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**** Intro Music ****

Welcome to Supplementing Health, a podcast presented by Advanced Orthomolecular Research. We are all about applying evidence based and effective dietary, lifestyle and natural health product strategies for your optimal health. In each episode, we will feature very engaging clinicians and experts from the world of functional and naturopathic medicine to help achieve our mission to empower people to lead their best lives naturally.

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[01:49] *Cassy Price:* Welcome to Supplementing Health. I am your host Cassy Price and today I am joined by Dr. Christina Bjorndal. Christina is a naturopathic doctor, author and speaker with a focus on regaining your mental health using a naturopathic approach. She is the co-founder of Natural Terrain, is an avid outdoors and exercise enthusiast, is a mother and an authority in the treatment of conditions such as depression, anxiety, Bipolar disorders and eating disorders. Thanks for taking the time to chat with me today Christina.

[02:17] *Dr. Christina Bjorndal:* It's great to be here. Thanks for having me.

[02:19] *Cassy Price:* So, what sparked your initial interest in mental health?

[02:24] *Dr. Christina Bjorndal:* For myself, I have had a lot of struggles with my mental health, so really it has been my own journey in regaining my mental health from things like anxiety, depression, I am a suicide survivor, I have had an eating disorder and, also I have Bipolar disorder type 1. So, I have had a lot of struggles in the mental health realm and it was through my own journey to recovery that I realised that there is not a lot of people out here, I had a hard time finding help for myself in a natural realm. So, I made a career change and here I am.

[03:05] *Cassy Price:* I think too the stigma that is around mental health, which I know is starting to shift, but it did leading up to the shift really hinder people's ability to find the various treatments that they need. I know one of my good friends is also Bipolar and she has had several struggles over the year. She is now in a better spot, but it took a lot of trials and tribulations and ups and downs to get there. I think it is awesome that people like you, who understand it first-hand, are taking the time to really share your knowledge and spread the understanding that it doesn't have to be something that you are ashamed of, it just has to be something that you are willing to address and work on and understand better, right?

[03:48] *Dr. Christina Bjorndal*: Yeah, no, exactly. It has taken me a long time to get over the stigma though. The stigma has really changed a lot since I was diagnosed back in 1987, so it has been 35 years almost and back then there was zero conversation going on anywhere. You were hard pressed to find anyone talking about mental health or mental awareness. Fast forward to today, there is so much discussion and conversation and movement and that is wonderful, but I still think there is a piece that we are missing that we need to move the dial on and that is action taking. Like, what are we actually doing to help people? So, for me, my big contribution has been my book *Beyond the Label*. It took me several years to have the courage to put that book out there because up until then I was very private about the Bipolar diagnosis. I was open about the eating disorder, anxiety, depression - because most people get that, but people don't understand. I will put them in the more "complex", I guess schizophrenia, bipolar disorder -these are more challenging conditions to navigate. But the message that I want people to get is that there are other options for you other than pharmaceuticals as your only choice.

[05:25] *Cassy Price*: Absolutely. I think eating disorders are one of those mental illnesses that aren't often thought of by the general public as necessarily a mental health condition. It is thought of in a different context yet approximately 1 million Canadians have been diagnosed with some sort of eating disorder. So, what are those different types of eating disorders and the symptoms that go along with them?

[05:52] *Dr. Christina Bjorndal*: So, the Diagnostic and Statistic Manual is the psychiatric bible, so to speak. In there they classify all mental health conditions including eating disorders. There are 8 that you can find in there. I will just list them; Pica, Anorexia Nervosa, Bulimia Nervosa, binge eating disorder, Rumination, Avoidant Restrictive Eating Disorder and Eating Disorders Not Otherwise Specified and I am going to add Orthorexia because that is just another term that has been floating around. So, each of those have their own set of symptoms. I think instead of diving into each of those, maybe we will just understand that what they have in common is some sense of restriction or around food an unhealthy eating habit. They can start from a common place.

[07:01] *Cassy Price*: Okay, so do food addictions count as eating disorders?

