

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

TOP 10 QUESTIONS FAMILIES ASK about communicating with a loved one experiencing emotional dysregulation or Borderline Personality Disorder (BPD)

PART II

Visit amiquebec.org/blog for part I

6. My loved one isolates, is angry at me, won't talk to me. How can I maintain some type of connection with them?

This is a difficult experience. You care, you wish to know your loved one is okay. You miss them, but you might sometimes resent them too; it hurts so much. When someone lives with BPD, sustaining relationships is challenging, especially with people who are closest to them, like family members or partners. Your loved one, therefore, might find it easier to keep some distance. Feeling shame for not being good enough or not meeting expectations may prevent a person with BPD from keeping a healthy connection. Try to respect your loved one's

abilities and boundaries when it comes to interactions, and find simple ways to let them know how much you care and how important they are to you.

If your loved one lives with you, it can be more complex. You might need someone to help you navigate challenging situations. AMI-Quebec offers free counseling to caregivers; contact us if you require help.

7. My loved one self-harms and has suicidal thoughts. I am scared; what can I do?

As strange as it may sound, self-harm is often used as a way to avoid attempting suicide. Your loved one with BPD might self-harm as a strategy to numb emotional pain. A majority of individuals who injure themselves do not feel suicidal while engag-

ing in self-injury. Although very alarming, self-injury usually does not result in suicide. However, research has shown that self-harm may be associated with a higher possibility of suicide attempts.

Both self-harm and suicidal thoughts are a cause for concern. They are often a sign that your loved one is struggling with intense emotional pain. Don't be afraid to ask your loved one how they feel and listen to what they say (without offering an immediate solution), so they feel heard and understood.

If your loved one is seeing a therapist, encourage them to share their experiences honestly and openly as soon as they can.

If a situation escalates and you are at a loss, do not hesitate to call the Suicide Action hotline or your local crisis center: amiquebec.org/crisis.

8. My loved one keeps bringing up the past and say I am the reason they are not doing well today, what should I say?

This is difficult to hear and may bring up mixed feelings: anger, guilt, confusion, self-doubt, and resentment. You did so much to support and help them, how can they say this to you? Especially if you feel their version of events is very different from yours.

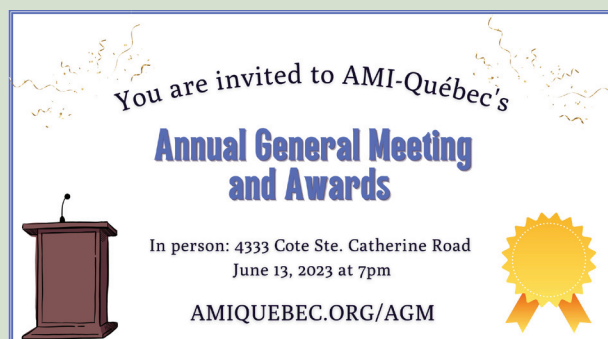
Validation could be helpful. Validation is a key concept in Dialectical Behaviour Therapy (DBT) and is aimed at recognizing how someone is feeling without necessarily agreeing with what they say.

For example, your loved one might say: *you have always cared more for my siblings than for me*. Validation would be saying, for example: *it must feel ter-*

Annual General Meeting, Awards, and Reception on June 13th

An AGM is an annual meeting of our members, board, staff, and friends. We talk about the past year and elect next year's Board of Directors. As a non-profit organization, we have to hold an AGM every year by law.

Attending our AGM is a great way to show support for AMI. Learn about our programs, our Board, and our day to day operations. ☐



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Managing schizophrenia without medication?

A LOOK INTO THE SOTERIA MODEL

Schizophrenia is traditionally managed and monitored by psychiatrists, social workers, doctors, and nurses. The most common treatment is drug therapy. Some do well on medication, while others have difficulty. That raises the question of whether managing schizophrenia is possible without medication. Enter The Soteria Project. Created by Loren Mosher, a psychiatrist who was head of schizophrenia research at the National Institute of Mental Health in the 1970s, the project aimed at treating individuals with schizophrenia without the use of medication. Did it work? Read on!

What was the Soteria Project?

The Soteria House mode of treatment is based on a world view that sees all human beings as worthy of respect. Psychosis is viewed as a human experience, albeit an extreme one, and effective treatment involves the creation of a warm, safe, and respectful holding environment within the community. The Soteria Project took place in the 1970s in California, with one facility in San Jose and another in San Mateo. Loren Mosher explained that individuals recently diagnosed with schizophrenia were placed in a 'community home' where they were treated by non-professional staff who were supervised by professionals.

