Early Cancer Detection through Graphology Analysis

By

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"Handwriting is brain-writing." Graphologists explain that the brain is the director of our physical as well as our mental activity. Just as our writing reflects our personality, so does it reflect certain aberrations in our physiology.

It is widely accepted in medicine that with the development of cancer, certain neuromuscular disturbances of coordination take place. Since handwriting constitutes the tracing of neuromuscular coordination, the microscopic characteristics of handwriting strokes become an important method for examining human neuromuscular development.

Alfred Kanfer, born in Austria and later imprisoned in Dachau concentration camp along with his wife, is considered the pioneer of the graphological neuromuscular test for determination of groups at high risk for cancer. He had an impressive 84-percent accuracy rate in detecting the disease through handwriting.

What the Kanfer test does is to apply a neuromuscular tool to determine the presence or absence of such characteristic neuromuscular disorders. The Kanfer test alone does not determine the presence or absence of cancer; it determines a factor associated with cancer.

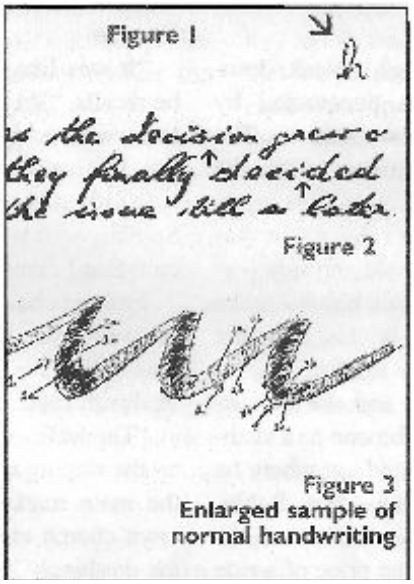
Alfred Kanfer was released from Dachau; he emigrated to the United States. He was an outsider in the field of medicine-with a method for identifying cancer-prone individuals that was so highly unorthodox, that he had a stiff uphill battle to prove his method and find acceptance for it.

What is surprising is the cooperation he received, throughout his more than thirty-five years of work, from many prominent doctors and hospitals.

The Hospital for Joint Diseases in New York, the Preventive Medicine Institute-Strang Clinic in New York, the Equitable Life Assurance Society, the Metropolitan Life Insurance Company and the American Cancer Society provided financial and material support for Kanfer's work. Their patients' handwritings were submitted to him for analysis.

The "Heart Tick"

Graphologists have determined that certain breaks in writing, slight interruptions in the upstroke and in the downstroke, especially in letters with loops, can point to heart disease. They call this break a "heart tick" and find it particularly in the lower-case *h* (see arrow, Figure 1).



Another sign is abnormal dotting in the course of the writing "trail" (see Figure 2).

In the act of writing, a person with heart trouble-which is often accompanied by shortness

of breath-instinctively rests the pen on the paper, as one would do with a stick when walking.

Dr. Ulrich Sonnemann, a major contributor to the early development of professional graphology in the U.S. whose book Handwriting Analysis as a Psychodiagnostic Tool (Grune & Stratton, 1950) is highly respected in the field, confirms that a disrupted pattern of strokes can be indicative of cardiac disease. Sonnemann adds that the specific frailties and incomplete ataxias (the inability to coordinate voluntary muscular movements), which are marked by partial dotting of the course of strokes, have been discovered at very early and clinically undetected stages.

Variations of Normal Handwriting

The foremost tenet in graphology is analyzing the difference between a person's handwriting and how he was taught to write. There are many shades of instructional technique in script, all of which would be classified under "variations of normal handwriting." When the writing differs to the extent that it certainly was not taught to the writer this way, that difference is analyzed. The "normal" writing sample is provided as a basis for comparison.

1. **Marked difference between downstroke and upstroke pressure in regular sequence throughout a given writing sample.** Characteristics: Downsrokes are broader and show greater ink density than upstrokes. (1 and 2 in Figure 3). All downstrokes in a given writing have about the same width, and so do all upstrokes.

2. **Elasticity of strokes.** The width of downstrokes gradually increases toward the baseline, where they connect with the upstrokes, and at the same time the upstrokes thin out slightly along their course.

