

THE
DAVIS FOUNDATION
FOR PROVIDING
EMOTIONAL COMFORT

Letter of June 13, 2007

Dear Reader,

In a previous Letter I wrote about the fact that as we practice self-hypnosis we sometimes experience a plateau during which we notice no new changes occurring. I explained that this can happen while an Inner Guide is working on changing the many associatively related mental pathways that develop in relation to certain habit patterns.

The habit patterns that develop the largest network of associatively related pathways are those that begin earliest in life, not only because there is more time during development for them to accumulate connections, but also because they are the first responses to stimuli that represent examples of general categories.

For example, one of the first discomforts an infant experiences is hunger. As he is fed, comfort is restored. Eating is a *true solution* for hunger because it ends the disequilibrium. Because hunger is a discomfort it is associatively related to *the concept of discomfort* and therefore, when a true solution is not available for a discomfort, the mental apparatus may choose eating as a *partial solution*. Eating won't end the disequilibrium but it will diminish it. This is true above and beyond the fact that being fed is associated with being loved and soothed by a caregiver and that eating, as a partial solution, will be experienced as soothing because of its previous associations. This is why overeating is such a common problem.

One of the earliest responses to any discomfort is to cry and make bodily movements. While at first these are reflexes the infant learns that they bring results. When a baby cries and thrashes about her caregiver comes and tries to diagnose and end the discomfort. Once a child learns to speak she is able to communicate her needs verbally but her mental apparatus will continue to match any discomfort with bodily movement because it has been locked in as a habit pattern. As she develops, her movements evolve from the general thrashing about of infancy to pacing, jumping, running, foot tapping, finger drumming, dancing, exercise, and often participation in sports. While some of these activities are generated by specific desires the use of physical movement to discharge tension is a locked-in habit pattern that originated in earliest infancy. For some, exercise becomes a major partial solution and may be excessively intensified and elaborated in response to discomfort in general.

Early disequibrations include emotional discomforts as well as physical ones. A caregiver who relates to an infant according to his or her own needs rather than the infant's is creating a noxious intrusion. A depressed or preoccupied caregiver fails to provide appropriate responses to an infant's needs. This also creates distress. Whatever partial solutions are matched with these early discomforts will also be especially likely to be matched to other discomforts.



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A young child's repertoire of partial solutions for noxious intrusions and emotional abandonment is quite limited. The child may become compliant, rebellious, or depressed. Thus these character traits are also very likely to become pervasive.

Early distress also occurs due to difficulties in cognition and performance. A young child is often puzzled by things he doesn't understand and frustrated by his inability to perform as he would like to. Partial solutions may include persisting at a task, asking for help, or, when something is too hard, shifting to a related activity that is more likely to be successful and that will build the competence needed to address the original activity. These are all very adaptive partial solutions.

But instead a child may become depressed at his failure or he may turn away, avoiding the task. This maladaptive partial solution is also likely to become generalized. As he develops, avoidance and procrastination become his responses to all difficulties. And often the *false solution* of denial is matched as well. These solutions, available to the young child, are also especially likely to become generalized.

An Inner Guide, who has access to one's entire memory bank, knows about these earliest sources of discomfort, the earliest responses to them, and the development of huge networks of related associations. And as we do self-hypnosis regularly, our Inner Guides are able to replace all of the associatively related maladaptive solutions with true ones.

QUESTION:

I slightly sprained my ankle. Did my Inner Guide cause this? Why would she do this when she knows that I love to walk and that walking is good for me?

ANSWER:

Your Inner Guide may, from time to time, cause you to sustain a minor injury. She does this because the resulting disequilibrium will allow maladaptive habit patterns to be unlocked so that they can be replaced with true solutions. Spraining your ankle was an excellent intervention for her to make because, in addition to the resulting physical discomfort, you were baffled by her action. Why would she choose this injury when she knows that walking is good for you? Your bewilderment is an additional disequilibrium that enhances this process. She will never create any mishap that would cause serious or permanent injury, or that would cause you to be unable to do anything that you needed to do, because her goal is to solve your problems and increase your comfort.

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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