

# **Psychological Difficulties Experienced as a Result of Following a Restricted Diet for Food Intolerance in Social Situations**

By Stephanie Bird

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## **Abstract**

As the incidence of people with food allergy, intolerance, or avoidance rises, so does the pressure on the person suffering symptoms and the people around them to meet the needs of a restricted diet, especially when it comes to social situations, with or without people they are familiar. When making a qualitative study by voluntary survey of four people with experience in restricted diets due to food allergy (FA), celiac disease w/biopsy (CD), gluten and food intolerance (GFI), and the spouse of someone with gluten and food intolerance (SPOUSE), the greatest psychological commonality was the existence of anxiety. The degree of anxiety and other feelings of discomfort about the idea of eating food prepared by other people was higher with the female participants than with the males, however the females also stated that despite their apprehension, they refused to let their psychological concerns prevent them from participating in life. Other major themes included the desire to minimize the existence of their special diet around other people and feelings of self-reliance when it came to meeting their own needs when participating with groups of other people. Feelings of being overwhelmed by the prospect of ensuring their care in various situations were expressed to some extent by all four participants, and one way they tended to cope was by bringing their own snacks or prescriptions necessary to ensure personal health.

## **Introduction and Literature Review**

With the increased incidence of food allergy, intolerance, or avoidance, pressure on the person with the food challenge and the people around them, pressure is bound to trigger psychological response. Some of these various psychological issues result from simply “being different” because a person has a condition where they need to alter their diet due to food allergy, such as dairy; food intolerance, such as gluten in celiac disease; or avoidance due to adverse reactions to a spectrum of foods. These issues can result in feelings of frustration or being “silly” having to explain repeatedly the condition and dealing with other people’s responses, as well as feelings of anger, anxiety, and annoyance over the challenges created by altering one’s diet for health reasons. (Benes, 2012)

In addition to the psychological reactions occurring with the person with special needs, close family members, significant others, or friends of the person may also experience some type of psychological reaction. These reactions span from concern to annoyance over having to modify plans in order to accommodate the special needs of the person with the restricted diet. Events affected range from simple family gatherings to important community events, work parties, travel, and spontaneous activities as all of these would require additional planning for them to provide food and support for the special needs person.

This study investigates the various psychological issues people with food intolerance experience through social situations as a result of their need to follow their limited or restricted diet. Emphasis will be on those with gluten intolerance as it has become more prevalent and includes many foods and requires major modifications to

the diet, and has a higher degree of awareness with the public. While many people know of this condition, those suffering gluten-intolerance still spend much time explaining their condition and experience various degrees of difficulty navigating social and cultural situations.

In a qualitative study of adolescents with celiac disease, one 12 year old girl reflects in her comment the feeling often experienced by those with special restrictive diets: "My life became very different. They always have to make special food for me and I am scared that people think that I am being difficult." (Kramer, 2012)

A study looking at the people sharing their life with a gluten-intolerant person described the difficulties seldom considered, yet experienced by the loved ones of the person with celiac disease, or food intolerant conditions in general. Lack of understanding either the importance of following the diet or ways of dealing with "being different" impact how the family member or loved one responds to the situation and offers the needed support. "The role of relatives in handling the coeliac disease with the diseased person in the everyday life might be underestimated, and to provide relatives with better knowledge regarding the disease might improve the situation also for patients." (Sverker, 2007)

## **Methods**

Four people were recruited and interviewed with regard to food allergy, intolerance, and aversion. The recruited people were people known by the author and were selected based on specific criteria and asked if they wanted to participate in a qualitative study. The criteria were to select one person with true, biopsy-diagnosed

celiac disease; one with gluten-intolerance; one with food allergy not including gluten; and finally, a significant other of a person with a restricted diet due to allergy/intolerance/aversion.

Four quantitative questions were asked for demographic information, then six qualitative questions were asked in interview style to determine the feelings the subjects had regarding being in various social situations, including: attending a dinner party; spending a day out with friends; spending a day out with people not known, such as a work event or an activity with strangers; how does it feel to be “out of [their] comfort zone” for a day; how the subject deals with requirements to consume certain foods when it comes to religious obligations; and finally, do they ever feel that having food restrictions are “too much” or if they are overwhelmed by navigating the difficulties of standard restaurants, social events, and/or cultural events which include the consumption of food. Subjects were prompted to consider specific events, such as school activities, work parties, friend/family get-togethers, house parties, day trips, etc.

