10 Steps to Improve your Mental Health with Naturopathic Medicine

BEYOND THE LABEL

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Introduction

For MANY PEOPLE, the slide into the pit of mental illness is fraught with seemingly unanswerable questions. What set it off? How could I have avoided it?

In my case, the question “Why? Why? Why me?” is one I have asked myself over and over again. This book is the culmination of my quest to find answers to that question—and my attempt to share these answers with readers who have similar questions. I have delved deeply into my own soul to understand the turmoil I have faced. Today, I am privileged to help many patients who struggle with anxiety, depression, eating disorders and bipolar disorders. When I work with these patients, I discuss how the following areas need to be addressed to maintain mental wellness:

1. Diet
2. Sleep
3. Exercise
4. Stress management
5. Thoughts
6. Emotions
7. Your behaviours and reactions in the world
8. Exposure to environmental toxins
9. Spirituality
10. Love and compassion for yourself and others

This book is a blueprint for the steps you can take to find balance in these 10 areas.
I will encourage you to move beyond the label (or labels) you have been given, and ask you to travel back to the centre of your being and the heart of your humanity. I want you to remember that you are more than the labels you have been assigned. Labels can serve a purpose initially, helping you to understand that there is an explanation for what you are experiencing; however, in the end, you are more than the label and can move beyond it. My hope is that you move through the stigma and shame of mental illness and find peace in mental wellness.

The ultimate lessons of this book are about how to:

- Learn to love yourself
- Find your inner voice
- Quiet the unhelpful voices of others
- Follow your path
- Live as your heart desires according to rules you define for yourself

Maybe you experience anxiety, are depressed, or struggle with your weight or an eating disorder. Maybe you have bipolar disorder, borderline personality disorder, or another mental health label. Or maybe you are just sick and tired of being tired and sick. Rest assured—you will find help in this book.

At one point, I was stressed out, depressed, anxious, obsessed with my weight, and managing it through bulimia and over-exercising. Then, after being prescribed medication to help with depression and anxiety, I had a psychotic episode and was diagnosed with bipolar disorder type 1. I thought I would never be happy. I got so low that I attempted suicide on more than one occasion. Let me tell you, there have been some very dark days.

Through all of this, I have come to learn that there are 10 key areas that need to be addressed to achieve mental wellness. I will guide you on the path to wellness, first by sharing my story and then by describing in detail the steps needed to regain mental health. My hope is that ultimately you will live a balanced life and embrace all that it can offer.
HOW TO USE THIS BOOK

Chapters 1 through 8 document my own struggles with mental health issues. I felt it was important to take readers through this journey of mine because only by taking it myself did I find many of the answers I am now prepared to share with you. This part of the book is very personal and will help you to understand the context for all that follows. Where I occasionally insert medical advice related to this tour through my experiences, I have titled it “Reflections from My Practice.”

Chapters 9 through 21 are squarely focused on information, tips, exercises and practical suggestions that you can apply in your own life. From time to time in these chapters, I reflect back on my own journey to recount an example that helps clarify the information or advice I’m presenting. These passages are titled “Reflections from My Journey” so you can readily distinguish them from the more immediately practical information you may be looking for.

This book is designed so you can open it anywhere and start where you feel guided to start. I’ve repeated certain key explanations here and there so you don’t need to page through the book to understand concepts that were introduced elsewhere.

Keep an eye out for the symbol, which matches important practical information with exercises you can do in your Moving Beyond journal to deepen your self-knowledge and further your progress.

Regaining your mental health is as simple as following the steps outlined in this book. But it is not essential that you start at Step 1. I am so excited you are holding this book in your hands! I am thrilled to be taking this journey with you. Here’s to your wellness. Please know that I am always sending you healing thoughts.

DR. CHRIS
In the Beginning

“There are many roads to wellness. The important thing is to pick a path and follow it wholeheartedly.”

DR. CHRIS

OFTEN, IT IS HARD to pinpoint the exact moment when mental illness begins in one’s life. A question we are taught to ask patients is: What was going on in your life when you were first diagnosed? I find that the answers I get to that question vary—some people remember a stressful incident, such as the death of a loved one or divorce, while others have a vague memory of their past and it all seems blurry.

