



# Chiropractic Newsletter

## Well-Being

### You Aren't Sick, You're Adapting

**We should look at symptoms, and diseases, as the body adapting in a very functional way to circumstances.**

In an article called “I Treat Stories,” I talked about the spectrum between perfect “health”—perhaps better defined as “potential”—and disease, and death. I talk about functional conditions like insulin resistance and HPA axis dysfunction or estrogen dominance, IBS, depression, and anxiety, as conditions in which functioning is impaired in some way, or the person doesn't feel like themselves.

**I want to correct this.** I don't believe that these conditions, even most diseases per se, are the result of the body malfunctioning. Instead, I think we should look at symptoms, and so-called pathologies and diseases, as the body adapting in a very functional way to circumstances that might be challenging, or malfunctioning.

Depression and anxiety are terrific examples of this.

In these conditions, patients are told that they have an inborn malfunction—their brains don't work properly. They might be told they have a chemical imbalance, or something to that nature, and that they require a lifetime of medication.

This can't be farther from the truth.

Firstly, there has never been any evidence of these so-called brain imbalances. There is also no evidence that the therapies, usually SSRIs, are safe and effective long term (and only limited evidence that they are safe and effective in the short term).

What we do know is that animals in the wild become anxious when they are threatened. And that animals in the wild become depressed when their anxiety response (their fight-or-flight survival response) is burnt out.

That is the story I hear again and again from patients. They

have a history of anxiety—their nervous systems are wired “up.” This could be because of early childhood trauma. It could be attachment trauma, receiving insecure attachment or inadequate attunement from their caregivers. They might be contending with a great deal of conflict at the time of diagnosis. They may have psychological schemas about not being enough, leading to perfectionism and self-criticism, which their nervous system perceives as constant attack.

They may have experienced anxious modelling from a parent or caregiver who suffers from anxiety. They may have nutrient deficiencies, or a metabolic issue giving their nervous system the input that there is a food shortage—one of our main historical stressors throughout human history. And so on.

Ultimately, there is something happening in the environment in which their nervous system either lacks adequate safety signals or is receiving signals of danger or threat.

When patients present with depression, they often describe a history of anxiety. Maybe they experienced it as active anxiety such as feeling shaky and jittery, hyperactive, fearful, etc., or as more passive or mental anxiety such as worrying, ruminating, narrating, overthinking, constant striving, self-criticism, thought loops, etc.

Not that anyone has ever asked them before reaching for the prescription pad, but when I talk to my patients presenting with depression, they almost always report a baseline level of anxiety that has gone on for some time, followed by a period of acute stress, or shock, or loss, that led to this collapse of sorts.

At this point, they experience extreme fatigue, low motivation, shut-down, paralysis, and intense self-criticism, even suicidal thoughts and intense feelings of

hopelessness. The world starts to seem pointless. Their bodies and mind “shut down” in a sense.

And, of course they eventually seek solutions, firstly from the medical system because we have been trained to medicalize the problem; something has “gone off” with the machinery of the body. We locate the problem within our body, not with our life’s situation. And the response is pathologized, and most often medicated.

And then we talk about ending the stigma of mental illness when in fact many cases, if not most, are not illnesses at all. What could be more stigmatizing or disempowering than the way we currently frame mental health?

**Depression and anxiety are not sicknesses or weaknesses. They are adaptations.**

Depression is an inflammatory shutdown state that results from chronic overstimulation of the fear response in the nervous system. It is a symptom. It reflects the health of your very well-functioning brain and nervous system and their ability to adapt to adversity.

This adversity can be biological, mental, emotional, and environmental. It can be a confluence of one or more of these categories. For instance, when a deer is trying to escape a predator and their fight-or-flight response fails to get them out of harm’s way, their nervous system shuts down. Their body releases opiates. They feel far away. Their limbs go limp. They can’t escape in body, so they escape in their minds and emotions. They despair. This is depression. This is why the story is so important. Without story, we can’t possibly understand what is going on for you specifically. We can’t possibly understand your situation. And, therefore, we can’t figure out what to do to help.

**Is someone asking you about your story?**

Or are they just cataloging your symptoms? Are they asking about your family history, your history of trauma, and the

circumstances going on in your life? Are they talking to you about your thoughts, or your tendency toward self-criticism and perfectionism? Are they asking you what you eat, how you move, how well you sleep, and how you recover from stress?

Are they ruling out anemia, nutrient deficiencies, thyroid issues, fatty liver, insulin resistance, hormonal imbalances, and chronic inflammation, or gut issues?

Are they asking how content you are with your job? What your dreams are for the future? How fulfilled and loved you feel in your primary relationships?

Are they asking you about poverty? Discrimination? Whether you feel safe in your neighborhood? Whether you felt safe growing up as a kid? Are they misdiagnosing your grief?

Does your healthcare practitioner get you? Can they connect the dots for you? Does talking to them give you a glimmer of hope, even at this hopeless time? Do you feel empowered and strong when you walk out of their office?

**Or are they telling you that you have a brain imbalance, or an in-born defect?**

In reality, you are not defective. You are incredibly strong. Your body is adapting. It is resilient. And in its process of adaptation, it is giving you these symptoms. Now, you don’t have to just tolerate these symptoms. There is so much we can do. Perhaps pharmaceuticals are supportive for you while you start to compassionately look deeper. But, there is so much more to the puzzle than just pharmaceuticals.

**It’s worth asking: What are you adapting to?**

—Talia Marcheggiani, ND

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