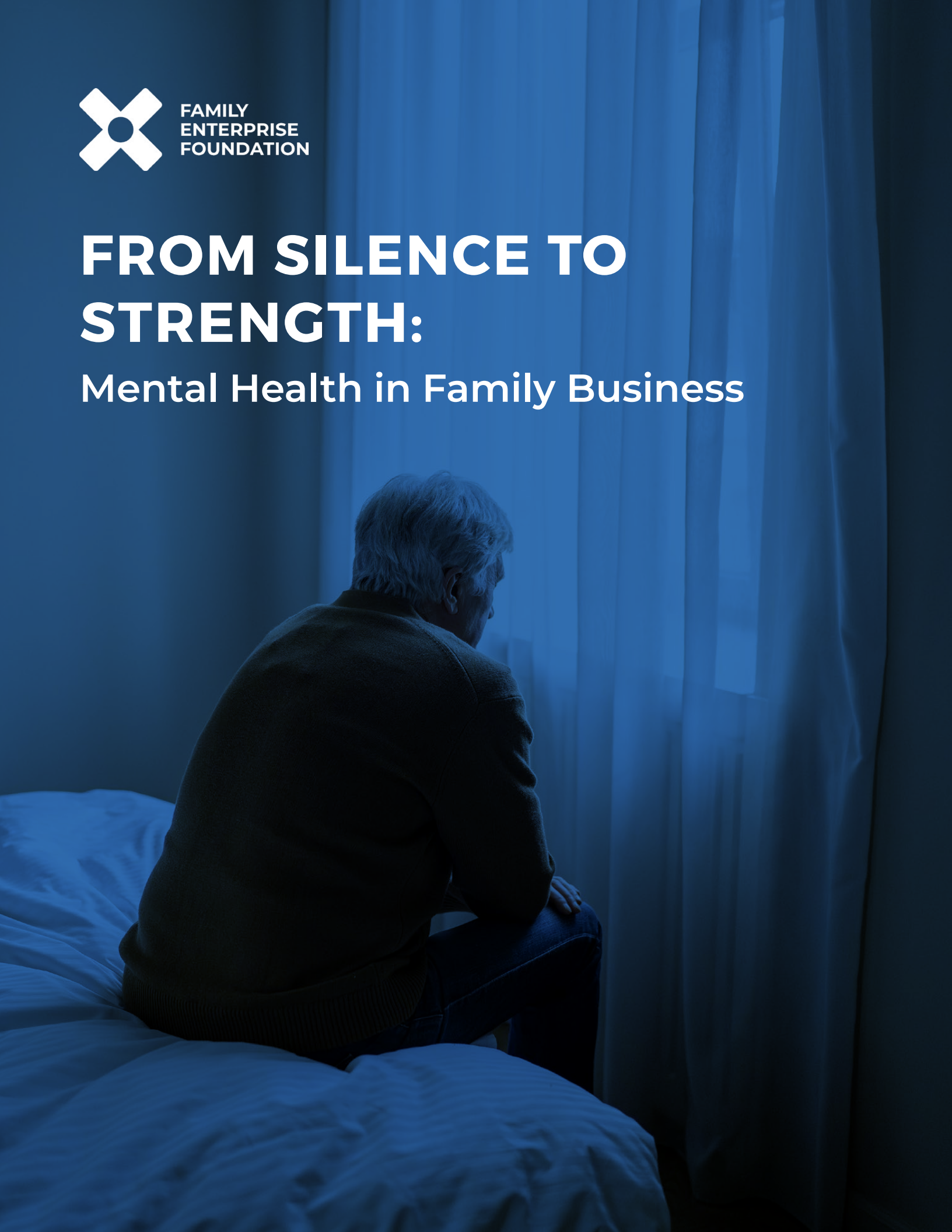
FAMILY
ENTERPRISE
FOUNDATION

FROM SILENCE TO STRENGTH:

Mental Health in Family Business



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A Note to Readers

This report is intended to support learning, reflection, and conversation about mental health in family enterprise. The stories and insights shared here are meant to help families recognize patterns, ask better questions, and feel less alone in navigating complex challenges.

The case studies are drawn from real experiences, though some details have been adapted or combined to protect confidentiality. They are not intended as clinical or diagnostic tools, nor as prescriptive solutions.

Every family's experience with mental health is unique. If you or someone in your family is struggling, we encourage you to seek support from qualified professionals and trusted advisors.

Our hope is that this report serves as a starting point—helping to open dialogue, reduce stigma, and support families in building healthier, more connected systems over time.

This report was prepared by **Family Enterprise Foundation** in collaboration with Chairman and Founder Generation6 Family Enterprise Advisors, Andrew Keyt, Pdt of Keyt Consulting and author of "From Stigma to Strength", and with the insightful participation of Canadian family members.

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Thank you to our donors for their ongoing commitment to advancing family enterprise research. As a charitable organization, Family Enterprise Foundation relies on the generosity of its supporters to develop research, educational materials, and thought leadership that strengthen the family enterprise community.

To learn more or to make a contribution and be part of this important work, please visit our website www.familyenterprisefoundation.org

FAMILY ENTERPRISE FOUNDATION

A Letter From the Family Enterprise Foundation Board of Directors

Mental health has often been discussed in broad, generalized terms, but the foundation board recognized that this framing no longer reflects the urgency or complexity of the challenges confronting families today. The decision to invest in this research was driven by a need to focus more directly on the acute and escalating crises in front of us—hard drug use, self-harm, emotional exhaustion, and other severe behaviours that are already impacting families and family enterprises. These are not distant or theoretical concerns; they are present, lived realities that affect how families function, relate, and endure.

Importantly, this work is not centred on the individual in isolation. The board's interest lies in understanding mental health as a family system issue—how behaviours, illness, and stressors reverberate across family dynamics and, in turn, shape the health of the whole. Too often families report being shocked by the severity of a situation only after it has been unfolding for years, having missed early signs or lacked the language and tools to respond. The breakdown is not only in individual well-being, but in the family's ability to communicate, support, and act together.

These short cases aim to help families get ahead of a crisis rather than remain trapped in reaction. While prevention in its purest sense may not yet be possible, creating healthier family systems—marked by openness, safety, and shared understanding—can significantly change outcomes. By examining both acute diagnoses and emerging, harder-to-define challenges, as well as the unique stressors of family businesses and legacy expectations, this work seeks to equip families with practical insight: how to recognize when something is wrong, how to navigate resources, and how to respond in ways that strengthen rather than fracture the family unit. Ultimately, the board's investment reflects a commitment to supporting families as ecosystems—capable of resilience, but in need of better tools to sustain it.

