



Telling Mamí She Needs Mental Help

When Gina was diagnosed with generalized anxiety disorder—the cause of her insomnia, panic attacks, and night teeth-grinding—she decided not to tell her Latino parents. Dr. Ana Ribas, an anxiety specialist, shares strategies for discussing our mental health and treatment options with our parents.

Juleyka Lantigua-Williams:

Hi, everybody. Today, I'm speaking with Gina. When Gina was diagnosed with generalized anxiety disorder, she kept the diagnosis from her Chilean parents, and when she got treatment, she also kept that from them for quite a while. Let's get into it.

Gina Rodriguez:

My name is Gina Rodriguez. I am the daughter of Chilean immigrants. I grew up in New Jersey, and I'm currently living in Western Massachusetts, and I'm a writer. In my family, we call mom and dad mommy and daddy. In 2013, I finished my MFA program and I started looking for a full-time job. You know, the job market was changing a lot, so it was really hard, and I was under a lot of stress trying to find work. Through all that time, I was like grinding my teeth at night, and I knew I did that, so I didn't think about it, but then it really started to hurt. Every morning I was waking up with this horrible pain in my face and this pain at the base of my skull.

I was just so stressed out and then finally I ended up with insomnia and I started having panic attacks, like one, after another, after another, and then I was like, "That's it. I need help." And so, I went to see my primary care physician. She was like, "Gina, I'm listening to you. You're crying. I'm looking at you. I can tell you, you have generalized anxiety disorder. You need help. And yes, your physical pain is real, but also you've got this other issue going on."

I was like, "My life is over." I had been a perfectionist. You know, I thought I'd done everything right and I was like, "How is this possible?" For years and years, I'd gone to doctors who said, "Oh, you're missing your period. Your hair's falling out. You're just stressed. Don't worry about it. You're grinding your teeth at night? Oh, you're just stressed. Don't worry about it." My parents had told me, "Oh, you're too nervous. Just relax. Just relax."

I did not share my generalized anxiety disorder diagnosis with my parents for a very long time. One, I actually still was dealing with how to think about it, and two, I knew in my gut that I could not deal with their reaction. I had started seeing a therapist and I just knew that my parents were just gonna be... I don't know, so distressed if they heard the news that I had this diagnosis. You know, that was a really big deal for me, to keep that secret.

My parents are my best friends, especially my mom, but I kept that secret from my parents for months, and that was so wild to me. The only people I told were my brother, my boyfriend at the time, and my best friend. In my immediate family, no one had gone to therapy. In my extended family, I think a few people had, but it definitely wasn't normalized, and it was talked about in a way of like, "Oh, that person had a real problem and they had to go to therapy."

I was going to therapy for about six months, and I had started medication, Celexa, when I finally told my parents about what was going on. I spoke to my mom on the phone first. I don't remember the exact details of the conversation, but I do remember that we had to have the conversation multiple times over the following months, because I had to convince them again and again that yes, I have an anxiety disorder. Yes, therapy is the way to deal with it. And yes, medication is appropriate.

They were terrified that I was going to become addicted to the medication, that I was going to somehow get depressed from it, just somehow lose my ability to be myself because of it. Even though I had explained to them how the medication worked, my parents are the kind of people who will hesitate before they take an Advil, so the idea of me taking Celexa was just... Oh my God, no. This is messing with your brain. This is gonna damage you somehow. This is not natural. And they encouraged me to take chamomile tea. And I listened to them, I took chamomile tea every night so I could sleep better, and I would wake up in the middle of the night and have to use the bathroom, and I was like, "This is not helping me sleep better, mom."

So, it took them a really long time to come around. Months and months. And I think it helped that I had already explained to my brother what I was going through. You know, he's younger than me. He knows people. He's a musician. He knows people who've gone through things and he was able to say, "Look. Look at Gina. She's actually happier." And after a while, they were able to look at me and say, "Wow, you seem better. You seem at ease." Ultimately, I think what convinced my parents that it was all the right choice was to finally see the proof of it, to be able to look at me and say, "Oh, yeah. She's happy now."

I began to realize that my mom actually was dealing with a lot of the same things I had dealt with. Poor sleep, feeling really anxious. One year, she had experienced extreme vertigo and she went to a bunch of doctors and no one could figure out why. But that was the same year that her sister was diagnosed with cancer, so you know, start putting the pieces together. It's like, "Wow, these stressful things have

happened, and you've actually dealt with anxiety." And I told her that and she was like, "Oh, I guess so." And then I think in 2019, her sleep got quite bad, and she was like, "You know what? I think I should see a therapist." And we talked about it and she was able to find a therapist who speaks Spanish. Then, my mom said, "You know, I should try some medication." And she talked it over with her psychiatrist and the psychiatrist agreed, and like if you ask her now, she says like, "Celexa's my best friend. It's so great." And you know, we both see our therapists pretty regularly. It's been quite a journey getting to this point and I'm really happy that she was able to get there in part because I went through the experience first.