The non-medical approach focused

on providing participants with a comfortable living space that felt like home, with a focus on everyday life relationships and activities, as well as working on the core-self. The Soteria model placed great importance on experiencing extreme states in a safe environment, free from judgement and filled with support. Participants were not treated with neuroleptic drugs, unless it was an absolute necessity, and even then with a very minimal amount of medication. Mosher said that most participants did not take any medications for the first six weeks in the program.

What were the results of the study?

The participants in the Soteria House were compared to a group of participants



who received traditional, medication-based treatment. The majority of the Soteria House residents saw an improvement in their symptoms within the first six weeks without the use of medication. After the first six weeks, the medication-based treatment group showed similar changes in symptoms. Mosher and his colleagues were surprised by the quick results achieved through the psychosocial

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BPD... continued from page 1

rible for you to think that I care more about your siblings...Once your loved one feels heard, it can be an opportunity to explore the feeling underneath their belief; do they feel like they don't matter? Do they feel like they don't meet your expectations? A person with BPD often struggles to identify their feelings, so this type of conversation might increase your loved one's awareness; it could also help to build trust and improve your relationship. For more information on BPD and validation: amiquebec.org/bpd4fam.

9. My child is a teen. They have been drinking, wishing to quit school, are engaging in self harm, are very angry, and won't talk to me. Could this be Borderline Personality Disorder? What can I do?

If you are the parent of a teen who is struggling to regulate their emotions or has been diagnosed with BPD, you are welcome to attend our groups and workshops. If you would like guidance as to how to navigate the system in order to get support for yourself and your teen, do reach out to us.

For more information about teens and BPD, read our article **BPD and Teens: What Parents Want to Know:** amiquebec.org/BPDteens.

10. I feel exhausted, frustrated, helpless and not sure I can continue this way! I want to support my loved one but I am burned out; what should I do?

Since it might take a while before your loved one's condition improves, it is essential that you take care of yourself while you support them. While staying connected to your loved one is important, respecting your own limitations is important too. Take breaks, engage in activities that bring you pleasure, see friends, take time to enjoy your hobbies. Connecting with other people who share similar challenges can also be a great source of comfort. At AMI, we offer workshops, support groups, counseling and a Caregiver Group for family members. □

For help visit amiquebec.org/borderline

For more tips, visit amiquebec.org/tips-for-families.

You may also want to register for the Family connections program offered by Sashbear, a free 12 week program for family members and partners designed to help you learn new skills as you accompany your loved one. sashbear.org/en/family-connections

Would you like to learn more? Visit amiquebec.org/bpd4fam for videos and other resources, including a recent presentation for families with Dr. Lois Choi-Kain of the Gunderson Personality Disorders Institute.

– Sylvie Bouchard

BPD Programs for Family Members at AMI

Soteria... continued from page 2

approach used in the Soteria House; they expected it would take much longer than the drug treatment to reduce the symptoms experienced by the participants.

Two years later they followed up on the participants of both groups. Soteria House participants who were treated without medication were doing significantly better than those treated in the hospital with neuroleptic drugs. Individuals who were predicted to have the worst outcomes gained more in the Soteria House than those in the hospital program. In the end, 43% of the Soteria participants never received neuroleptic drugs in the last two years of the experiment and were doing better than those who had received drugs during that period.

What worked with the Soteria model?

Mosher and his colleague Lorenzo Burt described twelve characteristics that could help explain why the Soteria model worked:

- The Soteria home had to be small and feel like home, having no more than 10 people, including staff.
- There were two staff members on duty, a man and a woman, who would work in 24-to-48-hour shifts.
- The staff and program director had to have a flexible ideology, making sure there would be no “failures of fit”.
- Peer and fraternal relationships were considered important.
- The open social system in the Soteria home allowed participants to easily access, leave, and return to the home if needed.
- Everyone contributed to the maintenance and daily running of the house to the extent possible.
- Roles were not heavily differentiated to encourage flexibility amongst the housemates.
- The hierarchy was minimal and there was no rigid structure.
- The home needed to be integrated in the local community.
- Relationships after discharge were encouraged.
- No traditionally defined therapy was given in-house.

