



# EMBARASSMENT TO EMBRACEMENT

*A Caregiver's Story of Overcoming Stigma*

**EMBARASSMENT TO EMBRACEMENT**  
**A Caregiver's Story of Overcoming Stigma**

**by Annie Gyg**

all rights reserved

2018

Table of Contents

<b>Prologue</b> .....	<b>2</b>
Definitions .....	<b>2</b>
<b>A Caregiver's Story</b> .....	<b>4</b>
<b>My BEFORE Mental Construct</b> .....	<b>5</b>
<b>How Stigmatization Impacts the Caregiver</b> .....	<b>5</b>
<b>My AFTER Mental Construct</b> .....	<b>7</b>
<b>My Path Out From Behind Stigma</b> .....	<b>8</b>
Part 1: Questions to Self .....	<b>8</b>
Part 2: The Learning.....	<b>11</b>
<b>In Conclusion</b> .....	<b>14</b>
<b>About the Author</b> .....	<b>15</b>

*The problem with the stigma  
around mental health and addictions  
is really about the stories that we tell ourselves  
as a society.*

(adapted from Matthew Quick, author of The Silver Linings Playbook)

# EMBARASSMENT TO EMBRACEMENT

## A Caregiver's Story of Overcoming Stigma

### PROLOGUE:

#### Definitions of terms used in this writing:

**Caregiver:** *a person providing assistance to another person incapacitated by mental illness and/or addiction to enable the incapacitated person to function at a higher level than otherwise able to on his/her own. A caregiver may be connected to the care recipient by blood, love, friendship, acquaintanceship or business (paid to care) relationship.*

**Stigma:** *a mark of disgrace associated with a particular circumstance, quality or person.*

We humans put a distinctive pejorative mark on others who are different from us, so that the superior “us” can clearly distinguish ourselves from the inferior “them.” Generally, people who look and act like our parents are “us” and everyone else is “them.” That mark is a label with directions on how we’re to relate to the marked person in order to maintain the us/them distinction.

Historically, when tribe fought tribe for survival, this marking served the important purpose of identifying the “bad guys” so we good guys could take appropriate action against them to keep our tribe intact and ourselves safe—not unlike wearing distinctive jerseys in a sports match today. Almost instinctively, we learn to mark others on the basis of skin colour, religious beliefs, cultural traditions, physical and mental wellbeing, gender, sexual orientation, intellect, financial status, etc.

However, over the millennia of human advancement, societal maturation and the rise of the global village, the need for marking others with disgrace to ensure the survival of “my tribe” has become redundant. Yet, old habits die hard. Ingrained beliefs remain stubbornly held. Often, we are unaware of the marking we do.

Before being catapulted into my role as a caregiver to a loved one journeying through mental illness and addiction, I prided myself on being non-judgemental, unbiased and open on this matter. This caregiving experience taught me how far I—and society—still need to go to truly cease marking “them” with disgrace.

## EMBARASSMENT TO EMBRACEMENT A Caregiver's Story of Overcoming Stigma

***Stigma causes shame. Shame causes silence. Silence hurts us all.***

The issue of stigma in connection with mental illness and addiction is most often associated with the person experiencing the illness or addition. However, stigma is also debilitating for caregivers as it often prevents them from practicing self-care.

Self-care is foundational to giving care effectively to another in a manner that does not erode the caregiver's wellness. But stigma-induced shame can prevent caregivers from healthfully sharing experiences or seeking support. Keeping a shameful secret is emotionally draining and isolating, compounding the challenges inherent in giving care.

Today, I'm truly grateful for my learning from my experience as a caregiver—a travel companion—to my adult daughter as she journeyed through her dark work of mental illness and substance abuse. It brought me face-to-face with stigma, sourced from my own beliefs and thinking as much as from others' ignorance, and enabled me to push past it.

I first came out from behind stigma to tell *my* story (not my *daughter's* story) in 2012. I spoke to a hundred colleagues at a staff appreciation event from the perspective of the caregiver. It was a story of the empowering awareness I gained while journeying with my daughter through her mental health crisis.

