

Spring 2010

Expressive Writing: A Technique for Improving Communication in Individuals with Autism and Related Disorders

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Expressive Writing: A Technique for Improving Communication in Individuals with
Autism and Related Disorders

By

Taryn G. Aldrich

A capstone project submitted in partial fulfillment of the

Requirements for the degree of Master of Arts in Professional Writing in the
Department of English

In the College of Humanities and Social Sciences of Kennesaw State University

Kennesaw, Georgia

2010

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Preface

The journey from the start of this capstone to its current state seems short in retrospect, but much has transpired between then and now both academically and personally. But I'll start from two years ago: Prior to even beginning my graduate career, I faced a dilemma when deciding which field of study I wanted to pursue: psychology or writing. I concluded, after much deliberation, that an M.A. in professional writing would serve me well thanks to its applicability across fields. And so I enrolled in the MAPW program with a concentration in applied writing and a support area in creative writing, both of which would change following my first semester of coursework. Initially, I hoped to pursue a career in editing and publishing; therefore, I expected my concentrations of choice to serve me well. Although I enjoyed the classes I took my first semester—the requisite research class, web design, and creative nonfiction—I found myself missing the psychology coursework from my undergraduate career. Thus, as I researched psychology graduate programs to enter after completion of the MAPW program, I decided that a change in concentrations may be in order.

After much research, I decided that school psychology aligned most closely with my interests in educational psychology. I later found that applied and creative writing may not be as suitable to that trajectory as composition and rhetoric would be with its emphasis on education. Accordingly, I decided to instead concentrate in composition and rhetoric with applied writing as my support area. I would therefore be able to take classes in editing and begin to gain the skill set to do that successfully while pursuing a main concentration in a field that was more applicable to my ultimate career goal.

Naturally, the MAPW curriculum offered a variety of engaging courses that I likely would not have elected to take had I not enrolled in the program. I had the opportunity to familiarize myself with different writing styles through class work in technical writing, composition theory, and different branches of rhetoric. Fortunately, doing so allowed me to hone my skills as a writer while entertaining outside interests. In a way, what I am most thankful for at the end of my academic career in this program is its having solidified my passion for psychology and special education. The MAPW program confirmed, in essence, my desire to pursue a professional career in school psychology, and this capstone is intended to combine what I have learned here about composition with a current hot-button psychological issue and its treatment: the spectrum of autism.

Although I am invested in it now, determining a topic for my capstone was initially a challenge; I wanted to work with a theme that was relevant to current educational issues while, of course, preserving a composition and rhetoric focus. My first ideas concerned language and reading acquisition, but I did not feel especially passionate about either idea and chose instead to find a topic that would hold my interest throughout the duration of my capstone development. It was not until I accepted a summer volunteer position at a school for exceptional children that I found inspiration for my thesis.

I took a position as a teacher's aide in a classroom of ten 8- to 13-year-olds with emotional and behavioral difficulties. Many of the students' diagnoses included some type of pervasive developmental disorder, and although I had studied such conditions during my undergrad career, I had not yet worked with autistic individuals first-hand. During my time at the school, I had the opportunity to see these disorders in real life and

appreciate how severe, and sometimes debilitating, they can be. Upon noting how difficult communication in particular was for these children, and how widely it varied between each child, I realized that something must be done in therapy to address communicative issues in autistics.

Therapies were in place at the school to facilitate communication for students who were autistic, and the types of counseling used with these students varied. However, I noticed that the team of clinicians and classroom behavior specialists most frequently used speech and reading therapies to help improve students' communication. I was surprised to see that they tended to integrate writing into therapy only to help the children physically write with, for example, better penmanship or less pain. I wondered then why writing was not used as a communicative tool, and I began researching contemporary autism treatment options shortly thereafter to explore the idea further.

I was shocked to find a nearly complete absence of writing techniques in extant literature; much of what I read concerned behavioral and social treatments to help autistics manage their symptoms. Because composition is such a primary form of communication, it only seemed logical to me that it could be used in treatment for autism. It was then that the direction for my thesis began to take shape: I wanted to explore how writing might serve to improve communication in autistics, and I wished to do so by looking at relevant communicative movements within both composition and rhetoric and psychology.

After much research, this led me to compare and contrast a trio of compositional approaches: expressive writing in psychology, and writing and healing and expressivism

in composition and rhetoric. I discovered that despite their similarities, the underpinnings of an expressivist approach seemed best suited to my goal of helping autistics communicate. As I began to develop my argument, it occurred to me that graduated composition exercises might serve to slowly enhance communicative skills, which led me to construct the variety of exercises presented in Chapter 3 of this capstone. My MAPW curriculum was invaluable in this regard: I would say that the pedagogical courses in the composition and rhetoric concentration helped me the most in developing my topic, particularly the writing exercises, because I had the advantage of becoming familiar with writing in an educational setting as my capstone was taking shape.

The base information contained within Chapters 1 and 2 came relatively easily after a series of heavy revisions; meanwhile, Chapter 3 was both the most challenging and most fulfilling because I was able to marry what is currently known about autism to a method of treatment that has not yet been studied. I refined my ideas for the exercises as I further substantiated my overall argument as it is laid out between the first two chapters, and what appears in Chapter 3 of this capstone encapsulates the recommendations that I feel would be most viable for use with autistics. Initially, I had hoped to also construct a small study in which I planned to put some of the proposed exercises into practice to test their efficacy; however, in the interest of time and conciseness, I decided to instead leave the experimental design portion for a Ph.D. program wherein I would not only be more knowledgeable about how to actually design the study, but so that I would also have ample time to retest and modify my participant sample as needed.

To that end, I plan to actively continue my research on the topic of expressive writing and autism and would like to implement some of the exercises in a valid study while I pursue my Ph.D. I realize that I will have to consider possible difficulties in carrying out such a project, such as the ample amount of time necessary to fairly monitor and assess written exercises and their communicative effects on autistics, but I look forward to facing such challenges in the interest of exploring the potential significance of my research in the long-term. Without question, the skills that I have learned in the MAPW program will prove invaluable as I continue my educational career. This capstone is only the beginning of what I hope will be an enriching and fruitful exploration of composition-based autism treatment, and I am thrilled to have the privilege of continuing my work with the far-reaching benefits of an MAPW education as an advantage.

Chapter 1: An overview of expressive writing and expressivism

Composition and rhetoric is a broad field: it addresses the nuances of language and communication and the ways in which these relate to and effect writing. Written communication—and communication in general—is an integral part of everyday life, but one that can prove difficult for individuals whose communicative abilities are below average. In such cases, personally expressive writing can serve as a way for people to improve their communication. A number of approaches are available to help with this task, including expressive writing, which is emphasized in psychology; and writing and healing and expressivism, both stemming from composition and rhetoric. Currently, expressive writing has received little to no attention as a viable treatment option for autistics with communicative difficulties and as a result, treatment regimens are not as comprehensive as they could be. Research into this area is essential to more effectively addressing communicative deficits that frequently occur in autism. The overview that follows provides an introduction to each of these forms of writing, based primarily on current research, and a brief discussion of why expressive writing is an area that could prove integral in facilitating communication in individuals with autism spectrum disorders.

Expressive writing is a form of personal discourse used in psychology to help clients openly discuss life experiences and cope with any resulting difficulties. It closely parallels a similar approach in composition and first garnered attention in the field of

psychology before its emergence as a writing and healing movement in composition and rhetoric in the 1990s. J. W. Pennebaker pioneered the majority of expressive writing research, and composition studies also used his work as a foundation on which to build further research into writing and healing. Today, expressive writing is used, and oftentimes encouraged, in both psychology and composition. Writing and healing has slowly infiltrated composition classrooms in the form of narrative essays and similar personal assignments, and its integration into educational settings has proven beneficial for students in terms of improving personal disclosure and encouraging healthy coping strategies. Similarly, expressive writing is often used in counseling settings to help clients work through painful emotions associated with traumatic and sensitive events so that individuals can process the experiences and find closure.

Because of its focus on traumatic experiences, much of the literature regarding expressive writing thus far has addressed psychopathological diagnoses: Pennebaker (2004) found, for instance, that expressive writing helped reduce anxiety in individuals with anxiety and bipolar disorders because the participants were able to better understand and control their emotions after completing a series of writing exercises. Such findings can extend to depression and related illnesses, because writing about these conditions allows sufferers to frame them—that is, regard the conditions more objectively than individuals would through cognition alone—and see triggers of maladaptive behaviors.

Certainly, expressive writing used for this purpose is invaluable in helping therapy clients improve their quality of life. It makes sense, therefore, to attempt to expand on this approach by integrating writing exercises into autism treatment—not as a means of working through trauma, but rather to facilitate communication in general.

Autistic clients and their counselors might find that this approach to expressive writing will serve as an aid to help them communicate if they have difficulties doing so orally.

It is important to note that the use of writing to promote psychological well-being is not exclusive to psychotherapy. In composition and rhetoric, the person-based writing approach of *writing and healing* has emerged within the last decade to help individuals cope with tragedy and difficult life circumstances. Individuals engaged in writing and healing use composition as a therapeutic medium through which to express a range of emotions about traumatic events, illness, and other stressful experiences. The practice can be applied both in and outside of educational settings. Composition students, for instance, can critically reflect in their writing on past hardships, typically in a narrative format, to seek resolutions and find closure. These same students can also choose to write therapeutically for personal comfort or leisure independent of academic assignments.

Writing and healing differs from expressivism in that the former is more focused on therapeutic composition than the latter. Specifically, proponents of writing and healing encourage individuals to use composition as a way to work through traumatic experiences, process them rationally, and draw sound conclusions about them (Chandler, 2007). Trauma can range from abuse to an eating disorder or death of a family member; in any case, confronting these situations through emotive writing provides relief. Expressivism, in contrast, emphasizes personal writing—about any topic, not necessarily trauma—to express emotions and communicate with others. Essentially, expressivist writing deals with communication in general, whereas writing and healing concerns communicating about traumatic experiences.

Although expressive writing and writing and healing traditionally tackle traumatic issues, personally expressive composition can also be used to encourage communication in general. One of the most appropriate vehicles for this type of writing is the *expressivist* approach, a theory first espoused by Peter Elbow nearly 50 years ago. Expressivism differs from writing and healing in that the latter is more focused on therapeutic composition than the former. Expressivism has garnered much attention as an approach to teaching writing that emphasizes communication and emotional openness. It first burgeoned during the late 1960s and early 1970s, coinciding with the Progressive Era in America (Adler-Kassner, 1998). During this time, personal expression began to flourish in society. Personal freedoms were highly valued following a period of oppression, and citizens recognized that they were individuals with unique voices and experiences (Adler-Kassner, 1998). Personal writing, then, was a natural extension of the search for self, and expressivism could be said to encapsulate personally salient composition.

