RESOURCE CONFERENCE ON
FOOD FADDISM AND CULTISM

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PARTICIPANTS

William J. Darby, M.D.
Dept. of Biochemistry
Vanderbilt University
School of Medicine
Nashville, TN 37203

Ronald M. Deutsch
459 High Drive
Laguna Beach, CA 92651

Darla Erhard, M.P.H.
Research Dietitian
University of California
San Francisco General Hospital
San Francisco, CA 94110

Allan L. Forbes, M.D.
Deputy Director
Bureau of Foods
Food and Drug Administration
Washington, DC 20204

Grace A. Goldsmith, M.D.
Dean, School of Public Health
and Tropical Medicine
Tulane University
School of Medicine
New Orleans, LA 70112

Daniel F. Hanley, M.D.
College Physician
Dudley Coe Infirmary
Bowdoin College
Brunswick, ME 04011

R. G. Hansen, Ph.D.
Provost
Utah State University
Logan, UT 84321

Edward G. High, Ph.D.
Dept. of Biochemistry
School of Medicine
Meharry Medical College
Nashville, TN 37208

Norge W. Jerome, Ph.D.
Dept. of Human Ecology
University of Kansas
School of Medicine
39th and Rainbow Blvd.
Kansas City, KS 66103

Peter K. New, Ph.D.
Dept. of Behavioural Science
School of Medicine
University of Toronto
Toronto, Canada

Frederick J. Simoons, Ph.D.
Dept. of Geography
University of California
Davis, CA 95616

E. Neige Todhunter, Ph.D.
Visiting Professor of Nutrition
Vanderbilt University
School of Medicine
Nashville, TN 37203

James G. Trager, Jr.
Room 1002
509 Madison Avenue
New York, NY 10022

James Harvey Young, Ph.D.
Professor
Dept. of History
Emory University
Atlanta, GA 30322

AMA STAFF

Philip L. White, Sc.D.
Therese Mondeika
Herman Louise Dillon
Nancy Selvey
Linda Bellak
A. PURPOSE OF CONFERENCE

Dr. William J. Darby, Chairman, opened the Conference by reviewing the purpose and some of the current activities of the Council on Foods and Nutrition; namely, to provide guidance and leadership to the medical profession in the area of nutrition. The Council has become increasingly interested in lay education and is particularly concerned with the problems of food faddism and its relation to health and the well-being of the nation. This, however, is only one major concern of the Council.

Dr. Darby stated that the Council had discussed the subject of food beliefs and food faddism at great length and felt that it was necessary to identify some of the existing food fads and to explore the underlying reasons for their popularity. Hopefully, from these discussions, recommendations would evolve relative to the types of activities and/or programs needed to promote a sound, factual understanding of foods and their use. This is the primary purpose of the Conference and individuals who have studied food habits from somewhat different perspectives were invited to participate.

Dr. Philip L. White stated that the discussions at this conference may mark the beginning of a new approach for the Council on Foods and nutrition, one which is more specific to the matter of food faddism and cultism; whereas in the past, the Council provided basic information which would enable people to evaluate the claims and statements of the faddists. There has been an enormous number of
styles of attack used by the food cultists and faddists. Hopefully, out of this conference will evolve some kind of classification which will allow for an objective evaluation of the present situation, always being aware that changes are occurring very rapidly. To refute each claim made by a food faddist would be an unending process of education. To equip people to evaluate what they hear and see may be the best approach to a resolution of this problem.

B. DEFENSES AGAINST FOOD FADDISM

Mr. Ronald Deutsch stated that education is probably the best defense against food faddism. A pattern exists which makes the problem particularly acute. Originally, the health food movement discredited industry (starting out with Sylvester Graham who wanted to put bran back into wheat). Next, the movement discredited government (i.e., the attacks on the permissiveness, such as the refinement of sugar and flour). Nothing changed in about 100 years, but recently there are attempts to discredit medicine. Also, there is a current trend to discredit the scientist, especially the biochemist, by statements that the biochemical data which comes from the universities with application to food products cannot be trusted. Having discredited the credibility of industry, government, medicine, and science, no authority exists for the public which, in a satisfactory way, could combat nutrition nonsense. Mr. Deutsch said that the only way to correct this situation is to go through a painful, laborious process of educating the entire population about nutrition in a new and innovative manner. One of the problems is that some nutritionists are unwilling to explain in detail some of the science and chemistry involved in food and health. One ray of hope is that there is an
increasing interest in nutrition by the public. An attempt should be made to capitalize on this interest and respond in a positive and useful way.

Dr. R. G. Hansen commented on the fact that food faddism has a great appeal to poor people and also that a good deal of faddism has its origin in religion. A need exists for greater emphasis on education. Currently there is an almost negative acceptance of advertising claims. The food industry may have contributed to this situation by picking out bits and pieces of nutrition information and making advertising claims, i.e. information that seems to have sale value in the short run, but in the long run provides negative nutrition education. The food industry has a real position at stake here to put substantial nutrition education into their advertising. They are in a good position now to help in a major way by proper labeling as well as proper production and manufacturing practices.

Dr. Neige Todhunter did not feel that nutrition education per se failed in what it was trying to accomplish but that nutrition educators apparently failed in their approach by using the wrong emphasis or appeal. It is necessary to study approaches and uses of fundamental nutrition information. Those who talk about nutrition education or try to practice it have to have a better understanding of people today. We might do a better job of teaching on all levels if we could determine what factors influence an individual to embrace food faddism.

Dr. Darby brought out the point of motivation of the cultists in espousing given beliefs and also the motivation for acceptance
by certain individuals. What makes the cultists believable?

Dr. Todhunter added that there is a need to know what motivates people to adopt certain food practices since the proponents of food faddism would not succeed if they were not aware of what the followers want.

Mr. Deutsch said that the leaders are operating primarily on the basis of terror and that lately, terror has reached the point where people are willing to stop and listen. Discussion followed as to the importance of terror as a factor in food faddism as opposed to unfounded promises made by proponents of health foods. Opinion was divided as to which factor played a primary role.

Dr. James Harvey Young did not feel very optimistic about the possibilities of education at all, especially in the extremely complex field of quackery. Dr. Young wondered if quackery's future has not brightened because so many young people are assuming a posture that makes them highly vulnerable. Disillusioned because the promise of American society seems so blank, the young have rejected as untrue the myth of what the nation stood for, that is to say, that reason was at the basis of decision making. Since reason lay at the center of this myth, countless young people have frankly rejected reason and have turned against science regarded as reason's way of seeking truth. Whatever merit may lie in suspecting reason's inadequacies, the reaction has gone to the extreme of deliberate flirtation, if not liaison, with wild varieties of unreason. Astrology soars, not as a pastime but for real. Publishing houses mint millions from it while almost every campus has a peripheral course in reading the stars. Spiritualism is making a strong comeback with spiritual churches
blossoming in almost every city. Tarot cards, numerology, palmistry and even witchcraft flourish. Paperbacks on such themes are among the hottest items in university bookstores from Cambridge to Berkeley, and a recent book states that the United States probably harbors the fastest growing and most highly organized body of Satanists in the world. The ripples of this are extreme, but ripples of this flood wash over young people who cannot be characterized as extremists. The young have more wrong beliefs than the old. It is necessary to go ahead with education but it needs to be fashioned better. The situation is so complex and people are so confused that the next salesman they meet in the health store will seem like a nutrition expert.

Dr. Young went on to say that education alone will not suffice in the long run. There has to be a subtle interaction between education and regulation. In regard to regulation, it is not as stringent as it was in the past. This is partly true because some time ago the FDA had a specific section whose task was to confront quackery. In the multiple reorganizations that have occurred, this section has been destroyed and dissipated. Dr. Young feels that the FDA, which naturally has been concerned with many problems, has used its limited resources toward new priorities and that quackery as a priority has disappeared, and with it, this particular mechanism to combat quackery. One of the best techniques the FDA had at its disposal against quackery, namely, the tape recorder, has disappeared through court decisions and through governmental policy with respect to changes in the invasion of privacy concept. Many of the cases that were made against the widespread nutritional quackery movement,
couldn't be made so easily today because verbal data in a health food store could not be recorded. The mechanical task of bringing cases into court is going to be more difficult in this climate--one that doesn't allow the tape recorder. Nonetheless, it seems that the FDA should be encouraged to establish a high priority for quackery and to perhaps reestablish a regulatory arm to go with the informational arm, i.e. with the new regulations that will be made. There will never be sufficient manpower to provide the type of education necessary to meet the needs of tremendous groups of people because there are so many people who try to make money out of distortions.