Instead of traditional therapy, participants in the home were provided with services such as meetings that would allow them to deal with interpersonal problems as they came up, family mediation sessions if needed, and activities such as yoga, massage, arts in different forms, outings, and shopping. Additionally, there were four rules that Mosher and Burt say contributed to the success of the Soteria model. First, no violence to the self or to others was tolerated. Next, visitors could not come unannounced. Illegal drugs were not tolerated at the home, and sexual relations between clients or staff were taboo.

Eventually, the two houses used in the experiments were closed because funding dried up; a few Soteria Houses were replicated in Netherlands, Sweden, Germany, Japan, France, Hungary, the USA and Israel. As of the publication of this article, there are no Soteria houses in Canada. Do you think a treatment model like Soteria should be offered in Canada? What do you think of the results of Mosher's study? Should professionals pursue this form of treatment more vigorously? □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

New Workshops at AMI

This spring we are introducing three new workshops. If you have a loved one living with mental illness, we're sure these workshops can help you with the challenges you are facing.

Stress Management

April 26, 6-8pm

Caring about someone who lives with mental illness can take a toll on your physical and mental well-being. Burn out can come on quickly when we don't take care of ourselves. It's time for some self-compassion! Join us for some tips and resources and an interactive discussion that will help ease your stress level.

Mindful Art: Watercolour

May 18, 6-7:30pm

It can be stressful caring for a loved one who is living with mental illness. In this Mindful Art workshop you will learn a fun and easy way to create a colourful watercolour artwork that promotes relaxation, mindfulness and self-care. All levels and abilities welcome; no art experience required.



Use Your Strengths!

May 24, 6-8pm

Research has shown that identifying your character strengths (like perseverance, kindness, and leadership) can help you manage stress, boost relationships, find purpose, and increase well-being. We will explore how our strengths can help us during tough times.

These workshops will take place in person at the AMI office, 5800 Decarie, Montreal. Register now! □

For details and more workshops visit amiquebec.org/workshops

**When a situation
has you confused,
worried, scared, or just
plain exhausted,**

SOS-Famille can help

Do you have a relative or friend suffering from mental illness? Are you burdened with worry, confusion and anger? AMI-Quebec can help. We offer FREE support and information to help you navigate through difficult times and find ways to improve your situation. Sometimes a support group is the right venue to share your experience and get support; at other times a specific workshop can help. Yet there may be times when individual attention in a counselling setting could be best.

The range of problems people need help with is all too familiar. How to handle the fear a crisis situation can cause; whether it will help or hurt for a hospitalized relative to move back home after discharge; how to reclaim control over one's life and still be a caring, supportive parent. Behaviour difficulties, communication breakdowns, and exhaustion top the list of family challenges.

An assessment over the telephone will help determine if *SOS-Famille* could help with your situation. Currently, our sessions are happening online via Google Meet, so it's easy to attend whether you live in the Montreal area or not. *SOS-Famille* is available across Quebec, but we can also help English-speaking family members from outside Quebec who have a loved one who lives here. □

To assess the best course of action for your situation, or for more information, visit amiquebec.org/SOS or call 514-486-1448.

Please note that this program is for family and friends of someone living with a mental illness, not for individuals with a mental illness themselves. (If you are struggling with a mental illness yourself, call us and we will guide you to an appropriate resource.)

NEUROPLASTICITY

A NEW HOPE IN RECOVERY

When dealing with a mental illness, it is not uncommon to feel like you will always be this way: that you will always be anxious in crowds, socially awkward, gloomy, or depressed. We're commonly told that the brain is a fixed structure, set into place once a person reaches full development, so if you are 'born this way,' to quote Lady Gaga, there's no hope for change...or is there? Although the brain was once thought to be unchangeable and unmalleable, neuroplasticity has been challenging many former preconceptions.

Neuroplasticity is a term used to describe how the brain changes its structure through learning and actions. This process can occur by forming new connections between neurons or even altering already existing ones. The brain can also create new neurons through a process known as neurogenesis.

Far from being static, we are learning that the brain is a very adaptive organ, capable of change.

Recognizing our brains can change, neuroplasticity gives new hope to healing from mental illnesses. For example, a person suffering from anxiety may engage in avoidant behaviours, strengthening pathways that reinforce their anxiety even more in the future. Instead, by facing a feared situation (carefully and in small doses), an anxious person can work to lessen the triggers and manage their stress.

