Amanda Li, Gelilah Yohannes, Minjia Tang, Morgan Karetnick, Pallavi Mischra, Teresa Rufin
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The Suppers Program: CBLI Memo

Introduction

The Suppers Program is a community-based support group that centers around cooking and eating healthful meals and redefining members' relationships to food. Participants gather in private homes to prepare meals together (free except for food costs) and have dinner conversation guided by a trained facilitator, learning to regulate appetites and cook with healthful whole foods. This simple model has been found to be beneficial to people dealing with a range of illnesses and ailments, from obesity, diabetes, and chronic pain to problems with substance abuse and mood regulation.

The Suppers Program was founded as "Suppers for Sobriety", which aimed to fill a gap in the treatment of alcoholism by providing support for the wellbeing of the physical body just as 12-step and other programs do for mental and spiritual health. Making healthful lifestyle changes to regulate blood sugar and mood chemistry were recognized as being crucial to recovery from addiction. Eventually, it became clear that the problems of an unhealthful and addictive relationship to processed food affect many in American society and the program was expanded to include people dealing with a variety of issues, often in a mixed group. Regardless of diagnosis, the principles of the program include recognizing the importance of the body and the addictive potential of food, learning to evaluate and take seriously one's own physical responses to food, gradually changing unconscious habits and unhealthful desires and moving towards healthier sources of pleasure. Participants are asked to practice non-judgment as others go through their individual processes of change and help restore a sense of community around the table that many feel is lacking. A number of people who have benefited from the program have begun hosting their own Suppers in the New Jersey area. Although the program seeks to expand, growth is limited by the commitment to staying free and non-commercial and the local and individual nature of the connections it builds. The following sections detail some of the

concrete benefits of the Suppers model for health issues including celiac disease, mental health and substance abuse and some possibilities for scaling up in the future.

How Poor Diet Sustains Mental Health Problems

Obesity, type 2 diabetes, hypertension- these are just a few of the unpleasant consequences of a lifetime of eating unhealthy processed foods. Over the past few years, food companies have come under fire for contributing to the rise in these disorders due to their marketing and production of processed foods lacking nutritional value. Movements encouraging active lifestyles and a diet consisting of wholesome meals have emerged in order to combat the rising numbers of diseases associated with poor diets. However, what few people know is the close connection that diet has with mental health. Dor Mullen, the founder of the Suppers program, attempts to increase awareness through her dinners about the various negative mental and physical side effects that are caused by low blood sugar and dehydration. While the idea that sugar and junk foods can cause mental disorders might be easily dismissed as “pseudoscience”, a growing body of literature has provided concrete evidence for the link between a healthy diet and a healthy mind.

Some conditions that trigger symptoms of clinical depression include vitamin D deficiency (Anglin et al., 2013), low blood sugar (Timonen et al., 2007), dehydration (Armstrong et al., 2012), brain inflammation caused by food intolerances such as gluten (Hadjivassilious, Grünewald, & Davies-Jones, 2002), and even caffeine withdrawal (Borchard, 2015). Looking at the sharp increase in prevalence of depression and obesity in the United States (Centers for Disease Control and Prevention), it is probable that much of what we believe to be depression is really caused by one of the above factors. Even though the average American diet has about 2,000 calories worth of food per day, the foods that we often consume lack important nutrients that allow for healthy brain functioning. The Western diet (high in processed, caloric foods lacking nutrients) has been linked with increased depression and anxiety when compared to a traditional Norwegian diet (Jacka et al., 2011). These findings can be attributed to the addictive effects that sugars and fats have on the brain- foods high in sugar and fat release dopamine, the same neurotransmitter associated with drugs, sex, and gambling. When consuming these foods on a regular basis,

withdrawals can lead to severe cravings and mood disorders (Avena, Rada, & Hoebel, 2008). However, the impact of diet on mental disorders extends beyond just mood disorders. Studies on schizophrenia have found a link between the disorder and high blood sugar (Cohen et al., 2006). Dor herself also mentioned that her mercury poisoning had caused her to suffer from a host of negative physical and mental side effects, which could only be controlled through diet until she had received a proper diagnosis. Although we know that correlation does not imply causation, there is important evidence to be found for how nutrition should be addressed in treatments for mental health. The focus of the Suppers program in taking a holistic approach to both physical and mental ailments looks to do just that.

