

**Anachronistic Me:
An Autoethnographic Account of Recovery through Volunteerism**

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Abstract

The purpose of this autoethnography was to reflect upon the ways in which my recovery was aided by the personal connections made while volunteering in a homeless shelter. Congruent with autoethnographic best practice, data were collected through a variety of means, including: journaling, field notes, participant observation, and collection of artifacts. An autoethnographic narrative emerged out of the analysis of data detailing my recuperative journey. Results indicated that my time spent volunteering at the shelter: (a) fostered a sense of Community, (b) made me aware of Realizations that broadened my perspective, and (c) aided in motivating me to be Intentional about Improving my Life. These three themes proved to be important factors in my recovery process.

This thesis will inform social science researchers and health advocates by making a contribution to the growing body of literature regarding recovery.

Key words: autoethnography, recovery, volunteerism, community, realization

Preface

On August 15, 2008 I was the driver of a single occupancy vehicle that was struck by an oncoming vehicle approaching at a rate of 120km/hr. I was airlifted from the scene of the accident, Otterville, Ontario, where I lived with my husband and two dogs to Victoria Hospital in London, Ontario. After being admitted to the hospital, tests indicated bleeding in two spots of the left, frontal neocortex region of my brain. My injuries were multifaceted and caused deficits in many areas of my former life, but the most immediate and acutely obvious consequence of the crash was the loss of my memory. I had forgotten all events and many people from the 3 years of my life prior to the injury.

For a year after my accident, I could not read or write as my eyes could not track linearly. My frustration abounded. In that first year I was going through many esoteric experiences and felt an uncannily strong urge to record them, even if just for myself to remember these experiences once my brain returned to “normal functioning.” But I could not.

My eyes eventually regained the ability to track normally, and my brain regained the endurance to stay on task longer than 10 minutes at a time; therefore, I am now able to write about my experiences, though I fear some of the salience of the acute stages of recovery is lost on me by now. Nonetheless, I feel a need to reflect upon and write about my last number of years as both an exercise in recovery and to provide insights to others in similar situations.

Recovery is a beautiful thing. Mine happened in community. The proceeding thesis is an autoethnographic account of my recovery from brain injury that was

stimulated through volunteering at a homeless shelter where I had worked prior to the accident.

The first three chapters are written as an academic-style thesis. They introduce the purpose of this study, review relevant literature related to brain injuries and homelessness, and describe the chosen methodology, autoethnography (Ellis, 2004; Chang, 2008). Congruent with this autoethnographic approach, my experiences (Chapter 4) are written in a narrative form, including a blend of dialogue, reflective monologue, and simulated emails. (To protect identity, pseudonyms and amalgamations of characters are employed for both the agency and for individuals included in the autoethnography.) Finally, I summarize my findings into three themes that I found pertinent throughout the research. I interpret these, opine their implications, and suggest future research findings in the final “Discussion” chapter, Chapter 5.

This autoethnography represents my own account of recovery from traumatic brain injury and the story of a specific group of individuals who have helped and continue to help me along this journey. I assert that through this autoethnography, I tell my “subjective truth” (Denzin, 1989, p. 23) while divulging my lived experience. I will be sincere in my renditions of self-renewal and the introspective processes that took place during my time volunteering. I assert that I vacillated between an emic lens, which had me viewing the culture of recovery while volunteering in a homeless shelter as an inner-participant, and an etic lens, which had me viewing the culture as an outer-participant (Zhu & Hildebrandt, 2013). On the days that I was conducting field notes, I gravitated towards an etic lens often, simply because I was in the process of dissecting what was in process. I do not regard either approach as better than the other. A view from within is

one perspective while a view from outside is another. I agree with O'Reilly (2009) who implies that the term "participant-observer" is oxymoronic as she titles a section in *Key Concepts in Ethnography* "Participant Observer Oxymoron" (p. 157). Attempts at objectivity often result in further evasion of it.

The lived experiences of interacting individuals are the proper subject matter of sociology. That is, sociologists must learn how to connect and join biographically meaningful experiences to society-at-hand and to the larger culture- and meaning-making institutions of the late postmodern period.....The meanings of these experiences are best given by the persons who experience them. A preoccupation with method, with the validity, reliability, generalizability, and theoretical relevance of the biographical method.....must be set aside in favor of a concern for meaning and interpretation. (Denzin, 1989, p. 15)

While I see value in canons and standards in research, I see the worth in Denzin's (1989) sentiments here. I do not pretend to hold authority on any subjects concerning the paths one should or should not take toward his or her own better health. I only know that I head toward mine each day by hanging out at a local shelter.

Three injured in Otterville Road crash

On Aug. 15 at 5:29 p.m. Oxford Community Police responded to a two-vehicle collision at the intersection of Otterville Road and Middletown Line in the Township of Norwich.

The police investigation revealed that a pickup truck was traveling southbound on Middletown Line when the driver failed to obey a stop sign at Otterville Road and struck an eastbound car, forcing both vehicles

into the southeast corner of the intersection with the pickup truck rolling at least once.

The driver of the car, a 27-year-old Otterville woman, was transported to Tillsonburg District Memorial Hospital and subsequently airlifted to London Health Sciences with serious but non-life threatening injuries.

The driver of the pickup truck, a 31-year-old Delhi man, and a pas-

senger, 13-year-old male from Delhi, were also transported to Tillsonburg hospital with serious but non-life threatening injuries. The driver of the truck was subsequently transferred

to London Health Sciences.

OCPS would like to remind drivers to slow down and pay attention to the roadways.

OCPS would also like to thank the many passers-by

who stopped to assist the injured parties.

Witnesses are asked to contact the Oxford Community Police Traffic Response Unit at 519-537-2323.



Figure 1. News report of my car accident.¹

¹ This clipping is inaccurate in its assertion that I was taken by road ambulance to a local hospital, then transported by helicopter to London Victoria Hospital. I was actually transported by helicopter directly from the scene of the accident to London.

Acknowledgements

I never know how to allocate “thanks” appropriately and I am not quite sure I have words grandiose enough to convey just what the folks below have done for me. So, I will simply present the names of individuals who contributed much to my thesis work and to my life in general. They have made indelible impressions on me.

The community at “Sanctum:” residents, staff, volunteers, and past residents. Thanks for being my friends.

My long-suffering supervisory committee: Dr. Mary Breunig, Dr. Joe Norris, and Dr. Tim O’Connell. Thanks for your guidance, patience, and editing.

Lise and Mike. Thanks for everything.

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Chapter 1: Introduction - Anachronistic Me

For the purpose of this thesis, I define recovery as returning to one's self. Some might intuit a sense of regression from this definition. "Return" does not imply forward momentum or what some would equate with any sense of progression, accomplishment, or productivity. Rather, return could be viewed as back tracking, wasting time, and losing ground; nonetheless, by returning, one engages in a journey. In any journey, one moves through processes of experiences in which development occurs. While I speak of return, it is not a developmental return in the sense that one hopes to be the same individual she always was. Rather, the return I speak of refers to a return to my "Joyceness." I long to feel like myself again. While I change developmentally throughout the years, I am me throughout the years, and I long to find me again. I have spent the last few years feeling like my own life is on the tip of my tongue; like it is perpetually evading me. My peers are all moving on, developing and maturing in some form or fashion and I have spent the greater part of the past 5 years trying to find my past self. It has been, at times, defeating to simply try to find my former self rather than move forward to a more full and developed self. But this feeling of backward momentum has also been necessary and liberating.

My recovery process has been wrought with difficulty. The head injury inflicted dysfunction into every possible realm of my life: (a) the physical: I had no balance, or visual acuity, stamina, energy, or appetite for months and even years on end; (b) the mental: cognitive skills were vastly depleted as evidenced in word confabulations, elementary math problem solving inabilities, and the overwhelming capacity of routine daily tasks; (c) the emotional: both numbness and intense emotiveness would present at

inappropriate and inopportune times; (d) the social: I felt a stranger to those I once knew; and (e) the spiritual: I felt as though I was experiencing a personal faith crisis.

About 2-1/2 years after my accident, as my more formal therapies, such as regular occupational therapy appointments, weekly neuropsychology appointments, and quarterly MRI's, tapered off and I was beginning to feel physiologically more comfortable, I was able to reengage with a homeless shelter that I had worked at prior to my injury.

Postaccident, I returned to the homeless shelter as a volunteer and, for me, this became a less formal therapy and the site for my emotive recovery and restoration. I believe that I was able to begin to resettle back into myself once I reintegrated the shelter back into my life on a regular basis. My therapies, doctor appointments, and medical aids were all well-intentioned, but I feel there were inadequacies in these endeavors that the shelter was more capable of fulfilling. There are a number of factors to consider between the shelter's role and my recovery, which leads me to the purpose of my present study.

The purpose of this autoethnography was to reflect upon the ways in which my recovery was aided by the personal connections made while volunteering in a homeless shelter. The three research questions that guided me in this process included:

1. What features of the volunteer endeavor contributed to my experiences of improved health and well-being?
2. What features, inherent in shelter life, helped build what I experienced as supportive relationships between the residents and myself?
3. How may the telling of my story assist others in their "recoveries?"

These research questions will be explicated further in Chapter 3 where processes of data collection and analyses, study limitations, and researcher reflexivity will be

discussed. Chapter 2 includes an overview of the literature relevant to the topic of my thesis.

Chapter 2: Literature Review

In light of the above research questions and focus on my own recovery from traumatic brain injury while volunteering in a homeless shelter, I will next review relevant literature on: (a) *Traumatic Brain Injuries*, (b) *Volunteerism as Healing*, and (c) *Homelessness* that are foundational to this autoethnography. However, one must be aware that much information rests throughout the body of the thesis regarding these three topics, not merely in this more formal literature review chapter. That is, the information woven throughout my thesis is just as informative as the information found in these formal literature reviews. For example, readers may learn facts about homelessness from the formal literature reviews regarding *Homelessness* in this current chapter, but readers can also learn common vernacular and behavior used by some people in the Niagara Region who are challenged by homelessness, by attending to the dialogue and context of the narration.

The following section includes some commentary in *italics* that are meant to indicate that I am expressing my own insights and experiences. By integrating my own insights, I demonstrate a “fit” of review of literature with my personal narrative research. As Norris and Sawyer (2012) suggest “with duoethnographic studies, the literature is integrated as the need emerges from the conversation” (p. 34).

Traumatic Brain Injuries

The last decade has seen a surge in literature relevant to traumatic brain injury (TBI). Simon Crowe (2008) defines a mild TBI as “a short-lasting disturbance of neural function typically induced by a sudden acceleration or deceleration of the head usually

without skull fracture... The most dramatic aspect of concussion is an abrupt loss of consciousness” (p. 2).

Brain injuries can range from a mild bump on the head to a severe blow resulting in death. No matter where a head injury falls along the spectrum of mild to severe, it can cause long-term headaches, neck pain, cognitive impairment, insomnia, dizziness, mood disturbances, “spells,” often lumped together under the rubric of postconcussion disorder (Lainez & Pesquera, 2011) or postconcussive syndrome (Tsao, 2012), and an assortment of memory impairments (Powell, 2004). These symptoms, disorders, and impairments can last for years.

To determine whether a TBI is mild, moderate, or severe, health professionals employ a number of assessment tools such as the Posttraumatic Amnesia (PTA) Scale, the Glasgow Coma Scale (GCS), the Galveston Orientation and Amnesia Test (GOAT), and the Westmead PTA Scale (Crowe, 2008). PTA is the period of memory loss after trauma in which the individual’s encoding process has malfunctioned and she is, therefore, unable to record ongoings in the normal way that one mnemonically would (Jacobs et al., 2012). The GCS is a quantifiable scale afforded the victim of a head injury on-site after the offence (SoRelle, 2006). It is a designation of an individual’s alertness and is the most commonly used method of classification of injury severity (Sundstrom et al., 2012). The GOAT is the first standardized scale for measuring PTA. It also assesses one’s memory and capacity to recall events that occurred just prior to an injury. The Westmead PTA Scale assesses orientation and an individual’s ability to recall information from one day to the next (Crowe, 2008).

These tools are amongst the most popular aids used by health professionals to assess severity of injury. They are most often used immediately at the scene of the trauma. Once severity is determined, however, prognosis of recovery and determining proper and effective course of action is usually much more difficult for those health professionals who deal with the long-term process of the recuperative journey.

In my own experience, I was officially diagnosed with a moderate to severe traumatic brain injury with prolonged postconcussive syndrome. In the early and acute stage of my brain injury, my GCS score was 12, which is indicative of a significant lack of awareness and decreased capacity to access “common knowledge” pieces of information, such as the date and time, or an understanding of my point in location. I also had severe posttraumatic amnesia as I had no recollection of the event, the hours leading up to it, or the entire week following the event, although I was conscious and apparently functioning throughout the week. Even once my memory did “reboot,” it was still affected in other ways both retroactively and anterogradely as it was spotty and not to be trusted in recall or encoding.