Lantigua-Williams:

Gina's concern for how her parents might react to her diagnosis broke my heart. Even after all the difficulty in getting a correct medical opinion and finding a path to treatment, she put them ahead of what matters most, her well-being. I've been there, keeping painful experiences from my mom and my siblings to protect them, to lessen the pain that often follows. But Gina also reminded me just how much work we as first gens and our families have ahead of us so we can get to a place where we can lovingly talk about our struggles with mental health and anything else. To help us start on that path, I called in an expert.

Ana Ribas: My name is Ana Ribas, and I am a clinical psychologist in Los Angeles, specialized in anxiety and OCD, and I'm also the Assistant Clinical Director of the UCLA Adult OCD Intensive Outpatient Treatment Program.

Lantigua-Williams:

Ana, you heard Gina's story. What did you hear?

Ribas: I heard a woman describing her journey from realizing that she was dealing with some mental health issues to seeking treatment and coming to terms with her diagnosis of generalized anxiety, and then also wanting to involve her parents in understanding her journey, and also potentially having them benefit from her experience.

Lantigua-Williams:

Can you please help us understand what generalized anxiety means and how people might experience that?

Ribas: So, generalized anxiety is usually what we think of as being a worrier. It's a person that has a tendency to worry about everyday concerns, but more than the average person, so issues such as relationships, health, school, work, money, to the point that it causes them physical symptoms. Headaches, difficulty sleeping, and also that interferes with their daily lives.

Lantigua-Williams:

And typically, how are people officially diagnosed?

Ribas: So, there's not a test for generalized anxiety, so it's usually a clinical evaluation done by a mental health professional. So, as long as you see a therapist, or a psychiatrist, or sometimes even your primary care physician, they would be able to recognize it. It's a fairly common disorder.

Lantigua-Williams:

Gina recognized and had the diagnosis provided to her and then she waited quite a while to tell her parents. In your experience with patients or clients, what are some of the things that might ease this conversation about having generalized anxiety and essentially reintroducing yourself to them as someone who is now trying to take care of your mental health?

Ribas: I think it's important to try to understand what is her parents' view of a diagnosis? What does it mean to them? And it could just be the fact that she's receiving a mental health diagnosis that is actually distressing to them. For some people, it's empowering. It allows them to connect with others that have similar issues. It gives a name to what they're experiencing. They can learn about it and seek treatment. But for others, they feel like it labels them. They feel like, "Now I have this thing that I have to live with." And it's almost like they become a different person.

So, I think it's also important to frame a diagnosis just as what it really is. It's just a name that we give to a cluster of symptoms, you know? We use it mostly to communicate among mental health professionals so that we know what we're talking about and we know the treatment that we need to provide. And I think it would be important to frame the diagnosis just as a label of the symptoms rather than a label of the person.

Lantigua-Williams:

I think that for Latino families, there's a lot of taboo, misperception, misinformation about mental health and mental health diagnoses. In your experience, what are some of the cultural norms or mores that sometimes become impediments in us being able to not just talk about it, but to seek treatment?

Ribas: Well, some of the things that get in the way are shame, for example, admitting that you have a problem to someone else. Also, talking about a problem outside of the family, breaking the trust of the family. Sometimes there's also the fear, that old fear of, "I'm crazy. I have something really serious if I'm gonna seek help." And I think also sometimes in these families where there hasn't been much information about mental health issues, there hasn't been much access to care, sometimes there could be a little bit of a fear of, "Oh, well, if my daughter has this thing and they call it a problem, do I have it also? Because I have similar things."

So, it's also not uncommon that we see some of these traits in families. You know, for example, generalized anxiety, sometimes we learn a little bit to be worriers, or we learn to think of the world as a dangerous place from the things that we experienced with our family. So, for parents, it could be a bit threatening

sometimes. If I start talking about this, what am I gonna find, for example? Right? Sometimes people feel, “I’ve been dealing with these issues on my own. I haven’t talked to anyone about it. What am I gonna find?”

Lantigua-Williams:

So, one of the things that Gina’s parents... Well, one of the things that she decided to do, which was to take medication, was very concerning to them. And that in some instances is taken to mean that it’s really a very severe case of something, because now you need a chemical intervention. How can someone begin the conversation about deciding to go on medication for a mental health issue or mental health disorder?

