Protection and Nutritional Nervosa

Stephen B. Karpman and Viola Litt Callaghan

Abstract

Nutritional Nervosa is a modern eating disorder characterized by obsessive concern for nutritional quality. Ten needs for protection are offered for the consumer and health adviser to consider.

"Nutritional nervosa" is defined as an eating disorder in which a person acquires a hypochondriacal, obsessive or paranoid concern for food out of misuse of nutritional advice. It has a parallel in medicine in the condition called "cardiac neurosis" in which a person severely limits his/her activities following a cardiac scare or a mild caution given by the physician.

The examples of nutritional nervosa in our society are familiar: A woman compulsively eats dozens of carrots a day for the beta carotene protection following a visit to a dying friend with AIDS. A man compulsively eats so much garlic that he is relieved of his toxins and his friends too. People invent fad diets (i.e., nothing but tofu, morning, noon and night) that are unbalanced nutritionally. Toxic levels of selenium and beta carotene have been consumed by individuals following a TV announcement of their cancer risk-reducing benefits. A cardiologist advises a patient to reduce cholesterol intake and the person eliminates dairy products so completely that he risks hypertension from vitamin D and calcium deficiency. Health proponents teach a scientific eating plan that so immerses the advocate in details ("Don't eat X, don't eat X with Y, don't eat X without Z, always eat Z") that the person becomes trapped in an obsessive system of eating for years.

In nutritional nervosa, food becomes a threat and individuals stop looking forward to eating their supper. Eating defensively from the Adapted Child (in fear) instead of the Natural Child (in joy) may lessen the final value of the food. Some people measure out their food as if it were laboratory chemicals, and are never more than five feet away from a bottle of supplements. Food is treated like medicine. The safe old adage of "moderation" in diet gives way to "extremism" in diet. As the list of safe foods dwindles with each new media announcement, health food store vitamins and supplements become the staple of the meal. These people are eating to live, not living to eat.

TA Issues

What are the psychodynamics underlying nutritional nervosa? Is the misuse of life-enhancing information an expression of an internal conflict or is it a commonplace event? In a transactional analysis perspective, food can be the *currency* used to advance a second or third degree destructive life *script,* usually when there is an underlying parental *injunction* of "Don't Be" or "Don't Be Well." A more commonplace first degree "Don't Think" injunction leads to indiscriminate thinking and misinterpretation of information. When there is *passivity* and *discounting* around thinking, there may be grandiose beliefs in the magic of foodstuffs, overdetailing of diets, and discounting the significance of alternatives.

The *counterscript* may have an absence of health-oriented parental role models to give the *permission:* "Take care of yourself" and the instructive *protection:* "Here's how you do it safely." New food information may be taken over by the five counterscript *drivers:* the *Be Perfect* person can be obsessive with "perfect" diets, the "Be Strong" person may deny all nutritional cautions, the "Hurry Up" person will not wait for the full information, the "Try Hard" person will try and try and "almost" be successful in a diet, and the "Please Me" person will please others by following the latest fads.

A *racket* feeling substitutes for a deeper feeling. A fear of eating in the elderly may mask a fear of death, with eating rituals used to bind the anxiety. A second degree fear of food in-

gredients may cover up a third degree paranoid fear of poisoning. A food phobia may be the Child's "prize" for the fear *trading stamps* collected from many frightening social transactions. A newly discovered attitude toward food may turn out to be only a *rubberband* back to an earlier family attitude toward food, or a move in a long-forgotten dinner-time or even nursing-time food game.

Food is used as a move in a transactional *game* as well. A player can eat from the *Victim* role ... Victim to the alarmists, media, and other well-meaning persons who give permission without protection. The *Persecutor* and *Rescuer* drama roles can be played simultaneously when food is the vehicle used by a crusading zealot to convert others to unsafe diets. In a broader three-handed game, some members of the holistic health field and medical fields push each other to extreme positions: the physician discounting the successful mobilization of natural immune resources in faith cures, and the healer discounting the power of medical treatments. Each says that he or she is the Rescuer, the other is the Persecutor, and the public is the Victim. Each will not openly refer people to each other, but secretly need each other to stimulate research, and as a collaborator to give the public a choice.

