

[Eating in the 4th Dimension](#): Interview with Alan Levinovitz

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Transcript by Julie-Ann Lee

(Theme song - soft piano music)

ABK: My guest today is Alan Levinovitz. Professor Levinovitz is an Associate Professor of Religious Studies at James Madison University. He specializes in Classical Chinese Philosophy and the relationship between religion and science. In addition to scholarly articles, he's the author of *The Gluten Lie and Other Myths about What You Eat* and *The Limits of Religious Tolerance*. His next book is about how nature gets treated like God.

I'm going to start with a little introduction to what some of these diets are about that we're going to be talking about. In *Dangerous Grains*, a 2002 book by Dr. James Braly and Ron Hoggan, they bring forth this theory which, as you put it 'contains the seeds of every modern anti-gluten argument.' They relate gluten consumption and brain activity or this idea of 'grain brain'. They talk about opiod-peptoids in gluten that look and act like morphine in their view, for example. And that's what some of the autism parents believe – that the bread is making their children more autistic and that taking bread away from them will detox them. We hear a lot of misused terminology in these diets, big words that sound scary like 'oxidative stress, mitochondria, glutathione, methylation,' and these words are being thrown around without necessarily scientific grounding. What's going on here? What do you think?

AL: I think what part of the problem is that when you're confronted with a health condition, something like autism especially in your children, you really want to feel proactive, and you want to feel like there is a solution, that there's something that you can do, and you also want to know what's gone wrong. And so with all of these diets, part of the appeal as I see it is that there's a clear causal mechanism for what's going wrong and there's also a clear way to address it. Diet is used for all kinds of conditions where the traditional medical community doesn't have an easy fix.

So you see dietary approaches to chronic conditions of all kinds whether it's arthritis, or chronic pain. What I think diet represents here is a ritual that allows you to feel like you are intervening in an effective way and that's something that's really appealing especially to parents who may feel as if they have been dismissed by the mainstream medical community or feel like not enough attention is being paid to the condition...

ABK: You talk in your book about ritual and even kind of the way that marketers appeal by using this idea of some of the ideas that you've talked about, in a sort of faith based, revival style of marketing where it has all the elements of religious revival from testifying or

testimonials to kind of a conversion story about how everything was made better. It's all anecdotal and it's- there's no science behind it. But, it's tied in with some pretty long standing cultural baggage, even puritanism. Is that right?

AL: Right. The sense that the excesses of modernity are responsible for whatever diseases we're suffering from – so cancer is caused by industrial chemicals or electrical lines or whatever it happens to be – this idea that there are diseases of modernity, and autism is one of them, right? You also hear sort of exaggerated statistics about increase in autism rates, along with the diets that are meant to “solve” those increases. And I think suspicion of modernity [is] not entirely unjustified, right? I mean people are watching the natural world get destroyed. People are seeing plastics everywhere and there is good reason to be alarmed about different kinds of technologies, even food technologies, and their effects on the world.

I think it's easy to look at what is happening to the body of the earth, if you will, and think to yourself ‘well geez, if we're destroying the body of the earth in this way (no one is paying attention to it, and scientists were ignoring it for a long time) what if the same thing is happening to our bodies, or to the body of my children?’ Since it's not easy to take yourself out of modernity in every aspect of your life, one of the most obvious and personal places that you can take action is in your diet. And so you see with the gluten free casein free diets, there's a lot of rhetoric that ‘this is what we used to eat, or this isn't what we were evolved to eat... lots of people are intolerant... do you have lactose intolerance? That's because we're not really meant to be consuming dairy products!’ so it ties into that narrative, really effectively.

And it's a kind of religious narrative – the idea of a kind of paradise past, you're in the garden of Eden, you eat the wrong food, you're kicked out of the garden. Then you sort of have to get back [to Eden] with diet.

[5:20]

ABK: I think parents tend to feel out of control and the diet is a place to exercise this control over when they don't feel *in control*. But, that can really spin *out of control*, for example when you look at something like orthorexia which is an eating disorder where people are obsessed with eating healthy and they're kind of at war with these perceived toxins based on, like you said, things that are also real ideas but just kind of being perpetuated in this certain way. So, orthorexia in an individual is one thing but orthorexia by a parent *onto* a child then becomes a family eating disorder – for the whole family.

Or, in the case of food restrictions, it's not so much an assertion of *self control* as it would be for an individual but it's asserting *control over* the child and I think that's where it gets really problematic, because it's not only health considerations in some of the diets that I've outlined, but also the emotional considerations when people bring this food puritanism into their parenting.

