

# visions

responding  
to feelings

emotions of a  
front line worker

anxiety in  
uncertain times



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## visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

<b>editorial board</b>	Representatives from each BC Partners member agency, guest editor, and external members Naleena Gounder and Emily Wagner
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<b>layout</b>	Justyna Krol
<b>issn</b>	1490-2494

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*We would like to acknowledge that the coordination and production of this issue of Visions Journal took place on traditional, ancestral, unceded xʷməθkʷəy̓əm (Musqueam), Səlilwətaʔ (Tsleil-Waututh) and Skwxwú7mesh (Squamish) territories.*

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# visions



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## letters to the editor

Thank you for your recent edition [Visions 16.3 – Systemic Racism]. It is full of the stories our community doesn't always make room for. I learned so much.

I am a person of mixed heritage, a first generation Canadian, the daughter of immigrants who met at Denny's restaurant over a steak breakfast, and who came together from different continents, social classes and continents. I am also the Executive Director of the CMHA North West Vancouver and a fierce advocate for mental health.

When I read these stories of pain and resilience, I am torn. I vacillate between feeling gratitude for the mental health system of care that is starting to reckon with its racist and painful history, and profound frustration that we're still not really hearing the stories of those we have a responsibility to serve. I believe that CMHA's vision of mental health for all implores us to venture courageously into these conversations.

The system of care needs to acknowledge our history of colonialism and white supremacy, and stop continuing to perpetrate rejection. We need to place our shared humanity at the centre of our system of support, and rethink what it means to be accessible, integrated and covered. We need to talk about mental health crisis responses; we need to talk about culturally informed care; we need start to draft a roadmap to increased equity in our country and in the world. Thankfully, your magazine and its contributors are starting us on this winding and intersecting path.

—Julia Kaisla, North Vancouver

## editor's message

How do you feel right now? Content? Bored? Confident? Grateful? Happy? Anxious? Amused? Hopeful? Or perhaps you're experiencing more than one feeling at the same time. There's no doubt about it. Feelings are complex. It seems that there are as many feelings as there are pages in a dictionary.

Many factors can affect our feelings, and feelings are often intertwined with things like mood, physical health, socio-cultural background, personality, current events, relationships with others, and more. Mental illnesses and substance use problems also directly impact our feelings and how we express them – so much so that it can be hard to separate the person from their health condition. Our feelings can also vary by degrees. We might feel a little sad some days, and really sad on other days. We can also approach the study of feelings in different ways – through history, sociology, psychology, neurobiology, genetics, theology, and so on.

Even though feelings affect all of our experiences and are part of the fabric of our daily lives, we don't talk about them that often. We live in a society that often tells us to ignore our feelings – a society that often puts the word 'emotional' in a negative light. Some feelings, like joy or happiness, are more accepted than other feelings like anger, sadness, loneliness, or shame, which are often stigmatized. As a result, many people find it hard to recognize their own feelings, let alone address them or share their feelings with others. Yet, as human beings, feelings are part of what makes us human. We are social, emotional animals that thrive on connection.

In the following pages, you'll read from a variety of contributors on feelings – some are professionals who work with feelings in their work, and others are people who themselves have found ways to manage their feelings or support themselves while supporting the feelings of others.

After the Covid-19 pandemic started, I began to keep a colour-coded mood tracker in my agenda planner. I use a yellow marker for happy, a blue marker for sad, and a purple one for when I feel stressed. It's easy for me to focus on how I'm feeling in the moment and sometimes, I forget to take stock of how I'm doing in the long-term. This activity helps me keep track of my feelings and get a bigger picture of how I'm doing. After you read through this issue, I encourage you to spend a few moments to document your own feelings. Perhaps share them with a friend or loved one, or think about strategies to channel your emotions towards constructive action. I hope the stories in this issue provide you with some helpful perspectives on recognizing, managing, and becoming mindful of your own feelings. ▾

Kamal Arora, PhD

*Kamal Arora is Visions Editor and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division*

# My Life With Feelings

## CONFESSIONS FROM A COUNSELLOR

ANDREW NEUFELD, MC RCC

Every time I think of feelings, a memory pops up of a commercial that was on heavy rotation during my childhood. In it, MC Hammer temporarily loses his wild positivity after someone switches out his Pepsi for a Coke. Maybe it's because MC Hammer was then in his heyday, or maybe it's the idea that emotions could be changed just by drinking Coke versus Pepsi. If only responding to emotions were so simple!



*Andrew is the Executive Director of Alongside You, an integrated health clinic in Delta, BC. He is also a Registered Clinical Counsellor and a clinical instructor at UBC. He is passionate about mental health, education and helping people find the help they need*

Andrew Neufeld | Photo credit: Mr. and Mrs. Smith Photography

My first real memory of encountering difficult feelings was when I was six years old, biking past my elementary school. I realized that I was sad all the time and I didn't know why. In retrospect, I recognize that this was depression—something I've dealt with ever since, although about 10 years ago it changed to anxiety. Either way, my crash course in feelings started at a young age, and no Pepsi commercial could give me the knowledge I needed to go with it. I had to learn how to respond to my feelings.

When I was growing up, feelings weren't talked about very much. No

one told me to ignore my feelings, but they weren't a topic of conversation. I didn't have a language for them, so I pushed them down and was depressed. This shouldn't be surprising. At a lecture a number of years ago I heard renowned trauma expert Dr. Gabor Maté explain that the word depress means to "push down," and if we push down our feelings, we should expect to get depressed.<sup>1</sup>

When our early introduction to feelings is mostly negative, it's easy to see them as bad. I certainly did for a long time. I knew what it felt like to be sad, to be suicidal, to be uninterested in

**If we can acknowledge positive emotions like joy, happiness and excitement, we help our brains notice them. For me, it was helpful to get curious about and mindful of my feelings without labeling them as good or bad. Now, I ask myself, “I wonder what I’m feeling sad about right now?”**



things that should have brought joy. This is what got lost in the sadness: positive feelings. The joy, happiness, contentment and peace.

I’ll admit that feelings are still a struggle sometimes. What I have learned is that there is hope! Feelings can be challenging, and they can be exciting and illuminate our lives. I want to share a few things I’ve learned in the hope that, along with the other articles in this issue, they might help you see and respond to feelings differently.

### **Feelings are our signal for knowing how we’re doing**

Whenever I used to feel sad, I thought it was awful, and I would avoid the feeling. I blame my brain. Under stress, our brains pay attention to the negative in an attempt to keep us safe. Our brains won’t naturally pay attention to or remember the positive because they’re working too hard to protect us. But we can work with our brains too. If we can acknowledge positive emotions like joy, happiness and excitement, we help our brains notice them.<sup>2</sup> For me, it was helpful to get curious about and mindful of my feelings without labeling them as good or bad. Now, I ask myself, “I wonder what I’m feeling sad about right now?”

### **We don’t control our feelings, and they don’t need to control us**

I don’t know about you, but I can’t choose how I’m feeling. I’ve tried, believe me. What I’ve learned is that we feel how we feel. But we can choose how we respond to our feelings. I’ve found two therapies very helpful in this regard. For people who struggle with emotions, dialectical behaviour therapy (DBT), developed by Dr. Marsha Linehan,<sup>3</sup> teaches skills to help us appreciate emotions and choose a healthy response to them. For people just beginning to explore their emotions, emotionally focused therapy (EFT), developed by Dr. Sue Johnson in the 1980s, uses a framework of attachment and relationships to help us understand our emotional world so that we have less fear around it.<sup>4</sup>

### **Our feelings and our bodies are inextricably tied**

The more I learn, the more I understand that our bodies and our brains are directly connected in more ways than we’ve ever imagined. Research by Bessel van der Kolk,<sup>5</sup> and Stephen Porges’ Polyvagal Theory<sup>6</sup> have shown that we have to take care of our bodies in order to respond well to our emotions. Sleep, diet and exercise support our physiology and our emotions and keep the limbic system in check.

One of the most helpful tools I have found in this regard is neurofeedback. When we’re struggling with emotions, our brains are not functioning at their best. Neurofeedback uses electroencephalogram (EEG)<sup>7</sup> technology to monitor the brain and train it to function better and be more flexible.<sup>8</sup> Neurofeedback also interacts with and helps relax the central nervous system, which lowers stress levels.<sup>9</sup> If we have lower stress, we tend to respond better to emotions and situations.

### **The best thing we can do to respond well to our feelings is to get help when we need it**

I pride myself on self-sufficiency and a good work ethic. These are both good things, but they are not the key to responding to feelings. We have to learn skills for that. For me, this has meant seeing my own counsellor. It took me until I started my master’s degree at age 24 to seriously ask for help. I wish I had started much sooner. Counselling literally changed my life. It validated how I was feeling and that, given my circumstances, these feelings were understandable. Counselling taught me that it was OK not to be OK.