People react in various ways when they hear or read about new health discoveries. Some listen carefully, some misunderstand, some laugh it off saying, "In five years they will say the opposite." Some get frightened.

Protection

The usual protection against nutritional nervosa comes from the O.K. ego states. A healthy Parent-Adult-Child can make for a healthy body. The O.K. Critical Parent evaluates new trends according to strict standards. The Nurturing Parent gives the Child permission to be healthy. The Adult gathers information, makes decisions, and follows through. The Free Chld uses healthy intuition and enjoys life. The O.K. Adapted Child goes along with the others without a scripty attraction to dangerous payoffs.

The protection should come not only from the consumer but from the health practitioner as well. An aware adviser must look out for the possible misinterpretations and misuses that human nature can dream up and make the audience aware of these. This is in keeping with the variation of Murphy's Law named The Karpman-Callaghan Law, which states, "If teachings can go wrong, they will." The protections are *transactional protections,* of what can go wrong with advice and new ventures, as opposed to *script protections* given by a potent therapist when the client is trying out the new script permissions.

The problem is that people do not always know that they need protection. A promise of a quick cure or quick high can be irresistible, and the Child may not know that sometimes the cure is worse than the disease, or that he/she may lose the way on this new trip. The growth movement gives permission to the Nurturing Parent to "Take care of yourself" but gives even stronger permission to the Child to "Try new things."

Ten Protections

There are ten protections susceptible people need in their Parent to avoid "nutritional nervosa." These protections are offered as guidelines for anyone giving or receiving nutritional information, such as teachers, therapists, clients, consumers and nutritionists.

1. Protection against suggestibility. Through the power of suggestion, symptoms can be suggested to undefended people and become "self-fulfilling prophecies." For the years prior to informed consent, doctors avoided mentioning the possible negative side effects of drugs to their patients out of concern for this phenomenon. Optimism and "bedside manner" can suggest positive results in medicine as well as in naturopathic, allergenic, and nutritional fields. If positive suggestion is coupled with unnecessary warnings of dis-ease and cancer it may then suggest a dis-ease that wasn't there or leave a susceptible person fearful for his/her life.

If a person is told that eating bread and milk together ("Don't eat X with Y") causes gas they may indeed start getting gas, but the cause may be from swallowing air during "healer-induced" fitful eating. If a person is told: "Don't eat X, it will cause indigestion," then indigestion is more likely to occur. One man went to an allergist and was told he was allergic to 75 out of the 125 food substances tested. He did not distinguish between major and minor allergies and the information so drastically changed his eating patterns that he later said:

"I would have been better off if I had never been told about all those allergies."

2. Protection against magical thinking. Throughout history, people have collected and used magical charms, magical potions, and magical rituals for protection from external fears (without openly realizing that the protection worked primarily on internal fears). The belief that magic works may at times mobilize Natural Child resources and enhance health but magic becomes a problem when the person substitutes the magical protections for the real protections. A woman who believed her Volkswagen had a protective bubble around it — a positive "aura" — stopped using the protection of her seat belts. A gay man found an advertisement for special vitamins and minerals that promised to prevent AIDS; so now he feels safe in going on with his promiscuous lifestyle without any concern for routine precautions. Another person used beta-carotene pills as magic pills and did not bother to eat broccoli, carrots, green peppers and other natural source foods.

Garlic is sometimes used for its magical powers the way it was used in medieval days to ward off vampires. Garlic hangs in kitchens today instead of around people's necks. When asked for proof of its effectiveness, a person replied, "Garlic and onions are good for your arteries ... I think maybe they've almost proven that ... but they smell and sometimes I can't sit next to my girlfriend Jane who eats them all the time and when she drinks wine she smells like a garlic festival." Others feel that if they take their vitamins in the morning, that it is alright for them to go ahead and eat junk food. In some cultures, people drink their own urine first thing in the morning the way others drink fresh orange juice with vitamin C. Some people "cleanse" their arteries each day with lecithin.

