

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

OUT OF CONTROL

Borderline personality disorder can turn your life into an endless roller-coaster ride

A friend pays you a compliment and you feel good. Or someone cuts ahead of you in line and you're annoyed. Now picture your reactions turned instantaneous and mega-sized. In a flash you're in a state of euphoria or fury. That's what happens with borderline personality disorder (BPD).

Psychologist Sally Butterworth knows the disorder well. During some 20 years in private practice, she's treated many borderline patients; she also volunteers her expertise to Drs. Joel Paris and Ron Fraser in the MUHC borderline group program.

"We call it a disorder with affect dysregulation," she explains. "People suffering from borderline have a really hard time regulating their emotions. They have no reflective delay. The slightest provocation impacts them to the core and to the maximum — bang! It's as if they had no skin to protect them from whatever comes along."

The name is actually a misnomer that somehow never got corrected. It dates back decades, when an analyst saw BPD patients as being on the brink between psychosis and neurosis. But there's nothing borderline about BPD. It's a full-blown disorder in its own right.

Nature and nurture

BPD is thought to affect two percent of the population. It cuts across socio-financial and socio-economic lines and no one group is especially susceptible or immune. Unlike bipolar disorder, which is hormonally and organically based, and with which it is sometimes confused because of its emotional excesses, BPD triggers are a mixture of temperament, genes and environment. There's a rhythm to bipolar, but not to borderline. Its emotions and behavior are erratic, responding to any event that occurs.

The mood swings are a source of anguish, but BPD sufferers may be unable to describe their emotional state. Says Butterworth: "If I tell a patient, 'You seem to be very angry,' he'll scream at me, 'I'm not angry!' He's incapable of linking the word anger to what he's feeling."

Borderline is often associated with eating disorders and cutting or burning. Compulsive gambling or money-spending also occur. Close relationships tend to be self-destructive because great demands are made: attractions are instant and so is rejection. A disagreement, a cooling of affection or abandonment is cause for panic. At the most extreme, there can be psychotic episodes and suicide attempts.

But there's also an upside. Butterworth mentioned that some Hollywood stars (she never named names) definitely fit the BPD category. "They're clever, creative and flamboyant," she says. "At the hospital, we have patients who paint, sculpt and do collages. Some are musicians."

Warning signs

Depending what's going on in a person's life, BPD can strike at any age. It's still not clear why some children are resistant to unpredictable and

continued on page 2

Learn the best ways you can help your ill relative

A special evening for siblings and adult children on January 30

As someone who cares about an adult brother or sister or a parent living with a mental illness, you have special problems: how to best support a loved one who isn't the same person you once knew.



Young: a lifetime of living the experience

There are things you can do to make everybody's life easier, yours included. Our January 30 evening has been organized to explore the sort of help you need and how we can provide that help.

The two-hour session, moderated by AMI member Sharleen Young (who grew up helping care for her ill brother), will provide information, education and a chance for you to exchange stories and experiences with other attendees. A presentation by family therapist Naomi Ashkenazy will be followed by a question-and-answer period. Refreshments will be served.

Registration is necessary, so call the office, 514-486-1448, to reserve your place and for any additional information. **January 30, 7:00-9:00pm, at AMI.** □

Researchers find definite benefits

If loneliness is getting to you, consider meditation

As we age, when children move away and spouses and friends die, loneliness can begin to seem like a rite of passage. But the change involves more than just an empty house or lack of companionship. Feeling lonely can eventually have a negative effect on both your mental and physical health. It's been implicated in an increased risk of heart disease, Alzheimer's, depression and even premature death.

There's evidence that meditation can help. Researchers at UCLA recently

reported that a simple eight-week meditation program successfully reduced feelings of loneliness in older adults.

Their study was a two-month program of mindfulness-based stress reduction (MBSR), which teaches the mind to pay attention to the present rather than dwell in the past or project into the future.

In the study, 40 adults ages 55-85 were randomly assigned to either a mindfulness meditation group or a control group that didn't meditate. The participants were assessed at the beginning and the

end of the study using an established loneliness scale. Blood samples were also collected at the start and finish to measure gene expression and levels of inflammation.

