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INKBLOTS, PSYCHOTHERAPY AND THE TAVISTOCK CLINIC

JANET SAYERS

The purpose of this article is to recount the early history of the Rorschach's inkblots test in Europe and the USA; its subsequent application in highlighting the ill effects on children of bombing during the Second World War; its wartime use in selecting military personnel; its post-war use in selecting patients for psychotherapy at the Tavistock Clinic in London and subsequent decline in this use of Rorschach's inkblots in favour of focus on the psychotherapy patient's transference experience of the psychotherapist treating them. The article ends with evidence of interest, beyond psychotherapy, in Rorschach's inkblots and with the implications of this for the author's principal conclusion regarding the value of these inkblots in evoking the free association and conversation crucial to psychotherapy.

KEYWORDS: INKBLOTS, DAVID MALAN, HERBERT PHILLIPSON, PSYCHOTHERAPY, RORSCHACH, SECOND WORLD WAR, TAVISTOCK CLINIC, TRANSFERENCE

‘By looking attentively at old and smeared walls, or stones and veined marble of various colours, you may fancy that you see in them several compositions, landscapes, battles, figures in quick motion, strange countenances, and dresses, with an infinity of other objects,’ Leonardo da Vinci famously told fellow artists.¹ Centuries later, Hermann Rorschach, the son of an artist, used the then ‘avant-garde’ categories of ‘Movement, Colour and Form’, in assessing responses to his inkblots test (Millar, 2023, p.37). Following the Second World War, this test was used at the Tavistock Clinic in London as means of deciding whether patients would benefit from psychotherapy. How did this come about? In answering this question, I will begin with the early history of Rorschach's inkblots test in Europe and the USA.

EARLY HISTORY

Hermann Rorschach was working as a psychoanalytically minded psychiatrist in Herisau east of Zurich in Switzerland when his test, consisting of 10 inkblots, each printed on a separate card, was published in 1921 together with his book,

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Psychodiagnostics. In it he summarised the results of asking hundreds of people, including many psychiatric patients, what they each saw in these inkblots.

Surprisingly, perhaps, Rorschach maintained that his inkblots test could not be used ‘to probe into the contents of the subconscious’. Nevertheless, he added, it could be used ‘to relieve the minds of people plagued by a fear of insanity’ and, if it resulted in the diagnosis of a psychotherapy patient with ‘latent schizophrenia’, then their psychotherapy could be ‘modified accordingly’ (Rorschach, 1921, p.123).

Rorschach also provided examples of the responses to his inkblots test of patients diagnosed as schizophrenic. They included a 38-year-old woman who, instead of responding to the whole form of the first inkblot (see Figure 1), responded to its middle section by seeing it as ‘part of a man’. She then responded to details in the second inkblot (see Figure 1) by describing them as ‘black spots near ... black ears’ and as an ‘animal’s head’ (Rorschach, 1921, p.158).

By contrast, a middle-aged man, diagnosed as neurotic, responded to the whole form of the first inkblot by seeing it as a ‘bat’, ‘bony structure’, ‘skeleton in a light wrapping’ or as a ‘flying creature’. He went on to describe the second inkblot as ‘two clowns’ and as ‘a wide parkway ... lined by beautiful dark trees ... los[ing] itself in the distance in a fence ... all quite in perspective’ (Rorschach, 1923, pp.186–187).

These findings were soon after reviewed by a psychoanalytically trained psychiatrist, Mary Barkas, working at the Maudsley Hospital in London. ‘The test ... is now used as one of the routine methods of examination of patients in some Swiss mental hospitals, and may well prove worth introduction into those of this country,’ she told readers of the *British Journal of Psychotherapy*. ‘It seems probable that this test ... will be found most useful ... less for object of rigid diagnosis as a means of approach to the patient’s complexes, and’ as ‘basis for further therapeutic conversation and free association,’ she concluded (Barkas, 1925, p.330).