How do we know when we need professional help? My encouragement is to reach out before the situation is dire. It’s far better to get help early on than when things are out of control. If you’re feeling that you’re responding to feelings in a way that’s not helping you or creating problems in your life, it’s time to get some help. ▾

# Anxiety in Uncertain Times

MELANIE BADALI, PHD, RPSYCH

Have you ever felt tightness in your chest or butterflies in your gut when you think about bad things happening in the future? That's anxiety. You know those thoughts that pop into your head and suggest the worst possible thing is going to happen? Anxiety again. Ever wanted to run away and hide when you were worried something bad was going to happen? That's anxiety too.



*Dr. Melanie Badali is a Registered Psychologist certified in cognitive behavioural therapy. She is in private practice at the North Shore Stress and Anxiety Clinic ([www.nssac.ca](http://www.nssac.ca)) and serves as a director on the board for Anxiety Canada*

The world around us affects our feelings. The COVID-19 pandemic, climate change, social injustice, inequity, homelessness, the opioid crisis, economic instability, food scarcity: these realities can weigh heavily on our minds. On top of that, personal losses, illness, interpersonal stress and all the daily hassles of living can add to our emotional load.

When we experience difficult life events, they play on our thoughts and evoke a range of negative emotions—sadness, anger and disgust, to name a few. But the emotion that keeps many of us up at night is anxiety.

We feel anxious when we think about the future and imagine the harm that could happen. It is really easy to

imagine a million different scenarios that are potentially harmful. We want to know everything is going to be OK. We want to be sure. We want to be certain. We want to be safe, not sorry.

Anxiety is an emotion associated with anticipating uncertain harm.<sup>1</sup> It is a feeling of apprehension about what is to come. Anxiety is characterized by:

- thoughts focused on potential harm
- behaviours or actions intended to deal with danger (e.g., run away, hide, fight)
- bodily changes that help people do those actions (e.g., increased muscle activation, heart rate and breathing prepare us for “fight, flight or freeze” reactions)

Anxiety is different from fear. Fear is associated with certain harm. If the harm you are facing is certain (e.g., a bear is attacking you), then you will experience fear. If the harm you are facing is uncertain (e.g., there might be a bear in the area), then you will experience anxiety. It's also possible to have the double whammy of bad things actually happening and the potential for more bad things to happen in the future—the fear-plus-anxiety one-two punch. Differentiating between fear and anxiety can help us figure out the best course of action.

This is easier said than done. There is 100% dangerous, but there is no 100% safe. We're living in a time when the cut-off between fear and anxiety seems blurrier than ever. It's hard to figure out—even for me, a psychologist who thinks about anxiety for a living. It is impossible to avoid or eliminate all risk. When it comes to the uncertain “grey zone,” the only way out is through.

Not all uncertain circumstances make us feel anxious. Three types of uncertain situations are most likely to make us feel anxious:

1. novel (new and unfamiliar)
2. ambiguous (unclear, unknown, undefined)
3. unpredictable (likely to change suddenly and without apparent reason)

Think about your current situation. Do you notice any of these elements? I know I sure do. If the COVID-19 pandemic did not hit anxiety's uncertainty buttons for you, then maybe work, family, financial, societal, health or other personal uncertainties did.

Situations differ, but so do people. Scientific research shows that individuals differ in how much uncertainty bothers them. Some people are OK with having a lot of uncertainty in their lives; others cannot stand even a small amount. It's like having an allergy: the same thing can cause different reactions, depending on the person.

People who experience a lot of anxiety, particularly adults who worry excessively (like me), are more likely to be bothered by uncertainty. People who have difficulty tolerating uncertainty will often try to plan and prepare for everything as a way of removing uncertainty in daily life situations. They may seek reassurance that everything is OK to the point that other people may get frustrated. They may procrastinate and even avoid uncertain situations altogether. But these behaviours are still not enough to get rid of uncertainty and can even make anxiety worse in the long term.

It is impossible to completely avoid uncertainty and potential harm. Remember: life does not have a 100% safe option. (Oh, how I wish it did!) But how we think about uncertainty can affect our feelings of anxiety. Let's take the example of uncertainty around job loss. Some anxious thoughts will overestimate the threat of harm. If we fill in the blanks of an uncertain event with a certain negative outcome, we will feel more anxious. “I don't know whether I will lose my job” becomes “I am going to get fired.”

Another type of belief that increases anxiety is assuming that negative outcomes will be catastrophic, such as “My whole family will suffer and

perish because I cannot provide for them.” Anxious thoughts can also underestimate your ability to cope, like “I will not be able to handle being unemployed.” If things are unclear and we look at them expecting to find harm and failure to cope, that is what we will see. This is one way uncertainty fuels our anxiety.

Some recent research suggests that anxiety surrounding uncertainty taps into the same brain circuitry as fear of definite threats.<sup>2</sup> When we worry that something bad might happen, our brains may react as though that bad thing is actually happening. That could explain why, based on our feelings, it is so hard to tease out the difference between anxiety and fear.

The world will always present us with hardships and uncertainties. We may react with fear, anxiety or a host of emotions. Naming these emotions can help tame them. Being aware of what we are thinking and how that affects our feelings can help us cope with anxiety and decide on the best course of action during uncertain times. ▾

## related resources

- Anxiety Canada. (2021). Intolerance of uncertainty, [anxietycanada.com/articles/intolerance-of-uncertainty](https://anxietycanada.com/articles/intolerance-of-uncertainty)
- Burh, K. & Robichaud, M. (2018). *The worry workbook: CBT skills to overcome worry & anxiety by facing the fear of uncertainty*. Oakland, CA: New Harbinger Publications.

# Don't simply survive. Live!

LISA MELTON

My thoughts about feelings are constantly evolving. I didn't grow up like other kids I've known. My father was one of the first Indigenous men in Saskatchewan to gain full custody of an infant daughter—me. He was about 20 years old. My hero, then and now.



*Lisa is a Métis female residing in BC. She has a bachelor's degree in criminology and sociology and is currently employed as a 911 police call taker. Lisa intends to make a difference in the world through writing, photography and sharing her experiences*

He worked multiple jobs to provide for me. If he didn't have a babysitter, I would go to work with him. I have memories of sleeping in his work truck during the day, sleeping in the manager's office at the bar in the evening. Apparently, I instinctively knew Dad had to work, and I didn't fuss much. I always had my McDonald's Happy Meal and books to read or colour in.

At home, when my father needed rest, he would turn on cartoons and curl up on the sofa, me tucked behind his knees. Again, I didn't fuss. I knew Dad had to sleep. I have a faint memory of watching him, eyes closed, mouth hung open, his hand pressed along his face. I always felt safe in

those quiet moments. His loud snores would startle me into laughter; they also helped me sleep through the rougher nights, telling me that my father was close by.

My mother repeatedly chose to not be in my life—I've never learned why. This was the central heartbreak I experienced growing up. Her absence confused me. I often felt like I was a mistake or "bad" and had done something to make my mother not want me. I don't have any positive memories of spending time with her. Nor do I remember the sound of her voice. I was born with white skin, red hair and intense blue eyes like hers, but the similarities end there.



Lisa Melton

**When I share parts of my story now, I physically feel the weight of my pain on my shoulders and chest.** ”

In Grade 7, my father asked if I wanted to go live with her for a year so that I could learn “how to be a girl.” I was beyond happy; finally, my mother wanted me. I packed everything, even my cat Suea. I was given my own room and a little half-sister. Five days later, my father called. He was very upset with me, asking why I was misbehaving and running away. I cried in disbelief. Surely this was a mistake. I’d never been in trouble, let alone run away in a strange city.

My father immediately drove from Vancouver to Calgary to pick me up. Not knowing what I had done wrong, I climbed into the running brown truck and looked back to see my parents arguing. My father threw his hand in the air while my mother stood in the doorway. My father walked back

towards the truck. My mother locked eyes with me. I sobbed. She shook her head in disgust and slammed her door shut. I slumped into the seat, feeling thrown to the ground like a dog being left on the side of the road.

I remember certain moments like this extremely clearly. Other moments are blank—entire years, even. Once I had returned from “learning how to be a girl,” in my pre-teen mind, it felt like my father didn’t want me; he was forced to take me back. This was evident, as he had moved in with a new woman who was pregnant. My mother had only wanted me for five days, then made me leave. I had no home, no friends.

This was the first time I considered suicide. At age 12. I lacked the skills to

comprehend what was going on. Nor did I have anyone to look up to who looked like me: my father had brown skin, my stepmother was Asian and I was the only white person. I was so lost that I would lightly cut myself. Once, I wrapped my wrist with a tensor bandage to hide the superficial cuts. My school counsellor made me show her what I had done. She grabbed my wrist and said there was barely a cut there, that I was just seeking attention. I was overcome with shame for not having the guts to truly cut myself, but boy, was she bang on! I was silently screaming for help to deal with all the feelings in my body. And here was yet another white woman shaking her head in disgust and walking away.