The meditation group attended weekly two-hour meetings in which they learned the techniques of mindfulness, including awareness and breathing skills. They also practiced mindfulness meditation for 30 minutes each day at home and attended a daylong retreat.

continued on page 6

Out of Control ... continued from page 1

chaotic surroundings, but those susceptible to the disorder will be deeply threatened by the intensity of their environment and react accordingly. The first signs often show in adolescence, when hormones are in turmoil and the battle is on over a growing desire for independence and fights over parental restrictions.

Parents concerned about their teen's lack of emotional control should be on the lookout for bulimic bingeing and purging or for self-mutilation. Either may be associated with BPD. "The cutting focuses attention away from all the emotion and it's actually a huge relief," says Butterworth. "Not for the parents, though, who are rightly shocked and frightened by what they see."

Families living with a borderline relative of any age get destabilized and worn down over time. Butterworth's advice: prompt and proper diagnosis. Your first call should be either to your family doctor or your CLSC. They can refer you to programs such as the MUHC's and any



Tough to treat but definitely treatable, maintains Butterworth

that exist in other hospitals. (Butterworth's private practice is full; her patients are usually referred by colleagues.)

Help to end the ride

A diagnosis of BPD is not cause for panic. Many patients have told Butterworth that being diagnosed is actually a comfort because they learn that their problem is a legitimate medical condition that can be treated.

Today's treatment of choice is dialectical behavioral therapy, DBT, a combination of cognitive behavioral

therapy with acceptance and mindfulness. It was developed by Marsha Linehan, a

psychology professor at the University of Washington.

Recovery doesn't happen overnight, but Butterworth maintains that nobody needs to be permanently trapped in the borderline personality spectrum. "Patients typically get to understand what they're feeling and learn how to work with their emotions. They can eventually handle their environment in a more efficient and appropriate way. Even people whose personality structure defines them as chronically borderline can learn to control their symptoms." She recommends a self-help guide called *Stop Walking On Eggshells* (New Harbinger Publications). There are two parts: one explains, the other is a workbook. It's available at Chapters and through Amazon and is in our library.

You can meet Butterworth at AMI. She'll be moderating a new 10-week education program for caregivers that can save you and your family a load of misery. It starts January 21 and reservations are necessary. Call the office now to secure your place. □

Borderline personality disorder program for caregivers

When: Starting January 21 evening for 10 consecutive weeks

Where: AMI office

Participants: Caregivers to someone diagnosed with BPD. Participants should be prepared to attend the entire program

You will gain: Understanding, knowledge, coping skills

Schizophrenia can transform a chatty girl into a silent recluse. A promising athlete becomes an angry adult who does nothing but sit and smoke. A once-healthy student suddenly loses interest in personal hygiene and socializing. Boundaries are lost. Behaviors are unpredictable and perplexing. The most caring family members finally experience disappointment, frustration, even fear.

You love your relative, but what sort of love applies here? Do you keep your son close against his will or set him free? Nurture and coddle your daughter or issue ultimatums? Families often reach a point where reasoning fails and they turn to more drastic measures.

The wrong choice

Tough love is praised as an approach for dealing with alcohol and drug addiction. Twelve-step recovery programs are filled with successful accounts of parents who decide not to bail their daughter out of jail, who stop giving their son money or kick him out of the house for stealing. But the concept gets thumbs down from mental health advocates.

Schizophrenia is different from alcohol or drug addiction. The person is not a difficult child but an adult who suffers from a brain disorder. Parents who have spent years as loving disciplinarians managing their children “for their own good” no longer fit that role. All symptoms aside, adults want to be treated as adults.

Xavier Amador, PhD, author of *I Am Not Sick, I Don't Need Help!* (Vida Press), had a brother with schizophrenia. He admits today that arguing over his brother's slow motivation, low social drive and minimal emotional expression was wrong and soured a loving relationship. “Tough love was the biggest mistake I made with my brother and surely the worst advice I ever gave families dealing with schizophrenia,” Amador confesses. “People with schizophrenia are totally unaware they are ill. Insisting they face the fact is just as ridiculous as ordering them to stop hallucinating.”