At about the same time, an American psychiatrist, David Levy, found Rorschach’s inkblots test useful in his child guidance clinic work first in Chicago and then in New York. Here, he introduced the test to psychologist Samuel Beck (1930) who promoted it in the *American Journal of Psychiatry*. This in turn



FIGURE 1: *First and second Rorschach inkblots.* [Colour figure can be viewed at wileyonlinelibrary.com]

contributed to Cambridge-based psychologists Oscar Oeser (1932) and Philip Vernon (1933) writing about Rorschach's inkblots in the *British Journal of Psychology* and the *British Journal of Medical Psychology* respectively. Other enthusiasts in Britain at that time included a psychiatrist, Arthur Guirdham (1935, 1937), working in Bath and a psychotherapist, Theodora Alcock, working in the children's department of the Tavistock Clinic in London.

WARTIME DEVELOPMENTS

In the years following the September 1939 start of the Second World War, the *British Medical Journal* published qualified praise of Rorschach's inkblots test as means of evoking free associations in psychotherapy (Anon, 1940). The same journal subsequently carried a report by Swiss psychiatrist Walter Mons working in London regarding evidence that boys exposed to bombing were more likely than others to see red parts of the second Rorschach inkblot (see p.0000 above) as 'fire', 'explosion' or 'sun' (Mons, 1941, p.625).

Since such responses were diagnosed by the US-based psychologist Bruno Klopfer as indicating 'mental "haziness or fog" created by anxiety', commented the above-mentioned psychotherapist Theodora Alcock, it was no wonder that children exposed to bombing found it difficult 'to concentrate on school work' (Alcock, 1941, p.787).

By then Klopfer, working at Columbia University in New York, had promoted Rorschach's inkblots test, not least through his work as founding editor of the *Rorschach Research Exchange*. Together with psychiatrist Douglas Kelley, he also promoted the Rorschach Institute which was devoted to meeting then 'growing demand' in the USA for 'skilled Rorschach workers in medical, psychological, and educational institutions' (Klopfer & Kelley, 1942, p.8).

They also promoted Rorschach's inkblots test as means of identifying 'satisfactory officer material and the location of personalities too unstable to withstand the rigours of army life'. Why? Because, they argued, this test reveals 'hidden weaknesses in the personality structure not disclosed either in overt behaviour or by the routine physical and psychological tests' (Klopfer & Kelley, 1942, p.10).

They were also enthusiastic about the finding by clinical psychologist Molly Harrower-Erickson's (1941) that 20 to 50 people could be assessed at the same time by their each writing down their responses to Rorschach's inkblots projected on a screen. 'Just as group tests of intelligence received their greatest impetus during the first World War,' Klopfer and Kelley anticipated, 'the second World War seems likely to further the development of the group method of administering the Rorschach' (Klopfer & Kelley, 1942, p.11).

In addition they were delighted that 'Rorschach workers' had already 'joined the military services of the United States and Great Britain' (Klopfer & Kelley, 1942, p.11). Examples included the Rorschach enthusiast, Boris Semeonoff, who working as a lecturer in psychology at the University of Edinburgh, joined Britain's War Office Selection Board (WOSB) following the start of the Second World War. He

may well have been involved in the inauguration in 1941 of the WOSB selection process at Edinburgh where German officer selection tests were tried out.

At this event, candidates for promotion to officer status met together as a group during which they each completed a questionnaire about themselves and a nonverbal test of intelligence known as Raven's Progressive Matrices. In addition, they each wrote down a story in response to a picture from Murray's Thematic Apperception Test, as well as their responses to Rorschach's inkblots projected on a screen. They were also required to write down their associations to words such as 'Mother, Afraid, Home, Worry'—words used to distinguish 'the anxious, spoiled, homesick youth from the stable well-balanced man'—and to words such as 'Butt, Barrel, Desert, Arm, Front' used to discover whether candidates responded to the 'military meaning' of these words (Gilman, 1947, p.104).