[07:06] *Dr. Christina Bjorndal*: Technically I am going to say, from my perspective, yes -but from the Diagnostic and Statistics Manual I don't believe it is in there. I don't believe it is but they are always changing that so who knows it could be in there now. From my perspective, I am going to answer that yes, I think it does count as an eating disorder, for sure. I just want to be careful that we don't over label people. So, that is why my book is called *Beyond the Label* because we want to look at what is behind the behaviour. My story, I will just touch on it quickly. I had Bulimia but really what was behind that Bulimia for me was a couple of things. One thing I will just touch on now which ties into this question around food addiction was this obsession in a sense with sugar and stress management for me, it was like a stress coping mechanism. Some people smoke marijuana, some people drink alcohol, I overate a bunch of horrible food and then would purge it out. Not a healthy coping mechanism at all. What happened after I stopped purging, I still binged and that left me with this food addiction piece only. I was super addicted to sugar.

[08:34] *Cassy Price*: Right. It is easy to do because food is a necessity. So much of our culture is centred around food. You go out to eat with friends or you go for coffee or you make family meals. I think there is a positive aspect to that absolutely I think it great to have that community around it but if you do have that unhealthy relationship it can really perpetuate the underlying issues that exist there, right?

[09:03] *Dr. Christina Bjorndal*: Exactly. You just hit the hammer on the nail. It is all about the relationship that you are having.

[09:11] *Cassy Price*: How much did you from your perspective think that the media and these Instagram perfect lives that we are exposed to day to day play into these eating disorders?

[09:25] *Dr. Christina Bjorndal*: Big time. Absolutely. They play a huge role. One of the things for me and for anybody who struggles with any mental health condition, a key question that always get reflected on is why? Why is this happening to me? Why am I like this? Why is this going on? For the eating disorder piece, obviously everybody has a different story and experience, but the media is not doing women any service that is for sure. One of the things that I was really happy to see, gosh I don't remember exactly when this was but, the Dove campaign with real women, real bodies and real images, right? That was a great step. I think the media is partly to blame if we are going to point fingers.

[10:20] *Cassy Price*: We tend to hear more about eating disorders in women rather than men, is it actually more prevalent in women or is it just not talked about as much for men?

[10:30] *Dr. Christina Bjorndal*: You know it is actually more prevalent in women but the answer to the question is that it is both. It is more prevalent in women and it is not talked about as much in men. There haven't been many eating disorder studies that include men. It is probably an answer that will change over time but what we want to understand is that men absolutely do struggle as well. Right now, it is about a 2:1 ratio. There was a study that was recently done on men and women ages 18 to 35 and of the participants there was 4,000 women and approximately 2,000 men. Men were more likely to report overeating as the issue whereas women were more likely to talk about a loss of control while eating and women more about body checking and avoidance and binging and that kind of thing. Men, their biggest struggle was the overeating piece of the puzzle. I have had men patients with anorexia as well.

[11:50] *Cassy Price*: Okay, interesting. So then, eating patterns. They must factor into eating disorders as well, correct?

[11:57] *Dr. Christina Bjorndal*: So, that is a really interesting question, and it is interesting that you asked it as well because I was thinking about this recently because there has been more conversation in the last two years about things like intermittent fasting and therapeutic fasting and just fasting in general. Is that what you mean when you ask about eating patterns?

[12:23] *Cassy Price*: Yeah, I mean fasting or certain people make sure that they eat the bulk of their meals at lunch rather than dinner. Things like that where they really try and control the parameters around when and how they eat.

[12:38] *Dr. Christina Bjorndal*: Yeah exactly. I think it is a slippery slope. I think it comes down to the intention behind why you are doing what you are doing. There are lots of things people do in the name of 'health' that aren't actually healthy, like overexercising is a classic example that feeds into eating disorders. You see that a lot. That is what happened to me too. As soon as I had to stop purging, I didn't deal with the eating disorder piece right away because there were so many other things to deal with my mental health so that took a sidestep. What I did to compensate for the stress and the half a cake I would eat, I would go and run 10 miles the next day. Until somebody pointed out to me, "Hey Chris, why are you doing all these elite athlete things and ultimate marathon or Iron Man? Why are you doing all that?" I said, "partly to manage my weight." They said, "why don't you just not eat so much." Well, there's a thought. What do you mean? I didn't know that was an option.

