

THE
DAVIS FOUNDATION
FOR PROVIDING
EMOTIONAL COMFORT

Letter of March 7, 2007

Dear Reader,

We would all like to be comfortable, free of the specific discomforts that we can identify and also of the nonspecific tension that we may erroneously assume is a given. But the things that cause us discomfort in the present originated to decrease distress.

We think of anxiety, depression, and anger as undesirable feelings yet they occur in order to help us. They diminish some of the disequilibrium caused by stimuli that signify danger, loss, or frustration. But because they are uncomfortable stimuli themselves we match them with responses that will partially solve the problems that they create. Yet often our attempts to deal with them result in further disequilibrium.

During our early years many stimuli represent potential danger: separation from protective figures, anticipation of disapproval of authority figures, experiences that differ from the familiar, and even the power of our own feelings. The mental apparatus matches these stimuli with the response of anxiety, which then becomes a stimulus itself. The stimulus of anxiety is matched with whatever thoughts, feelings, and actions diminish it. The child may cry, call for its mother or father, tremble or shake, attempt to hide, or run around.

If these responses don't suffice the child may develop a phobia or a compulsion, or become chronically hyperactive. These responses are themselves disequilibrating. A phobia, in addition to its accompanying anticipatory anxiety, prevents one from doing certain things. A compulsion interferes with one's thoughts and actions. Hyperactivity is uncomfortable both in itself and for the negative responses it elicits from others.

If the feared stimulus is overwhelming the child will dissociate and have amnesia for the event but the underlying disequilibrium will form a reservoir of discomfort that will be evoked by future stimuli and that will lead to anxiety, avoidance, denial, or even future episodes of amnesia. And this reservoir will contribute to one's general tension level. While symptoms such as phobias, compulsions, and hyperactivity cause discomfort or repercussions that a child is aware of, some results of dissociation are hidden. A child is not aware of his own denial or amnesia. It has been said that one "has amnesia for his amnesia."

A cascade of disequibrations also occurs with stimuli that cause depression or anger. A boy whose mother is not able to bond with him will be disequibrated. His mental apparatus will match the experience of loss with a feeling of depression. But this feeling is disequilibrating, itself, and will be matched with responses that partially diminish it. The boy, associating his mother with being fed, may overeat. Yet becoming overweight is distressing in itself.



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A father who hopes that his daughter will realize his own unfulfilled ambitions will have difficulty empathizing with the girl's own needs and desires. His inappropriate expectations will be experienced by his daughter as noxious intrusions. These disequilibrations will be decreased as they are matched with feelings of anger which will then be matched with responses such as rebellion or hostility, which will themselves bring disequilibrating consequences.

As an individual develops, his responses to disequilibrations become locked in and form habit patterns. These are often maladaptive because, although they originated as the best possible solution at the time, they persist even when better solutions become available. The boy who overeats continues to do so as a man, even when he no longer needs his mother. The girl who rebels against authority figures is unable to appreciate, in adulthood, that her boss doesn't need to use her as her father did.

As associatively related stimuli occur, maladaptive habit patterns intensify and generalize. Anxiety, depression, and anger become stronger. Responses such as phobias may spread to include additional objects or situations. Compulsions may increase. Hyperactivity can evolve into racing thoughts, difficulty concentrating, and a need to keep busy. Denial of impending trouble tends to become pervasive.

Your Inner Guide solves these problems by finding their earliest origins in childhood and accessing the best solutions for them in the present. Rather than peeling back all the layers one by one it goes directly to the source. Although it can do this very quickly after first coming into existence, it takes time, and trance time, for an Inner Guide to bring new solutions into awareness. This is why it is so important to persist in doing self-hypnosis regularly.

QUESTION:

Is the Inner Guide a metaphor for a conditioned brain response to hypnotic suggestion?

ANSWER:

An Inner Guide comes into existence as a response to one's wish for it whether or not that wish is made during a hypnotic state. It is a psychological entity, not a neurological one. Researchers are beginning to make rough correlations between psychological and neurological phenomena but it is not possible at this time to correlate an Inner Guide pathway with a discrete neurological one.

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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