

Mirror, Mirror, On The Wall

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Mirror, mirror on the wall who's **NOT** the fairest of them all? Have you ever asked yourself that question while looking in your own personal mirror? Well, I assure you that many of our clients have looked at themselves in disgust, or with harsh self-criticism, or bitterness, or guilt, or shame, or in general, with severe negativity. My son Frank told me a long time ago that 'everyone looks in their own mirror', and that statement stuck in my mind immediately to this day and will do so for the rest of my life, when dealing with clients or my own life, as over and over again, it rings so true. I have found that clients suffering from anorexia, bulimia and BDD (body dysmorphic disorder) are the persons most disturbed by what they incorrectly see in their personal mirrors. All of these disorders require a written referral from a medical professional, such as a medical doctor, psychiatrist or psychologist prior to we hypnotists beginning work with them, as all of these disorders are covered in the DSM IV (The Diagnostic and Statistical Manual of Mental Disorders, 4th edition). I shall tell you now about one such case that I worked with over the years so that you have clear example of the issues of the individual, and the approaches that I took to offer relief of her symptoms, and of the actual disorder. The name, and description of the individual is changed herein to render identification highly improbable.

Kelly, a beautiful and shapely 17 year old girl, walked into my office with her parents, and I would defy anyone to peg Kelly as an anorexic because of her physical attributes. During the one hour interview period, the parents and Kelly narrated the history of in-patient and out-patient treatment for the past 2 years, as well as psychiatric and psychological treatment. It was related that Kelly would not eat much of anything and when she was forced to eat, she would go off into one of the bathrooms and purge herself of the forced food. There is a strong relationship of anorexia and bulimia. I have found that some alternate between these disorders.....usually from anorexia to bulimia when they become so tired of denying themselves attractive foods. She also was an 'exercise fanatic' going to the gym everyday and riding her bike outside and also using a stationary bike inside her home. Kelly and the parents also received a brief education of how hypnosis works and what Kelly should expect during her sessions. The parents left my office upon being assured that hypnotism was safe and worth being experienced by Kelly. I asked for weekly feedback, and for the parents' personal scrutiny in between visits with me. The first act that I had Kelly perform was to sketch a full length drawing of herself (vertical) and a second one of her home environment (horizontal) on an 8 & 1/2 x 11 piece of paper. I instructed her to use as many colors in the little box of crayons that I gave her as I wanted to see her choice of colors.....bright and dark ones. Drawings are indications of conscious and subconscious feelings and emotions. I wanted to see what she thought of herself and her home life. The drawings shouted out at me. Her drawing of herself was of a young girl with a protruding belly and large hips. She used a black crayon to outline her body, and her feet were not touching the brown earth. Believe me, the drawings of her body shape were totally incorrect but this is how she saw herself in her own personal mirror. Her home was very, very big, (money does not necessarily make things good) and she drew herself in the upper corner of the paper on a world-globe. She had chains making an 'X' across her body, and her face reflected sadness. Her parents were standing next to the world-globe. It was obvious what the home drawing meant but I asked her to confirm what I thought without my telling her

what I did think. She said her parents were very strict with her and controlled her life completely. We did a long 20 minute induction, safe and secret place, and Time Line Repair to give her an opportunity to express her negative happenings, preserve them as learning experiences, and purge the negative emotions and feelings with some excellent imagery. I gave her my unique 'thumb rubbing' TRIGGER to control urges, cravings, needs and desires to throw up after eating. I taught her self-hypnosis. We ended the first session with general affirmations and a few specific affirmations for the anorexia. I instructed her to practice self-hypnosis, thumb rubbing, and to make other drawings of her life in between the weekly sessions.

The second week she reported no improvement whatsoever. Her drawing contained a bicycle with a young girl riding it that was presumably her. We did Parts Therapy and the specific 'anorexia' affirmations that I prepared during the week. I gave her 2 sheets with short and long term goals and lines on them for her to complete at home. There was no improvement the third week as she was not eating and when forced would subsequently throw-up. The 'thumb rubbing' TRIGGER apparently was not working. The 3rd drawing was of an ice cream cone with a large 'X' drawn through it. We did the short and long term goal setting which included, eating regularly and meeting a nice guy for a good relationship. The 4th week there was no improvement in her narration of the events of the week and in her drawing which showed her imagined big belly and large hips. We worked on her self-confidence and self-esteem and used imagery of scenarios with her girl friends in an ice-cream parlor (which was taboo for her), and of her eating dinner with her family which included well-balanced meals and then watching TV with them without visiting the bathroom and without using her home bike. There was no need for me to discuss anything with her parents as she freely admitted to not eating mostly and purging herself when she did. The 5th week she reported that she was still only eating when forced to by her parents and that she squirmed while eating and suffered so much because they looked at her so closely that she could not go to the bathroom to throw-up. She 'hated' them for this. We did some future progression (6 months, 1 year and 2 years into the future) focusing more on a boyfriend and her great shape while eating properly. I continued with the affirmations for self-esteem and self confidence and regular eating habits. The 6th week there was no drawing and she was so sad. I started to fear that I could not help her and decided to stop seeing her. I told her to ask her parents for the next appointment as I wanted to speak to the 3 of them together. I would not waste this appointment so I had her enter the hypnotic state and we did some more future progression. I believe that the permanence of aversion therapy is highly questionable and I know that this will incur argument from many hypnotists, but I was desperate. There is also the danger that a pre-disposition for illness will be planted in the client's mind, so we must guard against that by taking it out of the first person and using another person as the person facing the pre-dispositions. This time the imagery included two paths: one path was familiar to her. This was the anorexic path and I had her observe a young girl about her age who was also on the anorexic path and we imagined the girl getting thinner and thinner and developing bad gums and teeth as a result of purging as the stomach acids were eating away the gums and enamel on her teeth. Her esophagus was being damaged by the acids and a pre-disposition for cancer was developing. I told her that there was a sad smile on her face as she looked at the girl on the anorexic path for she realized the pre-disposition for illness as a result of the anorexia. Then I asked her to look at herself on a path that was founded upon proper eating habits and to observe how great she looked; how healthy she looked and was. (I was lecturing at Barnes and Noble the week before and I purchased a book entitled 'Body Traps' by Dr. Judith Brown. I liked the book so