Suppers Providing Resources & Therapeutic Community for Depression

Depression affects a significant portion of the population: around 17% of the US population suffers from "a major depressive episode" at any given time, and worldwide, it's the "fourth leading cause of disability and the leading cause of nonfatal disease burden, accounting for almost 12% of total years lived with disability (Lozano & Mayberg, 2015; Üstün et al., 2004 cited in Kiyohara & Yoshimasu 2009). However, even today, there is a lot of stigma present behind having a mental illness such as depression. Charlie, a participant of the Supper's programs, has a story that is, as she says herself, her own, but there are strands of it for everyone. "Being British, you just never talked about that stuff. I had a great aunt in my family, who absolutely had depression, but she "went away" to get better… But yeah, you never talked about her, or if you talked about her, you'd talk in hushed tones."

Growing up with this strong sense of shame associated with mental illness plays an influential role on many in how someone responds to his or her condition. Arthur Kleinman discusses this concept of culture interacting with depression where culture "influences the experience of symptoms, the idioms used to report them, decisions about treatment, doctor–patient interactions, the likelihood of outcomes such as suicide, and the practices of professionals" (Kleinman, 2004, p. 951). The background of a person can contribute to her feelings of self-embarrassment, and these feelings certainly translate in how she recovers. The Suppers program addresses these issues with its "How you feel is data" philosophy

that focuses on relating the emotions people feel to the biological processes going on in the body from varying nutrients levels. With this more objective, analytical approach, Dorothy's program not only gives the control back to the people, allowing them to understand their own conditions, but the scientific method takes away the aspect of self-blame. Charlie's experience explains how the Supper's philosophy provided a sense of certainty and relief: "You have no energy, and then you eat the carbohydrates and stuff and that just zaps all your energy…So you head straight back to bed again. And then the shame cycle of that kicks in again. The nice thing about Dorothy's program is that you're not shamed for doing that. It's like, 'Well of course you're doing that, since that's what's going on in your body. That's what your body chemistry is telling you to do. Now we're going to tell you how to bring your serotonin levels up, how to keep your energy up'."

Along with providing attendants resources that relieve people of shame from stigma and self-blame, the Suppers Program incorporates the aspect of community, a form of therapy. At the Suppers Program, people are provided an open space for discussion with an accepting, nonjudgmental group. In this sense, the program has aspects of psychotherapy, which is becoming increasingly acknowledged as a beneficial treatment option for major depressive disorder. In a study of inpatients with depression, "response rates of patients receiving a combination of interpersonal psychotherapy and pharmacotherapy were higher than those of patients receiving pharmacotherapy alone" (Schramm et al., 2007 cited in Kupfer et al. 2012). Additionally, Janus Jakobsen et al. from the Copenhagen University Hospital tested 719 participants diagnosed with major depressive disorder, and randomly distributed them into groups of cognitive therapy, a form of psychotherapy that helps patients restructure negative thought patterns, and "treatment as usual" (Jakobsen et al., 2011; National Institute of Mental Health, n.d.). Using the Hamilton Rating Scale for Depression as measure, they found that cognitive therapy compared with 'treatment as usual' significantly reduced depressive symptoms with a mean difference of 22.15 (95% confidence interval 23.70 to 20.60; P<0.007) (Jakobsen et al., 2011). Thus, the Suppers Programs provides not only the positive benefits of healthy eating and nutrients for mental health, but also a sense of therapeutic community and resources to empower oneself and remove the shame associated with depression.

The Importance of Programs like Suppers for Those with Celiac Disease

Currently, the only treatment available for patients with celiac disease is a lifetime of eliminating gluten from the diet (Schroeder & Mowen, 2014). With the ubiquitous presence of gluten in our foods today, such a feat is immensely challenging, and involves removing a significant amount of commonly consumed foods, like bread, pasta, and the majority of baked goods, from one's diet (Schroeder & Mowen, 2014). In fact, current studies show that there is only a 45-80% adherence rate to a gluten-free diet (GFD) among patients diagnosed with celiac disease (Leffler et al., 2008). With a gluten-free diet considered critical to the health of a celiac patient, noncompliance with a GFD can have detrimental impacts—it is thus unquestionably important to improve these GFD adherence rates (Olsson, Lyon, Hörnell, Ivarsson, & Sydner, 2009).