AL: Absolutely. When I wrote *The Gluten Lie* and this was some years back now, I felt really strongly about the dangers of this kind of food puritanism, and I still do and I still want to make sure that needless suffering in both the parents and the children is avoided. And, so that is a top priority for me as I'm sure it is for you obviously. Obviously, that's why you're having this podcast and that's why you do the work you do, however, I think what I've come to realize is that the need for these rituals, the need for empowering rituals, the need for a narrative to make sense of suffering in your life or the suffering of your child, those are needs that we have – when I say 'we' I mean communities, support communities, the medical community, whatever it is. Those needs must be met and ...everyone is going to meet those needs in a different way.

And if we don't meet those needs, someone else is going to do it or some other ritual is going to do it, and those rituals may be dangerous. Or they may be hawked by charlatans. So for me one of the really important questions to answer going forward when it comes to autism is how can we meet the needs of parents who need empowering rituals –how do we meet that need responsibly and compassionately?

ABK: Right. I also think part of it is you have to flip the narrative so the need isn't so great. Because one of the reasons that people feel the need for this ritual and this sense of control is because there's so much *panic* about autism. You talked about how people give the testimonial that 'I got my kid off bread and two years later he's doing all these things that he couldn't do before.' So of course, children develop. It's called *child development*, right? It happens, people develop.

And I think that a lot of people when they get the autism diagnosis for their children, they kind of feel like this moment in their lives is forever in their lives and they have this deep, deep sense of panic and they don't understand the whole life span of an autistic person. They haven't been given the resources to practice or understand acceptance but rather they're just kind of trapped in this panic mode and feeling like they kind of have to throw everything at it and cure it and fix it...so it's really about something bigger [the need for] moving out of that medicalization of autism and more towards a social model of disability which we've done with a lot of other disabilities...

AL: Right.

ABK: ...so that people can be more comfortable with the notion of disability and I don't think we've gotten there with autism. It's really complicated because also you have this intense relationship – the parent-child relationship --that you're moderating and I don't know if the parents can always see or sense, but I certainly know from talking to people who grew up for example on a restrictive diet, the impact that those kind of controls have on the relationship between the parent and the child.

[10:04]

AL: Yes. It's very difficult, right? You mentioned the puritanism earlier and I think that is something again from my religious studies background that seems really clear to me is that one thing we do when we're out of control is of course go to excess with certain things, but another thing we can do is drastically *restrict*. So, it's a sort of monasticism [and] a kind of self-flagellation – it's like I've done something wrong, or we've done something wrong, so I'm going to punish myself by restricting all of these things -- and it's also a form of purification.

There's again this kind of intuitive explanatory framework that has been around long before the germ theory of disease where it's 'you did something wrong and so evil has moved into you or badness has moved into you, and so if you do the right thing or you purify yourself then that will resolve the badness.'

The problem with that, as you've pointed out already, is that the approach itself can cause suffering. The restrictiveness itself can cause needless suffering and trauma and what you said is just absolutely right on which is that we need to reframe the whole narrative of how we understand autism and we need to make sure that there are more and different resources in place for parents when they receive an autism diagnosis. I've talked to--as I'm sure you have--to many parents [and while in] some places you get really great support, other places you get a diagnosis and you're shown the door with a photocopy sheet of web resources, right? And that's unconscionable. You can't be doing that.

A part of the solution to these problems will be spreading better science-based information and educating parents, but I think another equally if not more important facet of addressing the problem is changing the *context* in which people, parents and children are receiving autism diagnoses and changing the framing narrative that people use to understand those diagnoses. I think if we do that we'd really go a long way to improving things for everyone involved.

ABK: Absolutely, I think it really starts with that first appointment where there's the diagnosis, and what approach does the physician take when giving the diagnosis? Like you said, sometimes they're in a hurry and just hand out a couple of worksheets; other times Developmental Pediatricians will often stress to the parents, 'you have to do an intervention.' They call it an *intervention* so automatically it sounds very medical, right? Like you get an intervention when you take your appendix out!

AL: Right.

ABK: By using words like intervention--'You need to do an early intervention with your child these are the early formative years of the child' – the parents aren't hearing the same thing that the physician is saying. What they're hearing is 'if we don't do everything we can *right now*, that this is going to be doom, and I need to do *everything*,' and so that's what they do.

They do everything, and they overload their children. Getting back to this idea of – this puritanical idea of punishing and purifying, in some cases there actually are parents who are very religious who perform exorcisms on their autistic children and there is a sense that something bad [spiritually] has gone into them.

In other cases, parents think maybe something toxic came from a vaccine or it came from another kind of a toxin and they're trying to clear this out of their child, but the physical ramifications we see through treatments like chelation and things like that is that it's damaging to the body of the child. So, there's really a lot to work out and I think there's a lot that physicians can do in that first appointment, first of all by talking about pseudoscience and steering parents away from pseudoscience; in that moment when they're diagnosing they're the authority and it's a crucial window when they can do that.