Dr. Darby mentioned that the Federal Trade Commission obviously has a considerable responsibility in this area. Dr. Young said that he believed the Federal Trade Commission is in a period of increasing concern about the control of quackery but they are going to have to rely on data provided by the FDA. In time to come, there could hopefully be better liaison between the FTC and FDA.

Mr. Deutsch said that another problem, which is basically an administrative one, begins above the level of the regulatory agencies. It is possible to promulgate many types of regulations, but if there aren't sufficient funds to examine or prosecute, the regulations are meaningless. The selection here must obviously be an administrative one; FDA certainly cannot follow through on all of the regulations.

C. FOOD BEHAVIOR OF SELECTED GROUPS

Mrs. Darla Erhard spoke of her involvement as a volunteer in the Bay area working in the community with certain "countercultures" or "hippies." When she first began studying these groups, she felt
there was some facsimile to world nutrition problems. These groups will having nothing to do with professionalism; they have to be met on their own level. The Council on Foods and Nutrition's statement on "Zen Macrobiotic Diets" is very good for the intern, medical student and resident. Due to the lack of nutrition education in some medical schools, food faddism exists among the interns. As far as the countergroups are concerned, the statement just isn't credible; more is needed to change their minds.

Dr. Goldsmith stated that patients frequently come to her asking for advice on some of the popular fads. It is extremely difficult to convince them that these fads are worthless and may even be harmful since it is a form of religion and they are content with it, believing that tremendous benefits will be derived from it. Dr. Darby asked where one draws the line between religion and faddism. Mr. Deutsch felt that these beliefs are more closely related to fanaticism since they do not revolve around the belief in a Supreme Being, but rather around ways of life. It is possible to identify discrete groups of propagators of ideas. One will probably find that there are separate sets of solutions in dealing with the corps of propagators and then the mass of people around them. Adelle Davis isn't propagating some spiritual or religious belief; the cloak she wears is one of science. Dr. Young said that Adelle Davis is protected under the same amendment that is protecting religion; she isn't selling products but rather ideas and so the first amendment protects her books.
Dr. White posed the question that even if we accept the fact that there is a cultist or religious cloak that many of the propagators of nutrition misinformation assume, aren't we facing a problem created by the fact that nutritionists seldom make positive health claims for a way of eating or a given food. On the other hand, the quack promises many health benefits providing one follows a proposed diet or eats certain foods. Dr. Goldsmith remarked that terror and anxiety as a reason for faddism are important, but promises made are also important. Dr. Young stated that there are many reasons why people are upset in the world today and when they are told that something will help, they use it. There has been much research on the placebo effect. Commissioner Edwards of the FDA was quoted in one of the testimonies regarding certain of the over-the-counter products, that the placebo effect could run as high as 70 per cent.

Dr. Daniel Hanley spoke of the special segment of food faddism that he encounters; namely, food faddism and drug faddism in athletes. Athletes eat constantly, anything and everything, including vitamins. Dr. Hanley believes the physicians are at fault for dispensing so many vitamins. At one judo competition Dr. Hanley estimated that the athletes were taking about 5-6 grams of vitamin E daily. On the average, some athletes take up to 5,000 mg of vitamin C per day. These specific groups must be educated; it doesn't help to publish something in an AMA journal, there should be task forces sent to specific schools to combat the faddism in the use of these drugs. High School athletes also take all kinds of food supplements. With the Olympic teams you also get into food faddism, primarily stemming
from companies with a product to sell that want to be associated with the Olympic group.

Dr. Norge Jerome viewed this conference as one on the food behavior of selected Americans. She questioned the frequent use of terms such as food faddism, bizarre food habits, fanatics, cultists, Messiahs, nutrition quackery, nutrition nonsense, gullible people, etc. and felt that another point of view needs to be heard since that which many of us believe to be a food fad is simply an alternate practice of food consumption. What many deem to be nutrition quackery is just an alternative way of organizing one's life with regard not only to food, but with every other element of life. Before solutions can be proposed, it is necessary to have some understanding of why people act as they do; otherwise it will be impossible to communicate with them.

Dr. Peter New requested the participants to consider external forces which compel people to use health foods. Health foods, per se, cannot be studied in a vacuum. We need to look at different sectors of our population; how different people behave or what they believe in terms of using or not using health foods. This is hopefully where some of the solutions lie. People are not as bendable as we would like them to be.

Mr. James Trager mentioned that these health food zealots are not just fanatics. Many of them are very sensible, sincere people who are motivated for ecological reasons. There is an element of religion in it; they want things as God made them, simple and pure. A line must be drawn between healthy skepticism and paranoia.
Dr. New felt that there are two different groups within this population—those who are skeptical and those who are true believers and talk about spiritual healing. Mr. Deutsch suggested that there are two climates of mind being expressed in the discussion; one being an analytic approach to the problem in which an attempt is made to understand the problem before an attempt is made to deal with it. The second, is something like a therapeutic approach—what justifies therapy? One could use an old psychiatric principle which asks the question, "When should you change behavior?" The simple answer is when that behavior is non-biologic. Mr. Deutsch commented that the physician, looking at these problems, says, "These people, I believe, are behaving non-biologically and are behaving to their own detriment; therefore, I should move change their behavior." He isn't really making any statements about their rights to an alternative, provided the alternative is not non-biologic. Dr. Jerome felt that in order to change that behavior, it is necessary to first recognize that this is rational behavior from within the individual's own perspective. If we do not accept this, it will be impossible to change anything later.

Dr. Frederick Simoons related how he became interested in foods. During his research in Ethiopia, he was especially interested in the use people made of their domestic plants and animals and especially as they were used by particular ethnic groups. The attitudes certain groups had toward various plants and animals very clearly affected their use of available resources; the potentialities in their own environment were not used. Dr. Simoons traced the historical
development of various prejudices against flesh food which are still very prominent. After that, he became interested in dairying, because in one-third of Africa and a large section of Eastern Asia, people traditionally didn't use dairy products at all. They didn't milk animals although they often had animals from which milk could have been obtained. Dr. Simoens did a study on primary adult lactose intolerance and tried to determine the distribution of primary lactose intolerance and explain it in cultural and historical terms. It could possibly be a genetic trait.

Dr. Simoens then discussed the sacred cow concept in India. This is an area many people have been interested in, not only because of its origin, but its ecological implications as well. This concept is prominent in Hinduism and Jainism and various other Indian religions. There are those who feel that it has had an overall detrimental effect on the Indian environment, the food and on the entire ecology of life in India. India is the only country in the world that has, in its constitution, a ban on cow slaughter.

There is an Indian influence in this country now as evidenced by the concept of non-violence that is so popular. Very clearly, these attitudes are affecting the use of meat because one of the aspects of this concept is that you don't take animal life and that meat-eating involves the taking of an animal's life. There are very interesting parallels between the attitudes of American youth and the attitudes in India. Dr. Simoens agrees with the idea that we have to focus on the ways of thinking and behaving, on the values of various subcultures in the United States, and not simply fall back on terms
such as "nonsense," "quackery," "false claims," etc. One could equally say that Hindus and Jains hide behind a mask of religion. They have a system of belief and act according to their beliefs. The only way one could change their food habits or improve their diets is to somehow act within that system of beliefs, or, over a long period of time, to modify their basic thinking. Dr. Simoons thought it would be better to operate within their system of beliefs. Focus, to some extent, should be placed on the problem of understanding the way the various subgroups within our culture think, and their system of values. Then within their system of values, changes can be brought about that will improve their nutritional status.

Dr. Young agreed with this concept, but added that quackery exists within a mask of culture or religion. The quack performs a masquerade of these deep cultural patterns in order to get profits. Dr. New said that historically, one could also argue that certain things considered quackery at one time have become truth as more and more evidence is obtained on the subject; however, this is an extreme example. Here Dr. New was referring to the sociology or anthropology of the whole concept of quackery. One can consider quackery, in a sense, as the tail end of the normal curve of behavior. Through the years, certain practices tend to move into the center of the curve, and then the whole notion of quackery is dropped.

