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## A Guiding Light on the Path to Recovery

### Sharing My Story

By Deborah Deforest

**“Each and every time I share my experiences, I endeavor to thread hope and possibility throughout the story”**

I have had the opportunity to see my story being used in many different ways. Over the last 9 years I have written articles for a national magazine, been in the newspapers, on radio and television, done presentations at high schools and have conducted several presentations in this region and provincially. I have allowed myself to open up and spread the light of hope.



supports do I have in place? I facilitate the idea that I am capable of directing my own path. I am not a victim of a tragic event outside of my control, but rather, I am master over my own choices.

When I develop my story, I always have a purpose in mind. What is the outcome I want? What do I want others to take away? Is it a biography of tragic circumstances, or an opportunity to move mental health and anti-stigma forward?

Next, in telling my story, how do I build the bridge to those who have not had that lived experience? I believe that for others to find value in my experiences, I need to connect with my audience. It is important to create an environment of empathetic engagement and understanding by first giving scenarios that create an understanding of what it would be like to be in those person's shoes. Perhaps you have broken your leg. You realize that you cannot do the things you once could and need to rely on others for support. You feel stifled and incapable. Perhaps others make comments that you will never be the same after and may never heal. In those types of scenarios lies the empathy and connection.

I have also found it helpful to talk about my personal responsibility within my mental health journey, instead of continuing to perpetuate systemic oppression and personalized internal oppression. What exactly is my part in my mental health recovery? What resources and

There are too few opportunities to talk about the learning's of life experiences. I make it a goal to let others know that coming to understand oneself is part of the journey. Talking about my positive experiences and learning's does not negate the experience of others. However, it can feel almost taboo to maintain a positive perspective in a mental health services environment. For example, an individual asked if I would go through it again, knowing where I am now. I answered "yes." I have learned so much about myself, my strength, courage, resiliency, and my love for others and their love for me; it has made me who I am. Unfortunately, when I said that, both service workers and those with lived experience became angry. Why? Was I trying to dismiss their negative experiences? They seemed to believe that my experiences could not have been all that bad.

For me, my story was not about the trauma and abuse that I experienced. It was about learning, hope for others and the fact that I was fortunate enough to be there to share those experiences with others. I am careful not to come from a victim stance, with the emphasis being on the negative and gory details. Rather, I share hope.

My story drives the idea of the possibility of recovery or positive change. By doing so, I believe that those who hear my story will walk away further understanding the possibility of

*Continued on page 2...*

## What is Normal?

By Beth Be

What is normal? Normalcy, by definition, is the state of being regular or common. What is your normal?

My “normal” 20 years ago was vastly different than it was 10 years ago. What was normal 2 years ago was much more limited than what is normal for me now. We all strive to feel “normal,” so it is a self-imposed state. We want to fit in. It comes from judging ourselves first, then others; from a personal, to community, to a global level.

What the majority thinks they agree upon is the accepted “social norm.” It is so subjective! How can anyone else qualify it for me? It is another’s judgement of me, but through their concept of “normal.” How “normal” are they that judge? Any deviation from our expected or perceived norms, in others’ judgement or our own, can be risky and threatening.

I have believed in my “normal” as something concrete; if I thought it or experienced it, it was my reality. After losing family to suicide, I experienced stigma, being censored at work and then fired, making me feel abnormal. Eighteen months ago my “normal” was fear and anxiety laden. Others judged me as not normal. My own family deemed me other than my “normal” self.

I thought “normal” was determined by others’ comfort level with me. I have struggled with delusion and suicidal thinking; grieving, depression, and difficulty coping – eroding my self-

esteem and my self-confidence. I craved “feeling normal” but it did not happen until I was allowed and encouraged to tell my story.

We are all trying to find “our normal.” Mental health is not something scary. We all face challenges to our mental health. Sometimes we cope, sometimes not. Sometimes it can be overwhelming for us alone. Is this not the same for everyone? Is anyone really normal?

I was a hippie growing up. The beauty of that generation was that the “norm” was to question and challenge what was “normal.” I liked being anti-establishment. I took pride in “not being normal.” I have equated normal with ordinary; wishy-washy. Those who do not question at all, trade their sense of “normalcy” for complacency. It is my social responsibility to question “norms.”

There is so much labeling of new neuroses and so many shades of abnormal that, perhaps, no one is “normal” anymore. As healed and as changed as I am today, my current “normal” is all that I have. Maybe being abnormal is ok! I celebrate our differences and individuality, instead of “the cookie cutter norm.”