'[S]uch selection methods obviously serve the urgent needs of a war-machine. But their wholesale application to peace-time conditions ... would of course become intolerable,' observed the psychoanalyst Edward Glover in a BBC radio broadcast in November 1943. 'Army psychiatrists have developed swelled heads over the use of selection tests and are, therefore, likely to push these methods before the authorities in peace-time,' he complained in the January 1944 issue of the then popular magazine, *Cavalcade* (in King & Steiner, 1991, pp. 862–863).

By contrast, with Glover, the above-mentioned psychiatrist Douglas Kelley was so enthusiastic about Rorschach's inkblots test that, following the end of the war, and together with psychologist Gustave Gilbert, he used this test in assessing Nazi leaders before their trial at Nuremberg beginning in November 1945. By then other Rorschach enthusiasts included the Harvard psychologist, Jerome Kagan, who had worked with the US army in Europe during the war and clinical psychologist Herbert Phillipson who had worked with Britain's above-mentioned WOSB.

POST-WAR RORSCHACH

As senior clinical psychologist at the Tavistock Clinic, beginning in 1945, Phillipson may well have been responsible, at least in part, for the post-war introduction of a WOSB-style method for assessing patients likely to benefit from psychotherapy. This involved patients meeting together as a group during which they were each required to complete Raven's Progressive Matrices and a word association test modified for peace-time conditions. Other 'projective tests' included Rorschach's inkblots. Patients were also assessed together as means of discovering their 'social demeanour and capacity for communication in a social group' (Dicks, 1970, p.186). A similar procedure was used in the 1960s to select graduate psychologists for National Health Service (NHS)-funded, British Psychological Society accredited, training of clinical psychologists at the Tavistock Clinic.

Meanwhile, the above-mentioned psychologist Jerome Kagan had written approvingly about Rorschach's inkblots test as 'a nice instance of the kind of equivocal

stimulus which maximises the role of personal or directive factors in perceiving'. Avoidance, for instance, of 'the phallic area' of the sixth inkblot (see Figure 2) was he argued 'generally taken as an indication of defence against sexual problems'. He also wondered whether a patient who had previously not seen 'the commonly reported female heads' in the seventh inkblot (see Figure 2) might, if pressed, report that 'he still does not see them or that he sees them as two witches' (Bruner, 1948, pp.161, 162, 164).

'[Bruner] seems to be moving towards the point of view that our understanding of the interdependence of the dynamics of personality and of perception can only be acquired on the basis of what the perceptual field means to the subject in terms of personal relationships,' Phillipson reported in using Rorschach's inkblots with patients who also participated in group psychotherapy at the Tavistock Clinic (Phillipson, 1953, p.55).

Phillipson went on to illustrate the value of Rorschach's inkblots test with the example of a psychotherapy patient who, after describing the first inkblot in Rorschach's test as a butterfly, immediately went on to describe the second inkblot (see p.0000 above) as having 'demoniacal qualities' with 'horns, ears, eyes and tongues sticking out' -- a response Phillipson understood as evidence of 'unconscious phantasy' (Phillipson, 1956, pp. 141–142).

He also quoted a patient who, following psychiatric assessment by his colleague David Malan, said in response to the third Rorschach inkblot (see Figure 3)

A fat old woman in a state of extreme agitation rushing out of a room; and her dress has been burst open at the back, and a great brand has been put on, showing a great red hot livid scar between the jacket edges of her dress. She's bald except for a little bit down the nape of her neck. Her hands have been cut off at the wrists. (Malan & Phillipson, 1957, p.94)