much that I returned to BN and bought a copy for my client) I told her to now imagine looking into her mirror at home and to see the new Kelly. I called specific attention to her stomach area and to her hips. I had her friends, male and female, admire her great shape. I made her a role model for the girls and so desirable to the guys. I had her parents so happy with the new Kelly. I opened a whole new life for her up to marriage and children, with everything in between. I 'half-heartedly' gave her the copy of the book, 'Body Traps' and told her it was worthwhile reading for her. Although I was ready to 'quit' I asked her to continue to make a drawing of her life nevertheless, so that I could show it to her parents. There comes a time when we must admit defeat as not having found the key to success.!!

The 7th session she came alone stating that her parents were unable to make the session, however she brought me a drawing that opened my eyes in surprise. In the center, there was Kelly with a slender stomach and hips, and a smile on her face. There was a bicycle with a large 'X' on it. To the right of her figure, she was with her girl friends in an ice-cream parlor sitting at a table and had an ice-cream cone in her hands. There was a large ice-cream cone in the upper corner with the former 'X' removed. Her parents, drawn very small, were standing by her large figure smiling. She drew everything good in the drawing. I asked her what happened and she said she did not know. She read 'Body Traps' but did not point at that for the reason for the sudden change. It is my belief that the book tied together so many things that we were doing and that she finally realized that the mirror was deceiving her for so long a period of time. The cover of the book was of an attractive, slender young girl, but the figure in the mirror was of an overweight girl with disproportionate features. This picture-concept was exactly the same as the image that Kelly saw in her own personal mirror every day and only God knows how many other anorexics see the same images in their mirrors. We had one more session and that was it. If you ask me what was the key to our success, I could not answer you. I do not know what we did that was the motivating factor or factors and I really do not care.

I was reminded of a book I had read a few years before: "Psychocybernetics" by Dr. Maxwell Maltz. He was a plastic surgeon and almost like a cult figure back in the 50's. After years of performing plastic surgery on women to make them pretty and men to make them handsome he realized that the surgery was not enough. Many of his patients reported that they were still 'ugly' in spite of the highly successful surgery. He deduced that their subconscious mind retained the old image and would not let go, so that whenever they looked in the mirror, they saw the old image and not the new pretty or handsome person. He then began to program them prior to the surgery to be able to accept the new image. Dr. Maltz said that we are 'goal-striving mechanisms' that function like heat seeking missiles or torpedoes....I forget the exact term that he used. His analogy was that if we have a negative thought our actions keep correcting themselves until the negative goal is reached just like the heat-seeking missiles correct themselves to reach the target that has been set. Unless we extract the negative images from our clients, they cling to the old images, the old beliefs, the old thoughts, seeking negative goals and finding the old, negative images in their own mirrors. We must plant positive thoughts and images about everything in their lives that we can imagine. This also brought to mind the world-famous case of Christine Jorgenson circa 1947. Christine was formerly a G.I. named Chris who underwent the first highly publicized sex-change operation in Sweden....I believe that was the country. Well, she (formerly he) was in severe depression after the sex-change and attempted suicide. Christine was not conditioned before the surgery to accept the new body change and new female image. It was too severe to properly handle. It is my understanding that

now, in sex-change operations, the patient must undergo psychological programming and instruction prior to the operation being approved.

To update the life of Kelly: A couple of years ago, a woman was tooting her horn at me and the girl in the passenger seat was waving wildly. I did not recognize them until they pulled up alongside my car, rolled down the window and the girl said 'Hi Tony. I'm Kelly.' She and her mother, the driver, were so happy as Kelly was getting married in a couple of weeks to a nice guy and she never returned to the anorexic actions of her 'old life'. You could readily see all of this on her face and in the happiness of her mother.

Our minds are wondrous gifts, yet there are pitfalls and dangers of which we must be aware. The more we, as hypnotists, understand that everyone 'looks in their own mirror', the better equipped we are to help our clients create a new image, a new life. Never fear, you are beautiful and handsome and so I am I....