NUTRITIONAL MEANS TO THERAPEUTIC ENDS

by Annette Poizner, MSW, Ed.D.

I sat behind a one-way mirror, watching a medical resident conduct an evaluation of Steve (not his real name), a 32-year-old single man who was experiencing panic attacks and other anxiety symptoms. Steve described his difficulty sleeping, his constant worry and frequent episodes of panic and then added another symptom: muscle spasms in his hand. The resident asked, "What do you think that's about?" Steve responded, "Stress." The resident agreed.

After a comprehensive history taking, the resident re-joined the team behind the mirror for input. I was there as a consultant that day. I offered several thoughts about the client's situation, including a question about the client's symptomatology: might Steve be suffering from a deficiency of an essential mineral, magnesium? Magnesium deficiencies are common, especially amongst people like Steve who eat a diet of fast food. Symptoms of deficiency include insomnia, anxiety and spasms of the muscles in the extremities (Haas, 1992). There was a silence in the room of physicians and medical residents that seemed to bespeak a limited familiarity with this subject matter. The resident returned to Steve and provided dietary advice to augment the anti-anxiety medication the client was requesting.

In his book published by the American Psychological Association, Christensen (1996) compiled a list of nutritional deficiencies which have been correlated with the incidence of particular psychological symptoms. A deficiency of niacin, for example, has been associated with depression, anxiety, increased irritability, insomnia, fatigue and other symptoms. This information would be less relevant if the population were making healthy food choices. Reports indicate that this is not the case. A Globe and Mail feature article suggested that the typical North American diet provides an inadequate intake of calcium, fiber, fruits and vegetables while providing an excess of fat (Breckenridge, March 18, 1995).

In light of what we know about the average diet, we could hypothesize that nutritional imbalances might be a factor contributing to many clients' difficulties with mood disorders, anger management problems, insomnia and other conditions. Yet, psychotherapists are not necessarily addressing the nutritional factors that may be contributing to their clients' difficulties. A survey of 232 members of the American Psychological Association concluded that psychologists tend to assess and make recommendations around diet and exercise practices less frequently than they do for other health behaviors. Survey respondents acknowledged that their clients often indicated the presence of conditions which would be amenable to these recommendations. Few respondents, though, had received any education about nutrition. More than half of the respondents believed that nutrition and physical fitness should be required study in the context of the graduate school curriculum (Burks & Keeley, 1989).

Without specific training, it is a challenge for therapists to address nutritional issues that can impact therapeutic outcome. Yet, if therapists invest time in learning about nutritional issues that can affect well-being, the results can be beneficial. To cite one example: Judy was a 19-year-old university student who was suffering from anxiety attacks whenever she had to write a test or exam. She had always been a strong student. Now, her academic career was at risk. She was in first-year university and was walking out of examinations at the onset of her anxiety symptoms. Her doctor had suspected a blood sugar condition. He requisitioned a blood test and the results were normal. Judy was referred for counselling to manage what was perceived to be an anxiety problem.

I was impressed with how little Judy knew about hypoglycemia despite the fact that she had been assessed for this problem. Fluctuating blood sugar levels can create anxiety symptoms as well as the type of fainting spell she had once experienced while writing a test (Fredericks & Goodman, 1969). Judy was unaware that blood sugar problems are often not detected in blood tests. Further, she did not receive dietary advice on how this condition is managed. She came to her own conclusion that she would protect herself in the off chance that she did have a blood sugar problem by eating sugar candies and drinking orange juice right before each exam! I informed Judy of the protocol for managing hypoglycemia. She adjusted her diet and ate frequent, small meals while minimizing her intake of refined sugar. We also worked on relevant therapeutic issues. By the end of our 10 sessions, Judy was performing well on tests and in an act of final confirmation an endocrinologist finally diagnosed her with "reactive hypoglycemia."

In our sessions, Judy and I discussed relevant personal issues but I think the greatest benefit she derived from our work was getting the diet management information she needed to manage the blood sugar problem. Sometimes a small piece of information will be the difference that makes a difference in a client's ability to thrive. A 20-year-old woman came in to learn relaxation strategies to address her high blood pressure. Surely her doctor would have counselled her to break her daily coffee habit when he made the diagnosis. Perhaps she only took the message to heart when we pursued that goal alongside a regime that involved other behavioral and lifestyle adjustments. I worked with a man who struggled with poor sleep quality but had been unaware that his favored high-protein diet was potentially over-stimulating, contributing to the sleep disturbance. For some with anxiety conditions or anger management difficulties, it has been helpful to discuss these problems from a Chinese medical perspective. Both problems relate to a surplus of "heat" in the system, which is partly ameliorated, according to the Chinese model, by drinking ample water during the day and avoiding diuretics like coffee and caffeinated soft drinks (Beinfield & Korngold, 1991).