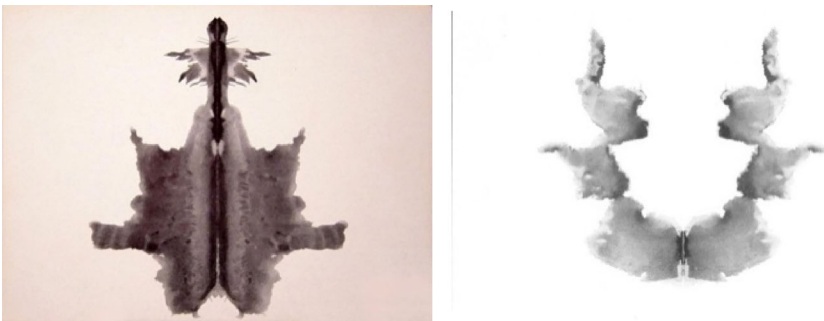


FIGURE 2: *Sixth and seventh Rorschach inkblots.* [Colour figure can be viewed at wileyonlinelibrary.com]



FIGURE 3: *Third and eighth Rorschach inkblots.* [Colour figure can be viewed at wileyonlinelibrary.com]

Arguably defending against this aggressive response, the patient went on to see in the eighth inkblot (also pictured in Figure 3) ‘the delicate inside of a beautiful flower’, ‘a beautiful lady’s coat in fur’ and ‘peace and quiet, happiness and glory’. After a few weeks of psychotherapy with Malan, however, this patient was more balanced in seeing in this inkblot ‘a Chinese house’, ‘the delicate colours of woodlands’ and ‘mountains’ as well as ‘blast furnaces’ and ‘human forms in various stages of dissection’ (Malan & Phillipson, 1957, pp.94–95).

Previously, the California-based psychologist Frank Barron (1953) had reported that responses to Rorschach’s inkblots test did not reliably predict whether patients would benefit from brief psychotherapy. Despite this, all but one of the patients participating in a study of brief psychotherapy, at the Tavistock Clinic or Cassell Hospital in Richmond, were required to complete Rorschach’s inkblots test or a similar projective test before or soon after their treatment began (Malan, 1963, p.40). Rorschach’s inkblots test also featured centrally in a book by the above-mentioned psychotherapist Theodora Alcock (1963) about its use in predicting whether patients would benefit from psychotherapy.

Enthusiasm for Rorschach’s inkblots test peaked in London when, in August 1968, the psychoanalyst John Bowlby, then head of the children’s department at the Tavistock Clinic, introduced a 6-day conference of the International Rorschach Congress that month (Hubbard & Hegarty, 2016). A few weeks later, I joined the Tavistock Clinic as a trainee clinical psychologist.

Together with other trainees, I attended Monday evening lectures about assessing responses to Rorschach’s inkblots test. In addition, like other trainee clinical psychologists at the clinic, my assessment of individual patients in terms of their responses to Rorschach’s inkblots was supervised by a member of staff at the clinic or at a psychiatric hospital where I also worked.

Examples of these responses included a young woman who saw the third Rorschach inkblot (see Figure 4) as ‘Two Jamaicans with a washtub. There’s a bad spirit there and it’s between them. It’s keeping them apart ... The halo’s the bad



FIGURE 4: *Third and fourth Rorschach inkblots.* [Colour figure can be viewed at wileyonlinelibrary.com]

spirit. ... It's keeping them apart but it's letting them work together,' she said before going on to see the fourth inkblot (see Figure 4) as a giant. 'His arms aren't very wide, aren't very generous,' she commented.

By contrast, a man described this fourth inkblot as 'a bit ... hostile and grotesque ... living, bear-like'. Then, he added, 'I said "hostile". A big fear of mine is of being misinterpreted. It may not be alive to be hostile. Just that it looks ... "frightening" might be a better word than "hostile" because it may be dead.' Then, perhaps jokingly, he concluded, 'I think it's facing the other way ... I'm looking in on the back hoping it won't turn round'.

As well as assessing individual patients in terms of their Rorschach responses, I attended and contributed to fortnightly case conferences chaired by Malan at which the results of psychiatric and social work interviews with each patient were pooled together with the results of their clinical psychology assessment in terms of their responses to word association, Rorschach's inkblots and other projective tests. On this basis, it was decided whether the patient would benefit from individual, group or marital psychotherapy—options that were not available at the psychiatric hospital where I then worked.