After my talk, many listeners approached me to thank me for the courage to tell a story that resonated strongly with them, that paralleled their life circumstance. I wondered: ***Would they have thought of me as a "courageous" speaker if I'd told a story about caring for a daughter experiencing, say, cancer or multiple sclerosis?***

From my caregiving experiences, I've come to learn the importance of stigma-busting. Not only for the sake of the person experiencing mental illness and/or addictions but also for the one giving care to that person.

As long as mental illness and addiction are seen as disgraceful and shameful, many enlightening and empowering stories will remain untold. As a result, the heavy burdens carried by the caregivers will not be shared and thereby lightened.

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

#### **A CAREGIVER'S STORY:**

In early 2012, I rather startlingly came to appreciate the distance I'd travelled over my five-year journey as a caregiver to my daughter—from a starting place of embarrassment around mental illness and addictions to one of embracement.

On a cold, January day, rushing between meetings, I happened upon a young man sitting cross-legged on a sidewalk. Poorly dressed for the winter weather, he rocked back and forth on the sidewalk, head bowed, hands cuffed behind his back, muttering an unintelligible mantra. A police officer stood next to him, writing in a note book.

Had this occurred prior to me beginning my journey with my daughter, I would have given a wide berth to this "schizo," "addict," "druggie," "burden on society." I would have tsk-tsk'ed him for getting himself into such a place and wondered why he doesn't clean up his act.

In that moment, however, tears welled up in my eyes. Images of my kind, intelligent, loving daughter being handcuffed and pushed down into the back of a police cruiser for transport to the mental health hospital flashed across my cerebral screen. Be kind to him, I mentally telepathed the police officer. He's someone's son. He has a backstory.

My life-altering paradigm shift from embarrassment to embracement evolved gradually—it was not the outcome of sudden enlightenment. By coming face-to-face with mental illness and addictions in the role of caregiver, I was challenged to change. To keep myself in a healthy place and provide appropriate, loving support to my daughter, I would need to rise above my own ignorance and long-held, debilitating beliefs, as well as stigmatization by others.

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

**MY "BEFORE" MENTAL CONSTRUCT**, *built with a focus on my daughter*, was characterised by the following stigma-fostering traits and feelings:

- **Ignorance/unfamiliarity**: Here is someone different, acting in ways that I don't understand. At some level—even if not outwardly and if only in my own mind—I mark her with shame, dishonour, humiliation, degradation and aberration so as to distinguish her from me, the normal one.
- **Black and white thinking**: Here is someone on the dark side. I think of her as gone bad, gone wrong. I pigeonhole her as mentally ill and an alcoholic to simplify my thinking about her, the one who is the polar opposite of me, the normal one.
- **Fear**: Here is someone unconventional, unpredictable, not dependably following the rules, dangerous. I keep her mentally and emotionally—and at times, physically—distant from me, the normal one.
- **Embarrassment**: Here is someone tarnishing my reputation, shaming me, by association. I mentally hide her, ignore her, and make light of her, so others don't make the connection between her and me, the normal one.
- **Arrogance**: Here is someone broken in need of repair. I know what caused her break. I can control her actions and I can fix her, so she'll be made good again, like me, the normal one.

### **HOW STIGMATIZATION IMPACTS THE CAREGIVER**

I've become aware of the following ways in which stigmatization negatively impacts the caregiver:

- Others may assume that a caregiving parent or guardian was inept at raising the care recipient, which resulted in the care recipient's current behaviour or illness. The caregiver her/himself may self-label as a failure.
- Others may assume that the caregiver is not giving care effectively or in the proper manner, resulting in the care recipient's sustained behaviour or illness. The caregiver her/himself may self-label as incompetent.

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

- The caregiver may be indirectly impacted by another's stigmatization of the care-recipient (i.e., experience by association, shame, embarrassment, disgrace, dishonour, degradation). The caregiver her/himself may self-label as disgraceful by association.

Never in my travels with my daughter through her mental health crisis and rollercoaster path of recovery from addiction did I *outwardly* stigmatize her. Just the thought of distancing myself from my daughter in any way grieved me. However, I often experienced a very uncomfortable, mentally draining, disconnect between what I was displaying to my daughter and others and what I was feeling internally.

