

# How Healthy Are Nutritional Therapists?

**Liz Ince BSc (Hons) Nutritional Therapy**

*This question formed the basis of a preliminary study carried out in 2004. The main purpose of the study was to ascertain if nutritional therapists “practise what they preach”. If nutritional therapy was found to have been beneficial with this group, this could help enhance the credibility of our profession. The original motivation for the research hinged on the knowledge that doctors, in particular, often neglect their own health in their efforts to help others and it was not known whether or not the same was true of nutritional therapists.*

*This article gives the results of the study, carried out by questionnaire, in which some of the readers will have taken part.*

## **Introduction**

Much has been written about the health of professionals who are themselves working in the health profession<sup>1-4</sup>. Compared to other professional groups, doctors have relatively good physical health but relatively poor psychological health and nurses have relatively poor physical and psychological health<sup>5</sup>.

It is only relatively recently that nutritional therapy has become recognised as a health profession. Less than half of the participants in this study have been practising for more than five years, and information about the health of nutritional therapists appears non-existent. The aim of this study was to gain an insight into the health of nutritional therapists. How well do these therapists practise what they preach and does this have significance for the profession? Was it possible to show that, by practising nutritional therapy on themselves, these therapists could justify their belief in their profession? Does the health of nutritional therapists differ from that of other health care workers?

## **Method of Research**

The primary instrument of the research was a survey questionnaire. This preliminary study was used to evaluate the effectiveness of this questionnaire within a selected group. A prior survey was performed to evaluate the validity, consistency and reproducibility of the questionnaire.

Time and financial restraints meant that this survey was sent to only one hundred full members of the British Association for Nutritional Therapy (BANT). The selection included all the male membership as, at that time, males represented about one-tenth of the total full membership and it was felt important to ensure some balance between the sexes. The remaining participants were selected randomly throughout the country.

The number of responses, at fifty-six, represented around ten percent of the full membership at that time. The results from this small sample, therefore, should only be considered to be offering a snapshot of the whole picture and precludes applying the results to nutritional therapists as a group.

## RESULTS

### Participants

The age range of the sample was from over 30 to over 60, the eldest being 84 and still working full-time. Approximately two-thirds practise nutritional therapy on their own, with a similar proportion practising less than four days a week. Only twenty-three of the participants had been practising for more than five years but there was no significant correlation between experience and number of days practising per week.

Twenty-one respondents hold degrees in Nutritional Therapy, thirty-three hold diplomas and two hold post-graduate certificates. Additional therapeutic skills were very varied. In descending order of frequency: iridology, massage, naturopathy, reflexology, aromatherapy, homoeopathy, reiki and kinesiology were all mentioned by more than one person. One respondent is also a General Practitioner.

### Health and use of other complementary therapies

One of the key questions in the survey asked how helpful the respondents had found nutritional therapy for their own health conditions. Given a scale of 0-10, where 0 = not at all helpful and 10 = extremely helpful, only four people gave a rating of 5 or below and twenty-five gave the highest possible rating.

Thirteen participants report long-standing problems (more than ten years) from which they no longer suffer. These include: cancer, migraine, rhinitis, premenstrual syndrome (PMS), acne, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), allergies, mild depression, irritable bowel syndrome (IBS) and headaches. Some respondents claim that nutritional therapy played a key role in this recovery. A number of respondents indicate a lessening of severity of current long-standing conditions such as eczema, migraine, hayfever, IBS/food intolerances, asthma amongst others.

In addition to using nutritional therapy, respondents were also users of other therapies themselves, the most popular being, in descending order: reflexology, massage, herbalism, homoeopathy, acupuncture and naturopathy.

All respondents stated they were non-smokers. One ex-nurse had smoked twenty a day in the past.

