

THE
DAVIS FOUNDATION

FOR PROVIDING
EMOTIONAL COMFORT

Letter of June 15, 2005

Dear Reader,

Some of you may have noticed that since beginning self-hypnosis you have had episodes during which you perform an action repeatedly. And some of you may have had such periods without being aware of them. Are you developing an Obsessive-Compulsive Disorder? No. But why are these episodes happening?

Freud felt that an obsessive thought or a compulsive behavior was a “neurotic compromise” between an unacceptable aggressive drive and a defense against that drive. The symptom allows the drive to achieve partial expression because it is disguised. A person who is obsessed with fears of hurting another is achieving partial expression of the drive by thinking about it but simultaneously defending against it by thinking that it is wrong. A person who repeatedly readjusts her kitchen knives is expressing this compromise as a compulsion. Lady Macbeth tried to undo an act of bloody aggression already committed by repeatedly rubbing her hands while exclaiming, “Out, damned spot!”

Some people with obsessions and/or compulsions were cured with psychoanalysis or psychoanalytically oriented therapy but others were not. Mental health workers sought other explanations for these symptoms. Some now feel that obsessions and compulsions are biologically caused or the result of learned behavior, and that certain people are especially susceptible to developing this disorder in reaction to stress. Certain medications and various types of cognitive and behavioral therapy are helpful to many who suffer with this disorder, though total cure is uncommon.

The new theory of mental functioning that I have developed provides a different explanation for these symptoms. Whenever a stimulus is registered by the mental apparatus it causes a *disequilibrium*, or disturbance, and it is matched with the response that will end or diminish it most effectively. A *true* solution is one that completely ends the disturbance. When a true solution is not available, the mental apparatus will choose a *partial solution*: one that diminishes the disturbance even though it can't end it. When a solution is chosen it becomes locked in and will be repeated each time the stimulus recurs.

The strongest stimulus at any given moment enters awareness and remains there until a stronger stimulus occurs and displaces it. The more disequilibrating a stimulus, the more work must be done by the mental apparatus to end the disturbance. If the disequilibrium is positive, the result of a happy event, the mind handles it by repetitively thinking about it until its novelty wanes. If someone wins a prize, gets a promotion, or meets a promising prospect for romance, the excitement will be handled by dwelling on the event with pleasure until other matters take center stage. Though the thoughts and feelings are repetitive, we don't consider them obsessive because they wane within hours or a few days.



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If someone experiences an unfortunate event, the disturbance may preoccupy him for some time. He may ruminate on it but this is not considered an obsession because the thoughts and feelings are simply relivings of the event. Rethinking of an event, whether a happy or an unfortunate one, is a partial solution because each rethinking serves to slightly diminish its novelty. With time, the overstimulation ends.

When there are no true or partial solutions available, or if they are insufficient to manage an intense disequilibrium, the mind matches the disturbance with a *false solution*: one that does not diminish the disturbance but provides an alternative to experiencing it. A double pathway is created in the mind. In one pathway, the false solution is experienced while in the other the disequilibrium continues. Denial, amnesia, fainting, and simple unawareness of an event are false solutions. Because, out of awareness, the disturbance continues to cause great tension, additional solutions may be recruited to assist in coping with it. Obsessions and compulsions are partial solutions that are used in this way. People with obsessive-compulsive disorder don't understand why they have their symptoms because they are unaware of the underlying reason for them.

What about Lady Macbeth? She knew that she was upset because of having participated in a murder. But although she was not experiencing amnesia for the event, her mind had created a false solution: denial of the irreversibility of the deed. Her compulsive hand rubbing was an attempt to undo that which could not be undone.

Mental health workers feel that obsessive-compulsive disorder can often be diminished with medication and psychotherapy but that it is rarely cured. However, an Inner Guide can resolve the condition by accessing the underlying cause, finding a true solution, and bringing the new solution into awareness.

But what about those of us who find ourselves performing an action repeatedly? Our Inner Guides cause this activity because it is yet another way of creating a *complex stimulus*: two contradictory stimuli that occur simultaneously. One stimulus is the thought about whatever one would do next while the other is the thought to repeat an action. Whether we check the thermostat twice, fold our clothes unusually carefully, or keep finding more dead leaves to remove from the yard, we are being provided with the complex stimuli that will allow old habit patterns to be unlocked so that better ones can be selected.

If we become more perfectionistic in certain respects, others may wonder whether we are developing a compulsive or rigid personality. This is not the case. What is happening is that our Inner Guides have an exquisite aesthetic sense and prefer to experience order and beauty wherever possible.

QUESTION:

Is my skepticism about the existence of my Inner Guide making it impossible for him to communicate with me?

ANSWER:

No, it is the other way around. The thought of communication is so overstimulating that it can't enter awareness. You are augmenting the false solution of unawareness with the partial solution of skepticism. As the overstimulation gradually wanes you will no longer need these protections and communication will occur.

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,

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