3. Protection against dependency. There is a tendency for passive people with a "Pied Piper" script currency to become dependent and blindly follow a dominant, charismatic leader. Responsible healers will protect people from spending their money and "hanging on." But some covertly encourage people to follow them and to stop thinking. Entrapment in a cult can take many forms. A nutritionist can inadvertently scare a person into being locked into a system for the sake of survival. As soon as one body organ is finally O.K., they say, "Next we start on the adrenals," and the treatments (and payments) can go on interminably. Clients can want something to work so much that they stop using their own critical thinking, common sense, and intuition. People who maintain their own perspective are free to leave a system and go on to something else.

4. Protection against rigidity. Nutritional advisers should look out for people who will lock onto a belief as if it were dogma, and for those who are closed-minded to new information and get mad or sarcastic when their concepts are challenged. Secretly, the teacher may welcome such a "good student." But that attitude can prove unhealthy and the person's rigidity might turn off his friends to nutritional concerns. Rigidity is a disadvantage when dietary flexibility is needed, new information is available, or when there are no signs the foods are working. One woman reports: "I went out to eat with my girlfriend and her boyfriend, and she (rigidly) made such a fuss about oil being brushed on her fish that it was embarrassing!"

There is rigidity in the adherence to "traditional" diets as well — despite well-documented evidence — such as the bacon (nitrites and fat) and eggs (cholesterol) breakfast with the coffee (caffeine) and cigarette chaser, and the "robust" lunch and dinner featuring an abundance of meats (animal fats), salt and whole milk (cholesterol).

5. Protection against overreaction. The tendency in human nature to "go overboard" out of enthusiasm or out of fear can show up in many ways. With enthusiasm, megadoses of Vitamin A and Vitamin C are taken for health maintenance often at toxic levels, with the belief that "If a little is good, then more is better" and "It's O.K. because everyone's system is different." And it is just as likely that a rumor to the opposite effect is passed along as hearsay; i.e., "My girlfriend Pat's husband is a chemist and he says not to eat too much Vitamin C. It makes your kidneys work harder ... or does it decalcify your spine ...?"

Conversely, people can overreact in fear and totally avoid a food that they were told to only "cut back" on. Some people say it can be dangerous to avoid foods completely that you enjoyed in your childhood. One health practitioner was heard to advise people not to cut back totally on sugar because "If it comes from

Hawaii, it's got good Karma.''

6. Protection against gullibility. People are gullible and can take things seriously that are said casually. One man reports, ''My ex-wife told me that I shouldn't eat milk and tuna fish together and I know it's not true and she didn't give me any reasons but it still bothers me.'' A woman reports an ''old wives' tale'' she heard as a girl: ''When I was seven I was told that if you have milk and cherries together it will make you sick and I still think of it today... and once I read an item in a supermarket that worried me for years, that people who have creases in their earlobes are more prone to heart attacks and I have a crease in my left earlobe.'' In the three examples above, the source for the information was an ex-spouse, an old wives' tale and a supermarket weekly.

7. Protection against fanaticism. Some people fanatically pursue what they want to accomplish and will stop at nothing to get it. Several weight loss diets have been fanatically extreme and later proven to be harmful, or even fatal. One person who wanted to look youthful took a beet and sardine diet to get rid of wrinkles. The diet partially worked because it was high in salt and there was ''puffing up'' of the tissues and ultimately it resulted in toxicity to her system. Some individuals are fanatical about not eating others' cooking and carry their own food to people's houses. One man grew his own vegetables because he heard that decaying vegetables give off protective toxins that are carcinogenic, but he never found out which vegetables and under what conditions it happened. During the recent medfly spraying in California, a man was fined when he would not destroy the fruit on his trees because he would not eat store-bought food.

There are fanatics who crusade with their followers against other health approaches from the ''We're OK, They're Not OK'' position rather than appreciating the value of each contribution. Others make their points through shocking demonstrations, such as the breatharians who reportedly live on air alone. Lecturers have been known to use magic tricks and stage effects to bring their message to the audience, without telling the audience what they did.

