

Automatic Word Processing: A New Forum For Hypnotic Expression

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Automatic word processing, a form of dissociation utilizing hypnosis and computer technology, was developed to provide patients a forum for hypnotic expression with unique features. Using automatic word processing, the six patients in this report were able to express themselves extensively, edit their responses to queries, and even write poetry while doing hypnosis. Automatic word processing can be used with some patients to gain important insights and therapeutic successes that might not be achieved as easily by other means. Because this is a new technique, much of its potential remains to be defined.

Introduction

Clinicians have used automatic writing, a form of hypnotic dissociation, in an attempt to interact directly with the subconscious (Udolf, 1992; Watkins, 1992). While engaged in automatic writing, subjects have no conscious intent to write and sometimes no knowledge that writing is occurring (Erickson, 1937). Such writing can accelerate a therapeutic process by allowing meaningful psychological material to be reached more rapidly (Coulton, 1966). Further, as the portion of the brain that controls automatic writing seems to have access to material unavailable to the centers that control speech, automatic writing may yield information which is not accessible through hypnotic verbalization (Wolberg, 1964). Hilgard (1978) expanded the use of dissociation by developing the technique of automatic talking. Subjects are instructed that without their knowledge, a “hidden observer” within them will discuss with the clinician issues of which the subjects have no conscious awareness.

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As described in the present report, *automatic word processing* is a form of hypnotic dissociation that utilizes computer technology. Use of this technique provides a forum for hypnotic expression with unique features.

Methods

In 1998-1999, 250 patients, followed at the Pediatric Pulmonary Center at Upstate Medical University, were offered the opportunity to learn self-hypnosis by their pediatric pulmonologist in order to help control their disease-associated symptoms and anxiety. Six of these patients (ages 12 to 21) who had expressed an interest in learning about different ways of using hypnosis, were offered and accepted the opportunity to use automatic word processing to gain further insight into the psychological and physiological impact of their feelings. Each of the patients indicated they liked to type, but the 12-year-old stated he did not type well.

I explained to these patients that the use of automatic word processing would allow direct discussion of issues of importance to the patient with their subconscious. *Subconscious* was defined as a part of their mind of which they are usually not aware. Patients were instructed that it was likely that they would be unaware of some of what would be discussed. It would be their choice whether or not to remember the content of the word processing or to be shown what they had typed after they had finished. Patients were cautioned that some of what would be brought into their awareness as a result of the word processing might require much discussion following the hypnosis session. As I am not a psychotherapist, a psychiatrist reviewed transcripts of all the automatic word processing within two weeks of each session. Patients were informed of this review and told that they might require referral to a counselor, depending upon what transpired as a result of the session. For example, I planned to refer patients who might raise issues that need long term or specialized intervention, such as suicidal ideation or sexual abuse.

Prior to hypnosis, each patient suggested areas of potential exploration during the automatic word processing. The patient and I then sat side by side in two chairs in front of a computer and keyboard. All six patients stated they were easily able to imagine a relaxing place. They described what they might have seen, heard, smelled, and felt in their relaxing place. The patients were then asked if they liked tunnels, and all of these patients responded affirmatively. They were then instructed to find their subconscious on the other side of a tunnel, which they traversed in ten steps. Once they stated their subconscious had been reached the automatic word processing began. I posed questions by typing, and the patients then typed responses. The font used was 14-point Geneva, double-spaced. Occasionally, I commented in typing on patient behavior, such as a smile or a shrug.

Results

The automatic word processing sessions were accomplished in an average of 40 minutes. Two of the patients typed that they did not want their conscious self to be aware of what had been discussed, and once the sessions were completed, only one of the patients wanted to see what had been typed. Afterwards, five of the six patients stated that

they could not recall the content of what was discussed during the sessions. All six patients stated that they felt better, and that they would be willing to use automatic word processing in the future, if the need arose. Following the sessions, I did not suggest a referral for counseling for any of the patients.

Five of the six patients had used automatic talking prior to automatic word processing. These patients indicated that they much preferred automatic word processing because it was easier to do than talking. When these patients engaged in automatic talking they usually answered queries with single words or brief phrases.

The following excerpts from the automatic word processing of three of the patients illustrate some of the utilities of this technique. The names of the patients were changed to protect their confidentiality. The spelling and typographic errors were left unchanged from the original typed sessions in order to demonstrate accurately the results obtainable from this type of hypnotic interaction.

Case 1

Peter, a 19-year-old with asthma and severe food allergies, had almost died from anaphylaxis on two occasions, when he was 7 and 17 years old. After the episode at 7 years, Peter required six months of physical rehabilitation presumably due to a brain injury he sustained during the episode.

Peter expressed an interest in the circumstances that led to his near-death experiences, but stated that he could not recall what had happened. He told me that he often felt anxious because he worried he might develop anaphylaxis again. He did not want to meet with a psychiatrist, but wanted to learn to use hypnosis to control his anxiety and some of his shortness of breath. Peter was not diagnosed by DSM-IV criteria. I agreed to teach him to use hypnosis under the supervision of a psychiatrist who reviewed my work with Peter on a monthly basis.