Amador sums up his approach these days as: “Boundaries and consequences? Yes. Tough love like leaving someone without housing and alone? Never.”

Grace Cherian, a Toronto-based mental health advocate, agrees that tough love can only make a difficult life more difficult still. She wishes she and her family had taken more time to educate themselves and help her youngest brother, who had schizophrenia and spent his last years living on the street and moving from shelter to shelter. “He struggled alone with his illness, when what would have helped him was a place to stay, preferably with a family member, emotional and moral support, an effective care plan and being included as a partner in his own care.”

So if tough love doesn't work, what does? Aiming to preserve self-esteem is key.

Make the LEAP

Amador has developed an approach specifically for dealing with a person who suffers from schizophrenia. His LEAP program, an acronym for Listen, Empathize, Agree, Partner, has been taught in seminars worldwide. It's called a “motivational interviewing” technique, a concept introduced in the '80s to alter views in a non-confrontational way.

The idea behind LEAP is not to convince someone they're sick, but to hear them out, listen reflectively, earn their trust and, if asked, quietly offer your opinion.

“Look beneath the symptoms at the human being,” Amador says. “What do they want? To be understood and respected. They want housing and relationships. They want to work. Parents want their relative to develop social skills, maybe work skills and to live a fuller life. The goal is to have both what you want for your relative and to facilitate what he or she wants.”

For instance, it's useless to give unsolicited lectures about taking medication. But when you're asked, “Can you help me get out of this hospital?” there's an opportunity to calmly express your opinion about the possible benefits of medication and perhaps to suggest trying it for a month.

But techniques aside, the basics of love still apply, particularly when there's a mental illness. Understanding, compassion and respect are effective and what a person with schizophrenia — a very lonely disease — often desperately craves.

continued on page 8

When love hurts

Forget your good intentions. Schizophrenia changes the meaning of love between family members

Appointments announced

The appointments of **Lynn Nulman** (l) and **Joanne Smith** to chair, respectively, the Fundraising committee and Nominating committee were recently announced by the board of directors. Nulman's responsibilities include fundraising strategy, notably a multi-year program to satisfy AMI's future financial requirements. Under Smith's direction, the Nominating committee, now a standing committee, will be developing guidelines to ensure that the board's needs are well addressed with the best possible directors. □



GO ON, MAKE SOMEONE'S DAY

Nominations for AMI awards and recognition now open

Every year we offer an official thank-you to salute those whose interest and efforts are helping us achieve our goals. If you know someone who deserves the honor, tell us. Mail or email your nominations along with a brief written rationale for each choice. Deadline for submissions is March 1, 2013. Presentations take place at our annual general meeting in June. The current board of directors makes the final decisions. For more information or help, call the office.

Monty Berger Award for Exemplary Service

Presented to a volunteer, usually an AMI member, who has contributed significantly to AMI over an extended period of time.

AMI-Québec Award for Exemplary Service

Presented to someone working in the field of mental illness. Selection criteria include extraordinary care to those with mental illness, guidance and support to families and active participation in support of our goals.

Exemplary Psychiatrist Award

Presented to psychiatrists who endorse our agenda by guiding and supporting families, sensitizing health professionals to the difficulties families face, promoting the inclusion of family members in treatment teams and increasing public awareness of mental illness.

AMI-Québec Volunteer of the Year

Awarded for service during the previous 12 months that far exceeded the norm as well as for outstanding and inspiring dedication to our objectives.

The Extra Mile Award

Presented to an individual or organization for special efforts to further the understanding of mental illness. □

Have a say in AMI's future

Nominate your choice for our board of directors now

Every year we ask our members to help us find the very best people to serve on our board of directors. That time is here again.

If you know an enthusiastic person interested in helping us reach our goals, send us your nomination, email or snail mail, no later than March 1, 2013. Please include a brief written rationale for each of your choices.