- 1. I was confabulating words.*
- 2. I could not retain who had visited me even if their visit had been just 5 minutes prior.*
- 3. I could not turn my body to emit vomit and blood from my own mouth, even though it was not a physical impairment that kept me from doing so - my brain was not telling me to turn over.*

4. *I had hallucinations in which I was being attacked by flying road signs, by hammers hitting my head, or by underwater creatures from my sisters pool.....my sister has no pool.*
5. *I had no ability to gauge time - the first time my mom let me go off in the mall unattended we ended up at my physiotherapy appointment 50 minutes late because I lost track of time.*
6. *I also had no awareness of social norms - 2 months after the accident, I caught myself heading for the front lawn of a store because I suddenly had the urge to pee. How would I have explained a scene of myself peeing on a store's front lawn to the store owner?*

I attempted to cover up my emotive flatness by following the cues of those around me. For example, much of my self-talk consisted of "Joyce, they're laughing now. You should be, too," and other such instructions. My sleeping patterns were hugely altered and entirely erratic. Dizziness abounded, vision required ophthalmic treatment, and my mood swung of its own volition. I was perpetually in an "Atari" state. That's the best way I know to describe it. I would say it was like being in a dream, but that sounds too pleasant. Atari's can be fun, but I think we all understand that no one wants to be stuck in the 80s perpetually. Being in Atari state itself wasn't so bad, but wondering if I'd be there forever was what was unnerving.

Volunteerism as Healing

Currently, at minimum, a standard and basic regiment of therapy for persons with traumatic brain injury includes physical therapy, occupational therapy, speech therapy, and neuropsychological treatment (Cicerone, Mott, Azulay, & Friel, 2004). These

therapies and other medical interventions are beneficial to the injured individual, particularly in the acute stages of recovery. But as the patient's physiological ailments alleviate, longer term symptoms often persist that are difficult to treat likely due to the complexity of the brain and treatment challenges (Head Injury Center, 2010). There are problems with correlating and investigating brain-behaviour relationships and neurobehavioural measurement (Tsao, 2012). Health care professionals have to work from their collection of experiences and intuition to advise TBI sufferers regarding recommendations and therapies given that textbook knowledge is insufficient. The brain is too complex an organ for medical professionals to mend consistently and reliably.

For instance, individuals impacted by traumatic brain injury often experience social isolation (Sander & Struchen, 2011) which renders them lonely as they are cut off from others in the community and environment in which they live (most often not by their own doing, although in some cases social isolation is voluntary). This symptom is difficult to "treat." Some literature suggests that volunteering with homeless populations supports community integration and cultivating relationships (Peachey, Cohen, Borland, & Lyras, 2011). Volunteering in general, whether with homeless populations or not, also has many positive correlations with recovery and health maintenance. Among these are: (a) benefits to health and well-being, particularly mental health (Black & Living, 2004); (b) an enhanced awareness and understanding of others; (c) a stronger sense of community (Morrow-Howell, Hong, & Tang, 2008; Peachey et al., 2011); (d) the development of self-satisfaction (Peachey et al., 2011); (e) increased self-esteem, self-regard, mental function, optimistic outlook, perceived health, ease in relaxing (Swinson, 2006); and (f) reduced anxiety, unnecessary self-concern, insomnia, and depression

(Swinson, 2006). Volunteerism also contributes to recovery from stress related illness (Mojza, Lorenz, Sonnentag, & Binnewies, 2006) and from surgery (Swinson, 2006). While the cited articles were not researching the relationship between volunteerism for the purposes of brain injury therapy per se, the findings are significant and useful for consideration in all types of therapy, TBI included.

Another study that cites some advantages of volunteerism is a study conducted by Thoits (2012) that explored volunteerism and an individual's well-being. Thoits' study looked at the salience, or subjective importance, that a volunteer placed on his volunteer role. The more importance placed on the role, the more meaning and purpose his life derived from his role. Thoits theorizes that roles decrease anxiety and existential despair by creating behavioural guidelines for us to work within.

In my own experience, I found that as I volunteered at Sanctum Shelter (pseudonym), my well-being was enhanced – at least if I can take “well-being” to mean I just plain felt better. I felt like I could breathe easier. I felt my world wasn't constricting me. I felt like I wasn't under a microscope. I felt like there was at least one little sphere of my life where people weren't watching me closely to gauge how acutely the brain injury symptoms were or were not affecting me. Leading up to my volunteering, when formal therapies were still so heavily constraining my schedule, I surmise that “the microscope” was the very thing that kept the symptoms affecting me to the degree that they were. When the focus was always kept on the symptoms of my brain injury, how could I have a chance to get away from them? For every appointment I went to, the health professionals had me fill out weekly progress reports, or surveys, or acuity tests, or brain injury journals. The shelter allowed me to “just be” and to focus on other things. Hell, it EXPECTED that I

not focus on myself, my symptoms, or my issues. The whole idea of volunteering is to get over your own shit and be “other-oriented.” It was so refreshing at this juncture.

Whether or not the refreshment I experienced at this point in my life was due to the reasons the above authors have conjectured, I do not know. But I am thankful for my time spent at this shelter. I felt my Joyceness resurface and my Atari state fade.

Homelessness

The Universal Declaration of Human Rights acknowledges that housing is a fundamental human right:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Article 25, Section 1. (Hellegers, 2011, p. 5).

In an attempt to fulfill these basic human rights, Canada and other welfare states support homeless shelters to ameliorate the suffering of individuals struggling with homelessness.

Homeless shelters are places for people to go when they have nowhere else to go (Hurtubise, Babin, & Grimard, 2009). The chronically homeless, that is, individuals who become homeless more than four times in 3 years, or who have been homeless for longer than a period of 1 year and who also have a disability (National Alliance to End Homelessness, 2013), are in need of a shelter’s services cyclically. The number of days per year that some individuals are in a homeless shelter can be substantial.

A person struggling with homelessness often has multiple stressors in his or her life. Money circumstances, family circumstances, job circumstances, education circumstances, and concurrent issues (i.e., alcoholism, mental illness, drug addiction, and/or gambling addiction) can be common stresses for an individual dealing with homelessness (Hellegers, 2011; Liebow, 1993). Consequently, a shelter environment can be extremely tense as there are many individuals living under one roof with any number of the above complexities weighing heavily on their minds. Liebow illustrates this point well with the following statement:

Shelters are dynamic social systems whose moods are in a constant state of flux.

If, for a moment, the system appears to be in a steady state, it is a stability born of a temporary balance of forces rather than a state of rest. (p. 189)

Liebow's (1993) assertion is further supported by outcomes from Richards and Smith's (2006) more recent study, asserting that stressful shelter environments make everyday life events difficult for a homeless individual to accomplish because of shelter lifestyle factors related to health, exercise behavior, and access to community and government subsidies. The outward manifestations of the stressors of homelessness can often be misinterpreted by society as dysfunctional, leading to discrimination against homeless individuals (Knechta & Martinezb, 2009; Phelan, Link, Moore, & Stueve, 1997; Snow, Anderson, & Koegel, 2002; Wen, Hadak, & Hwang, 2007).

Socially-funded shelters. Socially-funded housing systems are generally categorized into the following broad categories: emergency shelters including crisis shelters, rehabilitation /recovery houses, and transitional housing systems. These types of socially-funded shelter systems are most often accessed by the hardest to house of

society, which is a term that refers to those who have the most “complex needs and multiple challenges when it comes to housing” (Visions, 2007, p. 6).

Emergency shelters serve as temporary residences for individuals when they have nowhere else to go (Hurtubise et al., 2009). The duration of time that someone spends at a shelter varies, but generally, use of temporary shelters is meant to be short-term. Individuals often arrive at an emergency shelter in need of many resources; therefore, it is helpful when emergency shelters employ social workers who are able to refer the individual to agencies that specialize in areas that will best support the individual. Not all emergency shelters have the staffing power to provide shelter residents with the support in transition planning that they need (Visions, 2007); thus, often only beds, meals, and basics, such as showers and warmth, are provided.

Crisis shelters are a subcategory of emergency shelters and are short-term socially-funded shelters for those individuals in nonmedical crisis. These shelters offer assistance to those experiencing mental health crisis, those in need of a safe place to detoxify from substances, and individuals in need of safe havens from abusive situations. These agencies generally cater to very specific needs, and generally require that an individual’s duration of stay be even shorter than a generic emergency shelter.

A common referral made by emergency shelter resource workers on behalf of shelter residents is for admission to rehabilitation /recovery programs. Recovery programs equip individuals who wish to abstain from addictive substances with the necessary tools to do so (Brunette, Mueser, & Drake, 2004). Not all rehabilitation treatment programs are residential, but most intensive programs are and some individuals find that these programs provide the skills for independent, sober living.

Transitional housing is time-limited, affordable housing, offering support where and when necessary (Visions, 2007). The amount of support provided to the individual living in transitional housing is often case specific. Support services include life skills training, medical care, social activities, substance abuse programs, and case management (Visions, 2007).

Many shelters go beyond the provision of housing, offering programs to shelter residents. Programs may include life skills training (Niagara Region, 2013; Visions, 2007), child care (YWCA Niagara Region, n.d.), or programs specific to individuals' needs and context (e.g., drug and alcohol abstinence assistance or mental health maintenance; Niagara Region, 2013; Visions, 2007).

Stigmatization. Domiciled populations are oftentimes found (a) to stigmatize homeless individuals more severely than they do generically poor individuals (Lyon-Callo, 2000; Phelan et al., 1997), (b) to be more unwelcoming and withholding toward this population than others (Wen et al., 2007), and (c) to blame the misfortunes of the disadvantaged for their own predicaments (Knechta & Martinezb, 2009; Phelan et al., 1997; Snow et al., 2002). Some explanations for society's tendency to behave in such discriminatory ways include a belief that homeless individuals are dangerous (Whaley & Link, 2006), that homeless individuals are mentally unstable (Phelan et al., 1997; Whaley & Link, 2006), and that all homeless individuals are addicted to substances (National Coalition for the Homeless, 2009).

Trusted experts, including researchers and government officials, have been known to generate some of these stereotypes (Mathieu, 1993; Snow et al., 2002). Snow et al. have identified four common tendencies that researchers tend to engage in when

conducting research that distorts the image of individuals struggling with homelessness.

These distorting tendencies are as follows:

1. Researchers often conduct interviews with homeless individuals only once.
2. There is an overuse of clinical inventories in nonclinical settings.
3. Researchers often overlook the role that context plays in shaping individuals' behavior.
4. There is an overemphasis on a language of disability (Snow et al., 2002).

Governments also have perpetuated stereotypes by linking homelessness and mental illness to divert attention from the socioeconomic roots of the problem and to justify the removal of homeless people from public spaces (Lyon-Callo, 2000; Mathieu, 1993). Homelessness most often arises from a combination of housing and labor market factors, poverty issues, social and racial inequality conditions, personal vulnerabilities, and precarious life circumstances (Petrenchik, 2006). To portray homelessness as the result of a single issue is irresponsible as the problem of homelessness will not be properly managed if it is not properly understood.

To alleviate stereotypes, researchers need to consider conducting longitudinal research that takes into account the contexts in which homeless people find themselves and to design studies that elicit the views of the homeless so that their voices are articulated (Snow et al., 2002). Also, all of us as individual society members need to critically consider the news, research, and public opinion about homelessness, taking into account the many variables that went into generating a protracted impression. Just as is the case with a domiciled individual, the only way to know homeless individuals is to spend time with them. People who have met and interacted with homeless individuals on

a one-on-one basis are far less likely to see homelessness as the result of individual characteristics, and rather, begin to see the underlying systemic issues leading to homelessness (Knechta & Martinezb, 2009). I am fortunate enough to have had the opportunity to spend time with people dealing with homelessness. As expressed earlier, the time that I have spent amongst this population has, for one reason or another, been time that fueled or coincided with immense recovery in my life.

I am one of the lucky ones. I cannot speak to any experience of homelessness. I can only mention here what I've noticed being around homeless shelters and what my friends who have experienced homelessness have told me.

Sanctum is a 35 bed co-ed shelter. It is partly socially funded, and partly privately funded by the church in which the shelter is housed. Many of the residents have expressed to me that in society outside of the shelter they have experienced stigmatization much like the above described, and that Sanctum is for the most part a respite from overt discrimination. In an effort to be a conscientious critic, however, I will acknowledge that all close-knit environments contain cliques and inherent fractures. Even within the reprieve found at Sanctum, there is sometimes an unease that eventually surfaces once a resident has been around the shelter for a long period of time. A shelter resident will often feel "different" from the churchgoers, and residents feel that churchgoers will sometimes flaunt a presumed superiority. I wrote a paper in March 2013 on Responsible Volunteering for one of my Graduate Seminars and my research helped me understand an interesting phenomenon. My friends dealing with homelessness at the shelter were feeling stigmatized even as the churchgoers accept them, and express nothing but welcome and kindness to them. Most shelters are a great reprieve from blatant

stigmatization. But they are really crummy when it comes to perpetuating implied forms of discrimination like Differing Forms of Citizenship (Evans, 2010), and Social Hierarchies (Sherry, 2010). In the former circumstance, one citizen would be credited with more merit than another. In the latter circumstance, one person would be above another according to some arbitrary rating system. Our community, like many others, has a ways to go when it comes to being cognizant of its misguided thinking in both of these forms of implied discriminations.....and the fact that my italics just included some peer reviewed literature on implicit discrimination rather than the story my homeless friend told me about yesterday; how he was ignored in the Tim Horton's line for 15 minutes as people kept cutting in front of him? This probably should have been my anecdote about the discrimination of homeless people. (But maybe I felt my words held more weight if they were followed by a credited author, rather than some homeless "nobody"..... Who knows? – Like I said, we have a ways to go.)

The aforementioned literature reviews of Traumatic Brain Injury, Volunteerism as Therapy, and Homelessness are intended to give the reader context for the proceeding autoethnography.

Chapter 3: Methods

This next chapter will provide details about the following: Autoethnography as a methodology, the study's purpose and research questions, the research site (i.e., myself), a description of my involvement with Sanctum Shelter, data collection procedures, data analysis procedures, study limitations, ethics, researcher reflexivity, and will end with an autoethnographical perspective that acts as an example of my narrative style.