When I look back on my childhood, I can remember a few incidents where I struggled with my mental health. What’s difficult to differentiate is how much of that was “normal” childhood experiences (kids being kids) and how much was clinically abnormal. It didn’t help that my own insecurities and anxieties seemed to be on overdrive from the moment I entered the world, given that I was adopted. I think this may have clouded everyone’s judgment. As a result, most of my behaviour was chalked up to the fact that I was adopted versus the fact that I had a mental illness.

My parents decided to have one biological child and then to adopt one because my dad potentially carried the gene for Huntington’s chorea, a devastating neurological disease that has been described as schizophrenia, Alzheimer’s disease and Parkinson’s disease all in one. My paternal grandfather had Huntington’s and was institutionalized because of it. My mom lived in fear that both my dad and my brother would develop the
condition and did not feel comfortable playing genetic roulette. The irony is that I, the adopted child, went on to develop a major mental illness.

My mom recounts that I was an extremely sensitive child. She remembers how her brother, my Uncle Bill, was so excited to meet me, but it took many months for me to be calm and trusting enough to be in the same room with him, let alone be held in his arms. This sensitivity has been with me my entire life. Thankfully, I have learned how to turn it into a gift rather than a curse.

Early influences

For some individuals—and often in the case of adoption—it is important to go back to when you were in utero to understand certain things about yourself. It is at this early time that neurological and emotional wiring begins; therefore, the mental and emotional state of your mother (or the person who carried you to birth, in the case of adoption or surrogacy) results in important biological imprinting. Dr. Gabor Maté discusses this in his book *In the Realm of Hungry Ghosts: Close Encounters with Addiction*. He writes:

The important point to explore here is how stresses during pregnancy can already begin to “program” a predisposition to addiction in the developing human being. Such information places the whole issue of prenatal care in a new light and helps explain the well-known fact that adopted children are at greater risk for all kinds of problems that predispose to addictions. The biological parents of an adopted child have a major epigenetic effect on the developing fetus. Researchers from the Medical School at Hebrew University, Jerusalem, best encapsulate the conclusions of many animal and human studies:

*In the past few decades it has become increasingly clear that the development and later behaviour of an immature organism is not only determined by genetic factors and the postnatal environment, but also by the maternal environment during pregnancy.*

Numerous studies in both animals and human beings have found that maternal stress or anxiety during pregnancy can lead to a broad range of problems in the offspring, from infantile colic to later learning difficulties and the establishment of behavioural and emotional patterns that increase a person’s predilection for addiction. Stress on the
mother would result in higher levels of cortisol reaching the baby. Elevated cortisol is harmful to important brain structures, especially during periods of rapid brain development.

Any woman who has to give up her baby for adoption is, by definition, a stressed woman. She is stressed not just because she knows she’ll be separated from her baby, but primarily because if she wasn’t stressed in the first place, she would never have had to consider giving up her child: the pregnancy was unwanted, or the mother was poor, single or in a bad relationship, or she was an immature teenager who conceived involuntarily, or was a drug user or was raped or confronted by some other adversity.

Any of these situations would be enough to impose tremendous stress on any person, and for many months, the developing fetus would be exposed to high cortisol levels through the placenta. A proclivity for addiction is one possible consequence.

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**REFLECTIONS FROM MY PRACTICE**

When answering the question “Why am I the way I am?” it is important to try to identify the root causes of when things began. This is a primary tenet of naturopathic medicine.

**Six principles**

There are six principles that guide naturopathic doctors (NDs):

1. **Treat the cause.** NDs seek to identify and remove the underlying causes of illness, rather than to merely eliminate or suppress symptoms.

2. **First, do no harm.** Therapies should stimulate the body to heal in a gentle and effective manner, not causing unwanted side effects.

3. **Treat the whole person.** Health and disease involve a complex interaction of physical, spiritual, mental, emotional, genetic, environmental, and social factors. NDs must treat the whole person by considering all of these factors; therefore, a personalized and comprehensive approach to diagnosis and treatment is required.

4. **View yourself as a teacher.** NDs educate and encourage patients to take responsibility for their health.
5. **Use the healing power of nature.** Use natural therapies that encourage the body to heal itself.

6. **Engage in prevention.** The ultimate goal of naturopathic medicine is prevention. This is accomplished by teaching and promoting lifestyle habits that foster good health. The emphasis is on building health and using prevention as the best cure, rather than on fighting disease.

