

# The Diagnostic Use of Automatic Writing

By Dan Short, Ph.D.

There are times when a distressed individual is desperate to communicate his needs to others yet he is unable able to construct a narrative to translate into language. This was the case with Matthew, a 14 year-old boy referred to me for testing by another therapist.

During her therapy with Matthew, this therapist had attempted to address his problems with failing grades, defiant behavior, experimentation with drugs, and frightening emotional outbursts. She attempted to talk with Matthew about his most urgent concerns, such as his feeling that homosexuals were treated unfairly in society. In addition to her therapy, the boy had been prescribed Concerta (during 3<sup>rd</sup> grade to address problems with inattention) and more recently Paxil (to address problems with intense emotional outbursts). However, none of these interventions were helping. His therapist wanted me to test him for a learning disability just in case this was behind some of the depression and frustration he was experiencing at home and at school. She also suspected some sexual identity confusion but could not get him self-disclose much information.

During my first visit with Michael and his parents, I was impressed by the family's obvious care and concern for one another, and struck by Michael's sad yet gentle demeanor. There was no antagonism or critical remarks exchanged between family members. However, the boy had allegedly developed a violent temper. During the previous week, he had smashed his chair upon his desk after his mom walked up behind him, placed her hand on his shoulder, and asked if she could help him with his homework. The profanity that came from his mouth had made his response seem all the more vehement and hateful. After relating these details, the mother pleaded with her son, "Your father and I love you! We do not know why you are acting this way." The boy could not explain his aggressive behavior or why he was so furious inside. The conversation left him sunken into the couch with his face full of shame and remorse. Both the mother and father had tears in their eyes as they described how well behaved their son used to be, "We have always been close to him. But now, it feels as if we have lost our son." While the parents completed a questionnaire, I interviewed Michael alone. He indicated that all of this trouble began just one year ago. Later, when I interviewed the parents, they had an identical response.

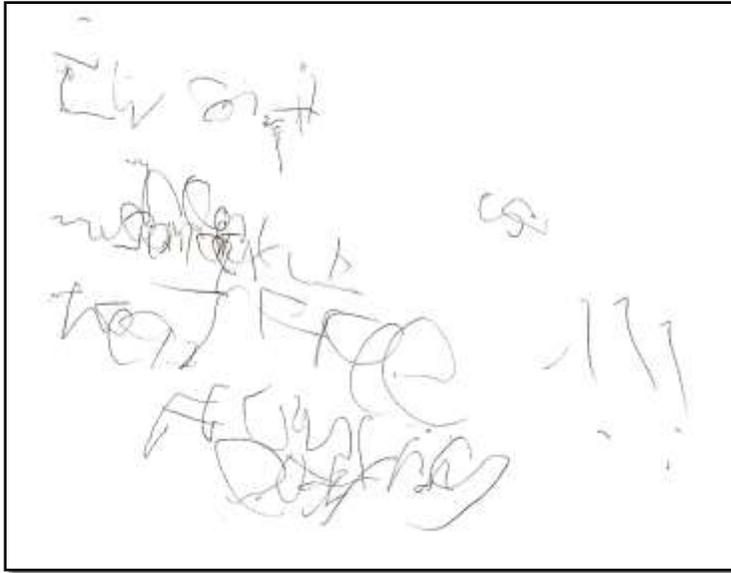
Given the sudden onset of symptoms, severe problems with mood, and this description of a hyper-aroused state, I inquired about any significant events that might have might have preceded these symptoms. I asked if anything scary or threatening had happened to Michael. My thought was that he might be experiencing flashbacks not fully integrated into conscious awareness. However, the parents and Michael each insisted that during his time at home and at school, there had been nothing out of the ordinary. So I proceeded with the testing and learned that he had average I.Q. and that

his educational achievement was inline with his intellectual aptitude. This eliminated the possibility that his emotional turmoil came from struggles with learning.

