

CLINICAL GRAPHOLOGY

ABOUT THE AUTHOR

Annette Poizner, MSSW, Ed.D., RSW is a Toronto-based clinical social worker in private practice who specializes in projective personality assessment and Ericksonian psychotherapy and hypnosis. Her doctoral dissertation, completed at the University of Toronto, explored the use of graphology within psychotherapy. Designated as one of three Certified Master Graphologists in North America by the American Handwriting Analysis Foundation, she routinely lectures on projective personality assessment as well as teaches and supervises clinicians with an interest in this practice. She is currently preparing additional graphology training materials to meet the training needs of consultants, coaches, and therapists from diverse orientations.

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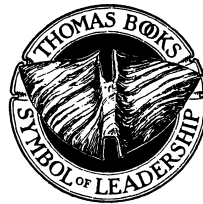
An Interpretive Manual for
Mental Health Practitioners

By

ANNETTE POIZNER, MSSW, Ed.D., RSW

With a Foreword by

Lois Vaisman, MSW, LCSW



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*Dedicated in memory of
Milton H. Erickson, M.D.*

FOREWORD

At last an academic approach that reunites graphology with the psychologically driven principles that are the underpinning of the theory. Like psychology, graphology seeks to understand, interpret and systematically construct a character study of an individual. In *Clinical Graphology: An Interpretive Manual for Mental Health Practitioners*, Annette Poizner presents the mental health provider with a detailed guide on how to generate provisional information about an individual's personality based on diagnostic projective principles. The beauty of handwriting as an expressive behavior is that it possesses both conscious and unconscious elements; the writer cannot predict nor control what is being uncovered. In addition, the synergy of graphic expression usually has congruity with other communicative gestures, such as body language, speech patterns, gait, and overall gestalt impressions, all of which are significant to the trained mental health provider.

There have been contexts where graphology has been presented without the depth of psychological knowledge which would elevate this discipline to the fullest of its academic and instructional significance. In fact, superficial books on the topic have generated skepticism about the usefulness of graphology. This, despite the fact that graphology was taught as a seven semester course of study over the course of decades at the New School in New York City (formerly the New School for Social Research), in a program originally launched by European clinician, Klara Roman, and then facilitated by Daniel Anthony, her protégé. Following in their footsteps, Pat Siegel and myself, graduates of the program, functioned as the Directors of the Psychology of Handwriting program for more than 18 years. When the New School revamped its focus and changed its curriculum, we were concerned about the future of graphology in North America. I am therefore incredibly pleased about the publication of this book, a work which demonstrates the richness of graphology, showing its application by a highly trained psychotherapist and rightfully reestablishing the stature and importance of this clinical tool.

Provided here is a comprehensive orientation to the clinical use of graphology, guiding principles and examples to demonstrate the concepts that define

this practice. Further, readers may see graphology as the handmaiden of the therapeutic experience. Ms. Poizner illustrates that a discussion of the graphic expression with a client may be a gateway to accessing deeper psychological material in a more concise amount of time. The dialogue that may begin with this process embraces the ability to be both personal and yet objective for the individual. It is a more benign and engaging way to create the therapeutic relationship, as the therapist/graphologist is establishing his or her participation in the process, and not merely as a passive collector and observer of the client's behavior.

For a myriad of reasons, graphology remained apart from the beginnings of the psychological world and continued to hold its singular role as it was developed in Europe. In the United States, that policy of keeping graphology separate did not render the study of it equal. As the years moved on, graphology struggled to stand alone, was orphaned without the integration of the nascent psychology community, clinical research and recognized training. In Europe where it originally developed, graphology remains to this day a respected discipline which is employed in conjunction with other psychological tests and studied in universities. In North America, graphology is not accorded the same status. Now that appears to change as this book will introduce and in some cases reawaken the mental health therapist to the employ of a technique that provides meaning, purpose and direction for the course of treatment.

