

THE
DAVIS FOUNDATION

FOR PROVIDING
EMOTIONAL COMFORT

Letter of May 18, 2005

Dear Reader,

At a recent conference given by the American Society of Clinical Hypnosis, I attended a number of workshops in which faculty members discussed the use of hypnosis for a variety of purposes: to lose weight, to help with childbirth, to change habits, and to alleviate pain. They presented cases and illustrated hypnotic techniques using those of us who volunteered to be subjects. It is clear that hypnosis can be very effective in a great variety of situations and it is not surprising that it is becoming more widely recognized as an effective treatment.

Except for one faculty member, who had provided an endorsement for my newly published book, these people were not aware of the potential to develop an Inner Guide through self-hypnosis. While they teach that all hypnosis is really self-hypnosis, as it can occur only if the patient or client allows it to happen, they operate in the standard fashion in which they induce a hypnotic trance in the subject and provide suggestions that will help the subject to achieve a specific goal. They sometimes add that the subject's "unconscious" may help him or her in non-specific ways.

One faculty member showed us a video of himself in a dentist's chair having a molar extracted using only self-hypnosis for anesthesia. He felt no pain. Although all of the participants were skilled at self-hypnosis, it was apparent that they had not availed themselves of their expertise during their own trips to the dentist. Why not?

I was struck by the fact that many of the participants at this conference, including even the faculty, were encumbered by some of the same problems that their clients and patients come for help with. Some suffered from various types of pain, quite a few were overweight, and many exhibited various manifestations of emotional discomfort. Why had they not solved their own problems?

In some instances, they may not have recognized that a behavior is problematic. Each time a workshop leader asked for volunteers, there was initial silence and often a long pause before a participant came forward. And as the days went by, some of the few who volunteered did so repeatedly. Why did most of the participants hold back? Were they anxious about what would happen? Inhibited? Fearful that they wouldn't perform well? All of these reactions are maladaptive. They cause emotional discomfort and prevent people from having an interesting experience. Although these participants were undoubtedly aware of some discomfort, they probably took it for granted and didn't realize that it could be possible to feel differently.

In other instances, participants may have recognized a problem but felt unwilling to change it. Those who are overweight may feel that it would be too difficult to lose weight, even with hypnosis, or think that they would have to give up all the foods they love.



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But some participants had problems that were obvious to them and that they would have been glad to solve. One woman suffered through half the morning with a headache. When the workshop leader asked who might have some pain that he or she would like to be rid of she volunteered and, with hypnosis, her headache disappeared. Why had it not occurred to her to cure herself?

What if hypnotists could cure themselves of all the symptoms and problems that they are aware of? In fact, they do have that capability, but the prospect is too overstimulating to enter awareness.

The mental apparatus registers every stimulus and matches it with the best available solution. In the absence of a *true solution*, it chooses a *partial* or *false* one. If a person is aware of a problem for which there seems to be no answer, he will suffer with it unless he is helped to create a new mental pathway that can access a solution that is out of his awareness. At times the new solution may be a false one: an associatively related response that doesn't end or diminish the disequilibrium but provides an alternative to experiencing it. The woman with the headache stopped feeling it because her mental apparatus accessed a false solution: anesthesia.

False solutions are necessary not only when there is no true or partial solution available, but also when a stimulus is too intense to enter awareness. Hypnotists are protected from the knowledge that they could cure all of their discomforts by the false solution of unawareness.

When they begin developing their own Inner Guides, they will gradually become aware of all that they can do, as their Inner Guides work to diminish the novelty, and thus the intensity, of this knowledge. And their Inner Guides will also solve the problems that they aren't aware of.

QUESTION:

Why can a hypnotist successfully elicit finger signals in someone who can't elicit them with self-hypnosis?

ANSWER:

If you can't elicit finger signals yourself, it is either because the prospect of having an Inner Guide communicate with you and provide solutions for all your problems is too overstimulating, or that your Inner Guide has chosen to work silently.

The mental pathway that is generated by a hypnotist is not an Inner Guide. It is a pathway that has arisen in response to the hypnotist for a circumscribed purpose and is therefore unlikely to be of overwhelming import. And it has not developed a sufficient sense of identity to create its own agenda.

I welcome your questions and comments, and will publish as many of them as possible. I look forward to hearing from you, either by post or at info@davis-foundation.org. If you would like to be anonymous, just let me know.

Cordially,

Judith M. Davis

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