D. DEFINITION OF QUACKERY

Dr. Simoons thought that there was a need to define food faddism and quackery. Mr. Deutsch offered a definition of quackery
as a representation to possess knowledge or skills which one does not possess. In some scientific areas there is something very close to truth, and a lot of what is demonstrably untruth, is labeled as quackery. For example, vegetarianism is not necessarily quackery, unless one pretends that it will cure some illness. But talking about vegetarianism in terms of the counterculture, vegetarianism can be a perfectly sound way of getting nutrition, although a little more difficult.

Mr. Trager commented on the use of the word "truths" since there are many unknowns and it is in this area of unknowns that the health food people operate. Dr. Young said that if a position is taken that anybody's causes might ultimately prove to be true, combatting quackery would be futile.

Mr. Deutsch said that quackery is a difficult term. Deception and misinformation is a better way of expressing the term. Dr. Simoons commented that the problem here is many people may have quite a rational argument for an ethical or religious point of view and the nutritional behavior follows from this rather than merely being misinformed in terms of scientific knowledge of nutrition. It is more imperative to understand their way of thinking and start from that point of view rather than from the nutrition misinformation aspect.

Dr. New mentioned that in osteopathy, for example, there is a whole process of legitimizing certain areas. Public Health Service decided that osteopaths are perfectly eligible to become officers in the PHS. Recently Dr. New has been in touch with several osteopaths who are apparently doing some very fine kinds of research in medical settings and they don't have the M.D. degree. Those particular
establishments are trying to determine if these osteopaths can take a few years of additional study to get the M.D. degree so that they could operate within this particular realm. Again, we need to look at some of these problems in terms of how society defines them, how society awards certain kinds of legitimizations.

Dr. Young felt that there was a stark difference between what happened in osteopathy and what happened in homeopathy. He did not feel that our concern with certain areas in nutrition should be any less because a couple of sects from the 19th century threw over their monistic roots that were unscientific and adopted a pluralistic and more scientific approach. Dr. New said that he was merely suggesting the need to consider various factors when discussing quackery.

Dr. Hanley said that the analysis of the osteopath was not acceptable. He spoke of the Hindus picking up reserpine and using it for years. This has now become an accepted quality product in medicine. Everyone could accept that kind of analogy. The chiropractor is also using the same kind of legitimizing process that the osteopaths and other groups are using.

Mr. Deutsch commented that what is current now is the food healing, i.e. micronutrient healing. The chiropractic license has become a license to practice what most nutritionists would agree constitutes nutritional quackery. In California this has become quite widespread. Dr. Darby suggested that maybe we should start an educational campaign directed to the chiropractor.
E. ORIGIN OF VARIOUS FOOD PRACTICES OR HABITS

Dr. Darby suggested that the participants try to reach an agreement on the different kinds of food practices, those that are culturally ingrained and those that are deliberately misleading or deceptive, the only goal being profit. Dr. Darby expressed hope that the deep-rooted cultural and religious differences would not be regarded as a form of cultism.

Dr. Edward High commented that the problem of food habits and fads is very complex. There are prejudices all people have in regard to food. He went on to mention the idea that onions are good for colds or that milk and fish should not be eaten together. Dr. Darby commented that disproving the effectiveness of something that people believe in is very difficult; hence, to disprove effectiveness is more difficult than to prove effectiveness.

Mrs. Herman Louise Dillon then commented that so many of the food myths are embedded so deeply and go back for generations in some cultures. It is hard to change their beliefs and cultural patterns. Behavior and nutrition do go together and it is necessary to look at both.

Dr. Simoons commented on the idea of mixing meat and milk, or fish and milk. He had a graduate student collect all the information on this because this idea of mixing meat and milk is incorporated into the Jewish Orthodox behavior and it is also found in Africa. The question is, whether these are completely independent developments or if there is some relationship between Jewish and African habits. Second, is the basis a cultural one or is it a biological one? Some widely separated African groups who refuse to
eat meat and milk together say that they do this because they get intestinal symptoms. As far as Dr. Simoons has been able to determine, no laboratory tests or experimental work has been done to see there is a basis for this assumption. The people in Africa who have these symptoms are milk drinkers, and apparently, at least some of them don't suffer from lactose intolerance. Since there is no research on this subject, one should be a little careful in stating that this is just a myth. There may be a physiological basis that medical people simply haven't recognized yet. Mrs. Dillon commented that in the black community, for generations, they didn't drink milk and eat fish together because of poor refrigeration. Maybe at one time this combination did kill someone, but that was because of poor refrigeration rather than any inherent factor in meat or fish.

Dr. Darby thought it might be useful to identify some of the specifics that may be classified as fads or cults, misrepresentation or quackery. Dr. Darby felt that in order to devise either additional investigations or corrective studies or measures in relation to these practices, there are different techniques that will have to be used.

Mrs. Erhard gave a brief summary of her work with the subculture groups. Although great changes are not taking place, gradually, things are beginning to happen. Many people who are working with these groups are beginning to find out that one has to work within their structure and systems. The Hip Health Handbook is being developed by a group of different health professionals. The Handbook
will include chapters on: the major health problems, e.g. venereal disease, hepatitis, drug use (not misuse, but use); nutrition; food; chronic diseases; infectious diseases and the entire gamut of public health oriented subjects. The section on nutrition will cover many areas which heretofore have been left wide open to the food faddists. Nutritionists have traditionally talked about the Basic Four Food Groups so often that, in a sense, the public feels that it is an insult to their intelligence. They are more interested in specific information on vitamin C, amino acids, selenium, cadmium, etc; they aren't interested in the milk group and the meat group. Although the book will not cover in great detail any one subject, for anyone who is interested in further research, there will be a bibliography.

Mrs. Erhard spoke of the Ohsawa Macrobiotic Foundation in San Francisco. Strong effort is being made to work with Ohsawa's new successor, who is writing new publications which appear to promote more sound nutritional kinds of diets. If the information comes from this foundation, the followers of Macrobiotics will listen, but if it comes from other sources, they probably won't.

Mrs. Erhard commented that there is not sufficient time to personally educate these subculture groups but attempts are being made to work through various media. Information is disseminated to the groups through health food store owners and commune newspapers. When factual information is presented and translated into a readable form, the groups will read it and use it. These groups are really interested in nutrition and don't need to be coerced into reading this material.
Dr. Jerome said that she agreed wholeheartedly and could think of no better way of actuating the kinds of things that had been discussed, i.e. working within a group's value system and amassing valid information within their frame of reference so then they could use it. Many of these people are seeking reliable information.

Dr. Darby said the use of detailed information concerning nutrients versus the conventional effort at education about foods is quite the reverse of what most people consider important in nutrition education. This approach may be preferred in this instance because one is dealing with a group that is better educated. Dr. Jerome felt that most individuals do not understand the life styles and behavior of other people because they have not lived with them. In her research with low-income groups, she found that people do want to know the specifics. It would be advisable to find out what type of information the various groups want and try to provide this information to them.

Dr. Todhunter inquired as to the educational background of the people Mrs. Erhard was working with. She replied that many were college drop-outs and many came from very wealthy families. If one is to analyze the reasons for their involvement with these groups, it probably goes back to society and their parental relationships. They want changes.

Mr. Trager felt that the key to Mrs. Erhard's success is that the information she gives does not come from a so-called tainted source; it's not establishment.
Dr. Darby brought up the matter of animal research and its relation to man. Results of studies with animals cannot always be applied to man. Dr. Darby said that a lack of agreement among scientists often leads individuals into taking a dogmatic position on a given subject.

Mr. Trager said that when there is a lack of agreement within the medical community, the field is wide open for food faddists to rush in. Dr. Jerome commented that the confused consumer makes individual decisions based on a variety of information provided to him. Some damage can be done when many dogmatic statements originate from different sources. This situation only tends to confuse an already misinformed public. Dr. New suggested that a systematic approach be made to obtain certain information such as who fosters these kinds of dogmatic statements; why some segments of our population accept them; how long they maintain their beliefs; how they integrate this material into their own system; and finally, how these beliefs are perpetuated.