Lois Vaisman, MSW, LCSW
Vice President, American Society of Professional Graphologists

PREFACE

In the face of new economic realities, contemporary clinicians, consultants and healthcare providers require assessment tools which can accelerate service delivery and facilitate brief interventions. This text introduces graphology, or handwriting analysis, which has been used clinically in Europe for decades alongside other projective techniques. Graphology involves assessing a sample of handwriting according to an established protocol in order to produce a profile describing characteristics and attributes of the writer. While graphology is well-known, its clinical application for therapeutic purposes is not. Yet, a range of clinicians have advocated this use (Muhl, 1950; Perl, 1955; Poizner, 2005; Sonnemann, 1950; Teltscher, 1967).

This book is designed to systematically present clinical graphology in theory and practice. A brief review of the literature demonstrates that the clinical use of graphology is consistent with the tenets of clinical practice. Graphological interpretive theory is subsequently presented in detail, providing a theoretical understanding of those graphic features which are meaningful indices of psychological phenomena. The book presents general principles that guide graphological practice as well as specific interpretations that help graphologists deduce facets of personality. Readers will come to see the inherent congruity between graphological and psychological theory.

Presented here are those meanings attached to the horizontal and vertical dimensions of the line, the implications of graphic pressure relative to personality and the importance of letter form and other graphic traits as expressions of personality and identity. Additionally, an in-depth introduction to the range of symbols frequently found in handwriting will sensitize clinicians to the semiotic richness in handwriting, thereby providing, at times, access to highly personal information about writers.

In short, this book has been written to provide a rationale for the clinical evaluation of handwriting and to demonstrate how therapists and consultants can access rich personal data by examining their clients' graphic behavior. An interpretive schedule is provided which summarizes graphic indices and their interpretations, providing a method of assessing handwritings which permits

a degree of standardization and so facilitates research. The protocol for analyzing handwriting is detailed, as are guidelines for sharing graphological findings with clients. Using this text, readers can integrate graphological theory, cultivate interpretive skills and begin tentatively analyzing the handwriting of their clients.

Anecdotal reports suggest that the clinical use of graphology promotes client insight, enhances the client/clinician relationship, promotes client confidence in the therapist and advances the therapeutic process overall (Poizner, 2003). While there is a great deal of documentation and discussion of graphology as a diagnostic aid in psychotherapy (Graumann, 1983; Lester, 1981; Stein Lewinson, 1986; Swezy & Marcus, 1954; Victor, 1989; Wallner, 1975; Wolff, 1948) little attention has been paid to the issue of how using graphology clinically affects the therapeutic process. Only one study has investigated the experience that graphological assessment engendered when it was used in the context of psychotherapy (Poizner, 2003). In an upcoming chapter, this research will be summarized, demonstrating how pilot research, using a qualitative research design, provides preliminary insight into clients' and therapists' perceptions of therapeutic impact when graphology is used clinically.

More research will be required to empirically establish the impact of using graphology in clinical practice. It is hoped that introducing this assessment method will revitalize interest in graphology's clinical use and attract the interest of practitioners from diverse disciplines who could benefit from a quick, easily administered projective personality test. The use of graphology by counselors, psychiatrists, social workers, psychologists and art therapists may ultimately lead to further research into these applications. That use by executive coaches, parenting coaches, dating coaches, naturopaths and the range of holistic health care consultants who routinely assess clients, would demonstrate the versatility of this technique, suited as it is for a wide range of applications. With further consideration and exploration, the mental health professions may find in graphology a method of assessment which merits inclusion in the mainstream clinician's battery of tools.

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INTRODUCTION

I ask the reader to remember that what is most obvious may be most worthy of analysis. Fertile vistas may open out when commonplace facts are examined from a fresh point of view.

L. L. Whyte (1965, p 45).

In 1954, Irving Sector, a dentist, sent a handwritten letter to Milton H. Erickson. Sector had volunteered to be a hypnosis subject at a clinical workshop. Erickson, a leading hypnotherapist, induced the trance and, unbeknownst to Sector, delivered a hypnotic suggestion compelling Sector to write a letter well after the workshop had ended. Later, Erickson received the letter. He immediately sent it back to its author. In a cover letter, Erickson pointed out specific, though subtle, graphic cues (involving changes in emphasis, spacing, and letter formation) that evidenced the interplay of conscious and unconscious phenomena operative during the post-hypnotic act of letter writing.