In the beginning, I often struggled with the bottled-up, stigmatizing feelings noted above, especially arrogance (perhaps due in part to a mother's instinct to kiss a child's boo-boo and make it better). These feelings, I would eventually come to understand, were the by-product of my *focus on my daughter*. Once I began to redirect the focus on healing *myself*—moving beyond my limiting beliefs and behaviours—the stigmatizing feelings disappeared, to the benefit of both her and me.

## EMBARASSMENT TO EMBRACEMENT A Caregiver's Story of Overcoming Stigma

**MY "AFTER" MENTAL CONSTRUCT**, developed over a course of experiences described below, and *built with a focus on myself*, was characterized by the following de-stigmatizing traits and feelings:

- **Understanding (not ignorance)**: Here I am, knowing my daughter has a unique backstory that has brought her to where she is in the present moment. Even if I don't know her entire story, I know she has a story and I know I cannot judge her.
- **Spectrum thinking (not black and white)**: Here I am, aware that it's not possible for me to think of my daughter on the "wrong" side and me on the "right" side. Both she and I are complex creatures. Our respective, multiple aspects, traits, characteristics and behaviours lie at various points between the ends of the spectrum.
- **Fearless love (not fear)**: Here I am, fearlessly, non-judgementally holding space for my daughter from my place of loving detachment so she can find her own healing path—not the path I once thought she needs to take.
- **Embracement (not embarrassment)**: Here I am, in my current reality embracing my daughter's current reality, openly honouring and respecting her as the unique individual she is, as she travels the path she's on.
- **Humility (not arrogance)**: Here I am—knowing I have no control over or ability to change my daughter—now appropriately focusing on my own healing journey. I'm realizing that I too will forever be a work in progress as life presents me with lesson after lesson to grow on.

I came to understand that stigmatization emanating from others and/or one's own beliefs, thinking or behaviours diminishes a caregiver's quality of life and undermines his or her ability to give appropriate care in an effective manner.

I also discovered that a caregiver can change his or her own beliefs, thinking or behaviours to disable stigma from within and without. In doing so, the caregiver fosters empathy and compassion that enables effective caregiving.

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

The caregiver is limited to how much they can directly change the beliefs, thinking or behaviours of others to disable stigma. But he or she can do so indirectly by modeling stigma-free behaviour that may then be imitated by observers.

When I began to overcome my stigmatizing beliefs, thinking and behaviours, I began to disentangle myself from the confusion and crazy-making of enabling and co-dependency.

### **MY PATH OUT FROM BEHIND STIGMA**

#### **Part 1: Questions to Self**

In late 2007, my daughter, age 23, was living in British Columbia with her long-term boyfriend. My contact with her from Ontario was primarily over the phone. Confusion first began to take hold in my mind when I noticed fluctuations in the frequency and character of our phone exchanges. Conscientious and considerate by nature, my daughter typically had been calling me regularly or responding to my voice messages quite promptly. Our comfortable, weekly conversations were characterized by sharing of information and expressions of mutual love.

There came to be long stretches when she did not contact me and I would not receive a phone call in response to my voice message. When the call did come, it might be from a very tired, depressed-sounding young woman—or, an excited, extremely talkative one. The conversations became difficult for me to follow and understand, and I'd find myself replaying them in my head at 3:00 a.m., lying in bed.

Yet, I told no one about my concerns. After all, when I asked, my daughter assured me that everything was fine. Surely this odd behaviour will pass, I reasoned. Although niggling concerns persisted, I did nothing except prompt assurances from her of her wellbeing.

***Why did I do nothing? If I'd sensed a physical ailment, would I not have encouraged her to seek medical assistance? What was keeping me from speaking up? Ignorance? Fear? Denial?***

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

From my geographically and mentally distant vantage point, I saw my daughter reduce her working hours from full-time to part-time. Then go on stress-leave. Then be admitted to the hospital under suicide watch. Then become diagnosed with Bipolar Type 2 and General Anxiety Disorder. Then part ways with her boyfriend and take up with a crush. Then fail at getting by on meagre income from sporadic jobs. Years later I would come to learn of other activities happening at the same time involving substance abuse, hypersexuality, extravagant spending and self-isolation.