These composition approaches are similar in their principles that emphasize personal, emotion-driven writing. In the domain of psychology, expressive writing tends to encourage the development of habitual, adaptive coping strategies more explicitly than writing and healing does, while expressivism more closely parallels expressive writing in its emphasis on communication. The objectives of each field, however, are related: each approach seeks to help individuals express themselves through writing. Likewise, they also each encourage participants to discuss situations that may be difficult to disclose. Naturally, though, compositional and psychological approaches are rooted in different disciplines and therefore do not mirror one another perfectly. A more detailed survey of each technique is presented hereafter.

Expressive writing, writing and healing, and expressivism as tools: A brief literature review

Expressive writing

Expressive writing in psychology has continually expanded since personally salient writing first appeared in therapeutic practice hundreds of years ago. This growth has led to an approach with far-reaching applications and benefits. In order to provide a comprehensive overview of the development and implementation of expressive writing in practice, I will begin with a brief survey of its early history before addressing its therapeutic benefits (as demonstrated through research) within the past 20 years. We will also look at how this type of writing facilitates personal expression and benefits writers, including those on the autism spectrum.

Expressive writing is used in counseling as a means of helping clients communicate, such as when they wish to express in writing thoughts and feelings that they have trouble verbalizing. This can be done through letter-writing, journaling, and similar methods. It is worth noting that the general practice of “writing for the self” (that is, composing for personal benefit and growth) is not new. For example, seventeenth-century physician Benjamin Rush encouraged his patients to write down their symptoms, and he found that doing so not only helped them relax, but also allowed him to learn more about their conditions. Then, in the early 1900s, Freud and his followers urged clients to free associate as a stream of consciousness exercise in order to assess psychological functioning (Hergenbahn, 2005). Free association differed from expressive writing in that the former involved little to no thinking and analysis on the part of the

client; instead, he or she simply wrote down whatever came to mind, no matter how seemingly useless. The psychologist would then study the client's stream of consciousness for themes, subconscious desires, or fears. The psychologist's analyses often helped facilitate further discussion(s) with the client about topics of interest or concern (Hergenhahn, 2005).

Both modern-day expressive writing and writing and healing pull from the same type of exploratory literature, much of which is based on the work of James Pennebaker. Pennebaker's studies into the efficacy of writing as a healing mechanism began in the 1980s, and the practice quickly flourished into a viable therapeutic tool. Subsequent studies have shed light on the multifaceted nature of expressive writing, showing that the practice promotes personal growth in multiple ways and is often as personal as the experiences that are described through it. Moran (2004) summarizes the healing power of expressive writing as follows:

... it is not the catharsis of expressing pent-up emotion that is responsible for the healing—such venting at best gives only temporary relief, at worst exacerbates the distress. Rather, other factors appear to be responsible. These include 1) the habituation response ...; 2) the fact that naming an emotion or trauma legitimizes it ...; 3) the fact that the act of writing objectifies the trauma ...; and 4) the fact that constructing a narrative about an event is a way of finding coherence and meaning in it. (p. 97)

The *habituation response* occurs when individuals become more accustomed to a traumatic memory by writing about it, thereby lessening its impact. Similarly, when a

painful memory is legitimized, its validity is publicly regarded; legitimization reinforces individuals' desire to connect with others through trauma and realize that such experiences extend to people other than themselves. Finally, when trauma is objectified, individuals must frame it in a variety of ways—perhaps in an effort to find the best way to describe it—which contributes to the trauma's resolution when individuals process it with the goal of explaining the experience through writing (Moran, 2004). Expressive writing, therefore, can contribute to healing not only on a personal level but on a social level as well when individuals reach out to others who have endured similar experiences.

Since the early studies by Pennebaker, more research has been conducted "... to determine exactly what is going on psychologically and physiologically when one practices [expressive] writing" (Moran, 2004, p. 96). For the most part, physiological responses recorded during expressive writing have been positive: participants tend to show both immediate and longitudinal relief of stress, increased self-esteem, and feelings of control and confidence in coping with future stressful situations (Pennebaker & Seagal, 1999). Moreover, additional research is being conducted to "... determine whether there are certain personality types that are more susceptible than others to the healing effects of this kind of writing" (Moran, 2004, p. 97). Individuals who are more reserved, for instance, may not see the therapeutic effects of writing as quickly as those who are more extroverted or empathetic. Because individuals with autism spectrum disorders often experience communicative difficulties, one could speculate that expressive writing can prove beneficial in treating such conditions.

Because expressive writing often requires individuals to discuss sensitive events that occurred in their lives, the practice generally leads to a new form of narrative

wherein writers use images from past experiences to further enhance their writing skills (in writing more descriptively and deliberately) as well as promote relief and comfortableness with future situations. For example, Johnson (2000) explained that "... instead of being encoded into verbal, linear narratives, [a memory] takes the form of an assemblage of vivid sensations and images" (p. 89). A new narrative is created, then, by using or recalling these visual images and implementing them in writing so that the individual can conquer them and subsequently reduce negative emotions. By carefully describing an event through images and sentiments that depict what occurred, the writer can effectively address his or her memories and find strategies for dealing with similar situations.

Initially, expressive writing can benefit novice writers in particular because they may be less able to cope with life stressors than more experienced individuals and therefore need expressive writing more (Moran, 2004). Similarly, the empowerment that often comes from expressive writing might be more pronounced for beginning writers because they will begin to grasp the implications of experiencing a trauma (or communicating a personal experience in general) and moving past it while embracing a sort of artistic creativity in writing in the process: they come to value expressing themselves freely through writing and use this expression to help discuss memories. This is not to say, of course, that expressive writing is any less beneficial for experienced writers, but because they are stronger writers to begin with, expressive writing's effects are not as striking as they would be for a beginner who is only starting to express him or herself through writing (Moran, 2004).

It is especially important to note that expressive writing as a compositional technique does not deal exclusively with traumatic experiences; it can also be used for personal expression. While providing a suitable expressive option for both beginning and advanced writers, expressive writing may also be used in treatment with individuals with autism because they can learn to communicate through writing while also learning about social interaction. Eventually, autistics may wish to share their experiences with others who have similar diagnoses (such as in group therapy, to be discussed in Chapter 3); doing so also bolsters interpersonal socialization. Expressive writing is flexible enough to be used with clients of any skill level.

In the case of autism, individuals can work on communicating more clearly and appropriately in social settings by writing about situations about which they are distressed (or unsure how to handle). As communication increases, social adaptability should increase as well. Practicing expressive writing can therefore help to improve autistics' quality of life as they become better communicators, much like the process improves clients' lives as they work through traumatic experiences. Moreover, because writing allows autistics to process information differently than exclusively oral therapy would, it may be less intimidating for clients and result in quicker progress than talk therapy alone; therefore, therapeutic benefits might be seen sooner when writing is included in treatment than not.

Writing and healing

Writing and healing is closely related to expressive writing in that both deal with distress or trauma with the objective of recovering from a given event. Because each

approach resides in a different discipline, however, writing and healing carries some distinct differences from expressive writing. To better exemplify similarities and contrasts between the two, what follows will detail how writing and healing works in composition, including shared qualities with expressive writing; its recommended format; how and why it benefits writers; why feedback is essential throughout the composition process; and where current research is headed.

Due to its roots in composition, writing and healing is perhaps most often seen in educational settings. In particular, Chandler (2007) discusses writing and healing specifically in regards to college writing courses, noting with some surprise that students' narrative essays are written similarly to the therapeutic pieces that are assigned during psychological expressive writing studies. Specifically, students' essays tend toward the same exploratory pattern that is typically seen in therapeutic writing: emotional introductions and descriptions that gradually taper off to more general and distanced conclusions (Chandler, 2007). The process is conducive to successfully coping with stress because in the end, individuals are able to step back from the deeply personal nature of their experiences and draw more objective, rational conclusions that promote sound coping strategies.

Chandler (2007) further mentions that students can be primed for stress relief in composition classes if they are required to "... write about stressful situations or issues related to the course" because such topics often allow for composition strategies that naturally relieve stress, such as narratives (p. 61). She notes that if students write in stress-relieving styles often enough in composition classes, then "... some students in any stress-inducing writing course may feel an unconscious tug to write in forms that

previously helped them to feel better” (p. 61). The relief that comes from triumphing over stressful situations seems to become addictive in that students begin to subconsciously gravitate toward more therapeutic habits when writing—techniques that could easily transfer to personal writing, even outside of academic settings.

Interestingly, though, proponents of writing and healing explain that a certain pattern should be followed for the practice to be most effective. For instance, Chandler (2007) mentions that if students do not write objectively from the outset that healing is less likely, perhaps because their writing will not be fully framed to relieve stress and promote optimal healing. Her finding follows closely in the results of Pennebaker’s research, wherein he discovered that “... writing which resolved stress most effectively began by narrating emotional aspects of an experience but then moved toward a more reasoned or rational—reflective—perspective” (Pennebaker & Seagal as cited in Chandler, 2007, p. 61). The progression from emotional writing to rational writing seems to provide a natural avenue through which students may channel the experiences about which they are writing. Beginning with emotional, visceral reactions is intuitive; then, while further analyzing and critically regarding an experience, more sensible conclusions can be drawn about its immediate personal effects and the impact it made on the person thereafter, a process that leads to healing and lends a new perspective to the situation.

As an expansion on expressive writing studies, writing and healing research has also looked at more sentential aspects when evaluating how therapeutic writing works and affects individuals who use it. Foehr (2000), for example, found that choices as variable as diction can prove beneficial to a writer’s physiological health and psychological well-being when writing about trauma. Naturally, individuals practicing

expressive writing will likely include negative vocabulary since they are describing emotions that occurred during times of stress or confusion. However, as their material progresses, they usually begin to include positive words as they process an experience and find self-confidence and other positive emotions within it. For instance, Foehr (2000) followed in Pennebaker's research with her findings that "... subjects making a higher use of negative and positive words in writing about their ... event experienced improved health" (p. 342). Thus, both categories of emotion promote healing as individuals move through the writing process.