Sector was most impressed by the level of analysis that Erickson was able to perform when fielding this written communication (Sector in Zeig, 1985). On the other hand, Erickson, an unusually gifted psychiatrist, had a strong reputation for his capacity to read the most subtle nonverbal communication cues. That Erickson's astute observation skills would extend even to the realm of the client's handwriting is consistent with the clinician that Erickson was: a man "polymorphically perceptive"¹ to all his clients' expressive behaviors.

If Erickson found clinical meaning embedded in handwriting, at least in this documented case, most others in the North American clinical community have not; this despite the fact that handwriting is, according to some, a "crystallized form of gesture" (Allport & Vernon, 1933, p. 186) that healthcare providers can easily access.

Given that access and given the graphologist's assertion that handwriting can be analyzed to reveal personality, the following questions need to be

¹ This phrase was coined by Freud (1962).

asked: can handwriting actually provide insight into the personality style of writers? Can the use of graphology facilitate the therapeutic endeavor? What caveats ought to govern this use of graphology? How and when is handwriting to be interpreted? How can this technique be best researched to establish its efficacy? This book introduces the psychology of handwriting and provides preliminary answers to these questions. The book is designed to stimulate more discussion and consideration of the use of graphology in clinical contexts. In this chapter, graphology is introduced, its theoretical postulates are reviewed, and readers will be oriented to that which graphology purports to measure.

WHAT IS GRAPHOLOGY?

Graphology refers primarily to the practice of analyzing the structural graphic elements of a writer's handwriting, in order to derive information about the writer's personality. Personality, a theoretical construct, has been defined by Drever (1952) as the "integrated and dynamic organization of the physical, mental, moral, and social qualities of the individual, as that manifests itself to other people, in the give and take of social life." Drever adds that personality "would appear in the main to comprise the natural and acquired impulses, and habits, interests, and complexes, the sentiments and ideals, the opinions and beliefs, as manifested in [the individual's] relations with his social milieu" (p. 208). With the aid of graphological theory, graphologists identify the qualities, traits, attitudes, sentiments, or postures that seem indicated in the handwriting; they further seek insight into how these aspects of selfhood may integrate together to constitute the dynamic organization that we recognize as the "personality" of that writer.

When performing an analysis, graphologists examine all facets of the writing's letter forms and spatial arrangements, while also attending to the quality of the writing's ink trail or ductus. Graphological techniques may additionally involve consideration of the linguistic content of the script to a greater or lesser degree. For example, Mansfried Teller, Ed.D., (personal communication, 1996) asks clients to write "the story of your day in detail" which serves as a projective task that allows for further diagnostic content analysis after the graphic analysis is completed. Beryl Gilbertson (personal communication, 1996) notes that graphic elements should be analyzed in connection to the written content so that meaningful polygraphic changes which are manifested when certain words, names or ideas are penned, can be identified and interpreted. Though graphological techniques embrace aspects of analysis which extend beyond the structural assessment of the writing, in fact, the heart of the

graphological endeavor actually does involve the latter, with its emphasis on form, spacing, shading, rhythm, and other facets of graphic performance.

THEORETICAL POSTULATES OF GRAPHOLOGY

The theoretical premises upon which graphology rests will be delineated here. These theoretical premises are congruent with those premises that underlie many schools of psychotherapy practice in general. This congruence may further orient the reader to the rationale for integrating graphological techniques into mainstream clinical practice. The central task at hand is to present these premises or assumptions which underlie graphological practice, thereby availing them to the critical scrutiny of the reader.

Prominent psychologists Allport and Vernon (1933) noted that “continental psychologists see in graphic movement the quintessence of expression. It is a crystallized form of gesture, an intricate but accessible prism which reflects many, if not all, of the inner consistencies of personality” (p. 186). When Allport and Vernon write of the “inner consistencies of personality,” they are *de facto* assuming that there are such inner consistencies. This assumption rests centrally at the heart of graphological practice. In fact, the personality theories of Freud, Adler, and Jung were all predicated on an assumption regarding the consistency, or continuity, of the persona.

