complex
Manimajra, Chandigarh - 160 001 (India)
Tel. : 91-172-730993 (H) (FM 95)

Sanjay Vohra, MA.
Psy-Com Services, B-4,
80/2, Safadurjung Enclave,
New Delhi-110029 (India) (LM 95)
Tel. : 91-11-6106433 Fax : 91-11-6175191

V.N. Yadav, Ph.D.
Head Dept. of Psychology
98, Housing Board Colony,
Bhiwani-127021 (India) Haryana (LM 99)
N. Kumar Yaduvanshi, DPM.
CMO, TPT Bn. ITBP, Airport
Chandigarh - 160003 (India) (LM 98)
Tel. : 91-172-640182

S. Yuvraj, Ph.D.
Asstt. Prof. in Psychology
12, NITIE Qrts., NITIE, Vihar Lake
Bombay-400087 (India) (LM 99)
Tel. : 91-22-857337 Fax : 857325
E-Mail : Prog@nitie.ernet.in

Consultants

J. C. Bubber, MBA
General Manager (HRD),P.A.C.L.
SCO 125-127, Sector 17-B, Chandigarh
Tel. : 91-172-713823 (W), 742428 (H)

Ron Ginsberg
353 Carlton Drive, Chapel Hill
NC 27516 (USA)
Tel. : 919-967-9558 (H)

Vinay K. Jain, CA,
Jain Vinay Kumar & Co.
1280,Vakilpura, Delhi-110006 (India)
Tel. : 91-11-3256269 (M 99)

K. V. Kaliappan, Ph.D.
Professor, Dept. of Psychology,
University of Madras, Madras - 600005
(India) Tel. : 91-44-6260571 (H)

Barry A. Ritzler, Ph.D.
Dept. of Psychology, Long Island
University, University Plaza, Brooklyn
NY 11201 (USA)Tel. : (718) 488-1068 (W),
(201) 327-1292 (H)

David Sperbeck, Ph.D.
2530, De Barr Road,
Anchorage Alaska - 99508. (USA)

M. K. Tewari, MS. M.Ch.
Consultant Neuro-Surgeon,
Dept. of Neurosurgery,
Post Graduate Medical Institute,
Chandigarh - 160 012 (India)
Tel. : 91-172-745845 (H)

M.S. Thimmappa, Ph.D
Prof. Deptt. of Psychology, Bangalore University,
Bangalore-560056 (India) Tel. : 91-80-6692075 (H)

Yasho V. Verma, Ph.D.
Vice President-HR & MS, LG Electronics India (P)Ltd.,
Plot No. 51, Udyog Vihar, Surajpur-Kasna Road,
Greater Noida-201306 U.P., (India)
Tel. : 91-11-914569635, 4560900-940
Fax : 91-11-914560926, 4560921
E-Mail : yvverma@lgeil.com

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EDITOR-IN-CHIEF : B.L. Dubey, Ph.D., Director SIS Center India,
Post Box 1107, Sector 15 Post Office, Chandigarh-160 015
[Res. : T2/15, Sector 25, Chandigarh-160014 (India)]
Tel/fax : 91-172-710986, Tel.: 91-172-710985,
E-Mail: sisdubey@hotmail.com OR sisdubey@sancharnet.in

EDITORS : Wilfred A. Cassell, MD, Director, SIS Center, 4501E, 104th Avenue, Anchorage, AK 99516 (USA) Fax: (907) 563-3746
E-Mail: drcassell@corecom.net

: Padma Dwivedi, M.A., Social Worker, Dept. of Cardiology, Post Graduate Medical Institute, Chandigarh-160 012
Tel/fax : 91-172-710986, Tel.: 91-172-710985,
E-Mail: sisdubey@hotmail.com

: C. B. Dwivedi, Ph.D., Prof. Dept. of Psychology, Banaras Hindu University, Varanasi-221005 (INDIA) Tel. : 91-542-317430

: Ravi S. Palia, M.S.W., Vice President HRD, Brar Group of Co. 68-70, Sector 17C, Chandigarh-160 017
e-mail : ravipalia@hotmail.com

: S. K. Verma, Ph.D., 5522 Modern Housing Complex, Manimajra, Chandigarh-160001. Tel. : 91-172-730993

JOINT EDITORS : D. Saldanha, M.D., Psychiatrist, Dept. of Psychriatry, Military Hospital, Meerut U.P. India, E-mail : danval4@hotmail.com

: A. Dubey, MBA, SIS Center, 4220 Edinburg Drive, Anchorage, AK 99515 (USA) E-Mail: adubey@hotmail.com

ASST. EDITORS : M.P. Singh, Ph.D, Lecturer, 1329, Sector 70, Mohali-Chandigarh
Tel. : 91-172-223658 (H) E-mail : drmps@usa.net

: Mridula Mishra, Ph.D., Lecturer, Bihar Yoga Bharati, Munger-811201 (India) Tel. : 91-6344-22430
E-Mail : sisdubey@hotmail.com

EDITORIAL CONSULTANTS

R. N. Agnihotri, M.Sc., India
Anil Agrawal, MBA,India
Phillip W. Baker, Ed.D., U.S.A
Mahesh Bhargava, Ph.D., India
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