But the other part of it is the bigger picture of cutting back on the panic. Because people don't make good decisions when they're in a panic.

[14:44]

AL: That's absolutely right. And I also think, I mean when you talk about a physician I think another thing that needs to happen is we need to acknowledge that the pseudoscience often comes from people who talk differently and dress differently and use different ways to describe the world, and those ways of describing the world are often less clinical. They don't use words like 'intervention.' They listen more, they have more time... and that's not to say that that justifies any of the pseudoscientific treatments.

But I think it's worth recognizing that sometimes the reason people buy into these treatments is it allows them to process their experience in a language and in a kind of world view that isn't the clinical one of the hospital. It's tremendously important as well to recognize that the scientific approach to things with its vocabulary and its lab coats and its sterile rooms and its words like 'intervention' ...that's really effective in certain ways, but it can also be tremendously alienating and at moments of vulnerability what a parent of a newly diagnosed autistic child might need is another parent who has gone through this. And I know I've talked to autistic parents, parents of autistic children who told me that this was the most important thing.

ABK: I think you're so right and I, what I see and hear from parents and I listen in on parent groups and things like that is that people need someone to hold their hand. And I'm not saying that in a disparaging way. I mean we *all* need someone to hold our hand, and when they don't have that, that's when the marketers or the conspiracy people can come in, and 'I'll hold your hand', right? 'I'll give you an hour for \$275. You can just talk all you want and I'm going to listen, then I'm going to go down the hall and I'm going to open up a giant cabinet full of supplements and sell them to you for a lot of money.'

So, it's very easy for people to leverage this sense of vulnerability and needing that the parents have and fill that gap because it isn't being filled anywhere else.

AL: That's totally right. I couldn't agree more.

ABK: And then, there's this, the idea of being 'at war [with autism]', or like you talk in your book about how people really enjoy feeling like the good guys in a battle against evil. It makes the world clearer. The world is really unclear. It's chaotic right now. It probably always has been, but the specific chaos that we're feeling in the world right now really means that people need more grounding...I guess within the medical profession and within other professions, certainly within service organizations we see a huge benefit when for example they bring **Actually Autistic** people into the organization, particularly in leadership positions, but even if all they can do is bring people in to talk, so that parents can get to know autistic people so that they have an image of autism that isn't the readily available image on the internet that's just based on conspiracy theories.

AL: This is again sort of where non-quantifiable aspects of medicine and health, things like wellness, which is a term that a lot of people have an aversion to because of its association with pseudoscience but I think it- it's [relevant] in different ways. And, like you said with hand-holding, it's not disparaging. It's a cry for help in the sense that it's people are saying 'hey look!' Medicine is not just about the latest science. Medicine is about trying to understand what 'why me'. That's a question people ask a lot, 'why me?' or 'why my child?' And when there's not a good scientific answer to that question, then it needs to be answered with empathy or with a person that can listen to your story and not judge it on its scientific merits, but simply share in your pain and your uncertainty.

That kind of stuff is such an important part of what it is to be a healthy human being, but is so difficult to fit into the medical model that we have right now. And that's not to say physicians aren't trying, but it's something that deserves more attention.

[19:23]

ABK: Definitely. We've been talking about supports that parents need in order to not go down this terrible road which is very harmful for the whole family, particularly concerning in that it's harming for children. The harm that happens with children, obviously there's physical harm because often in some of the diets that I've outlined they're removing major nutrition sources for growing kids as well as common foods that are part of social life.

So if a child is trying to fit in at a birthday party, and then Mom says, 'oh, you can't eat the cake because it will make you more - it's got wheat in it, it's going to make you more autistic,' then they can't literally break bread with another child. This has a huge impact on the child and the children also are really, I think feeling a lot of pressure. I've met autistic people who are pressured to perform for their parents on these diets and they ended up being like a living,

breathing placebo, if that makes sense because they needed to act more compliant or do the things to please their parents because they were afraid another food might be taken away, more restrictions might happen, Mom would get upset. So when you give the parents support they'll become better parents and it will remove a lot of the stresses that the kids are feeling. And certainly the kids, they're at the losing end of this whole thing above anybody and they also need to have supports. One way that physicians can support them is by addressing them directly and talking to them directly. A physician can also often find out about these things not by talking to the parents, but by talking to the child.

AL: Yeah. Absolutely. So, empowering the children, I think and also calling attention to the children's experience which sometimes they are too young or unable to articulate fully. Trying to say hey look, think about how this might be affecting your child in ways you don't understand, and think about how a restrictive diet might affect your child both socially and also personally. And I think that it can be hard when the label of the condition that your child has sort of takes over your world, as you were saying when you panic. It can be easy to let that label eclipse the humanity of your child, and it's done out of love and so I think that it's particularly difficult to point out and I think only people who are in the right position to point that out, either a trusted friend or someone who has gone through the same experience should even push in that direction, but I think it's true that out of love you can end up dehumanizing the very person that you want to help most.