Freud asserted that “the essential foundations of character are laid down by the age of three, and . . . later events can modify but not alter the traits then established” (Freud, as cited in Jones, 1961, p. 12). Adler introduced the concept of life style as a guiding force organized in response to the basic goal toward which the individual strives. According to his theory, the individual develops character traits which are congruous with the requisites of his chosen goal, all of which are established by the age of five years (Adler, 1956). Jung’s theory of psychological types was predicated on the theory that individuals possessed an innate disposition (Singer, 1972). His belief that continuity plays a role in the structure of psychological life has received widespread acceptance among theoreticians and practitioners alike. The clinician wields these theories to the benefit of the assessment, in order to reveal the sometime elusive “ravelled skein of personality” (Lerner in Lindner, 1954, Introduction) that underscores the complexity of the client. The graphologist does the same.²

² This assumption has been the topic of debate ever since Mischel (1968) demonstrated that the behavior of individuals lacks consistency over time and in different contexts. Mischel concluded that behavior was strongly shaped by external demands of different situations, and not dictated by enduring personality traits. While an immediate situation may strongly influence an individual’s behavior at that moment, more current research suggests that averaging people’s behavior across contexts and over time reveals that people do have distinct personality traits. For a discussion and review of this research, see Myers (1995).

The second premise in the previously stated Allport and Vernon quotation is an extension of the principle of continuity which has just been elaborated. Adler theorized about the existence of a “Law of Movement,” which purports that prominent features of an individual’s psychic life are guided, and were therefore manifested in, all of the individual’s expressive movements. Adler asserted that the nonverbal expressive movements were a “simile of the unconsciously posited and effective life plan,” as compared with verbal communication which “failed to gain dominance and superiority beyond the limits of the ordinary” (Adler, 1912, as quoted in Adler, 1956, p. 221). Adler’s Law of Movement was in accord with views demonstrated by Freud in his statement that “betrayal oozes out of [the individual] at every pore,” and “If his lips are silent, he chatters with his fingertips” (Freud, 1953, pp. 77–78). Thus, this principle posits a drive to exteriorize, in all aspects of human function, the inner consistency of personality described above.

Thirdly, graphologists assume that handwriting is in strong part a manifestation of expressive behavior so that the expressive aspect of graphic behavior makes handwriting a rich medium for personality projection. Therefore, they suggest that graphology constitutes a valuable projective technique. Frank, who laid the theoretical underpinnings for the projective psychology movement, delineated a range of groupings which represented the different types of projective tests. Victor (1989) notes that graphology finds a place in each type of projective technique that was documented by Frank. In the segment quoted below, Victor lists four different categories of projective technique, and describes the place that graphology maintains in that grouping:

1. Interpretative Method. In such a test (Thematic Apperception Test, for instance) the subject interprets creatively either meaningless patterns or emotion-charged pictures by means of an oral report, thereby revealing the emotional and intellectual reactions he otherwise might not express.

In handwriting, such meaningless patterns are represented by the letters. The individual letters have no meaning at all. The child absorbs and reconstructs them as movements according to his individuality; thus they become charged with his emotions: the tense child incorporates angularity; the easily excited child writes in abrupt movements; and so on.

2. Constructive Method. The subject is required to put well-known parts together into a certain pattern. In handwriting, this is equivalent to the composition of words by linking letters together and the arrangement of words into sentences and paragraphs. These reveal the capacities for integration, logic, artistic inclination and the like.

3. Cathartic Method. This is a projection in which the subject finds release for his pent-up emotions. Handwriting places at the subject's disposal a great variety of means for the projection of his emotional reactions. He may choose from among the many available colors of ink, or he may give more or less shading or emphasis to the stroke of the pen. Sudden pressure strokes, or a sudden change in slant or height indicate fears, moods or other emotional charges.