Board elections are held at our annual general meeting in June. □

More is never enough

Why a hoarder can't stop hoarding — and why finding help is so difficult

Collecting is a by-product of our acquisitive society. Many of us quite proudly admit we have too much stuff around the house and we really should start weeding.

We may be über-shoppers, but that doesn't mean we're hoarders.

A hoarder acquires, saves and accumulates without end, compulsively stacking any available surface of the house with possessions of dubious value or use. At its most extreme, every room becomes virtually unliveable.

Hoarders don't see what they do as a problem. They may be sentimentally attached to their stash. Or they stockpile because one day they may desperately need something. Whether it's old newspapers, plastic bags, worn clothing, broken whatever — better to save it than be wasteful and throw it out. Whatever the rationale, the mere thought of disposing of the mountains they live with is torture.

Hoarders are motivated to keep the blinds closed and people out. They live in fear that they'll be exposed. Hoarding attracts vermin and mold, increases the likelihood of accidents and the danger of fire. Maintenance people can't get in to do necessary repairs and that can lead to trouble. If their living conditions are discovered and they refuse to clean up the premises, apartment and duplex renters can be evicted. Even homeowners aren't immune to the consequences. Gail Adams, who facilitates the Hoarding Group, knows of one who had her home and all its contents seized.

The worry about being found out, along with deeply-felt guilt and shame, can reduce a hoarder to a solitary life of unhealthy social isolation. If other family members happen to be living at the same address, everybody suffers.

Fuel for the media

It's estimated that hoarding affects one to two percent of the population. Yet for all the attempts to keep it under wraps, the illness is now out of the closet. Thanks in part to the public's fascination with bizarre human behavior, hoarding has recently been featured on a good number of TV shows.

Adams, who's been battling her own hoarding problems for decades, could probably teach the media a thing or two.

She agrees with those mental health professionals who call hoarding an obsessive compulsive personality disorder — related to but not exactly like OCD. Hoarding lacks many OCD characteristics and comes with a heavy component of

continued on page 7

THE LINK THAT STILL INTRIGUES

A fascinating Low-Beer lecture examines the connection between creative achievement and mental illness

The names of the luminaries were sprinkled through Dr. David Goldbloom's address like so much stardust: Mozart, Hemingway, Newton, Michelangelo, Degas, on and on. Their creative brilliance enriches our lives and even, for many people, adds an odd patina of glamour to the decidedly unglamorous world of mental illness.

Without their illness, would they — could they — have reached the same heights?

As Goldbloom pointed out, not only the general public, but researchers and scientists, too, are taken with the question. Numerous studies have sought to uncover the why and how of the connection between the creative mind and the sick mind. The goal is to eventually find new approaches to treatment, meaning treatments that would reduce the negative symptoms of mental illness without extinguishing creativity. (Creative people often reject help for exactly that reason.)

What is known

Both groups share some personality traits:

- **Reduced capacity for latent inhibition.** They have the ability to absorb and use stimuli other people would reject as irrelevant.
- **Enhanced novelty-seeking.** They think outside the box, tend to gravitate to new

or complex ideas and experiences rather than simple or familiar ones.

- **Neural connectivity.** Unusual connections in the brain have been reported in those suffering from schizophrenia, mania and substance abuse, as well as among highly creative individuals. Preliminary data suggests creative brains have more interneuronal connections. Their thoughts are accelerated, ideas easily take flight.

Certain protective factors appear to help creative people avoid being incapacitated by the effects of mental illness and allow them to produce novel and original work:

- **A high IQ** promotes a reduction in latent inhibition.
- **Enhanced working memory** enables people to entertain multiple, even contradictory, ideas without becoming overwhelmed or confused.

- **Cognitive flexibility** provides the mental agility to control and switch from one concept or stimulus to another.

Freud remarked on one conspicuous difference: both artists and the mentally ill have the ability to escape the everyday world; artists can find their way back.

Results to ponder

Findings of the research studies that Goldbloom included in his presentation provided more intriguing food for thought.