The Family Enterprise Foundation Board of Directors

From Silence to Strength: Mental Health in Family Business

FOREWORD BY ANDREW KEYT

The stresses and strains of recent years have heightened awareness around the importance of mental health. The reality is that mental health challenges affect approximately one in five adults[1], and family businesses are no exception. This means that one in five family business CEOs, owners, board members, and employees may be navigating a mental health challenge of some kind.

Despite the prevalence of mental health challenges in our society, there remains a powerful stigma around recognizing, discussing, and addressing them. Unlike a broken arm or a sprained ankle, mental illness can feel ambiguous and difficult to define. When does stress become anxiety? When does sadness become depression? When does drinking cross the line into a problem? Many people still believe that struggling with mental health reflects personal deficiency—that vulnerability signals weakness or a lack of capability. These beliefs make it far harder for families to speak openly and respond effectively.

Unlike a broken arm or a sprained ankle, mental illness can feel ambiguous and difficult to define. When does stress become anxiety? When does sadness become depression?

Despite often having access to significant financial and professional resources, enterprising families frequently struggle more—not less—when it comes to addressing mental health. The overlapping roles of family, ownership, governance, and management can intensify emotional, relational, and performance pressures in ways that non-family enterprises do not experience. Through the family business cases that follow, our hope is to build awareness that mental health challenges are not a sign of weakness in families. They are part of being human within a complex system of work, ownership, and relationships.

This silence comes at a cost. Research from the World Economic Forum estimates that mental illness costs society as much as $1 trillion dollars each year.

But the most profound costs are often emotional and relational: the pain of a family member feeling isolated and alone, the strain created by addiction or untreated illness, the erosion of trust, and the conflicts that can ultimately lead to family cut-offs or separations. While silence may feel protective in the short term, it often robs families of the opportunity to grow stronger, closer, and more resilient.

When faced with mental health challenges, many families fall into the pattern of labeling the individual who is struggling as "the problem." Yet families are interdependent systems. A change or challenge in one member inevitably affects everyone else. A family is only as healthy as the well-being of its individual members and the quality of their relationships. When one person is struggling—whether with depression, addiction, anxiety, or another mental health issue—the entire family system adapts around it, often in ways that are costly and unsustainable.

[1] National Alliance on Mental Illness. (2024, May 16). Mental health by the numbers [NAMI. https://www.nami.org/about-mental-illness/mental-health-by-the-numbers]

What sustains enterprising families across generations is ownership unity and family cohesion. The fractures created by silence, misunderstanding, and unresolved mental health challenges represent one of the greatest risks to that unity and cohesion.

So how can families develop responses to mental health challenges that strengthen family cohesion and enhance the well-being of both the individual and the family as a whole? It begins with developing a healthier frame for understanding what is happening. Instead of blaming, judging, or defining a family member as the problem, families can begin by approaching mental health challenges with empathy and curiosity.

Mental health challenges rarely have a single cause. They often emerge from a complex interplay of factors over time, including genetic or biological influences, physical health issues, trauma or loss, childhood experiences, and environmental or work-related stressors. Mental illness is not a choice. It is something that develops over time, often rooted in pain, overwhelm, or unresolved experiences. When families can hold this understanding, they are better able to respond with compassion—creating the conditions for healing for both individuals and the family system.

In response to these realities, we embarked on a process to capture the real-life experiences of Canadian family business owners. Over the course of several months, we interviewed families to better understand how mental health challenges had affected their businesses, their relationships, and their sense of themselves as families. What follows are four case studies based on what we learned through those conversations.

These cases are not diagnostic tools or step-by-step solutions. They are stories grounded in real experiences, designed to spark reflection, normalize the importance of these conversations, help families recognize patterns, and encourage curiosity rather than judgment.

Because of the sensitivity of these issues and the stigma that still surrounds them, three of the cases have been anonymized and reflect composite stories drawn from multiple families. We are deeply grateful to the Stein family of Henry's Cameras for their willingness to attach their name to their story. Their courage and leadership represent a meaningful step toward breaking the silence and modelling what openness can look like.

We hope these case studies will help you begin—or continue—conversations about mental health within your own families and communities. To use them effectively, we encourage you to look for patterns rather than conclusions, and to remain curious about what might be happening beneath the surface. These cases are meant to be starting points for conversation, not endpoints.

Each case is accompanied by two sets of discussion questions. One set is designed to help you reflect on the case itself; the second invites you to consider how the themes of the case may resonate within your own family.

Our hope is that these cases will support families in developing healthier responses to mental health challenges—responses grounded in empathy, compassion, and openness.

If families can identify and frame mental health challenges without blame, build thoughtful support teams that may include mental health professionals, family business advisors, and coaches, and engage in the difficult but necessary conversations, the impact can be profound. Not only does this increase the well-being of individuals who are struggling, it strengthens the resilience, cohesion, and continuity of the family for generations to come.

We hope these case studies will help you begin—or continue—conversations about mental health within your own families and communities.

CASE STUDY:

1. The Stein Family – From Silence to Leadership on Mental Health

ACT I – THE SOUND OF SILENCE

In 1906, at just 16 years old, Harry Himelstein left Russia with little more than a labourer's hands, a watchmaker's skill, and a determination to build a different future. After arriving in Canada, he shortened his name to Harry Stein, seeking a fresh start. In 1909, at age 19, he founded **Henry & Co**, a watch and jewelry shop in downtown Toronto. He chose the name "Henry & Co" because he had never liked the name Harry.

Harry's son **Gerald** joined the business in the 1940s, and together they expanded the shop's reputation for second-hand watches and jewelry. In 1958, Gerald and his wife **Adele** purchased the business and added photographic equipment and supplies—laying the foundation for what would become one of Canada's most recognizable camera retailers.

But woven through this entrepreneurial success was a cultural pattern common in mid-20th-century immigrant families: **strength at all costs**. Emotional pain was met with stoicism. Mental illness, if acknowledged at all, was viewed through the lens of personal weakness, shame, or moral failure. Families did not talk about such matters.

The silence had consequences.

Though Gerald was friendly with customers, he was fundamentally a loner and often withdrew into himself. He experienced long stretches of low energy, disconnection, and self-doubt. After a stroke in the 1960s, he fell into a deep depression and was hospitalized. Psychiatry and psychopharmacology were in their infancy; words like "depression," "bipolar," or "anxiety disorder" were rarely spoken publicly—if spoken at all.

With no language to name what he was experiencing and no cultural permission to seek support, Gerald's suffering isolated him further. The stress on the family and the business grew as his depressive episodes escalated. Ultimately, the weight of his untreated mental illness became unbearable.