TRANSFERENCE

Years later, together with a few other clinical psychologists working for the NHS, I attended a 2-year day-release course every Tuesday at the Tavistock Clinic. Here, instead of learning ways in which patients transferred their previous experience onto what they saw in Rorschach's inkblots, we learnt to attend to ways in which patients transferred their previous experience onto their experience of us as their psychotherapists.

This was facilitated through our learning ways in which we transferred our own experience onto the psychoanalyst to whom we were each assigned for individual psychotherapy. We also learnt about ways we each transferred our previous experience onto each other when we met together with a group psychoanalyst for

90 minutes every Tuesday evening. This was preceded by our each being supervised by a psychoanalyst regarding our psychotherapy work with individual patients at the NHS clinic or hospital where we were based. In addition, we met together for seminars about aspects of psychoanalytic theory and practice, not least concerning ways patients transfer their experience onto the psychotherapist treating them.

Attention to the transference in psychotherapy was consistent with the above-mentioned Tavistock Clinic psychiatrist David Malan's finding that the psychotherapist putting into words the patient's transference onto them of their previous experience is 'essential' to the success of brief psychotherapy. Nor, Malan insisted, should the patient's negative transference be feared since 'it is quite safe—sometimes even necessary' (Malan, 1963, p.279).

As for Rorschach's inkblots test, exceptions to its almost total absence at the Tavistock Clinic after the 1970s included an account by one of its clinical psychologists, Justine McCarthy Woods (2009), of her use of this test as means of motivating young people in psychotherapy. Examples included a 20-year-old university student grieving the sudden death of her stepfather the previous year. In the course of her responses to Rorschach's inkblots, it became evident that this patient transferred onto McCarthy Woods her experience of not feeling understood by her mother and of not being able to talk with her about significant issues in her life. Another patient, aged 16, treated by McCarthy Woods, revealed, in the course of responding to Rorschach's inkblots, her preoccupation with negative feelings about herself and her difficulty in establishing and maintaining close relationships with others because they disappointed her expectations of them.

No reference, however, was made to Rorschach's inkblots by the psychoanalyst Jane Milton (2018) in her account of assessing whether or not patients would benefit from psychotherapy at the Tavistock Clinic or elsewhere in the NHS. Instead, she advocated attention by the psychotherapist to ways in which the patient uses and transfers their main psychological issues onto their experience of an almost completely unstructured initial appointment with the psychotherapist assessing them.

In the NHS clinic where I was then working, psychoanalytically minded clinical psychologists like myself attended, in initial assessment issues with patients, to their transference onto us of their experience of significant people in their lives. This was indicated by the way patients talked about the psychological issues for which they sought help, their early childhood experience, their family history, their current life, their earliest memory and a recent dream.

In addition, each patient was required to complete a self-report form, CORE-OM,² on which they indicated on a scale of 1–5 for each of 34 items their mood over the previous week. They were also required to complete this form every 10 weeks during their psychotherapy as means of providing an approximate indication of whether psychotherapy was helpful to them.

As for Rorschach's inkblots test, it never featured in the psychotherapy of any patient I worked with at this NHS clinic. This test was, however, very occasionally

mentioned along with reference to the transference in published articles such as one from Brazil reported in the *British Journal of Psychotherapy* (Gastaud et al., 2017).

BEYOND PSYCHOTHERAPY

Despite decline in the use of Rorschach's inkblots test in psychotherapy, it flourishes elsewhere. 'It's quite easy, you show the subject an ordinary blot of ink on white paper ... does it look like a spider, or the Himalayas, everybody see something different,' a character explains in Nancy Mitford's post-war novel, *Love in a Cold Climate* (Mitford, 1949, p.131). Nor have Rorschach's inkblots disappeared from more recent novels. Examples include the detective story writer, Dana French, describing a 'great Rorschach blot on the floor ... darkening, crusting at the edges' (French, 2012, p.106).