The social stigma that comes with avoiding gluten is a huge contributor to the noncompliance of maintaining a gluten-free diet (Olsson et al., 2009). With the impact that a gluten-free diet can have on social relationships and interactions, celiac disease is considered to be a social disease (Schroeder & Mowen, 2014). Adolescents often report feeling embarrassment, anger, guilt, or alienation from the social stigma and discrimination that comes with maintaining a GFD (Olsson et al., 2009). Even though gluten is essentially poison to a person with celiac disease, it is common practice for many people diagnosed with celiac disease to still deliberately consume gluten-containing foods in the hope of not appearing abnormal, inconvenient, or rude in a social setting (Schroeder & Mowen, 2014). The fact that people with celiac disease will risk their health to hide their condition (Schroeder & Mowen, 2014) shows the immense need for celiac disease support groups (Leffler et al., 2008).

Within the current literature published on celiac disease, we see the huge beneficial role that support and focus groups can have in helping people diagnosed with celiac disease cope with their condition (Olsson et al., 2009). Having the support of others has been shown to help reduce the stigma felt by individuals with celiac disease (Olsson et al., 2009). Interactions with other celiac patients are shown to empower those with celiac

disease, helping them deal with stigma and find alternative, more positive interpretations of their condition (Olsson et al., 2009).

The Suppers Program provides exactly this kind of positive, empowering setting for patients with celiac disease. Not only does the Suppers Program bring together different people with celiac disease to create this environment of mutual understanding, support, and empowerment, but it also brings into the social circle people with conditions other than celiac disease, who also value the importance of feeding their body right. By bringing in a diverse group of people, it demonstrates that people with celiac disease are not alone in their restriction of certain foods to benefit their bodies. Moreover, because the Suppers Program builds up this social community through cooking, eating, and enjoying food as a group, it helps celiac patients who feel social isolation and restriction from the dietary restrictions imposed by their celiac disease (Schroeder & Mowen, 2014).

The Suppers Program can even consider reaching out for potential partnerships or sponsorships from Celiac Disease Support groups. The following links include listings of different Celiac Disease Support groups that the Suppers Program can potentially reach out to:

- http://www.csaceliacs.org/find.jsp
- http://www.celiac.com/articles/227/1/A-List-of-Local-Celiac-Disease-Support-GroupsChapters/Page1.html
- http://www.celiaccentral.org/Resources/Links/International-Groups/124/
- http://www.glutenfreedietitian.com/celiac-disease-support-groups/
- http://www.enabling.org/ia/celiac/groups/groupsus.html
- http://www.wegmans.com/webapp/wcs/stores/servlet/ProductDisplay?productId=670185&storeId=10052&langId=-1

The Suppers Program v. AA

In addition to treating various illnesses, the Suppers Program also has a special focus on recovering addicts -whether it be to sugar or alcohol. The program's emphasis on community and non-judgment set it apart from other programs such as Alcoholics Anonymous (AA). When comparing AA to the Suppers Program, there are many similarities. AA defines alcoholism as "a physical compulsion, coupled with a mental

obsession" ("This is AA" 9). While AA believes, "alcoholism is a progressive illness which can never be cured," Suppers treats this illness as a curable one. The main difference is that AA states "once an alcoholic always an alcoholic" but Suppers participants demonstrate that you can overcome your illness and addiction through community and not have to label yourself with this but label yourself as a logical miracle. With the proper diet in response to feelings, anyone who desires so can overcome. While many recovering addicts are perfectly willing to admit that they are allergic to alcohol, Suppers provides proper nutrition to allow people to recognize that how they feel is actually data.