Gerald died by suicide, leaving behind a family stunned by grief and a legacy marked not only by entrepreneurial persistence but by silence.

The stress on the family and the business grew as his depressive episodes escalated.

ACT II – BREAKING THE SILENCE

Gerald's son **Andy Stein** grew up excelling in school and earning the family's pride. He loved working in the business, and though he was academically capable, he impulsively walked out of university. Instead, he stepped directly into the family business—energetic, charismatic, and full of ideas.

Andy was 27 when his father died. He was grieving, running a growing business, and raising small children—all without a road map. The unspoken rule remained: **you carry on, no matter the cost**.

But Andy's experience soon mirrored aspects of his father's struggle.

Alongside his drive and entrepreneurial instincts, Andy experienced mood swings far beyond typical stress responses. Periods of intense energy, racing thoughts, and minimal sleep were followed by crashes into heavy depression. While the family attributed these spells to the pressures of leadership, Andy's wife **Gaye** began noticing patterns that didn't align with mere overwork.

Gaye brought a steady, intuitive presence to their marriage. She gently stopped dismissing the episodes as "just stress" and began naming, compassionately, what she observed. Her language was never accusatory; it was grounded in love and curiosity. Gradually, she helped Andy consider that what he was experiencing might have a **deeper psychological source**, not a personal failing.

This shift—an act of courage in a family defined by silence—became a turning point.

The Steins were fortunate to have a close friend who was a pioneer in early psychopharmacology. With his guidance, Andy received a diagnosis: **bipolar disorder**. The right combination of medication and therapy took time to find, but as treatment began to work, Andy's world opened. He gained clarity, stability, and perspective unavailable to him during the years he suffered in silence.

Yet one silence remained:

Andy had never told his daughters the truth about their grandfather's death. They were too young when Gerald died, and Andy himself had struggled to make sense of it.

As Andy developed a deeper understanding of the challenges of his diagnosis, he also began to understand that the legacy that he inherited was not just the business; it also included a legacy of mental health challenges.

Andy and Gaye decided that the silence around these challenges needed to be broken. So, as their eldest daughter **Amy** prepared to leave for university, Andy and Gaye sat her down and told her the full story: her grandfather's struggles, his depression, and the reality of suicide. They talked openly about the family history of mental illness, the signs to watch for, and—most importantly—that mental health challenges were nothing to hide.

This conversation shifted everything for Amy. The stories about her grandfather started to make sense. She realized that telling the people close to you about your challenges is critical.

When she later began experiencing depressive symptoms, she didn't isolate. With help from her roommate, she reached out to her parents, saw a physician, and began treatment early.

Silence had defined previous generations. **This generation chose conversation. Conversation led to connection, and** the Stein family began, slowly but unmistakably, to heal.

They talked openly about the family history of mental illness, the signs to watch for, and—most importantly—that mental health challenges were nothing to hide.

ACT III – TURNING PAIN INTO PURPOSE

With openness came transformation. Amy received treatment for depression (1995), and in 2006 Amy's sister **Gillian** was diagnosed with the same bipolar disorder that shaped Andy's and likely Gerald's lives. The family was talking, something unthinkable in Gerald's time, but the conversations remained private.

Then, everything changed.

In the early approx. (2017s), the family attended the funeral of a close friend who had died by suicide. Yet at the service, there was no mention of how this person had died. The silence was suffocating. The family's suffering and the conditions that led to the death were treated as secrets.

Sitting in that room, Gillian felt the familiar ache of stigma and the cost of not speaking the truth.

She asked herself: **"How can we expect others to talk about mental health when even we, with all our experience, stay silent?"**

She realized that despite the family's internal openness, she had told very few people about her diagnosis. If she wanted to challenge silence, she had to begin with herself.

Gillian considered the implications carefully, for her children, for the company, and for the public image of Henry's. She spoke with her husband, her parents, and her sister. She studied the data:

- **30–40% of short-term disability claims** relate to mental health
- **One in three long-term disability claims** is mental-health-related
- **75% of Canadians** are reluctant to disclose a mental illness at work
- Yet **76% of employees** say they would support a colleague who is struggling

The gap was clear. The silence was harmful. And the business case was overwhelming.

In 2021, **Gillian Stein became one of the few Canadian CEOs to publicly disclose living with a mental health disorder**—bipolar or otherwise. Despite fears of criticism, she received no negative responses. Instead, she found empathy, connection, and respect.

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Amy Stein at Symposium 2025 in Halifax

By sharing her story, she gave others permission to speak and to seek help.

Her leadership helped open a wider conversation within Canadian businesses. By sharing her heartrending story, she encouraged others to speak more openly and seek help.

This commitment gradually took on a more formal shape. In 2019, the family created the **Henry's (now Pixel) Foundation**, with a focus on using creativity, innovation, and technology to support mental health. Through storytelling and content creation, the foundation aims to end the stigma of mental illness and help lift generations of families across Canada into the light.

Their mission:
No one should struggle with mental illness alone.

CONCLUSION

Mental illness affects **one in five Canadians** and over **one billion people worldwide**. In family businesses—where leadership, identity, and pressure are often intertwined—the impact can be profound. Silence, secrecy, and stigma intensify suffering and harm those around us.

The Stein family's story reveals both sides of this sad truth:

- The **cost of silence**: isolation, misunderstanding, generational pain, and devastating outcomes.
- The **power of openness**: connection, treatment, resilience, and purpose.

To move toward healthier families and businesses, we must:

1. **Identify and gracefully acknowledge the problem**
2. **Educate ourselves and understand the patterns**
3. **Build supportive and safe communities**
4. **Seek treatment and take meaningful action**

A healthy family is imperfect. Yet it is willing to talk openly about the hard things, especially mental illness. The Stein family reveals what becomes possible when silence is broken and suffering is met with love and compassion, not shame.

Family Questions and Reflections

1. What stories about mental health exist in your family's history?
2. How does your family decide what is private or shareable?
3. What fears does your family have about being open about mental health challenges?
4. How might your family signal next gens that: "You don't have to struggle alone"?

CASE STUDY:

2. When Performance Isn't the Real Problem

A Family Business Confronts Depression

OPENING

"It's either him or me," Maria Gomez shouted across the conference table, her voice trembling with exhaustion more than anger. For months, Maria, the head of the commercial division at Flora Horticultural, had watched her brother Juan's residential division slide deeper into decline. This was the **fourth consecutive board meeting** where she pushed her parents, Isabella and Manuel, to address Juan's deteriorating performance.