I was curious about the sudden onset of symptoms. I had already learned that his experimentation with drugs followed other more severe symptoms, so I doubted that this was the cause of his problems. After the testing, I met again with the parents and asked that they think harder about any event that occurred a year ago and seemed out of the ordinary. At that point, the mother recalled, "Well there was that strange case of dehydration he had after the church ski trip." I asked them to explain, and the mother said that while returning home on the bus, their son suddenly began to hyperventilate as his hands and arms retracted into his chest and froze into a catatonic posture. He frantically indicated that his heart was hammering so he was rushed to a hospital. However, the doctors could not explain the reaction other than to say that perhaps it was caused by severe dehydration. I turned to Michael and asked him about this event, but he seemed strangely indifferent, and denied having felt any anxiety prior to this attack. After this, I asked the parents if they would allow me to meet privately with their son and use hypnosis to probe at a deeper level. The parents were desperate to help their son and expressed a willingness to do whatever it took.

After explaining to Michael why I thought hypnosis might be helpful, I made certain to obtain his individual consent for me to this approach. He agreed. Following a brief induction, he closed his eyes, slowed his breathing, and eventually his head rolled over and up against the back of the sofa. My primary suggestion was that during trance he would be able to tell me things that he could not say in the normal waking state. In response to hypnotic suggestion, he was able to developed glove anesthesia in both hands (which I tested using the finger prick method) and arm levitation as well. When I asked Michael to tell me what he felt inside, he responded, "Peace and happiness." As he spoke these words, his left hand writhed violently at his leg. I had already decided that Michael was hypersensitive to criticism and tremendously fearful of judgment, so I assumed either he felt compelled to produce the type of hypnotic results that he thought I wanted or he REALLY did not want to discuss the unpleasant feelings trapped inside him.

Pausing to carefully observe his body, I noticed that there was evidence of subvocal speech. I could see slight movements in his throat but I could not make out what he might be saying. So after telling him that it is sometimes easier to write down things we cannot say, I placed a clipboard in his lap and a pen in his hand left hand. My hope was that I would be able to use the automatic writing technique developed by Milton Erickson. Michael responded with automatic writing, though his eyes were still closed and his head rolled from side to side. Unfortunately, the first written product did not produce any discernable symbols or words. So I moved the pen to his right hand and assured him that I would take the paper away before he awakened from trance and that he would not have to see what he wrote. His written product is shown below.



I studied the writing sample later that day and then called his home. The boy's mother answered the phone and after telling her who I was, I asked if anyone named "Jeff" had been in contact with her son or had access when no one else was around. She was strangely silent and then insisted that no one by that name had been alone with Michael. I told her I was concerned that someone might have harmed her son. Her reply was agitated and brief. Without much further conversation she ended the call.

Then, the next evening, I got a call from the boy's father. He said, "You spoke to my wife last night and asked her if anyone named Jeff had been around my son." I said that was correct. So he continued, "Well, she and I talked about it. And the truth of the matter is that the youth minister at our church is named Jeff. And he was alone with our son during that ski trip. Michael had insisted that he did not feel like skiing. So the youth minister offered to stay at the cabin and watch him while the rest of us were on the mountain. Michael was acting very strange but we thought it was just because he was ill. Then he had that reaction on the bus after three days of being alone with Jeff. Do you believe that this man is sexually abusing my son?" I told the father that I was not a forensic investigator but I believed this was a serious possibility. After recommending that he contact someone in law enforcement, I made clear that under no circumstances should the youth minister be allowed to have unsupervised access to his son. Later I produced two reports. One with test scores that went to the schools and another with the information from the hypnotic interview that I sent to the parents, treating therapist, and psychiatrist.

While trying to decide whether or not I should personally report the incident to the police, I looked again at the evidence. It was a bunch of scribbling that to my eyes contained the message, "No more sex toy...I can't get Free!!!...fucking Jeff." While it may not have been enough for a court of law, I hoped it was enough to restore the alliance between the parents and their child.