Autoethnography

Carolyn Ellis (2004) asserts that “[t]he interpretive, narrative, autoethnographic project has the following distinguishing features: the author usually writes in the first person, making herself or himself the object of research. The narrative text focuses on generalization within a single case extended over time” (p. 30). Ellis (2004) also explains that *Auto* means self, while *ethno* means culture. Thereby, autoethnography fits well with the purpose of this current exploration, which is to tell the story of my role as a volunteer at a homeless shelter and how this has impacted my recovery. Tessa Muncey (2010) also highlights other features that make this method particularly attractive and resonant with my study's purpose. The first feature Muncey describes is the acceptance of the individual in research. According to Muncey, the individual who is central to the research project itself does not fit inside the “bell-curve” in some way. It is the way in which the individual stands out that is the content of research. A second feature identified by Muncey (2010) is a therapeutic or emancipatory element associated with participating in research. By telling one's story, one undertakes a cathartic experience while processing through their experience. Both of these features “fit” well with my proposed area of study.

Both the individual and stories are essential parts of how we as humans make sense of our experiences and are intrinsic to understanding one's self (Ellis, 2004). Prendergast, Leggo, and Sameshima (2009) acknowledge, too, that sharing stories encourages reflexive inquiries leading to an enlarged normative paradigm and greater diversity. By describing my experiences in narrative form, I will be making sense of them and engaging in the cathartic experience of which these authors speak.

A third feature and emerging trend voiced by Muncey (2010) is an ever-increasing acceptance of the authority of the recipients, or end-users, of research to have a voice within the research process. Narratives have become a common source of evaluative material. I assert that I have valid opinions regarding the quality of experience and my own recovery process. I attain these through unlikely relationships across different demographics and socioeconomic classes and afford others the same assertions.

Autoethnography is an approach to research and writing that seeks to describe and systematically analyze personal experience in order to understand cultural experience (Ellis, Adams, & Bochner, 2011). Autoethnography is a process. It facilitates how one engages with, and in, a given culture. Autoethnography is also a product in that a final piece is cultivated and produced out of the research process. Autoethnography is also a perspective in that it frames the autoethnographer's worldview by serving as a critical lens through which to examine experience (Chang, 2011). I am amongst a growing number of researchers (Bochner, 2000; Clough, 2000; Denzin, 2000; Ellis, 2000; Holt, 2003; Richardson, 2000) who believe that a project or study is not compromised by this form of self-reflexivity, but that it is, in fact, enriched.

Study Purpose and Research Questions

The purpose of my study was to reflect upon the ways in which my recovery was aided by the personal connections made while volunteering in a homeless shelter. By exploring memories from this time period, both past and present, and the relationships that have been therapeutic for me, certain insights about my own recovery were illuminated.

In an attempt to engage in this study, I identified three research questions to guide my inquiry. These research questions were:

1. What features of the volunteer endeavor contributed to my experiences of improved health and well-being?
2. What features, inherent in shelter life, helped build what I experienced as supportive relationships between the residents and myself?
3. How may the telling of my story assist others in their recoveries?

The proceeding sections of this chapter describe my structured and systematic approach for engaging with these questions. But I will first begin with a description of the shelter as it has been the site of many experiences that are written about in this thesis and, therefore, provides the backdrop for much of my autoethnography.

The Research Site: Sanctum Shelter and Me

Sanctum Shelter is a 35-bed homeless shelter in west St. Catharines that services some of the 15.9% of Niagara Region's population that is living in poverty (Arai & Burke, 2007). There are 8 female beds and 27 male beds at Sanctum Shelter. There is also a gymnasium where mats can be put down when extra space is needed such as in times of Extreme Weather Alerts when the shelter will sometimes be over capacity. The

shelter is made up of management staff, frontline staff known as Resident Service Managers (4 full-time, 6 part-time), volunteers (over 200 technically, but 15-20 weekly, program regulars), residents (35 at maximum capacity), and past residents (approximately 30), who sometimes spend time in the common room despite no longer living in the shelter.

As previously mentioned, the shelter is housed in a nondenominational church. The fact that an agency with religious motivations is responsible for the start-up of the shelter, the hiring of its staff, and the programs implemented no doubt impacts the culture of the shelter. The degree to which religious and spiritual priorities impact the culture of the shelter comparatively with that of other shelters is questionable however. Dhanani (2011) reports that many, if not most, North American shelters aiding the homeless population are birthed from religious organizations, and most volunteers interacting with homeless individuals are religious individuals.

Although I was raised in a conservatively religious home, I am uncertain today how this may or may not impact my own volunteerism at an evangelically religious shelter today. While I feel very firmly footed on every issue that affects me emotively and spiritually and, therefore, I feel that I know just where I stand spiritually, I have no idea where I stand religiously today, or rather I would fervently say I would never want to stand anywhere religiously. What I do know is that I appreciate what the shelter has done in my own life and what I observe it doing in others and it is this that holds import for me. As the notion of religiosity and my own spiritual journey were and are a large part of shelter life, and of my own recovery, the autoethnography will be laced with my own experiences of processing, and moving through spiritual matters.

The daily routine at this shelter is as follows: residents wake up at 7 am, eat breakfast at 7:30 am, have access to dorms to shower until 8:30 am, at which time the dorms are locked for the day. The common room is left open for residents who will be remaining at the shelter throughout the day. Christian devotions are offered to residents who want to take part at 8:45 am. Quantity of attendance fluctuates as it does at all the social programs. At noon, coffee is put out and lunch is served. The dorms are reopened at 4 pm and dinner is served at 6 pm. Curfew is 10 pm and lights are to be out at 11 pm. There is some leniency on Saturdays and Sundays where the time for lights-out on Saturdays stretches to 11:30 pm, and the wake-up call on Sundays stretches to 8 am.

Residents express that living in an environment with more than 30 adults who are all dealing with the stresses of homelessness can be emotionally taxing, yet the atmosphere at the shelter is generally quite pleasant. Shelter populations are made up of transient communities, but at Sanctum, a permanent, regular community has also formed as past residents often return daily to hang out in the common room and take part in the many offered programs. Sanctum, with the help of the staff, past residents, and volunteers has cultivated a bustling and active social directory to offer shelter residents.

This social directory is made up of programs offered on different days of the week. These programs foster relationships between residents, staff, past residents, and volunteers. Monday night is Team Sports night where people have the opportunity to play team sports in the shelter's gymnasium. Most often ball hockey is played as this seems to be what most "regulars" of the program enjoy. Tuesday morning is Ladies Coffee Morning when, on average, a dozen ladies get together for coffee and desserts to enjoy each other's company and chatting. Tuesday night is Rock Climbing Night where

residents, past residents, and volunteers go to Peaks Climbing Gym in north-end St. Catharines. Rock Climbing takes place during the school year, but becomes Hiking Night in the summer months. On hiking nights, Sanctum community goes to a different location each week for variety and volunteers bring their dogs. All individuals seem to enjoy the company of the dogs. Wednesday night is Chapel night where there is communal singing and a brief message is presented. Wednesday night is also Art Program when individuals are encouraged to express their creativity in art projects. Sometimes the art projects are individual endeavors and sometimes they are collective projects. This art group held an art show at St. Catharines' downtown Mahtay Café in the summer of 2012. This show was a great success and some artists even sold some of their pieces. Thursday morning is Alcoholics Anonymous, which is a support group for alcoholics. Thursday evening is LifeGroups for the individuals who are in one. LifeGroups are small groups of church members who get together to intentionally nurture more intimate friendships within a larger church where it can be difficult to get to know people. Friday mornings are AL Anon meetings, which are support groups for family members of alcoholics, and Friday evening is Celebrate Recovery, which is held offsite. Taxis are supplied to residents wanting to attend this program, which is intended for individuals who are in the process of recovering from substance abuse. Saturday night is Games & Movie night. Most often, euchre is the game of choice, and it can get quite competitive. The movie is chosen collectively with the staff's approval. Sundays are more informal having no specific social events planned. All of these programs are funded by the church or by individual volunteers.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	
7:30	Breakfast, Dorms Closed & Announcements	Breakfast, Dorms Closed & Announcements	Breakfast, Dorms Closed & Announcements	Breakfast, Dorms Closed & Announcements	Breakfast, Dorms Closed & Announcements	Breakfast, Dorms Closed & Announcements	
8:00	Dorms Open	Dorms Open	Dorms Open	Dorms Open	Dorms Open	Dorms Open	Wake Up
8:30	Dorms Closed	Dorms Closed	Dorms Closed	Dorms Closed	Dorms Closed		Breakfast, Dorms Closed & Announcements
9:00	Devotions	Devotions	Devotions	Devotions	Devotions		Dorms Open
9:30							
10:00							
10:30							Church Service
11:00		Ladies Coffee Morning		AA meeting (Room D)			
11:30							
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
12:30							Lunch
1:30							
2:00							
3:00							
4:00	Dorms Open & Coffee	Dorms Open & Coffee	Dorms Open & Coffee	Dorms Open & Coffee	Dorms Open & Coffee	Coffee	Coffee
6:00	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:30							
6:45		Indoor Rock Climbing			Celebrate Recovery (Bethany)		
7:00							
7:30	Sports Night						
8:00				Arts Program			Games/Movie Night
8:30							
9:00							
10:00	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew
11:00	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out (11:30)	Lights Out

Sign-In Time
8pm - 10pm

Laundry Times:
Weekdays 4pm-11pm
Weekends 7am-11pm

Shower Times:
7:00-7:30am
8:00-8:30am
(Sunday shower times:
8:00-8:30am
9:00-9:30am)
Evening 6:30-7:30pm

Figure 2. “Sanctum’s” program schedule.

Until January 2013, a Sanctum resident’s stay was funded by the region (through Ontario Works²) for the resident’s first 30 days. In these 30 days, residents were aided in finding housing, and in finding other resources necessary to secure a safe and maintainable lifestyle. For some, this has involved finding work, for others this has included mental health services, for others addiction counseling, income support, being referred to subsidized housing agencies, or for others, a combination of some of these services. Some individuals are not in a position to be living on their own after 30 days and need to continue living in the shelter. If it was found that this was necessary, and the

² Sanctum is in partnership with Ontario Works (OW) who partially funds clients’ stays. An advocate from OW comes to Sanctum every Thursday morning to meet with clients to assess needs and see if there are issues that OW might be able to amend.

<http://www.mcass.gov.on.ca/en/mcass/programs/social/ow/>

Region was unable to extend the individual's stay, the church would fund the individual to keep living at the shelter.

Since January 2013, the funding model for the shelter has changed as it is now funded by the Ministry of Municipal Affairs and Housing³ rather than the Region of Niagara. Under this new agreement, Sanctum is not paid on a per diem basis (T. Arnold, personal communication, February 19, 2013). In terms of how this difference in funding affects the residents and volunteers, not much has changed. The Ministry of Municipal Affairs and Housing does not stipulate that durations be 30 days, but they suggest the shelter use it as a guideline when advising on and creating discharge plans for residents (much like OW did). My assumption is that a 30-day discharge recommendation aligns with the Ministry's plans for "developing a decent standard of living for all Ontarians" (Ministry of Municipal Affairs and Housing, 2013).

It has been found that the most successful model for ending chronic homelessness is to take a Housing First Approach (National Alliance to End Homelessness, 2010). This approach places housing as a first priority, before assessing other factors that may have led to homelessness. Once the client is in a secure, permanent residence, the client is then offered services that could aid with their risk of becoming homeless again. The Ministry of Municipal Affairs and Housing encourages the shelters it collaborates with to work towards this client driven approach; thus, a 30-day timeline for finding housing is the guideline and staff from Sanctum assist the residents in securing supports that will be beneficial and ongoing to the individual once he/she is in his/her permanent residence.

³ <http://www.mah.gov.on.ca/Page11.aspx>

My Involvement

Currently, I volunteer at the shelter every Tuesday afternoon to work the front desk. This includes answering phones, letting people in the shelter door (it is always locked and people have to be let in by the press of a button from the front desk), getting residents their medications, taking messages, and leaving notes in the computer for staff. I also regularly attend Rock Climbing nights on Tuesday evenings (or baseball/hiking in the summer), and I facilitate a group for new volunteers to help them get oriented with the different programs and volunteer opportunities at the shelter. I have been a Cabin Leader for several annual shelter retreats, which includes facilitating the involvement of residents and volunteers in activities in the Muskokas for a weekend in March. I also engage in social activities with a resident or past resident on average three or four times a week. Most often this includes going for breakfast, for coffee, to the dog park, over to their or my apartment⁴, or rock climbing at a larger facility in Burlington with the residents and past residents (and volunteers) who have taken a particular liking to Tuesday night climbing in St. Catharines.

The shelter is a large part of my life and was the site of many of the stories described throughout my autoethnography. I employed the following procedures, described in this next section, to collect the information included in the autoethnography.

Data Collection

Chang (2008) uses the term field texts to describe the data collected by autoethnographers for analysis. Field texts can be comprised of many different means

⁴ Sanctum advises new volunteers to use discretion when entering into friendships with residents. It is recommended that a volunteer guard his/her privacy but stipulations are not placed on volunteers, residents, or past residents in terms of entering each other's place of residence.

(Chang, 2008). I relied primarily on journaling, field notes, self-observation, and the compilation of artifacts as sources of data.