In my case, my biological mother became pregnant with me when she was 16. I don’t know the circumstances surrounding my conception, except that because of her family’s religion—Irish Catholic—abortion was not an option. Her parents moved her to the other side of the country—from Grand Falls, New Brunswick, to Vancouver, British Columbia—where she lived with her older sister until it was time to give birth.

Given the research cited above, it is likely that the stress my biological mother was under exposed me to cortisol, the stress hormone, at higher levels than would be experienced in planned pregnancies. As a newborn, I didn’t sleep well from the beginning—something that I would make up for during many depressive episodes later in life when all I did was sleep the days and months away.

**Attachment issues**

The way I found out I was adopted didn’t help me to attach securely to my parents. According to the attachment theory of parenting, we are all creatures of attachment, which means what we all want most is connection, attachment and relationship, whether as children or as adults. What a child wants more than anything is a connection to his or her parent, even when there is no resemblance. I feel that how I learned that I was adopted left me feeling insecure about my place in the family. Essentially, when my mom explained the word “adopted” to me, my five-year-old brain interpreted it to mean “temporary.”

As adults, we tend to assume our children understand the meaning of the words we use, but in many cases, they misconstrue it. In my case, we had watched a movie at school showing animals with their offspring, and this got me thinking about where human babies came from. The advice
my parents had been given by a social worker in the late 1960s was to tell me the truth about my origins whenever I eventually asked where babies came from. After watching the movie, I went home from school curious about babies and inquisitively asked how I came to be. My parents took this opportunity to explain that I was adopted. I internalized their explanation by assuming that I was only with them temporarily, and that one day, my “real” Mom would be coming to get me.

Consequently, every time the doorbell rang or my mom started talking to someone I didn’t recognize at the store, I would wonder, “Is this the person who is coming to get me?” The years went by and no one came. I was 12 years old when I finally asked my mom if anyone was ever coming. Naturally, she was dismayed when she realized what had happened.

For me, learning that I was adopted, from the way I processed it to the negative comments from some family members to my parents—such as “blood is thicker than water”—cast a belief in me that I wasn’t good enough or truly wanted. It fed my insecurities, which played themselves out on the school grounds, as I was a prime target for kids to pick on. And I did get picked on—so much so that my mom found a job at the school so I would have more support than the teachers were able to give me. Some girls in my grade four class started an “I hate Christina” club, and this devastated me. (The funny thing is, the same thing happened to my son when he was in grade two. My heart sank when he told me. But his response highlights the difference between poor self-esteem, which I had at this age, and self-confidence, which he has, because he said, “It’s okay, Mom, no one joined!”)

Despite my insecurities around adoption and being picked on in elementary school, there were no other traumas in my childhood. I was fortunate to be adopted into a loving family with caring parents. We moved a few times, which taught me to be resilient and accepting of others. All was well until I became a teenager and developed an eating disorder around the time my parents were getting divorced. It was then that the crack in my emotional foundation deepened.

**Bulimia revealed**

In my life, stress was a big problem. I had been an overachiever most of my life. I put tremendous internal pressure on myself, which stemmed from my insecurities around being adopted. I had developed a core belief
that I wasn’t wanted or wasn’t good enough. Subconsciously, I had developed a way of operating in the world that kept these faulty core beliefs alive and true in me. I never learned to manage stress, and I kept pushing myself—top athlete and top student in high school, and Dean’s list, valedictorian of my class, and athletic and academic scholarships in university. When I started working, I quickly climbed the corporate ladder, and within six years found myself in a senior management position reporting to a CEO.

REFLECTIONS FROM MY PRACTICE

Stress and the hormones that are associated with it, such as cortisol, can play a role in mental illness.

I ask all my patients how they manage their stress, and the response I often get is, “Not very well.” If I had answered that same question when I was in university, I would have said that I had three primary ways of coping with stress:

• Journalling
• Exercising
• Eating—and my eating disorder: bulimia

How do you cope with stress? Use your Moving Beyond journal to write about stress and how you manage it. Are there ways you can improve? If you know what to do but don’t do it, why do you think that is?

I think an important key to my health that was overlooked by my medical doctors was the bulimic activities that I engaged in. They didn’t ask the right questions, and I wasn’t forthcoming in disclosing the information. So not only did I experience depression and anxiety—I was also hiding that I was bulimic.