Peter had met with me to use hypnosis several times prior to his use of automatic word processing. He asked not to see the transcript of the session following hypnosis.

In this excerpt, Peter wrote and edited a poem:

Peter:

People see you in the streets

pretend to be friendly

but I know any type of success breeds envy

I know in the back of your mind your conjuring ways to get

to leave my friends in the circle pouring out

henny

but Jesus, I'm heavenbound

so how I'm gonna receive anything ya'll pour to the ground

next time throw it up.

Don't grieve for me, cause

MY ART REMAINS LIKE A DART

FROM THE SPEAKER TO YOUR HEART

now my words is immortal told through the portal

I dont plan to leave without a fight

plant a seed I give life

but I can't see past the girls greed to call a wife.

And next time you thinkin' heist

better be precise

cause I'm fully prepared

cause one of us is going leave here

I have no regrets even though I won't see grow

my Godson boogie, sonnie and remo.

feeling much more at ease now. thanks.

Doctor: Great job, Peter.

Peter: let me look at the writing, usually i extract something from the writing to instill in me which seeps through to peters concious.

the indented things are all one line. please hit the save button to save this pleasee.

Doctor: Done.

Peter: i have my extracted piece.

Doctor: What is it?

Peter:

MY ART REMAINS LIKE A DART

FROM THE SPEAKER TO YOUR HEART

and

i don't plan to leave without a fight.

Doctor: How are you going to give this to Peter?

Peter: its just like sublimatetele messaging.

Doctor: Has he received the message yet? How will he feel when he receives it?

Peter: no it will take a few days its not going to hit him all at once becuae if he got the message "I dont plan to leave without a fight" all at once he would probably get nervous thinking there is something that is going to happen to him soon that he he is going to have to fight with all of his might to stay alive whereas if it seps slowly he will get the message that he is strong and that a little asthma and anaphlaxis arent goign to hold him back.

What did you think of my writing? Something in regards to my writing; did you notice how i corrected it, that is part of the perfection process, and there could have been a little bit more added.

Peter reported that use of hypnosis, including automatic word processing, allowed him to accept more easily his serious medical condition. On one occasion after learning to use hypnosis, Peter developed severe anaphylaxis due to exposure to a milk product. As physicians were preparing to intubate him, Peter decided to use hypnosis in order to relax and then his breathing eased. He did not require intubation with this episode, which Peter attributed to his use of hypnosis.

Case 2

Sarah, a 21-year-old, contracted synovial cell carcinoma when she was 15 years old, and has had four recurrences, including in her lungs. Usually, Sarah was very upbeat and optimistic. However, at the beginning of her junior year in college, Sarah became very anxious. She defined the three questions to be discussed with automatic word processing: Why am I anxious? Why can I not fall asleep? Why do I have a pain in my side?

Sarah was able to recall her involvement in automatic word processing when she alerted. She reported feeling as if she was a bystander as she observed my interaction with her subconscious. She stated that she was not surprised by her subconscious responses, but that she would not have answered the same way as her subconscious did.

In this excerpt, Sarah discusses her recent anxiety.

Doctor: How are you feeling?

Sarah: Very relaxed

Doctor: Good. Sarah wants to know why she has been so anxious lately?

Sarah: Nervous

Doctor: About what?

Sarah: Chemo and how its rally working

Doctor: Why is she more nervous than in the past?

Sarah: Because things are goimg good can it last?

Doctor: Things have been good?

Sarah: Maybe Im tired of all this and now I just want to stop going through it all

Doctor: Is there a reason that you are getting tired of all this now?

Sarah: It's been awhile. I just want to be like all of my other friends. I hate not being able to make lomg term plans or be able to plan spring break or even christmas because I don't know what ill be doing treatment wise

Doctor: Do you think this is more of an issue now because you're getting older and are trying to plan ahead more?

Sarah: Yes. I know Ill live...thats not the real issue. But its LIVING that I don't know about. I want to have a life and have fun too

Doctor: What do you think would be the best attitude for Sarah to adopt?

Sarah: A sort of take it as it comes type of attitude. Maybe no planning about the future but living for today sort of thing

Doctor: How does that kind of attitude make Sarah feel - if she want to make plans for Christmas, for example.

Sarah: She knows she'll be around for it but maybe she'll have had surgery or maybe she'll be doing a different chemo...she is actually pretty flexible

Doctor: Can you help her let go of her wanting to plan for the future, and let her better adopt the attitude of living for today?

Sarah: Yes it shouldbe easy

Doctor: So, please do so now. Tell her these things, and help shape her attitude in the way you know is best.

Sarah: Okay

Doctor: Have you told her?

Sarah: Yes

Doctor: Has she accepted your suggestion?

Sarah: Yes

Doctor: Good. How does she feel?

Sarah: Very good about it

Three months after the automatic word processing Sarah reported that immediately following the single hypnosis session and thereafter, she was calm, able to fall asleep easily, and no longer felt significant pain.