A primary concern about writing and healing is if, and how much, a person will benefit from the activity—or, instead, if attention paid to old wounds and difficulties will hasten further emotional deterioration. To explore this question further, Foehr (2000) conducted a study to determine whether or not her students would feel better after writing about a stressful experience. Each participant was an English education major who took part in the study prior to beginning student teaching. Participants were instructed to first make a list of their fears and then develop a worst-case scenario when facing those fears. Afterwards, each student analyzed their anxieties and then described how they felt about confronting them, noting whether or not writing about their fears either comforted them or made them more anxious. The end result proved significant: twenty-four of Foehr's 31 students stated that they did feel somewhat better about their emotions and themselves after writing about their experiences (Foehr, 2000). Only one student reported no change whatsoever, and he or she did not participate in the writing activity. Foehr's study, then, provides some evidence about the importance of writing in the healing process: if

distressed individuals are unwilling to acknowledge and discuss difficult experiences, they may find it harder to capture relief.

Another area that is essential to writing and healing is feedback, because it is crucial to individuals' confidence and progress—feedback provides emotional validation and constructive criticism to a piece about which an individual is likely to feel unsure. Feedback can take many different forms: in the classroom, it often consists of both global and sentence-level comments (Riordan, 1996). While grammatical errors, sentence fragments, and comma splices are regarded, a professor's response to the content of a piece is equally important. Due to the often sensitive nature of this type of writing, however, educators need to be especially aware of students' vulnerability and therefore must be cautious not to judge or be negative when offering feedback.

Meanwhile, further research is necessary to determine how outside factors influence writing and healing. Chandler (2007) described how the writing and healing area calls for "... more nuanced study of emotional contexts for composing and detailed explorations of how emotional discourses shape written products and processes" (p. 67). A number of discourses are developing, including expressive writing and expressivism, which deal with human emotion; Chandler wishes to further study such contemporary forms of discourse to determine how they may affect a person's writing techniques. According to Chandler (2007), "... current work in neurology and psychology is also opening up new ways to think about how emotion and social conventions affect patterns for communication" (p. 67). Psychologists have long been searching for a link between emotions and communication patterns. For example, current research is looking into how the nervous system triggers individuals' emotional reactions and whether or not their

reactions may ultimately affect communication with others, although no definitive link has yet been discovered (Chandler, 2007). Writing and healing is clearly leading to insightful research in related disciplines; however, it has already been proven to be beneficial for student writers in composition courses both in and outside of the classroom.

Expressivism

Expressivism, like the two aforementioned theories, is a person-focused approach to composition. However, it differs from expressive writing and writing and healing in that it deals not with trauma, but with open communication. Although the approach has faced criticism, it boasts a number of scholastic and personal benefits (for individuals with and without autism) in its emphasis on personal communication. One of expressivism's prime advantages is that it helps writers establish a true sense of self, leading to stronger communication and self-confidence.

Despite its emphasis on communication in general rather than trauma, expressivism shares many qualities with expressive writing. As a theory, it assumes that "... creating text involves creating personal experience and voice" (Fishman & McCarthy, 1992, p. 647). Accordingly, expressivist writing encourages personal disclosure, offering writers the opportunity to discuss personal experiences and events that affect their lives. The expression of emotion is paramount in expressivism, as is learning to openly communicate one's feelings. Its emphasis on communication provides a solid background on which to base expressive writing treatments for autistic individuals, to be discussed in detail in the following chapters.

Naturally, with every popular theory comes a wealth of criticism, and this certainly holds true for expressivism. Although still recognized as a form of discourse, expressivist theory has come under fire from scholars who claim that it limits students' ability to think (Fishman & McCarthy, 1992). Simply put, some are concerned that expressivist writing restricts a writer from being creative. Many critics also take a Platonic view of expressivism, claiming that it provides a false sense of truth because an audience cannot know for certain that an author's emotions on paper accurately reflect those felt during the writing process (Johnson, 2000). In contrast, most expressivists believe that "the truth exists 'in here' in the mind of the writer" (Johnson, 2000) and that those who write expressively showcase honesty and humility.

Despite expressivism's so-called shortcomings, many scholars continue to support the use of expressivist writing both in and outside the classroom. For example, supporters argue that expressivism seeks to find unity among diversity (Fishman & McCarthy, 1992). Expressivist writers realize that their audiences will consist of individuals of many cultures, morals, and so on. Fortunately, expressivists have an advantage that writers of other persuasions may lack: the ability to evoke an emotional reaction from their audience based on the writer's own personal experience. Expressivist writers can use their personal feelings to relate to others across cultural and intellectual boundaries. Members of the audience, on the other hand, can relate some of their own experiences to the writer's emotions, thus establishing unity among the writer and the general public (Fishman & McCarthy, 1992).

Expressivist writing can also be used to foster social connections in the writing community (Adler-Kassner, 1998): fellow writers may better understand what their

colleagues are trying to explain when personal experiences are openly shared. As a result, new or stronger relationships may be established. This closely mirrors the sharing and subsequent connections that would occur through writing between either (a) an individual with autism and his or her therapist, or (b) in a larger setting, such as between an autistic and others with similar diagnoses in group therapy. When autistic individuals use writing as a tool to improve communication, social interactions should naturally increase in both quality and quantity. As an individual's communicative abilities become stronger (especially in regards to writing), he or she can then begin to express reactions or perceptions of personal experiences that occur in daily life. Disclosing these feelings to others, whether it be a counselor or a number of other autistics in group therapy, can create a sense of connection between the writer and his or her "audience" while improving the writer's own self-confidence.

It should be noted that expressivist writing encompasses more than person-driven composition; a psychological component is present in expressivist writing as well. Expressivism emphasizes a high form of open communication or disclosure, whereas other composition theories do not share the same amount of information—particularly personal information (Adler-Kassner, 1998). For individuals with pervasive developmental disorders including autism, Asperger's Syndrome, and Rett Syndrome, communication is already hindered. Since expressivism facilitates personal expression, clarification, and honesty (Adler-Kassner, 1998), then the communicative emphasis of expressivism can aid autistics in improving their communication skills.

Expressivism is somewhat reflective of popular psychology theories of the same period. For example, expressivist writing nearly appears in theories that ego

psychologists of the 1950s developed regarding self-actualization (Johnson, 2000). They believed that writing was an integral component in the journey to find one's true self, which contradicts what many of the critics of expressivism proclaim: that expressivist writing did not display one's true self, but that it was rather a false sense of self (Fishman & McCarthy, 1992). Psychologists such as Bruner and Rogers claimed that personal writing conveyed a sense of individuality that proves that the self is continually changing throughout time (Johnson, 2000). This opinion is reflective of the communicative progression that should be expected and encouraged when integrating expressive writing exercises into autism treatment: as an individual completes different types of assignments, which correlate with his or her ability to communicate at the time, he or she will show improvement in the quality of his or her composition (and likewise, in communication). Therefore, autistic individuals' communicative abilities are consistently improving through the practice of writing, much like the aforementioned "continually changing self." This constant growth can contribute not only to ultimately clearer communication, but also to greater self-confidence in realizing one's own improvement.

Why research on writing is necessary to autism spectrum disorders treatment

Current spectrum disorders treatments typically address communicative issues through a combination of behavioral and social therapy to be described in the following chapter. While these approaches are certainly valid and helpful in easing symptoms, the addition of writing to autism treatment regimens would allow for a more active and personal type of communication—in that clients would be writing privately for themselves and sharing with others, be it a counselor or peers—and facilitate social and communicative comprehension. This level of personal disclosure may speed up

therapeutic progress and enhance clients' lives personally as well as socially, making writing a beneficial complement to contemporary autism therapies.

When used in psychology, disclosure (as it occurs in expressive writing and writing and healing) plays a major role in counseling: it opens lines of communication between client and therapist and allows either party to gain a better understanding of the other (Pennebaker, 1997). Additionally, disclosure can reveal to clients personality traits or patterns that can be altered through further therapy, such as maladaptive emotional reactions. Although individuals with autism often encounter more difficulties when trying to speak than write, disclosure through writing, rather than verbal discussion, can serve a client just as well. Therapists should consider personally expressive writing a beneficial form of therapy, especially because individuals with autism spectrum disorders will likely find communication more manageable in written form. Using expressive writing as a supplement to therapy will allow autistics to better understand and control their emotions while honing their communication skills.

Parallels may be drawn between the use of expressive writing as a means of improving communication in individuals with autism and the use of writing in psychotherapy as a way of reconciling trauma. Personal writing as it relates to expressive writing and writing and healing is meant to help individuals cope with traumatic experiences. Thereafter, these clients will hopefully capture a sort of resolution to the experience that results, at least in part, from expressing their feelings about the incident. A young woman who has been raped, for example, may find that writing about the experience openly—expressing anger, fear, hatred, or any other pertinent emotions—allows her to process what has happened, find closure, and move forward with her life.

Individuals on the autism spectrum who use personal writing to improve communication should see a similar progression of skill. To be sure, writing in autism treatment differs from writing and healing in that it deals not with a traumatic experience, but rather with a communicative deficit. Emotion is certainly a central aspect of personally salient writing because autistic clients can address frustration and related emotions that stem from personal experiences and develop more adaptive reactions thereafter (with the help of a counselor). However, the primary objective of writing with autistics lies in improving individuals' communication in order to facilitate appropriate social interaction and perception of their environment. As such, integrating this type of writing into autism therapy seems like a natural step to take in the effort to improve autistics' communication, particularly since doing so should enhance individuals' overall well-being.

Chapter 2: An overview of select pervasive developmental disorders

Psychological and neurological disorders can carry a host of symptoms, the breadth of which is nearly as varied as the types of disorders themselves. Some conditions manifest themselves in sensory motor deficits, others in intellectual deficits, and still others in communicative deficits. Autism spectrum disorders—otherwise known as *pervasive developmental disorders* (PDDs)—belong to the latter category in that they adversely affect individuals' communication, making it difficult for those with any of the disorders either to speak, write, or express themselves in general. As such, the use of writing exercises in counseling (that is, under the supervision of a therapist) can improve these individuals' communicative abilities.

PDDs, however, are not nearly as clear-cut and well-understood as other pediatric neurological disturbances. The term *pervasive developmental disorder* serves, instead, as a categorical umbrella under which a series of interrelated pediatric and adolescent disorders are listed, which includes autism, Asperger's Syndrome, and Rett Syndrome. The symptomology of each disorder often overlaps with that of the others, making diagnosis difficult and often delaying the treatment process. Because several PDD symptoms can be indicative of other psychological issues outside of developmental disorders, rates of misdiagnosis and improper treatment are high. This confusion, paired with the relative newness of PDDs and only recent influx of research on the disorders, leaves much room for better ways to implement treatment.