As a teen, I had two sets of friends: the Indigenous kids and the white kids. Both groups skipped classes and smoked drugs, but my Indigenous friends were also violent. I’ve witnessed fights and even stabbings. We were all so angry about being abused and dominated in both our cultures and society in general. So we fought and got high on marijuana, sometimes alcohol. Had my father ever found out, I would have been in a lot of trouble.

I loved being high and drunk. When I was high, I could laugh with my friends, my feelings safely numb. Drinking alleviated my anxiety. I became this confident, funny, adventurous woman. I depended on substances because without them I was a broken little girl with serious anger issues. With my father, I behaved, but with others, I partied.

At 20, I married a very abusive man and fell deeper into substance

use. I grew to 243 pounds. Again, I considered suicide. I didn't know how to process or speak about my inner demons and began having panic attacks. I had multiple miscarriages. I saw my failed pregnancies as God's way of saying that I was a mistake and shouldn't have children. If I did, my mother's blueprint was all I had. The more I thought of becoming a parent, the more I drank. I was tormented by flashbacks in which I was sexually assaulted by multiple male family members. I hated myself. I had no self-worth. I was the big mistake.

When I share parts of my story now, I physically feel the weight of my pain on my shoulders and chest. I've lived my life never expecting to survive into my next year. I always thought, I'll be dead before 16, so who cares. Then, I'll be dead before 20, so who cares. I'm now 39, and I've realized, after eight years of sobriety, that I'm beginning to care. About my next steps. About living in a stable home with a loving partner. Even about becoming a mother one day.

Getting to this point in my life has been anything but easy. However, I'm growing away from wondering, why me? Why did my mother leave? Why was I abused by those closest to me? Why can't I have nice brown skin and long brown hair like my Métis aunts?

About 10 years ago, I was blessed to be accepted to a program called Vancouver Incest and Sexual Assault Centre (VISAC), where I received talk therapy, cognitive behavioural therapy (CBT) and eye movement desensitization and reprocessing (EMDR), which helped me overcome

my panic attacks. I also learned how to speak of my personal history without reliving it. Getting help with the emotions locked deep inside my core showed me a new way to live. I began to understand that life isn't happening to me; life is happening for me. My experiences have resulted in vast emotional intelligence, and I can share my story to help others who have locked themselves away.

I won't lie. Feeling feelings sucks! I much prefer disassociating. But sometimes—just sometimes—good feelings can slide through a sliver of an opening produced when we reach out. Those good moments build upon one another and make life worth living...instead of simply surviving. V



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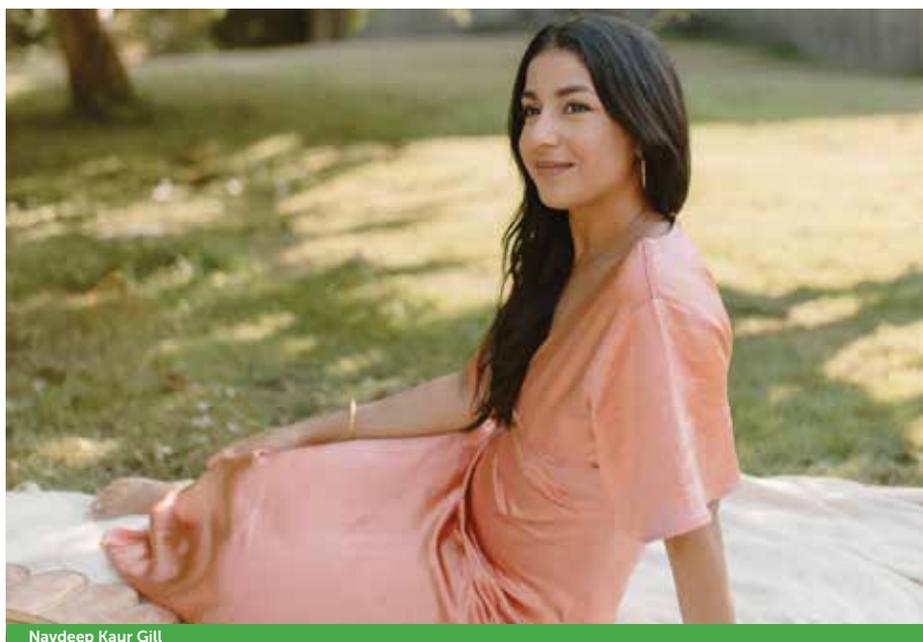
# Energy in Motion

## UNDERSTANDING AND EMBODYING OUR EMOTIONS AS SELF-CARE THROUGH ANCESTRAL MEDICINE

NAVDEEP KAUR GILL

As we learn and grow, we are taught so much about the world around us. With technology, we can access a wealth of information in seconds. In contrast, while each of us experiences emotions, we learn very little about how they work, how to understand and experience them and their impact on our well-being.

*Navdeep (Navi) Gill is an Ayurvedic practitioner, therapist and holistic wellness educator. A primary focus of her practice is reviving and connecting womxn to ancestral wisdom and ritual as a form of self-care. She seeks to decolonize wellness by making ancestral wisdom accessible, particularly for BIPOC\**



Navdeep Kaur Gill

Have you ever noticed how every emotion you feel has corresponding sensations in the body? When we are excited or angry, the rhythm of our breath is different from when we are sad or relaxed. The temperature or sensations that show up when we are nervous or anxious can feel like “butterflies” in the stomach or display as sweaty palms (and armpits). These are signals that our brain sends our body in order to process feelings. If you often avoid feeling those feels, you may be trying to override the body’s natural processing system by going

straight to the head. In *Āyurveda*, the oldest form of holistic medicine, which was developed in India, we look very closely at the impact of emotions, feelings and thoughts on our mental, physical, emotional and spiritual wellness.

Our emotions are literally energy in motion. When we find ways to block the energy from moving through our body, we end up storing emotions in our cells. Some ways that we learn to bypass our emotions include dissociating, addiction, perfectionism,

\*Black, Indigenous, and People of Colour

judging ourselves and being critical of others.<sup>1</sup> Eventually, unprocessed emotions start showing up as physical symptoms or ailments.

Many of us have been conditioned through childhood experience to run away from feeling our feelings. Perhaps there was never a safe environment for us to express ourselves, or we were criticized, judged or reprimanded for being in our feelings. This forms trauma, which then informs the way we operate in the world. We continue this learned operating system as adults, including in interpersonal relationships.

Growing up first generation Punjabi in Canada, I spent a lot of years grappling with my emotions. Often there was little to no room to express the range of emotions I felt. This left me stuck in a pattern where I bypassed the complex thoughts and feelings I was having and defaulted to expressing my emotions in ways the people around me were more comfortable with. This included people pleasing, self-abandonment and suppressing my reactions to avoid conflict or criticism. Ultimately I felt depleted, exhausted and angry. The real depth of my emotions became stuck in my body and began to make me sick.

Suppressing, or finding private, sacred ways to express, anger, happiness and sadness can occur for many of us who were raised in intergenerational and immigrant families. In 2010, grief over my grandfather's passing compelled me to rediscover ways to heal that I had always longed for, but that were not accessible around me. I began to come into my body and practice self-care through a daily *sādhana* (dedicated

spiritual practice). I noticed how much healing I had to do; the aches and pains in my body were coming from a much deeper place. Feeling our feelings, the pleasant and unpleasant ones, is one of the most potent paths to healing.

I have now been practicing and facilitating yoga, *Āyurveda*, *dhyāna* (meditation) and *prānāyāmā* (conscious rhythmic breathing) for over 10 years and have learned a few things about making friends with my feelings and reclaiming power over my own well-being. These three practices are a few ways we can come back into our body, allow emotions to move through us and process feelings out of our nervous system. While these modalities are incredibly helpful, it is also important to start our journey from an authentic source that is rooted in a lineage.

By now, most folks are no strangers to hearing the words *yoga* or *meditation*. But until very recently, the origins of these practices were often bypassed and whitewashed by the dominant culture. This separation of yoga, *dhyāna*, *prānāyāmā*, *Āyurveda* and other ancestral healing modalities from their roots subtly perpetuates harm for BIPOC. Dealing with our traumas, getting in touch with our emotions and connecting to our bodies is deep and sacred work. It requires us to become deeply vulnerable. This vulnerability is the reason many folks choose to avoid the process altogether. Having teachers, facilitators and educators who understand the roots of this work and embody these practices can make all the difference in creating a safe container for us as we go through our own healing journey.

*Āyurveda* and yoga give us the wisdom and awareness to be in charge of our own health, rather than depending on something outside of ourselves. These ancient ways of healing alchemize our unpleasant feelings, negative thoughts and tendencies by raising our vibrational frequency. Just like we brush our teeth and shower every day, one of my teachers, Sri Sri Ravi Shankar, says, we must also practice daily mental hygiene.

The easiest way to begin the journey is to acknowledge the challenging feelings you may be experiencing and literally sit with them. After some movement of the body, sit and breathe deeply through the nose for one minute a day, gradually increasing by one minute until you are able to sit for at least 20 minutes, twice a day. The more challenging it is for you to sit and breathe, the more important it is for you to commit to the practice.

