

Psychotherapy Guidebook

NUTRITION-BASED PSYCHOTHERAPY

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Nutrition-Based Psychotherapy

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DEFINITION

The purpose of nutritional therapy is to create an optimal molecular constitution of the body. This includes supplying the concentration of nutrients the body needs to maintain peak psychological functioning. Since proper mental functioning requires the presence of many different nutrients in the brain and nervous system, psychological symptoms may result if proper levels of nutrients are not maintained in the human body. Also, certain foods can result in psychological symptoms, and it may be necessary to eliminate them from the diet.

Human beings can be conceived as an equilateral triangle consisting of psychological, body-structural, and nutritional components. Frequently, nutrition can be an important and sometimes critical link in improving psychological functioning.

The use of nutrition as an adjunct to psychotherapy in the treatment of emotional and mental disorders is based on a number of assumptions:

1. Nutritional deficiencies manifest themselves through emotional

symptoms long before acute deficiencies result in medical symptoms. For example, Newbold found that, though they showed no symptoms of physical illness, over one-third of his psychotherapy patients had low levels of vitamin B12. They improved substantially when they were given supplemental B12. Krehl has found that patients with mild deficiencies of magnesium had the following symptoms: alarm from unexpected movement or noise (100 percent), disorientation (83 percent), mental confusion (77 percent), hallucinations (44 percent), and convulsions (22 percent).

2. Just as there are wide variations in personality, there are wide variations in individual needs for various nutrients. Stress also increases the need for certain nutrients. Roger Williams calls this key concept in nutritional therapy "biochemical individuality." VanderKamp found that schizophrenics metabolized ascorbic acid at a rate ten times that of a control group of normal individuals. He gave six to eight grams of ascorbic acid every four hours to ten schizophrenics and all of them showed clinical improvement. The wide variation in individual needs for nutrients explains why some people may need dosages of B6, niacin, C, B12, or B1, or other stress-related vitamins in quantities hundreds of times greater than the minimum daily requirements in order to function at their psychologically optimal level. Other people may meet their nutritional needs on a well-balanced diet alone. The purpose of nutrition counseling is to facilitate the client's discovery of the best nutritional program for him.

The average American diet is neither well balanced nor nutritionally

adequate. Soil depletion of trace minerals and the refining of foods has resulted in the removal of about 80 percent of some nutrients critical for psychological wellbeing, such as chromium, magnesium, and the B-complex vitamins. I (Alfred L. Scopp) have found that 90 percent of my psychotherapy clients do not meet minimum daily requirements of two or more nutrients according to a computer diet survey completed by the clients. The Senate McGovern Commission report confirmed these results for the general population. Over 25 percent of the caloric intake of the American diet is from white sugar, a food devoid of any vitamin-mineral value. Kugler found that 90 percent of respondents taking tranquilizers had inadequate dietary intake of magnesium, a natural tranquilizer.

HISTORY AND TECHNIQUE

Megavitamins, such as niacin and vitamin C, were used in the 1950s by Hoffer and Osmond for hospitalized schizophrenics. Feingold and later Rimland found that when food additives, preservatives, sugar, and/or excessive refined carbohydrates were removed from the diet of hyperactive or learning disabled children, behavior dramatically improved. Pfeiffer has found three subcategories of schizophrenia with distinct biochemical and personality profiles as well as appropriate corrective nutritional therapy. The Northern Nassau County Mental Center has treated five thousand schizophrenics and alcoholic clients using nutritional psychotherapy with a

high success rate. Treatment consists of an individually tailored program of vitamins, minerals, diet, and avoidance of specific “cerebral food allergies” that can create a variety of mental and emotional problems such as depression, irritability, and confusion.

The following diagnostic aids can be used by psychologists to facilitate greater nutritional awareness:

- 1. Computer diet survey.** The client records all foods eaten over a period of a week. The results are then computer analyzed to determine the intake of vitamins, minerals, and nutrient factors in comparison with minimum daily requirements or optimal daily allowances. If the client’s diet lacks certain nutrients, foods high in these nutrients may then be added to it.
- 2. Hair analysis.** A small amount of hair is cut from the nape and analyzed by atomic absorption spectrography to determine mineral levels in the hair in comparison to norms. Ashmead and others have found a correlation between hair mineral levels and various psychopathologies. Mineral imbalances can be corrected through mineral supplements or by diet modifications and typically give a sense of increased self-confidence and sustained balance energy.
- 3. Applied kinesiology muscle testing.** George Goodheart has observed an empirical relationship between specific nutrient deficiencies and right-left strength imbalances of specific

muscles. The muscle strength imbalances can be used as a diagnostic indicator for nutrient needs, and nutritional recommendations are based upon muscle-testing indications rather than on theoretical formulations or symptoms alone.

Based on right side versus left side change or imbalances in muscle strength of specific muscles, the following determinations can be made:

- a) What vitamin mineral, enzyme, and glandular extract is needed
- b) How many tablets for each deficiency are needed
- c) What brand is compatible to the person's chemistry (the brand chosen may make a difference in the success of the program)
- d) What foods they must eliminate from their diet.

4. Careful diet diary and systematic diet variation can be used to identify “provocative” foods and food-behavior relationships. Provocative foods, also known as “cerebral food allergies,” are any food that an individual, as a result of his biochemical individuality, cannot metabolize properly and that consequently results in psychological symptoms. Provocative foods are usually eaten frequently or craved. Common provocative foods are wheat, sugar, dairy products, chocolate, soy, or citrus. Provocative foods may also be identified by a change in pulse rate of at least eight beats per minute after exposure to the food, dramatic behavior

changes, or by a weakening in muscle tone as revealed by applied kinesiology muscle testing.

APPLICATIONS

Nutritional therapy is especially recommended whenever symptoms are chronic, when other treatment modes have not been successful, or when fatigue, anxiety, depression, or poor concentration are an important part of the clinical picture in the absence of any organic basis.

Whenever corrective vitamins and minerals are used to replace body reserves depleted by abnormally high stress, high biochemical individual needs, or inadequate diet, the client's physician should be informed of any planned nutritional therapy program. Close liaison with the physician is important if the client has any major medical problem. Nutritional therapy programs seldom work well when only one or two nutrients are added to the diet. Since the body is a complex ecological unit and many nutrients act synergistically with each other, nutritional therapy is generally more successful when all the factors of diet, vitamins, and minerals are taken into consideration.

A Nutrition-Based Psychotherapy is a potent adjunct to other psychotherapies, especially in chronic depression, anxiety, hyperactivity, learning disabilities, and psychosis. Nutritional therapy can be considered

successful when the patient obtains the mental clarity, energy, vitality, and sense of well-being that enables him to function effectively in psychotherapy and in his life. About 80 percent of my clients report they are “highly satisfied” with the changes they experience on the above criteria as a result of an individually tailored nutrition program.