In my visit in the summer of 2008—while my daughter was still living with her boyfriend—I saw what I wanted to see. My daughter showed herself as someone coping well enough with her challenges, appreciative of the loving support of her boyfriend and family love. While she slept one afternoon during my visit, I had a covert conversation with her boyfriend about how he was dealing with my daughter's circumstance.

***Why didn't our conversation include my daughter? Why did she continue to pretend she was getting along? Why did I pretend to believe her pretence? Why the denial? Was I ashamed of her? Ashamed of myself? Why the shame?***

Over the next 12 months, marginally aware of my daughter's apparently downward-spiralling quality of life—breaking up with her boyfriend of six years, moving from one place to another, not working regularly but somehow getting by—I began to share my concerns with those closest to me. For the most part, however, my response to questions about how the kids are doing remained the same: all four kids are doing fine, thanks for asking.

***If one of my kids had lost all their possessions and a loved one in, say, a fire, instead of due to erratic behaviour, would I have been ashamed and kept that hidden?***

In the fall of 2009, my daughter moved back home with me in Ontario. Not a drinker before leaving for British Columbia in 2006, she returned addicted to alcohol. And I came face-to-face with her addiction. I became an enabler, buying her wine daily—hating what I was doing but unable to deny her the relief she found in the

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

bottle. I became a co-dependent, enmeshed in her dependency, riding the waves of her cravings, her guilt, and her apologies.

The obviousness of her addiction moved me beyond denial before it moved her past that huge obstacle. Still, I was unsure what to do with my new awareness. For me, admitting her alcoholism to myself was one thing. Admitting the situation to others was another.

***Why was her alcoholism so much more difficult to talk about than her “challenges” while out west? Was it because my daughter’s Bipolar 2 diagnosis was not her fault and therefore could be spoken of to trusted persons? Whereas her drinking was entirely within her control (as I then believed), and admitting to having a daughter with that weakness was too humiliating?***

It was summer 2010 when I found myself sitting in a class with other caregivers of people experiencing concurrent disorders (i.e., mental illness and addiction). Offered by the Centre for Addictions and Mental Health (CAMH) in Toronto, the workshop focused on fostering awareness around the up-and-down nature of recovery. My daughter, hitting her then rock bottom earlier in the year, had signed herself up for the inpatient, month-long program.

Sitting in the room with the knowledgeable trainer and attendees sharing common caregiver experiences was akin to coming home after being abroad in a country where no one spoke my language. Oh, the relief of being in a stigma-free zone where others understood me!

***Why are there only pockets of stigma-free zones scattered about our society? Why are these zones not ubiquitous?***

2011 began on a beautifully sweet note. Since completing the CAMH program, my daughter had abstained from alcohol, her moods were stable, and, that January, began a two-year college program in journalism. I was right up there with her, on top of the world. Both of us shared openly with family and friends about the life-changing benefits of CAMH. By July, she completed her first college semester, still clear of alcohol and achieving honours standing.

## **EMBARASSMENT TO EMBRACEMENT**

### **A Caregiver's Story of Overcoming Stigma**

Then, in September, the truly life-altering part of my journey began. An avid hiker in wilderness parks, I liken this part of my travels to having completed an already challenging section of a trail—across strenuous ups and downs, over hills and into valleys—only to suddenly find myself unexpectedly at the base of a sheer, high rock wall I must climb to carry on. The face of the wall is Bipolar 1 mania, psychosis, depression and addiction.