Both AA and Suppers emphasize looking to a greater power. AA looks to religion, while Suppers looks to a community to help restore sanity to insane behavior. In both cases, people surrender old habits and have rendered themselves powerless to their addiction to the point that their lives have become unmanageable. AA requires people to admit they are powerless over alcohol ("This is AA" 12). While in Suppers, the greater power is the community. It seems that willpower alone is not enough to keep anyone sober. The only requirement for Suppers is a nonjudgmental attitude, which is what makes it a stronger option for recovering alcoholics.

The Importance of Alternative Holistic Treatments, like Suppers, as Compared to Biomedical Therapies

In the United States alone, an estimated 52.5 million adults have been diagnosed with some form of musculoskeletal system disease including rheumatoid arthritis, general arthritis, gout, lupus and fibromyalgia. However, only about 1.3 million of these were confirmed to be rheumatoid arthritis (CDC Statistics, 2013). Over the past few decades, primarily starting from the 1970s with the confirmed genetic differentiation between rheumatoid arthritis and ankylosing spondylitis, which have very similar symptoms, many strides have been made to address this disease (Entezami, Fox, Clapham, & Chung, 2011). When treating rheumatoid arthritis, the primary form of therapy focuses on biomedical approaches. These methods emphasize the institutional structure of the primary medical profession and drastically diverge from the traditional holistic treatment approach. The biomedical approach relies on medications to treat symptoms, primarily to reduce

inflammation and pain, prevent joint damage and to slow the progression of this impending consuming disease. However, while the intentions of these medications are for the patient's benefit, they are also associated with countless side effects.

When dealing with side effects, most modern biomedical doctors believe that adding another pill to the regimen will cure any adverse effect. They have a tendency to separate themselves from the patient-doctor relationship and solely rely on genetic components and symptoms instead of addressing the person as a whole. Clinical depression is one of the most common side effects experienced by patients suffering from rheumatoid arthritis and studies have emphasized the significance of this in RA patients compared to healthy individuals (Dickens, McGowan, Clark-Cater, & Creed, 2002). Depression may be attributable to the level of pain experienced as well as the social activities that are often limited as a result of joint stiffness and discomfort. Since the onset of symptoms may occur as early as 30 years old, the impact that rheumatoid arthritis has on social relationship and interactions, including leisurely activities, is significant and severe. Instead of addressing these issues from a more social and whole-person perspective, biomedical doctors typically turn to Prozac or other medications in attempt to alleviate the psychological symptoms. Comparatively, holistic treatments take into account the individual as a whole instead of simply an object of medicine (Good, 2011). Following holistic principles, the Suppers program has contributed to creating a community environment where participants feel engaged and a part of something larger. This network of meetings provides a safe haven where participants feel comfortable reaching out to others and is always met with support. This social community brought about through the desire to live a healthy life style, mediated by group cooking, eating, and table discussions is incredibly beneficial for individuals managing depressive symptoms.

As holistic perspectives are becoming more prominent topics in recent research, the Suppers Program addresses another critical point. The program takes on a very holistic approach to medicine and the movements encouraged by Suppers towards a healthy, active lifestyle has played a crucial role in many people afflicted with rheumatoid arthritis. The healthy eating habits introduced by the program have resulted in either the reduction or complete alleviation from symptoms. As described above regarding poor diets sustaining

health problems, Suppers takes critical steps to mitigating these issues. Overall, the Suppers Program has proved to be incredibly beneficial for the overall well-being of the participants.

Conclusion

Currently, the Suppers Program is extremely functional in the town of Princeton, New Jersey. Participants learn to evaluate and take one's own health seriously in a group setting, which allows for storytelling and friendly advice. When addressing the large project of expanding Suppers beyond the Princeton community, however, a new approach may be needed for such expansion. Even though Suppers is currently a non-profit and only asks participants to pay for the shared cost of the meal, it may be necessary to even supplement part of this basic fee to keep the program growing. Healthy food is significantly more expensive than foods filled with fat and sugar, which makes paying for Suppers a reach for people in lower-income families. Another idea would be to partner up with farmer's markets and healthy food markets, such as Whole Foods, to provide coupons and discounts for Suppers program participants. This would ensure that future donations go towards both Suppers gatherings and towards the individual families of Suppers participants. Continuing a healthy diet beyond Suppers meetings is extremely important, and would benefit all future participants.

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