When done with awareness of the breath, movement practices like *sūryanamaskāra* (sun salutations), a sequence of 12 yoga *āsana*s (postures), not only help to build strength, tone and stretch the muscles and detoxify the joints, but also help focus and bring clarity to the mind.

Feelings bring forward the *rasā* (juice to life). Without feelings, life would be dull and dry; our quest for deeper connection with ourselves and others would be increasingly difficult. When we learn to see feelings like waves in the ocean, simply coming and going, playing their role without us becoming attached to them, we can appreciate their beauty and lessons. ▽

# Pouring Fuel on the Hypomanic Fire

## HOW BIPOLAR MOOD EPISODES AND ALCOHOL ABUSE WREAK HAVOC

JASON SCHREURS

I joked that it was their green room. I slid a cooler full of Hey Yalls and shitty beer towards the members of the punk band that was playing in my basement. By the time the band finished, I was ready to raise hell. I snatched the last two cans of boozy iced tea and a lonely bottle of beer for good measure, shoved the drinks into my pockets and announced we were all going to the local dive bar.

*Jason is a writer, punk rocker, mental health advocate and host of the podcast *Scream Therapy*, which is also the title of his forthcoming book (2023) about the link between punk rock and mental health. Jason lives in Powell River, BC. Learn more about him at [jasonschreurs.com](http://jasonschreurs.com)*



Jason Schreurs

We tried to hail one of the three cabs in town, but I was too belligerent and the driver refused to pick us up. As my friend tried to negotiate a ride, I grabbed the beer bottle from my pocket and hucked it at the cab. Glass flew everywhere as it smashed against the hood. We all bolted before the driver could find us. My friends were furious. “Why the hell did you do that?”

I didn’t have an answer for them. It was two years before my 2018 bipolar diagnosis, and all I knew was I felt out of control, like my body and mind had personalities of their own. For my friends, the night was about some laughs, drunken rambling and maybe

a few sloppy *I love you, man’s*. For me, this was something more.

The alcohol was lifting me closer and closer to the kind of trouble that could get me arrested and possibly ruin my career as a newspaper publisher. My mind was taunting me. Just do it. You know you want to. At that moment, I didn’t care about common sense. I needed to take self-destruction one step further. What I was experiencing was hypomania, a milder form of mania, and it was getting worse with every drink.

If depression is getting stuck in quicksand, mania is a burst of euphoria—

**I have way more control of myself, and I'm able to separate myself from my bipolar symptoms. I tell people, I'm not bipolar. I live with bipolar.**



with a dangerous streak. An episode of severe mania can build up for weeks and include uncontrollable elation and energy, delusions of grandeur, racing thoughts and hallucinations that can result in hospitalization.

Hypomania is a milder version of mania that escalates, sometimes to full-blown mania, when substance use is involved. In no way am I discrediting full-blown mania and its tragedies, but in my experience, the “milder” form was slowly ruining my life. Throwing a beer bottle at a taxi cab was a relatively minor incident. I've done awful things while hypomanic, things I won't get into. My addiction to alcohol only piled more rubble onto the wreckage of my past.

After a talk with a sober friend, I attended an Alcoholics Anonymous meeting, but it didn't feel right. I sensed that I could quit on my own, and the next day I just stopped, cold turkey. The hypomanic episodes became less intense, but other factors soon brought them back to dangerous levels. In October 2018, a few months after I left my newspaper job because of stress, I sank into the worst depression of my life. When I was able to pull out of my black hole, I switched to a hypomanic episode before being blindsided by depression again. My doctor eventually prescribed a new antidepressant. Within 10 days, I was in a psychiatrist's office being diagnosed with bipolar

disorder. It turned out the antidepressant my doctor had given me was mania inducing. My psychiatrist put me on mood stabilizers and I began the toughest fight of my life.

Looking back, my addictions made sense with my bipolar diagnosis—substance abuse and other unhealthy behaviours fuelled my hypomania. Since then, I've doubted myself and obsessed over all of the regrettable things I've done. I've thought about drinking again. I've opened liquor bottles and sniffed them. I've picked up cans of beer at parties and thought about sneaking into the bathroom to drink them. But I know going back to alcohol would only make my mental illness worse.

Then I found a new addiction—even stronger than alcohol, always at my fingertips. Social media was now the drug that drove me. I would scroll on my phone until the feeds started repeating and spend hours making random friend requests. Every time someone accepted, I'd get a dopamine hit. I wanted to rid social media of discriminatory assholes. I became a self-appointed social justice warrior gone wrong. It took over two years to find the strength to wean myself from social media.

Slowly, my moods have improved. I started going to mental health

support groups and have trained to facilitate a bipolar group through the Mood Disorders Association of BC. I've become a health coach with Self-Management BC to help others cope with chronic mental illness. I've taken every mental health course at the hospital in Powell River, where I live. Besides all that fancy-sounding stuff, I've stayed on meds, kept active, eaten a healthy diet, and tried to get lots of sleep. Like most folks with bipolar, sleep is crucial. The less I sleep, the more hypomanic I get.

Now that I'm medicated and relatively stable, I'm more in touch with my emotions. I know how to feel them without acting out in harmful ways, and how to act responsibly without my feelings getting in the way. When I observe my thoughts and keep them from spiralling out of control, my emotions and actions are much more regulated. I have way more control of myself, and I'm able to separate myself from my bipolar symptoms. I tell people, I'm not bipolar. I live with bipolar.

Sure, I still experience hypomania, but without alcohol and social media it doesn't get to a scary level anymore. Staying sober and avoiding addictive behaviour is a huge factor in that. I'm not constantly fueling a manic fire in my head. Alcohol and social media addiction are a difficult part of my past, but they're in my past. I'm working on controlling the hypomania that almost ruined me. My recovery is a continuum, and I'm walking its delicate, non-linear path to stability. ▽

# Imperfection is Beauty

## MY PERSONAL STRUGGLES WITH AN EATING DISORDER

LYNSEY HENRY, MA, RCC

Growing up, I was always considered a sensitive and “emotional” child. School supervisors would find me outside crying uncontrollably after a disagreement with friends. Several times, teachers would struggle to get me to join the class. As a professional, looking back, I know this was anxiety because I had the symptoms of a panic attack, including trouble breathing. My eyes would be swollen and red for hours, and I didn’t know how to cope.

*Lynsey is a Registered Clinical Counsellor. She works as a school counsellor in Surrey. In her spare time, she counsels youth and volunteers for the Stigma-Free Society. Lynsey feels that her struggles with mental health have made her a more empathetic counsellor. Connect with Lynsey on Instagram (@the\_passionate\_counsellor) and Facebook (LynseyHenryRCC)*



Lynsey Henry | Photo credit: Sarah Amaral photography

My parents, who didn’t talk much about emotions, were not sure how to help me and often told me to “just calm down” and “get over it.” I noticed how my mom’s constant struggles with her weight started to rub off on me and had me worried that I would grow up overweight.

In the summer before entering high school I lost my friend group from elementary school because they cyber-bullied me on MSN Messenger. They said they didn’t want to be friends with me anymore and I should find someone else to hang out with. I felt so out of control. I did not know how to

manage my emotions. It seemed best to hide them rather than ask for help. I feel like this is how my eating disorder developed: as a way to have some sense of control.

It started with me obsessing over low calorie and low fat recipes in cookbooks. By offering to cook these meals, I was able to control my food intake. Little did my family know that I had read somewhere about throwing up food to manage weight (purging). So I tried this. At first, I purged foods I deemed “unhealthy,” but this soon grew to include anything that made my stomach feel full. I also restricted

my food intake. Struggling with the idea of perfection, I felt overwhelmed, helpless and confused.

Bulimia involves episodes of binge eating followed by efforts to avoid weight gain, such as vomiting, using medications, fasting and excessive exercise. Often people with eating disorders have a distorted view of their body and condition. They might think they are overweight when they are underweight.<sup>1</sup>

On a trip with my family in the summer of Grade 8, I purged a meal in the hotel room toilet and forgot to flush it. When my parents noticed and shared their concerns, I made excuses, saying my tummy just didn't feel well. By the time I was 14, I was no longer getting my menstrual period and was cold all the time. My weight was down to close to 100 pounds. Peers started to notice and ask why I got so skinny. This just made me feel more uncomfortable and hide my body with baggy hoodies. I refused to go out for dinner at restaurants with family because I could not control how many calories I consumed or hide my purging behaviours in public. This would often lead to arguments and emotional meltdowns. My family took me to the family doctor who referred me to a dietitian. No one ever recommended a counsellor, even though it was obvious that I was underweight for my age.

I continued to struggle throughout high school but ended up finding a more positive group of friends who supported me. My friend's mom noticed that I was purging and confronted me about it. At first, I was embarrassed, even angry, but being called out helped me realize I had a problem. After gradu-

ation, I continued to struggle off and on. Certain triggers, like idealized media images, would bring back the purging behaviours. A common misconception with mental health and eating disorders is that they just go away once they are treated, but this is not the case. It is more realistic to expect to be affected by triggers in your life. But as a whole you do learn to manage your mental health better. Being in an abusive relationship as a teen and young adult also delayed my willingness to seek help because my self-confidence was so low.