Results of a survey done at a University of Iowa Writers' Workshop found mental illness over-represented among attendees. Eighty percent had mood disorders, 30 percent suffered from alcohol dependence.

Mental illness was reported in 18 percent of the writers' families.

These conclusions gibe with subsequent surveys that reported creative people at higher risk for bipolar spectrum disorders, schizophrenia spectrum disorders and substance abuse.

Most recently, a huge study was conducted in Sweden among 1.2 million patients and their relatives. Among the findings: individuals

with bipolar disorder and healthy siblings of relatives with schizophrenia or bipolar were over-represented in the creative professions, both the arts and sciences.

Today it's commonly believed that highly creative people show an elevated risk for certain types of mental illness and for alcoholism. But what are the implications for their work? On that count, solid scientific proof or disproof remains elusive.

For every Lord Byron, who once opined that creative artists were all crazy there's a Sylvia Plath, the poet who committed suicide, who commented, "When you are insane, you are busy being insane – all the time. When I was crazy, that's all I was."

And where does Goldbloom stand? Somewhere between the two. "Mental illness is more of a hindrance than a help to the successful expression of creativity," he concluded. □



For Goldbloom the final chapter has still to be written



Our outreach program recognized. AMI was one of 60 community organizations receiving a Bell Canada grant as part of their Let's Talk Community Fund. Here with Ella Amir: Kathy Jahudka, Community Investment Director (l) and Josianne Charbonneau, senior sales consultant (r).

Loneliness ... continued from page 2

These participants reported a reduced sense of loneliness. Their blood tests showed a significant decrease in the activity of inflammation-related genes, a development that is linked to loneliness. Chronic inflammation is implicated in many diseases and psychological disorders. Researchers found that the meditation also altered the protein markers of inflammation, including the protein considered a risk factor for heart disease.

The study, while small, adds to the growing body of research that finds positive benefits in a variety of meditative techniques, including tai chi and yoga. In another study out of UCLA, a form of yogic meditation involving chanting was seen to reduce both inflammatory gene expression and stress levels among caregivers of patients with Alzheimer's disease.

True, the MBSR program was limited to people 55 and over, but loneliness is not. Whatever your age, meditation may be well worth checking into. □

Edited from bphope.com. Source: University of California, Los Angeles, Health Sciences.



Erica Forbath's artistry has become striking multi-use cards. Designed by Joyce Cohen (l), the blank cards (with envelopes) are sold in packs of eight, four different designs in each pack. Available at AMI, \$10 per pack. The project was officially launched at our Volunteer Appreciation Evening in November.

TRIBUTES & MEMORIALS

**In honor of Lynn Nulman
Beverly Kravitz**

**In honor of the Waxman family
Mona Golfman**

**In honor of Norma Block
Marylin Block**

**In honor of Bina and Leonard Ellen
Sherry Ellen**

**In honor of Blanche Moskovici
Eckart Russell**

**In honor of Arthur Roskies
Barbara and Gerry Sheiner**

**In honor of Karen Waxman
Gayle Rubin**

**In honor of Jack and Barbara Singer
Lynn and Andy Nulman**

**In honor of Norma Nutkevitch
Lockwood
Lynn and Andy Nulman**

**In honor of Fanny Stark and
Seymour Coviensky
Lynn and Andy Nulman**

**In honor of Marylin Block
Norma Block**

**In honor of Dr. Daniel Frank
Fran, Howard and Michael Brenhouse**

**In honor of Barbara and Abe Weiss
Fran, Howard and Michael Brenhouse**

**In honor of Kristine Goulet
Sharleen Young**

**In honor of Brenda Cormier's walk in
memory of her brother Jeff**

**Kristina Ashgar
Brenda Cormier
Fred Cormier
James Cormier
Leo Dimora
Marc Elman
Alana Geller
Audrey Hadida
Omar Hamade
Mary Henri
Leon Krantzberg
Arlene Lapointe
Mina La Rocca
Madeleine L'Italien
Susan Maruya
Hugh Mellon
Julie Michaud
Gregory Ramsay
Lori Vinebaum
Lavonne Zdunich**