So, I am not “normal.” Perhaps, just offside of “normal.” ■

## Sharing My Story

By Deborah Deforest

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recovery and further strengthening the relationship between.

I once gave a presentation at a conference where I used my story to challenge inner beliefs of mental health issues. I gave two scenarios: The first, of a very difficult life from a child to young adult. The second was of an adult who had recovered from mental health issues. No one was able to guess that both scenarios were me. Through stigma and discrimination a picture developed in people’s minds that led them to believe that there was no positive outcome for the young individual. When describing the second scenario, individuals easily saw me. After stating that both scenarios were me, someone in the audience blurted out “Oh my.” I will not forget the impact that that had on me not only as a presenter, but also as a person with lived experience. I realized that society as a whole does not hold much hope for recovery and that when one does recover that it is considered a miracle.

If all of our stories are full of tragedy and have no meaning or purpose, we are continuing to bring about the stigma and discrimination that already exists. Worse, we are doing it to ourselves. It takes courage and resiliency, getting to know you inner self, and a whole lot of work. However, like anything that has worth, it usually does take great effort.

Emily Dickinson once said, “*Hope is the thing with feathers that perches in the soul and sings the tune without the words and never stops at all.*” Hope is the catalyst to recovery. Each and every time I share my experiences, I endeavour to thread hope and possibility throughout my story. In my experience, a story without hope is not helpful. Hope perpetuates forward movement and takes one out of a place of complacency, to one of drive and passion to create positive change. I once told my therapist that I saw myself as a porcelain doll that had been broken to pieces and would never be the same. However, in time, through hope, I came to understand that I had become a unique multifaceted piece of art, where hope and possibility had created a beautiful mosaic, unlike any other in its resiliency and beauty.

Telling our stories can bring great change for those with lived experience. Sharing gives the gift of belonging. The mental health system can glean from the learning’s of those with lived experiences, how to create a forward and fluid system that centers on personal and individualized care rather than the cookie cutter approach. It is time that we had a voice. For too long those with mental health issues have been in the shadows, afraid and ashamed to tell their stories. It is time to walk out from the shadows and shine as brightly as we can. ■

## The Language of Speed—Austin Riley

By Colene Allen



Image courtesy of Brooke Legacy,  
In The Pits Media

Colene Allen is a volunteer for the Self Help Alliance Cambridge site, licensed race official and motorsports writer with *In the Pits Media*.

*Author's Note: Labeling Austin as autistic is completely wrong, simply because autistic is not who he is. Austin takes the strengths and struggles that autism has brought into his life and makes use of both to be an exceptional racer, and a very captivating and inspiring young man. Austin Riley may have a condition called autism, but he is not an autistic. He is a racer.*

Speed and skill have a language that is uniquely their own. At age fourteen, Austin Riley struggles every day to be understood by people. However, when he has a steering wheel in his hands and a kart underneath him, Austin speaks eloquently and clearly.

Struggle has been daily life for the Riley family. Austin was identified with behavioural and fine motor skill challenges early. This resulted in years of ineffective treatments and battles over various medications. The Rileys never gave up and continued to try and find a solution to the puzzle that is their son. Austin's fine motor skill deficits meant finding an activity that would improve those skills and socialization issues. His parents, Jason and Jennifer

Riley, tried soccer and power skating, which left them standing helpless as Austin sat in the middle of the field and rink, and did nothing. School was of limited assistance and it seemed as if the family would not find what was needed to help Austin mature and develop.

Then one day, a flyer in the mail caught Jason Riley's attention. Ever since Austin was three years old, his father has been taking him to car shows. Austin has an encyclopedia of facts and information about street cars from sub-compacts to exotic sports cars stored in his brain. Taking advantage of Austin's interest in cars, the Rileys bought a little toy electric car for him. Austin would come home from school, jump in the little car, and drive it up and down the neighbourhood sidewalks until bedtime. It was that little electric car combined with a flyer for a karting program that sparked the idea that perhaps Austin could drive a go-kart.

Austin fought against racing the kart at first, but was finally convinced to give it a try. At the age of seven, Austin made his racing debut; he began by keeping the gas pedal jammed to the floor, rarely using the brake, and not stopping after the checkered flag that ended the session. The owners of the track could easily have banned Austin, but instead, showed patience and gave Austin the opportunity to learn about racing.