The year I started my first job, as a school teacher, I sought help for my mental health from a counsellor and disclosed my disordered eating. The counsellor taught me cognitive-behavioural therapy (CBT) skills like journaling and reframing my thoughts and feelings. She also taught me coping skills like finding a mantra, which is why I chose *Imperfection is Beauty* as the title of this article.<sup>2</sup> I also learned self-soothing strategies like yoga, peaceful imagery and deep breathing.

In my practice as a Registered Clinical Counsellor, I teach my young clients many CBT strategies and suggest coping skills that worked well for me. I have found that reframing and repeating affirmations to myself and

following body positive Instagram accounts (such as @thebirdspapaya and @mikzazon) especially helpful. Finding an accepting and understanding partner has also been a blessing in my journey.

In reflecting on why I didn't talk about my emotions much as teen, I think it was because mental health was often stigmatized and frowned upon at that time. If you struggled with your emotions, you were deemed a weak person. School counsellor access and support were lacking—or at least I did not know how to ask for help. This experience has led to my passion of making counselling support accessible for children, youth and teens. I strive to teach them the skills I wished I had learned as a child.

I feel happy to see that many more young women are sharing their struggles with mental health on social media. I hope that reading my story has helped to inspire you the same way that reading others' stories has inspired me. My last piece of advice to young readers would be to find the words that matter to you, whether that be a mantra, words of affirmation, quotes or song lyrics. Hold on to those words when you are struggling and use them to push through. You've got this! ▼

# visions

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# Let's Get Messy!

## WHAT IS ART THERAPY AND HOW CAN IT HELP?

CAROLINE EMBLING, BFA BCATR

I am an art therapist. I chose this career because I love making art and making deep connections with people. I have worked with adults and youth whose life circumstances have led to struggles with mental health and addictions. I have also had times in my own life where things fell apart. A chronic illness leading to depression left me pretty much housebound and isolated, and art was one of the things that helped me put my life back together.

*Caro is an art therapist and artist who lives in Vancouver. She has mainly worked in mental health, addiction and HIV services. Caro is also a mother and a grandmother. Learn more about her private art therapy practice at [milkthistle-arttherapy.com](http://milkthistle-arttherapy.com)*



Caroline Embling

Art therapy can help release, explore, familiarize ourselves with and transform our feelings. It is not always easy to describe in words how we feel or even know exactly what we are feeling. Using art's colours, textures, marks, symbols, metaphors and images allows us to get in touch with and express our inner emotional states. When we make images of our feelings, especially alongside others, we bring them out of ourselves (externalize) to look at and share.

I find it very peaceful to make art with others. I feel joy in the sheer action of putting paint onto paper, seeing the colour, feeling the brush touch the page. At that moment, I do not have to be concerned about any social anxiety. My focus is on the art. Yet I also have that human connection of people doing a shared activity. It is community.

This is the basis for open studio, one form of art therapy. Open studio is a

space designed or adapted specifically for art making and where a wide range of materials is available. Each participant chooses what they want to work on, and the art therapist is there to help move the work forward. We might start a session by tuning into our feelings. This could involve drawing, or using a metaphor based on a question like, "If you were a fire, what kind of fire would you be today?" I might give some examples, like a stove fire, or a forest fire.

I am also there to maintain whatever guidelines are in place to make open studio a safe environment for all participants. A person may finish a piece or keep working on it over time. After the session, the group might spend time looking at and sharing the art, and, as the art therapist, I can provide ways of looking at pieces. This sometimes leads to creative writing time to help the artists find more meaning in their work. I have run this kind of open studio at The Dr. Peter Centre for people living with HIV. I was always impressed and inspired by people's creativity. Participants made a vast range of work, from water bottle carriers to medicine bags, giant painted canvases and ceramic sculptures.

Individual and group art therapies are similar to counselling in that they provide a safe environment to help people work through difficult life experiences and emotions with the support of an empathetic, caring therapist. The difference with art therapy is that we do not rely solely on talking. We use art materials as the main vehicle for exploring issues. Even though we work through art mediums, there is absolutely no need to have any prior experience in art to benefit from art therapy. There is no right or wrong way to make art in art therapy.

My role as an art therapist is to accompany people on their journey and keep them from being overwhelmed by emotion. Art therapy can help us accept with compassion whatever comes up, and listen deeply to the meaning we find in our art. (By the way, it is a myth that art therapists interpret clients' work. In fact, we firmly believe in the client finding meaning in their own art.) This process can help us get to know our emotions, befriend them and listen when they tell us what they need.

If this sounds interesting or you want to get in touch with creativity, I encourage you to give it a try. The

Canadian Art Therapy Association (CATA) has a directory of art therapists.<sup>1</sup> You can read a bio of each therapist and learn about their approach and areas of expertise. Each province also has their own art therapy association and directory, including BC.<sup>2</sup> Some social service agencies also offer art therapy or art classes. For example, in Vancouver, Lookout Housing and Health Society runs The Art Studios, and Coast Mental Health holds an open studio.<sup>3</sup> Don't be afraid to ask your local agency if they offer this service. ▽

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# What If Yogi Berra Was Right?

## CELEBRATING KIDS THROUGH SPORT

FRED WELLS

One of the greatest quotes attributed to the late baseball legend Yogi Berra is “Baseball is 90% mental. The other half is physical.”

*Fred is a husband, father and coach. After noticing a lack of focus on kids' emotions in sport, he founded 140 Sports, an organization that helps young people use sports to build valuable life skills. In 2019 Fred was inducted into the Delta Sports Hall of Fame. Every Friday night of the summer you'll find Fred out on the field with the Special Olympics BC Delta softball team*



Fred Wells

If we are to take this at face value (and why wouldn't we?), then why are we not spending 90% of our time as coaches working on mental skills? I've asked myself this when, as a coach and a parent on the sidelines, I've seen so many players crushed under the weight of expectation, either real or imagined, their self-esteem slipping away as they walk off the playing field. I've seen kids look over at their parents and coaches with sadness in their eyes, almost crying out for help after they make a mistake.

Young people are searching for camaraderie, identity and help regulating

exercise, sleep and diet. Sports scratch all these itches. But kids are dropping out of sports at a disturbing rate in their early teens when they need it most. I have seen sports change and alarming patterns develop.

So what happened to Berra's 90%? My intuition that the mental aspect of sport is going missing laid the foundations for 140 Sports (90% mental + 50% physical = 140%), focused on combining mental health skills and sport. We've partnered with National Hope Talks and Alongside You Counselling<sup>1</sup> to hold sports clinics, seminars and workshops for kids and

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**For those of us who have had mental health issues affect our families, the mantra is always the same: I just want my kid to be healthy and happy. It's time for us as coaches and parents to bring the same mindset to sports. Let sports be part of the platform for healthy and happy children.**

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youth ages 6–20 throughout BC. I am not a counsellor or therapist, nor do I have any mental health training. However, I am a coach with 45 years' experience, a husband and a father of two amazing young ladies who have struggled with mental health issues that we, as a family, have had to deal with.

To gain better insight into how our young athletes are feeling, our team at 140 Sports has developed a book project called *Dear Coach*. The book is a compilation of letters from athletes about all the things they have wanted to share with their coaches or parents. Here are some that stood out for me:

“I was wrapped around this idea that if I didn't do everything exactly perfect, I would let down my parents, teachers and coaches. All I wished for was someone to talk to me and tell me how proud they were of me and that it didn't matter if I wasn't perfect.”

“I feel like I have disappointed you when you tell me what I did wrong after a game instead of what I did right.”

“I do better and feel better about myself when I feel like a valuable member of a team.”

When I look at these letters, I can only think, What if I knew then what I know now? I've had my own transformation; not so long ago, I bought into the idea that competition came first. We are a sports family. My wife coaches and plays soccer, I coach ball and our kids played a pretty good calibre of both. Sports have been a massive part of our lives. Playing sports has taught us about leadership, teamwork and having a strong work ethic. It has also brought so many amazing people into our lives. I can't even imagine who or what I would be without them.

But there was a time when I pushed the kids I coached, and my own kids too. Always setting the bar higher. Constant coaching in the car on the ride home and getting them to try harder. Everything I did for both my children came from a place of love and good intentions. I failed to realize that we cannot approach coaching and mentoring like we did when we were growing up because that world no longer exists. Sports have gone from being a way to have fun and hang out

with your friends to more of a chore, a means to an end—and it is taking a toll on our children's mental health.

For those of us who have had mental health issues affect our families, the mantra is always the same: I just want my kid to be healthy and happy. It's time for us as coaches and parents to bring the same mindset to sports. Let sports be part of the platform for healthy and happy children.