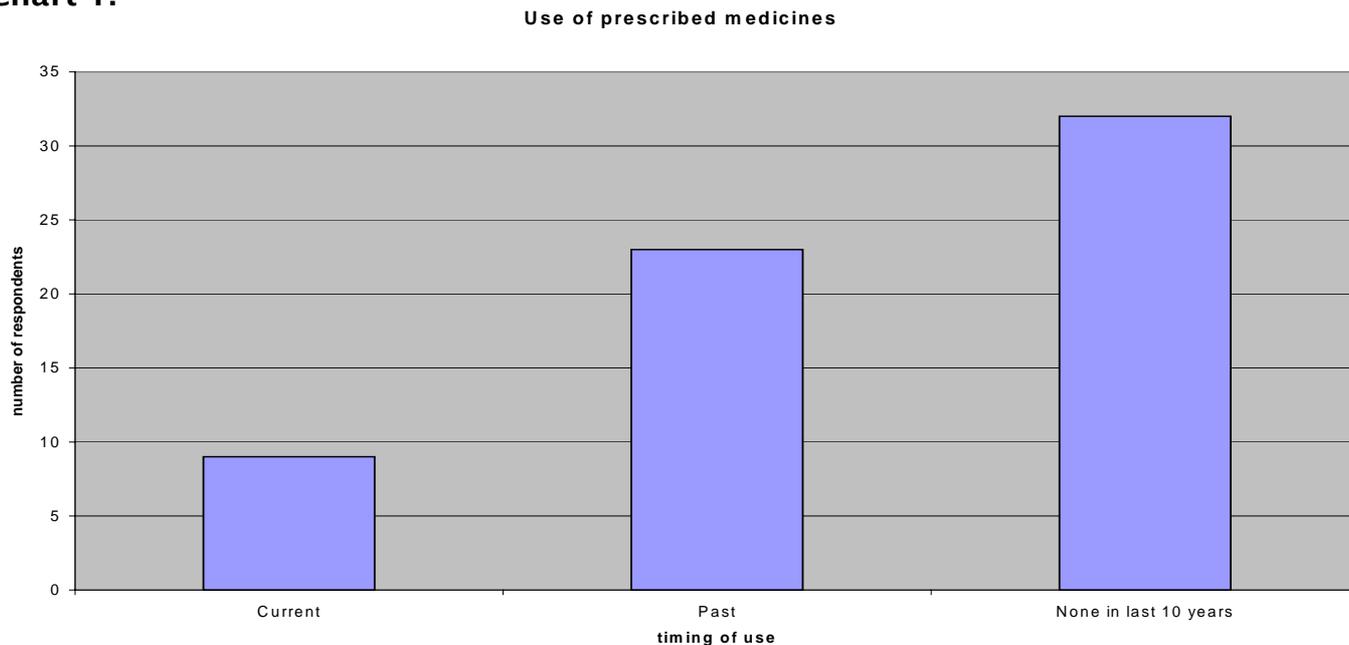
### Use of prescribed medication and supplements

Thirty-two out of the fifty-six respondents had taken no prescribed medication at all for at least ten years, twenty-three of them had taken them during that period and only nine were taking them currently. Most prescribed medications were antibiotics, oral contraceptive pills and medication for asthma, migraines, hay fever and cancer. Chart 1 compares current and past use of prescribed medicines.

In responses related to the question "Has your training in nutritional therapy enabled you to reduce your own use of medicines?", an even higher proportion of respondents (forty-two) had not taken over-the-counter (OTC) medicines in the previous 10 years, nine had used them in that period and eight used them currently. The most common reason for using OTC medicines was pain relief.

For those to whom it was applicable, the above results correlate with the 100% major reduction in own use of medicines reported by sixteen participants, and a major reduction reported by another fifteen.