One of the distinguishing characteristics of PDDs is their effect on communication. Those individuals with autism spectrum disorders routinely encounter communicative difficulties with the outside world, especially in regards to socialization and conversation. It is not uncommon for autistics to have trouble interpreting their environment because they simply do not perceive the world in the same way as neurotypical persons: autistics often lack an understanding of interpersonal interaction, which may both contribute to and perpetuate communicative difficulties. Meanwhile, many individuals with PDDs choose non-verbal communication over verbal, which can result in arrested social development and underdeveloped speech abilities (Autism Society of America [ASA], 2008). Along with traditional therapies, expressive writing can play an important role in improving communication in individuals with PDDs. Although it may be difficult to implement in severe cases, it should prove especially beneficial for clients who find it easier to write than to speak.

The following sections provide a brief survey of trademark symptoms and conventional treatments for three of the most common PDDs: autism, Asperger's Syndrome, and Rett Syndrome. Autism is discussed first because it is the most general of the three conditions; it is then followed by Asperger's, which is closely related and considered by some researchers to be a high-functioning form of autism; and finally by Rett Syndrome, the most debilitating of the three diseases and perhaps the most difficult to treat. Group therapy is addressed separately from each of the condition's traditional treatment options because its principles are essentially the same for all three disorders. At the chapter's closing, I discuss ways in which writing fits in with current treatment

options and why contemporary regimens are missing an important skill-building opportunity by not including writing exercises.

Autism

Autism is a relatively young disorder marked by social and communicative deficits, the seriousness of which is exclusive to each client. It is not a physically debilitating condition but nevertheless poses significant life challenges to those who suffer from it, especially in terms of verbal interaction. Some autistics are able to speak rather fluently and communicate sufficiently enough to be understood (although this is relatively rare and appears more often in Asperger's Syndrome, which I will address later, than in autism), while others with autism may lack the ability to speak at all. Autism was first discovered by Leo Kanner in 1943; interestingly, it is the one developmental disease that is growing at an alarmingly rapid rate and without sufficient explanation. To give readers a sense of how autism affects its sufferers and, later, how writing can alleviate common symptoms, I will first discuss pertinent symptoms followed by an overview of popular treatment approaches.

Symptomology

Autism is a notably unpredictable condition; however, it often appears within the first three years of life and is defined as a *spectrum disorder* because it affects individuals in varying ways and severity. As noted by the ASA (2008), common early indicators of the disorder include lack of or delayed spoken language; repetitious motor movements, with particular emphasis using the hands and fingers (e.g., spinning objects, tapping,

hand-flapping); lack of direct eye contact; little interest in socialization with peers; little interest in imaginary play or socialization; and unusual focus on inanimate objects.

Generally, autism is primarily characterized by social deficits, one of the most common being a lack of comprehension regarding personal space and human emotions (ASA, 2008). Individuals with autism may “crowd” other people without realizing that doing so makes the other party uncomfortable. Similarly, autistics often fail to provide proper support when others are visibly upset because those with autism cannot understand the reasons behind emotional displays and fail to respond accordingly. If, for example, a peer begins to cry from being bullied, an autistic child will likely ignore the reaction rather than offering comfort. He or she is not doing so to be rude, but rather does not grasp the concept of empathy.

Autistics may also have difficulty expressing themselves verbally and therefore prefer to do so spatially (for example, through touching others, pointing, or manipulating objects rather than verbal expression). Individuals with severe autism may even be unable to speak and instead communicate only by miming, whereas those with less debilitating degrees of the disorder may speak anywhere from seldom to frequently, but without the ease with which non-autistic individuals communicate. These communicative preferences, which occur across many spectrum disorders, lend themselves to writing exercises using visuals and computer programs that provide communication practice; these and similar exercises will be explained further in the following chapter.

Autistics generally begin to work with occupational or psychological therapists, speech-language pathologists, and other health professionals early in life in order to facilitate effective learning and communicative habits (ASA, 2008). Behavioral and

social therapies are also common treatment options; accordingly, a comprehensive treatment regimen comprised of several approaches, rather than reliance on a sole form of treatment to improve communication, is recommended to effectively address many of the symptoms and behaviors associated with autism.

Traditional treatments

There are nearly as many treatment options for autism as there are manifestations of it. Behavioral therapies and psychotropic medications are two of the more common therapeutic components, however, and are often used because they can treat a wide range of symptoms and are therefore appropriate for nearly any degree of autism. In particular, these treatments address both the social and physical afflictions that accompany autism.

Therapies that aim to improve social interaction are especially important for autistics: a significant percentage of children who participate in behavioral intervention (such as group therapy with other autistic children in either a social or school setting) often transition more easily into a traditional school system compared to those who are not involved in such treatments (MacEachin, Smith & Lovaas, 1993), most likely because these students begin to learn socialization prior to entering school. Adequate social preparation is essential to ease any distress that can result from everyday stressors, including school and home life. Group therapy will be discussed in more detail later in this chapter, as it is an approach that has proven beneficial for PDDs in general, not only autism exclusively.

Medications are another common component of autism treatment and although they do alleviate a number of symptoms associated with the disorder, doctors who

provide pharmacological treatments are likely harming autistics more than helping them. Behavioral therapies have proven to be more efficacious in treating autism than chemicals, presumably because such treatments focus on the intentional development and maintenance of adaptive behaviors rather than relying on drugs to control problematic ones. Even so, several types of medications are prescribed to autistics, including but not limited to the following: stimulants, antidepressant/antianxiety combinations, antipsychotics, and mood stabilizers (New York Times, 2008).

Although some of the above medications are chemically similar, they address different aspects of autism symptomology. Stimulants, for instance, work to calm restlessness and impulsivity. Combination drugs are more “comprehensive” and can ease anxiety that accompanies social interaction, as well as reduce repetitive behaviors and increase motor control. Finally, antipsychotics prevent irritability and self-injury, and mood stabilizers serve to control mood swings and aggression. These drugs may be administered together under supervision to treat and control symptoms (Mayo Clinic, 2008).

Although the side effects of psychotropic medications can further complicate an autism diagnosis, parents and doctors may push for their administration in hopes of finding an easy solution to the disorder. Most believe, in good faith, that pharmaceuticals will benefit autistics—and in some cases, they are right. The medications may ease, or even eliminate, random hand movements and related psychomotor symptoms; however, behavioral intervention remains preferable to drug treatment regimens. The long-term effects of therapy often outweigh the risk of overmedication while helping the individual

develop necessary life skills to function optimally in society, which should be the ultimate goal in spectrum disorder treatment.

Asperger's Syndrome

Another PDD that is similar in nature to autism is Asperger's Syndrome, sometimes considered to be a higher-functioning form of autism. A debate is ongoing regarding the uniqueness of the diagnosis: some researchers have proposed that Asperger's be placed with autism in the forthcoming fifth addition of the *Diagnostic and Statistical Manual* rather than given its own entry, although this change is not definite. The current general consensus, however, is that Asperger's is distinct from autism. As a disorder, Asperger's was first discovered in 1944 by Austrian pediatrician Dr. Hans Asperger. Even though it is a relatively uncommon condition, certain symptoms are closely related to those seen in autism (Kanner, 1943). What makes Asperger's unique is that such behaviors are present at normal intellectual levels; individuals with the condition tend to fall within the normal range on IQ and intellectual tests, and clients often showcase better social and verbal abilities. However, despite recent studies, researchers continue to have trouble distinguishing Asperger's symptoms entirely from those of autism although the American Psychiatric Association (1994) has found that the prognosis is better for individuals with Asperger's, perhaps because it is more functional in nature.

Symptomology

Communicative difficulties are a primary symptom of Asperger's: much like autism, interpersonal communication is problematic for individuals with the disorder.

Although they often speak more fluently than those with autism, Attwood (2006) remarked that children with Asperger's tend to have difficulty establishing and maintaining friendships with children of their own ages. They are also less comfortable with non-verbal communication, whereas children with autism tend to prefer non-verbal communication to oral (Attwood, 2006). Many children with Asperger's lack empathy for others as well, similar to the emotional distance often appearing with autism; however, Attwood (2006) went on to say that children and adults with Asperger's merely think differently, rather than inferiorly, to neurotypical individuals. Notable physical characteristics that appear with the disorder include softspokenness and poor motor coordination.

Other serious symptoms may occur in those with Asperger's. For example, a fairly high number of those with the disorder suffer from depression; individuals with Asperger's, therefore, have been found to attempt suicide more often than neurotypical persons (Parsons et al., 2000). Those with Asperger's may find it difficult to maintain employment over time due to a lack of social cooperation and peer relationships. However, older individuals with Asperger's are often more independent than those with autism because they are able to manage their own symptoms and do not require as much supplementary assistance. Moreover, they tend to excel academically because they often focus on a few select areas of interest such as technology, computers, or mathematics, and they are typically placed in traditional classrooms rather than inclusive ones. Individuals also usually possess average to above-average IQ levels and value individuality highly; for instance, they may choose different problem solving methods than neurotypical individuals when faced with academic hurdles.

Although the prognosis for Asperger's is usually positive, they naturally will encounter lifestyle difficulties. When focused, individuals are able to concentrate, learn well, and engage in conversation with relative ease; if an individual is frustrated, however, progress will be insignificant. Additionally, most with Asperger's are averse to change (Attwood, 2006), such as when a new teacher is assigned to a child's classroom. Even though children with Asperger's are not likely to cause disruption in the classroom when they become distressed, they will have a hard time adjusting to their new environment—but they do cope more easily than individuals with other PDDs would thanks to more coherent communication. This leads to less stress overall when compared with other spectrum disorders.

Traditional treatments

Treatment for Asperger's is generally more flexible than treatment for other PDDs because of milder symptoms. Even so, medications are often part of maintenance regimens in Asperger's, although pharmacological treatments face the same criticisms with this disorder as they do with autism. Moreover, pharmaceutical interventions cannot treat Asperger's directly, but they can help to manage symptoms. Antipsychotics, for example, have been shown to reduce self-injurious and aggressive or violent behaviors, and they can also promote more effective social interactions by decreasing anxiety. SSRIs aid in the control of repetitious and restrictive behaviors such as hand or body movements. Other treatments include conventional occupational therapies and computer-based social programs that allow clients to work through social situations without the added pressure of engaging in face-to-face interactions.

Additional supplemental social therapies for Asperger's are being introduced as well. For example, when attempting to improve communication skills, therapists may teach clients about socialization through strict direction, similar to how neurotypical students learn foreign languages through memorization and repetitive exercises (Mayo Clinic, 2008). This technique guides individuals in properly using central elements of communication such as tone of voice and eye contact. Clients with Asperger's can also learn about linguistic nuances, such as sarcasm and humor, this way. As we will see in Chapter 3, because Asperger's clients tend to speak more easily than individuals with other spectrum disorders, therapists can take advantage of more advanced writing exercises to improve socialization and interpersonal communication alongside behavioral therapies.