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## The Power of a Furry Companion

By Sam Goving

Ask any pet owner the benefits of having a furry companion and you will be hard pressed to get them to stop talking. "My cat is my best friend," I have heard someone say; "My dog saved my life," said another. Parents will adopt an animal for their children to help them gain a better understanding of responsibility and compassion. Animals truly have a momentous effect on our mental health and wellbeing. Let us take a look at the history of Animal-Assisted Therapy (AAT) and how it can help us in our daily lives.

One of the earliest documented cases of animals being official aids for mental health comes from the York Retreat in York, England. Now known as 'The Retreat', this treatment centre opened in 1796 after its founder, William Tuke, and his colleagues saw the deplorable conditions that those suffering with mental illnesses were living in at contemporary institutions. Tuke and his team set out to create a centre that provided humane treatment, and allowed their patients to retain their self-worth. The Retreat introduced small domestic animals to their grounds with great success. Gardening, courtyard exercise and caring for the animals were all integral parts of the therapy and recovery program.

One of the most famous cigar smokers of all time and father of psychoanalysis, Sigmund Freud, was known to have his canine pal, Jo-Fi, in all of his therapy sessions. Rumours state that Jo-Fi would

indicate the level of tension in a patient by laying in specific spots in the room; when she pawed at the door, the session was over. Whether true or not, Freud wrote that having his dog in the sessions had a calming effect on his clients. "Dogs," Freud noted, "love their friends and bite their enemies, quite unlike people."

Boris Levinson, a Lithuanian-born child psychologist, is known as the accidental founder of modern AAT. Levinson had been seeing an extremely withdrawn child for a month and was making little progress. On one occasion, the boy and his mother arrived early and were greeted at the door by Levinson's dog, Jingles. The introverted child reacted enthusiastically, even speaking to the dog. Levinson included Jingles as his 'co-therapist' in subsequent sessions and found a noticeable improvement in the child. In 1961, Levinson brought his findings to the American Psychological Association convention to mixed reactions. A later survey would show that of the 319 attending psychologists, 16% incorporated companion animals in their work. In 1964 he began using the term "pet therapy" and began to write extensively on the subject.

Recent research continues to show the benefits of formal and informal AAT. Melson, Peet and Sparks (1991) found that children attached to a pet showed positive emotional functioning. They had stronger coping mechanisms and showed higher self-efficacy.

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# Reaching Out - Tools for Recovery

## Sharing Stories

Humans are story tellers by nature. We share stories of our day to day lives, and enjoy hearing the stories of others. Sharing our stories of recovery reminds us of how far we have come and helps us to see how much we have accomplished. In addition, those who are privileged to hear our stories share in the gift of belonging, while adding to their motivation to move forward, knowing it can and will get better.



### Stage 4: Deepening

Continue to revisit and revise your story. Here, people often further develop their recovery story and learn what it is really about. In any writing, edits and revisions are what separates a good read from a great read.

### Stage 5: Shaping

From previous stages, you may already have a specific form you are comfortable with, or you may want to take some time to try something different.

Your story may work best as a written document, a play, poem or artwork.

## Stages in Creating and Sharing your Story of Recovery

### Stage 1: Preparation

It is the positive learning and growth that interests most readers about the stories of others and which can be of most benefit. Take a look at inspiring stories of others, explore your story with someone close to you, and reflect on the following questions:

- Was there a time when you were able to cope with a very challenging situation?
- Is there a difficult experience that you had in which you were able to gain a sense of healing?
- What have you learned that you hope to share with others as a role model for recovery?

### Stage 2: Germination

List and gather ideas and begin to piece your story together. As you explore your story, more thoughts and ideas may come to the surface. You may experience moments where you make positive discoveries about yourself and find parts of your recovery story you had forgotten.

### Stage 3: Working

Using the pieces you discovered, begin to build your story. You may experience deep emotions as you recall challenging times. Stay with it even if the process is difficult. We heal as we go through our memories and feel our feelings. If needed, seek out a trusted friend or advisor for support.

### Stage 6: Completion

This is when you fine tune your story. You will likely spend a lot of time adding or deleting elements, refining and gaining an even deeper understanding of its meaning. This may be a slow process, but it will be worth it in the end.

### Stage 7: Going Public

When you feel ready, you may want to share your story. This may involve sharing it with close family or friends, publishing, or public speaking. It is up to you how far you want your story to go.

We have all come a long way through our recovery journeys. Give yourself the gift of looking at how far you have come, and share that gift with others. ■

(Source:

Ridgway, P. et al. (2002). *Pathways to Recovery*. Data Reproductions Co. MI.)