It's a mirror image with what is happening with physicians, which is that they want to remain objective. They want to tell the parents the truth, whatever that may be. They want to say 'I don't know,' but because they restrict themselves to this very specific kind of paradigm of what it is to help someone feel better or *be* better they open up the door to a bunch of other people who are selling important things. They're selling rituals, they're selling narratives, they're selling explanations.

We need to address the need for those kinds of things when someone is suffering so that we can prevent the suffering, rather than allowing in all kinds of restrictive diets and other approaches to treating autism that are not effective and can even cause harm.

ABK: I think you write about this in other places that--and I'm just paraphrasing obviously--the clergy doesn't have the same role that it used to have in our culture in the same way. There aren't as many people seeking out clergy to talk about what's going on in their lives and so they're going to new sources to serve really this very old, very ancient need that we have ...and physicians are probably being put a little into that role, right?

My question is whether really physicians (therapists of course to a degree) but whether physicians are even trained in filling that role, that softer role that people are asking them to

fulfill and if physicians don't fill that role, then like you said they're going somewhere else to fulfill that need.

AL: Right. I will say to people that I'm a *religion* professor, not *religious* professor. So, I'm not saying 'hey, we need to bring back traditional religion so that when people fall ill or their child falls ill they go to their priest and ask why it happened, and the priest tells them, gives them some kind of religious explanation.' That's not what I'm saying at all. But what I am saying is that broadly speaking, the kinds of explanations that are traditionally offered by religion – the answers to questions like 'why me' or 'why do I suffer' or 'why is my child suffering' or 'what can I do about this', that having rituals and having answers, even if the answer is 'look, that's the wrong question to be asking... that's a question that's asked, that's a toxic question,' I think is a good answer. But often times when people don't articulate the question specifically and people aren't trained to think about the importance of that question, it just ends up getting left unasked and unanswered. And that's a big problem.

[24:59]

ABK: That's a big problem. You introduce this idea of changing this whole perspective on eating and diet and what you call 'eating in the fourth dimension.' And I guess I'd like to conclude by talking about that, because I think it's a beautiful idea for families or for anyone. Can you describe what that means, eating in the fourth dimension?

AL: Yeah. I found this goes back to what we were talking about just with how we approach health in general is that people often take food and they approach it purely from a nutrient constitutive standpoint, right? So they think about it in terms of how many calories are in it or they think about it in terms of the percentage of carbohydrates and protein or does it have gluten in it, or does it have casein in it. The three dimensions of food that we traditionally think about food are all the physical aspects of food.

What I encourage people to do is think about it in the fourth dimension which is to say your interaction with food, the time during which you eat, and so rather than eating and thinking about what the food's physical constituents are and what it's doing to your body, I think it's important when you eat in the fourth dimension to think about, 'Okay, what's my relationship with this food? Do I feel relaxed? Am I eating during a time that I've set aside for eating? Am I appreciating the food simply as food rather than as medicine' – which is something that people say a lot.

Maybe instead of using meals as a time to treat your autistic child in "hopes of curing them," maybe mealtimes are a time to share your autistic child's favourite food with them and appreciate them as a human being. And that's the fourth dimension of food, right? You mention breaking bread before, but the fact that it is not just physical, that as a ritual it goes beyond a medical ritual, but a sort of existential one where we can enjoy ourselves and we can enjoy food for what it is.

And I don't talk about this specifically in the context of autism, but I think if I were to, my recommendation would be try thinking about meals not as a medical intervention but as a moment of celebration and enjoyment and a time when you can relax. You're not curing something, you're not intervening. You're just being with your child, and enjoying the moment that is set aside for consuming food which is something your child can enjoy and something you can enjoy as well.

ABK: I love that! We should all eat in the fourth dimension. It's a great idea, and it's in the book *The Gluten Lie and other myths about what you eat* by Alan Levinovitz. Thank you so much for coming in. It was such an interesting conversation.

AL: Oh, it was really great on my end too. It's been really fun.

ABK: Thanks a lot.

(Theme song: soft piano music)

ABK: I was just speaking with Alan Levinovitz, a professor of Religious Studies at James Madison University. He's the author of *The Gluten Lie and other myths about what you eat*.

You've been listening to Noncompliant. I'm your host Anne Borden King. Noncompliant was recorded at DB Audio and MCS Recording Studios. Various episodes were engineered by Dave Boir, Nathan Greavette and TJ Liebgott. Thanks to our engineers and thanks for listening.