Additional nutritional guidance comes from the work of Christensen (1990) who investigated the value of a caffeine free, refined sucrose-free diet in the treatment of depression. Twenty subjects diagnosed as experiencing a major depressive episode

according to DSMIIIR criteria were placed either on the target diet or on an alternative red-meat-free, artificial-sweetener-free diet (for the control group). Subjects in the experimental group demonstrated, at post test, a significantly greater decline in depression as was indicated by four depression measures and several measures of general psychopathology. That improvement had been maintained at the time of the three-month follow-up. Christensen concluded that some individuals are reactive to sugar and caffeine and will experience significant improvements in their depression if they make dietary changes. He has designed a scale to help discriminate between individuals who may respond to dietary intervention and those who may not (Christensen, 1996).

Even with regards to obesity, therapists can put weight loss on the agenda. In casual conversation with a physician, I once discussed my perception that some physicians seem reluctant to talk about weight loss with clients even when there is an obvious need. He agreed, saying that people are quite resistant when it comes to dietary change and so doctors are, at times, avoiding a potentially contentious issue. If this is the case, it behooves therapists, particularly if they have leverage with their clients, to address the issue.

Besides offering nutritional strategies to facilitate therapeutic goals, therapists can also be helpful by inquiring about clients' supplement programs, often self prescribed, and considering whether specific supplements may be contraindicated or may be aggravating a mental health problem. Mary, an executive in her 40s, took on an ambitious and exciting new position but sought counselling when the higher demands triggered terrible anxiety. She described the following symptoms as stress-related: racing thoughts, sleep difficulties, constant worry, panic attacks and sore gums. Sore gums? Mary had consulted her dentist who agreed that this symptom was likely stress-related. I asked Mary whether she had increased her vitamin B intake in anticipation of the new stress level associated with this job. She brightened and, self-satisfied, told me she had doubled her dose of vitamin B, a 50 mg ' stress tab'. I told Mary that vitamin B is highly stimulating, particularly when the dose is suddenly and dramatically increased. Extra vitamin B-5 in the system is harmless, but until one acclimates to the higher dose, the symptoms include sleep interruption and sore gums (Davis, 1965). Mary reduced her dose of vitamin B and her sore gums cleared in two days. She began sleeping soundly through the night whereas before she had been waking in the middle of the night every night and ruminating about work for an hour or two before falling back to sleep.

People often assume that there is no downside to taking natural supplements. Yet, vitamin B or vitamin C, if taken at night, can disturb sleep. Both should be taken in the morning after a full meal. These vitamins are acidic and can irritate the sensitive stomach lining if they are ingested without food (Pearson & Shaw, 1982). Many people don't know this and other facts about supplements that have caveats about how and when to use them.

Any front-line practitioner who asks a few questions about vitamin usage can provide helpful preventative advice which clients may not solicit from their doctor or other health care practitioners.

Becoming a nutritionally aware clinician requires a well-developed referral network in order to match clients with practitioners from medicine, naturopathy, Traditional Chinese Medicine, kinesiology, nutrition or other specialties that might seem indicated. I frequently refer clients to the Canadian College of Naturopathic Medicine's student clinic in Toronto, which provides naturopathic care at very reasonable rates. As front-line health-care providers, therapists can initiate the referral which helps uncover a medical condition or subclinical nutritional deficiency that had previously been overlooked.

I remember a time when I asked my cleaning woman, who was in her 50s, to verify whether there was a smell in the kitchen. She informed me that she had lost her sense of smell some time ago. I asked to see her tongue, curious whether she would show the fissures consistent with a vitamin B deficiency. She did and consulted her doctor at my insistence. He asked her to take 50 mg of vitamin B with each meal and told her it would take months to rebuild the stores of vitamin B in her system. Over time her sense of smell improved and she noticed more energy. The intervention would not have happened if it hadn't been for a happenstance discussion that led to further investigation. It's just this kind of interchange that can happen between a therapist and a client in the course of their discussions or updates.

The task for the therapist is to pursue further reading on the topic of nutrition and lifestyle, to investigate these areas when assessing clients, and to embrace an interdisciplinary model that encourages consultation with and referral to other health-care providers. Therapists must gain familiarity with the assessment of a range of different physiologically induced psychological problems and must also show care not to diagnose medical conditions at any time which would constitute an illegal act (Medicine Act, 1991) and an ethical violation.

Once the client has sought out an expert's opinion of his or her situation, the therapist can next play a role in encouraging compliance with the directives that the referred practitioner has issued. Once again the clinician will require at least basic knowledge of rudimentary practice principles of the disciplines involved.

Various avenues for learning are available to the clinician who is trying to amass a working knowledge of the areas being discussed. A recommended reading list is included here but additionally, courses are offered in nutrition through different colleges and sometimes workshops are offered which are directed to counselors and therapists.

The emerging field of health psychology has explored the relationship between behavior and health, and within that field the importance of health promotion has been widely acknowledged (Diekstra, 1990). While one avenue for delivering health promotion services is through public education via the media and the classroom, another important avenue remains the psychotherapeutic context. Psychotherapists in clinical practice can use their expertise in the realm of change management, motivation and relapse prevention, in order to promote health-enhancing lifestyles, which could ultimately help reverse the prevalence of chronic disease in

the population. This conclusion was drawn at the 46th Annual Convention of the International Council of Psychologists (Wilson, 1989). Hopefully, therapists will continue to attend to an area of practice which could heighten the efficacy of psychotherapeutic treatment while also promoting wellness in clients.

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Recommended Reading

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