4. Constitutive Method. These tests require the subject to impose some structure or organization upon chaotic material.

In writing a letter, the writer takes possession of a blank space. The writing hand leaves upon it a more or less organized individual pattern which reveals his ability to plan and to dispose of space economically as well as aesthetically. (pp. 13–14)

Allport (1961), in considering developmental issues, describes the process whereby an individual's handwriting evolves into a medium expressive of the writer's idiosyncratic self.

A six-year-old will laboriously copy letters or numbers as precisely as he can from his copybook or from his teacher's blackboard model. His graphic production has virtually no individuality. The written papers on the classroom display board are almost all alike. The young children are, in respect to handwriting, prisoners of their culture. Toward puberty true individuality in handwriting begins to appear. By now the child has mastered the cultural forms; they are second nature to him. He begins to take liberties with them (always within limits). His formation of letters, slant, embellishments are his own. Occasionally his script becomes negativistic toward the culture, to the point of sheer illegibility. All this experimentation need not be conscious, but it clearly violates the original cultural model. Finally, the graphic style settles down, and hereafter displays what Revers calls a "revised cultural model" – adapted to the individuality of the person. Handwriting is simply one example of the compromise we all reach between cultural obedience and individual integrity. (p. 170)

Graphologists do indeed assume that the ways in which an individual's handwriting deviates from the copybook model he or she was initially taught is meaningful, often reflective of central aspects of that individual's disposition or personality. It is believed that, using graphological principles, handwriting can be interpreted in the same way as other projective tools, to generate hypotheses about an individual's personality and psychological function.

One last significant assumption underlies graphological theory. This has been labeled "the principle of recurrence" by Pittenger (1960, p. 235). It

reflects an assumption that guides clinical practice in most psychotherapy contexts, which dictates that diagnostically crucial patterns of communication will be manifested repeatedly, though perhaps indirectly, within any one session. In his book, *The First Five Minutes: A Sample of Microscopic Interview Analysis* (1960), Pittenger writes:

The patient in our target interview tells the therapist repeatedly about her cycle of irritation – tension – depression: overtly in words, covertly in patterned changes of overt topic, in variations of voice quality, in parables that ostensibly are about other people, and no doubt also . . . in cyclical changes in pattern of body motion. The recurrence is there, but the manifestations of the pattern are not all equally obvious. (p. 236)

Both graphologists and clinicians are faced with the quandary of how to determine which expressive behaviors are meaningful and which are not. The principle of recurrence directs that attention be centered on the themes which prove recurrent in a presentation. Handwritings, like clinical encounters, will manifest some pronounced patterns that focus the graphologist's attention while others fail to merit special consideration. It is the most pronounced graphic themes that are assumed to carry the most interpretive significance for the graphologist.

WHAT GRAPHOLOGY MEASURES

Perhaps the best available conceptualization regarding what graphology “measures” is contained in Adler's theory of the “life style” (Adler, 1968). Shulman and Mosak (1988) define the life style of any given individual as “a singular pattern of thinking, feeling, and acting that [is] unique to that individual and [represents] the context in which all specific manifestations [have] to be considered” (p. 1). They see life style as “a unifying principle (of personality) which organizes all drives, strivings, tendencies, and aspirations into a unified pattern that could be apprehended by a trained observer” (p. 2). In trying to grasp the client's “life style,” Adler was searching for that individual's modus operandi; for his/her convictions about the self, the world, and life in general and for other beliefs, values, or goals which guided that individual in pursuing various life choices.

These factors contribute to the life style, representing a sort of personal law or private logic to which a person adheres throughout his or her life. The life style, as a blueprint for living, would dictate any number of behaviors or life choices for that individual, who would interpret any given situation or context through the lens of his or her specific life style. This life style would then pro-

vide the individual with directives about how to respond to these situations or contexts. For example, if a belief that people are not to be trusted permeated an individual's life style, then there would be a trend to perceive the actions of others with a strong tinge of suspicion, and that individual's tendency might be to respond to the actions of others with distrust and doubt.