Dr. Hansen asked how many new religious movements arise out of all of this. Many of the religious groups that gave rise in the 1800's gave advice on food selection; they preached body preservation and then linked it with food. In these religious movements, one finds some of the things that create food faddism. Dr. Hansen expressed his belief that a similar situation exists today. Out of this, perhaps an understanding can be gained as to what motivates people and how best to reach them. A good deal of this must be pure mysticism, however.
Mr. Deutsch said that a kind of spiritual and nutritional cure is always involved in food faddism. The problem is simple if we state what science knows and contains and then let the individual make his own decisions. Spiritual resources need not be challenged; only challenge the scientific consequences. Mr. Trager felt that the people should also be informed of the fact that scientific data is lacking in some areas. Mr. Deutsch added that there is a need to be candid, i.e. state what is not known and what is considered controversial. In controversial areas, it is reasonable to assume that a group of experts could be assembled to provide guidance to the average consumer for proper course of action. This is really one of the main factors missing from nutrition education in this country.

F. APPROACHES TO RESOLUTION OF PROBLEMS

Dr. Jerome stated that one fact has been established; namely, that variations exist in food practices. These practices have existed and will exist in the future; it is an ongoing process. Is it reasonable, therefore, to develop some kind of mechanism whereby all these food practices could be monitored continually within all the various subgroups in our society. The main problem here is how to disseminate information to the various groups which will allow them to make individual decisions within their own systems. Dr. New suggested that perhaps a mechanism could be worked out similar to the National Nutrition Survey in order that it would be possible to monitor how people are using this kind of information. Dr. Young was of the opinion that this should be done unquestionably since a tremendous proportion of people want accurate information and assume they are getting it; this is not always the case, however. Dr. Jerome said that
she was recommending a variety of material, not just one type of information for the entire population. Dr. Young commented that this was a tremendous burden, one which should ultimately be assumed, but did not believe that such a subtle and multi-faceted program could be developed. What is needed is a program that will combine the information with a revised, more vigorous regulatory program.

Dr. Simoons said that if a variety of approaches to the problem is needed, then certain classifications are in order such as ways in which people accept ideas and the ways in which they are influenced in their food habits, especially those habits that are deficient or detrimental in some way. We have many systems in our society, socio-economic, ethnic, ethical-religious systems. In dealing with this sort of problem where an ethical system is involved, one has to understand that system and the means used to disseminate information in that group. There are also many food habits that do not involve acceptance of a broad system of behavior or thinking. If consideration is to be given to modifying food habits and providing information to people involved, then some sort of division of systems would be useful because the approach would be different. For example, when dealing with commercial marketing, it seems that the FDA is the appropriate agency to effect resolution of problems. When habits are deeply involved with the ethical religious systems, other approaches are needed.

Mr. Deutsch made several suggestions on structuring the proposed ideas. The primary objective is simply to raise the general level of nutrition information for every individual. An informed individual, as far as nutrition goes, has his basic defense against
any untoward effects of this religious, spiritual or cultural belief. This is a very broad and simplistic suggestion but it might be worth some consideration. Conversely, if one looks at the sources (e.g. commercial or spiritual) from which these ideas originate they begin to define themselves in terms of some of the specific problems. If these two broad areas are considered, i.e. raising the general level of nutrition information for all individuals and studying sources which generate nutrition misinformation, it might provide structure to the discussions. Dr. White provided examples of forces that destroy confidence in reliable nutrition information. For example, the health lecturer who has some credentials that are rather vague, has one or more books going, has a lecture circuit, and may or may not have direct association with a commercial house to sell certain products that are promoted in the lectures and/or books. This would be the writer-lecturer whose primary interest is profit. Another source of misinformation may be the physician who writes a book on a subject such as weight control and proposes concepts which cannot be substantiated by scientific data. When this happens, the faith and trust people place in the profession are shattered because almost each one of these books contain statements that say, "I am a maverick; doctors don't like what I say." We also have the food industry who frequently provides misinformation, sometimes knowingly, sometimes unknowingly.

Dr. New said that in considering who are the providers of nutrition misinformation it is necessary to consider the entire subject in a kind of complex matrix; to also pursue the subject of who are the acceptors or followers.
Mr. Trager said there are many people in this country who are not getting good diets. There are many forces in our society that push people toward the wrong sources of information. One of the forces may be the fragmentation of the family. Mr. Deutsch added that there is a wide variety of food on the market and it is possible to choose very badly but it is also possible to choose very well.

Dr. Todhunter stated that general agreement exists that there is a wide variety of foods on the market, all of varying nutritive value. Our problem is a multi-faceted one. One one hand, there are the faddists, cultists and so forth. On the other hand, the followers of these fads need to have information in order to modify their present food habits. Dr. Todhunter expressed her desire to have more discussion on how to disseminate basic information about nutrients and their sources to the general public in a more effective manner.

Dr. Todhunter feels that 1) there should be more emphasis on how to get nutrition information across to the consumer, starting with children in schools and 2) we should recognize that there are numerous food selections and combinations that provide a good diet.

Dr. White said there will always be counter-educators because there is money to be made in that. There is no failsafe system here for education. Mr. Deutsch stated that it is impossible to really teach anyone anything; one can only help people to learn. Between the consumer and the food supply there are many barriers (for example, faddists or cultists). What we are really trying to do is remove these barriers and motivate the consumer to get sound nutrition information.
Dr. Simoens questioned what has been done by nutritionists in terms of studying behavior with respect to food. He expressed concern that many of the nutritionists are biochemists and their approach is based on nutritional elements. It is a very different matter when dealing with behavior. It is necessary to classify things and try to understand the behavior. It is more than just simply providing information.

Dr. Forbes mentioned the multi-Federal agency behavioral study, done on contract by National Analysts of Philadelphia. The survey depicts in a sample of the general population that five per cent of them are highly susceptible to this whole concept of organic gardening and food faddism or related areas. The report showed that one out of 10 persons indicated using organic or natural foods, while one out of 20 reported using these foods five or more times; thus they arrived at the five per cent figure. It concludes that generally as far as organic foods and related dietary products are concerned, these products are more commonly used in the upper and middle rather than low socio-economic groups. Dr. Forbes felt that the study might create a useful base from which one can expand.

Dr. Forbes thought those interested in promoting sound, factual information are somewhat hampered by the lack of knowledge of what really happens to people as a result of food faddism and cultism. There are a few exceptions such as the Zen Macrobiotic Diet, where there is clear cut evidence of hazards associated with the diet. Dr. Jerome felt that since the discussions pertained to people who do not seek medical attention but treat themselves, it would be difficult to get this kind of information.
Dr. New commented that at least through this particular sampling in the study, it can be ascertained that approximately five per cent of the population is susceptible to the concept of organic foods. If this can be projected, it is a very large number. Dr. New asked if it would be advisable to zero in on this particular five per cent and try to get more detailed information. Dr. Young brought out the fact that following the preliminary sampling, long depth interviews were taken with the susceptible group. One person at National Analysts took these interviews, not behaviorally, but using the older techniques in order to draw certain generalizations. This kind of information would be of great value to any group concerned with health quackery. Dr. Young hoped that aside from the sheer statistical data, some perceptive person would take these depth interviews and write up specifically what is known, indicated, or potentially possible so that the information would be available. This study is one of the biggest sources of information available.

According to Dr. Forbes, the survey indicates that three-fourths of the U.S. population believes that nutritional and dietary supplements generally enhance health. Many people believe that supplements can cure the common cold. It is interesting to note that about half the people using dietary supplements are satisfied with the results.

G. IDENTIFICATION OF TRANSMITTERS AND RECEIVERS OF NUTRITION MISINFORMATION

The participants agreed that it would be helpful to identify who the transmitters of nutrition misinformation were. Of particular interest was the type of misinformation which could be hazardous to health. The following list was drawn up:
Focus was then directed to the receivers of nutrition misinformation. Dr. Forbes stated that there probably exist certain factors which make these receivers susceptible to nutrition misinformation and thought it advisable to focus on these factors. From the data provided in the survey, it is suggested that the five per cent of the population susceptible to food faddism is also susceptible in other areas. They are just highly suggestible people who will believe many types of things. The receiver groups were identified as follows:

<table>
<thead>
<tr>
<th></th>
<th>1. Scientists with a bias</th>
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<tr>
<td>X</td>
<td>2. Scientists interpreting works of others</td>
</tr>
<tr>
<td>X</td>
<td>3. Commercial communication (uncredentialed) bent on distorting information</td>
</tr>
<tr>
<td>0</td>
<td>4. Health food operators</td>
</tr>
<tr>
<td>0</td>
<td>5. Advertisers and food promoters</td>
</tr>
<tr>
<td>0</td>
<td>6. Undiscriminating publishers and broadcasters</td>
</tr>
<tr>
<td>X</td>
<td>7. Misinformed educators</td>
</tr>
<tr>
<td>X</td>
<td>8. Government agencies</td>
</tr>
<tr>
<td>X</td>
<td>9. Health care personnel</td>
</tr>
<tr>
<td>X</td>
<td>10. Friends, relatives and associates</td>
</tr>
</tbody>
</table>

X = Accidental
0 = Intentional
RECEIVER GROUPS

1. Miracle seekers (seeking therapy)
2. The alienated (response to fear)
3. Ritual or authority seekers
4. Those seeking long life, "super" health or a "high"
5. The paranoiac or extremist
6. "Truth" seeker
7. Fashion followers
8. The afraid

All of the above groups could most likely be categorized into two general groups, namely, the "miracle seekers" and the "alienated."