Rett Syndrome

Rett Syndrome is categorized as a PDD because many of its signature symptoms mimic those of autism; however, a few trademark characteristics set it apart from other autism spectrum disorders, especially in regards to how the condition affects individuals' verbal abilities. Rett Syndrome first emerged in German literature in the 1960s. The history of the disorder was later detailed by Australian pediatrician, Andreas Rett, in 1966. Knowledge of the syndrome tended to grow rapidly throughout the 1980s, especially in England and Australia where medical journals reported the condition of 35 females with progressive autism who had lost most control of normal hand movements. According to Weaving, Ellaway, Gecz, & Christodoulou (2005), Rett is a severe neurological disorder leading to a loss of intellectual functioning, general motor skills,

and normal communication skills; thus, it is one of the more challenging disorders on the autism spectrum.

Symptomology

To pinpoint the exact genetic makeup of Rett Syndrome is remarkably difficult. It is often misdiagnosed, especially in children between 1 and 3 years old, because it has nearly the same phenotype as autism (Weaving et al., 2005). Symptoms can also occur concurrently with other disorders, which may delay a proper diagnosis. One of the symptoms appearing in both males and females, however, is a lack of social interaction. This does not necessarily concern speech *production*, but rather the willingness of individuals with Rett to interact with others regardless of how well they can speak. This is a trademark symptom of Rett Syndrome, as it is with other PDDs, and can negatively affect how clients with the disorder function in their everyday lives.

Symptoms do not manifest themselves in children until 3 to 6 months of age, although there have been cases in which symptoms fail to appear until 18 months of age (Hagberg, Hanefeld, Percy, & Skjeldal, 2002); this makes diagnosis difficult because affected children may seem neurotypical during the first few months of their lives only to later encounter motor difficulties and related problems. Classic symptoms include loss of normal hand movements and cognitive abilities along with social withdrawal (Hagberg et al., 2002). Communication is adversely affected as well, as speech abnormalities are common.

A prime determinant of the communicative abilities of individuals with Rett Syndrome is the preserved speech variant (PSV). PSV can cause obesity and abnormal

head size in individuals with Rett, and it also preserves some language characteristics that are not normally present in the disorder (Neul & Zoghbi, 2004). For instance, some children will produce speech that is comprehensible to others, whereas those without PSV may have difficulty doing so. This is important to note when considering implementing writing exercises into Rett Syndrome treatment because individuals may have to start with visual-based activities to ease into communicative practice. In particular, children who are diagnosed with Rett (without PSV) may have a tendency to lose basic verbal skills and most of their speech will be slurred. Children with Rett and PSV, in contrast, retain essentially normal speech production although they may not be as verbal as neurotypical individuals; accordingly, these individuals will be better prepared for writing when used with conventional therapies.

Traditional treatments

Even though there is no cure for Rett, there are several different forms of treatment, the most common of which are physical and speech therapy. Physical therapy can calm the consistent, repetitive hand movements that accompany Rett Syndrome, while speech therapy focuses on helping clients overcome language difficulties, including word pronunciation and reading issues (National Institute of Neurological Disorders and Stroke [NINDS], 2009). It also provides a chance for clients to learn how to communicate nonverbally so that social interaction can begin to occur even if speaking still proves difficult.

Many of the same treatments used with autism can also be helpful to individuals with Rett Syndrome. Because of the risk of side effects accompanying Rett (such as

gastrointestinal issues and scoliosis), physical therapy and medication are often recommended to manage symptoms. Over-the-counter and prescription sleep aids are also used to treat insomnia and promote regular sleeping patterns, while selective serotonin reuptake inhibitors (SSRIs) can stave off depression. Anti-psychotic medications help to prevent or reduce self-harming behaviors during childhood (along with those that may occur during adulthood) as a result of comorbid mood or depressive disorders. Individuals with Rett are not necessarily more susceptible to developing such conditions, but symptomatic behaviors may be more severe due to decreased neurological activity if they do occur. Therefore, counselors should take care to ensure that symptoms are well-managed to reduce the risk of self-injury and other maladaptive behaviors.

Group therapy as a component of PDD treatment

Group therapy can be used to treat a wide range of spectrum disorders, including the three detailed in this chapter, and is at once an essential and delicate supplement to other modes of treatment: it focuses on social and interpersonal skills that can be most effectively addressed in a group setting rather than one-on-one with a client and a therapist. These include peer interaction through oral and non-verbal means. Communication may focus on clients' disorders, but group therapy can also serve as a setting in which individuals can practice communication with several others rather than a single counselor. This opportunity adds a new dimension to spectrum disorders treatment in that it is highly interactive in both verbal and non-verbal communication. For example, counselors can monitor clients' verbal exchanges along with their non-verbal behaviors, including fidgeting, eye contact, and so on.

While group therapy facilitates interpersonal communication as well as appropriate communicative patterns on the part of each client, it can also present a scary scenario for its participants. The thought of interacting with individuals with similar diagnoses can be comforting yet intimidating, particularly if some clients (such as those with Asperger's) can communicate more readily than others. However, it is this exposure to others on various points of the autism spectrum that promotes personal growth, awareness, and empathy—all of which can contribute to improved communication (New York Times, 2008).

Along with group sessions, occupational therapy is also gaining popularity among individuals who are on the spectrum. Occupational therapy encourages clients to engage in everyday functions, such as dressing themselves, and activities like arts and crafts (Mayo Clinic, 2008). This type of therapy may not only help clients become more self-sufficient but also interact with others in a social setting, especially during group activities. Accordingly, occupational therapy can serve as a precursor to group therapy as a means of easing into an environment that encourages interpersonal interaction.

Group therapy offers a host of benefits to its clients, most notably in that it fosters social connections and also rarely recommends pharmaceuticals unless absolutely necessary (Mayo Clinic, 2008). Therapy in groups promotes social interaction between individuals on different points of the autism spectrum. Support groups, such as the International Rett Syndrome Association, are developing at a rapid pace and provide individuals with the opportunity to interact with others in a supervised, controlled setting. These social groups help clients develop communication skills, whether verbal or nonverbal. Clients can discuss how their disorders make them feel and what types of

problems they face while learning about similarities between themselves and their peers (in terms of shared struggles, related symptoms, and so on). According to NINDS (2009), group therapy also allows individuals to express their emotions to others in a safe environment wherein a therapist can reinforce and explain successful communicative strategies. Therefore, clients will be able to learn and retain appropriate communication patterns throughout the course of group therapy and beyond.

Because spectrum disorders restrict individuals' communicative abilities, they naturally may experience lifestyle difficulties: for instance, persons on the spectrum may harbor negative emotions, such as feeling a sense of isolation from others because they have trouble communicating and empathizing with others. This sense of isolation may ultimately lead to frustration or even depression for individuals who cannot communicate as actively or with as much ease as neurotypical people. For this reason, group therapy is especially important to assure individuals with spectrum disorders that they are not alone in their struggle and that there are others who understand and experience similar emotions and challenges. This comfort will likely be as valuable to clients as their improved communication, especially if such interactions lead to friendships and a broader support system.

How expressive writing complements traditional modes of therapy

As discussed previously, current spectrum disorder treatments address social, neurological, and general communicative issues often associated with these conditions. However, many of these remedies are administered in much the same way: through either group or individual counseling (i.e., behavioral and social therapies) or medication.

While these components of treatment are certainly valid and effective solutions, they are not necessarily comprehensive.

Today's therapeutic approaches are lacking an essential communicative component: writing allows autistic individuals to address social, communicative, and emotional difficulties in a more introspective manner than behavioral therapies do (Pennebaker, 1997). The naturally personal underpinnings of expressive writing set the stage for improved communication and comprehension of social and behavioral difficulties. It is not so much that personal writing treats symptoms that absolutely cannot be dealt with through behavioral therapy, but rather that it takes a different approach: writing practices *written* communication, which will (1) enhance individuals' communication overall; and (2) allow for more reflective exploration into emotional reactions (frustration, isolation, and so on) than behavioral therapy. Such introspection can result in a deeper understanding of one's own reactions and, consequently, clearer and more appropriate communication.

Writing also creates a balance between clients' needs to interact with others as well as maintain a sense of privacy. Even though the communication in group therapy occurs between clients and a therapist (and clients with the same or similar disorders), writing instead of talking provides a different type of comfort zone for these individuals in their communication with others. Oftentimes, group therapy tends not to include writing at all and instead focuses on oral communication. Writing, on the other hand, lets clients express *themselves* first before sharing with others—an essential component of well-rounded communication because introspection complements interaction. To further explore the current compositional gap that exists in spectrum disorders treatment, a host

of easily modifiable exercises will be discussed at length in the following chapter to exemplify the potential benefits of writing in improving communication in individuals with PDDs.

Chapter 3: How can expressive writing be used with individuals with autism and other spectrum disorders?

Autism spectrum disorders can be treated in a variety of ways, and including writing in therapy should enhance individuals' progress. Taking into consideration the symptoms of spectrum disorders and their adverse effects on communication, the traits of expressive writing make it a fitting supplement to other therapies. One of my main concerns in developing the exercises proposed within this chapter was flexibility; I wanted the activities to be user-friendly for individuals and their therapists, and I did not want their administration to be limited by skill level or type. Therefore, the following exercises may be given in any order and repeated or reviewed as many times as necessary. Moreover, the level of difficulty of writing can grow accordingly with clients' skills. A primary objective of these activities is to provide skill enhancement for socialization, and oral and written communication through a combination of interpersonal interaction and written exercises. Writing under the supervision of a counselor can help individuals solidify their communicative efforts in tandem with behavioral therapy, paving the way for stronger social endeavors and a more comfortable communicative pattern altogether.

Importantly, careful attention to the type and degree of autism is paramount to establishing a therapeutic writing regimen that will benefit the client while imposing as little stress as possible. Some clients may be less inclined to write than others. In

particular, counselors may encounter difficulty when they attempt to use writing with lower-functioning autistic individuals: some autistics may be able to speak decently but write poorly, while others may neither speak nor write well. In order to determine which methods may be most helpful for individuals on varying levels of the autism spectrum, exercises have been categorized into beginner, intermediate, and advanced levels so that counselors may use these activities with all degrees of autistics as they see fit. Beginner- and intermediate-level exercises might be better suited for lower-functioning autistics or as introductory activities for stronger communicators, whereas advanced activities may be most helpful for individuals with high-functioning autism or Asperger's Syndrome. The sequence is entirely dependent on the client's comfort and skill level, however, and can be arranged or altered at the counselor's and autistic's discretion to be optimally beneficial in improving overall communication.