8. Protection against misinterpretation. People frequently accept incomplete information without asking questions or knowing what to ask. Important health decisions have been made from misinformation and partial information. Many people assume one source is sufficient. Some magazines and newspapers are limited in space, and print excerpts of the ideas, leaving out major considerations, which one would never know about. Some people believe what they read, regarding the printed word as authoritative, and do not look for the political position, self-interest, and financing of the publication.

Some ideas are later disproven, but people continue the obsolete health practice because they never happen to hear about the follow-ups and retractions. The updated information may come much later in an altered form through third-hand hearsay and rumors, as for example,''Don't take protein pills. People used to take protein pills for energy and muscle but it was toxic if you ate too much ... it's something about the ketones ....'' and ''People took Vitamin A for their skin to prevent acne but they overdosed on it because it was lipid soluble, or something, and their body didn't excrete it.''

It is important to know how to evaluate the source of the material. Who are the proponents of the idea? What is the research? Are the variables controlled? Do they have a financial gain in what they are proposing ... a product, fame, selling books or getting clients? Are they affiliated with a parent institution? Is this their real field of expertise or are they going off on a tangent? Is the research proven by more than one group? Has later research disproven it?

9. Protection against hypochrondriasis and depression. It is a good rule of thumb for the health teacher to assume that there are hypochondriacs in the audience and to be clear about what she/he is really saying and not saying. People who worry excessively about their health will selectively gather information from their scared Not-O.K. Child rather than with their Adult. Sometimes the information will set off a reaction that will lead them to change their image of themselves from a well person to a sick person. Often hypochondriacs had parents who doubted their viability as an organism and a similar attitude by a scared teacher will trigger off the old script fears. With the depression comes a turning inward. A vicious circle is established between attention inward to body,

and attention outward to holistic cures, and back inward again.

One woman in therapy in San Francisco uncovered the exact moment that she changed her identity from "well" to "sick." It was when she was told she was allergic to the dust in the fog. From that moment on, she no longer was a *well person* with allergies, but became an *allergic person,* who used to be well. She had been eating purified foods and feeling better at times, but the "sick" identity had never been addressed.

10. Protection against fearfulness. The inward fear of the hypochondriac above contrasts with the outward fear of the phobic and paranoid person. Fearfulness about food that is eaten can take many forms. In first degree (socially acceptable) fears, a person may react to the media's "one scare after another" by avoiding foods (or avoiding the media). With second degree (socially embarrassing) fears, individuals' habits may seem extreme to ... their friends, or they may hide habits from their friends. In third degree (damaging) fears, the anxiety may be crippling. A paranoid personality may fear contamination of body fluids by hidden toxins.

With milder fears, a person may obsess over choices, such as: "I better eat liver because it's good for me, but it's also very high in cholesterol." With stronger fears, people have avoided restaurants or carry their food to restaurants because they fear the cooks may have AIDS. Others make a "leap of fear" and go from a specific to a generality, i.e., from the healthy habit of throwing away the peanuts with carcinogenic mold on them, to an avoidance of all peanuts and peanut butter forever. Some people avoid all beverages and wind up drinking hot water because, as one person put it, "Coffee has 150 bad chemicals in it and tea causes something or another but it also has something in it to prevent cancer." One woman with a fear of contaminated water routinely took a portable water filter to restaurants to make purified water right at her table.

Conclusion

In this decade, great advances have been made in personal health consciousness, nutrition, and physical fitness. More information, more products, more providers, and more role models are available. With the greater *Potency* in the new societal Parent, greater *Permission* is available, and greater *Protection* is needed for those who overuse (and underuse) these resources. People who teach nutritional consciousness can maximize these considerable benefits by being aware of how some of their audience hears what they teach. Although the teacher is not responsible for the other person's idiosyncrasies, there is a responsibility to take them into consideration.

Stephen B. Karpman, MD, is a Clinical Teaching Member of ITAA, an Assistant Clinical Professor of Psychiatry at the University of California in San Francisco and maintains a private practice in San Francisco, California.

Viola Litt Callaghan, MA, is a licensed Marriage, Family and Child Counselor, a Clinical Teaching Member of ITAA, a member of the ITAA Board of Trustees and maintains a private practice in San Francisco and Walnut Creek, California.