How can we get started? I have learned a lot by reading up on how to embrace the mental side of sport and success.<sup>2</sup> Coaches, don't shy away from the mental side of the game. After all, a wise coach I know named Rocky Mortimore once told me, “Sports are a tool we use to teach kids about life.” And parents, enjoy watching your child be a child on the field, pitch, court or rink. It will be over before you know it. Or, to quote Yogi Berra once more, “It gets late early out there.” ▾

# Emotions of a Front Line Worker

HANNAH GIBSON, MBCHB

*Front line*, according to the Canadian Oxford Dictionary: “A role or position of immediate involvement with crises, social problems, etc.”<sup>1</sup>

*Hannah was born and raised in the UK, where she attended medical school. She moved to Canada in 2020. Hannah has always enjoyed volunteering and working in the areas of mental health, addictions and substance use. She is currently an outreach worker in Kelowna, offering support to the homeless community*



Photo credit: Nils Hasenau at ©iStockphoto.com

*Front line*, according to Hannah: Guilt, its heaviness weighing down on me. My stomach knotting in fear. Celebrations of pure, unadulterated joy. Depression that grips and pulls me down; feeling apathy towards those I serve. Fleeting moments of hope marred by frustration. Compassion; gut-wrenching empathy.

Some days as an outreach worker, as I seek out people experiencing homelessness in Kelowna, one overriding emotion might drown out all others. Other days, the ebb and flow of feelings swells and dissipates so that, by the time my shift is over, I feel balanced, or empty.

Every time I approach someone lying on the ground, I reach for a pocket mask and make sure I've got

at least two naloxone kits with me. Oh good, they're just having a nap. My stomach unfurls from the clench of apprehension. No overdose today. Maybe tomorrow. I do what I can with the resources I have: food, harm reduction, connecting people on the streets with health services or offering them housing application forms. Then I have to walk away, which is usually the hardest bit.

Sometimes, I've done something tangible to help; I've connected people to mental health services, given out clean needles or a new pair of socks. Sometimes, though, I don't have what they need, like unlimited access to affordable housing units or detox beds, or a promise that they won't be assaulted or robbed if they go to a shelter. I don't always have a poncho

or a tarp on me when it's pouring rain and the cardboard they're using is sodden.

Guilt is the plague that dogs the front line worker. When I walk away and get into my truck, with its heated seats and fans bringing warmth to my fingers and toes, the guilt can become unbearable. The feeling rarely follows me home after shift, though, for one crucial reason: my outreach partner.

When I'm looking melancholy, when I bemoan the unfairness of the system and vent my frustrations, my partner is there to listen. They nod, empathize and remind me that it's incredibly normal to feel the way I do. They tell me my feelings are valid, and then they show me the differences I've made on the street that day. They bring me comfort in our shared successes. When we get back to the office, we catch up with the wider team of Housing & Homelessness Services at the Canadian Mental Health Association (CMHA) Kelowna.

Someone tells a joke whilst someone else brims with excitement because their client got into supportive housing. Not every day is like this; sometimes the mood is sombre. When a client overdoses or gets evicted into homelessness, there's not much anyone can do to lighten the mood. The shared experience of that sorrow is what keeps us sane and willing enough to come back tomorrow.

The team is the reason I rarely take work home with me. By the time I'm back in the house, I don't feel guilty that I have a bed to sleep in. With the guilt assuaged, there are still feelings left over. Sometimes I'm overwhelmed

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**I'm starting to see my physical, mental and emotional health as three plants that need tending. Sharing my experiences with others, eating well and doing gentle exercise are the rain and sunshine that keep all three going.** ”

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and stretched thin, my reserves of compassion running so low I've got nothing left to give to my friends or family. In times like this, I have to put my mental, physical and emotional health first. Even when I'm feeling good, self-care is incredibly important to make sure I keep feeling that way.

I've realized, with some trial and error, that self-care isn't a one-size-fits-all approach, nor even a one-size-fits-me approach. A bubble bath with wine and a book can be a tonic on a stressful day, but other days it can be a flimsy Band-Aid on a much bigger wound. I recognize that wanting to hunker down on the sofa with a pizza, my dogs and my husband can be a great comfort, but it can also be an unhealthy habit when, really, I need to get up my heart rate and pour sweat on a bike ride. Then again, when I'm anxious and on edge, doing intense exercise is the worst thing—I feel wired for the rest of the night and can't sleep.

I'm starting to see my physical, mental and emotional health as three plants that need tending. Sharing my experiences with others, eating well and doing gentle exercise are the rain and sunshine that keep all three going. To decide which form of self-care I need, I think about what plant I'm tending

to; wine and pizza tend to a different state of well-being than bike rides and hikes. When my feelings take a negative turn, it's time I came back and checked on those plants. Which one needs attention right now?

Fleetingly, there will be times when all three are in balance. These are the golden moments where I can give my fullest to work, my relationships and life. It's taken a while for me to realize that I can be a better outreach worker, friend, wife and daughter when my plants are thriving. Tending to them has to be a priority, even when it feels selfish. I'm learning to recognize when I need self-care in the form of a bath, a ride, a meal with friends or a quiet night in. Maybe this sounds obvious, but it took plenty of therapy, lots of crying, words of wisdom from great friends and getting to the point where my plants were brown and wilting before I got it.

I think front line workers are excellent at tending to other peoples' plants whilst our own shrivel, but we must remember: we can't keep tending to others if we aren't thriving. My team is what brings me back every day, but it's recognizing my emotions, good and bad, and cultivating well-being that allows me to do my job well and serve the people who need it the most. ▽

# My Diagnosis of Borderline Personality Disorder

## THE LIFE SENTENCE THAT ISN'T

SOPHIA\*

I was diagnosed with borderline personality disorder (BPD) by a psychiatrist when I was hospitalized at age 23. It was my second hospitalization, both times for self-harm and suicidal thoughts. Despite having struggled for many years, this was the first time anyone had suggested I may be suffering from BPD.

*Sophia graduated with distinction with a bachelor's degree in psychology in 2018 and currently works in the mental health field, where she uses her lived experience to support young people and families. She hopes to enter a master's program in 2022 and continue working in the field of mental health*

*\*pseudonym*



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According to the Diagnostic and Statistical Manual for Mental Disorders, 5th Edition (DSM-5), BPD can be characterized as a “pervasive pattern of instability in interpersonal relationships, self-image and emotion, as well as marked impulsivity.”<sup>1</sup> In order to meet the criteria for the disorder, an individual must meet five of nine hallmark symptoms. As the psychiatrist described these symptoms to me, I realized how fitting they were. I did indeed have a pattern of difficult and intense relationships, I had an unstable

sense of self and I experienced chronic feelings of emptiness. But overall, I struggled immensely with big emotions, what the DSM-5 calls “affective instability.” I experienced overwhelming despair, fits of intense panic and occasionally irritability. When these emotions became too much, I would turn to self-harm in the form of cutting and burning myself. I was frequently plagued with thoughts of suicide; I had a desire to escape the deep suffering I experienced on a regular basis.

Being diagnosed with BPD was both a relief and a difficult thing to wrap my head around. When I heard the term personality disorder, I began to think this wasn't as much a "mental health issue" as it was a problem with me at my core. There was, and still is, significant stigma around BPD. Googling the disorder only fed my fears as I stumbled upon a host of pop-psychology articles that labelled those with BPD as manipulative and dangerous, and provided little hope that one could ever recover. It felt scary.

The psychiatrist informed me right away that there was a treatment for BPD: dialectical behavioural therapy, or DBT. DBT is a comprehensive therapy that treats the varying aspects of BPD by helping people develop mindfulness, interpersonal effectiveness and distress tolerance skills, among others. At first I was skeptical. I was in no rush to begin intensive therapy. A year after my initial diagnosis, however, I decided I was ready. DBT includes a weekly skills group, where people learn and practice their skills, and individual sessions where they work to apply the skills to specific issues in their lives.

DBT isn't necessarily easy. There are a lot of skills to learn, and participants are expected to do weekly homework. Sometimes I had to force myself to practice skills that didn't feel relevant to me. At other times skills felt too difficult to use, and I turned to unhealthy coping mechanisms instead. With help from both my group and individual psychologists, I got better at figuring out which skills to use and when. One skill called checking the facts involved reevaluating my

thoughts about a situation. Did my friend really want to end the friendship simply because they cancelled our hangout? Probably not. Working to understand that big emotions of intense sadness or rejection didn't fit the facts made dealing with them easier.

Another core skill I found useful was opposite action. If I was feeling frustrated or even angry during a conversation, I would respond in the opposite manner, for example, with kindness and courtesy. Lastly, distress tolerance skills, such as TIP, helped me deal with big emotions without turning to self-harm. In moments of intense crisis I would splash my face with cold water (the T stands for temperature) or work to slow my breathing (the P stands for paced breathing).<sup>2</sup>

As I worked my way through DBT, many of my symptoms began to improve. I had stopped self-harming and continued to use my skills in both my professional and personal life. However, I was still struggling with a handful of symptoms, including intense emotions, anxiety and nightmares. Two years after receiving an initial diagnosis of BPD, I was also diagnosed with post-traumatic stress disorder, or PTSD.