Journaling was utilized for the bulk of my research. Duncan (2004) cautions that an autoethnographer needs to master the art of self-reflection. This is made easier by employing a system that suits the autoethnographer's research setting, agenda, and lifestyle. To once again make vivid past experiences, I reflected on memories since, and prior to, my accident. I intentionally journaled for 20 minutes each day. While I had initially intended to journal for 1 hour 5 days per week, the amount of time I was actually able to devote to this task while still maintaining rigorous engagement with the process was 20 minutes per day. The memories from the time period leading up to the accident are few but starkly visceral; I, thus, worked on one memory per week and journaled about the effects the memory has had on me, and the lessons learned.

Boud (2001) specifies three elements one should adhere to when engaging in reflective practices while journaling. When reflecting on past events, one should return to the experience, attend to the feelings that were present at the time of the experience, and reevaluate the experience (Boud, 2001). The role of the journal in the first element, reflecting on past events, is to have a written account of what happened and to retrieve as fully as possible the rich texture of events that unfolded (Boud, 2001). In the next element, attending to feelings, the journal writer needs to focus on the emotions that were present at the time the event or circumstance occurred (Boud, 2001). Boud suggests that negative emotions often distort other perceptions and block understanding; thus, they may need to be sublimated, while positive emotions promote a desire to pursue learning, and, thus they should be celebrated (Boud, 2001). I found, however, that extreme

emotions, whether negative or positive, piqued my understanding, making an experience that I intended to journal about, very accessible. The last element, reevaluating the experience, includes (a) relating new information to the scenario, (b) discovering relationships between new and old ideas and feelings that have resulted, and (c) internalizing the resulting knowledge (Boud, 2001).

I implemented Boud's (2001) first element for engaging in reflective journaling practices; that is, reflecting on and writing an account of an experience, by returning to the physical location of an experience whenever possible to do my journaling. For example, Vignette 9 of my autoethnography recounts a conversation between Michelle and myself regarding her recovery. To journal this experience, I went back to the hospital where this conversation had taken place and was able to walk through the hall of the floor she had been admitted on during the time of this conversation. Then I journaled my memory of the experience on site, in a close by waiting area, while still at the hospital. I anticipated that close proximity to the actual experience might allow me to write of the account with richer and more vivid description.

To attend to the feelings that were present at the time the event occurred, Boud's (2001) second element, I was actually at a loss for a long time. Understanding what happened and understanding what I felt in the years preceding my accident are very different things and I do not have both pieces of that puzzle for all of my memories. In Vignette 5, I write about a man named Steve. To attend to Boud's second element while journaling about Steve, I looked up Steve's picture in the computer system at Sanctum from 2006 to remind myself how he looked back in those days, printed out that picture

and took it home to have beside me while I journaled, so retrograde emotions would be visceral and I could focus on the emotions that were summoned.

The third element Boud (2001) speaks to is reevaluating our experiences. In setting out to learn what I could take away from experiences, I most often tried to view the experience from the other individual's perspective. For example, in Vignette 12, a woman named Tanya calls me in the middle of the night demanding that I come see her. While I was journaling about this experience, I had the opportunity to envision this scenario from her perspective. Was I being cold when I would not come to see her in the middle of the night? Did I explain things clearly? Should I have done things differently and, if so, what?

While Boud's (2001) elements directed my broad, over-arching journal endeavors, English and Gillen (2001) recommended guidelines for the more acute, stylistic processes of journal writing. These included: journals should be written in colloquial diction, in the first person, with the use of informal punctuation, in the rhythms of everyday speech, and in the writer's own creative style (i.e., the writer should experiment with her writing; English & Gillen, 2001).

My project is not entirely about memories from my past, but also about current and ongoing recovery. I, thus, employed a second data collection strategy, and collected field notes at the research site – which was not a physical site, but rather anywhere and everywhere that I was interacting with Sanctum culture. Boloz (2008) and Liebow (1993) advise that it is of importance to take field notes while they are fresh in the researcher's mind. Thus, to have my journal accessible, it was kept in the glove box of my car so I could make notes while interacting with, or after interactions with, Sanctum

Community members. These notes were made while at the shelter, attending a shelter program, participating in a shelter retreat or social event, and while I was out with residents and past residents. I recorded general topics of discussion as well as our activities, events, and occurrences on our outings. The importance of field notes for me was not to record the actual event taking place, but rather my reactions to and experiences of the event taking place.

The third data collection method utilized was self-observation (Chang, 2008). Self-observation puts a twist on participant-observation, which is the methodology most often used by ethnographers to gain an understanding of the culture and populations the researcher seeks to learn about (Duncan, 2004). Autoethnographers, however, as the participants of the study, need to be cognizant of their own behavior and attitudes, while interacting with the culture (Chang, 2008). I situated myself physically within the shelter community and this allowed me to relearn something of myself and also to develop new things at the same time, by being intentionally introspective. I kept a record of my self-observations through notes that I reviewed regularly. I found this practice to be a more intensive form of journaling. For me, it required very intentional introspection and was unnerving at times. The manner in which I took notes was to literally flip my journal over and work from the back page of the journal towards the middle, turning the pages from right to left as they filled.

A fourth data collection method I employed was the collection of artifacts. This collection technique aids in facilitating recall and organizing memories (Chang, 2008). Gifts, notes, blankets and clothing for my dog, stuffed animals, and other memorabilia were given to me by the residents during the years that I do/did not remember. These

memorabilia have helped me with my memory recall. Pictures of some of these collected artifacts are included in the final autoethnography.

I collected artifacts from the period where I had lost memory of events, in an effort to “jog my memory.” Engaging in this recollective process was not only useful but enjoyable. I found that my memory was in fact stimulated by this collection of artifacts and much of my memory was regenerated over the years as a result of this method of data collection and subsequent analysis. But more importantly I simultaneously learned that I am no longer bothered by those artifacts that are entirely disconnected to any memory.

I found that all data sources did not inform my results equally but rather that I relied most heavily on journaling. This was not intentional, but rather a natural tendency that played out as I was drawn to the journaling process more naturally than taking field notes, self-observing, and compiling artifacts. Conveniently, a feature of journaling is that it lends itself well to enveloping these other three data sources. That is, through journaling I was able to engage with my field notes, in self-observation, and with my compiled artifacts. I found field notes and artifacts motivated me to journal and self-observations formed more thoroughly through the journaling process. Therefore, all four data sources were very intertwined.

Data saturation. Autoethnographic research literature does not stipulate a finite period for data collection and, thus, provides no specific details regarding data saturation. That said, other qualitative methodologies do provide some details about data saturation. For example, the methodology of grounded theory stipulates a researcher’s data collection can be considered saturated when she has reached a point in her collection stage where no new information or trends are emerging from the analysis of the data

(Bhattacharya, 2007). Emergent themes are limitless in qualitative research (O'Reilly & Parker, 2012) and it can, therefore, be difficult to identify the point at which data are saturated. O'Reilly and Parker advise qualitative researchers to focus on the central aim of research which is the advancement and extension of knowledge. Maintaining this focus may assist a researcher in identifying when the data has been saturated, by acknowledging when her research questions have been adequately answered, thereby advancing knowledge.

All of the above information regarding data saturation applies to autoethnography as it does to other qualitative methodologies. Autoethnographers also need to heed warnings of “author saturated texts” (Anderson, 2006, p. 385). Anderson uses this term to describe works produced by self-absorbed authors who collect superfluous, unnecessary information and are overindulgent. The autoethnographer must be cognizant of her priorities in the research endeavor and she must focus on her data collection and analysis plan. This will ensure that her research is not at risk of being compromised by either data saturation or author saturated texts.

In an effort to be aware of when I had reached a point of data saturation, I was intentionally cognizant of when I had stopped learning and observing relevant, new information from my collected data.

At a certain point, I found that I had more than enough journal entries fitting under already existing categories and no new categories were being produced from my field texts.

Data Analysis

Chang (2008) asserts that it is the interweaving of data collection, data analysis, and data interpretation that produce an autoethnography and that these three phases happen simultaneously. Thus it is difficult to pinpoint an exact time at which collection and analysis processes begin and end. In an effort to simplify my process however, I will attempt to reduce these processes into linear forms, while acknowledging that they are taking place simultaneous to one another.

Each of my field texts yielded a term or phrase that epitomized the experience being described in the field text. Once I had identified the epitomizing term or phrase, I was able to categorize all of my field texts and choose one field text from each category to produce one of the 11 vignettes in my autoethnography. For example, I journaled about many experiences that led me to reflect on the nature of self-worth. All of these journal entries (that is, field texts) were epitomized with terms such as “worth,” “adequacy,” “value,” “second-rate-citizen,” etc. I merged these terms into a category, then identified the field text within the category that most saliently exemplified the identifying criteria for its category. I proceeded to then use this most salient field text to produce a vignette in my narrative autoethnography that commented on my feelings regarding self worth.

In the writing of my autoethnography, my intention was to express the feelings that were present at the time the event occurred. Chang (2008) explains autoethnographers’ tendencies to divulge information via realism perspectives versus impressionism perspectives. A realist often utilizes quantifiably verifiable details to describe the accounts about which he or she is writing. An impressionist is much more

inclined to write of an episode in broad strokes, not attending to details. This could be done for artistic measures, or to smooth out lines that the memory has blurred (Clandinin & Connelly, 2000). Ellis (1991) calls on Systematic Sociological Introspection and Emotional Recall to first enable researchers to understand lived experience, then viscerally describe it. Ellis (1999) asserts that this process does not necessarily result in accurate descriptions of events but rather portrays lived experience. Some of the time, I aimed to write an accurate portrayal of an event with my writing. Some of the time, I aimed to write a loose impression of some of the happenings of an event as this aided narrative flow. Some of the time, my aim was to amalgamate a number of experiences into one story to represent my own lived experience. Thus, by the end of the writing process, I learned that where I fell on a spectrum of *literally transcribing events vs. figuratively describing events* was different for every vignette. Where I fell on this spectrum could most often be determined by what avenue I felt allowed me to most effectively and viscerally describe my experience. At times, I reported events exactly as they happened; at times, as best as I remembered them; and at times, as best as the written word allowed me to portray the lived experience. With my autoethnography, the intention was to convey my experiences as I felt them, not necessarily lived them. Thus, insignificant details were left out if they did not add to, or took away from, the overall impressions I was attempting to convey in a vignette. For example, if I were to write a vignette about my therapy appointments, certain details may or may not be included depending on what those details conveyed about my recovery process. At the beginning of my recovery, I was very dependent on my support systems and thus conveyed this more fully as a vignette component when expressing a sentiment that was occurring in

the early stages of recovery. As my recovery became a more integrated part of my life, my dependency decreased. Thus the details that I would choose to include to convey this progression in a vignette would correlate with the recovery time lapse. For example, my mother drove me to all of my therapy appointments for the first year and a half after my accident, as I was unable to drive myself to and from appointments, was in need of assistance to get anywhere and everywhere on time, and she served as my memory aid for the necessary tools and equipment I had to bring. The inclusion of her presence at my therapy appointments in the autoethnography, would convey my dependency and need for that higher level of support to the reader. If I were writing about an appointment with my neurologist that took place four years after my accident, when I was significantly less dependent on familial and social supports for daily functioning, I omitted mention of my mother's presence at an appointment, even if she had come with me for celebratory purposes, to ensure the reader not infer I am still in a place of dependency.

Allowing the autoethnographer to fall where she may along the realism/ impressionism spectrum liberates her to better communicate her experiences the way those experiences made her feel, rather than attempting to regurgitate facts that may or may not have happened exactly the way he or she is able to get down on paper (Clandinin & Connelly, 2000; Ellis, 1999). I feel I had more success writing in an engaging and evocative manner, communicating a feeling of reality, engaging with my content, and expressing an appreciation for all that I wrote because I had the liberty to communicate my story the way I felt inclined to, rather than being confined to rigid details and accuracies. My descriptions of my experiences are at times expressed as inner monologue, at times as dialogue between characters, and at times as emails written

between friends. The results are sometimes supported with artifacts that I have found over the years from residents and other significant individuals who were/are a part of my recovery process. These results are presented across 11 vignettes throughout Chapter 4.

Study Limitations

“*Parallax* is the apparent change of location of an object against a background due to a change in observer position or perspective shift” (Sameshima, 2007, Prologue). This concept portrays impactfully that perspective is relative, fluid, and individualistic. Some individuals hold that an inherent limitation of autoethnographies is that they are specific to the researcher who is also the participant, author, and lens through which the whole piece’s perspective is crafted (Philaretou & Allen, 2006). This concern over bias yields questions of representation and legitimation (Holt, 2003; Philaretou & Allen, 2006). Problems of representation and legitimation, however, seem scant when one considers that other methodologies rely on facts that are perceived differently by all individuals interacting with said facts. Autoethnographies allow researchers to acknowledge that facticities (Denzin, 1989, p. 23) will have many interpretations and to tell their own. Banks and Banks (1998) say

facts don’t always tell the truth, or a truth worth worrying about, and the truth in a good story – its resonance with our felt experience sometimes must use imaginary facts. The emotional texture of experience often is what interests me – the consequences of the facts in the lives of actual persons. When I want to evoke the emotional texture of a human experience for an audience I find the canons of social science writing aren’t very productive. (p. 11)

I am not advocating for the categorical release of canons. I plan to strengthen my autoethnography by incorporating an array of possible recommendations. Ellis (2004) and Holt (2003) both emphasize that communicating my own experience in a believable manner is one important step in fortifying my autoethnography. Ellis (2000) also describes that an autoethnography should be both engaging and evocative (Ellis, 2000). Engagement so fully compels the reader that she hesitates to release the book. Evocation distracts the reader to such an extent that she is thrown into reminiscences of familiarities. An author should strive for both. Holt (2003) also stresses that a clear focus and depth are necessary components for a viable and reliable autoethnography. These broad principles were important for me to learn while gaining an appreciation for and understanding of autoethnography and I strived to hone these skills in my writing. These and many other recommendations (Bochner, 2000; Clough, 2000; Denzin, 2000; Ellis, 2000; Richardson, 2000) have been put forth in an effort to standardize legitimacy of the autoethnography. In particular, I held to Richardson's and Chang's (2008) advice as I worked through my piece, in order to uphold the salient features of current autoethnographies.