To Maria, the pattern was painfully familiar. As the youngest, Juan had always been protected and indulged, and as far as she was concerned, the family's tolerance for his behaviour had reached its limit.

Juan's struggles had begun nearly four years earlier. As tension in his marriage escalated, his motivation dropped. He arrived late to work, missed commitments, and his division's results plummeted. Initially, their parents attributed the problems to market conditions, but even when the residential sector recovered, Juan did not. Juan had difficulty sleeping and gained 35 pounds over six months.

Juan's struggles had begun nearly four years earlier. As tension in his marriage escalated, his motivation dropped.

Maria's resentment grew. Her division was thriving. She was carrying more than her share. And nothing, absolutely nothing, seemed to be done about Juan.

Everything came to a head at Christmas dinner two years earlier, when Juan's wife unleashed her anger—first at him, calling him "useless," and then at Maria, accusing her of being cold and entitled. Weeks later, Juan filed for divorce.

The divorce only accelerated Juan's decline. Deadlines slipped. Sick days multiplied. In board meetings, he was quiet and defeated. Maria tried, for a year, to be compassionate. But two years in, she was done.

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FAMILY AND BUSINESS ORIGINS

In 1972, Manuel (81) and Isabella (76) immigrated to Canada from Colombia with two suitcases and a determination to build a new life. Isabella, creative, visionary and relentless, grew Flora Horticultural from a kitchen-table seed operation into an international business employing over 400 people across two divisions. Manuel's charisma, discipline, and operational skill made them a formidable founding team.

But the cost of that success was high. With the business consuming their time and energy, the children, Maria (48), Cristina (45), and Juan (42) were raised largely by nannies.

A clear family ethos emerged:

- Work harder than everyone else.
- Never show weakness.
- Protect the family's image at all costs.
- Sacrifice yourself for the greater good.

In this environment, performance was everything, and vulnerability was dangerous. No one in the family, least of all Juan, wanted to talk about the symptoms and behaviours that Juan was exhibiting.

THE NEXT GENERATION ENTERS THE BUSINESS

Maria excelled from an early age—driven, high-energy, disciplined. After graduating at the top of her class from the University of Toronto, she climbed quickly at a Canadian subsidiary of Cargill. After five years and two promotions, she was ready to return home.

Her parents were thrilled; Cristina had already declined any involvement in the business and moved to London, seeking distance from what she described as "relentless pressure."

Juan, by contrast, was bright but never displayed Maria's drive. Sensitive and self-critical, he often seemed weighed down by expectations. Isabella, worried about his happiness, recruited him aggressively to join the family business straight out of university. Juan accepted, more out of resignation than ambition.

Maria swallowed her frustration. Juan didn't have to prove himself externally as she had, but she let it go. The business was growing, and there was room for both.

Over time, Juan settled into a steady, if unspectacular, role in the residential division. When Maria was promoted to lead the commercial division, Isabella insisted that Juan be promoted simultaneously to head the residential division. Maria knew he wasn't ready, but she had her own promotion in hand and chose not to fight the decision.

A SLOW DECLINE

Leadership brought new pressures. The travel demands of Juan's role strained his marriage, and internal expectations weighed heavily on him. As tension at home mounted, he retreated—socially, professionally, emotionally. He communicated less with his team. Customer follow-up lagged. His energy dimmed.

Maria pushed harder to address performance. Still, she tried, initially, to understand. She remembered what divorce could do to someone. But as the months turned into years, and her own workload soared, empathy gave way to frustration.

And then, the pressure collapsed inward, on Maria herself. Her own marriage began to strain. The constant conflict with her parents and the emotional toll of trying to carry the business while holding her brother accountable became overwhelming. For her own well-being, she resigned and left Canada with her husband.

Her departure stunned Manuel and Isabella. Feeling blindsided and abandoned, they cut off communication with her for a time. The family system, already fragile, fractured further.

RECOGNITION AND RECONNECTION

Distance gave Maria perspective. She entered therapy. She began meditation. Yoga. Long stretches of reflection. Gradually, she realized how deeply the family's "never show weakness" culture had shaped all of them—how it had made it impossible to see Juan's struggles as anything other than failure or laziness.

It took nearly a year before she reached out to Juan. Her message was simple, but vulnerable:

"I am sorry. I didn't understand what you were going through. I want to."

Over several months of conversations, a deeper truth emerged. Juan's performance issues were symptoms—not causes. Beneath the missed deadlines, the disengagement, and the quiet withdrawal was something else:

Juan was depressed. Deeply. Clinically. And silently.

DIAGNOSIS AND TREATMENT

With Maria's support, Juan began therapy and eventually met with a psychiatrist. In their first session, several symptoms were clear:

- Persistent sadness and heaviness
- Fatigue and loss of energy
- Difficulty concentrating
- Loss of interest in activities he previously enjoyed
- Sleep disruptions
- Feelings of worthlessness

The diagnosis: **Major Depressive Disorder.**

For the first time in years, Juan felt seen, not judged. Slowly, but surely, Juan got treatment. He found a psychiatrist who prescribed an antidepressant and started working with a cognitive behavioural therapist to help him reframe his negative thoughts. He improved his diet, created better sleep routines and looked at the behaviours that kept him in his depressed state.

Gradually, the fog lifted.

As Juan's health improved, so did his work. More importantly, he gained insight into the family dynamics—generational pressure, perfectionism, constant comparison—that had shaped his sense of self-worth. In gratitude for Maria's courage, he asked:

"How do we help the rest of the family understand what's really been happening?"

REPAIRING THE SYSTEM

With the support of a family therapist and a family-business consultant, Maria and Juan began a slow, honest dialogue with their parents. They spoke about depression—what it looked like, what it felt like, how long it had been hidden. They also talked about their childhoods—the absence, the pressure, the meaning of success, the cost of silence.

At first, Manuel and Isabella struggled. They had built a life on resilience and self-sacrifice. They had not been taught to name emotions, let alone mental health.

But over time, they opened up about their own stories—their losses, their fears, the messages they had inherited from their own parents. Through this, the family discovered something essential:

When vulnerability becomes acceptable, connection becomes possible.

Juan healed, Maria returned to a relationship with her family, and the system began to repair itself.

With the support of a family therapist and a family-business consultant, Maria and Juan began a slow, honest dialogue with their parents. They spoke about depression—what it looked like, what it felt like, how long it had been hidden.

CONCLUSION

Depression is one of the most common and often most hidden mental health challenges in families today. In a family business, where identity, performance, and loyalty are tightly intertwined, depression is often misinterpreted as laziness, incompetence, or lack of commitment.