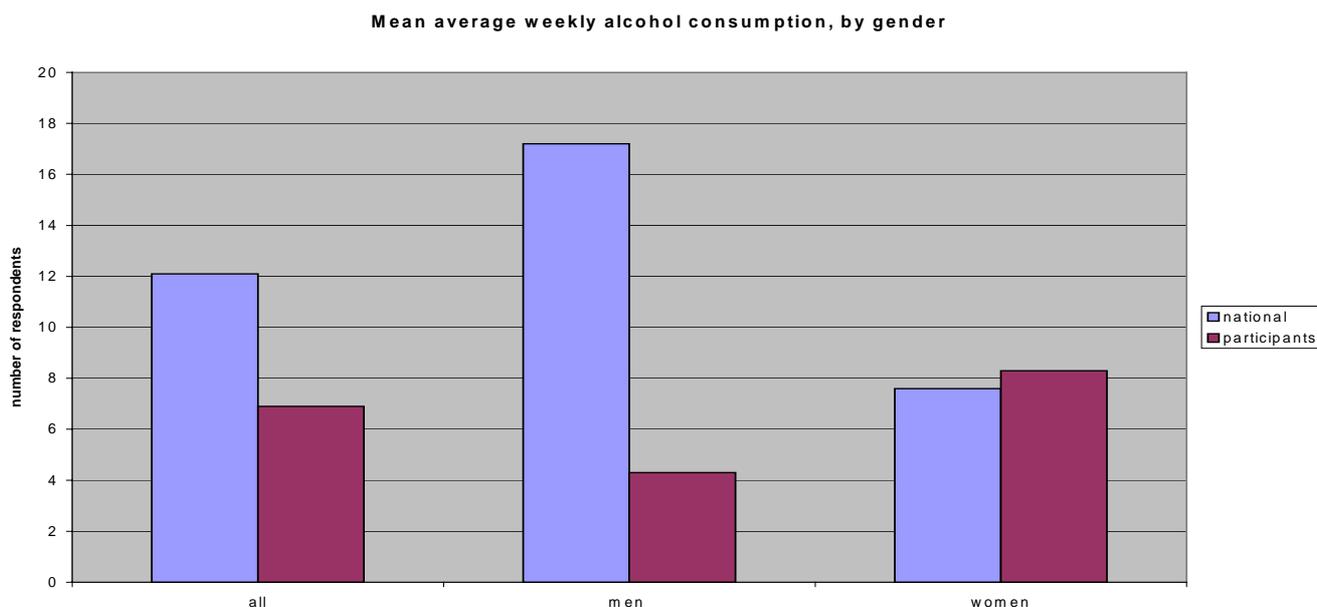
**Chart 1:-**



There was a corresponding increased use of vitamins by forty-six people; of minerals by forty-seven people; of herbs by forty-four people; and other supplements (such as essential fatty acids) by twenty-four people, since starting to practise as a nutritional therapist. Overall, forty-two respondents felt that the use of supplements was extremely beneficial to their health, most of the time.

**Alcohol**

Fifteen of the respondents (eight men and seven women), i.e. over one-quarter of the sample, drank no alcohol at all, thus giving a mode of zero. This skewed data does not give any indication of how the rest of the sample behaved. Ignoring the zero values gives an overall mode



**Chart 2:- Mean average weekly alcohol consumption**

National figures are taken from Living in Britain 2002 <sup>6</sup> and are for persons aged 16 and over. of fourteen units, one unit for men and three, ten and fourteen units for women. The top end of the range was 21 units per week. Mean average figures, calculated by including all the zero

values, are shown in Chart 2. It is worthy of note that this shows figures for men that are very different from the national average.