Anyway, I think because I have been looking into and doing some intermittent fasting and therapeutic fasting in this last six months to a year, but I had this thought myself the other day. Why am I doing this? What is my intention here? Is this the eating disorder showing another face in the name of health? It is an interesting question. I think it will differ for everybody, but I think the key word you used was control. Control is a big word with eating disorders.

[14:26] *Cassy Price*: So, you've mentioned that there is usually an underlying trigger or cause for an eating disorder to rear its ugly head so what are some of the common triggers or underlying causes that lead to this need for control?

[14:46] *Dr. Christina Bjorndal*: So, I want the listeners to understand that there are four aspects to us as people basically: physical, mental, emotional and spiritual. There can be common traits that we put on people who suffer from eating disorders. There are also differentiating traits because we are not all carbon copies of each other. While four children can all grow up in the same home, each can have a completely different experience of their childhood because it is all about how we process and interpret events in our minds that ultimately feeds our insecurities which then feeds into these mental health challenges like eating disorders. The commonality is this word trauma. Perhaps the insecurities that get planted in these really important times in our lives as we are growing up, because we want to understand, this might not sound the greatest but basically, we are all programmed, not intentionally, by the people who raise us. What I mean by that is you absorb the environment that you are in. Your children are absorbing the environment they are being raised in so everything you see and everything that you as a parent, everything that you do, everything that you say, your child is picking up on that. I think this is a big piece of what plays into eating disorders. It's this nature vs nurture argument that we come back to in health. The main common theme that runs across eating disorders is low self-esteem, low self confidence and potentially some sort of trauma and the messaging that you receive in childhood and then we will throw in that first one that we talked about which is the media.

[16:50] *Cassy Price*: That all makes sense. So, if trauma is a big trigger, I know that can also be the case for a lot of other mental health issues, does that mean then that often, similar to your situation, that people will present with more than one form of mental illness that will layer on top of each other?

[17:09] *Dr. Christina Bjorndal*: I think so, for sure. One of my teachers is Gabor Maté and he is a medical doctor that recently created this thing called Compassion Inquiry, which is a psychotherapeutic technique, and I finished his programme a couple of months ago. It is a year long training. He is really big into mental health, mostly addictions, but also looking at depression, anxiety or eating disorder, whatever label we want to use. He thinks that the root cause of all of it is trauma and I have to say that I agree with him. He says that virtually everything that happens to you in childhood can set you up for predispositions to these mental health conditions which are on the rise. They are all on the rise.

[18:08] *Cassy Price*: Absolutely. I think as adults too when we hear the word trauma, we think of some big, colossal type event or something major like you've watched a car accident, or you've gone to war or big things like that or even abuse and that sort of stuff which is really a major event in someone's life. Trauma doesn't have to be something that grandiose. It can be smaller things as well. Even things like dismissing a child when they are trying to talk or saying, "that doesn't matter". Little things like that that if you get that small messaging frequently enough that can be traumatic to a child because of the way that they process the earth and their environment and they are absorbing everything. They don't have the same capacity as adults do to process and analyse and to some

degree compartmentalise going “Okay, this person is angry right now, so they are saying it this way but really what they are trying to get across is this.” As a child they don’t have that same ability to try and put themselves in the other persons shoes to better understand what those words truly meant and read between the lines.

[19:25] *Dr. Christina Bjorndal*: Exactly. So, there is big t Trauma, those things that you listed. Then there is little t trauma, and all these little things add up. So, if we look at me. Here is an interesting story. So, Dr. Gabor Maté I spoke with him recently to be interviewed for his new book called *The Myth of Normal* subtitle is *Finding Sanity in an Insane Culture*. He asked me, of all the physicians that I have seen over my almost 55 years on the planet, who ever asked me if I had trauma? I said “nobody.” He said, “well let’s talk about that.” We talked about it. I said “I don’t resonate with this word trauma. Sure, I was bullied in grade 3, for sure I had some bullying.” He said, “okay, well aren’t you adopted Chris?” I’m like “yeah” He’s like “well don’t you think that is a trauma?” I’m like “I guess it is.” It is but I never looked at it as a trauma. One quote that resonates with me very deeply about adoption is that adoption is the only trauma where you are expected to be grateful. So, because of that I never looked at being adopted as a trauma because I was grateful that I was adopted but it is a trauma none the less.