A character 'Rorschach' had meanwhile served as antihero in the graphic novel, *Watchmen*, wearing a mask consisting of 'a constantly morphing inkblot', the mask's black and white designs consistent with his belief in 'good and evil as pure ends, with no shades of grey'.³ A somewhat similar morphing image can also be seen in the 'Google Doodle' launched on 8 November 2013, a 129 years after the birth of Rorschach.⁴

BBC radio also popularised Rorschach's inkblots test with a programme in which clinical psychologist Mike Drayton recounted his use of this test as means of assessing participants in a leadership training course. His examples included a woman lawyer who said in response to Rorschach's third inkblot (pictured on p.0000 above)

It's two people facing each other. You can see their heads, arms and legs spread out. There is a big cooking pot between them. They are stirring the cooking pot, making food. The thing in the middle is like two hearts—maybe it's meant to show that they are in love? The red thing in the middle looks like a butterfly. I know it's silly—and probably because I'm pregnant, but the red things on each side look like newborn babies with the umbilical cords still attached. When I think of that, the two people could be a mummy and daddy holding a Moses basket or cot. Look, you can see the blanket round the side. The red in the middle is their two hearts joined and is the baby. They could be fighting for the baby, like a tug-of-war with the cot. That reminds me of work, which I haven't thought about for ages. Parents divorcing and fighting over the children. God forbid that would happen to me. (Drayton, 2012, n.p.)

Together with other users of Rorschach's inkblots, Drayton participated in a BBC radio programme, *Dr Inkblot*. Broadcast on 2 January 2013, its presenter mistakenly claimed that Rorschach's inkblots test continued to be 'one of the most popular and controversial personality tests used by psychologists' (Anon, 2013, n.p.).

More media attention was accorded Rorschach's inkblots following the publication of American journalist Damion Searls' (2017a) book about them. Publicising this book, Searls recounted the case of a man whose application for work with

children failed after he responded to Rorschach's inkblots by describing 'elaborate, violent sexual scenes with children' and by seeing 'parts of the inkblots ... as females being punished or destroyed' (Searls, 2017b).

The centenary of the first publication of Rorschach's inkblots test in 1921 led to discussion about its history and significance. Examples included an article by Anna Hunca-Bednarska (2021) about the test in relation to phenomenology and cultural phenomena more generally. *The Guardian* newspaper in turn carried a long article by Jeremy Millar (2023), artist and head of an MA writing programme at London's Royal College of Art, about re-printing Rorschach's original inkblots.

CONCLUSION

Like others, both today and the past, I am intrigued by what people see in the inkblots devised by Rorschach. I was fascinated in the heady psychedelic days of 1968 to learn about them then at the Tavistock Clinic. I was nevertheless sceptical, and I remain sceptical today, about assessing responses to these inkblots in terms of form, colour and movement rather than in terms of the content of these responses. I am also not surprised that Rorschach's inkblots test is no longer used as an adjunct to psychotherapy at the Tavistock Clinic.

Yet, only a few years ago, the British Psychological Society's journal, *The Psychologist*, reported that an international Rorschach society had '27 member societies from all corners of the globe, including Argentina, the Czech Republic, Japan, Mexico and Turkey' (Carstairs et al., 2020, n.p.). Given the popularity and appeal of Rorschach's inkblots beyond psychotherapy, I wonder whether Mary Barkas, whom I quoted earlier in this article, was not right in valuing them as means of engaging people in the conversation and free association still crucial to psychotherapy today.

NOTES

1. <https://www.gutenberg.org/cache/epub/46915/pg46915-images.html>.
2. <https://novopsych.com.au/assessments/outcome-monitoring/clinical-outcomes-in-routine-evaluation-core-om/>.
3. [https://en.wikipedia.org/wiki/Rorschach_\(character\)](https://en.wikipedia.org/wiki/Rorschach_(character)).
4. <https://www.youtube.com/watch?v=xp2P9LPXfbY>.

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