Dr. Forbes said that consideration should be given to the motives behind the transmitters of misinformation. What really motivates people to do this? The transmitters of misinformation may have various motives such as money, power or status-seeking. Dr. White said that this group should also include the person who really believes he is doing a public service.

This discussion ended the first day session.
H. PREVENTIVE OR REMEDIAL MEASURES TO COMBAT NUTRITION MISINFORMATION

Dr. Darby opened the second day's session by asking the participants to address themselves to the question of what kind of information is needed in order to bring about some preventive or remedial measures in the area of food faddism.

Dr. Young suggested that when the survey that is being conducted by the federal agencies is completed, the in-depth interviews should be analyzed to provide some psychological insights about people who are receptors of nutrition misinformation.

Dr. Darby stated that one point emerging from this discussion is that the conventional nutrition survey doesn't provide the type of information that is really most useful for educational purposes. The conventional nutrition survey is designed to give us information about nutrient intake but does not reflect what people think about foods or how they use these foods. In conjunction with diet surveys, food habit information should be obtained since there are no broad studies that give us this information.

Dr. New said that we should zero in on established groups, starting with one group such as the Zen Macrobiotic or Rodale followers. Once the support of one of these groups is obtained, the yield in terms of information received could be fantastic.

Mr. Deutsch said that some of this material can be found if one looks at small models available at very superficial levels. Letters from readers in Prevention Magazine, for instance, reflects their state of mind. They represent a kind of psychological survey.
Dr. Darby said that these letters have to be placed in the proper perspective. The people who write letters feel more strongly than people who don't write letters.

Dr. Darby then asked if there were any other sources of similar information that could be identified. Dr. Young said there is much material in case files in regulatory records that could be analyzed. Some of these cases, although old, nonetheless illustrate the type of individuals who are susceptible to faddism.

Dr. Jerome stressed the importance of understanding and recognizing the social context within which this kind of practice, selection and consumption takes place. She brought out the need for more studies similar to Mrs. Erhard's in order to collect data on food habits. If there is available a variety of these kinds of methods, one can obtain a comprehensive picture of the situation. If this is done in an integrated fashion, perhaps supported by a larger body, then it would be possible to get the kind of information needed.

Dr. New raised the question of whether the situation which exists today differs from past history, i.e., if people use health foods for different reasons now than they did years ago.

Dr. Young answered that the way the basic categories respond would be the same but the pressure of the ecological crisis has increased the emotional intensity and the numbers involved in this practice. The same concern about the natural environment and the artificial foods has existed through the generations. New food developments evoked worries.
Dr. Simoons mentioned that at an international anthropological meeting in Japan several years ago, there was a session on food habits and as a result of this session, an organization was formed to help identify people all over the world interested in this subject and to exchange information. The person to contact is Dr. I de Garine, 61 rue du Sahel, Paris 12°, France. A bibliography on food habits is being prepared by Christine Wilson of the Stanford Research Institute.

Dr. Young mentioned that Steven J. Barrett, M.D., Chairman of the LeHigh Valley Committee Against Health Fraud, Inc., proposed a nationwide news bulletin called "Quackery Corner." Anyone interested could contact him at: LeHigh Valley Committee Against Health Fraud, Inc., P.O. Box 1602, Allentown, Pa. 18105.

Dr. Simoons referred to Dr. Jerome's comments on group studies which focus on group behavior and group attitudes as they relate to the use of food rather than on the individual disseminator or recipient. There also exists the question of foods as they relate to culture. Dr. Simoons' studies are non-Western but one custom that had never been studied is the avoidance of fish among the American Indians in the Southwest, the Navajos. The Navajos have even dropped the word "fish" from their language. This problem has a broader interest, in Eurasia, and also in parts of Africa; many don't eat fish even though it is available. This custom poses many questions: Is there a physiological basis or is it environmental; how did it develop? Dr. Calvin Schwabe, Professor of Veterinary Medicine at the University of California, Davis, is
doing a study on food sources in the United States that are abundant but are not used. He will publish a cookbook with recipes stressing the use of animal foods that are abundant and not being used (rather than plant foods). Dr. Simoons said that attention should be directed to the broad range of approaches in nutrition education which also concerns itself with how individuals are involved in the transmission of misinformation.

Dr. Young said that the biggest educational problem is forming some kind of generalization. We need to simplify the problem of all education. There exists in generalizations, however, the danger of oversimplification to such a degree that misunderstandings and misinterpretations abound.

Mr. Trager mentioned the fact that many AMA and FDA publications are very simply stated with no documentation whereas books by Adelle Davis and Rodale are very heavily documented. referring to studies in medical journals, even though they may be distorted. People want this type of documentation and are very impressed by it. Mr. Trager stressed the need to make statements simply but felt there should also be included footnotes that refer to studies which support the statement. Even if no one will look them up, they have the feeling that this is factual material. It should be made to sound authoritative.

Dr. Young emphasized that the FDA needs to review its past regulatory practices in relation to nutritional quackery. Dr. Young was of the opinion that the priorities have slipped a little too far and would like to see the FDA investigate and reconsider some of its past regulatory actions.
Mr. Deutsch mentioned the recommendation of the Subpanel on Deception and Misinformation from the White House Conference on Food, Nutrition, and Health regarding the merging of the regulatory functions in the quackery areas of the FDA and FTC, under the auspices of the FDA. Dr. Darby said that this is probably going to occur with the Consumer Protection Bill.

Dr. Forbes said that the problem is primarily one of enforcement. He gave an example of a case where the vitamin C product had on the label that the product contained 1,666 times the RDA. The main problem is not one of taking action against that particular product; there are hundreds of similar products. If action is taken against one, there are another 200 to go. Where are the resources to do that; resources such as lawyers, inspectors, court cases, etc. The problem is not just a financial one but rather one relating to a lack of personnel.

Dr. Young questioned the value of using these resources to initiate two or three suits to set an example for others. Mr. Trager said that even if these suits are effective in getting convictions, this information is not disseminated to the public. For example, Lelord Kordel was convicted and sent to jail, but this information was not publicized. Dr. Forbes said that the FDA has a major problem along these lines. A great deal of energy is expended in preparation of proper news releases but they are not used. Dr. Darby mentioned that the FDA has the same problem as the National Academy of Sciences. The NAS has a tremendous amount of material that is published, but it isn't distributed widely. Since it is not sensational, the
reporters don't pick it up. Dr. Young said that the subject of organic foods is so newsworthy, perhaps it would get adequate publicity.

Dr. Forbes stated that the FDA's position will be strengthened when the statement on dietary supplements is published. This regulation will contain quantitative information which provides a concrete basis for determinations. At the present moment, however, one has to play interpretive games. The FDA has been requested to legally define organic foods, but is running into some difficulty in doing so.

Mr. Trager said attention should be directed to ways of communicating more effectively. What is being suggested in terms of lawsuits is, in a sense, a publicity stunt. We have to find ways to communicate to more people. The fact that the truth may be on our side, isn't of great importance unless something is done about it.

Mr. Deutsch asked Dr. Forbes if the FDA has given any consideration to seeking out the most flagrant examples of nutrition misinformation. The tendency, to date, has been to try, in one sense, to go directly to the individual source of certain kinds of misinformation. Looking at the spectrum of propagators, one finds similar themes running through all of them. Rather than attack an individual perpetrator of nutrition misinformation, it is probably better to cut out the sources of their support. Dr. Forbes replied that it will be part of the new regulation of Section 125, e.g. no labeling can be made that refers to the quality of the soil and the food that grows on it.