This condition started innocently enough, when I was 15, with an off-hand comment made by a friend. One day after school, I went over to my friend’s house. We both gorged ourselves on junk food and then she went to the bathroom and I could hear her purging. Up until this point,
it had never entered my consciousness to do such a thing. When I asked her what she was doing, she explained that it was a way to enjoy junk food but not get fat. She suggested that I might want to do this too. It was an innocent-enough remark, but it carried a lot of punch. What was she implying? Was I fat? Did I not look good?

My impressionable teenage self allowed this one-time, offhand remark to snowball into an eating disorder. The snowball wasn’t rolling down a steeply pitched cliff, as it took several years for my bulimic behaviour to gain momentum and become a problem. It wasn’t until I entered university a few years later that bulimia become a regular activity in my life. By this time, I was competing on the University of British Columbia (UBC) track team and striving to get accepted into the highly sought-after Faculty of Commerce. It was during my first few years of university that I resorted to bingeing and purging as my primary way of dealing with stress. I would binge on sugary foods—ice cream, cake, cookies, doughnuts, chocolate and cupcakes—to soothe my anxiety about term papers or exams. Sugar became like a drug to me. I would desperately need to get my hands on sugar, and once I ate it, I felt a sense of relief that was quickly followed by a wave of panic and fear that I would gain weight. These fears caused me to then purge to get a further release. I spent four years being in denial about bulimia before I was finally forced to face this demon head-on in the spring of 1987.

Up until that spring, I had been using bulimia as a stress management tool. Seems crazy, right?! While my peers dealt with stress by drinking and partying, my response was bulimia. I had noticed a cycle: the more stressed I was, the more I binged, and as I ate more, I felt worse about myself, so I would then purge because I didn’t want to gain weight. I didn’t think I had a problem because it wasn’t a daily occurrence.

It is hard for me to admit this, but often I would steal the food that I was going to binge on. However, one fateful day, I got caught shoplifting. This was extremely shameful, scary and frightening for me. I was in my car about to drive away when a young store clerk tapped on my window. I rolled down my window, and he asked me if I had shoplifted. I didn’t try to run, I didn’t drive away, and I didn’t back up over him. The funny thing was that I was dressed in a bright neon yellow shirt—the opposite of what you would wear if you were trying not to be seen. I got out of the car and followed him back into the store. He reported me to the store manager. I have
always been respectful of authority, and when the manager asked what I was doing, I burst into tears and said that I had money and could pay for everything. I explained that I stole the food because I was just going to purge it after eating, and didn’t feel that I should be spending my money on something that was going to be flushed down the toilet. He told me that if I came back with one of my parents, he would not press charges.

I went home feeling terrified and frightened to death. I was overcome with fear because I was scared to tell my mom—scared of her reaction, scared that I would get a criminal record, scared that I would no longer be “perfect” in my mom’s eyes, upset that I would let her down.

I called a friend who knew of my bulimic tendencies, and she said she would go to the store and pretend she was my mother. While heartwarming, this was hilarious because she was the same age as me and a different ethnicity. I thanked her, but said the store owner would see through that, and adding a lie to the mix would not get me out of the already-deep water I was in. I would just have to tell my mom the truth.

And when I did, it was fine.

She didn’t scream at me or say I was a horrible daughter or that I had let her down, or question my judgment by saying, “What were you thinking?” What she did say was, “I understand. I already know. I have known for some time that you have been doing this, but in my experience, you have to wait until someone is ready to admit they have a problem before you can offer to help. Are you ready to admit you have a problem and get help?”

I answered that I was ready to admit I had a problem but that I didn’t need any help.

I look back on that response and shake my head at my younger self. The resistance to “get help” is what keeps so many of us stuck in mental disease. I think for me, at that time, I really didn’t believe I had an eating disorder. Even though I admitted what I had done, I was in deep denial, despite getting caught shoplifting. I viewed bulimia as a coping mechanism, not a health problem. I would simply need to find a different way to cope with the stress I was under. From that day on I made two promises to myself: 1) I would not shoplift again; and 2) I would no longer purge.

What I didn’t expect, however, was the plunge into depression a few months later. Is it possible there was a connection between my bulimia and my subsequent depression?