Richardson's (2000) five criteria for creating a strong autoethnography are as follows: (a) Substantive Contribution: the piece should contribute to one's understanding of the culture or discipline; (b) Aesthetic Merit: the piece should be a pleasure to engage with; (c) Reflexivity: there is an understanding of how the author engaged with the subjectivity and how it was both a producer and product of the text; (d) Impactfulness: does the piece affect the reader?; and (e) Expresses a Reality: the text should express the author's visceral, lived experiences. These five criteria together comprise all of the

characteristics and features of autoethnographies that I have read (e.g., Learmonth & Humphreys, 2011; Malthouse, 2011; Newbury & Hoskins, 2010; Popovic, 2012).

Complementing Richardson's advice is Chang (2008) who offers suggestions on pitfalls autoethnographers should avoid.

Chang's (2008) five pitfalls are as follows: (a) Excessive focus on self in isolation of others. An "[a]utoethnography.....should reflect the interconnectivity of self and others" (p. 16); (b) Overemphasis on narration rather than analysis and cultural interpretation. To thoroughly have a cultural analysis, more elements need to be developed than narration alone. (I will interject here to opine that I disagree with Chang on this point and hold that cultural analysis can be done within the context of narration); (c) Exclusive reliance on personal memory and recalling as a data source. Triangulating data generated from one's memory adds breadth and perspective to the piece; (d) Negligence of ethical standards regarding others in self-narratives. Confidentiality is as important to self-narrative studies as it is to studies with other, external participants; and (e) Inappropriate application of the label "autoethnography." There are many narrative inquiry forms. It is the researcher's responsibility to ensure he or she is knowledgeable on the form he or she has chosen to undertake. Chang's (2008) caution for avoiding these five pitfalls were certainly helpful to keep in mind; however, I found Richardson's (2000) five criteria were of more use to me while constructing my autoethnography.

Autoethnographies harness attractive elements of a person's story and do represent viable and lucrative research options (Doloriert & Sambrook, 2012; Ellis et al., 2011; Holt, 2003; Richardson, 2000). Each and every study has limitations to contend with; therefore, I adhered to Richardson's five criteria and to Chang's (2008) five pitfalls

diligently in order to maintain rigor in my study. Each and every study also has ethical implications to contend with. The ethical implications of this research endeavor are discussed below.

Ethics

The primary entity that will be portrayed in my thesis is myself. The framework in which the researcher is researching self is referred to as researcher-is-researched (Doloriert & Sambrook, 2009). I carefully considered how what I revealed about myself and the way I revealed these things positioned myself in all areas of my life after the release of my research. Four potential harms that could befall researchers who choose to self-disclose are listed by Doloriert and Sambrook (2009). These are: physical, emotional, ethical, and professional. Of these four potential harms, I felt that I needed to heed careful warning to the risk of emotional harm. To safeguard against these risks, I was intentionally introspective when retelling and recounting emotionally exhausting stories and proceeded cautiously, utilizing discretion.

The second population that was portrayed in my thesis (though unintentionally) was the homeless community. As there were no participants in my research other than myself, I was not concerned with harming individuals through my research efforts directly. That said however, I was aware of the fact that a specific demographic was included in many of the experiences being described throughout my piece and my “pen” could, therefore, be forming an impression of this subculture. While it was not my intention to draw substantive conclusions about homelessness, readers could, no doubt, glean something about homeless culture while reading this thesis. A homeless shelter, after all, is the backdrop for much of my autoethnography. Thus, I was cognizant of the

impression I could be imprinting and adhered to the rule of *primum non nocere*, which is Latin for “above all, do no harm” (Broom, Hand, & Tovey, 2009) when it came to the homeless community as a whole.

In instances where I am not presently in contact with individuals who are a part of described vignettes, I was intentional to only include stories where anonymity was thoroughly secure.

There are some individuals represented in my autoethnography who I am presently in contact with and whose anonymity is protected due to pseudonyms, but who I acquired verbal consent from as a courtesy. In these cases, I informed the individual’s that I was writing about an event or scenario that they were a part of, that they would be represented in the autoethnography, asked if they would like to read it, and gave them the opportunity to read the respective vignette (or have it read to them). They had the opportunity to protest regarding any aspect of the included material.

Vignette 11 describes a conversation between my “Grandfather” and myself. My grandfather is a mythical character meant to represent the patriarchal head figure of my Mennonite, evangelical upbringing. Male head-figures are meant to direct a family “in the way they should go” [Proverbs 22:6 New International Version] according to biblical teachings. Since my divorce, and my proceeding relationship with a mutual divorcee, I have been approached by a number of patriarchal figures to discuss the matters of my situation: a pastor, a marriage mentor, a family member, etc. The conversation with my “Grandfather” is an amalgamation of these conversations. This is the only vignette in which the scenario is not depicted from a specific scenario in my life

and the individual (i.e., Granddad) was morphed and amalgamated from a number of individuals.

Throughout my autoethnography, both when I myself was being represented directly and when the homeless community was being represented indirectly, my goal was to conduct respectful research.

Researcher Reflexivity and Social Location

To give the recipients of my research a context from which to “read” and interpret this work and in light of this being an autoethnography, it is important to provide some details about myself and the “lens” that informed this research endeavor - the lens through which I view the world. It is my hope that an explanation of my past will familiarize readers with some of the details of my life, thereby strengthening notions of representation in my narrative. More thorough explanations will be given throughout the narrative portion of my autoethnography but some pertinent details follow here.

I was born in February, 1981 into a conservative, Mennonite family of six. I had many pets growing up on a large country property where my father built our large bungalow home. Our family was not wealthy by any stretch of the imagination but as I now understand what actual poverty looks like, I understand that our socioeconomic status was by no means minimal. I grew up with relatively high scholastic achievement (i.e., mostly “As” in elementary school, and achieved the honour roll in both high school and university). I endeavored to work hard from a relatively young age. From 15 years old on, I had two full time jobs each summer thereafter. During my university undergrad years, I held between two-four jobs while pursuing full-time studies. I tree planted for four summers up north to help with university tuition costs. This summer employment

also allowed me to spend some of my summer months travelling which is a passion of mine.

I travelled here and there for a couple of years, spent some time gallivanting around. I remember these years.

I moved to Vancouver for a year. I then moved back to Niagara and started working at Sanctum Shelter, dating a colleague named Phil. We were married when I was 26 years old. I do not remember Vancouver, working at Sanctum, or marrying Phil.

Concluding Remarks

This methods chapter explained autoethnography as the methodological approach, the study purpose and research questions, the research site (i.e., myself interacting with Sanctum Community), a description of my involvement with Sanctum Shelter, data collection procedures, data analysis procedures, study limitations, ethical implications, researcher reflexivity, and now ends with an Autoethnographical Perspective to show the reader my narrative style which adopts a less “traditionally” scholastic form than these first three chapters. The chapter that follows (Chapter 4) continues in this less “traditional” form and represents my experiences while engaging in this research endeavor. I will return to a more formal scholastic style of writing in Chapter 5 (Discussion), where I will integrate my study results and insights with relevant literature.

Autoethnographical Perspective

As I am on my way down Thistle Corridor at Brock University, anticipating the discussion that is about to inevitably take place, I am rehearsing in my mind the current prospective plans for my master’s thesis.

“Hi Dr. Norris, my name is Joyce Penner. I plan to study social dynamics in a homeless shelter as residents take part in physical activity on a regular basis.”

“Uhhhh that’s not quite it!” I chastise myself.

“Take Two: I plan to study changes in social dynamics within homeless shelters as residents who are taking part in regular physical activity programs engage with others who are also partaking in ongoing regular physical activity.....” and then I arrive at TH136, Dr. Norris’s office.

“Ok Joyce. Here goes.” I prompt myself.

I have always been quite nervous when it comes to asking anything of anyone. But I was now at the point in my master’s program where I had to form a thesis committee, which meant asking time and commitment of professors I did not know well, who did not likely have much time for me and, as far as I knew, had no reason to care about my master’s work. I knocked on the door, waited for the invite to enter, and proceeded to turn the handle.

“Hi there, Joyce! Great to see you again. Thanks for coming out to our performance last week” said the friendly drama professor.

“It was fantastic,” I returned.

“What can I do for you?” the professor asked. I replied:

Dr. Norris, I wanted to talk with you today about the possibility of you being on my thesis committee, and to see if that’s something that you’d be open to. I’ve recognized a few things in your work that I really appreciate and that I feel would be a huge asset to me as I go forward in my master’s research. In particular, I notice that your dramas explore the nuances of all different types of relationships.

I appreciate that you look into how people relate to each other and affect one another. You display both the positive and negative affects our actions can have on others as we live in relationship with one another.

“Ok. Well, what is it that you have in mind exactly for your masters project?” he asked me. I told him what I had tried to package so neatly on my way down to his office. That I wanted to look at residents who were taking part in the rock climbing group and gauge my observations against those from a group of residents who were not partaking in the rock climbing program to see if there were differences in overall life satisfaction, if there were changes in social dynamics within these groups, and many other factors. I wanted to observe and calculate hardcore, quantifiable ongoings by comparing and contrasting these control and experimental groups. It all seemed so neat and tidy this way.

I could see in his face that he gathered that I was struggling with this topic; that it was not the perfect fit for me somehow.

“That sounds like a decent master’s project, Joyce. Tell me why you want to do it.

I explained that I was a part of a group of folks from a local homeless shelter that go rock climbing once a week, that this group seems to provide enormous benefit to both the residents and to the volunteers interpersonally and relationally, and also that it sets individuals up with great support systems, etc. I had seen great changes in people, and also experienced great changes since being a part of this group.

“When I started engaging with the community at this shelter, my recovery process accelerated.” I was surprised at how readily and decisively this information flowed from me.

“That’s a loaded statement to unpack with quantities and control groups, Joyce.” Dr. Norris expressed with a knowing smile. “Have you heard of an autoethnography before?”

“Actually we went over that in our Methodology Course. They are a person’s story written from within a specific context. That’s how I remember it anyways since *Auto* means ‘self, while *ethno* mean culture’ (Ellis, 2004),” I replied.

Dr. Norris affirmed,

Right. Autoethnographies give the researcher a lot of freedom in terms of creative style. Carolyn Ellis has been prolific in the cultivation of autoethnographies and explains their narrative style well. If this is a methodology you’re interested in, you’ll want to look her up. Autoethnographies are often written in the first person, and it’s usually themselves or their own story that is being written about – I mean they themselves are the subject or object of the research. Autoethnographies usually focus on a single case over an extended period of time (Ellis, 2004), and they uphold the belief that individuals are central to the research project itself (Muncey, 2010). Autoethnographies are not quantitative research where the bell-curve is sought, but rather it’s the way the individual’s story is *his or her own* that is researched. This method also nurtures a therapeutic and emancipatory element for the researcher (Muncey, 2010). By

participating in one's research and telling one's story, one undertakes a cathartic experience while processing through their experience.

“Wow...all of those features sound like they fit my needs astutely.....this is kinda weird. I didn't even come here knowing I was looking for a methodology yet....”

Ha! Well – look into it anyway eh? You never know. I think you're gonna find it's a perfect fit for you. You've had quite the experience over the last couple of years it sounds like. This might be just the way to process through it. It's an approach to research and writing that seeks to describe and systematically analyze personal experience in order to understand that experience. (Ellis et al., 2011)

Dr. Norris and I chatted a little while longer and all too soon it was time for me to go, but before I left, Dr. Norris gave me one last important piece of advice:

Both the individual and stories are essential parts of how we as humans make sense of our experiences and are intrinsic to understanding one's self. (Ellis, 2004; Prendergest et al., 2009). The process of telling our stories is a wonderful exercise. The autoethnographic standpoint has the added benefit of bestowing authority on the recipients of research within the research process” (Muncey, 2010). Joyce, claim agency and assert that you have valid opinions regarding recovery and regarding the effects that unlikely relationships across diverse demographics can have on said recovery.

“That sounds like just the thing I'd like to do with my master's project.”

Chapter 4: Autoethnography

Vignette 1: It All Starts Here

On August 15, 2008 I was driving home from work and was struck on my driver's side door by an approaching vehicle at a rate of 120km/hr. I did not have a stop sign while the approaching driver did, although he failed to notice it. I was airlifted from the scene to Victoria Hospital in London, Ontario where CTs and MRIs revealed bleeding in two spots on the left frontal lobe of my brain and a wound to my cerebellum. The consequences of my head injury were severe and many. I lost all memory of the 3 years prior to the accident. Those 3 years had included living in Vancouver for a year, working at Sanctum Homeless Shelter for a year and a half, and my first year of marriage. I do not recall the episode in the hospital where the nurse tried to convince me that I was married, but the nurse told my mother that she tried to show me the rings on my finger, tell me they were mine, and repeat my husband's name in an effort to make it stick. I was apparently insistent that I knew no one of that name.