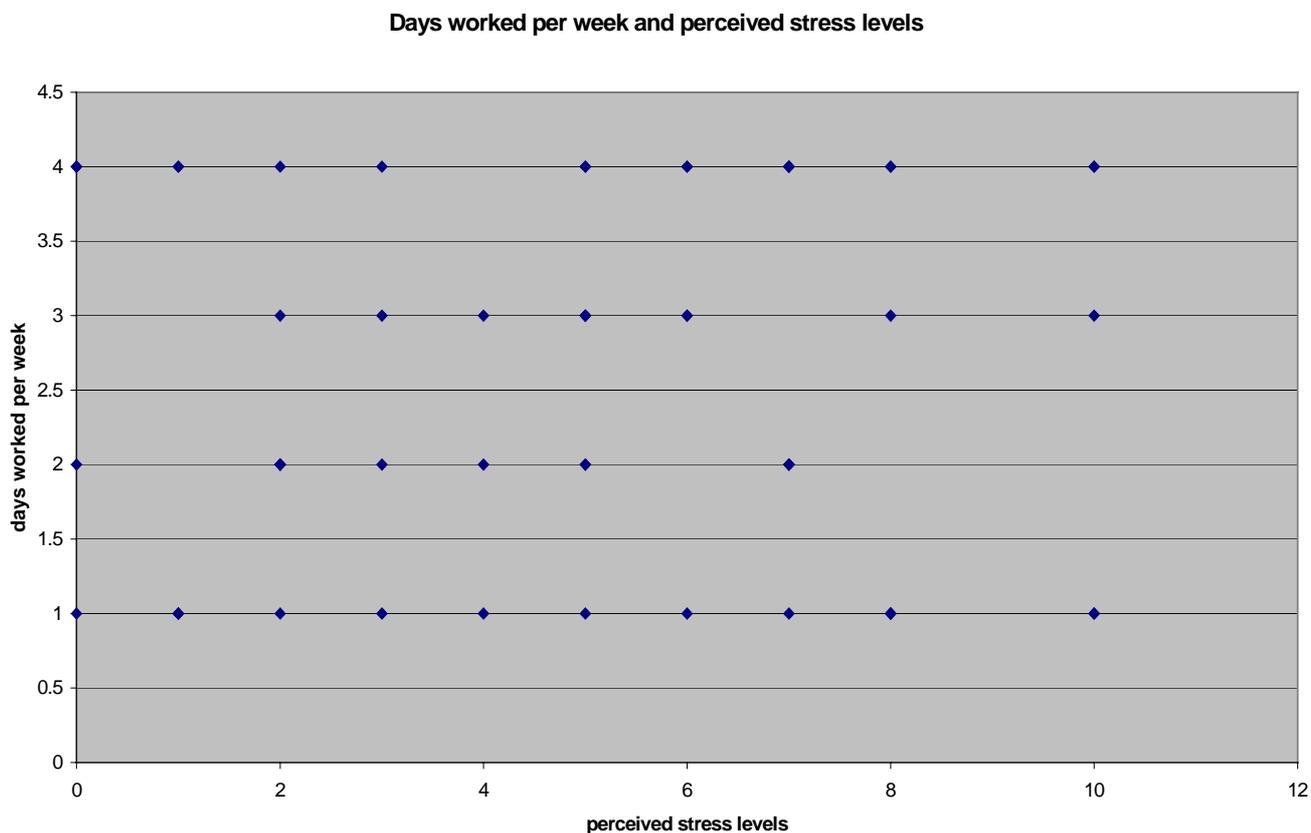
### Stress

One question was designed to get an insight into perceived levels of stress, if any, of practising nutritional therapy. This study was not concerned with general stress levels.

There were no consistent patterns of responses, answers ranging from zero to ten. The number of days worked plotted against perceived stress levels showed an almost perfectly random scatter of values, as shown in Chart 3. The number of days worked appears to be irrelevant to individual perceived stress levels.

Similarly there is a random pattern of responses when the number of years in practice is plotted against stress scores. Looking at those participants with five years' experience or less the range is again from zero to ten, with almost every value being represented. Two very experienced therapists register a high score of eight, while others with equal or more experience register scores of zero to two.

**Chart 3: Perceived stress levels related to practising nutritional therapy**



Only seven respondents, three of whom had eight years experience or more, found it more stressful than enjoyable to practise.

Overall, nearly three-quarters of the sample found the work more enjoyable than stressful, forty-nine found it more or equally enjoyable than stressful.

### Claimed motivation for becoming a nutritional therapist

Some general themes can be seen from the reasons given by the participants for becoming nutritional therapists. Many wrote about some positive, personal experience of an improvement in health resulting from nutritional intervention, sometimes with the assistance of another

therapist. The fundamental realisation that what people eat is central to good health was also recognised to be motivational and the conviction that nutrition not only matters but that it can be highly effective.

Another very common theme was a desire to offer themselves and their skills in the service of others. Several also expressed a wish for a career change, to a form of work that was more fulfilling. In addition to being inspired through receiving treatment, some said that reading articles or seeing a programme showing a positive outcome from nutritional therapy were triggers for them to begin training.