Prompts (Beginner)

When using communication exercises in autism treatment, the activities should ideally be extendable so that they can become more intricate as clients progress. Prompts are a prime example of a malleable exercise: they may take the form of a question or a scenario to which a client responds, and they are most suitable to lower-functioning individuals because prompts can be initially brief before extending into more complex examples. Specifically, clients' answers to prompts could be verbal at first so that the clients can become acclimated to the process, and written responses can develop as communication skills become stronger. The counselor, for example, could use prompts about social situations to elicit a response from the client regarding his or her typical behavior in such a circumstance. The response could then be altered to a point where a

new response to a social cue would take the place of an older, previously typical response. For instance, verbal autistics generally encounter difficulties while having conversations with others because they tend to become fixated on a topic of interest. In doing so, they seem to talk *at* company more than *with* company because they fail to acknowledge others' efforts to interrupt or change the course of a discussion. The successful integration of a new response to a situation such as this would certainly not be instantaneous, but a number of steps could be taken to achieve a more appropriate social behavior.

Take, for example, practicing dialogic conversation. As a starting point for lower-functioning autistics, prompts can blend written responses with verbal cues. The counselor might ask, "What is your favorite game?" and then instruct the client to either say or write down what he or she specifically enjoys about the game before beginning a full conversation. Initially, the discussion may be expected to be a monologue that proceeds similarly to the client's written response, at which point the counselor may stop the client and explain that the speech can transition into a dialogue wherein each party has opportunities to speak and ask questions. The conversation might include the client's favorite game as well as that of the counselor (playing the part of a peer, if necessary, to lessen intimidation for the client) to create a two-sided, shared discussion. As the sessions progress, prompts from the counselor along with intermittent writing exercises should gradually allow clients to better recognize and respond to conversational cues such as interjections, turn-taking, and topic changes. In keeping with the "game" example, if a client were to bring up a game that he or she likes almost as much as the aforementioned

favorite one, the counselor may interject with, “Hey! I like that game, too! What’s your favorite part?” to change the conversational direction while still staying on topic.

Sessions using prompts can gradually develop into an entirely written exchange where the therapist asks a question and the client responds in writing, both with high-functioning autistics or continued practice with individuals who are less verbal. Rather than games, a client could eventually discuss the structure of his or her day from waking up in the morning, getting ready, going to school, eating dinner, and ending the day. Questions from the counselor could include, “What do you like to eat for breakfast?”, “What types of activities do you do after school?” and “What do you look most forward to during the day, and why?” This type of exercise serves not only to improve written communication, but also to refine social and critical thinking skills because clients might take more time when formulating written responses to questions than they would verbally. The option of recommending longer-length written responses for clients also creates a more versatile therapeutic component that would not be strictly applicable to lower-functioning individuals, such as if individuals with Asperger’s wished to describe what their families talk about with one another at the dinner table. This way, clients can write more if they feel comfortable doing so and further refine their communication in the process.

Visual cues (Beginner)

In teaching proper socialization, pictures and drawings can build communication with individuals with autism, particularly if the clients are low-functioning in terms of verbal interaction. Writing may be considerably more difficult to implement in these

circumstances because low-functioning autistics may be resistant to or struggle with written exercises. In that case, pictures might be combined with writing so that the client may process information in a manner with which he or she is comfortable while beginning to improve written communication.

An interaction may begin with the counselor displaying a conversational cue card, where the counselor supplements spoken words with a visual representation to facilitate comprehension. With a younger client, for example, the counselor could describe a play date with friends and supplement the description with a picture of children playing together at the park. As the client understands a given visual, he or she could write a short sentence about the subject and slowly expand the responses as familiarity with written language ensues. An example may be, “The girl is playing with a dog at the park” which could later expand to “Three girls are playing in the grass at the park, and one has brought her dog and a ball to play.” While this technique may not fall under traditional expressive writing at first because it does not deal directly with personal experiences, more personal content could be included in writing later in therapy as the client becomes more comfortable with a given situation or theme. He or she may, for instance, eventually describe in writing what he or she likes to do at the park, such as playing on the swings or going down the slide with friends.

Importantly, visual cue exercises could serve as an introduction to communicating through writing in general, and any of the intermediate to advanced techniques to follow may be used to enhance clients’ writing ability as it improves. Using visuals also allows the therapist significant flexibility in determining the direction of therapy. An autistic client may be more willing to write about something he or she likes

(animals, for instance) than something with which he or she is disinterested, like seasons or weather. A client's affinity for a certain subject could very well result in longer written responses. Likewise, if the counselor senses that the client has reached a therapeutic plateau—where they cannot progress any further without a change in regimen, such as when clients have mastered a social skill such as turn-taking—he or she can present a more difficult (or simply different) series of visual cues about which the client can write. Cues could move from the park, or animals, to a class trip to the zoo wherein the client could write about not only seeing the animals but also spending time with classmates: being respectful of others, taking turns at viewing stations, and other social experiences that will improve interpersonal communication as a whole. This allows clients to begin to grasp social nuances outside of writing exclusively that will prove helpful as they move into more advanced exercises.

Social stories (Beginner to intermediate)

Although writing can serve primarily as a communicative tool in autism treatment, it may also be helpful in assuaging apprehension (in both low- and higher-functioning autistics) prior to doctors' appointments and similar fear-invoking situations. *Social stories* are a tool frequently used by speech-language pathologists and psychological counselors to adequately prepare autistic and spectrum individuals for potentially frightening or unfamiliar experiences. They were created in 1991 by Carol Gray, who works extensively with individuals with autism spectrum disorders, to facilitate social comprehension (The Gray Center, 2006). These short stories center on a specific situation (e.g., the first day of school, a trip to the dentist) and provide a description of a social situation, social skill, or behavior in a manner that is meaningful to

clients. The information in a social story allows an individual to navigate social situations that he or she might otherwise find difficult or confusing. Social stories are often used along with pictorial cues, particularly with younger children, and are often written for a specific client and a specific situation. Social stories can also be used to teach a desired behavior, from sharing toys in a classroom to using a restroom in a public setting. An essential feature of social stories is their focus on social acclimation: the client learns about social cues pertinent to a given scenario, anticipated reactions from others in that situation, and ways in which he or she can interact appropriately.

Stories can be either written and supplied to the counselor by a third party, written by the counselor prior to or during a session, or constructed in collaboration with the client depending on his or her needs. Stories usually follow a specific explanatory format to address particular signals: social cues and anticipated events and reactions. As an example, a social story about a child's first day at a new school may read as follows (adapted from Gray):

Today is my first day at Kennesaw Elementary. I am going to my new classroom to meet my teacher, Miss Barry, and my classmates. I will sit quietly at my desk in class. When we leave the classroom for lunch or recess, I will stand in my place in line and keep my hands to myself. Sometimes I might get excited when we go somewhere. It's good to be excited, but I have to remember not to run or push others when we're in line. I don't want any of my friends to get hurt. I will stay calm and walk with my classmates to recess when we are lined up. (Wallin, 2004)

In this story, social cues would include sitting quietly and keeping one's hands to oneself. The way that events progress—sitting at the desk, lining up, and walking to a destination—help the individual know what to expect when a similar situation occurs in real life. Finally, if the individual sees that it is normal to be excited when leaving the room, but that others could get hurt if that emotion is not well controlled, then he or she will know to manage such feelings without disturbing others. A prewritten social story such as this may be used as a starting point in counseling: as the social cues of a given situation are understood, the client can work with the therapist to write similarly appropriate actions and reactions for that same situation. In the above example, a client could be shown what to do if his or her classmates begin acting out while in line: the individual would remain calm, resist touching others, and stay in line while the teacher handles the situation. Conversely, if the counselor is writing the stories independently, then as the client becomes more comfortable, he or she can help the counselor write stories for different circumstances (such as how to behave during outdoor recess, for instance). Doing so should enable the client to develop and process proper social behaviors and expression through writing; thusly, the development of social stories will align with the learning process (The Gray Center, 2006).

Clients with higher-functioning autism may choose to participate more actively in producing social stories if they already prefer and enjoy writing (and practice it on their own). Therapists can also use more advanced scenarios with high-functioning patients who do not suffer as much social anxiety as lower-functioning individuals. For example, a story about attending a school dance may be applicable if a client with high-functioning

autism has overcome more minor anxieties about socialization at school and considers a school dance to be an unfamiliar situation. It may read as follows:

There is a homecoming dance at school tonight. I will check in with the chaperones at the front desk and then join my classmates in the gymnasium where the dance will be held. It will probably be busy, so I'll need to be careful to be respectful of people's space and try not to crowd my friends. There will be a great DJ playing music with lots of lights. If a student asks me to dance, I might be nervous, but I can say either "Yes" or "No." There's nothing wrong with saying "No" as long as I do so nicely. At the end of the night, I will wait until most of my classmates leave before going outside so I don't get caught in a large crowd. I will stand by the door near a chaperone until my parents come to pick me up.

Again, this story lays out the sequence of events that a student might expect to encounter at a homecoming dance: registering with school personnel, going to a central location with classmates, being approached by a student to dance, and waiting for a ride home after the night is over. Even though the environment of school dances and other functions might be difficult to predict with complete accuracy, at least a social story can introduce the scenario and give an individual a sense of what commonly occurs in such situations so that he or she can be better prepared.

It is essential that social stories and other writing prompts be tailored as much as possible to each client's needs individually, thereby taking advantage of his or her strengths, while sufficiently addressing areas that need improvement. Some stories can be learned and then phased out to allow for the introduction of subsequent stories, and this

activity could also lead into other writing assignments. For instance, stories about school could serve as a prelude to a journaling activity about challenges that an individual encounters on a daily or weekly basis in the classroom. Participating in exercises such as these would allow the client to come to his or her own conclusions about appropriate behaviors during a variety of social situations. Likewise, stories about home life, such as what to do at the dinner table or how to play fairly during a play date with friends, could lead to writing activities in which the client discusses events that were either easy or difficult to manage when such situations occurred in real life.

Take, for example, the following scenario: Perhaps an individual with autism was taught to share and take turns when doing an activity with friends, but when the time came to put this lesson into practice, the individual found that a friend failed to share or take turns. Depending on his or her level of social competence, the autistic may or may not be able to manage this unexpected turn of events. A writing activity could allow the individual to describe what happened, how he or she handled the circumstance, and how surprising it was, while the counselor would explain a variety of appropriate reactions. Exercises like these help not only to focus therapy sessions, but also to refine communication for individuals on the spectrum.