This case illustrates how:

- A business-first culture can obscure emotional suffering.
- Long-standing family patterns influence how problems are interpreted.
- When one person breaks the silence, healing can begin.
- Compassion and curiosity are more effective than judgment.

Families who learn to talk openly about mental health create space for connection, resilience, and sustainable leadership—both in the family and in the business.

We Have Seen the Common Symptoms of Depression

- Persistent sadness or emptiness
- Loss of interest in activities
- Fatigue or low energy
- Changes in sleep (too much or too little)
- Difficulty concentrating
- Feelings of guilt or worthlessness
- Irritability
- Appetite or weight changes

We Have Learned

- Understand the common signs and symptoms of depression in a family enterprise environment.
- Recognize how "performance issues" may mask deeper struggles such as depression, anxiety, trauma, or long-standing sibling dynamics.
- Illustrate how families can reconnect and heal when stigma is reduced and psychological safety increases.

Family Questions and Reflections

1. What small shift could your family make to normalize conversations about mental health?
2. How are struggles first interpreted—as performance issues, attitude problems, or something else?
3. What messages about strength, success, or resilience did you inherit growing up?
4. What would it look like for your family to respond with curiosity before judgment?

CASE STUDY:

3. The Evans Family Enterprise

In 1890, at the age of 18, William Evans left London with little more than determination and a willingness to work. He settled on the outskirts of a rapidly growing Ottawa, where he began farming the land and establishing himself in a new country. What started as subsistence farming slowly evolved into something more entrepreneurial as William responded to the needs of a developing agricultural region.

In 1907, William married Mary Wilcox. Together they raised two sons—Alan, born in 1908, and George, born in 1912. From an early age, both boys were immersed in the rhythms of work, responsibility, and contribution. By the time Alan and George were teenagers, their father had expanded beyond farming and founded a small farm-equipment operation to serve local growers.

After completing high school, both sons joined the family business immediately. There was little question about alternatives: the business was growing, the community relied on it, and the family's identity was tightly intertwined with enterprise and reputation. Over the next four decades, Alan and George worked side by side, transforming a modest agricultural operation into a diversified and increasingly prominent family enterprise.

Under their leadership, the company expanded well beyond its agricultural roots. The brothers grew the original equipment dealership into a broader commercial vehicle business, established a hospitality platform that eventually included a national network of hotels, and founded a regional banking institution.

By the time the third generation came of age, the Evans family was widely regarded as one of the most successful and respected business families in Canada.

Today, the family enterprise includes:

- A regional bank with approximately **$15 billion in assets**
- A hospitality group generating roughly **$2 billion in annual revenue**
- Farm equipment and automotive dealerships producing approximately **$800 million in revenue**
- A family office managing **$700 million in liquid assets**

The business is now in its fourth generation, employing thousands of people and maintaining a high public profile. Alongside financial success came a powerful family narrative: hard work is expected, problems are handled privately, and nothing—especially personal struggles—should ever damage the family name.

This unspoken code would shape not only how the family did business, but how it learned to deal—or not deal—with vulnerability, failure, and ultimately addiction.

Alongside financial success came a powerful family narrative: hard work is expected, problems are handled privately, and nothing—especially personal struggles—should ever damage the family name.

THE TRANSITION FROM THE SECOND TO THE THIRD GENERATION

Setting the Conditions for Silence, Strain, and Coping

Alan and George led the enterprise as co-CEOs for decades, bound together by shared history, ambition, and an unspoken agreement that the business came before everything else. Their relationship was often contentious, marked by strong opinions and forceful debate, but beneath the surface was deep mutual trust. Disagreements were managed internally and decisively. Personal struggles—whether emotional, relational, or physical—were expected to be contained and never allowed to interfere with performance or reputation.

The leadership culture they modeled was clear: endurance was admired, vulnerability was private, and problems were solved through harder work. Success meant pushing through, not slowing down. This ethos produced extraordinary business results—but it also taught the next generation that struggle was something to manage alone.

As the third generation stepped into leadership, Alan's children, Oliver and Alyce, and George's son, Brian, each inherited this legacy of effort and expectation, yet expressed it in different ways.

Oliver responded by disappearing into the work itself. Intensely driven and exacting, he made the business his primary focus and identity. Long hours, constant travel, and relentless standards were normalized. Emotional needs—his own and those of others—were subordinated to execution and growth. Oliver learned early that strength meant self-reliance, and that asking for help was unnecessary at best and dangerous at worst.

Alyce mirrored this pattern of total commitment, though her domain lay outside daily operations. Tasked with stewarding the family's philanthropic and social identity, she devoted herself fully to foundation leadership, board service, and the social obligations that protected and enhanced the family's public standing. Visibility, grace, and composure were paramount. Like Oliver, Alyce internalized the belief that duty to the family required personal sacrifice—and that anything threatening the family image should remain unseen.

Brian's approach diverged in important ways. While he worked hard and contributed meaningfully to the business, he was intentional about being present in his children's lives. Having experienced emotional distance from his own father, Brian sought to interrupt that pattern. He made room for conversation, encouragement, and involvement with his children beyond just achievement. This approach led the oldest of his four kids, Jason, to enter the business, and they worked together to build a language within the family for expressing vulnerability or naming emotional pain.

Across the third generation, a powerful but implicit message took hold: success was visible, struggle was not. There was admiration for resilience, little tolerance for perceived weakness, and few models for asking for support when pressure became overwhelming. As the family's wealth and public profile expanded, so too did the stakes of maintaining appearances.

By the time the fourth generation came of age, the cumulative pressure of maintaining the family's reputation, performance, and public image had intensified.

Oliver's son Michael, Alyce's daughter Christine, and Brian's son Jason entered the family enterprise carrying not only opportunity, but deeply ingrained lessons about what it meant to belong. Each had carefully observed how their parents engaged with the business—and just as importantly, what was left unspoken. They learned how success was rewarded, how struggle was managed, and how much of themselves could safely be revealed. As they stepped into leadership roles, they did not so much choose their approach as inherit it, reproducing familiar patterns of striving, silence, and self-reliance that would soon be tested in new and more personal ways.

CHRISTINE'S STORY: LOSS, SILENCE, AND THE LONG ROAD TO RECOVERY

Christine grew up acutely aware of her mother's absence. While being raised by nannies was common in the family, Christine felt this absence more deeply than most. Her mother, Alyce, maintained a demanding schedule centered on philanthropy, board service, and social obligations tied to the family's public standing. Emotional availability was limited, and Christine learned early not to expect it.

From the age of four, Christine's primary caregiver was her nanny, Annika, who was 40 years old when she began caring for her. Over the years, Annika became far more than a caretaker. She was Christine's source of comfort, stability, and emotional safety—the closest thing Christine experienced to a consistent parental presence. Their bond was profound and enduring.