It is interesting to note that Adler's concept of life style was probably influenced by the graphological concept of his contemporary, Ludwig Klages. Klages was a German philosopher, psychologist, and graphologist who developed the concept of "the personal guiding image" (Klages, 1940, as quoted in Lewison, 1986, p. 8). The guiding image was, according to Klages, a dominant motif which emerged from that individual's repertoire of expressive behavior. Since it was strongly evidenced in the individual's handwriting (while also being manifested in other expressive behaviors such as gesture, facial expression, and gait) one's handwriting could be interpreted by analyzing the guiding image as a means of understanding aspects of the writer's character and personality. Klages developed a "science of expression," and a methodology for performing this analysis (Lewison, 1986).

Interestingly, in 1912 Adler used the exact same terminology – the personal guiding image – in describing his concept of life style. Two years later, he spoke of "the line a person pursues," and by 1933 adopted the term "life style" to depict the unifying trend which provides continuity to a personality (Mosak & Shulman, 1988). Owing to the shared terminology and conceptual model used by both Klages and Adler at one point, Adlerian H. L. Ansbacher (1967) has presumed that Adler was probably influenced by Klages and his ideas. This would make sense, and to this day graphologists can conceptualize their assessment task in Adlerian terms, devoting themselves to extracting the writer's life style through the graphological consideration of the script.

All of this suggests that graphology cannot be used to measure one given personality dimension or trait, such as "emotional responsiveness." Instead, graphology can identify individualized themes, personality tendencies or areas of difficulty that appear in a given script. The clinician who examines handwriting can thus develop tentative hypotheses about the client's life style, and can explore these further within the clinical situation.

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Special thanks to those who participated in a graphology research study and granted permission to publish their handwriting samples on an anonymous basis, for the purpose of teaching graphological assessment. All identifying information has been changed, including many personal details and all names. In some cases, handwriting has been altered in order to maintain the anonymity of the writer.

This work has developed over time with the encouragement of several professional organizations. Segments of the introduction and first chapter were originally published in *Psychologica*, the newsletter for the Ontario Association of Consultants, Counselors, Psychometrists and Psychotherapists. That article, entitled "Graphology in Clinical Practice," let me introduce the clinical use of handwriting to colleagues. Later, the American Association of Handwriting Analysts and the American Handwriting Analysis Foundation published an article about graphology use within psychotherapy in their *International Handwriting Analysis Review*. Drawn from material published in my doctoral dissertation, that article included a few segments from the introduction and

Chapter 1 of this book. I appreciated the opportunity to introduce this work to the community of professional graphologists.

I also appreciate the interest of my clients over the years, those who have shared their handwriting samples and their inner lives which helped me understand more of the nuance and complexity of handwriting as it expresses the self. Finally, no words can express my gratitude to my friends and family whose enduring support, interest and hands-on participation in this project has maintained me. Special appreciation to Martin Poizner for illustrations, to Susan Poizner for editing segments of the original dissertation, to Malca Poizner for assistance with typing and to Murray and Lionel Poizner for technical support.

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CLINICAL GRAPHOLOGY

Chapter 1

GRAPHOLOGY IN PSYCHOTHERAPY

Philosopher Aldous Huxley stated that there is only one question of significance: “Who am I, and what, if anything, can I do about it?” (Huxley, 1956, as quoted in Bolton & Grover-Bolton, 1984, p. 3). Huxley’s question summarizes the clinician’s task at hand. Finding an answer to the first question, “Who is this client?” allows the therapist to describe the individual and his or her functioning within the environment. This formulation determines the treatment approach, or the blueprint of “what can be done about it?”

More than 100 years of development has produced psychometric tools which measure various dimensions and/or styles of psychological function, in an effort to “know” the client. Testing is, at times, performed prior to treatment and test findings are used to inform the psychotherapeutic process. The usefulness of these measures has earned them a prominent place in the assessment protocols of psychologists, a status they retained for decades.

The dawning of a new era in health care service delivery has resulted in some significant changes in practice. Budget cuts have drastically limited access to expensive psychological tests. Now, in the spirit of cost cutting, some counseling models have actually collapsed assessment and treatment into a single simultaneous process. Brief therapists, for example, have been advised to “hit the ground running” (Budman & Gurman, 1988 as cited in Cummings, 1990, p. 173) so that therapeutic activity can occur as early as the first meeting.