Anger scripts (Intermediate)

Another focal area within expressive writing is anger scripts, which are writings that express anger about a particular event either in the past or present (White & Murray, 2002). One of the main concepts of expressive writing is that it provides clients with the opportunity to express their emotions regarding difficult events; that is, they offer another

way for clients to process anger and frustration stemming from particular situations.

Anger scripts can either be developed individually or in tandem with journal writing. If an autistic seems to express anger and frustration, the counselor may ask him or her to write down reasons for those emotions and the point at which they developed. The use of anger scripts can encourage healthy coping skills and emotional stability when a client is confronted with a difficult situation in the future.

There are several types of situations in which one may use an anger script to describe a tough situation. For example, an individual may wish to write about how he or she felt after being picked on at school: hurt, angry, confused, and so on. Such a script may read in part,

A boy made fun of me at school yesterday. He called me “Four Eyes,” and everybody laughed. That made me feel sad and angry, and I stayed mad all day. Seeing him today still made me upset because I don’t like being called names, and I think it was mean for him to call me that. I wish he would just leave me alone.

This brief paragraph identifies what the student is feeling and why. It allows the individual to understand where negative feelings are coming from and learn from the counselor ways to deal with such emotions. For instance, the therapist may suggest that if it happens again, the student could tell his classmate how name-calling makes him feel. That way, he can address his frustration right away instead of dealing with it for an extended period of time.

In some cases, individuals on the spectrum may reveal their anger violently without any regard for consequences (ASA, 2008). Anger scripts offer the chance for

them to express anger in the form of writing rather than physical confrontation. The counselor can analyze the scripts to better understand the emotional mindset of the client, and both counselor and client can work together to explore ways to manage the anger before being placed in social situations. Take the bullying scenario at school: what if the student had hit one of the other children out of anger and was later disciplined for it? He likely would not understand the severity of his reaction at the time because it was out of anger. But when the counselor acknowledges the student's feelings and then explains why hitting is wrong, the student should have a clearer understanding of why he reacted that way, why it was inappropriate, and how to better manage his feelings if the situation reoccurs (e.g., by telling his classmate that it hurts his feelings). One of the more significant problems for autistics is that they often fail to understand why violent or aggressive behavior is maladaptive and instead accept it as an immediate reaction. Anger scripts can help to solve this problem: by using anger scripts in treatment, individuals have the opportunity to learn more about their emotive reactions and the consequences that follow. It also gives counselors a chance to teach clients about empathy, another aspect that autistics find hard to comprehend.

Clients may also be encouraged to continue practicing anger scripts outside of therapy when they are faced with challenging situations so that the exercise becomes habitual. Doing so can help individuals manage feelings of anger and frustration. Meanwhile, they will be able to enhance their writing skills and understand exactly what triggers negative feelings and how to control them so that inappropriate reactions become less frequent.

Narratives (Intermediate to advanced)

A slightly more advanced option for expressive writing is the narrative. It offers many benefits to clients, primarily in that it helps clients understand the world around them because they identify more actively with others. Being able to accommodate those with autism in either writing or constructing the narrative may ultimately help them to better recognize and comprehend social situations. For instance, a narrative can depict central events in a client's life, wherein he or she could learn to explain events as they happen, the reasons behind them, and the effect that they have on him or her. An example of a casual topic to treat through narrative could be going on an outing with one's parents. Clients could discuss what they did with their parents, how the quality time made them feel, why the experience was important, and any difficult instances that arose (e.g., circumstances that caused confusion or upset on the part of the client). For instance, if an individual went to the park with his parents for a picnic, he could write about that and discuss the types of things that they did together (e.g., playing Frisbee) and what fun they had. If a dog had suddenly come over and run off with the Frisbee, the individual might note his disappointment at having lost the toy—but then perhaps his parents took him out for ice cream to make him feel better, and he found that his parents' company was more important than the Frisbee.

Because narratives may be longer in length than some of the previous exercises, some autistics may prefer to use computers or other forms of technology rather than write by hand; doing so may hold their attention longer and be more interactive. To that end, researchers may wish to develop software programs that cater to those with autism and help make the writing process easier and more enjoyable. For example, programs could

offer step-by-step guidance throughout a virtual day so that individuals could “put together” a narrative. Such elements might include where the client would go (e.g., the store, the park, to school) and ways in which he or she would handle a difficult situation (e.g., dealing with lots of people in the grocery store). Because the scenarios are realistic, the program would allow the individual to experience them vicariously and therefore reduce apprehension should the events occur in real life. In the store example, the person may see that saying “Excuse me” and not pushing through people is a good way to cope with the crowds. The concept of computer software in autism treatment is one that could provide many benefits, especially when dealing with children with Asperger’s since some are quite interested in computers and technology.

As another example, a school-day scenario is one that could be easily applied to technological narratives. Clients could progress through morning preparations (hygiene, picking a lunch, checking their backpack to ensure they have what they need) to getting on the bus. Once they are at school, individuals can move through ways to behave appropriately in class and at recess and then finally getting on the bus at the end of the day. In this example, clients will be able to see numerous common elements of a school day along with options for adaptive and responsible behaviors, such as raising one’s hand and waiting until called on or standing in line quietly in the cafeteria lunch line.

As the program progresses, the client could be able to choose what happens next by selecting from a number of visuals presented on the computer screen, thereby creating what ultimately will become his or her own visual narrative. An effective way of enhancing such a program would be to include visual options throughout the story. For example, as each choice is presented to the child, certain images might not match the

situation in the story (e.g., jumping on a desk in class versus sitting quietly or reaching in front of someone for an apple at lunch rather than waiting one's turn). If the child chooses the right visual and applies it to the correct social situation, then the incorrect options will disappear. This way, the individual will know he or she has chosen the correct answer and can continue developing the story. Touch screens may prove helpful with such software because some individuals may feel more comfortable with tactile navigation than typing, especially since autistic children in particular tend to communicate through touching and pointing. In this software, individuals may choose their answer either by touching their preferred visual on the screen or dragging the image to fit the correct situation.

It might also be beneficial if such a program were to include a set of characters from which the client can choose, such as robots or animals, to represent him or herself on screen. Animated navigators or story guides may help make the learning process more enjoyable for autistics, especially if they can not only choose their own character, but also select a secondary character to accompany them through the story as a guide or friend. This way, they may consider the software to be a game rather than therapy. This method will help clarify different aspects of the social world of which individuals may have been previously unsure. They will also learn to link the proper action with the right social situation, which will help them to understand societal norms. When individuals create these visual narratives, they take the same lessons away from the activity as they would from similar writing assignments; however, the technological aspect of such an exercise may serve as a welcome diversion from more typical written narratives, and some

individuals might be able to focus more on the learning objectives of visual narratives because they avoid the physical effort of writing.

Of course, narratives can extend beyond visual representations and descriptions of social situations. Another type of narrative that is applicable to autism spectrum disorders, especially high-functioning autism, is the *illness narrative* in which an individual writes about the development and personal effects of his or her disease. Illness narratives are almost autobiographical in nature: a person writes about the progression of his or her condition in detail, describing accompanying emotions, anxieties, and so on (Hawkins, 2000). By doing so, clients can process their own conditions personally and begin to make connections in terms of their behavior and why it occurs in light of their diagnosis.

Illness narratives are fairly contemporary because previously, little writing was available that fairly depicted individuals' experiences with their own conditions (Hawkins, 2000). With the conception of the illness narrative, however, individuals can now devote writing exclusively to their disease, thereby allowing them to have their own voice in expressing the disorder. Hawkins (2000) further noted that illness narratives can play a central role in treatment because clients can discuss their conditions as intimately and with as much candor as necessary. Moreover, illness narratives often provide a more realistic picture of disease because they are written by patients, from a personal perspective, rather than by professionals in the field who may objectify such diagnoses and make them seem more technical and less subjective. Illness narratives may show some similarities to anger scripts in terms of expressing emotions, but individuals may also choose to discuss what they like about their disorder—perhaps an Asperger's client

thinks that the condition makes him unique because he excels at math or science and derives satisfaction from doing so well.

Counselors should integrate illness narratives slowly into therapy sessions because the writing is particularly sensitive in nature. High-functioning individuals would most likely be the best candidates for this type of narrative: their communication skills may be strong enough to engage in this type of writing, and such clients will often have a more comprehensive understanding of their condition than lower-functioning individuals. Illness narratives may also open the door for high-functioning autistics to share their work with others in a safe environment. For instance, if high-functioning individuals are placed in a group therapy session to share their individual illness narratives, then clients can begin to relate to each others' circumstances and realize that they share many of the same difficulties and concerns.

The advantages of illness narratives extend beyond benefiting clients: the narratives may also strengthen the relationship between clients and counselors. In particular, this form of writing provides the counselor with detailed information about the background of the client's disorder that the individual may have been reluctant to discuss verbally. Many of these details described in the illness narrative (such as dealing with the diagnosis, meeting others who have it, and so on) are most likely not discussed in other forms of expressive writing, simply because the exercises may not call for them. Therefore, the counselor may relate to the client more easily regarding his or her struggles with a disorder after reading an illness narrative. The benefit of this type of activity, then, is twofold: not only will the relationship between the counselor and client,

likely grow but communication and introspection will also improve, ultimately contributing to therapy progression.

Creative writing (Intermediate to advanced)

Providing autistics with the opportunity to become their own storyteller through writing is crucial to understanding their behavioral characteristics: individuals can express their emotions in their own words. It also helps encourage an understanding of others' behaviors and how they relate to social situations in society. The narrative offers the chance of exploration and imagination, but unstructured creative writing can be just as effective. Here, the client is given the opportunity to explore various situations and events; details, chronology, and characters are created as well as subsequent actions. Counselors dealing with autistics can learn a great deal about their clients' behavior by analyzing pieces of creative writing.

Like with narratives, computer software can be used for creative writing as well. Researchers can set up a program, for instance, where spectrum individuals can create their stories using visuals provided for them. Naturally, they must use these visuals appropriately to mimic real-life social situations. These programs are designed to provide enjoyment and alleviate stress in writing processes for autistic clients. Some individuals may prefer this type of software to narrative programs because creative work is not as structured as a visual narrative might be; therefore, creative programs may allow them more freedom in communicating expressively than narrative software might.

With or without a technological component, creative writing allows autistics to express themselves freely by describing any situation that they wish. They could write

about their home, their family, or their school, and the writing will not necessarily be grounded in reality (that is, based upon their actual lives). Instead, creative writing can facilitate communication in general by giving autistic individuals the opportunity to practice writing and expressing themselves without engaging in strictly personal disclosure.