As a young adult, Christine defined herself in deliberate contrast to her mother. Rejecting the unspoken expectation that she would eventually assume a philanthropic and social role, Christine pursued a demanding career in finance with the explicit goal of joining the family's bank. She was determined to prove that women in the family could lead operating businesses, not just represent the family socially.

After university and two years at JP Morgan in New York, Christine returned to the family bank at age twenty-four. She excelled quickly—intelligent, driven, and disciplined—and began moving steadily through the organization. To colleagues and family members alike, she appeared to embody the family's ideals: capable, ambitious, and resilient.

Then, shortly after Christine's twenty-ninth birthday, Annika died suddenly of a heart attack at age 65.

The loss was devastating. Annika had been the emotional anchor of Christine's life, the person who had shown up consistently when others had not.

Her death shattered Christine's sense of stability. She fell into a deep depression—one that largely went unseen by the family. In meetings, she was quieter. Her intensity shifted inward.

The family interpreted these changes as moodiness or stress, not grief.

Christine began drinking to numb the pain.

Within the family, responses varied sharply. Alyce largely ignored the changes in her daughter, remaining absorbed in her social and philanthropic commitments. Michael, Oliver's oldest son and Christine's cousin, struggled to understand why the loss was so destabilizing, remarking dismissively, "It was just your nanny—it's not like she was family." Jason, Brian's son, took a different approach. He noticed the shift, reached out, and tried—awkwardly but sincerely—to offer support.

Initially, alcohol seemed to help Christine regain momentum at work. But over time, the drinking escalated. Reports began circulating of excessive drinking at bank events. Mornings started later. Behaviour became more erratic. Despite this, Christine continued to function professionally—just enough to avoid formal consequences. More than one colleague remarked privately, "If she weren't family, she'd probably be fired."

At 35, the family's long-standing pattern of denial finally collapsed.

After a drunken outburst at the bank's Christmas party, Christine chose to drive home. Less than a mile from her house, she crashed her car into a tree. She escaped with only minor injuries, and no one else was harmed—but the incident made the front page of the local paper.

The behaviours that had been quietly minimized for years were now public and undeniable.

The family reaction was swift—and harsh.

Oliver and Michael immediately framed the incident as a betrayal of the business, demanding Christine be fired. Alyce was humiliated by the publicity and berated Christine for damaging the family name. Shame, blame, and anger dominated the conversation. Only Brian and Jason could see past the incident itself to the depth of Christine's pain.

They argued that Christine didn't need punishment—she needed treatment.

To contain the fallout and appease those calling for consequences, the family placed Christine in the first treatment program with availability. The experience was mixed. Christine began to understand how deeply Annika's death had affected her and how alcohol had become a coping mechanism. Brian and Jason visited regularly. Alyce did not.

Christine completed the program sober, though she never felt she fully belonged there.

For more than a year afterward, with therapy and determination, Christine maintained sobriety and rebuilt trust at the bank. Then, gradually, the sadness returned. At a social event organized by her mother, Christine overheard Alyce describing her struggles as "embarrassing" and lamenting that she didn't know what to do with her daughter.

In that moment, Christine felt the original loss resurface—raw and uncontained. *Where was Annika when I needed her?*

She went straight to the bar and ordered a double vodka.

Within a week, the old patterns returned.

Once again, Brian and Jason stepped in. Christine refused to return to her original treatment center, but they located another program in California and persuaded her to try again. The cycle repeated: treatment, brief stability, relapse. With each setback, Oliver, Michael, and Alyce grew more entrenched in blame. "Why can't she just get her act together?" they asked. "She's destroying the family."

Brian and Jason, meanwhile, did something different.

Instead of retreating, they began educating themselves about addiction, trauma, and family systems.

They spoke with clinicians, researchers, and other families. Over time, they came to understand that Christine's addiction could not be separated from unresolved grief, family dynamics, and decades of emotional silence.

Eventually, they identified a clinic in Germany known for working with the most complex addiction cases. The approach was unlike anything Christine had experienced. Treatment addressed loss directly, incorporated art and music therapy, and—most critically—included a structured program for the family itself.

For the first time, Christine felt that treatment wasn't just asking her to change—but asking the system around her to change as well.

During her first month in the program, Brian and Jason convened a special family meeting. With support from an addiction specialist from the clinic, the family was introduced to the biological realities of addiction, the limits of willpower-based recovery, and the ways family responses—shame, secrecy, denial—can inadvertently reinforce the illness.

Christine invited her mother to attend the family weekend portion of treatment. Alyce replied, "I'll come—but this is about you. This isn't about me."

The words landed painfully. But this time, Christine had support, language, and tools to face the truth she had known all along. Brian and Jason were present during the weekend, and after Christine returned home two months later.

Today, nearly 15 years sober, Christine is thriving as Vice President of Lending at the family bank. Her experience has given her the ability to recognize warning signs in others.

She has helped two additional family members enter treatment. What was once unspeakable is now openly discussed. At family meetings, addiction is no longer a source of shame—but a shared reality, met with honesty and support.

CONCLUSION

The Evans family built a highly successful multi-generational enterprise, but alongside financial growth, they developed a culture that prioritized hard work, reputation, and emotional restraint. Across generations, personal struggles were kept private, reinforcing a pattern of silence and self-reliance that shaped how family members coped with pressure.

Christine's struggle with grief and alcoholism exposed the limits of this culture. While some family members responded with blame, others sought to understand the deeper causes of her addiction. Through more loving, sympathetic, and family-inclusive treatment, Christine achieved long-term recovery, ultimately shifting the family towards greater openness and support around mental health.

This case illustrates how:

- Vulnerability was discouraged and struggles were hidden.
- The Evans family initially responded to Christine's struggles with denial.
- A culture of hard work, privacy, and reputation took hold.
- Family-inclusive treatment can address root causes.

The Evans family's emotional restraint led to challenges across generations. Christine's recovery through family-inclusive support helped shift the clan towards deeper understanding.

We Have Learned

- Negative patterns can intensify across generations.
- Christine experienced deep grief after a personal loss.
- Her pain led to depression and alcohol dependence.
- Brian and Jason approached her with empathy and learning.
- Christine's recovery helped shift the family culture toward openness.

Family Questions and Reflections

1. How comfortable is your family in talking about addiction or substance use?
2. How are coping behaviours (overworking, drinking, emotional withdrawal) interpreted?
3. What assumptions does your family hold about willpower, self-control, and personal responsibility when it comes to addiction?
4. How might your family make conversations about addiction or mental health safer and less shame-based?