The risk of developing severe mental health challenges varies based on factors like genetics and our relationships. Although such factors can make some more susceptible, it does not make recovery impossible. Learning to change negative thinking patterns is difficult as they have been strongly reinforced with time, but it is possible with hard work and perseverance, especially with the help of a mental health professional.

Cognitive distortions are common in people living with mental illnesses. These are patterns of irrational thoughts that can lead to viewing reality in a negatively biased way. But negative thinking can be unlearned. Cognitive Behavioural Therapy (CBT) is a kind of talk therapy focused on reinforcing and building better neural pathways to help reduce these distortions by replacing them with more beneficial ones. Neuroplasticity can therefore be a comfort for patients



trying to change their thought patterns. Knowing you hold the power to change physical pathways in your brain and override those holding you back can be very motivating and hopeful. You can be the leader of your destination, so to speak, the captain of your ship.

In a world where many things are out of our control, we want to focus on what we *can* do. Our thoughts and behaviours are within our control, even when it can feel like the complete opposite. When engaging in behaviours like negative self-talk, for example, we are reinforcing this thought pattern for the future. When we become aware of our power to recognize this pattern, intentionally breaking it and overriding it with positive thoughts, we can work towards building a brighter and more empowered future. Are you ready to engage in your journey? □

– Julianna De Pascale

Visit amiquebec.org/sources for references

“Caregiver” isn’t a simple identity to claim. It is much simpler to say that you are a person who loves someone with mental illness, or a disability, or a chronic condition. There is a disconnect between knowing that you’re taking on a lot of responsibility, or that your worries are weighing you down, and the fact that you need help yourself when you’re the one supposed to be doing the helping! You can wind up feeling that your own situation is nothing compared to what your loved one is dealing with, or what others do, so asking for help would be needy at best, and embarrassing at worst.

Of course, limited resources mean that interventions must seek to make an impact among people who need it most; however, I think that too often we focus on defining caregiving by the amount of care tasks performed, as though there is a quantity of “giving” required in order to qualify as a caregiver.

Sometimes it’s said that caregiving exists on a spectrum from caring about someone to caring for them. But it isn’t simple to draw a line where caring about a loved one turns into caring *for* them.

What makes us define something as “care”?

I would suggest that caregiving is in the eyes of the caregiver, but it’s especially

hard for caregivers to see it for themselves. I often hear caregivers giving the disclaimer that they’re not *really* a caregiver because they don’t do that much, that often, or they don’t live with the person. They often then proceed to describe experiencing stress daily and worrying about their loved one. Caregivers are prone to not register the emotional labour or tasks they take on

— they have to contend with how the person they care for will be perceived, because expressing weakness or being dependent on someone else is not acceptable in our society. Caregivers can feel like disclosing their caregiving burden is blaming their loved one, or sharing the loved one’s struggles without their consent.

Just like it can be empowering to receive a diagnosis, and gain words for a feeling or a struggle, gaining the vocabulary of “caregiver,” “compassion fatigue,” and “caregiver burnout” can be affirming. But just like diagnoses, it can come with stigma. That’s why some people prefer to call themselves a “carer” - it feels less one-sided than “care-

giving.” But any label is going to chafe if we’re not ready to be open about how a loved one’s condition impacts us.

We may feel ashamed or embarrassed that we are required to provide care. In the case of children who provide care, they can fear being separated from their family as a consequence of disclosing their caregiving. It is easy to say for kids, “regardless of how often or how much they’re doing, if they are impacted by a loved one’s illness or disability, we need to support them!” We should take the same approach to

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HOW DO YOU KNOW IF YOU’RE A CAREGIVER?

Caring about versus caring for

to support a loved one because those have become an integral part of their routine. It is complicated, in any case, to decide what activities count as part of caregiving, and which are “normal” and expected.

There’s an implication that caregiving is somehow above and beyond what would be “normal.” Different cultures, relationships, personalities, and situations affect what we are expected to do for the people we care about and how we feel about it.

Against diagnosing “caregivers”

Caregivers can’t simply wrestle with how *they* feel about the care they provide



On February 12th, 125 people joined us for a virtual walking tour through Ragusa, Sicily. Led by fitness instructor Maria Fragapane and tour guide Elisa Ottaviano, with support from a team from Cummings, participants were treated to gorgeous views and fascinating history while moving in place to improve their mental health. We also heard from AMI board member Loreen Pindera who shared how regular exercise has changed her life. Ragusa was wonderful, exercise was fun, and we hope we’ve encouraged everyone to get up and move more often!