***What is happening? Why the chemical constraints in the padded room? Why won't her psychiatrist share details of her disorder with me, her primary caregiver, so I know what to do or not to do? How much information should I share with the college registrar when I advise the school my daughter won't be returning for her second semester?***

#### **Part 2: The Learning**

The 12 months beginning September 2011 was the most severe period of my daughter's manic and psychotic break, characterized by extreme mood swings, delusions and paranoia. During that time, I climbed up and over the obstacles of stigma. Step by step, challenge by challenge. As I ascended into increasing awareness and understanding, my old beliefs and thinking about mental illness began to drop away. I became better at:

- separating the person from their illness
- appreciating that each and every one of us has our own distinct reality—and that the other person's reality is neither more nor less "correct" than our own
- understanding that each of us has our own unique backstory that has brought us to our current place
- assuming that each person does the best he or she can in the moment;
- seeing that addiction happens when hurting people attempt to ease their pain

This greater awareness deactivated my stigmatizing thoughts and behaviours and allowed me to rise above stigma projected by others. Thus unfettered, I became enabled to more effectively provide appropriate support to my daughter with

## EMBARASSMENT TO EMBRACEMENT

### A Caregiver's Story of Overcoming Stigma

loving detachment. Doing so gave her space to find her own healing path and allowed me to sustain my own wellness and quality of life.

And so, in December 2012, I stood in front of my coworkers to tell my story, equipped with my new awareness emanating from my experiences with my daughter's mental health crisis. I didn't feel it was *courage* that enabled me to give this talk, as a number of listeners suggested. Rather, it was the desire to foster openness around the topic: a desire fuelled by the great personal rewards I gained by coming out from behind stigma.

This is the learning that pushed me out in front of stigma:

- She is not her illness. During my daughter's psychotic, manic break, I felt as if I was living with an alien who had abducted my daughter. The alien spoke a language I did not understand, talking about a new world, and behaved in ways that made no sense to me; manifestations of paranoia and delusion. I felt pushed to the edge of being able to cope. The alien's eyes held no sign of recognizing who I was. I knew the alien was not my daughter. However, I caught brief glimpses of my daughter in her fleeting moments of lucidity when she would reach out to me, crying for help: "*Mom, I'm so scared. I don't know what's going on! What's happening?*" And then my daughter would be pulled back inside the alien, and it would dominate again, the eyes that recognized me for a moment, shut down. I felt raw pain in those moments of her lucidity, wanting to hold tightly onto my daughter, keep her in my world, only to lose her again. But those experiences, vivid and unforgettable, left me knowing in no uncertain terms that the illness is not the person. I can hate the manifestations of the illness and love my daughter. ***Separating the illness from the person disables stigma.***
- Her reality is not mine. Whether it was when my daughter was delusional during her psychotic break, manic, or under the influence of drugs and alcohol, the reality she was experiencing was very different from mine. But no less valid or real. Before learning that, I tried to connect with her from a place of knowing my reality was the right one and hers was messed up. Desperately trying to get her to join me in my reality, I cajoled, I pleaded, I logically explained, I frustratingly raged (and I'm not a raging person). We

## EMBARASSMENT TO EMBRACEMENT

### A Caregiver's Story of Overcoming Stigma

were like magnets, repelling each other. When I came to accept that her reality is what it is—chemically induced or otherwise, being neither right nor wrong, better or worse than mine—I was able to calmly engage with her again. I could respect our distinctive worldviews, not trying to bring her over to my side. It did not mean I had to agree with her beliefs, thinking or behaviours. But it did enable me to clearly convey the message that I loved her and cared for her just as she was and where she was. I flipped the me-magnet and now we were attracting each other. ***Recognizing the other person has a reality as real and valid to them as my own is to me disables stigma.***

- ***She has her story.*** My daughter's story began long before 2007. As it is for everyone, her story began in utero, with her unique DNA and her environment. Even then her environment inside my womb impacted her earliest development. Her environment was largely determined by the state of my holistic wellness, giving her a wellness advantage or disadvantage from the get-go. Her childhood experiences—the parenting she received, family, culture, friendship, education and societal influences—shaped her beliefs, thinking, and behaviours. Her choices, the ones she considered best in the moment of choosing, modified her course into adulthood. Where she is in the present moment is the culmination of all these factors. Knowing she has a backstory, even if I don't know all the details of it, disabled my old habit of judging based on what I see before me. ***Allowing for the backstory disables stigma.***
- ***She does the best that she can in the moment.*** Early on in my daughter's mental health crisis and substance abuse, I held her to the standard of thinking and behaving like the intelligent, considerate, kind, straight-A person she had been. I found her lacking, her decision-making faulty. However, encumbered by the effects of the illness and substance abuse, her thinking and behaviours were compromised relative to her past. When I ceased making that before-and-after comparison and began to assume she was now making the best decisions she could under her circumstances in the moment, it relieved me of faulting her and repeatedly feeling discouraged and dismayed by her actions. ***Assuming everyone does the best they can in their present circumstance disables stigma.***