At first I felt confused. I had finally come to terms with my original diagnosis of BPD, and now I had PTSD as well? I soon learned this isn't uncommon. Research published in 2014 found that 30% of adults who met the criteria for either PTSD or BPD also met the criteria for the other disorder, and 40% of adults with BPD had experienced PTSD at some point in their life.<sup>3</sup> PTSD and BPD are two

separate diagnoses; however, there is a lot of overlap: trauma often plays a significant role in the development of BPD.

Alongside DBT, I also underwent therapy to treat my newfangled PTSD diagnosis. After several months of exposure therapy, I got an even better handle on my symptoms of BPD and PTSD. I soon realized the importance of accurate diagnoses: I was finally receiving the most effective treatment for what I was struggling with.

Three years after my initial BPD diagnosis, I no longer meet the criteria for the disorder. I don't engage in self-harm or struggle as significantly in my interpersonal relationships. I have a more grounded sense of my identity. Although I still experience big emotions, they no longer affect my life in the way they used to. In fact, I believe the emotional facets of my personality allow me to be more empathetic, sensitive and understanding, all important qualities in the work I do.

Ultimately, I learned that just because BPD might be called a personality disorder doesn't mean there is anything wrong with who I am at my core, nor did it mean I would struggle with this illness my entire life. With the right treatments and supports, it is completely possible for someone to overcome BPD and go on to live a healthy and meaningful life. BPD wasn't a life sentence for me, and it doesn't have to be for others either. ▼

# I Didn't Know What Mental Health Was Supposed to be Like

JERRY

On that fateful night, we received a phone call from a university counsellor saying that our son had been admitted to a psychiatric ward. My wife, Laurie, flew out from our home in Fort St. John the next morning and arrived in Moose Jaw, Saskatchewan, in the afternoon. She met our son in his hospital room. He had been sleeping but seemed to be doing OK. Laurie met with his doctor, who said our son had bipolar disorder.

*Jerry is a first generation Chinese Canadian who has lived in Fort St. John for the past 38 years. By educating himself and seeking support, he has learned how to help his son cope with mental health challenges. Jerry speaks two language and has been a career baker his whole life. Now semi-retired, he bakes for the local farmer's market*



I sort of knew what that was. But my son? Really? My world was collapsing. I was quite terrified; there were so many questions I needed to ask.

Growing up near Chinatown in Vancouver, the only semblance of mental health issues I can remember dealing with was the drunk men lying on the grass in Oppenheimer Park not responding when we went by or falling down flights of stairs and needing the ambulance men to pick them up and take them away. I knew these men weren't well but not what

was wrong with them. At seven years of age, I was definitely not aware of what was really going on.

Moving to the suburbs and eventually living in Fort St. John, a small town, I wasn't exposed to that anymore, and life was actually quite grand. I was happily married with two children, a son and daughter.

My son was a very social person in high school. Everyone was his friend. But in Grade 12, we noticed he was having bouts of depression. At first, we

felt he was having teen issues. My wife and I were always able to talk to him, and within a day or so he would seem just fine.

But that year, at the end of August, when he came home from a summer camp where he was a counsellor, he was definitely in a depressed mood; these were not normal teen emotions. We were very concerned. We brought him to our family GP, who prescribed him a small dose of antidepressants. That seemed to work quite well; he appeared a lot happier and his anxiety lessened.

Our children eventually went to university to advance their education, and my wife Laurie and I felt we had done our job. But in my son's very first month away at school, we started getting strange phone calls and emails from him. His conversations did not make any sense; we suspected something was wrong. This went on for weeks, and we nearly decided to go see him and possibly bring him home.

Then came that fateful call. He ended up staying in hospital for 10 days and was eventually let out on day passes. After 14 days he went back to school. He finished the school year and came home for the summer.

By that time I was very stressed out. I had talked to his doctors, searched the

internet and read books to find answers to my questions about bipolar disorder, but I still didn't know what to do. So I sought out a support group through the local health unit. The help and advice of others was really useful. I didn't feel so alone or helpless anymore. My wife eventually joined too. This was very important because we were now a dual team. Over time we were able to take the tools we learned and apply them in our family situation.

Laurie and I found that trying to get our son to trust us was helpful. We had to learn how to talk to him and listen to his feelings without letting him see that we were so stressed out. We decided to not ride the emotional roller coaster with him; this was better for us, and we could understand his feelings more objectively. My son could call us 24 hours a day without judgment. This gave him the freedom he needed to build confidence.

I spent countless hours talking to him, and we were even able to negotiate the problems we had as father and son. To keep his trust, I would try not to give fatherly advice unless he asked me for it. Over time, just listening to his ideas, hopes and dreams helped him with his self-confidence.

My son has always been compliant with his medication. With our love and

help, he has felt that we are on his side. He misses the social party man he used to be back in high school but adores the new person he is now. Learning about mental health has made me a more compassionate man.

If I were to give other parents tips about how to react when a grown child is having big emotions, I would say to give them a lot of space. Don't tell them what to do. Keep talking and listening. Keep your voices down. Give them ideas and wait for their reaction. Ask: "Do you trust us?" and "How do you feel about your long-term goals? Would you like to keep doing what you're doing, or would you like to stop?" That calms them down, and they start to think about the future.

More than a decade on, our journey has a happy ending, but we will continue to be there for our son and others. ▽

**If I were to give other parents tips about how to react when a grown child is having big emotions, I would say to give them a lot of space. Don't tell them what to do. Keep talking and listening.** ”

# Parenting Parents

## CHALLENGES OF HELPING IMMIGRANT PARENTS WITH SUBSTANCE USE

MANVINDER GILL AND RAVIA DHALIWAL

Harpreet Kaur\* was a high-performing 22-year-old student at a leading university when she was tasked with helping her father seek resources for his alcohol addiction. Being a health sciences student, she expected to access the best resources to support him. To her surprise it was nearly impossible to find culturally competent care in Vancouver.

*Manvinder is a community-based researcher whose work centres on religion, culture and health equity. Currently, she is investigating alcohol use in the Punjabi community as part of her master's degree in social work at the University of Toronto. Manvinder is co-founder of Asra: The Punjabi Alcohol Resource*

*Ravia (she/her) recently graduated from the University of Alberta with a bachelor of arts in political science and women's and gender studies. Her undergraduate thesis researched the intersections of addiction, masculinity and the Punjabi community*



Manvinder Gill

Immigrants make up almost 22% of Canada's population.<sup>1</sup> Yet resources to meet their specific mental health needs remain scarce. Social scientists use the term healthy immigrant effect to describe how immigrants tend to arrive in Canada healthier than their Canadian-born counterparts but gradually lose their excellent health status the longer they live here. This is increasingly true with regards to mental health status.<sup>2</sup> The immigration experience often includes isolation, language barriers and racism, which contribute to people developing

mental health issues. People may not accept that they have an issue with substance use, and this can be a barrier to getting support. Normalization of substance use, particularly alcohol, can also be a barrier. Even when someone accepts that they have an issue, structural barriers, stigma and fear still come into play.

A variety of emotions may come up for children of immigrants who support a parent struggling with substance use. For example, the fear of speaking to the parent about their substance use

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\*pseudonym

and receiving an angry or even violent reaction can cause anxiety. In initiating this kind of conversation, your goal might simply be to communicate concern for your parent's well-being, not to convince them that they have a problem. Neither person should be intoxicated during this conversation. If your parent invalidates your concern, having them agree to another conversation in the future may be helpful. You can also consult those who are immediately impacted by this issue, including family members in the same household. Try to make sure these

people are heard. A respected family member might lead the conversation. In these interactions it is important to remember which aspects you can control and which you cannot.

Communication is not always the ultimate answer, however. Understanding varying and intersecting contexts is also important. A parent's life experiences, traumas and coping strategies may be different from a child's. A parent's priorities may be different. Studies have shown that immigrants prioritize providing help for practical

needs, like money, education and community social support. Understanding the underlying reasons for substance use issues is key. Substance use issues can have multiple roots. Parents' life experiences change how they understand mental health. Overvaluing Eurocentric ideas about mental health is a subtle form of racism that invalidates other viewpoints and cultural contributions. Eurocentric understandings of mental health are positioned as superior to others. This hierarchy reproduces colonial ideas of superiority of certain cultures over others.<sup>3</sup> We have to ask: who is given the power to define psychology? Whose voices are being included in that definition?

Resources for first generation immigrant communities are far fewer than those available to second generation Canadians. Why? Newcomers need help in languages other than English or French, yes. But the real reason lies in the perception among substance use professionals that culture is a deficit. Many therapists see culture as a marker of difference. Here in Canada, they imply, you can be Eurocentric or non-Eurocentric, with Eurocentrism standing superior. It's no surprise that communities grapple with or internalize this idea, with consequences for immigrant mental health. Leading with empathy and attempting to understand individual circumstances and worldviews, as opposed to simply viewing communities as fitting into monolithic categories, can help foster a true helping relationship.