“YOU’RE SUCH A NARCISSIST!”

What does that really mean?

An overbearing mother who seems to only think about herself; a co-worker who shows a lot of arrogance and confidence in a meeting; entitled friends or siblings –these are all characters that we’ve probably all had to deal with in our daily lives, and it can be frustrating and exhausting. It seems natural, then, to toss the term narcissist or narcissistic around when venting about how they treat us but what does it really mean to be a narcissist, and how can we deal with someone who is narcissistic?

According to the *Diagnostic and Statistical Manual of Mental Disorders*, people who display narcissistic tendencies appear to have a grandiose sense of self-importance, entitlement, arrogance, and superiority, and may show a lack of consideration and empathy for others. While narcissists may not exhibit all these behaviours at once, consistently, or in all contexts, they often tend to be self-absorbed and driven to protecting their own self-esteem and self-image, thereby causing any negative feedback to

be ill-received, leading to aggressive and combative responses. This can be mentally taxing and emotionally draining to deal with. What can you do if you have a loved one with narcissistic tendencies in your life? Here are some things to consider:

Establish boundaries: Although it may not be a conscious intention, narcissistic individuals tend to think of their desires first and put other peoples’ needs on the backburner. What this means, unfortunately, is that they may speak over you, be adamant that certain things be done their way, and can get easily irritated if you do not comply. Establishing boundaries in those moments is vital for your own mental and emotional well-being, and can help to re-introduce a level of respect and consideration in their routine. For example, if a narcissistic parent resorts to yelling when you don’t do as they say, then vocalizing a boundary such as “*I will only continue*

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TRIBUTES & MEMORIALS

In honour of Anne Newman
Anonymous

In honour of Sylvia Itzhayek
Michael Shapiro

In honour of Stephanie Corbeil and Olivier Corbeil
Kerry Lowe

In honour of Allan Schwartz
Gayle Freeman

In honour of Seema Jani
Sunita Hatte

In memory of Eric Michael Bodanis
Maureen Glazer
Mara Schneiderman

In memory of Joshua Lawrence Freesman
Rena Entus

In memory of Susannah Rothstein
Lisa Serbin

In memory of Anita Miller
Frank and Elsa Kagan

In memory of Maxime Côté-Fortin
Caroline Camiré

Kim Colman
Sarah Forestell
Alexandra Ricard Guard-X
Nicholas Jonas
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Marie Senecal-Tremblay

In memory of Kathleen Simpson
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In memory of Butch Griffin
Arlene Griffin

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Richard Lipman

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Elissa Russillo
Shelley Sarjeant
John Sheehan
Julia Sheehan
Kelly Sheehan
Michael Sheehan
Nancy Sheehan
Carol Sutton

In memory of Evelyn Friedman
Elvira and Benny Freidman

In memory of Kay Simpson
Beppie Boudens-Alexander

In memory of Elsie Richardson
Beppie Boudens-Alexander

In memory of Pieter Boudens
Beppie Boudens-Alexander

In memory of Guus Boudens
Beppie Boudens-Alexander

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity.
If you wish to honour someone with a donation, please phone 514-486-1448 or visit amiquebec.org/donate.

Narcissist... continued from page 6

this conversation and all other conversations in the future if you do not yell" will both honour your self-respect and health and will encourage them to take responsibility and control their behaviours.

Conversational reminders: When speaking to a narcissist, always try and let them speak first. Often, they are so focused on what they want to say that they will either interrupt or ignore you and half-listen until they can say what they need to. Allowing them to go first, therefore, will help reduce communication obstacles. In these conversations, it is also important to keep requests short and simple, and remain very direct when speaking, so no confusion takes place and the narcissist does not have the opportunity to manipulate you or deter you from making your point.

Empathy for others and for yourself: Remind yourself that narcissism is not a conscious decision that your loved one is making. While they are responsible for their behaviours, remembering that their actions are a challenge associated with their mental state could help you have empathy for them. You also want to forgive yourself: there may be times you say and do the wrong thing because having a narcissistic loved one can be very difficult, but having empathy for yourself is vital.

Seek professional help and support: Getting therapy for your loved one where they can speak to someone and develop better tools to help identify and battle some of their own obstacles is crucial. If necessary, recognize your own struggles and seek help as needed: whether that is support groups, professional therapists, or friends and family to lean on, knowing your own limits and recognizing that you don't need to handle this on your own is important. □

– Nazila Tolooei

Visit amiquebec.org/sources for references

STAY INFORMED!