Advanced writing for those with either high-functioning autism or Asperger's Syndrome

Many individuals with Asperger's (as well as high-functioning autism) prefer to communicate through writing rather than face-to-face and have an easier time doing so than lower-functioning individuals. For this reason, certain types of expressive writing assignments may be best suited to high-functioning clients. For instance, journaling can be especially helpful as a means of processing thoughts and emotions while simultaneously practicing self-expression. In particular, it could be used as a preparatory tool for clients who will soon face a new experience. Prior to entering and during the first quarter of high school, for example, a high-functioning individual may wish to maintain a personal journal (to be shared privately either with only the counselor, or with the counselor and other individuals who the client trusts) as a means of coping with unfamiliar and potentially stressful situations: co-ed gym class, field trips, or oral presentations. Clients could record thoughts and feelings about the new environment, and noting anxious and depressive emotions may be of significant benefit so these attitudes can be further discussed with the therapist.

It is important to note that some advanced exercises, such as letter-writing, may be initially overwhelming for high-functioning clients—not only because of length, but also because such exercises often require deeply personal disclosure. That is not to say that superficial letters are useless in counseling: both surface and more personal communications are valued and can be helpful to therapeutic progress. However, highly personal letters may allow the counselor to discover critical areas sooner and address them more efficiently. If a counselor does decide to integrate letter-writing into therapy, though, he or she may want to consider altering the format to create more manageable assignments for clients. For instance, depending on their comfort level, some individuals could begin by only writing a brief paragraph (or series of paragraphs) before transitioning to a complete piece, whereas less reserved autistics may be comfortable with longer assignments from the outset. They could write letters to their parents, classmates, or friends to communicate any number of things: their thanks for a strong support system, how they think their loved ones might feel living with an autistic, or apologies for inappropriate behavior. High-functioning individuals may even choose to compose a letter directly to *autism* in which they communicate frustrations and similar sentiments about the disorder.

Because of its inherently more interactive nature, dialogue journaling may be a more suitable choice when working with high-functioning clients if they are not comfortable with extensive letter-writing. Usually, journal “entries” tend to be briefer than letters, counselors can respond to an extent that is appropriate for the client, and the entries can be used to specify areas of concern. For instance, if a client were to write about a social confrontation at school (expressing sadness, antipathy, or a lack of

understanding), the counselor could effectively address social deficits to make the situation more comprehensible and comfortable for the client should it recur in the future. Exercises such as these can capitalize on higher-functioning autistics' communicative abilities while beginning to further them so that these individuals can function as optimally as possible in society.

Moving expressive writing into the classroom

The effects of expressive writing on autism communication will likely extend beyond counseling. Because the majority of autistic clients attend either public or private schools and are placed in inclusive classrooms, the benefits of expressive writing may be reflected in the classroom; that is, students with autism may engage in personally expressive exercises with little apprehension because they have done so previously in counseling. Teachers and professors who assign narratives and similar essays to classes as a whole may find that individuals who are on the spectrum are in fact better prepared for these types of assignments (in comparison to their peers) because of their prior experience with expressive writing. Moreover, writing expressively in the classroom may also help autistic students feel more comfortable in the school setting because the activity is familiar.

Writing may likewise foster further interaction among autistics and their classmates: other students may learn about how students with autistics cope with their disorders, and such conversations should help autistic students strengthen communication with classmates. It is important to note, in particular, that peer review of such work could facilitate socialization with peers and enhance students' understanding of social

interaction in the school setting; accordingly, collaboration over expressive assignments should be encouraged provided all parties are willing.

Naturally, because there is such a lack of research regarding expressive writing in autism treatment, its pedagogical benefits are essentially nonexistent in extant literature. However, the topic could be one of interest if further study is devoted to writing as a component of autism therapy. Researchers might then begin to discover how the practice helps individuals outside of counseling settings and in everyday life to further showcase its viability.

Evidence of progress through writing: Andreas

Despite the absence of expressive writing studies within autism, a select number of cases offer compelling evidence for using writing in treatment. One in particular speaks volumes about the benefits of intermediate and advanced writing assignments. This specific case shows that along with serving as a means of self-expression, journaling specifically can be combined with more traditional uses to provide simultaneous benefits for the client. Writing—especially letter-writing—can be used as a way to work through sensitive emotions, the processing of which can prove all the more difficult for autistic individuals. Similar to the earlier suggestion of writing a letter directly to *autism* as an entity, autistics—when they feel ready—can write a letter to a given emotion (e.g., grief—or, as an alternative, to the person at whom the grief is directed) to confront stressful feelings. Take, for example, the relatively recent story of a young Norwegian man named Andreas, who lost his younger brother, Kristian, to a sudden illness.

Andreas had been diagnosed with autism prior to the passing of his brother. His verbal abilities, however, were always considered to be rather high. It was never noted that he was a high-functioning autistic, although he communicated well and faced relatively few educational difficulties. His impressive abilities in light of his diagnosis abruptly disappeared, however, upon his brother's passing: Kristian's death proved so traumatic for Andreas that he lost his ability to speak. He tried to communicate his feelings to family members, and although he did manage to verbalize to others, no one—not even his parents—could comprehend what he was saying. Andreas explained that he felt as though he was speaking in a language nobody understood, trying to say “Kristian is dead” repeatedly without anybody acknowledging his feelings.

Andreas' parents took him to therapy in an effort to break through his apparent language barrier, where his counselor instructed him to record feelings that he found difficult to express verbally. Not only would doing so help Andreas communicate, but it would also give him the opportunity to work through his grief. The process progressed slowly at first, and Andreas' verbal capabilities were slow to return. However, he eventually moved from generic writing to using poetry to convey his feelings and voice his despair over the loss of his brother. What began as simple journaling transformed into artistic expression that was both cathartic and enriching. Andreas soon began writing about Kristian on a daily basis, and his musings were so enthusiastic that he regained his ability to speak over a matter of months. His counselor and family, in fact, were so impressed with the improvement in and clarity of his writing that they encouraged him to arrange a compilation of his poetry in honor of Kristian, which was later published under the title *Kristian Ar Dod (Kristian is Dead)*.

Clearly, then, writing can be a powerful communicative tool for autistics.

Although Andreas' progress was likely quicker because of his communication history than it would be for a lower-functioning autistic, his case still provides strong support for the benefits of personally expressive writing in autism treatment. It is especially interesting to note that Andreas' written improvement led to a veritable "hobby" in that he developed an entire collection of poetry dedicated to his brother. This gives hope to the prospect of a genuine interest in writing stemming from the exercises offered during counseling.

Additional benefits and final recommendations

Expressive writing can provide a host of social and communicative benefits to individuals with autism, and the use of writing exercises can improve autistic clients' quality of life in other ways as well. For instance, writing may also serve to increase clients' self-efficacy by fostering feelings of self-worth and independence. Using appropriate social skills, for example, may aid in the development of peer groups and friends for clients with autism. Similarly, being able to communicate more effectively through writing may result not only in more fulfilling academic experiences, but also in enriching social endeavors because autistics will be able to communicate more traditionally (i.e., verbally rather than spatially) and independently—perhaps without as much guidance from guardians or peers.

Counselors should bear in mind, however, that expressive writing exercises must be closely supervised to be most effective. As noted by Riordan (1996), monitoring is vitally important when using expressive writing in counseling. Progress must be recorded

to verify significant and hopefully long-term changes in an individual's behavior. In particular, a maintenance regimen should be put in place with autistic individuals to ensure that they do not regress in terms of social skills or emotional competence. Such a schedule, much like courses of therapy, would differ with each client; a consistent recommendation, though, would be to file away previously written activities (social stories, anger scripts, and so on) should they be needed to be reintroduced to remind the client about what to do and expect in certain situations. A comprehensive reference file can help to encourage individuals' growth so they will be able to see how far they have progressed from the start of therapy.

When supplemented with complementary therapies and other professional services such as occupational therapy, writing will benefit individuals by helping them develop adequate communicative and social skills. Many exercises also allow for self-expression and creativity, especially in advanced stages and with more creative exercises such as narratives. This sense of control over writing and communication should further enhance individuals' progress because they have the opportunity to express themselves without fear of judgment, thereby encouraging them to write more freely and openly. What's more, high-functioning autistics (and likely lower-functioning individuals, through practice) could even begin to develop a genuine interest in writing, either for personal expression or for creativity. Personally expressive composition, therefore, might not only serve as a communicative tool for autistics, but as a hobby to which they turn for enjoyment. In the end, this benefit may be the most important because an intrinsic drive to write (much like what we have seen with Andreas) effectively ensures continued

communicative and social improvement—the inherent goal of writing in autism treatment.

Research is obviously needed to explore how much, and in what way, writing does in fact benefit autistics. But taking into consideration the positive effects of writing with individuals with other conditions (as we have seen in writing and healing and expressive writing studies), using writing in autism treatment seems a viable option to improve clients' communicative abilities. So long as exercises are completed in a logical order that is in accordance with individuals' skill levels, their communication and social skills should increase so that they may function more comfortably in their everyday lives. With continued practice, such communicative gains will certainly improve the overall quality of life for individuals on the autism spectrum.

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Resume

Education

M.A. Degree in Professional Writing: Composition & Rhetoric Concentration, Support Area in Applied Writing
Kennesaw State University, Kennesaw, GA 2010

Employment History

Online Tutor *11/2009 – present*
www.tutor.com

- I tutor students in an online virtual classroom, which is equipped with whiteboards and similar collaborative tools. I help individual students with all aspects of the writing process across a variety of genres, and I also work with students on literature-based English assignments.

Intern, Naval Undersea Warfare Center (NUWC) *6/2009 – 8/2009*
Newport, RI (paid internship through URI College of Engineering)

- I researched virtual worlds, Web 2.0, and emerging Web technologies and their potential benefits to underwater research.
- I wrote government proposals for collaborations between NUWC and other organizations, such as the National Oceanic and Atmospheric Association, for archaeological underwater research.

Independent Freelancer *11/2008 – present*
Telecommute – www.editresse.com

- I am the owner of Editresse, an online editing and proofreading service that allows individuals to submit documents electronically (of any type and genre) and collaborate via e-mail with experienced editors to enhance and refine their writing.

Writing Assistant, Kennesaw State University *8/2008 – 12/2009*
Writing Center
Kennesaw, GA

- I assist students of all ages and skill levels with writing assignments in not only various academic subject areas, but also professional and creative documents such as memorandums and short stories.