Send along your comments about a recovery tool that assisted you on your recovery journey, or a recovery related question to:  
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## For Your Inspiration

*Some seek the comfort of their therapist's office, others head to the corner pub and dive into a pint, but I chose running as my therapy.*

~ Dean Karnazes, *Ultramarathon Man: Confessions of an All-Night Runner*



Image courtesy of **Kayleigh Hilborn**

*We work on ourselves in order to help others, but also we help others in order to work on ourselves.*

~Pema Chodron

### Journal Writing

Write a "fan letter" to yourself, congratulating yourself on coming so far on your recovery journey.

What does your recovery path look like? Express it in a drawing, painting or any form other than writing.

# The Autonomic Nervous System (And Why It Is Important)

By Keehan Koorn

The Autonomic Nervous System (ANS) is the part of the peripheral nervous system that works outside of conscious control. It is in charge of things like heart rate, digestion, and sexual response. It has two systems, called the sympathetic and parasympathetic, which have opposite effects.

The **sympathetic** nervous system excites the body and prepares it for action. In response to threats, our bodies go immediately into this “**fight, flight, or freeze**” mode. This is the system that we have inherited as mammals, and it works best with physical threats, like looming predators.

- Epinephrine (adrenaline) is produced, making our hearts race.
- We become hyperaware of our surroundings and stay awake.
- Our breathing gets shallower and faster for more efficient processing of oxygen.
- Our skin sweats to keep our body temperature down.
- The liver releases its stores of sugar into the blood for quick energy. Insulin is also produced.
- Blood rushes towards major vital organs (heart, lungs, liver, brain, muscles) and away from non-vital body systems (digestive tract, immune system, skin, sexual response system) in order to prepare the body to take action.
- Because of the increased blood flow, our genitals might engorge, making it seem as though we are sexually aroused. (This is why some individuals orgasm or experience sexual pleasure during a sexual assault; it is an *automatic, physical* reaction).
- Overall, the sympathetic nervous system *shuts down* our sexual response cycle (making it difficult or impossible to feel sexual desire, arousal, and orgasm). This is especially true when we stay in “fight, flight, or freeze” for a long time.

Physical, immediate, short term threats were a way of life for our

mammal ancestors. This system works for physical, short term threats. However, because we are humans and live in complex societies, threats are not just physical and short term. A threat could be going through a divorce, being short of money to pay rent, or experiencing flashbacks. Even though these threats cannot be fixed by running, fighting, or freezing and it does not make sense to sweat, breathing fast and getting pumped full of adrenaline in response, is the only way our nervous system knows how to handle it.

The **parasympathetic** system does the opposite—it inhibits the sympathetic response and helps the body heal and relax. This is the “**rest and digest**” system.

- Stimulates salivation and digestion.
- Slows down the heart.
- Blood flow returns to all systems and organs.
- Breathing becomes deeper and slower.
- The immune system is reactivated.
- The sexual response cycle is turned on, increasing the potential for us to feel “turned on”.
- Healing and rebuilding muscles and tissues takes place.
- The liver works at storing energy.

This is our ideal “normal” state. We feel calm and relaxed. We can sleep easily and deeply. We can feel sexual arousal. Most, if not all, activities designed to calm us down are ways of activating the parasympathetic system. The sympathetic and parasympathetic systems cannot be active at the same time. Therefore, if we are able to slow our breathing, slow our heart rate, increase blood flow to the skin (through, say, massage), or stimulate salivation and digestion, then we will turn off the sympathetic nervous system and be able to relax.

## FAQ About The Autonomic Nervous System

**Why do I get stomach aches when I am stressed?** Because digestion is shut down by the sympathetic nervous system.

**Why do I eat when I am stressed?** We might try to activate digestion by eating, therefore activating the parasympathetic nervous system and allowing us to relax. Sometimes it works, sometimes it does not.

**Why do I get so tired when I am stressed, but I cannot sleep?** Our sympathetic nervous system releases energy to be used by the body in fight or flight. If it is activated for a long time, we can run out of energy and feel tired. However, the sympathetic nervous system wants us to be hyperaware of our surroundings, so it does not allow us to sleep leaving us feeling “wired but tired.”

**Why do excitement and anxiety feel so similar?** It is the same nervous system response, just a different interpretation. Whether we are feeling “pumped” or “terrified”, we experience increased heart rate, faster breathing, lots of immediate energy - it is the sympathetic nervous system at work!