Mr. Deutsch suggested that the FDA or FTC test some of the claims made by faddists. Dr. Jerome said that you would first have to
establish the credibility of these agencies. This kind of experimentation could most effectively be conducted by consumer-type organizations. People refuse to accept what "we" call "truth"; it is better to let them organize and conduct this type of experimentation.

Mr. Trager said that the only problem with this idea is that this type of information couldn't be published by the AMA or FDA; it must be a continuing thing. Other people or organizations come out with statements month after month, whereas the AMA or FDA issues one statement and it disappears under the great morass of information disseminated.

Dr. Young suggested that each of the major myths be tested by groups whose credibility would be high. Mr. Deutsch suggested that a "Ralph Nader" type should do it because he draws public attention and has a certain credibility.

Dr. Jerome went on to say that there are all kinds of grass-root consumer organizations around the country. She felt that these are the kind of groups that should develop demonstrations to test claims made by food faddists with the right kind of publicity centered around it. Dr. Young commented that this demonstration is a very complex thing although it sounds like a simple experiment. On the one hand you have people who would be truly scientific but would lack credibility and on the other hand, people from these consumer organizations might not be scientific. Dr. Jerome clarified her proposal in that the scientific community and consumer groups would work together, but the scientists would take a background position and serve in an advisory capacity. Dr. New said that if this type of work comes from within the consumer groups, they will do it and
implement it. If something of this nature could be designed and initiated, it would be very helpful. Dr. Jerome said that consumers want to decide for themselves how they are going to live, and they are asking the professionals to stay in the background. Dr. White remarked that the discussion so far concerned itself with the symptoms of underlying problems; you treat the symptoms but the problems still remain. No matter what is done to counterclaim and discredit certain transmitters of nutrition misinformation, new things keep cropping up. In March of this year, the AMA Council on Foods and Nutrition held a Symposium on Micronutrients in Processed Foods. It was discovered that there is really almost no information available on today's processed foods in terms of nutrient composition and the effect of processing on nutrient composition. It was clearly pointed out at that time that the food industry has much work to do. There has been much discussion at this conference about the responsibilities of the federal agencies, but the responsibility ought to lie with the food industry as well. We need to encourage the food industry to take a good hard look at itself. If that can be done, if they can tell a credible story, many problems discussed here will have been taken care of.

Dr. Darby commented on the use of the term, "food industry." There exists a large industry, very diversified, but engaged among other things in the production of foods. There is no place that one could really identify "a food industry" as one can an automobile industry. Certain members of this industry are very aware and concerned with areas discussed at this conference. They are very concerned with the nutritional quality of their products and have devoted a tremendous amount of effort to assure that the
nutritional quality is very high.

Mr. Trager said that it doesn't matter how responsible they are, there is a credibility gap. You cannot blame people for being suspicious under the current climate in which we live. Mr. Deutsch stated that although there may not be a discrete and monolithic "food industry," there are many people making money by producing processed foods. The "food industry" is capable of having an enormous impact on American thinking but its arm for impact is its marketing arm. Public relations people and advertising people say they cannot sell management anything that doesn't make money. The only time they will consider this problem is when profits are down. Dr. Darby brought out the point that advertising can be educational. Even though there is a certain credibility gap, advertising does influence the consumer or the industry would not continue this practice. Proper educational advertising can have an impact.

Dr. Darby raised the question of how support could be given to promote good educational advertising. Dr. Young felt that there is a dilemma here in trying to get advertisers to promote the gospel of good food when much of their very profitable market is in the area of certain kinds of snack foods which nutritionists do not consider part of a good diet.

Dr. Jerome disagreed with this concept since she felt that advertising does sell food. Traditionally, marketing managers have sold taste, convenience and other attributes the consumer wants in foods. In addition to taste and convenience, nutrition should be sold as part of that package. For instance, cat and dog food are sold on the basis of nutrition, so why should not human food be treated accordingly. Nutrition should be packaged as attractively in
in advertising as is taste or convenience, but truthfully too. Dr. Jerome was in total agreement with the proposal that influence be exerted to get the food industry to include nutrition in their message to the consumer because they are the ones who help establish and modify food habits. Mrs. Erhard did not feel that this kind of message would get through to her group if they used TV as a media. The Co-ops would be a better source for dissemination of information to certain subculture groups. What is really needed in this instance would be more of a nutrition column done in the same manner as the Dr. Hip-pocrates column in the Bay area on medical fads.

Mr. Trager commented that a large food company will not commit millions of dollars to an advertising budget without first testing it out. Tests almost invariably show that food advertising appeals to taste. Most of the foods that are supported by large advertising budgets are convenience foods. They may have a useful role in the diet, but we are not certain of the nutritional value. Mr. Trager suggested that it might be useful to get various food growers to somehow pool their resources in order to provide nutrition information on commodity foods instead of approaching individual companies. It is a good idea to advertise in terms of what is the best buy in commodity foods, giving a useful food buying guide.

Dr. Jerome commented that the meaning of the two words, "best buy," should be tested. She ran into this question of semantics in the attitudinal study on the meanings of foods. Dr. Jerome was surprised to learn that when something is referred to as a good buy for the money, the term does not denote nutritional values to the consumer but rather denotes the quantity of food provided.
Focus was again directed to the transmitter groups, as outlined on page 26. Mr. Deutsch said that this group could be divided into subgroups for every one of the categories listed. Even if this is done, it does suggest a couple of patterns. The people who are accidentally misinforming are open to correction whereas those who are intentionally misinforming will strongly reject any sound information. Dr. Darby questioned how could the commercial communicators who may be misinforming the public be reached. Mr. Deutsch replied that a series of modifiers are probably already built into our society starting with regulatory agencies, but there are limitations within these agencies.

Dr. Jerome brought up the question as to whether there were any agencies that provide information to science editors and writers of newspapers. Since they are responsible for providing the public with science information, it might be beneficial to feed this information to them. Mr. Deutsch said that these people are responsible for more than just writing. They also make the decisions of whose column to print in their papers; what would make good copy. The real secret here is always the question of, "Is this good copy?" Does it hold interest and sell publications? Mr. Trager said that the problem is to give this information on a continuing basis with new reentries.

Dr. White mentioned that he attended a conference recently and the question was raised regarding what could nutritionists do when there is misinformation on the media. It was suggested that nutritionists point out clearly where the error(s) lies and what was wrong rather than merely make suggestions in vague generalities.
The point is, that in responding to misinformation provided through the various media, frequently it is not clearly stated what was wrong and what harm can come from the promulgation of this type of information. There is no way that the layman can evaluate this. Dr. Darby said that one area that had not been discussed is the monitoring of misinformation. The regulatory agencies have limitations. On the other hand, there are groups that can influence either the media or the advertisers on an informal or unofficial basis. Mr. Deutsch thought it might be useful if a committee would be set up as a central agency to evaluate such information and provide the facts.

Dr. New said that there is insufficient information on those individuals who selectively adopt misinformation. It is still necessary to look at the target groups. Dr. Darby agreed that there is a need to know what the recipient is like; we do not have this information.

Dr. Jerome felt that it is first necessary to determine who the various recipients are and whether it is possible to characterize them. It is obvious that various transmitter groups feed into these consumer or recipient types. The idea of monitoring is fine; that is a defensive act, we are always reacting "to". What is being done on the offensive by nutrition educators that is as aggressive as the approach used by the transmitters of nutrition misinformation?

Mr. Trager commented that one factor that might be agreed upon, in terms of the receptors, is the level of education. It is much higher in this country now than it was 20 years ago. There are many more college graduates and this ties in with the need for documentation and footnotes in articles. It is an argument for less
simplistic pronouncements.

Dr. White compared the receiver groups and felt that some were related. Miracle seekers are related to those who are seeking long life or "super" health. The alienated, those who are not really tuned in to the present, are fearful. Those who are seeking miracles and those who are afraid, and the ritual or authority seekers are three distinct categories. The receiver groups could most likely be reclassified into more general groups, basing their susceptibility on an emotional response, namely; fear, hope, status (elite), and guilt.

Dr. White said that if it were possible to truly understand what motivates people to embrace bizarre ideas in nutrition it would be somewhat easier to oppose them. Mr. Deutsch asked if it would be too abstract to take a psychoanalytic view of this approach, i.e. look at the roots of the problem and consider medical methods of dealing with it. If it is possible to deduce what underlies the fear, then it might be possible to make the fears conscious.