[22:10] The way I learned about being adopted also was a trauma. What happens to children, this is the thing that I talk about in my book, we as adults we say something to a child, but we don’t know if they interpret it and understand the words that we have used. When my parents told me that I was adopted at five I processed that to mean in my little brain that I was with them temporarily. I then also formed some beliefs, of course this isn’t all done on a conscious level, I am only five. I interpreted it to mean that this is how it played out in my life, was that I wasn’t wanted, and I am not worthy or good enough and all of that line of limited belief thinking. What I did with that was I overcompensated and became a people pleasing perfectionist. I was that kid. Top athlete. Top student. I was basically killing myself in the process because striving for perfection is an unrealistic ideal. Eventually you are going to burn out and I did burn out. They called that depression. It is super interesting I think to look at this trauma piece. The only other thing I want to say about this trauma thing is that it is not about what happens to you. It is not the event. A lot of people think it is about the event, it is not about the event it is what happens inside of you i.e., the beliefs you form as a result of the experience you have gone through. That is the trauma.

[22:39] *Cassy Price*: That actually is super thought provoking for me and really interesting. My daughter, I have adopted her, she is my husband’s daughter but I have adopted her, so I made sure that even from when she was really little that it was part of normal conversation. It was never a secret because I have always been of the thought that if you find out when you are 18 it is going to be life altering and shattering and traumatic. It is interesting to think that even when you are little and you know, the way you process because you don’t fully understand that can also really change your frame of mind or how you understand it. I think that is super interesting because it is true, we don’t think of that as a trauma. It is a positive event because they found a family that cares about them and we love them and this child has a great home life because more than likely if they have been adopted, they do have a better life than they did if they were not adopted, at least we assume as much. It is interesting that people expect you to be grateful for this thing that really you are trying to piece together your identity and stuff to. I have also heard people talk about the fact that they are mixed race and how that affects how they find their place in society because they have these different cultures, they need to melt together to blend to identify who they are and how that has affected their growth. I could see even something like that could be considered a little t trauma for certain people.

[24:21] *Dr. Christina Bjorndal*: I think the key thing is to understand the delivery of the message and the information and to really make sure that the child feels safe and secure. Dr. Maté talks about the differentiation between attachment and authenticity. As children we want to be authentic to express who we are and our emotions and our states authentically, but we have to sometimes and often sacrifice our authenticity to maintain the attachment with the caregiver. This is what feeds into this idea of trauma because, say for example in a very serious situation of abuse, if we are being abused as a child it is not safe for us to be authentic because it threatens our attachment. Attachment is the priority in our development as human beings, as young organisms as infants and children. So, I find it interesting now because things change. Since I've been born, we learn, and we grow, and we do things differently. One of the things that is being handled better with adoption now is this concept of open adoption if people are open to that idea. I saw this episode on Oprah one time and this little boy had an open adoption and he was chatting with this other little kid in the playground. He was seven, I think. The boy says to his friend, he tells him he was adopted, and the other boy felt sad for him "that's too bad" almost. The boy's response was brilliant. He was like "no, it's amazing. I love it. I've got two parents. I have this family who loves me, and I have my biological mother who is involved in my life." To me it was eye opening. It was like "wow, that is such a great way to present it to children." I know we are moving off topic, but it is important because it feeds back into the eating disorder piece and the idea of trauma.

[26:40] *Cassy Price*: I think this is a great spot to pause the conversation since you will be coming back next week to continue chatting about eating disorders and some of the underlying causes. So far today I think it has been a really interesting conversation and I look forward to continuing this with you next week.

[27:01] *Dr. Christina Bjorndal*: Thank you.

[27:02] *Cassy Price*: Thank you again to our listeners for tuning into another episode of Supplementing Health and I hope you tune in next week to catch the second half of today's conversation.

** * * Outro Music * * **

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[End of episode 27:45]