**How do I “flip the switch”?** When our stress reactions are not being helpful, it can be useful to learn how to switch back to our “normal”, parasympathetic state. Anything that mimics a parasympathetic state might trigger our body to switch back—slow, deep breathing, massage, eating, biofeedback (listening to and learning to control heart rate), meditation, thinking calm/happy thoughts, light exercise (such as a walk), being in nature, and listening to music are just some of the many ways we can “hack” our bodies into a parasympathetic state.

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## The Language of Speed—Austin Riley

By Colene Allen

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In that first year of racing, Austin won his first race and went on to win three championships over the next five years.

Austin is now competing against other teenagers two years older than himself, with a more developed race craft. If his pattern holds true, sometime in the next two seasons, Austin will likely take most podiums and/or victories in the class and walk away a champion for the fourth time.

Fine motor skills are the skills that most of us take for granted. A driver needs to be able to make the minute steering adjustments to keep the kart on track, interpret the input from the 'road feel' of the kart's steering wheel and chassis, and have excellent hand/eye coordination and reaction times. Austin's fine motor skill challenges mean that he has trouble cutting up food on his plate, tying his shoes, and putting on his helmet. Despite this, Austin's hands are so fast at turning a steering wheel that the handling of his kart is setup to make the steering input sluggish. What would feel terribly slow and difficult for an average driver is more suitable for how Austin drives. Doctors cannot explain how Austin is able to race a kart. Somehow, Austin's brain is wired for racing a kart, and he excels at the challenge. As Austin himself puts it, "I don't like corners, I like to go fast!"

At a recent media event, Austin had the chance to meet and chat with Indycar drivers, James Hinchcliffe and Alex Tagliani. Near the end of his conversation with Austin, Alex Tagliani wished Austin luck in his next kart race. Austin's reply was blunt, unfiltered, and left the popular French-Canadian driver at a loss for words.

"I don't need luck, but you do."

Several weeks ago, a seven year old boy named Jayden showed up at a practice day. Jayden's parents had been struggling to find a way to reach their son and give him a chance to develop. They had heard about Austin, and decided that perhaps go-kart racing could do for their son what it has done for Austin. What Jayden's parents did not know was that Austin would be there that day. After a brief introduction, Austin spent time encouraging Jayden, showing him how to race a kart and how to get around fast. Jayden's parents had the chance to see something they thought they never would: their son interacting with someone else with joy, abandon, and intensity. It is the small opportunities to make a difference in the attitudes and lives of others that Austin excels at. He does not realize how significant what he is doing truly is.

From changing the way some teach young karters, to impressing karting champions, there is no shortage of people that believe in Austin's ability to race. There is also no shortage of people that have learned from Austin's story; including parents that currently struggle with finding the right formula for their children with autism, and others learning alternative paths to wellness. Racing is therapy for Austin, pure and simple. Through his racing, Austin promotes awareness for Autism and is connected with Autism Speaks Canada.

During my visit with the Rileys and Austin, Jason and Jennifer apologized to me because Austin was not able to sit down and conduct a regular interview. My response was very simple, "No apology necessary. Austin spoke to me quite well. All I had to do was watch him out on the track." ■

## The Power of a Furry Companion

By Sam Goving

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Other recent research shows that AAT promotes shorter hospital stays and faster goal attainment. Touching and petting a friendly animal promotes relaxation and calm by releasing beta-endorphins and lowering blood pressure. There is also an increase in oxytocin, which decreases our feelings of isolation and loneliness. These endorphins can also help in pain reduction.

There are plenty of examples of AAT in today's society: There are numerous therapy dogs in the armed forces that help soldiers dealing with PTSD, depression, traumatic brain injury and more. A non-profit organization in San Diego, called "Shelter to Soldier," pairs dogs that are in need of a home with soldiers in need of support. The dogs receive training and, once they graduate, are paired with a soldier returning from war with a mental illness. There are countless programs that bring therapy animals into hospital wards to provide a healthy distraction from treatment.

So, how can this help us? Not everyone is in a place to have a

pet. Volunteer at your local animal shelter, or offer to watch a friend's parakeet if they go on vacation. Caring for an animal gives you a sense of importance; being needed is a very powerful relationship. You can improve your feelings of self-worth and confidence by training and loving an animal.