In this atmosphere a new Therapeutic Assessment approach to psychological testing has emerged (S. E. Finn, personal communication, 1997). This approach uses the process of sharing test results as a brief

intervention, in the service of promoting therapeutic effects. Finn and Tonsager (1992) cite a range of clinicians who have suggested that assessment feedback itself can be therapeutic for clients, but note that little research has been performed in order to support this claim. On the basis of their own clinical experience, Finn and Butcher (1991) suggested that client benefits accruing from a psychological assessment feedback session included the following:

- (a) an increase in self-esteem, (b) reduced feelings of isolation, (c) increased feelings of hope, (d) decreased symptomatology, (e) greater self-awareness and understanding, and (f) increased motivation to seek mental health services or more actively participate in on-going therapy. (p. 278)

In an effort to investigate the above claims, Finn and Tonsager (1992) undertook a study which explored the benefits of sharing Minnesota Multiphasic Personality Inventory-2 (MMPI-2) test results verbally with clients. The researchers compared two groups of college students who were on the waiting list to receive treatment at the college counseling center. The control group was seen once by a counselor, but did not complete the MMPI-2, and thus were not given any test results. The experimental group completed the MMPI-2 and was given verbal feedback about their test findings in the one meeting with a counselor. In comparison to the controls, those in the experimental group reported:

- A significant decline in symptomatic distress and a significant increase in self-esteem, and felt more hopeful about their problems, both immediately following the feedback session and at a 2-week follow-up. Also, clients' subjective impressions of the feedback session were overwhelmingly positive. Although the study failed to identify specific client variables or elements of the feedback session that were related to these changes, the findings indicate that psychological assessment can be used as a therapeutic intervention. (p. 278)

Finn is the founder of the Center for Therapeutic Assessment which trains clinicians in the practices he has developed. He presented a one day workshop on Therapeutic Assessment at the 1996 American Psychological Association conference held in Toronto. His work has clearly captured the attention of the psychological establishment (American Psychological Association, 1996).

GRAPHOLOGY AS A THERAPEUTIC TOOL

The practice of Therapeutic Assessment sets a precedent for using test feedback therapeutically; this model can actually provide a framework for thinking about the clinical use of graphology. Graphology cannot be considered an assessment tool, since it lacks the statistical support to merit such use. Yet, graphology does generate tentative hypotheses which can then be either checked out with the client or held in abeyance, awaiting further evidence for confirmation or rejection. Graphological cues can thus be considered in the same light as non-verbal expressive behaviors such as gait, mannerisms, posture, and intonation. All these expressive behaviors do inform the assessment process, constituting a sort of “soft” data for the clinician’s consideration. Often the clinician will meta-comment on a client’s gesture or mannerism, suggesting an interpretation tentatively, and opening the door for further exploration of a theme (Pittenger, 1960). Advocates of handwriting analysis suggest that graphology can and should be used in a manner similar to this; for this reason they consider graphology a therapeutic tool (Poizner, 2003).

The therapeutic application of graphology becomes clearer upon reviewing the protocol for using graphology in work with psychotherapy clients. The graphologist/clinician generates a profile on the basis of the graphological assessment, which describes specific psychological patterns that seem indicated in the writing. These findings are shared with the client in a manner that is both collaborative and transactional. Thus, a graphological assessment is always followed by a dialogue between therapist and client. The therapist shares tentative hypotheses based on the graphological analysis. The client is asked for feedback (positive or negative) in order to foster insight and learning for both client and therapist. The handwriting evaluation provides a basis for discussion of the client’s personality and life style. In this informal manner of assessment, the client is a collaborator, a co-assessor, and a colleague, and is invited to make sense of the findings (or even to dismiss them) in tandem with the therapist (M. Teller, personal communication, 1996).

Teller (personal communication, 1996) suggests that this use of graphology promotes the establishment of a strong therapeutic alliance, and increases rapport between client and therapist. Introduction of an egalitarian framework, where their ideas about themselves are accord-