

## **HELP! MY HUSBAND'S ESOPHAGUS IS THE SIZE OF HIS STOMACH**

**Tony De Marco, LL.B., Ph.D., CI, DNGH**

This was the email plea of Constance Greene, a Connecticut consulting hypnotist, about her husband Joe. He had actual gastric band surgery approximately 4½ years ago and has been suffering from negative side effects for a couple of years. Now his condition has worsened to the point where his medical doctor is considering surgery on his esophagus unless he can bring the size of his esophagus to close to normal. Last year, while I was creating the Thinner Band Hypnotic Gastric Band Surgery Program, I knew that there was also a growing need for our services to people who were contemplating actual gastric band surgery, to help those persons suffering from negative side effects and to help persons eat properly after the actual GB surgery. I had to delay going further with the program for 'actual gastric band surgery hypnosis' as I was devoting so much time to the hypnotic surgery. At the NGH Convention in August, I met Constance Greene and she told me of the negative side effects that her husband was suffering but that was as far as it went until I received the email plea from her 4 months later. She told me of the constant worry and dire straits relative to Joe's health. We agreed that I would work with Joe after the New Year and initiated the first session on January 11, 2012. The couple had to travel approximately 200 miles round trip for each session which would probably be (6) sessions but the number of sessions necessary is always subject to increase. Joe completed a Confidential Interview Form electronically so I was aware of Joe's back ground and issues prior to the actual in-person interview. To put it succinctly, Joe, 65 years old, weighed 300 pounds prior to the gastric band surgery and after a period of time 'lost' 80 pounds getting down to 220. Everything ;was good for Joe, and this lasted for about 2 years but then he started noticing some difficulties with eating. During the weight loss period, on and off he would receive saline injections through the port in his abdomen into the band. This would tighten the band around the upper portion of his stomach so that he would eat less and shed more pounds. Thereafter, he noticed that upon arising in the morning there was a certain tightness in his throat-esophagus area when he first began to eat something. It was tolerable so he did nothing about it initially. So many

people foolishly do not go to their medical doctors immediately upon detrimental symptoms occurring because they optimistically believe that the symptoms will disappear and everything will be OK. So Joe went along with the tightness because in the afternoon, the tightness would disappear and his stomach would accept food. Over the next 2 & 1/2 years, Joe gained back 40 pounds going up to 260 which was the weight he brought into my office. The band around the stomach is analogous to an elastic band. It can be stretched by eating too much for the upper pouch to hold. This is one of the reasons why 20% of all people who have actual gastric band surgery start regaining weight within 3-5 years. Studies have also shown that at least 25% of all weight loss surgeries fail; 30% of patients develop nutritional deficiency disorders and 30% experience other complications. The percentage of patients requiring re-operation is as high as 37%. Prior to coming to my office he made several visits to his medical doctor who ultimately took all of the saline solution out of the band to the point where it's as if Joe never had a band around the upper portion of his stomach. His last visit to his medical doctor in November really alarmed Joe as this is when the doctor told him that esophagus surgery may be necessary. There are many negative side effects which have been reported subsequent to actual gastric band surgery. Here is a list of potential gastric band problems: • Band problems • Blood clots • Bowel function changes • Bowel perforations • Esophageal dilation • Food trapping • Gallstones • Gastroesophageal Reflux Disease (GERD) • Hiatal hernia • Indigestion (Dyspepsia) • Intolerance to certain foods • Nausea and vomiting • Pneumonia • Port problems • Pouch dilation. Naturally, this is not to say that every gastric band surgery leads to severe problems.

With Joe's detailed history, I knew that the two main approaches to helping him were to eliminate the addictive over-eating & snacking, and for Joe to reduce the size of his esophagus. Joe's problem was that he was always stuffing himself with food even when he was not hungry. He just could not tell the difference between hunger and compulsive overeating whether it was during meals, in between meals or after he ate enough for the day. On the Confidential Interview Form he was asked and answered the following questions: Do you have cravings? Yes, If so, what types of food do you crave and at which time? *Usually nighttime----whatever is available* (Like most food addicts, Joe is not prejudiced....he eats anything.) Describe how the craving affects you/how

does your body/mind feel? *Just want to have that item* Which foods cause you the most problems to resist and/or overeat? *Ice cream, bread/cream cheese* Relate any additional insights into your eating: habits/problems/causes/binge eating? *Boredom-watching TV.* Why do you want to shed poundage? *To live.* How do you feel about yourself? *Terrible- lost weight a million times and always put it back on.* Something else that was on his interview form: his father died of a stroke at the age of 52, weighing 300 pounds. I have always maintained that you cannot scare an addict into giving up drinking, drugging, compulsive gambling and yes compulsive eating behaviors, as addicts face the devil every day with their addictions and compulsions. Most are in denial. I always give the example of the drug addict who swears that he will never use another person's needle, but when he does use it, he'll swear that the other person is not HIV; but he'll also swear that he would not become HIV if the other person is so infected; if he does contract HIV, he'll swear that it will not develop into AIDS, and if it does go into AIDS, he will swear that the AIDS will not kill him. Food addicts are in denial until the food catches up to them. Why am I being so tough on addictions? Because I love the addict and hate the addiction. When we are in the throes of an addiction we just cannot see what is happening and when we do see what is happening, we just cannot stop it on our own. Weight waits for no addiction. It's not your fault that you're overweight! And, it's not the food, it's the subconscious drives! It's almost like saying to the compulsive gambler that it's the money's fault that she or he gambles and loses. I have always felt that compulsive and other forms of improper eating are similar to compulsive gambling and not really similar to drugs and alcohol. It's not the substance that causes the 'high' or good feeling, it's the process.... The rituals that one usually goes through prior to eating: selecting the food and purchasing it (it's a comfort knowing that you have it on hand when needed), putting it in a closet or on a shelf or in the refrigerator or hiding it someplace where others cannot see it for various reasons (these are sacred places to food addicts), getting out the utensils, plates or bags of snacks, eating at certain times of the day and night, or when complementary to activities such as watching TV or working, or doing a project, or being with friends, or co-workers or anyone else....you get the idea. Often the process is almost as satisfying as the actual eating. You'll have to think about that concept a bit, so do not pooh-pooh it