I will loosely string together a timeline here as that was what I did for 2 years after my injury, constructed timelines for my own sanity. In 2004, the shelter was still in its infancy and I was volunteering there one evening a week for a few hours. I do not have any recollection of this time period but my ex-husband, Phil, says that this is where/when we first met. We did not volunteer on the same night of the week so we just met in passing once or twice. We were both offered jobs at the shelter after a few months of volunteering, but I was about to leave for Vancouver for the year so I turned my position down while he started working there. When I returned to St. Catharines from Vancouver the next year, I was again offered a job at Sanctum Shelter and I took the

position. Phil had already been working there for a year at this point. We worked together for the next year and a half, while dating throughout. We then married and moved to a tiny town called Otterville, ON, due to both Phil's family and his new employment; both were in Woodstock, 15 minutes from Otterville. We had been married 1 year, 1 month, and 1 day when the accident happened.

The neurologists did not want me to be alone after the accident and Phil was gone to work throughout the days. I think the doctors also realized it might be traumatic for me to be alone in a town that I did not remember, in a house that I did not remember, with a husband that I did not remember. Thus, they advised that I return to Niagara for a period of time to be with my family. I spent the next 10 months in Niagara where I underwent lots of neuropsychological, physio, massage, speech pathology, audiology, neurological, and occupational therapies. I decided after those 10 months, against the advice of specialists, to head back to Otterville, but kept my therapies and recovery services in Niagara. I had situated myself into a transient state, alternating between Otterville for 10 days, then back to St. Catharines for 4 days for therapy. Upon reflection, I realize I was hesitant to fully move myself back to Otterville. I craved familiarity. Memory loss is scary. And I had moved back to Otterville out of a sense of societal and social obligation to make my marriage work, rather than really out of listening to what was good and right for my own recovery. Phil is an absolutely fantastic person. But I could not feel anything, let alone have feelings for a husband I did not remember choosing to marry.

Less than a year after going to Otterville, I started getting panic attacks. Therefore, once again, I moved back to Niagara. We tried counseling. Our divorce was

final 2 years and 8 months after the accident.

Past residents who were at the shelter when Phil and I were dating are a part of the story of Phil and me in a special way and able to remind me of stories from those times without the sense of obligation that Phil's recountings always seemed to leave me with. They love both Phil and me. They loved us together and they love us apart.

Vignette 2: The Stirring

I rush to hug my friend of 11 years on her wedding day. I want to be so genuinely excited for her, *should* be so genuinely excited for her. But weddings, and all they are supposed to mean, are so tainted for me now. I am so tainted now....

“It’s so incredibly good to see you Sharon! Ugh – I just miss you so so much!” I gushed emphatically.

Sharon returned, squealing with glee:

I’m really happy you were able to make it. Talking over email and Facebook’s been great and all but it just hasn’t cut it after losing contact for those couple of years. And then after hearing about the accident, you just feel a need for closer proximity you know? I’m really glad we’ve finally touched base – even if it is a super busy day - my wedding day!!! Holy shit! Can you believe it’s MY WEDDING DAY?!!!

“Craziness!” I joined.

“Yay! Speaking of – Congrats on your marriage. Phil seems like a really nice guy. So you guys have been married how long now?”

I calculated back in my head to the day of the accident and then added 1 year, 1 month, and 1 day. *The accident had become the reference point from which everything in my life stemmed.*

“About 2 years, and 2 months,” I replied.

Wow. It’s so crazy how much our lives have changed over the last number of years, eh? Remember what the days were like when we used to be inseparable? The crazy times? The heartbreaks? The road trips? The drama? It was exhausting.

I'm glad we've moved on, found people that steady us. Worked out new directions for ourselves.....

As Sharon went on with her valedictorian-esque speech, tears slid down my cheeks. My development had been arrested somewhere along the way. I felt my life still caught up in that early 20s drama that we were once so inseparably wrapped up in together. I still felt closeness with her that I knew was one-sided and unrequited. She did not know that my development had been arrested: I did not know how to explain it without debilitating sheepishness. I was left alone in this place where we once had both been so comfortable, and that we had both moved forward from. But I had returned to this place. "Come to" after a state of unconsciousness, to find myself landed right back in a place I had worked myself out of. What a horrendous fate of regression.

Once the tears were detected, Sharon's surprise was palpable.

"Oh no! What's wrong?"

"I don't know really....It's just been a rough couple years I think." This juncture had been a difficult one to navigate with folks since my accident. I had not processed through what was going on and through myself even. *Therefore, how could I parse through my jumbled feelings coherently enough to communicate them to others properly?* Over the next few minutes I found myself somehow describing my first memory after the accident.

It wasn't that I was *waking up* exactly. It was more like I was *coming to*. It felt like I was slowly being sort of sucked out of a foggy forest. And I was suddenly able to take stock of my surroundings. I realized that I was sitting in my parents' living room in my pajamas and I had no idea how I'd gotten there. My mom was

on the phone in the kitchen and I gathered that she was talking to a cop or an investigator of some sort. I wondered what on earth her conversation was all about and then I noticed that my dad's laptop was on in front of me. It was open to my Hotmail Inbox, but I had no recollection of logging in. Then I noticed that there were hundreds of emails from friends and people that I hadn't spoken to or heard from in years and years – most of them since high school. All the subject lines said things like 'Thank goodness you're OK!' or 'Heard about the accident – So Sorry!'. So at this point I'm just like 'WHAT THE HELL HAPPENED TO ME?' I clicked on a couple of the emails only to find out that I'd actually replied to some of them. I got a little overwhelmed at this point and had to move to the couch to lie down at which point mom noticed my distress. I heard her say to the cop 'I should go. Joyce just realized again what's happened.'

“.....Shit, Joyce”

That was 7 days after the accident. I guess up until then I was 'functioning' – it's not like I was in a coma or anything – but my brain wasn't encoding and retaining things. Mom says she told me 100s of times that I had been in an accident.

People came to visit me and 5 minutes after they left I'd ask if "so-and-so" knew what happened and if they'd come to visit me. Fortunately on this seventh day, it was like my brain rebooted or something, and I started retaining things again. Not entirely consistently, but for the most part.....I still don't remember the 3 years prior to the accident though. *I don't really know.....how to be?....without those missing pieces....*

“What do you mean by that?”

Nope. Sorry. I've already taken more than my fair share of your day with my musings. I've loved getting this time with you. Thanks. But you should get back to your guests. I love you like crazy. I miss having you in my life.

"It sounds a little trite to just say 'you too', but you know it's true," Sharon said with a heartfelt half smile.

As we headed out the door back to the reception area, Sharon added "I really am glad we chanced upon this little nugget of stolen time away somehow." My appreciation for that added gesture was immeasurable. The accident had left me wounded in so many ways. So many ways more so than just physiological. *I was deathly afraid of not being able to interact with the people that I most enjoyed spending time with.* But this first interaction with Sharon seemed to flow decently at least.....did it not? I found myself wondering if it really had gone well with Sharon or if I just thought we had connected because I "lacked self-awareness" as all my health professionals told me brained injured individuals do. I was always second-guessing myself these days.....

Otterville, my containment. The 2-1/2 half hour drive *home* — I use the term loosely—that night was uneventful. Phil drove as I still did not have my license back. The neurologists are concerned seizure activity may be what is causing the disruption to my memory's encoding process. Therefore, I am still not driving until they know conclusively my brain's not seizing. I was solemn, as I always am on this drive. Leaving my hometown for this town that I do not remember choosing to live in, makes me lonely. It is pretty enough; too pretty really. Like it comes out of a children's fairytale book. I do not know very many people and the people I do know I am not very connected to. Apparently, I moved out here for Phil when we got married. This town is

close to his work, his family, and his friends. And now his wife again. I am sure this worked well and everything fit nicely for our life here before the accident. Hopefully, I can get that up and running again soon....

We got home to Constance squinting at her laptop in the dining room with Daisy-May, her dog, on her lap and Quinton and Mayble, our dogs, lying at her feet, a familiar sight. I am told Constance is an old friend from our days back at the shelter who has been stably housed now for 6-7 years. Phil and I met through mutual employment at a homeless shelter in Niagara. I did not know Constance after my accident (cause of the memory loss obviously), but, boy, did she know me. That woman showed boundless affection and concern for me. Countless cards, emails and messages were left for me. Hot chocolates and soups were bought and delivered, and flowers were handpicked for me. Constance has been unceasing in her efforts to see me feel better. She came up to visit for the week because it has been a while since we have seen one another.

Phil chatted with Constance while I headed straight upstairs to get into my track pants. I abhor being dressed up and head directly for comfortable clothing upon entering my own quarters. This has always been my way.

Phil headed up to bed once I returned back downstairs and Constance and I had our own exchanges on the evening. Constance recounted that she had talked online with her friends all across north America – Constance spends copious amounts of time online and I told her how I had gotten a much needed dose of a hugely important, yet painfully unconnected, friend.

Then Constance blatantly merged onto a topic that had had me incredibly unnerved since the previous afternoon.

So Phil and I were just discussing the thing that your sister-in-laws brought up yesterday afternoon. I noticed you had that deer-in-head-lights look. You pretty well looked like you wanted to jump off a cliff when they brought that up. That about right?

For a legally blind woman, Constance was thoroughly observant and she had a pretty keen sense of intuition. She always hit the nail on the head. The day before, Phil's sisters had come over with Phil's nieces to use our pool in the afternoon. We had been getting some juice and snacks together in the kitchen for all of us to share out on the back deck when one of them hijacks me out of nowhere with "so now that you're home and feeling better, are you and Phil gonna be trying for that baby soon? This was always the time that you guys were gonna start trying wasn't it?" I immediately started choking on the Dorito in my mouth. Not only did I not have any recollection of ever planning to start a family with Phil, but I had no recollection of ever being in the developmental mindset where I wanted a family *ever*. That kind of mindset, mental framework, just has not *ever* been where my head is at. I have always figured that maybe you end up wanting a kid together once your relationship grows into something where its healthy enough that you want to create something together out of that healthy space of *togetherness*, but I had no recollection of Phil and I ever being there; could not imagine that that was ever where we had been. *Had we ever been that close? Felt that close?*

I had been a little overwhelmed when Phil's sisters asked me about it. I think I mumbled something about "just because I'm back in Otterville, doesn't mean I'm feeling great yet. There's still a lot of recovery ahead of me. I don't think there are any babies in my near future....." And then I quickly whisked away outside with my pitcher of juice.

Luckily, Constance had followed me, sat beside me, and took over the conversation for me from there for the next while.

“So you could tell, I guess, that that kinda spun me for a loop eh?” I inquired.

“Are you gonna be alright here? I feel like you’re so uncomfortable in your skin these days.”

I had no verbal response for that; therefore, we just hugged.

Eventually, we were listening to music. Constance was on her laptop while I was tidying and cleaning the house around her. She was filling me in on the lives of folks from the homeless shelter and their whereabouts these days. *For the most part, I had no idea who she was talking about and we’d go on Facebook to jog my memory, to no avail for the most part.*

“You still like hearing about everybody from back at the shelter though right?”

Constance asked. “I mean at one point, you didn’t remember me either right?” I replied:

For sure. My impression is that that shelter is a special place. It seems like good friendships are built there. I don’t know how to describe why I feel a closeness to the place or people because I don’t remember my time there, working there, being there....Maybe it’s just that I feel cared for by all the people there; that everyone connected to that place reached out so fervently to me after my accident and I didn’t even know who the heck they were. I hope memories come back.

“Don’t let it stress you. Just let things be. But Joyce, make your way back to the shelter. It is a place where people going through crumminess, support each other. You need that right now.”

Constance's words of wisdom are generally well-heeded. She is a woman who has endured much and knows when to let things lay. Constance would be leaving tomorrow and while I was not at all disappointed to see the un-housebroken DaisyMay go, I was a little disappointed by Constance's leaving. I was lonely in Otterville. *Phil felt like a roommate, not a husband. I did not remember choosing to marry this man.* I did not remember choosing to move out to this tiny, quaint, creepy, little town where I knew no one. I did not remember choosing to fit into his family, into his set of friends, give up my life for his job, his gym, his hardware store, breakfast place, and favourite pub. And I did not "come to" after the accident with a sense that I had appropriated these things as my own in my preaccident life. Maybe I had, but so far in my postaccident life, I was not having success doing so.

As I tried to fall asleep that night, Constance's words from earlier that night were striking me deep. I was not comfortable in my own skin. The 3 years that I had forgotten just did not corroborate with the view that I had always held of myself. The year I had been told I lived in BC; sure, that made sense. I have always had a hippie streak. Working in a homeless shelter; ok. *I tend to be more at ease with people living on the fringes.* But faith affiliated employment? That was starting to feel a little off. Conventional morality conjures up more than just a little cognitive dissonance in me. My religious upbringing requires that I appreciate the familiarity of conservative Christianity because nostalgia feels nice. But being tethered to an institution that can be so judgmental, harsh, pretentious, and elitist causes a lot of angst. Not to mention that both philosophically and scientifically, one cannot intellectually swallow many of the rigidities that fundamental Christians hold dearly. Therefore, learning now, that I

tethered myself through employment to an institution that unnerved me, seemed a little masochistic to me. And married? Wanting kids? In a tiny, quaint town? Woah, woah, woah. When did I become some domesticated, cookie cutter, Suzie-homemaker? Had I settled down, sold out, been set out to pasture, rolled-over-and-died out of societal obligation? Had I been pregnant? How did I end up here? *I just felt so incredibly washed up, lack lustered, disheveled, illegitimate, exhausted, unnecessarily contrite, confused, frustrated, overwhelmed.....and brain injured.*

I also could not shake the feeling that the shelter was a place I wanted to be again. I wanted to understand where Constance's warmth (and also, sometimes, intense disdain) for this place came from. And I wanted to understand why I had this latent sense of affection for this place. Tonight, as at other times, Constance had encouraged me to reengage with the shelter on a regular basis.