**In honor of Anna and Irwin Leder
Marylin Block**

**In honor of Clarice Boretsky
Sylvia and Bill Klein**

**In honor of Annie and Abe
Lynn Nulman**

**In honor of Roses Katz
Caroline Burman**

**In memory of Beth Laird
Lynn and Andy Nulman**

**In memory of Barry Lipson and
Wayne Gregory
Saul Friedman**

**In memory of Liz Kane
Sally McNamara**

**In memory of Susan Ballard
Fran and Howard Brenhouse**

**In memory of Pearl Lapin
Arlene and Danny Berg**

**In memory of Roman Kroitor
David and Sally Verrall**

**In memory of Annie Fritsch
Julia Ciamarra
Marta Unger Soos
Les retraités du Foyer Hongrois**

**In memory of Helen Elmslie
Rev. Shirley and Robert Smith**

**In memory of Martha Bishop
John Bishop**

**In memory of Hilary Griffiths
Renée and Mark Griffiths
Andrée Boyer**

**In memory of Pieter Boudens
Beppie Boudens**

**In memory of Patricia O'Brien Foster
Lynn and Andy Nulman**

**In memory of Douglas Simpson
Marylin Block
Claudia and Jerry Ikeman
Paul Rubin**

**In memory of Frank Abish
Renée and Mark Griffiths**

**In loving memory of a son and brother,
Douglas Simpson
Kay Simpson and family**

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity. For information, please phone 514-486-1448.

Hoarding ... continued from page 4

anxiety and depression. "It's often a way of coping with difficulties," Adams says, "a major disappointment, family problems or when someone close to you dies. You feel hurt and empty, and you find the comfort you need by filling the void with things. You come to believe so strongly in your reasons for accumulating that it becomes an addiction, a way of life. You're dependent and you're out of control." The predisposition is not inherited, but symptoms can begin to develop in children as young as five, even before.

(Note to parents: pay attention to young children who are extremely possessive about their toys and show excessive resentment if anyone moves or even touches them. If the behavior persists, it could be the first hint of future trouble. Check with your family doctor or CLSC.)

A lean scene

Hoarding begs for professional help, but here's the problem: at the moment there's relatively little therapy specifically for the disorder in Montreal. For OCD, yes. But Adams claims that the cognitive behavioral therapy treatments usually recommended for OCD sufferers don't work all that well for hoarding problems. Private therapists, if you can find someone who treats hoarding, tend to become pricey. Hoarding is an especially persistent disorder and effective treatment is a long-term commitment requiring patience.

In Adams' case, it's been slow but steady progress for more than 20 years and she's not through yet.

The future may be brighter, however. Hoarding treatments are now being developed and students have begun studying the disorder. Some psychiatrists are urging that hoarding be given its own separate classification in the 2013 Diagnostic and Statistical Manual and that could call more attention to an underserved mental healthcare need.

There are things hoarders and/or their families can do for themselves. The Hoarding Group meets monthly (see adjacent column for dates); according to Adams it's one of the most popular support groups with as many as 14 people attending. The shared experience of self-help groups is a proven way to reduce isolation and shame and increase motivation to break the hoarding pattern.

There are books on hoarding to read. Our Monty Berger library has several volumes. Adams' favorite is *Buried in Treasures* (Oxford University Press). □



Perseverance and patience are paying off for Gail Adams

WINTER 2013

SUPPORT GROUPS

Mondays 7:00pm 4333 Côte Ste-Catherine Road unless otherwise indicated. No registration necessary

FAMILY for relatives

January 7, 14, 21; February 4, 11, 18; March 4, 11, 18

SIBLINGS AND ADULT CHILDREN for relatives

January 14; February 11; March 11

BIPOLAR DISORDER for consumers and relatives

January 21; February 18; March 18

DEPRESSION for consumers and relatives

January 7, February 4; March 4

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

January 14; February 11; March 11

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives

January 21; February 18; March 18

KALEIDOSCOPE for consumers

January 14; February 11; March 11

ANXIETY for consumers and relatives

January 7, February 4; March 4

PAC Parents of Adult Children for relatives

7:00pm at AMI
January 15; February 12; March 12

SOUTH SHORE for relatives

Wednesdays 6:30pm Greenfield Park Baptist Church
598 Bellevue North, Greenfield Park
January 9, 23; February 6, 20; March 6, 20