Other reasons include a general interest in the human body, medicine and health, and particularly in natural ways to promote this. Love of food was also mentioned several times. Several listed long-term interest in nutrition and three felt that there were limitations to allopathic medicine, that this uses totally the wrong framework for healthcare and that there must be a better alternative. One G.P. gave as her reason the difficulty friends and relations had in obtaining sensible (nutritional) advice (let alone her patients!).

In summary, it is typical of the nutritional therapists surveyed that having found out how powerful and efficacious nutritional therapy can be, there was a desire to share this knowledge with others.

## **DISCUSSION**

### **Limitations of study**

Some of the questions, for example, on perception of stress and assessment of the helpfulness of nutritional therapy for their own health conditions, require subjective answers and the validity of results from such questions may be limited and influenced by unrecognised variables. The ratings given by the respondents to the latter question would appear to be a very clear affirmation of the efficacy of the therapy for these particular people, and corresponds to the most common reason given for becoming trained nutritional therapists themselves. Time and financial restraints precluded any dietary analysis as a measure of practising what they preach.

The validity of the study also needs to be considered in relation to those who did not respond. Non-respondents may have been less prepared to acknowledge personal illness as has been shown to be the case amongst general practitioners <sup>2</sup>.

It could also reasonably be assumed that those who did respond might wish to portray their chosen profession in a favourable light and consciously, or subconsciously, adjusted their answers accordingly.

### **General health**

Thirty seven percent of the participants in this study currently have a range of long-standing health conditions, with the same proportion having short-term concerns. This is comparable with self-assessed figures for chronic health concerns in the general population over the age of 45 <sup>6</sup>.

Many participants indicated a lessening of the severity of symptoms, reduced use of prescribed medication and an increase in the use of supplements. Significantly, thirteen no longer experience a variety of conditions from which they suffered for ten years or more, including two cases of cancer, ME/CFS, IBS and migraine.

It is impossible to measure the efficacy of nutritional therapy in preventing illness but it would not appear unreasonable to suggest that these nutritional therapists have benefited from applying their knowledge to their own health. Some assert that nutritional therapy was a

contributory factor in their improvement. All the nutritional therapists surveyed are also non-smokers, which is generally accepted to be better for health than smoking. Another probable indicator of improved health is the reduced reliance on prescribed medication.

## Stress

What all health professionals have in common is that they work closely with other people – people who may often have emotional problems, or problems coping with daily life. Working with other people who are stressed in this way can indeed become stressful and how one copes with negative stress becomes all-important to one's own health. Poor health may, in turn, compromise the ability to provide high quality care to clients.

One of the fundamental points about stress is that it tends to affect each individual idiosyncratically. What constitutes a stressful situation differs from person to person as well as their mechanisms for coping with it. The danger arises not from stress *per se* but from failure to address it. Nutritional therapists are not only in a good position to recognise stress but can also apply nutritional therapy to help alleviate it. What is important is to be able to recognise stress in themselves and address it.

Doctors frequently fail to care for themselves, they are reluctant to admit illness and general practitioners perceive that colleagues and patients link good health in doctors with medical competence<sup>2</sup>. Clients may well apply such a link to the competence of nutritional therapists as well.

## CONCLUSION

The nutritional therapists surveyed perceive that their professional training has improved their health and they have reduced their use of prescribed medication and increased their use of supplements as a result. Those that did respond acknowledged personal illness. It would seem that, far from neglecting their own health, nutritional therapists do apply their training to themselves. This research would benefit from being repeated across the profession, to validate these preliminary results and to include dietary analysis as well.

### About the Author

Liz recently studied at the Centre for Nutrition Education and gained a 2.1 BSc (Hons) in Nutritional Therapy, validated by Middlesex University. Her first degree was in Hotel & Catering Administration from the University of Surrey. Her interest in the nutritional aspect of food stemmed largely from being diagnosed with arthritis when in her thirties. Unhappy with the allopathic approach to her problem and determined to avoid long-term use of medication she began to search for alternatives. Attention to diet and supplementation proved to give long-term relief and studying nutrition has helped explain why this is so. Liz plans to use this knowledge to encourage healthier eating in all age groups to help others to better health.

## References

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## Acknowledgement

The researcher is indebted to Julie Pegler and Christopher Scarfe for their input into the design of the questionnaire.