I thought to myself:

I don't know what she thinks I'm gonna find at that shelter that I can't seem to find anywhere else. Constance talks about that shelter like it's a place where people connect, help each other out – build each other up, focus efforts on other, rather than self.....

I fell asleep feeling pulled strongly towards the Niagara Region. *Pulled towards the shelter, towards my memories, towards the potential of a less fabricated life.*



Figure 3. “Sanctum” Shelter Christmas Party, 2007.

Eight and one half months before my TBI. From L - R: “Phil”, Santa, me, “Constance”. “Phil” and I returned from Otterville for special shelter events such as this. Santa passed away March 4, 2013. He was Sanctum’s faithful Santa since its inaugural Christmas party and one of Sanctum’s all-time favourite community members.

Vignette 3: The Binding

And sure enough, I did end up back in Niagara eventually. Phil and I had officially separated 2 years and 2 months after the accident and I was now living back home with my parents. Phil and I tried counseling.

JoAnn, Phil's and my marriage counselor, with a background and understanding in neurology, explained to us,

I completely understand how that would feel tender Phil, but we do store detail memories and experiential memories in different places in the brain, so Joyce does need to be cut some slack. It is entirely plausible that she remembers some things and not others, even from within the same timeframe. A whole assortment of memory impairments can arise from head injuries (Powell, 2004) and these impairments can last for years. Or forever. Joyce's Post Traumatic Amnesia is 7 days. That means her normal encoding process was altered for 7 days. That's incredibly long and indicates severe impairment. We're dealing with a serious head injury here.

Luckily, my encoding memory was up and running again for the most part, but some other head injury symptoms still persisted. The symptoms that I still felt 2 years postaccident, could be categorized through a syndrome called Postconcussive Disorder (Tsao, 2012). I was diagnosed with this directly after the accident and my symptoms have shown themselves to be quite persistent, unfortunately. Symptoms that are common to postconcussive disorder are long-term headaches, neck pain, cognitive impairment, insomnia, dizziness, and mood disturbances (Lainez & Pesquera, 2011).

JoAnn, my neurologists, my neurosurgeon, my neuropsychologist, occupational therapist, neuro-ophthalmologist, physiotherapist, audiologist, speech pathologist, massage therapist, and every other health professional I had been seeing in those 2 years postaccident had helped me understand these and other assessment tools that were contributing to how I was feeling these days. And I have no doubt that they were also helping me feel better. But it was not enough. *I wanted to feel better faster. Needed to feel better faster. Ugh.*

Phil had been wonderfully understanding of all of my shortcomings since the accident. For the most part, he took my hesitations with our marriage in stride without putting pressure on me to “just be happy” that I did not “come to” to something much worse – which I surely could have. I mean, Phil’s fantastic. He is the kindest, most patient person I know. I imagine that I loved him before the accident. I just do not get why I did not now.... What haunts me is that he is the kind of guy I would have wanted to marry, but not necessarily the kind of guy I would fall in love with. He is the kind of guy who has all the qualities you would check off on a list and none of the things that drive you crazy and irritate you to your core with confusing nuance. What if I was looking for someone to fit a mold and he worked at a time when marriage was due?

“I do appreciate that explanation, JoAnn. Sorry for what I said the other day, Joyce. I’m just spent.” Phil referenced of when *he had accused me of selectively remembering.*

I nodded in appreciation for his apology. I can’t tell at this point—maybe I am selectively remembering? *I have certain memories that strike me with such accuracy. Others evade me entirely.* And others I have quite possibly concocted by combining

elements from photos, stories, and data that I have collected here and there. There is so much swirling around in my head and I do not know which of it is my own experience and which is completely fabricated. The other day I went to my good friend, Jim's, house and recounted what I thought was a great memory from our road trip to Vancouver. I was so happy that this memory had "come back" to me. The memory was of my yellow Labrador retriever, Quinton, bounding giddily after snakes in Narcisse, Manitoba. Narcisse gets overridden with snakes every late summer – its literally crawling with them. I had pictures of Jim and me there, with our socks tucked into our pants. And I also have pictures of Quin on this road trip with us. And I remember Quin loving to chase snakes throughout his whole life. Jumble all these together and I get Quin chasing snakes in Narcisse. But Jim says we left Quin in the hotel in Winnipeg the day we went out to Narcisse. Quin never came to Narcisse. *I know I should be able to laugh this off, but my mind is too tired of trying to straighten the memories out. And it has gotten to the point where even the inconsequential mismemories leave me feeling robbed.*

Phil was getting tired of me dwelling on and caring about what did or did not happen. *I just needed to work with what was here in front of me, I guess.* It was just so hard.

Phil and I went for couples counseling once a week and eventually started with intermittent individual counseling as well. I do not know what Phil and JoAnn focus on in their individual counseling sessions, but JoAnn and I generally discuss *what I want my life to look like again after this is done.* By *this* I mean brain injury junk. The therapy and the insurance stuff; the feeling sick and the emotive processes.....and having people in my life that I did not choose to be there. I think JoAnn knows I do not see Phil

in my life when *this* is over. He is fantastic, but he is now become fused with *this*. I cannot parse them apart anymore. I do not remember them not being one-in-the-same.

“How long now have you been home?” JoAnn asked me.

“This time around you mean?” I inquired.

“Well, remind me of the run down.”

K. After the accident, the Dr.’s sent me back here to live with Mom & Dad so I was here for 10 months. Then I moved back to Otterville (against my Neuropsychologist’s recommendations) and was there for 14 months. And I moved back to Mom & Dad’s in October – so 3 months ago or so.

“And how’s *dating* Phil going?”

JoAnn’s suggested plan had been for Phil and I to date again. She completely understood that there was no marriage functionally or emotively for either of us, and not even nostalgically or mnemonically for me. She wanted to see us reconnect. She encouraged us to entirely ignore that we were literally, legally married and to just date.

The look on my face did the talking.

I know that feelings aren’t something you can just summon. And I know that you haven’t been in a situation like this before. Usually when you date, you start with feelings that lead to relationship. In this situation you’re starting with the relationship (at least the structure of one, that is, *a marriage*) and wanting to end up with the feelings. It feels a little “cart-before-the-horse.” But you guys connected once. I know you do not remember that, but you ended up married, so you must have. You’re still the same people, so why wouldn’t you connect again? JoAnn prodded.

Here's my theory on that: I don't think I ever really connected with Phil – cause you're right - if we connected once, there's no reason we wouldn't connect again now. I don't remember what state I was in during the time that I married him so I can only reconstruct the circumstances through the lens of revisionist history. I imagine that I got married out of either feeling too old, societal pressure, being broken hearted over someone else etc. Whatever the case – I clearly was not a very genuine person in those years. And Phil is suffering the disservice of my shortcomings now.

I recognize that divorce seems harsh rather than just making things work, but the way I see it, I'd rather cut our losses sooner rather than later. Couples are at their best when they maximize each other's' strengths and minimize each other's' weaknesses. Phil and I are just taxing each other at this point. Draining each other dry trying to keep this thing afloat. And, at this point, we've been working at keeping it together, longer than we'd enjoyed it – pre-accident, I mean. The accident was 2 and one-half years ago and we were only married for one year before that.

I'm out. I'm filing this week. I told Phil last night.

Vignette 4: The Motivating

Grace's inquiry regarding connection had unnerved me. Grace and I had just caught up over a breakfast that had lasted nearly 2-1/2 hours. It was New Year's Day. This was the strangest meeting I had ever experienced in my life, bar none. I do not remember Grace, but here we were.

There were many friends that I had met and added to my Facebook during the years prior to the accident that I did not recall. After the accident, it was interesting to have 100 or so characters whose lives I could peek into, but have no connection with. One of these characters was Grace. My best friend, Ruth, had told me that she was a girl we had both known from the year we had lived out in Vancouver. Grace and I, in particular, had gotten along really well, Ruth says. Neither of us are any good at keeping in touch, however; therefore, we just fell out of contact. I had noticed through Facebook, this particular holiday season that Grace was coming to Ontario and I messaged her asking if she would like to grab breakfast. New Year's Day was the only day that worked.

When I told her I did not actually know who she was, she pieced some things together:

I noticed something was very strange about the way you've interacted with me over the last couple of years when I'd write you little texts here and there!!...and today, when I walked into the restaurant, you looked at me with such a questioning, pensive look. Like you were quizzically surveying me. Totally makes sense now!

Sorry if you find it weird that I still got in touch with you. Ruth just tells me that we got along so well and I'm so intrigued by whatever made me tick in those forgotten years, and you were interesting on Facebook, and I think we hit it off again today, no? I joked.

The implicit understanding that each renewed connection would bring guilt, stirred in me slightly.

“Why doesn't my connection with Phil rekindle? Did we never have one? What kind of person marries someone they don't connect with?...” I wondered.

“Absolutely!” Grace agreed bringing me back to our conversation:

Joyce, you might forget us, but *this*” Grace motioned to her and I, “still means the same to me. I don't feel strange or unfamiliar with you so don't feel ‘weird’ about this at all. Not an ounce k? We'll get there again.

“Phil and I didn't.....” I thought to myself.

Where were we earlier? Oh yes - Connection! So from what you've said, you've been in Niagara a few months now Joyce and you've mentioned feeling quite disconnected from everyone. You've been through a lot so I'm not pushing you to *get going* or anything, but what do you think are some things you can do that would help you feel connected?

“Ugh! I just like sitting in in the evenings, playing cards with Mom.”

There were a few friends that I felt comfortable going for a drink with here and there, but overall I just felt so left behind. Everyone's life had moved forward. Here I was, 30, not working, life entirely stagnant, getting a divorce, moving developmentally backwards in an effort to *find myself* again—whatever that meant. But I thought for a bit

and was relieved that I did have an answer that actually felt quite honest. *I was genuinely hopeful that it might be able to help me feel connected to some type of community again.*

Well actually, a few months back a client from a homeless shelter that I used to work at got me thinking that I should volunteer at that shelter. That's something that could at least fill my time if not help me feel connected. And I'm feeling physiologically a little better these days.

"I am all for that plan!" Grace exclaimed with enthusiasm. "There has been a lot of peer reviewed research the last few years showing that volunteerism is actually a really good recovery tool for many of the symptoms you're experiencing that are common to brain injury sufferers." Grace is an Occupation Therapist and is up to speed on brain injury research. "I am a fan of volunteering as a therapeutic treatment plan on so many levels for you after your last 2 years."

"OK. I'm onboard." I said with a smile.

The follow through. The following afternoon I called the shelter to enquire about volunteering. I ended up talking with Angela! Ang had been a volunteer at the shelter years ago when I worked there. I did not really know if I remembered her or not but I had seen her a time or two throughout the past year when I had popped in there with Constance. Angela and I decided I would be best suited as a front desk volunteer. This meant I would be doing receptionist duties and welcoming residents. We set a date and time for me to come out to a Shelter Orientation Night the following week. This would allow me to *re-familiarize* myself with the protocols and learn some of the new routines that had been put into place over the years.

The following Saturday night I pulled into the shelter's large parking lot which is cozily surrounded by a wooded area on its south east end. I had just walked through the shelter front doors with a bag full of toiletries (Constance had reminded me that the shelter is always in need of toiletries. My mom travels a lot; therefore, I had asked her to cop the hotel soaps and shampoos), and my oversized purse, when I felt a hugely rotund form scooping me up from the side.

He's hugging me. Who is this person hugging me?

JOYCE!!! It's been forever! You're down from Woodstock this week? How's the job going? Where's Quinton? How's Phil? Are you working here again? I moved back to St. Catharines eh? Bet you're surprised to see me huh? Been forever eh? I know you've missed me eh? Eh?

The rotund, balding, middle-aged man with a coy smile toyed. The familiarity of his face was creeping to the forefront of my mind from way back in the recesses of my memory. It felt nice. And it was such a relief that he didn't seem to notice that I was straining to gain recognition of him. He was too distracted to care.

"I don't live in Woodstock anymore – never did actually – it was Otterville. No job. Quin died. Phil and I divorced. Not working here. No. Very. No."

and I had *ANOTHER* heart attack last year! But with the advances they've made in technology, heart attacks can't kill anybody anymore! They just stick a defibrillator on you and you're good to go!! I've had two valves replaced and I'm....

Angela approached me in the front hallway as Bobby jabbered on. "Hi Joyce! You good to go? More volunteers are across the hall in the lounge."

“Yeah, I’m good thanks.” I turned to my round friend and said “it was good talking to you, uhhhhh...”

“Joyce – silly. It’s me - Bobby!” He swatted at me jovially.

“Bobby. How could I forget? It’s been a long time, you know? I gotta go to a thing in the lounge. I’ll see you in a bit.” I swatted back at his shoulder.

“You bet.” Bobby quietly sauntered off mumbling to himself “.....and my angiogram was scheduled for the next day but I already knew that a really great meal was scheduled for that evening so I cancelled it and then

As I walked through the front hallway of the shelter towards the lounge, I realized *Bobby’s questions just covered an enormous amount of content that normally had copious amounts of anxiety surging through me as I tried to massage out painstakingly acceptable answers. But Bobby just did not give a crap what I was up to, where I was working, or what the status of Phil and my relationship was. I felt so refreshed. Huh! How about that?! I hoped the shelter was full of folks just like this who put me at ease. Folks who were not searching for *improvements* in me, or always looking for some sort of measureable sign that I was *getting better*. Folks who just wanted to chat with me because they liked that I was around. It was nice.*

Vignette 5: It's all Coming Back to Me Now....