Image courtesy of Sam Goving

If you are lucky enough to have your own pet, appreciate your time with them. Their happiness and joy for life is infectious. Now, if you will excuse me, I need to go hug a dog. ■

(Sources: Levinson, Boris. (1977. First published in 1969). *Pet-Oriented Child Psychotherapy*. Charles C Thomas Pub Ltd.  
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# The Autonomic Nervous System (And Why It Is Important)

By Keehan Koorn

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## How Do Common Activities And Drugs Affect The ANS?

### Caffeine

Caffeine increases alertness and energy, so you can probably guess that it activates the sympathetic nervous system. However, some people also experience another effect of caffeine—increasing digestive activity. That is because caffeine actually affects both systems. This is why the effect of caffeine varies so much among people. Daily intake of 200 to 300 mg of caffeine, or about two to four cups of coffee, is generally thought to be safe. But more than that can cause a chronic activation of the sympathetic nervous system called “caffeineism.”

### Exercise

Moderate and intense exercise activates the sympathetic nervous system during the exercise session. Afterwards, and in between regular exercise sessions, the body finds it easier to slip into, and stay in, parasympathetic mode. Why this happens is not well understood, but that it happens is fact.

### Sex

Sexual behaviour is a very complex system, and I do not want to oversimplify things, so I must distinguish between sexual desire (thinking about sex and wanting sex), sexual arousal (the rush of blood to the genitals, causing erections and lubrication, which might be caused by sexual desire OR a nervous system reflex), and orgasm (the peak of sexual pleasure, causing ejaculation/uterine contractions). Sexual arousal is controlled by the parasympathetic nervous system. It makes sense that we need to be relaxed and feel safe when we are having sex. In an interesting twist, the *sympathetic* nervous system is in control of orgasms. This means that if we are stuck in one mode, or have trouble switching between sympathetic and parasympathetic, then we will have sexual difficulties.



### Nicotine

People often say that they smoke cigarettes to relax, but the truth is nicotine excites the sympathetic nervous system AND actively inhibits the parasympathetic nervous system as well. Nicotine can increase breathing, heart rate, and blood pressure. It speeds up our cardiovascular and respiratory systems in an abnormal way. In addition, it inhibits hunger. When we are addicted to nicotine, the lack of a cigarette can cause withdrawal symptoms, including irritability and anxiousness. The relaxation people get from smoking cigarettes tends to come from the five to ten minute break we get, the slow deep breathing, and not from nicotine.

### Music

Listening to the music you like can help your body in many ways, including reducing sympathetic action and promoting parasympathetic action. Music has been shown to reduce blood pressure, speed up stroke recovery, boost the immune system, enhance learning, improve athletic performance, aid sleep, and reduce stress. ■

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## Hopes

By Ellen Bagares

I acknowledge our courage  
 I hope to often strive to encourage  
 I hope we remember that we can all be strong survivors  
 I hope to reach most if not all my endeavours  
 We hope to make more people wise  
 I hope more people will not despise  
 Let's continue to deal with  
 Any of "those pains"  
 And confront any of "those shames"  
 In a good and healthy way  
 I hope any disturbing problems will go away  
 And I envision a love that reigns

I also hope that more people will make their love stay  
 Grudges get you nowhere and I believe forgiveness  
 Can take you far  
 I dreamt of being a star  
 I remember all those superb smiles  
 And I dream of spreading God's love  
 I still have visions of the dove  
 I hope we can continue to love through distant miles  
 When we are apart  
 Let's remember to be good to our hopes  
 And to be good to the young and old folks. ■

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The views expressed are those of the authors' and do not necessarily reflect those of the Self Help Alliance.

## Write to the Editor

### We Want to Hear From You!

Send along your articles, images, letters to the editor, comments or views about topics in this newsletter or other topics related to the mental health system.

Please note that any items submitted may be edited for space and other needs of the "Changing Lives" Newsletter.

Please send your items to:

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## Words for Recovery Stories

- Fun
- Future
- Hope
- Joy
- Light
- Living
- Sharing
- Wellness

T	O	O	L	O	V	B	I	N	G	X	J	A	Y	F	U	T	U	R	E	S	E
H	O	H	M	I	G	T	Y	H	O	P	O	A	F	U	H	B	M	I	L	K	E
G	O	A	S	E	V	I	N	B	E	N	Y	G	U	N	O	D	W	Y	J	M	G
I	F	D	I	J	O	I	P	S	F	G	B	N	M	C	P	A	S	C	F	I	C
L	A	A	T	E	R	I	N	G	S	S	E	N	L	L	E	W	A	S	Y	N	W
A	D	S	H	A	R	I	N	G	A	D	G	H	J	K	E	R	U	T	A	N	Q