Ribas:

So, one thing that people can do is to talk about it as being something similar to another health issue. Sometimes, we consider more easily taking medication for a physical issue than we consider for a mental health issue. Also, we do know that there are some medications that seem to work pretty well. They’re well received. People experience benefits with them. They can really make a difference and if someone is experiencing at least a moderate disorder, sometimes it’s recommended. It doesn’t always mean that you have to take it. You know, there’s always the person’s preferences in there. Sometimes people feel like they want to try behavioral strategies first. Sometimes time is also an issue. People think, “Well, if I’m gonna start therapy once a week, it might take me several weeks until I start to see improvement, but maybe if I start therapy together with medication, I might start to see some changes sooner.”

So, that’s also a consideration. And also, to just normalize it that nowadays much more people are taking medications, not necessarily for very severe issues. You know, there’s much more of an openness, especially from this younger generation, to considering medication and also therapy at the same time.

Lantigua-Williams:

Yeah, so actually that happened in Gina’s case, because her mom ended up seeking information about her own mental health state, and she went to get treatment. Is this a dynamic that you’ve seen more and more in that intergenerational relationship once the younger generation recognizes and then becomes proactive about this?

Ribas:

I mean, I wish we would see it more. I certainly would like to see it more. We do see it sometimes. It depends on other things, as well. You know, access to care, health insurance, availability of providers, finding someone you trust, right? I know in her case, she wanted someone that spoke her language. And you know, we trust the experience of people close to us, right? We do that in other issues. We ask for recommendations for hairdressers, and restaurants, and other things, right? The same thing happens in mental health. If you have someone in your family that has experienced benefit from a treatment, you’re probably more likely to consider it.

Lantigua-Williams:

Yeah. Agreed. One of the things that Gina said about her experience trying to just diagnose what was going on with her was that she felt like the male doctors that she saw were not taking her concerns seriously, and that it wasn't until she saw a female doctor that she got the diagnosis that finally helped her to understand and treat what was going on with her. I want you to talk about how a patient who feels like maybe her concerns are not being taken seriously can seek alternative opinions.

Ribas: I think it's really important if you see someone, you've gotta make sure that you're feeling understood, right? You gotta make sure that the person is listening. Is the person really understanding what you're communicating? In mental health, the fit between the therapist and the client is really, really important. So, and for people that are from different cultural backgrounds, sometimes they want to feel like they're understood. They want to feel that there's a person that understands also their culture, the way they communicate, the way they express emotions, so I would say don't give up just because you met with someone and it wasn't helpful. Sometimes it might really take seeing more than one person and seeing if you find a good fit.

Lantigua-Williams:

How can we, in our families and in our friendships, read the signs of when someone close to us might be struggling with a mental health issue, and how can we guide them or even broach the subject to support them in getting help?

Ribas: It's always gonna depend on the type of issue they're feeling, so there's always specific symptoms to look for, but the most important thing is to really look for changes. Things that are there now that weren't there before and that cause an impairment in their ability to function in their daily lives. And again, this could range from being mild, the person is just having some difficulties but is still pushing herself and being able to do things, to really being severe and staying in bed and not doing much, not going to school, not going to work, not seeing friends.

Lantigua-Williams:

So, how do we open up the conversation with someone like that, who's in a state like that?

Ribas: I think it's important to come from a place of support and wanting to understand, being open to hearing whatever they're feeling, showing that you're there, showing that you care about them. So, not coming with an accusatory voice, or a critical stance, but also keeping in mind that you might have to revisit the issue. It might not be done just on one conversation, right? And I think that's what Gina mentioned. She had to talk to her mother several times about this.

Lantigua-Williams:

And the key is obviously to just make them aware that you're ready to support without exerting pressure.

Ribas: Exactly. That you're there for them. That you're with them.

Lantigua-Williams:

All right, Dr. Ana, thank you for coming on the show.

Ribas: You're welcome.

Lantigua-Williams:

All right, let's recap what we learned from Ana. Discuss the symptoms. When talking about a mental health diagnosis, frame it as a set of symptoms with treatment options rather than a set of labels. Normalize medication. Point out the parallels between taking medication to treat physical ailments and mental health diagnoses. And discuss medication as a viable option that can be combined with other forms of treatment, like therapy. And remember, get multiple opinions in any kind of treatment, but especially in mental health treatments. Feeling heard, seen, and understood is really important for a successful outcome. Try different therapists until you find the one you're most comfortable with but stay committed to your mental well-being.

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