Find our most up-to-date information at:

www.amiquebec.org

For regular updates, follow **AMiQuebec** on:



Sign up for monthly emails:

amiquebec.org/email

Or call us: **514-486-1448**

(1-877-303-0264 outside Montreal)

SPRING 2023

ONLINE SUPPORT GROUPS

Mondays 6:30pm online on Google Meet

For family, friends, and people with mental illness unless otherwise indicated.

For details visit
amiquebec.org/support

FAMILY AND FRIENDS for relatives and friends

March 27; April 3, 24; May 8, 29; June 5, 19

BPD for relatives and friends

April 3; May 8; June 5

YOUNG FAMILY AND FRIENDS

for relatives and friends aged 18-30

March 20; April 17; May 15; June 12

ANXIETY/ OCD

April 3; May 8; June 5

BIPOLAR DISORDER

March 20; April 17; May 15; June 12

Please note:

Some programs are online and some are in person.

Our ultimate goal is a balance between in-person and online events so that we can accommodate as many people as possible.

DEPRESSION

March 20; April 17; May 15; June 12

HOARDING

March 27; April 24; May 29; June 19

KALEIDOSCOPE for people living with mental illness

March 27; April 24; May 29; June 19

SOUTH SHORE for relatives IN PERSON: 91 Churchill Blvd, Greenfield Park

6:30-8:30pm

Wednesdays: March 15; April 12

Mondays: May 8; June 5

WORKSHOPS FOR FAMILY & FRIENDS who have a loved one living with mental illness

Registration required for programs below. Visit amiquebec.org/workshops or call 514-486-1448 for details or to register

Online Workshops

Online on Google Meet

Write From Your Heart

*Starts March 30 and runs for 6 weeks
1-2pm on Thursdays*

Meditation

*Starts April 26 and runs for 10 weeks
10:30-11:30am on Wednesdays*

Intro to BPD

May 3, 6-8pm

Monday Caregiver Group

*Starts May 8 and runs for 6 weeks
Mondays 7-8:30pm*

Wednesday Caregiver Group

*Starts May 10 and runs for 6 weeks
Wednesdays 3-4:30pm*

In-Person Workshops

At the AMI office

5800 Decarie, Montreal

Hands On Practice for Challenging Situations

April 4, 6-8pm

De-escalating Conflict

April 12, 6-8pm

BPD Emotion Regulation

April 16, 10am-12pm

Stress Management

April 26, 6-8pm

Mindful Art: Watercolour

May 18, 6-7:30pm

Use Your Strengths!

May 24, 6-8pm

ANNUAL GENERAL MEETING

June 13, 7pm

IN PERSON: 4333 Cote Ste. Catherine Road. Details: amiquebec.org/AGM

**We are not mailing printed copies of our calendar anymore.
Visit amiquebec.org/calendar for an always up-to-date version.**

amiquébec

Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots not-for-profit organization, is committed to helping carers* 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.

*Carers (*proches aidants*) are those in the circle of care, including family members and other significant people, who provide unpaid support to a person in need.

Anne Newman, *President*
Judy Gold, *Vice President*
Henry Olders, *Treasurer*
Perla Muiyal, *Secretary*
Donna Sharpe, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE & CARE

Share&Care is published quarterly.

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Caregiver ... continued from page 5

ourselves as adults. Receiving support as a caregiver should be as simple as seeking help if you feel you could use it.

Being there for someone you love

The fact that caregiving doesn't stop when the person you care for isn't in the room with you should really shape how we define being a caregiver. It doesn't stop when that paperwork is finally filed, when a prescription is given, when the fridge is full, or when you have another responsibility. Any caregiver can tell you that much of being a caregiver is in the waiting, anticipating, and being on call for hands-on care, which indicates that maybe caring about isn't so far from caring for.

I'm reminded of author bell hooks' assertion that love is an action, never simply a feeling. She says that giving care is an essential dimension of love. So when we care *about* a loved one we must necessarily be caring *for* them to some extent. If you have a loved one experiencing duress, that is reason enough to seek support. □

– Oliver Fitzpatrick
Young Carers Project Coordinator at AMI

This issue of Share&Care has been made possible by a grant from the Otsuka-Lundbeck Alliance.



YOUR SUPPORT SUSTAINS OUR FREE PROGRAMS

Although AMI receives some government funding, we need to raise more than half of our operating budget each year.

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