LIFELINE for consumers

Last Tuesday of the month 1:30–2:30pm
Alternative Centregens, 5770 Auteuil, Brossard

Registration required for programs below (Call 514-486-1448 for details or to register)

Borderline Personality Disorder for caregivers

10-session program begins January 21

Obsessive Compulsive Disorder

6-session program begins March 20

Mood and Thought Disorders

6-session program begins April 9

Siblings and Adult Children

Special evening January 30

Roundtable Discussions

February 13; March 13

Teleworkshops

January 16; February 20; March 20

BOARD MEETINGS

Tuesdays 7:00pm at AMI
January 15; February 5; March 5

AMI-Québec Donation & Membership Form

NAME _____

ADDRESS _____ APT.# _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

E-MAIL _____

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

- \$50 Sponsor \$100 Sustaining Donor
 \$250 Patron \$500 Benefactor Other _____

I wish to make this donation in honor of: in memory of:

FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

I wish to become a monthly donor

Our monthly giving program is an easy and effective way of ensuring regular support. (By Visa or MasterCard only.)

- \$5 \$10 \$20 Other _____
 (minimum \$5/month)

Monthly donations will be deducted from your credit card the 15th of every month. You can change or cancel your monthly donation by calling 514-486-1448.

New Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to the AMI library and all other activities. Complimentary membership is available for people with limited incomes.

Existing members receive their renewal notices in the mail

Membership (\$25 annual): \$ _____
Donation: \$ _____
Total amount enclosed: \$ _____

Payment may be made by cheque, VISA, MASTERCARD or by phoning 514-486-1448

- VISA MASTERCARD Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec**,
6875 Décarie, Suite 300, Montréal, Québec H3W 3E4


We never share, trade or sell donor information.

When love hurts ... continued from page 3

How to get through

- Don't lecture, browbeat or reprimand. It just makes your relative feel bad. You'll find conversational approaches that work in Amador's book, *I Am Not Sick, I Don't Need Help!* It's in our Monty Berger library.
- Don't argue. Learning to understand and acknowledge your relative's point of view is much more productive.
- Ask first before quietly volunteering your opinion.
- Focus on what your relative wants rather than your needs. Once you build a respectful, trusting relationship, your opinion will have more credibility. The more support from you, the more empowered your relative will be.

Adapted from *What is love, anyway?* by Michelle Morra-Carlisle, *SZ Magazine*, summer 2012.

 This issue of *Share&Care* has been made possible by an educational grant from Janssen-Ortho.

ami québec

Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots organization, is committed to helping families manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

Mental illnesses, widely viewed as biologically-based brain disorders, can profoundly disrupt a person's ability to think, feel and relate to others. Mental illness affects not only individuals, but also their families, friends and everyone around them.

Annie Young, *President*
 Jean Claude Benitah, *Vice President*
 Norman Segalowitz, *Vice President*
 Joseph Lalla, *Secretary*
 Anna Beth Doyle, *Treasurer*
 Renée Griffiths, *Immediate Past President*
 Ella Amir, *Executive Director*

SHARE&CARE

Share&Care is published quarterly for members of AMI-Québec and mental health professionals.

Ella Amir, *Executive Editor*
 Bryna Feingold, *Editor*
 Liane Keightley, *Designer*

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.

Legal deposit: Bibliothèque Nationale du Québec, National Library of Canada.

6875 Décarie, Suite 300, Montréal, Québec H3W 3E4
 Telephone **514-486-1448** Toll-free **1-877-303-264** Fax: **514-486-6157**
 Website: www.amiquebec.org E-mail: info@amiquebec.org

Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)