A code matrix was developed from key concepts about feelings, listing them for each participant with each qualitative question to look for trends, with demographic information listed at the top to distinguish the participants. Certain themes became apparent with specific questions universally while others, there was a difference of perception between how the male subjects responded versus the female subjects. When specific terms about feelings were brought up in the interview, they were designated in the questionnaires’ margins, and if they showed up in other responses, they were considered significant.

## Results and Discussion

For the most part, the responses to the qualitative portion of the questionnaire were more similar than they were different from each other. For example, all four participants indicated they felt they were either uncomfortable or silly explaining the restrictions to hosts/hostesses or they felt like they were “putting someone off” (Costanza, 2012) or that they will be perceived as “picky or rude.” (Kramer, 2012) This correlates with the response of the 12 year old girl (Rosen, 2011) who stated she’s scared that people think she is being difficult by sticking to her gluten-free diet.

	<b>FA (♀) “Benes”</b>	<b>CD (♂) “Costanza”</b>	<b>GFI (♀) “Kramer”</b>	<b>SPOUSE (♂) “Seinfeld”</b>
<b>Position/Job</b>	Community Nutrition Assistant	Full-Time Employed Copywriter	Graduate Student	Full-Time Employed Customer Support
<b>Gender</b>	Female	Male	Female	Male
<b>Age</b>	21	41	32	44
<b>Feeling(s) about attending dinner party</b>	<ul style="list-style-type: none"> <li>• Outcast</li> <li>• Inconvenient for others</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes anxious</li> </ul>	<ul style="list-style-type: none"> <li>• Anxious</li> <li>• Uneasy</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes anxious</li> <li>• Spouse’s responsibility</li> </ul>
<b>Feeling(s) about spending day out w/friends</b>	<ul style="list-style-type: none"> <li>• Silly explaining</li> <li>• Takes antihistamines</li> <li>• Brings Epi-pen</li> </ul>	<ul style="list-style-type: none"> <li>• Feels like not making a big deal</li> </ul>	<ul style="list-style-type: none"> <li>• Feels it’s challenging</li> <li>• Has to prepare for everything by bringing her own food</li> </ul>	<ul style="list-style-type: none"> <li>• Does not feel responsible</li> <li>• Will speak up RE: restaurant choices</li> </ul>
<b>Feeling(s) about spending day out w/strangers</b>	<ul style="list-style-type: none"> <li>• Jealousy</li> <li>• Annoyed</li> <li>• Inconvenient</li> <li>• Silly</li> </ul>	<ul style="list-style-type: none"> <li>• Feels like not putting others off</li> <li>• Inconvenience</li> <li>• Feels responsible for self/needs</li> <li>• Brings own snacks</li> </ul>	<ul style="list-style-type: none"> <li>• Feels it’s a disability</li> <li>• More comfortable with friends</li> <li>• Concerned she looks picky/rude</li> <li>• Tired of explaining</li> </ul>	<ul style="list-style-type: none"> <li>• Uncomfortable if brought up</li> <li>• Prefers if they don’t know</li> <li>• May leave event early</li> </ul>
<b>Feeling(s) being out of comfort zone</b>	<ul style="list-style-type: none"> <li>• Annoyed</li> <li>• “like [her] body is playing a cruel practical joke and won’t stop.”</li> <li>• Brings inhaler</li> </ul>	<ul style="list-style-type: none"> <li>• Feels ok</li> <li>• Self-reliant</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn’t like it</li> <li>• Not present—daydreams about food she’ll make at home</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn’t feel bad</li> <li>• Does think constantly about in preparation</li> </ul>

