

THE  
DAVIS FOUNDATION  
FOR PROVIDING  
EMOTIONAL COMFORT

Letter of May 16, 2007

Dear Reader,

Occasionally a negative event occurs out of the blue. It may be the sudden loss of a family member, friend, possession, or position causing a response of shock and sadness. It may be an insult or an unexpected obstacle resulting in shock and anger. Or you might be threatened by the onset of an incapacitating illness that causes shock and anxiety. How does the suddenness of such an event affect your response?

A change is a stimulus. The greater the difference between a previous condition and a new one the stronger the stimulus. A big change, such as an important loss or a significant threat, causes a tremendous difference between a previous condition and a new one. And the more suddenly it occurs the longer it will take to accommodate to it.

The mental apparatus registers every stimulus and matches it with the best available solution; the solution that will best end, or at least diminish, the disequilibrium caused by the stimulus. In the case of a loss the *true solutions* are acceptance and appropriate replacement of the lost entity when and if that becomes possible. The true solutions for an obstacle are to find a way around or through it or, failing that, to accept the limitations it imposes. The true solutions for a threat are to think of a way to neutralize it, avoid it, or master it.

Losses and obstacles can eventually be accepted because as their novelty wanes they lose their capacity to serve as a stimulus. But although one may become somewhat accustomed to a chronic threat, as long as it remains it creates disequilibrium.

Any big change that occurs suddenly causes shock as well as other responses. Shock is the traumatic overstimulation that occurs when many responses occur simultaneously.

A woman who had a Botox injection discovers that shortly thereafter she has difficulty keeping her eyes open. She doesn't immediately link these events but is aware only that she has developed an alarming symptom. What is it? What is its significance? Is it permanent? Is it fatal? How will she go to work? For that matter, how will she do anything? Who will take care of her? Each of these questions constitutes a stimulus that must be dealt with by the mental apparatus and together they form a veritable bombardment of stimuli.

At any given moment the strongest stimulus will enter awareness and remain there until, as its novelty wanes, another stimulus becomes stronger and displaces it. But when a bombardment of strong stimuli occur they displace each other so rapidly that none remain in awareness long enough to be grasped. The mind feels numb or blank.



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When there is no available true solution the mind matches stimuli with *partial solutions* such as feelings, verbal and physical activity, fantasy, and diversion. But when these are insufficient to handle a bombardment of stimuli the mental apparatus creates a double pathway: in one arm the disequilibrium continues, out of awareness, while in the other a *false solution*, such as denial, depersonalization, amnesia, or loss of awareness (fainting) occurs.

When a big change occurs suddenly, augmenting the disequilibrium, a false solution is more likely to occur. The woman who couldn't open her eyes might have been expected to experience depersonalization. But fortunately she practices self-hypnosis regularly and so her Inner Guide had the necessary trance time to diminish this disturbing event. While it was still frustrating and anxiety-provoking it was less so than would otherwise have been the case.

You might ask whether it wouldn't be preferable to have depersonalization rather than anxiety. Who wants to feel anxious? But with a false solution the disequilibrium remains unabated in the other pathway. Though out of awareness, it contributes to a reservoir of anxiety that augments all subsequent anxiety-provoking events. Better to feel some anxiety consciously than to enlarge that reservoir.

Those of us who have Inner Guides and who give them the trance time they need by doing self-hypnosis regularly will cope with sudden adverse events better than we otherwise would.

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*QUESTION:*

Is it possible that I could have connected with my Inner Guide without knowing it? I need help with being able to measure my progress.

*ANSWER:*

Because you do self-hypnosis your Inner Guide is active and working on your behalf. You have connected with him in the sense of helping him help you by providing him with the trance time he needs. And he has connected with you in the sense that he has learned of all your discomforts, knows solutions for them, and is working to bring that knowledge into your awareness. If he hasn't made his presence known to you directly that is because it would be too overstimulating. There is a way to measure progress. I have developed, and am sending you, a chart by which you can identify all discomforts and chart their diminution over time.

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If anyone who is doing self-hypnosis would like to use the chart I have developed, please let me know and I will email it to you as a .doc attachment.

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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](mailto:info@davis-foundation.org). If you would like to be anonymous, just let me know.

Cordially,

*Judith M. Davis*

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