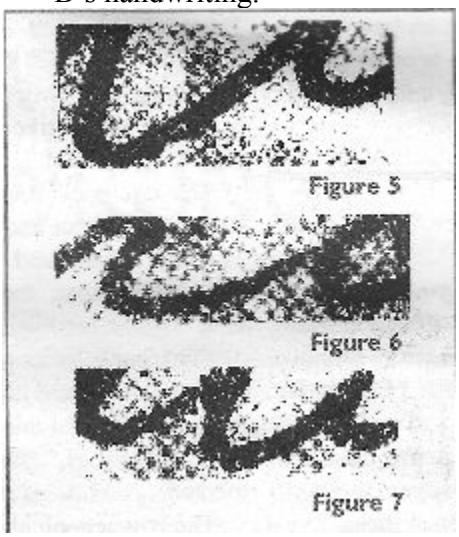
3. **Uninterrupted flow of movement through downstrokes and upstrokes.** Characteristics: Uniform, even density of ink throughout the length of downstrokes and upstrokes (1 and 2). Continuous, uninterrupted and unwavering delineations of downstrokes and upstrokes (1 and 2).

4. **Uninterrupted flow of movement through area of transition** (3 in Figure 3). Characteristics are as above. Of specific importance is the uninterrupted joining of downstrokes and upstrokes, which requires a maximum degree of neuromuscular coordination and is therefore of the highest significance.

Finding Cancer in Its Early Stages

A startling example of the accuracy of the diagnosis of cancer through handwriting analysis is the case of Mrs. B. By medical standards, Mrs. B. was found to be healthy from the date of her first handwriting sample to the date of the third. One year after the date of her third sample, at the age of 41, an advanced cancer was found, and she died at 42.

The following samples are microphotographs of Mrs. B's handwriting.



The first one (Figure 5) was written at age twenty-eight, the second (Figure 6) at age thirty-three, and the third (Figure 7) at age forty.

The first sample, Figure 5, shows the typical criteria of normality-that is, a mature

neuromuscular condition with a normal range of coordination. Normality is manifested in the smooth, continuous flow of movement, both in the descending and ascending strokes (uniform flow of ink throughout the strokes and sharp, continuous delineations to both sides of each stroke). The strokes have an oval shape; the turns from descending to ascending strokes are narrow, curved, and show continuity of movement throughout.

A regular pattern of heavier (wider and darker) descending strokes and lighter ascending strokes prevail throughout the sample.

The second sample, Figure 6, shows a marked change. Although the overall pattern of heavier descending strokes and lighter ascending strokes is still preserved, the narrow turns have disappeared, the writing spreads out widely, the strokes are much weaker and highly unstable, and in most of the ascending strokes, clear segmentations can be seen. (Segmentation means that continuity of movement is interrupted, and the direction of the stroke is seen on microscopic examination to be wavering.) Clear interruptions between descending and ascending strokes are also visible.

The third sample, Figure 7, shows a breakdown of every phase of the writing process. The strokes are stiff or formless. The pressure is uneven, sometimes too heavy, and in other strokes too light. There are clear interruptions between descending and ascending strokes, and both types of strokes show marked, low-amplitude, high-frequency segmentations.

"With these (and many such) findings it was for the first time shown with statistical significance that the manifestations of cancer in handwriting precede the manifestations of cancer by clinical signs." (Bulletin of the Hospital for Joint Diseases, April 1, 1958)

Setbacks

Although Kanfer's handwriting test was remarkable, he did make some blunders along the way, which had to be corrected. While he was able to clearly separate the healthy handwritings from the ones indicating cancer or heart disease, he erred by diagnosing a considerable number of the heart cases as positive for cancer. In later studies, with sharpening of the cancer criteria, this cause of error was practically eliminated.

A second error involved inappropriate use of materials and turned up when three tests were conducted under the auspices of the American Cancer Society. The first and third test ranged between 84 and 98.4 percent in the accuracy of detection of cancer.

The second study was the only one that failed. It was carried out on samples gathered at a Detroit cancer detection center. The reason for this failure, as later established, was faulty technical arrangements. The patients were made to write with a hard glass plate as a writing support and had to use a rigid, fine-point pen, a combination that made the finer segmentations in the stroke practically invisible, even to the microscopic equipment then available.

When this error was recognized, some changes were made in the microscopic technique and some of the samples were re-examined. Kanfer's results were then considered "very good" by the Cancer Society. Nevertheless, this failure set his work back many years and demonstrated the importance of technical considerations in research.

Unresolved Questions

Many questions remain unresolved. What about the problem of a handwriting that "tests positive" when there is no medical diagnosis? What effects does that information have? What psychological harm can it do when there is no detectable cancer to treat?

This problem affected Kanfer himself. He went to the Strang Clinic doctors to tell them that he saw positive indicators of cancer in his own handwriting. They couldn't find the cancer until three weeks before he died.

Although graphology's strength lies primarily in personality evaluation, in which it achieves up to 98 percent accuracy, the statistical significance attributed to the Kanfer test remains great. The need for more research is vital.