<b>Feeling(s) about effect on religious activities</b>	<ul style="list-style-type: none"> <li>No issues</li> </ul>	<ul style="list-style-type: none"> <li>Christian but doesn't take communion as a result</li> <li>Doesn't bother him</li> </ul>	<ul style="list-style-type: none"> <li>Not religious</li> </ul>	<ul style="list-style-type: none"> <li>Not religious</li> </ul>
<b>Feeling(s) of overwhelmed</b>	<ul style="list-style-type: none"> <li>"It's all too much"</li> <li>unfair</li> <li>shuts down but sometimes realizes she has to deal for her 2 year old son</li> </ul>	<ul style="list-style-type: none"> <li>Feels overwhelmed sometimes</li> <li>Don't want to make a big deal about it</li> </ul>	<ul style="list-style-type: none"> <li>Sometimes feels it's too much</li> <li>Wishes she didn't have to deal w/it</li> <li>Doesn't want to give up and be a shut-in</li> </ul>	<ul style="list-style-type: none"> <li>Doesn't feel concerned</li> <li>Not anxious</li> </ul>

Figure 1: Significant responses to questions.

For the most part, the responses to the qualitative portion of the questionnaire were more similar than they were different from each other. For example, all four participants indicated they felt they were either uncomfortable or silly explaining the restrictions to hosts/hostesses or they felt like they were “putting someone off” (Costanza, 2012) or that they will be perceived as “picky or rude.” (Kramer, 2012) This correlates with the response of the 12 year old girl (Rosen, 2011) who stated she’s scared that people think she is being difficult by sticking to her gluten-free diet.

### Opinion and Gender

Some of the differences were evident between genders as the two women indicated stronger feelings about each question than the men, which could be the result of a gender divide or simply have something to do with the acceptance level of the particular participants selected. For example, both women mentioned strong feelings that they were “jealous” of other people or “annoyed” about the precautions they had to take, and that they felt their conditions was more “like a disability”. They also took their

limitations more personally, with the one with FA (Benes, 2012) stating that it was “like [her] body is playing a cruel practical joke and won’t stop” and GFI (Kramer, 2012) stated that she “often daydreams about foods [she] could have at home and loses out on what experience she is having” when they are out of their comfort zone. Meanwhile, the men felt less strongly about their situation, being more concerned by the inconvenience of it, with SPOUSE (Seinfeld, 2012) saying there is “no chance for ‘eatertainment’” which he defined as going out to eat for fun, rather than having to consider what his wife could eat dictate where they went.

Interestingly, both women stated that while they did feel at times it was “all too much” for them to deal with, neither of them wanted to succumb to a lack of hope, with FA realizing she needs to be there for her two year old son, and with GFI stating she refuses to become a shut-in just because of her condition. (Benes, 2012; Kramer, 2012).

Feeling	FA (♀) “Benes”	CD (♂) “Costanza”	GFI (♀) “Kramer”	SPOUSE (♂) “Seinfeld”
“Uncomfortable explaining restrictions”	Yes	Yes	Yes	Yes
“Jealous/Annoyed”	Yes		Yes	
“Inconvenient”		Yes		Yes
“It’s all too much”	Yes		Yes	
“Realized a more important need”	Yes		Yes	

Figure 2: Psychological reactions and gender differences to food restrictions, socially.

## Future Research

In retrospect, limiting the questioning to one gender or the other might have provided more consistent results. Questions about how long each person had been experiencing food limitations as well as their age would have been interesting in the

evaluation of those interviewed. Also, comparing the responses of various ethnic groups might have yielded valuable data. Finally, focusing on one type of food allergy/intolerance/avoidance would help to evaluate the difficulties people of each group deal with when it comes to social situations.

Considering the constraints of time and experience with each diet, this set of qualitative data helps show how people with various dietary limitations feel psychologically about their experiences with special events and how it affects them and some of the important people in their lives.

## **Conclusion**

This brief qualitative study reinforces the concept that having food allergy/intolerance/avoidance certainly has psychological aspects for both those constrained by special diets and the “loved one” of a person with special diets, especially illustrating the anxiety experienced by those questioned. Future studies would be beneficial to understanding how restricted diets affect participants and their loved ones, psychologically, if the factors in the previous section are considered. Breaking them out to study demographics such as gender, age, and ethnicity, as well as years of following a particular diet, and each of the particular diets themselves could produce other useful information about the psychology of following special diets, especially the length of time a diet has been followed. It would also be interesting to conduct quantitative studies on some of these factors, especially if correlations could be made indicating these psychological factors played a role in participants’ adherence to their diet or prevented them from being successful.

## References

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