CASE STUDY

4. Breaking the Silence: A Family Business, Mental Illness, and the Cost of Not Knowing

In the late nineteenth century, the Moreau family immigrated to Canada, settling as farmers in Bromont, just outside Montreal. Like many immigrant families, their early years were defined by endurance and self-reliance. By the time Pierre Moreau—the eldest of the third generation born in Canada—came of age, the family's identity was rooted in hard work and persistence, but Pierre's imagination stretched well beyond the boundaries of the farm.

From an early age, Pierre was known for his curiosity and restlessness. He was constantly tinkering, questioning how things worked, and imagining better ways of doing them. After completing secondary school in 1965, he left Bromont for Montreal, moving in with an aunt and stepping decisively away from the life his family had known for generations.

Pierre found work in a large machine shop, where his mechanical intuition and practical intelligence quickly set him apart. He advanced rapidly, and as he moved into management, he was exposed to the emerging field of computer technology. At a time when computers were still viewed as experimental tools, Pierre saw their potential to bring order, visibility, and discipline to the highly variable world of industrial manufacturing. He became increasingly convinced that computing could help managers make faster, more informed decisions in environments that relied heavily on intuition, paper records, and tribal knowledge.

In 1975, Pierre founded **Axiom Systems**, a computing company designed to sit at the intersection of engineering, manufacturing, and operations. While most tooling plants still relied on clipboards and handwritten logs, Axiom's systems allowed managers and floor supervisors to identify bottlenecks in real time, coordinate changes across departments, and reduce costly downtime. The technology did not replace human judgment; it augmented it—bringing consistency, clarity, and speed to complex production environments.

Shortly after founding Axiom, Pierre met his wife, Astrid. They settled in LaSalle, and as the business grew, so did their family. Their first son, Joseph, was born in 1978, followed by Emmanuel in 1980, and their daughter, Amanda, in 1985.

The rapid expansion of Axiom—by then employing 50 people and serving manufacturing clients across Canada and the United States—meant that much of the responsibility for raising three young children fell to Astrid.

From an early age, Pierre was known for his curiosity and restlessness. He was constantly tinkering, questioning how things worked, and imagining better ways of doing them.

Astrid experienced this period as a constant strain. Raised in a strict Nordic household, she had been taught that resilience meant endurance and that problems were faced privately, without complaint. Emotional restraint was a virtue; self-sufficiency an expectation. As a result, the children grew up in a home where difficulties were rarely named aloud. If something was wrong, it was assumed that one should quietly find a way to manage it.

The children grew up in a home where difficulties were rarely named aloud.

Joseph, the eldest, quickly became the center of Pierre's attention. He loved accompanying his father to the office on weekends, absorbing the rhythms of the business and the language of technology. Emmanuel, more introspective and creatively inclined, showed early signs of wanting a different life. Amanda, the youngest, formed a particularly close bond with Astrid, especially during periods when Pierre's work kept him away from home.

In her early years, Amanda seemed the least demanding of the three—bright, athletic, socially adept, and well-liked. While Joseph oriented himself toward the business and Emmanuel toward the arts, Amanda appeared adaptable and easygoing, qualities that Astrid found reassuring. It was only later that Astrid would question whether that apparent ease masked something more complex.

When Joseph graduated from university with a degree in computer engineering in 1999, he joined Axiom immediately, helping the company navigate the pressures and uncertainty surrounding Y2K. By 2002, with Joseph fully embedded in the business and Emmanuel living in Paris to pursue his art, Astrid found herself once again turning her attention almost entirely to Amanda—just as subtle changes in her daughter were beginning to emerge.

By seventeen, Amanda had established herself as a leader on her school's field hockey team. With both of her brothers now out of the house, she had become the quiet center of Astrid's daily attention.

It was during this period—when the household had finally slowed—that Astrid began to notice small but unsettling changes.

At first, they were easy to dismiss. Amanda spoke less at dinner. Her grades, once solid, began to slip. Practices were missed. Interests that had once energized her seemed to drain away. Astrid told herself it was "teenage drama"—the natural turbulence of adolescence, compounded by the absence of her brothers.

Over time, the shifts became harder to ignore. Amanda withdrew from her friend group and grew socially awkward in ways that felt new. She appeared increasingly anxious and irritable, as if everyday interactions required more effort than before. Her concentration faltered. Her emotional range narrowed. What had once felt like a passing phase began to look like a slow retreat.

Pierre and Astrid interpreted these changes differently. Pierre, absorbed in the accelerating demands of Axiom, believed Amanda needed more structure—clear expectations, discipline, and direction. Astrid sensed that something deeper was unfolding, but lacked the language, confidence, or framework to articulate it. Neither of them understood that something invisible might be progressing quietly, beneath the surface of ordinary teenage life.

By 19, Amanda's inner world had become increasingly difficult to navigate. Her thinking grew disorganized; her speech hesitant and fragmented. She struggled to experience joy or connection.

Friends drifted away, uncertain how to engage with the version of Amanda that was emerging. At home, concern hardened into conflict.

Pierre and Astrid argued constantly about what to do, each convinced the other was missing the point.

Amanda felt alone.

Emmanuel was far away.

Joseph felt invisible.

Astrid felt blamed.

Pierre felt ashamed.

Instead of talking openly, the family turned inward. Silence filled the spaces where understanding might have formed, leaving each of them confused and isolated.

THE BUSINESS AS REFUGE—AND CONTAINMENT

As Amanda's symptoms intensified, Pierre retreated further into the business. Axiom became both refuge and justification—a place where problems could be solved, outcomes controlled, and effort reliably translated into progress. At home, Amanda grew increasingly suspicious and fearful. Communication between Pierre and Astrid narrowed, routed almost entirely through Joseph, who had become both son and intermediary.

Joseph felt the strain acutely. He knew something was profoundly wrong, but he lacked the authority—or the vocabulary—to intervene. It was only when Amanda began to experience hallucinations that he moved decisively. Unsure how to help his sister or his parents, Joseph reached out to a close friend from university whose father was a psychiatrist.

Through that connection, the family began, for the first time, to understand what they were facing. After months of confusion, misinterpretation, and quiet fear, the changes in Amanda's behaviour were given a name. The diagnosis—**schizophrenia**—did not resolve their grief or uncertainty, but it did provide a framework.

What they had taken for willfulness, withdrawal, or weakness was, in fact, an illness that had been unfolding gradually, beyond any one person's control.