Dr. Young said that people who are uncomfortable in personal associations in their lives turn to food in order to, hopefully, make their lives a little easier to live. Quackery has a lot to do with this neurotic, maladjusted behavior. The world is hostile. In order to relieve some of these problems there is proprietary drug advertising on television. In addition, certain dietary regimens are promulgated to make you feel better. "Feeling better" as used here does not only refer to the physiological state, but includes overtones such as better adjustment to life, happy, less tense, etc.
Mr. Deutsch asked if the discussion pertains to kinds of fear or are they actually responses to kinds of fears. Does the solution lie in psychotherapy for 200 million people? It is necessary to go a step beyond that into a realm that is more manageable.

Dr. Young said that little can be accomplished with the extremist but focus should be directed to the middle group who are educable and provide better information to them. If they had better information, then they might be willing to accept it. Dr. Darby asked who will get this information and how it would be disseminated to them. Dr. Jerome expressed hope that one of the things that would evolve from the conference would be to look at the receiver groups and see what could be useful to provide them with the kind of information needed. This is the open question: "Are we willing to go that route and give people the kind of information they are seeking?"

Dr. New said that the Council on Foods and Nutrition should decide on a course of action, either to 1) improve nutrition education, 2) look at the target groups, or 3) modify behavior. Priorities have to be established.

Dr. Young suggested that what was needed was to have some experts write a book that was as "jazzy" in tone as others currently found on bookshelves. Mr. Deutsch and Mr. Trager both agreed that this would not be an effective method. Mr. Deutsch said that the concept of this is good, but in operation it doesn't work. Mr. Trager said that in a way, writing a book has a useful purpose in reaching millions of people. Although they might never read the book, the
authors appear on various television programs and influence people. It is an avenue of communication made available by writing a book.

Dr. White mentioned one area that had not been discussed and that is documentation of harm from food faddism. If there is no harm, or biological damage, is there any need to be concerned about this? We need this information although it is fragmented. Dr. White suggested that the Council write to hospitals or medical schools to get documentation of any harm that has accrued from following certain fads. Dr. New said that it might be possible to obtain more cooperation from free clinics or student medical associations.

Dr. Darby commented on the need for concern with groups that are affected by fads; it is not enough to look just at the individual. There is a need for analyses of the broader implications of certain beliefs of the population. Presently, there is a concern for the nutritive quality of foods and of the soil; nitrates; food production; pesticides; etc. Mr. Trager stated that health professionals are frequently tagged with the label of not caring about the health of an individual. In order to be effective, the public must be convinced that the food industry and/or agriculture economy is not the main concern but rather that there is a sincere interest in the health of the population. Also, the cost of food should be kept down so that people can afford to eat properly and not endanger their health in that respect.

Dr. Young said that an economic problem exists in many poverty areas related to proper food choices. There are different kinds of pressures, some of them from commercial advertisers some from folklore, and some from disreputable food purveyors. Various surveys
have shown that the resources of these individuals are expended without the benefit of an adequate diet. There is a real problem of trying to educate these groups so that their resources are well expended. Dr. Darby said that there is some truth in that, but if one looks at the USDA studies of diets, those individuals with less money frequently make better purchases. The most nutrition for the dollar was purchased by those who had the least money as a group. Dr. Darby went on to say that there is a real need for getting information on value judgements which people make and the factors which influence these value judgements in various categories of homes.

There is a need to break down the barriers of communication so that nutrition educators learn more about behavior and motivation, and other paramedical professions attempt to incorporate basic sound nutrition principles into their efforts. The Council can play an important role in this by expressing the recognized need for this type of integration between various disciplines. Dr. Young suggested that this be a one university interdisciplinary project, at least on an experimental basis, in which various behavioral experts would take leave of absence and work on this under a grant. Dr. Darby said that the Center for Disease Control has funds that could possibly be tapped for this kind of program. Their demonstration programs are aimed somewhat in this direction. A number of years ago, the Nutrition Foundation helped initiate some centers of nutrition learning in this country.
Dr. White thought that information on behavioral aspects of nutrition is being gathered but perhaps those involved in nutrition are not aware of that literature. Dr. Young suggested that the Council compile a bibliography on the broad subjects that have been discussed. This bibliography should be assembled by individuals representing a variety of disciplines.

Dr. Jerome questioned the matter of how this information would be disseminated to the consumer in order that they could avoid the kind of problems discussed. Dr. Young felt that there were fundamental gaps in the available information. Each discipline was specialized and individuals within these disciplines were not always aware of activities outside of their own realms. Mr. Deutsch said that there is a real need to focus effort in the area of food faddism between the various disciplines.

Dr. Darby commented that an important point has been brought out. That is, one can write books and articles, appear on television and even influence manufacturers to improve foods and education efforts but there still is no substitute for personal contact with people. Mr. Deutsch felt that the Council on Foods and Nutrition was best qualified to call for this kind of cooperative effort between disciplines. Dr. Darby thought that paramedical personnel are likely to be in a better position to communicate as far as educational purposes are concerned relative to diet. The Council's main function might be to press for proper nutrition education in the allied health fields.

Dr. New stated that focus should be directed to a particular group to see what sorts of practical problems have arisen. Then
"research" should be set up to get at some of these problems. This should be developed in such a manner that the needs of the group are met and not the needs of the Council or any other group. Find out what the particular group is worried about, whether it be malnutrition, pure air, etc. and work from this base. Then one can start collecting some systematic material. The information gained should be of use to that particular group and should be highly suggestive. This information would provide cues which could be extremely beneficial in working with other groups. Although this type of research would be time-consuming, it would provide something tangible.

The question was raised as to whether problems might not arise in situations where examples of poor dietary regimens abound. For instance, there would be a responsibility to publicize these findings to the public but by so doing, the trust of the groups we are working with would be lost. Dr. New said that based on his work with people in Chinatown, he thought that if there was a close enough alliance with the group being studied and an agreement was worked out beforehand, there shouldn't be any problems.

Dr. White commented that the Council operates within some budgetary confines, and felt that their first obligation was to inform the thought leaders who in turn will reach the public. The statement on Zen Macrobiotic Diets was published in JAMA to inform the physician as well as the allied medical professions. The next step would well have been some sort of a public statement. This kind of information, however, was immediately picked up by the media and within a week of the publication of the statement, approximately 100
to 150 million people knew about the statement. Dr. New asked Mrs. Erhard how the Zen Macrobiotic Diet statement was received by the particular group that she works with. Mrs. Erhard replied that the statement came at a time when the Zen Macrobiotic Diet was undergoing changes and attempts were being made by the George Ohsawa Macrobiotic Foundation to improve the diet nutritionally.

Dr. White then asked if there was a need for a symposium on the subject of food faddism and cultism. One of the best advantages of a symposium is to get the specialists that are involved and working in some of the areas being discussed. Dr. New suggested that the money allotted for a symposium might best be used to sponsor a planning session to set up some research or studies to obtain more information. Dr. White commented that one proposal was not necessarily exclusive of the other. Mr. Deutsch commented that the Council's main responsibility might well be to create an awareness among thought leaders for a focus of effort and this could be accomplished through a symposium. There is a need for focus on many kinds of projects, behavioral and psychological. It is beyond the scope of the Council to support all of that. Perhaps one way in which the Council could be creative is to sponsor a symposium which calls attention to the types of problems and courses of action discussed at this conference.

I. COURSE OF ACTION DETERMINED BY IDENTIFIABLE NEEDS

Discussion followed on the identification of some of the "needs" which should be established in order to determine a proper course of action by thought leaders. The needs were identified as follows:
A. Documentation of harm
   1. to individuals
   2. of regimens
   3. to "technology" or "progress"

B. Mix nutritional and behavioral sciences

C. Focus of effort

D. To reach consumer

E. Better communications

Dr. Jerome asked whether these needs could be placed in short- or long-term order so that attention could be focused on what needs to be done now or later. Dr. White responded that the documentation of harm is a rather long-term and therefore ongoing process. To get the nutritional and behavioral sciences to combine their efforts in combatting food faddism more influence could be exerted on the training of nutritionists at the present time so that the nutritional sciences would also encompass the behavioral aspects of nutrition. Focusing of effort could be initiated almost immediately.