Case 3

Bobby, a 13-year-old with asthma, wanted to learn to use hypnosis to control his episodes of exercise-associated shortness of breath. He asked to use automatic word processing to learn more about how he might be able to control his asthma.

In this excerpt, I interviewed Bobby about how he uses the computer.

Doctor: How come you are typing with your left hand?

Bobby: Because I use the left hand for most every hipnosis thing bobby and u do

Doctor: Why is that?

Bobby: Because I'm lefthanded in lacrosse an bobby is right handed I help him learn how to play with his left hand

Doctor: Where are you located?

Bobby: In bobbys miind

Doctor: Any specific location in the mind?

Bobby: The right side

Doctor: Has Bobby studied psychology?

Bobby: No

Doctor: What are you able to do better than Bobby besides lacrosse?

Bobby: I can play base ball better mostly sport I can do better than bobby

Doctor: Who does math better?

Bobby: Me bobby dosen study he falls aslep a lot

Doctor: Who can rotate objects in their mind better?

Bobby: Not bobby

Doctor: Who can talk better?

Bobby: Bobby he can make spelling stuff

Doctor: How can you talk if you want to, besides typing?

Bobby: I talk to bobby and give him possitive thigs

Doctor: You are the part of Bobby that helps him do hypnosis, right?

Bobby: Yep

Within a half year of modification of Bobby's asthma therapy, and his utilization of hypnosis, including automatic word processing, Bobby reported that he was having no further exercise associated symptoms of his asthma, and his pulmonary function was documented to have normalized.

Discussion

As demonstrated in this report, automatic word processing allows some patients to express themselves extensively and differently than with other dissociative techniques. For example, Peter expressed himself poetically to deal with his fear of death. Automatic word processing allows patients and their clinicians to discuss hypnotic interactions in a manner not achievable easily with automatic talking, as patients can review and comment on their responses as part of the interactions, both while doing hypnosis and afterwards. Further, patients in this report probably were more likely to respond in detail by automatic word processing than by talking, because they reported that for them typing was easier than talking. In addition, following a session of automatic word processing, a verbatim transcript of much of the hypnotic interaction is available for careful review by the patient, clinician, or professional colleagues. For example, for patients in this report, a psychiatrist reviewed my work.

Analysis of automatic writing depends on interpretation of what has been written by the clinician and/or the patient, hence adding another layer of meaning that may need to be addressed as part of the therapeutic process. Further, automatic writing is often uncomfortable for patients, and requires effort to keep moving the paper (Gajwani & Sukerkar, 1974). On the other hand, automatic word processing makes it impossible for patients to express themselves by varying the size, shape, firmness, slant, or location of their handwriting. Similar to automatic writing (Wolberg, 1964), automatic word processing is likely to be facilitated by suggestions which enhance dissociation such as, "Notice how the fingers can feel as if they are no longer part of you. They may feel comfortable and detached. They can move automatically and effortlessly." Following automatic word processing each patient can be asked to rate the degree of involuntariness involved with the technique, in order to help their physician develop individualized suggestions for future sessions.

As with other dissociative techniques meaningful psychological material can be uncovered readily and discussed through automatic word processing. In this, as in any hypnotic exploration technique, caution must be exercised not to use leading questions or supply content, especially in exploring past events (Brown, Schefflin, & Hammond, 1998). With dissociation techniques, patients may choose to state they do not recall the hypnotic interaction, thereby allowing themselves to consider safely matters of great importance to them. Even when patients say they cannot recall the session, automatic word processing allows their physician to gain insight into their issues. Further, patients probably benefit from psychotherapeutic work, even if they say they have no recollection. For example, Wolberg (1964) recommended that patients engaged in automatic writing routinely be instructed not to remember the writing following hypnosis, so that resistance does not develop as a result of a premature conscious recognition of the content of the writing. Peter and Bobby's clinical improvement cannot be solely or directly attributable to their use of automatic word processing or hypnosis. However, as illustrated by the case of Sarah, rapid resolution of symptoms can be achieved with a brief therapeutic interaction using word processing.

Future studies may indicate whether automatic word processing can accelerate the therapeutic effects derived by individuals who write about emotionally traumatic experiences (Pennebaker, 1993; Smyth, Stone, Hurewitz & Kaell, 1999). Future studies also may delineate whether different brain centers are activated during automatic word processing as compared to automatic talking or writing. If different centers are used, different psychological material may surface from each technique.

All patients in this report reported that they successfully achieved a state that allowed automatic word processing. The success rate in this report probably cannot be duplicated in an adult population, as children are thought to be able to achieve many hypnotic phenomena more readily than adults (Olness & Kohen, 1996). Optimal dissociation with use of automatic word processing probably requires the patient to be a skilled typist, in order to minimize conscious thought during hypnosis. Therefore, use of automatic word processing in preadolescents would probably yield less success.

Conclusion

Automatic word processing can be used for some patients to gain important insights and therapeutic successes that might not be achieved as easily by other means. Because this is a new technique much of its potential remains to be defined.

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