

# Psychological Stress of Clearing from Food Allergies

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In the excitement of Orthomolecular medicine, we may forget the psychological needs of our patients. In our enthusiasm, we may hope and believe that megavitamins or clinical ecology are all our patients need to get well. We contend here that this is not the case, but that Orthomolecular patients may actually experience increased psychological stress and rather often may need special psychological help. Some examples of these will be discussed in detail. We also contend that the same symptoms can be precipitated by psychological stresses, by food and chemical allergies, or both. Stress is stress.

Between April, 1976, and April, 1977, as part of our psychiatric practice in Boise, Idaho, about 60 patients completed ecological work-ups using mainly Randolph's method of deliberate food tests, mostly as office patients, with a few doing part of their testing in a regular hospital ward. For several years prior to this, we worked extensively with hypoglycemia, somewhat with megavitamins, and took several chronic patients in their early twenties into our home to live. For the past 10 years, we have worked with Cestalt and other psychotherapies involving instruction

in sensory awareness (rather than analytic interpretation). While our results have been generally most gratifying, it is from the patients who have not done so well that we have learned the most.

Both Orthomolecular therapy and psychotherapy involve a lot of learning for the patient, who must acquire new ways of managing himself, and new awarenesses. These can be difficult. For instance, the awareness that eating itself is stressful and that reduction of this stress requires reducing the number of foods eaten at one time can present real difficulties in the management of eating in some family homes or out in restaurants. In psychotherapy, it can be difficult to learn how to listen to one's spouse, to make oneself clear to one's children, or to acknowledge one's defenses and manipulations. Learning any of these new things is like learning a new language, or a new musical instrument: not easy.

What is much more difficult than learning new ways is letting go of old ways. To let go of old ways is like suddenly being without one's clothes: naked and vulnerable like a little child. More than most of us realize, for our patients to let go of old ways plunges them into a sense of helplessness that can be profound. Allergy/addictions to foods or other substances are such an effective

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defense against the immediate effects of stress that letting go of addiction can be especially threatening. It is easy for all of us to imagine that, once a patient has stopped an addiction or other old habit, he is O.K. now. What I am saying is that this may be the time when he is most in need of psychological support and other assistance.

The first step in this support consists of reminding ourselves and our patients that the time of beginning to recover from their old chemical and behavioral patterns is a time of special stress. This is done by verbal discussion and helps bring change in belief systems. So many of us have been taught that we should manage life by ourselves now that we are grown up, that it is hard for many people to accept their own need for extra assistance. And it is so easy to assume that, once the "sickness" is gone, the problem is over. In a sense, it is just beginning. No wonder so many people stay addicted!

After that first step of explaining to our patients how surprisingly stressful it is to be without one's sickness, then comes the step of actually providing the necessary temporary support. This can be done in several forms and can come from the physician and his staff, from the patient's family or friends, and through religion and other sources. It may involve direct support, training in new skills, and emotional guidance and assistance.

We will give examples of how we have provided each of these. Our direct support has included providing room and board in a supportive environment, providing rides to the welfare office, taking a patient shopping for clothes, and simply making our facility available for them to drop in and spend time and be in contact with other people whose attitude will lighten their daily load rather than increase it. Our training in new skills has been largely group therapy or instruction in Gestalt awareness, relaxation, family communication, etc., as well as Rolfing and movement awareness sessions, all of which increase a patient's ability to manage the stresses of daily life. Our emotional guidance and assistance has involved our being personally available most or all the time, often for brief contacts, as parents are for their children, to

listen, offer advice, and most of all to repeatedly reassure our patients that it is normal to feel overwhelmed and vulnerable and they should just let these feelings flow in. These are merely examples of how we have offered direct support, training in new skills, and emotional guidance and assistance. The important thing is that any facility practicing Orthomolecular medicine or clinical ecology recognize its patients' needs for additional support at the time of losing their familiar illness.

A particular source of trouble can be the patient who, at the more obvious and verbal level, wants the treatment, appearing highly motivated to get well, while at a less aware level is nowhere near ready to give up the old ways. Of our 60 patients, we have had four women like this who openly complained and expressed their dissatisfaction with the treatment afterward, two of them filing grievances with the county medical society. These same two, interestingly, had longstanding patterns of blaming all their problems on one of their parents, about whom they had loudly complained for years. All four women had been among those most desperately seeking help from us for their chronic and fairly severe illnesses that included the usual multiplicity of physical and mental symptoms; at the start each of them seemed especially strongly motivated. Their response to clearing from the chronic adaptation to their allergies was a surprise: accentuation of the longstanding psychopathology, of which they did not seem ready to let go. In addition, all four seemed unusually reluctant to let go of their old habits of depending on medication, nutritional supplements taken haphazardly, and going to several doctors at once.

A related and more general issue is our observation that clearing from food allergies, and from the adaptive addictive reaction to them, leads to increased sensitivity to life, including both the peace and the stress. It may be that our special troublemakers were overwhelmed by this and retreated into their old habits. Not only do patients report increased sense of smell and other senses, but also an in-

creased strength and depth of a variety of emotions. Letting go of habitual allergic reactions certainly is a prime example of letting go of old ways and, welcome though it may be, can be quite stressful. We find that, for many of our patients, their increasing clarity accentuates their need for support; it is easy for us to expect the opposite, by assuming that they are getting "well" now and will need less support. When the fog clears, the sunlight can be painfully bright at first, until one gets accustomed to it.

A final note in this paper on psychological stresses of clearing from food allergies is the simple point that stress is stress. We had a patient who fell unconscious from eating peanuts, chocolate, or milk products. After completing her three weeks of deliberate food tests and going on her rotation diet, she fell unconscious much less frequently. Now it happens mainly on exposure to her grandmother, who is, in our opinion, a most difficult lady to live with. We have had patients who develop the identical headache in response to specific foods and in response to psychologically stressful situations. From these and other clinical experiences we have concluded that, while a particular symptom pattern may be peculiar to the specific patient, this does not allow us to conclude that the precipitating stress is specific. We have come to respect the power of psychological and spiritual stresses along with allergic and other ecological stresses, in producing symptoms in our patients. And we teach our patients to respect this in planning their lives following treatment. Stress is stress.