Mr. Trager felt that a mobilization of communication resources was lacking. Perhaps professional public relations men could get involved in this area in order to find unorthodox ways to solve the problem. Mr. Deutsch said it might be necessary to use a "stop gap" program; i.e. look at the available tools and see if they could be combined in a more effective manner. Dr. Young stated that effective tools are available. The methods used are so often didactic whereas the methods of the opponents have all kinds of angles. An attempt should be made to employ tools which will reach these people.
Methodologically, we need to be clever and less elective. Dr. White said that it is difficult to do this. For example, Dr. Stare, has on occasion, intentionally overstated something in his public communications to make a point, and in so doing, frequently receives more criticism from his peers than from proponents of food fads.

Dr. Darby felt that if a decision is made to sponsor a symposium, it should be held in cooperation with a variety of agencies in order to get them involved. Dr. Darby did not believe that the Council could realistically go into an effective grant program. It can, however, serve as a focus to stimulate interest of fund-giving agencies in a given needed area. Dr. Jerome asked if the AMA would help in disseminating information to prospective researchers. Mr. Deutsch said that the prestige of the Council is important in calling together this conference and identifying the problem area. Perhaps by using this direct and open approach credibility could be established.

Dr. Young commented that this conference brought out many areas in which little or no information is available. In those areas where some information is available, research should be initiated on a small scale. More data should be collected, including documentation of harm attributed to certain dietary regimens. Dr. Young felt this information should be obtained before a symposium is held.

Dr. Darby felt that a good many of the current projects had been identified but that it would take a fair amount of time to somehow develop a list of existing information so that it is digestible and meaningful to people who are concerned primarily with the nutri-
tional sciences. After this material is compiled, a meaningful and effective symposium could be held. Dr. White said that once this information is assembled there are many ways that it could be disseminated. Dr. White considered a symposium as a means of gathering information.

Dr. White said that the Council will try to obtain information on the documentation of harm, the adverse effects of food faddism. Dr. Darby felt that in addition to the case studies, a need exists for an overall study of the socio-economic effect, i.e. the cost of certain fads, their impact, how they affect the molding of thinking and attitudes. Dr. White commented that literature is available on the behavioral sciences and nutrition. This material will be compiled. Dr. White believed that the thing needed most of all is information that will interest the individual who is presently concerned with only the regimens and not the serious medical problems. If we could get his attention, then a great deal will have been accomplished.

Mr. Deutsch commented that the summary of recommendations of the Panel on Deception and Misinformation of the White House Conference on Food, Nutrition and Health matches incredibly well with the present discussion, i.e. 1) gather information, 2) assemble a body of information, 3) ongoing interdisciplinary body to act as an interpreter of information. Regulatory agencies are limited, so there appears to be a need for some kind of ongoing body spanning across the disciplines (including industry), that could relate to governmental agencies and be a source for material.
Dr. Darby thanked all the participants on behalf of the Council and the meeting was adjourned.
A Resource Conference on Food Faddism and Cultism sponsored by the American Medical Association's Council on Foods and Nutrition identified some of the existing food fads and explored the underlying reasons for their popularity. Recommendations evolved relative to the types of activities and/or programs needed to promote a sound, factual understanding of foods and their use.

Education is probably one of the best defenses against food faddism. A pattern exists, however, which makes the problem particularly acute. The health food movement has made attempts to discredit the credibility of industry, government, medicine and science. Having accomplished this, no authority exists for the public which, in a satisfactory way, could combat nutrition nonsense.

There is evidence of increased interest by the public in nutrition and attempts should be made to capitalize on this interest and respond in a positive and useful way. Whenever there exists the probability of biological harm due to certain nutritional practices, corrective action should be initiated.

Nutrition educators rather than nutrition education per se have failed in their approach of disseminating nutrition information by using the wrong emphasis or appeal. It is necessary to study various approaches and uses of fundamental
nutrition information at all levels of education.

Education by itself, however, will not suffice unless there also exists a subtle interaction between education and regulation. Unless a high priority is established within the regulatory agencies which would permit a strong regulatory arm to go with the informational arm, it will be extremely difficult to combat nutrition quackery. There will never be sufficient manpower to provide the type of education necessary to meet the needs of tremendous groups of people. Even if it were possible to promulgate many types of regulations, they are meaningless unless sufficient funds are also allocated to examine or prosecute those guilty of propagating nutrition quackery. Therefore, the problem is basically an administrative one.

Bizarre nutritional habits may reflect an alternative way of organizing one's life with regard not only to food but with every other element of life. Before solutions are considered for the problem, some understanding must be gained regarding why people act as they do; otherwise it would be impossible to communicate with them. Unless educators realize that what they consider to be "bizarre," "nonsense," "quackery," etc. may be rational behavior from within the individual's own perspective, it will not be possible to make any changes. Many of these individuals are seeking reliable information. Only when educators are willing to work within a group's value system and amass valid information within their frame of reference, will the information be meaningful and useful.
Variations have existed in food practices and will continue to exist; it is an ongoing process. The main problem appears to be how best to disseminate information to the various groups which will allow them to make individual decisions within their own systems.

If a variety of approaches to the problem is to be used, then certain classifications need to be made such as ways in which people accept ideas and ways in which they are influenced in their food habits, especially those habits that are deficient or detrimental in some way. The primary objective is to raise the general level of nutrition information for every individual. An informed individual has his basic defense against any untoward effects of nutrition quackery. If, however, one looks at the sources from which quackery originates, they begin to define themselves in terms of some of the specific problems.

The problem is a multi-faceted one. On the one hand, there are the faddists, cultists, etc; on the other hand, the followers of these fads need to have information which would enable them to modify their present food habits.

The nutritionists' approach in evaluating food habits, for the most part, is primarily based on the nutritional elements of the diet rather than the behavioral aspects of food selection. Conventional nutrition surveys do not provide the type of information that is really most useful for educational purposes. These surveys are designed to provide information relative to
nutrient intakes in the population but do not reflect what people think about foods or how they use these foods. Food habit information should be obtained since there are no studies that provide this type of information.

The multi-Federal agency behavioral study, done on contract by National Analysts of Philadelphia, depicted in a sample of the general population that five per cent of the people are highly susceptible to this whole concept of organic foods and food faddism as well as other related areas. The promotion of sound factual information is somewhat hampered by the lack of knowledge of what actually happens to people as a result of food faddism and cultism. There are a few exceptions, such as the Zen Macrobiotic Diet, where there is clear cut evidence of hazards associated with the diet.

The transmitters of nutrition misinformation were identified as follows:

TRANSMITTERS OF NUTRITION MISINFORMATION

A. Accidental
   1. Scientists with a bias
   2. Scientists interpreting works of others
   3. Misinformed educators
   4. Government agencies
   5. Health care personnel
   6. Friends, relatives and associates

B. Intentional
   1. Commercial communication (uncredentialed) bent on distorting information
There probably exist certain factors which make certain individuals susceptible to nutrition misinformation. The receivers of nutrition misinformation were identified as follows:

RECEIVER GROUPS

1. Miracle seekers (seeking therapy)
2. The alienated (response to fear)
3. Ritual or authority seekers
4. Those seeking long life, "super" health or a "high"
5. The paranoiac or extremist
6. "Truth" seeker
7. Fashion followers
8. The afraid

All of the above groups could most likely be categorized into two general groups; namely, the "miracle seekers" and the "alienated."

One of the greatest needs at the present time is to break down the barriers of communication so that nutrition educators learn more about behavior and motivation. Other allied health professions should also attempt to incorporate basic sound nutrition principles into their efforts. A real need exists between the various disciplines to focus their efforts in the
area of food faddism.

In order for a proper course of action to be established, certain needs were identified in the area of food faddism:

A. The documentation of harm
   1. To individuals
   2. Of regimens
   3. To "technology" or "progress"

B. The interaction of nutritional and behavioral sciences

C. A focus of effort

D. To reach consumer

E. For better communications

The needs were categorized into short- or long-term order. The documentation of harm is a rather long-term and therefore ongoing process. To get the nutritional and behavioral sciences to combine their efforts in combatting food faddism, more influence should be exerted on the training of nutritionists at the present time so that the nutritional sciences would also encompass the behavioral aspects of nutrition. Focusing of effort could be initiated almost immediately. It appears that there is a lack of mobilization of communication resources. It is necessary to examine the available tools and see if they could be combined in a more effective manner to reach the people.