without considering all of the aspects. As with gambling, the rituals prior to the act immediately cause the adrenalin to flow. About 15 years ago I attended a workshop at the CG Jung Foundation in NYC of which I am a member, and a visiting professor from Chicago by the name of Lavin propounded the theory that compulsive gambling was the 'kissing-cousin' of sexual addiction for the rituals prior to the sexual act were usually more stimulating than the act itself. I wrote an article in the June Issue of the NGH Journal where I explained in more detail about compulsive eating and addictions. It was entitled 'The Pasta Is Calling Me'. Take a look at it if you still have that issue. If not, you may contact the NGH and I'll send you a copy of the article.

Diet programs kid the public and not themselves. The diet protagonists know that weight loss under their tutelage is only temporary but lead the public to believe that it is long lasting. They televise the success stories but fail to tell you of the failures and that the success stories are only about a very limited amount of dieters with very small percentages of success. Sure, we can point to a few people that have done well but either I have wax in my ears or my clients, friends, family and acquaintances are lying to me about their experiences which have lead me to draw these conclusions. All change begins in the mind regardless of the goals that may be set. Every person has the opportunity to create a 'new person' every day but the challenge with which we are confronted is in making the change permanent. You do not do it by joining a program in which you raise your hand proudly or shyly to say that you've lost 1 pound, and then everyone claps. You must get into your mind and not your body. In the classic support groups of AA, NA and GA, you tell how long you have not pursued your addiction the same as in commercial weight companies, but you are also stimulated by other persons in the same boat and hear what they have to say. This begins you thinking. Thins sink into your subconscious mind. Overeaters Anonymous also works in that way. Many of my clients have been to self-help groups at one time or another and these groups are great. My approach is always working with the addiction for which I have developed several well-regarded techniques. I use my 'Thumb-Rubbing' technique in which I have the client rub his or her thumb and slowly count from 1 to a100 while giving some positive thoughts of abstinence, etc. In the 1<sup>st</sup> session I used my long White Light Induction, deepened the state, brought him to his safe and secret place, had him

imagine a time in the past when he was happy with his weight and shape, and he came up with the completion of basic training when he weighed 170 pounds and he was a 'lean, mean, fighting machine'. I anchored this image and created a trigger to help eliminate cravings and alleviate sadness and boredom, etc. I also had Joe place his hand on his esophagus and imagine that it has now started to get smaller. I instructed him to imagine the present size and shape....(wait, does anyone know the size and shape of their esophagus? No. Well, it does not matter. Any size and shape that the client comes up with is perfect. It's his or her image that counts not yours!) Thereafter I had Joe place his hand on his stomach while recalling the image of basic training and had him feel that where something is filled with love and happiness, etc., there is no room for overeating, snacking, etc. I asked him how his stomach felt now and he smiled and said 'great'. I taught him Thumb Rubbing, and Self-Hypnosis, and ended with appropriate Affirmations. On the 2<sup>nd</sup> visit he claimed that he slept better than he had in a long time and that he had lost 10 pounds due to watching what he ate. His wife also related that Joe refused to go to a repast after a funeral as he did not want to improperly eat. It's almost like avoiding people, places, and things especially in the beginning of the new life style. I was stunned by the *alleged* 10 pound weight loss claim and could have let it go but I would have falsely felt good about such an accomplishment. So I questioned him about the 10 pounds and he said he weighed himself initially at home and weighed himself in my office the next time. Someone's scale is off but he absolutely lost at least 5 pounds because he showed me his belt where he moved it up a notch because he lost an inch in his waist. I saw the crease of the old notch on the leather. We'll use the office scale from now on.

The 2<sup>nd</sup> session, I worked with Parts Communication to determine the part or parts that were causing the improper eating. There was meaningful repartee wherein Joe came up with some very special insights. For several years now, I have been able to overcome most of my ego problems which led me to think that I was so smart to set the new jobs for the client's part at the end of the session, so now not only do I suggest very useful jobs for the part but permit the client to come up with tasks for the part. These client-developed tasks seem to be stronger than the ones that I come up with and this always brings to mind the advice of Dr. James Hillman, a follower of CG Jung,

that it is your client's story, not yours. The client knows what he or she needs to effectuate the healing and I always tell the client that he or she has all of the resources that he or she needs to effectuate that healing. It's nice for them to hear. (BTW: We heal nothing as all healing is self-healing. Also, I know we shouldn't use the word 'lose' as in 'lose weight' but I was in that mood today. I do use 'shed pounds' with my clients, usually that is!) Next week we shall do Time Line Repair and the following week further work with the esophagus in the Healing Room where Joe will be the 'doctor and the patient'. I'll keep you updated as I work my techniques with Joe.

**CAVEAT:** In strict compliance with the Ethics & Standards of our profession, always advise your clients who demonstrate symptoms of medical issues or psychological disorders to avail themselves of the best allopathic medical and psychological professional services that they can obtain. Request a written referral when warranted. Hypnotism is complementary to these traditional disciplines. You may contact Tony De Marco at [Tony@thinnerbandhypnosis.com](mailto:Tony@thinnerbandhypnosis.com); [www.thinnerbandhypnosis.com](http://www.thinnerbandhypnosis.com)