## EMBARASSMENT TO EMBRACEMENT A Caregiver's Story of Overcoming Stigma

- Addiction is a side-effect of easing pain. Addiction is not a sign of weakness. It is not attributable to lack of willpower. An addict's substance of choice is not, I now understand, a promise of pleasure that overrides willpower. It's a promise of relief from chronic pain, the cause of which is often very difficult to discover and deal with. It promises to allow the addict to feel "normal." When the human brain, designed to find the most expedient way to address problems, associates that first drink with pain relief, it initiates a craving for continued relief in this now familiar way. When I learned this about substance addiction, I was enabled to interact with my daughter with empathy and compassion—not shaming and blaming—during her period of active substance abuse and rollercoaster recovery. ***Knowing the addict is using a substance to stop hurting and feel "normal" disables stigma.***

### IN CONCLUSION:

At the time of this writing in 2017—ten years after the start of my caregiver journey with my daughter through her mental health crisis and addictions—I'm in a healthier, happier place than I've ever been. It's said that the human brain is wired to feel happiness in helping others. As caregivers to persons experiencing mental illness and/or addiction, we can best help others when we are not shackled by the stigma that arises from our own beliefs, thoughts and behaviours, or that of others. Once we overcome stigma, we're enabled to reach out and connect with our supports (friends, family, agencies) to help us remain well and experience happiness even while giving care to others. Good self-care is the prerequisite to good caregiving.

***Stigma-busting disables shame. Disabled shame enables speaking out. Speaking out heals us all.***

# EMBARASSMENT TO EMBRACEMENT

## A Caregiver's Story of Overcoming Stigma

### ABOUT THE AUTHOR

My name is Annie Gyg (pronounced "jig"). Drawing on my personal experiences as a caregiver to my adult daughter during her mental health crisis and alcoholism, I help others facing the challenges of caregiving.

Although caring for a loved one in crisis was a distressing time, it was also enlightening. Today, I'm passionate about paying forward the empowering, life-changing learning that has brought me enduring peace of mind and happiness.



### **What's in a name?**

When I was a child, my now departed dad used to call me "Annie Get Your Gun" (after the popular 1950 musical western). I loved that nickname and shortened it to Annie Gyg, adopting it as my pen and stage name.

I came to see "GUN" as the acronym for "genuine, unique, nature." Once I reconnected with my authentic, one-of-a-kind self — or, got my GUN — I began to experience a level of happiness and fulfillment I could not have imagined. You might say getting my GUN empowered me to take aim at my life purpose.

### **Success through self-care, authenticity and empathy**

I credit my current love of life largely to overcoming my own mental and emotional struggles while caring for someone suffering from mental illness and addiction.

For me, the lessons from those challenging life experiences were blessings in disguise. They taught me how to healthfully care for myself while caring for my daughter in crisis. They also taught me how to successfully and effectively lead with authenticity and empathy in my former corporate management role, while fostering the professional and personal development of my team members.

Those experiences — combined with a burning desire to support others on their life journey — led me to become certified as a life coach (ECPC). Now retired from the corporate world, I'm enjoying the rewards of pursuing my passion as a trainer, motivational speaker and life coach.

A mother of four adult children, I live outside of Guelph, Ontario, immersed in nature, where my closest neighbours are chickens, horses and trees.

To learn more about my service offerings, check out my website [www.hywtas.com](http://www.hywtas.com)  
hywtas (hi-wa-tass) is the acronym of hitch your wagon to a star.

[www.hywtas.com](http://www.hywtas.com)