As the diagnosis settled in, the family entered a steep and humbling learning curve. Schizophrenia was not, as they had vaguely assumed, a single catastrophic break from reality, but a complex and deeply individual brain disorder—one that alters how a person perceives, interprets, and relates to the world. They learned that it often emerges in late adolescence or early adulthood, that stress can intensify symptoms, and that early intervention matters. Treatment, they came to understand, was not a cure but a long-term, adaptive process: carefully managed medication to reduce psychotic symptoms, psychotherapy, family education, and practical supports designed to help Amanda regain stability and function.

Perhaps most difficult was the realization that recovery did not mean "going back to how things were." It meant finding a new, workable normal—one that required patience, consistency, and a profound shift in mindset. The work ahead was not about fixing Amanda, but about learning how to walk alongside her as she lived with an illness that would be part of her life.

Several years into the struggle and after a period of increasing instability, Amanda was hospitalized in consultation with her psychiatrist.

The structure of the hospital, combined with medication and consistent care, brought some improvement. For the first time in years, there was a sense—tentative but real—that she might regain her footing.

When Amanda was discharged, the family faced an immediate question: what came next? The prospect of university or an independent job felt overwhelming, risky, and uncertain. In what felt like both an act of love and an act of desperation, they decided that Amanda would work in the family business. It was the one environment they believed they could control, the one place where they felt she might be protected.

By then, **Axiom Systems** had become a leader in its field. With 250 employees and offices in both Canada and the United States, the company was thriving. Amanda was placed in an administrative role—structured, predictable, and initially manageable. For a brief period, there was hope.

But it did not last.

Her symptoms soon began to affect daily operations. Tasks were missed. Instructions were misunderstood. Sudden absences disrupted workflows. Non-family employees whispered. Customers noticed inconsistencies. Complaints surfaced. What the family experienced as care and protection, the organization experienced as confusion and strain.

Joseph found himself caught between loyalty and reality, absorbing pressure from both sides. Pierre pushed forward relentlessly, determined not to let personal tragedy slow the momentum of the business. Astrid felt increasingly alone—isolated not only by Amanda's illness, but by a marriage that now seemed held together more by habit and exhaustion than partnership. Evenings at home were quiet and tense, marked by avoidance rather than resolution.

Meanwhile, Amanda continued to struggle. Finding the right medication proved elusive. She cycled through psychiatrists, accumulated prescriptions, and began supplementing her medication with marijuana and cocaine—attempts, perhaps, to manage distress that felt otherwise unmanageable. The boundaries between treatment and self-medication blurred.

At 26, Amanda overdosed and suffered a fatal heart attack.

Her death left the family stunned—not only by the loss itself, but by the weight of unanswered questions, quiet regrets, and the dawning realization that love, effort, and success had not been enough to protect her.

THE BREAKING

Amanda's death split time itself for the family.

There was before Amanda. And there was after.

The days following the funeral arrived in fragments. Joseph remembers the silence in the house—heavy and unbroken. Astrid stood at the windows for long stretches of time, staring without focus. Emmanuel wandered the city until nightfall, unable to sit still. Pierre spent hours alone in Amanda's empty room, surrounded by the artifacts of a life he could no longer protect, uncertain how to hold his grief.

Within a year, Astrid and Pierre divorced. In retrospect, it felt as though the effort of trying to save Amanda had been the last thread holding them together. Once that effort ended, there was nothing left to bind them.

Astrid withdrew almost entirely. Grief permeated everything—but no one had the language for it. Silence, once a family habit, became a way of surviving.

THE QUIET TURNING

The change did not come quickly.

It did not come gracefully.

And it did not come all at once.

Several years after Amanda's death, Joseph found himself increasingly troubled by what remained unspoken. The absence of conversation felt like a second loss. He asked his father if they might go to therapy together—not to fix anything, but simply to talk about what it had all meant, and what they wished they had understood sooner. Eventually, Emmanuel joined them.

What they discovered there was disarming.

Each of them had spent years trying to protect the others from their own helplessness.

And in doing so, each had suffered alone.

Slowly, painfully, something shifted. Grief was spoken aloud. Regret was named. Love was expressed without being translated into effort or achievement. For the first time, silence loosened its grip.

REBUILDING

Over time, the three men made a deliberate choice: to turn toward one another rather than away.

Motivated by Amanda's memory—and by the devastation of losing her—Joseph and his father helped establish a foundation dedicated to mental health education and early intervention in primary and secondary schools. The work was practical and focused. They funded research. Partnered with treatment centers. Supported family education programs. They sought to give other families the language and tools they themselves had lacked.

More importantly, something changed inside the family.

They began holding quarterly family meetings—not about the business, but about their internal lives. At each gathering, every family member was asked to share three things:

1. What they were proud of
2. What they were struggling with
3. What support they needed from the family

Vulnerability became a practice, not a risk. Conversation became a form of care. They could not bring Amanda back—but they could break the silence that had surrounded her.

WHERE THEY ARE TODAY

Joseph, now in his late forties, leads the business alongside his father. The ache of loss remains, but it no longer isolates him. Emmanuel has channelled his grief into his art, creating an exhibition that honours his sister and gives form to suffering that once had no voice.

Pierre, once defined by stoicism and execution, is learning—slowly, imperfectly—to speak in emotional terms, not just operational ones. Joseph has become a bridge within the family, helping them laugh, but also helping them feel.

Astrid remains distant. Grief closed something inside her that has not yet reopened.

Still, the culture of the family has changed.

Through their foundation, and through the way they now live and lead, Joseph, Emmanuel, and their father are helping other families recognize—early—what they did not understand until it was too late: that when mental health can be acknowledged with honesty, curiosity, and courage, families can transform trauma into connection and resilience.

Amanda is gone.

But what her brothers and father learned from loving her, losing her, and grieving her together is shaping a different future.

For their family.

For their business.

For generations to come.

Family Questions and Reflections

1. How does your family respond to situations that feel confusing, ambiguous, or frightening?
2. How comfortable are family members saying, "I don't know what's going on, but I'm worried?"
3. How does your family talk about illnesses that don't have clear solutions or timelines?
4. What might it look like for your family to treat uncertainty itself as something to talk about together rather than something to manage alone?

Mental Health Resources

- National Alliance on Mental Illness (NAMI www.nami.org)
- Mental Health First Aid (www.openingminds.org)
- Canadian Mental Health Association (www.cmha.ca)
- Centre for Addiction and Mental Health (CAMH www.camh.ca)
- The Depression Cure by Stephen Ilardi (Good Reads www.goodreads.com/en/book/show/6446928-the-depression-cure)
- Lost Connections by Johann Hari (Good Reads https://www.goodreads.com/book/show/34921573-lost-connections)

FAMILY ENTERPRISE FOUNDATION

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