

DIETETICS AS THERAPY SKETCH FOR A HOLISTIC IDEA

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■ ABSTRACT

This short essay is an attempt to establish the connection between Steven Shapin's grandiose historical reconstruction of the science of dietetics and the problems of chronic diseases and psychosomatic illnesses.

Keywords: dietetics, psychosomatic illness, Steven Shapin, chronic disease

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The American Centers for Disease Control and Prevention (CDC) defines “chronic diseases” as “conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both”. Their typical examples include such diverse issues as heart disease, cancer, and diabetes. Among a host of potential causes or contributing factors we find smoking, poor nutrition and physical inactivity, excessive alcohol use, and a host of further nonmedical, “social determinants”, like age, environment, occupation, mental health.

Notably, the typical examples of chronic disease do not include psychosomatic illnesses, which cover such physical pains that “arise in the mind” (Shorter 1992, 2) instead of having an actual and localized organic origin. Some ill-defined back and stomach pains, special forms of sudden paralysis and fatigue, all could be psychosomatic issues that come with a physiologically normal and healthy back, stomach, and basically undisturbed nervous system (as Shorter has shown, the “symptom pool” could vary with cultural and temporal contexts). Because patients report defined physical symptomatology (mainly various forms of pains with different intensity), such psychosomatic illnesses may often limit one’s daily activities, disturb their emotional life and thus affect one’s routines, and could last for years. As in such conditions there is a certain level of psychological contribution, their treatments are usually

beyond the limits of the usual pharmaceutical interventions and require not just good mental hygiene, but occasionally an even broader, holistic approach.

As an example, after several years of various abdominal pains (without finding the actual specific pathology that could cause the pain), I was visiting a physician recently with a right-sided pain. His diagnosis was that due to my lifestyle (sitting, reading, writing), I have a mild form of concave chest, thus my ribs do not provide sufficient space for my internal organs and that is manifesting in my regular and chronic pain, often accompanied by disturbing indigestion (causing further eating and mood problems, causing yet again further psychological discomfort during everyday routines).

After telling this story, some friends were laughing, others gave the typical “there is something in it” nodding, and even though the diagnosis was refuted by a physiotherapist, it led me to the history of dietetics. Recently the American historian and sociologist of science, Steven Shapin has published his latest magnum opus, *Eating and Being: A History of Ideas about Our Food and Ourselves* (Shapin 2024). The book is a major historical narrative about the scientific and cultural development of dietetics, the leading medical science of food and nutrition from the antiquity till the early 19th century. In the book, Shapin has recalled the following diagnosis and narrative from the 17th century:

Students and scholars, as it was persistently said, had weak stomachs. They digested their food poorly, and indigestion in turn produced the dark and cloudy vapors that made for scholarly melancholy. [...]

One major cause of scholarly disease was fundamental to the sedentary life: scholars and other students just spent too much time sitting. This prolonged posture mechanically compressed the stomach, interfering with proper concoction and initiating the causal chain that proceeded from 'crudities' to 'vapors' to constipation and on to the protean marks of melancholy. (Shapin 2024, 164, original emphasis).

Dealing with “occupational diseases”, dietetics introduced numerous variables and contextual considerations to explain individual differences and phenomena by connecting digestion, behavior, and mental life.

Dietetics was based on the old humoral theory that ruled everyday medical- and health-life of Western societies almost unchanged for two millennia (dating back to Hippocrates (5th century BC) and further developed and refined by Galen (2nd century AD)). According to the theory, human bodies are made of four distinct elements: blood, phlegm, yellow bile and black bile, and all diseases go back to a loss of balance between them (through either excess or deficiency). Thus, imbalance is a sign of an unhealthy body and mind, and different pathologies could be related to different imbalances.

Humoral theory was a holistic theory as it established further relations of the bodily humors to environmental factors (such

as weather, family and work relations), but also to the food ingested by the individual. Dietetics hence was not just about what we eat, but about an ordered, balanced way of life, providing a manner of living to prevent sickness and maintain health, to keep the balance of the humors. It had a relativist or individualist element: what was good for you, could be bad and harmful for someone else. Knowing yourself (which food, in what degree and when agrees with you) was the substance of theory: you were your best doctor, because you “knew yourself better than anyone else possibly could” (Shapin 2024, 171).

Furthermore, dietetics was not just a medical theory, but also a moral science: the idea was that what was medically good for you was also morally good. You had to find the right measure and relation between your everyday practices (like sleeping patterns, ways and modes of eating, drinking, conducting sexual activities, excretion, workload, thinking and mental disturbance, and daily routines) and your humors, and dieticians have told you for centuries that to prevent illness and act right, balance and moderation are the ways. As to act good, you had to act moderately, finding your middle a 'la the Golden Rule, to live healthy, you had to behave moderately, finding your balance with your humors (affected, well, basically by everything).

What is then the current view on the therapy for people suffering for psychosomatic

chronic diseases that puts a heavy burden on them and their environment? The biological processes at work are indeed complex, and in not finding clear cut triggers for them might suggest that there is an even more complex story to be told about your life,

your practices, your environment, and about your self-knowledge. And an invitation for reflection on how to find the balance, your balance, between all these factors. There is a full, rich life beyond calory-counting and ultrasound examinations.

Bibliography

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