Compared to navigating the Canadian health care system, having a parent admit they have a problem is the easy part. The first step is often to



Members of the Asra team engage in community outreach at a local gurdwara in Surrey, BC, February 2019

**Asra: The Punjabi Alcohol Resource was established through a research collaboration between UBC and Fraser Health that showed many Punjabi individuals who experience alcohol use disorder (AUD) have difficulty seeking help and accessing resources due to denial, lack of recognition of AUD, stigma and lack of culturally appropriate resources.**



**“Simply receiving help from someone that looks like you makes a world of difference.” In fact, receiving care from individuals within a community has been proven to be twice as effective compared to support from someone outside the community. ”**

visit a family doctor for a referral to substance use support. For many, including Harpreet, health professionals’ inability to understand how a parent’s context informs their relationship with alcohol is extremely frustrating. Harpreet eventually located a Punjabi-speaking counsellor for her father, but she can’t imagine what it would be like for parents who do not have family support.

More tailored programs are needed, like the Roshni Clinic in Surrey, BC, which supports South Asian communities in addressing problems associated with alcohol and drug use. Harpreet explained that, “Simply receiving help from someone that looks like you makes a world of difference.” In fact, receiving care from individuals within a community has been proven to be twice as effective compared to support from someone outside the community.<sup>4</sup>

Right now, individuals have to create their own resources for their communities. Like the Roshni Clinic, Asra: The Punjabi Alcohol Resource<sup>5</sup> was born from this reality. Asra was established through a research collaboration between UBC and Fraser Health that showed many Punjabi individuals who experience alcohol use disorder (AUD) have difficulty

seeking help and accessing resources due to denial, lack of recognition of AUD, stigma and lack of culturally appropriate resources. Now, Asra is a starting point for families struggling with alcohol, providing information on addiction, withdrawal and harm reduction in Punjabi and English. Asra also keeps a comprehensive list of “Punjabi friendly” treatment options, counsellors and organizations.

It should not be the sole responsibility of the community to create these resources. Health leaders must help. These resources must take historical, political, economic and social inequities into account; while such issues are frequently outside community control, they significantly impact community members. In Canada, where the health care system is a symbol of national pride, mental health care is still gravely neglected. Where supports are available, they almost exclusively serve the needs of white citizens, excluding Canada’s diverse populations. Canada wants immigrants, needs immigrants, forces immigration when its policies contribute to global inequalities, but does not fulfill its duty to provide adequate care for immigrants. ▽

# tools and resources

## SELF-SOOTHING TECHNIQUES

In dialectical behaviour therapy, self-soothing is a way to use your senses (sight, hearing, smell, taste, and touch) to show kindness to yourself and manage strong emotions. Pick an activity, then focus on the experience and how it makes you feel. Self-soothing is useful as a regular practice, such as committing to a few activities every week. This is also a good way to manage strong emotions that come up suddenly and feel overwhelming. Experiment to see what activities work best for you. Here are some ideas:

### Sight

- Turn off your lights and light a candle
- Hike or go for a walk in nature
- Watch your favourite show
- Explore a neighbourhood or area you don't usually visit

### Hearing

- Listen to music that calms you
- Find a new podcast
- Go for a walk without headphones and pay attention to all of the sounds around you
- Sing or try an instrument

### Smell

- Burn incense or use an essential oil diffuser
- Open your windows to let in fresh air
- Bake a treat and enjoy the aroma
- Visit a local garden or park and enjoy the scent of flowers

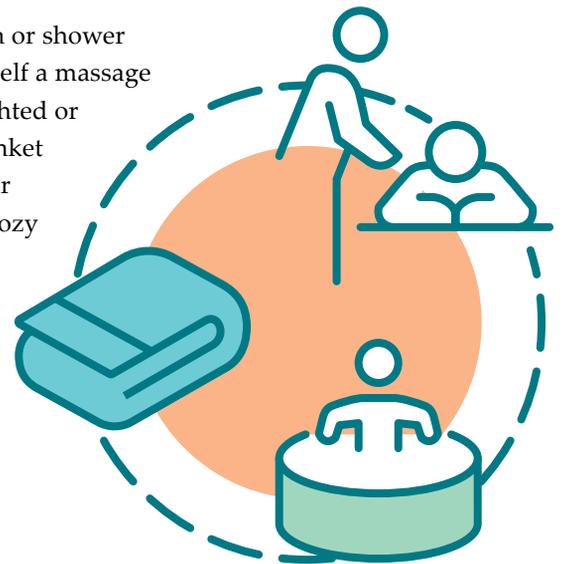


### Taste

- Eat your favourite food or a treat
- Eat something that reminds you of your childhood
- Chew gum or let a candy dissolve in your mouth
- Enjoy a comforting drink, like herbal tea or hot chocolate

### Touch

- Take a bath or shower
- Give yourself a massage
- Try a weighted or heated blanket
- Put on your favourite cozy clothing



## BOOKS

### **The Language of Emotions: What Your Feelings Are Trying to Tell You**

Karla McLaren, Sounds True, 2010

Learn how to recognize, understand, and engage with your emotions.

### **The Happiness Trap: How to Stop Struggling and Start Living: A Guide to ACT**

Dr. Russ Harris, Trumpeter, 2008

Based on acceptance and commitment therapy (ACT), this book helps you examine and move through uncomfortable feelings without judgement and live more mindfully.

### **The Mindful Way Through Anxiety: Break Free from Chronic Worry and Reclaim Your Life**

Dr. Lizabeth Roemer and Dr. Susan M. Orsillo, The Guilford Press, 2011

Avoiding anxiety, denying anxiety, and other unhelpful reactions to anxiety can make worries even worse. Learn how to look at your anxiety more realistically, embrace uncertainties, and live well even though anxiety will inevitably come up from time to time.

# tools and resources

## PROGRAMS

### **Kids in Control from the BC Schizophrenia Society** [bcss.org/support/bcss-programs/kidsincontrol](https://bcss.org/support/bcss-programs/kidsincontrol)

Kids in Control teaches young people important skills when they feel overwhelmed. Families are encouraged to watch videos together. Get started at [youtube.com/c/bcssprov/videos](https://youtube.com/c/bcssprov/videos)! Kids in Control is also available as an online program for young people with a family member who has a mental illness.

## FACT SHEETS, TOOLS, AND WORKBOOKS

### **A Guide for Spouses of Partners with Serious Mental Illness from the BC Schizophrenia Society** [bcss.org/support/guide-spouses-partners-serious-mental-illness](https://bcss.org/support/guide-spouses-partners-serious-mental-illness)

Information and advice for partners of people who experience schizophrenia and other serious mental illnesses. Learn how to manage your own difficult feelings, communicate well, setting boundaries.

### **What to Expect From Me from FamilySmart** [familysmart.ca/files/FS\\_Practice\\_Tools\\_YOUTH\\_web.pdf](https://familysmart.ca/files/FS_Practice_Tools_YOUTH_web.pdf)

A tool by youth for parents and caregivers. Youth share what they need when they're struggling with their mental health.

### **About Families: Some Ideas for Helping Conversations Go Better by Family Smart**

A tool by families for families with tips for talking about mental health concerns respectfully so both parents or caregivers and young people feel heard and connected.

## PODCASTS

### **OurAnxietyStories from Anxiety Canada** [anxietycanada.com/ouranxiestories](https://anxietycanada.com/ouranxiestories)

Our Anxiety Stories are conversations with Canadians about their experiences with anxiety disorders and how they take care of their mental health.

### **Open Hearts Honest Conversations from Family Services of the North Shore**

#### [familyservices.bc.ca/podcasts](https://familyservices.bc.ca/podcasts)

Open Hearts Honest Conversations tackles issues we experience together. Episodes include parenting during a pandemic, food and body image during the pandemic, and managing anxiety.

### **Teenager Therapy** [teenagertherapypodcast.com](https://teenagertherapypodcast.com)

A group of five teens talk about issues they face, including mental health, relationships, loneliness, grief, managing school, and more with the goal of helping others through difficult times.

## VIDEOS

### **Quick tools for educators from Edutopia** [youtube.com/c/edutopia/videos](https://youtube.com/c/edutopia/videos)

Edutopia shares simple and fast strategies educators can use in the moment to help young students who feel overwhelmed.

### **Self-Help Toons** [youtube.com/c/SelfHelpToons](https://youtube.com/c/SelfHelpToons)

Learn strategies to manage emotions and build healthy thinking using skills from dialectical behaviour therapy, cognitive-behavioural therapy, acceptance and commitment therapy, and more.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.

**VISIONS GIVEAWAY!** We're cleaning up our extra stock and giving away older copies of *Visions* for free. Interested? Email us at [orders@heretohelp.bc.ca](mailto:orders@heretohelp.bc.ca) for more information. A nominal shipping charge will apply for larger orders.



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