Over the coming weeks and months as I got into my routine at the shelter, memories came back to me of my time spent there from previous years. It was emotively overwhelming. Up until this time, the few snippets of detail memories that had come back to me had not evoked emotion in me. One of my doctors explained my experience to me. She said that our brains store detail memories and experiential memories in different locations in the brain. Detail memories include facts like names, dates and faces, but not context. In the absence of context, the individual often feels disconnected from the experience and frequently, even feels as though they themselves did not live that particular experience. The very first memory that came back to me that included Phil was my giving him a King size Duvet for Christmas while we were dating. *But it was as if I was reading about it in a book because I did not feel what it felt like for me to be giving him the blanket or what it felt like to watch him open it.* Therefore, it was a detail memory, and only detail memories that were recovered the first 2-1/2 years. Experiential memories though are memories that include the emotional context of the experience. We remember the emotions we experienced as we lived through an event and our perceptions of that event. The first experiential memory that came back to me, came back to me at a volunteer shift at the shelter a few weeks after I started volunteering again.

Steve: Current Day. A blue eyed, blonde, long-haired surfer-dude came walking through the front doors of the shelter and walked up to me with a smile that said I was familiar. I did not recognize him at first (which is common since the accident). “Joyce! How are you?!! It’s been years!!!” I had both very warm and suspicious sensations for

this man. I wanted to both wrap a blanket around him, give him a cup of tea, or bowl of soup, and also run away from him at the same time..... but I could not understand why.

Steve: 2006. Back in 2006, Steve was much cleaner cut. He was not sporting the surfer look, but had more of an army-style doo and clothing with much sharper lines. His eyes were just as continuously bright and his smile just as warm. Steve was one of the quieter and seemingly more “together” residents as some of the clientele went. He never really “lost his shit” and was very even keel. One of my responsibilities back in the day when I worked at the shelter was to work out discharge plans with the residents to help them get on their feet. I had to help them find, not only housing, but whatever services they might need that would allow them to keep said housing. The first time I met with Steve in my office we were going through the preliminary questions that helped me acquire the necessary information to best aid residents in acquiring services the region has to offer, and I looked up to find Steve just sort of staring and smiling at me. I asked him what he was thinking about and he regaled me with stories of a “past lifetime” that we had apparently shared together. I do not know what our relationship allegedly had been in this “past life”—if I was a daughter, niece, romantic partner, sister—I did not want to ask and I am glad he did not say, possibly recognizing that this information might make me uncomfortable.

I met with residents one-on-one at least weekly. At each of our meetings, it was quite a chore to dig out of Steve the actual information I needed to serve him in a professional capacity. He was content to just sit in my office and reminisce about our past life. It was nice to see him so utterly content, but sometimes he would become paranoid, “remembering” times that I had been in danger and he would become quite

consumed with “protecting” me. It was Steve’s “protectiveness” that made me leery as often protection is played out through restriction of freedoms, infringement of personal boundaries, and just plain being smothered. I had to ask Steve to leave my office on occasion when he got protective and eventually our staff team recognized that I could not aid Steve with his discharge plan. My manager took over the one-on-one meetings with Steve and looked after his discharge plan file...

“What’s the look on your face?” Jamie asked me. “I’ve not seen this one before.”


Jamie was fairly good at reading me. Jamie is a past resident who is now a volunteer in the Rock Climbing Program, Sports Program, and Games Program. Jamie spent the last year getting his GED through the Native Centre in Downtown St. Catharines and, as of a few weeks ago, just started studies at Brock through the University’s Tecumseh Centre for Aboriginal Research. Jamie and I have also become quite good friends going for breakfast bi-weekly and also going up to Burlington’s rock climbing gym quite often.

“I just had a really strange inkling about that guy who was in here a minute ago. I remembered him, and I also have a *feeling* about him. That doesn’t happen to me Jamie. Not about the years I don’t remember.”

Jamie and I discussed that this experiential memory triggering was unsettling for me on many levels and I was having a hard time processing it. On one, and most immediate level, it was opening a *flood-gate of guilt for me*. I had gotten divorced under the assumption that I was working with a faulty memory that would not allow me to remember any experiences, including that of dating and marrying Phil. *If I was suddenly able to remember my past experiences, maybe I would remember choosing to marry Phil*

Vignette 6: My Little Token

Finally Filed

 Joyce Penner <joycepenner@email.com>
To: Grace Paul <gracepaul@email.com>

01/09/11   

Hey Grace,

Thanks for skyping last week. That was pretty great of you. So I officially filed for divorce a few days ago. I talked with Phil - let him know I was doing it. We had had some tough discussions the days leading up to it - which neither lead me to nor away from filing I'd say. We were just headed there all along really. It was inevitable. Phil's a good guy. The only thing he said that stung was he questioned whether my memory was "selective".....But that's a legitimate question. It's entirely on point, on topic, and relevant. He's not petty. I'd want to know too whether all of this was bullshit and my partner was just using her injury as an out. But it did make me feel as though he saw me as someone who just sorta uses whatever I can to my advantage – like I'm some sort of flakey, wishy-washy, grasping, snivling little brat who's always trying to maneuver the chess pieces to her advantage. You know?

Miss you. joyce



[Click here to Reply or Forward](#)

Drunken Tracey – A Flaky, Wishy-Washy, Grasping, Sniveling, Little Brat?

She was the second visceral memory that came back to me once I was back at the shelter. I was in the meeting room that is outside what used to be my office. And the couch struck me. *I remembered comforting a drunken woman on that couch once. It all came back to me in a flash.*

Tracey: 2006. I could never figure out where I stood with Tracey. I never knew if she heard what I was saying or ignoring me, a rule follower or a rebel, a victim or an abuser, in recovery or actively drinking. She was a slippery one. Her presence unnerved me. I wanted her to feel accepted and loved, but I did not want to feel like a door mat, and she was notorious for only listening to the voices around her that were saying what she wanted to hear. Guilty of confirmation bias till the cows come home.

One of the shelter directors called me to our office one afternoon (we shared office space back in the early days of the shelter). I walked in to find Tracey fidgeting and wildly flailing her arms in an effort to emphasize the details of whatever story she was telling of her wild afternoon. The events of how someone had poured a drink or two down her throat and she could not say no. My boss wanted to make sure there was another staff presence, preferably female in the room, as things escalated for this encounter. He was coming to the inevitable part of the conversation where Tracey would be informed that she would have to leave the shelter for a few days and go to detox. Sanctum is a dry shelter and the presence of people detoxing sets up people in recovery for a slipup. While people are on the wagon, this is an easy enough concept for them to agree with and acknowledge; while they are inebriated, however, it is another story.

Barrie and I had Tracey sitting on the couch. She was crying on my shoulder about the difficult day she had had. I was attempting to console her. After about a half an hour or so, when a lull in the conversation came, I eased into discussing the circumstances of her housing for the next number of nights and that she would need to be at another location other than Sanctum, preferably detox. She did not take to this kindly. Tracey got rigid, sobered up considerably and suddenly was able to string together a solid

defense for why she should be able to stay (though others are not afforded the same allowance). She now saw Barrie and myself as the enemy, and was certainly not about to cuddle into my shoulder any longer. It was a very sudden turn...

Girls' night. Every week the four of us gals, Teri, Krissi, Kristy, and I get together for dinner. We began this tradition when I got on my own two feet again and moved into my own lovely little apartment downtown. After the accident, I went from Otterville to Mom and Dad's, back to Otterville, then back to Mom and Dad's, all the while feeling terribly sick. When I finally started to feel better and look for an apartment where I could get excited about having people over, I was in quite a hurry to do so. We rotate hosting duties each week and the guests who are not in charge of dinner for the week bring wine and dessert. We know each other from volunteering at the shelter's Rock Climbing Program, which these girls just started this past year. We have become quite close through this endeavor.

On this particular evening, we got to talking about past relationships, which I suppose is not shocking as groups of single girls tend to do this with a fair bit of ease.

"Why'd you and your husband divorce Joyce? I've heard it had to do with an accident you were in a few years back, but I don't know any of the details really."

Therefore, I explained some of my situation trying to gauge the depth to which these girls wanted to go.

Krissi asked "How long after the accident did you stick in it? In the marriage I mean?"

Two and a half years. I know that doesn't sound like I gave it a very good go – especially when I was often living away from Phil and primarily dealing with

other things like recovery.....But I was primarily dealing with other things like recovery! It was a lot to handle. Then I realized I'd been trying for two and one-half years, to salvage something that had only existed for 1 year, and that I really didn't even have any way of knowing if that 1 year was even actually any good. I was just trying to attain this ethereal notion of something that I'd decided to believe existed. I'd decided to swallow that my pre-accident marriage must have been beautiful and it had been lovely and pure and perfect, and I must have married Phil for all the right reasons, and we must have fulfilled and maximized each other and together we must have made the world a better place out of our togetherness because that's what perfect, selfless unions do. I needed to get our relationship back to that state post-accident because if I couldn't, it's like I'd have no way to prove to myself that we were ever there pre-accident and then I'd have to admit to myself that I always sucked. Preaccident and postaccident. And this is what I sat with every day.

The girls just sort of sat there and tried to give me trite comfort. But I charged on with the knowledge that space had allowed me to cultivate:

But eventually I was ok with sitting in whatever my reason might have been for marrying Phil. I'll never know for sure. I may have just been a stupid 26 year old who felt like she was getting old, or who was broken hearted over some other guy and Phil was the best second option; or I may have felt the evangelical/Mennonite obligation to get married young (even though in our circles, that boat had even already sailed for me at 26!). I might just have been lonely. I'd feel terrible for all of those reasons only because they do Phil such a horrible disservice. He

deserves so much better than that. But so many people get married and divorced for those petty reasons so if that's the worst I may have done – meh. I can live with that. I'm no worse than so many people. And maybe I did better. Maybe I loved him like crazy with as selfless a love I've known and will never ever know that type of love again. How will I ever know? I studied photos, and Facebook, and interrogated family and friends for months after to dissect every little detail about my life. But you can't really know how things happened. And I think that's true brain injury or not. I have to be OK with whatever my reasons were for whatever I did in those years or I'll drive myself crazy.

All I really had to be sure of was that I wasn't just using the brain injury as my own little token to justify any little whims I wanted to get away with. That would make me feel slimy – it made me feel slimy to even imagine that people were thinking I was doing that.

"I'm not following you," Teri chimed in. I replied:

There was a woman, Tracey, at the shelter years ago, before you guys were around there. Sometimes people felt that she played things up or down to manipulate the situation to her advantage. Toyed with emotions to get around shelter rules and whatnot – maybe she did, I have no way of knowing. But when someone thinks I might be remembering selectively or jokes around about me being "lucky enough" to forget my marriage, I sorta feel like they're suggesting this whole brain injury is this small token that I can just scoop up and keep in my back pocket to take out when it suits me to use to my benefit the way Tracey was cavalier with things. Like *they don't recognize that it's been kicking the crap out*

of me while I'm down for years now. It's so much bigger than me. I can't manage it to my good in any way, shape, or form. It's such a slap in the face when folks' say shit like that.

Vignette 7: “So What Do You *DO*?”

There is one question I fear above all others: “So what do you DO?” One’s answer to this question rank her instantly and irreplaceably within her permanent echelon in the social stratosphere. For one’s answer to the question to be “I’m on disability” is unacceptable – this may be due to my upbringing; the hardworking Mennonite mentality that was forged throughout my parents’ generation while they, with their parents, made way to Canada, will indelibly be etched upon the palms of our younger generation. It will ensure I feel lazy forever. Now that I am on disability, I am just doubly lazy.

.....I’m of course joking. I mean no disrespect to either generation, nor to my disabled cohorts. The feeling of “unacceptability” I speak of was entirely perceived, self-induced, and assumed due to a framework that I had been surrounded in my whole life. The importance of work was instilled in me from a young age through my entrepreneurial family. The mentality that one lives to work, rather than works to live, had somehow seeped into my pores. I have come to realize that this priority is imbalanced.

For the first year and a half after my accident, uttering “I don’t work” felt acceptable as audiences were sympathetic to my plight. My accident had taken place *recently enough*. But after the year and a half mark, I started to feel a push—I cannot even say where this push came from exactly, maybe it was self-induced—and I enrolled in a master’s program at Brock. *After all, it seems to be unwritten somewhere that work and school are the only socially acceptable responses to my most feared question and I was not allowed to work yet according to the doctors.* We had not discussed school; therefore, I applied without asking. *Better to ask forgiveness than permission I supposed.* Upon acceptance, I discussed my options with my doctors. At first, they refused. They

reconsidered when I cried. (My crying honestly was not intentional; I really was just saddened by the thought of more stagnant years.) My doctors' stipulations were part-time schooling.

In my situation, I truly feel that all of my health practitioners were giving me what they felt was the best advice for my health at the time – I just didn't agree. However, it is not unreasonable to question whether health professionals might “tip the scales” in their favour when no right answer can be found. A lot of money is in the medical field, and keeping a client on, or putting a client on, a recurring medicine or treatment could prove lucrative. Gaining a patient's adherence is highly valuable as well. Lutfey's (2005) study on the roles between patient adherence and medical practitioner roles showed that practitioners “actively customize strategic stances and work practices in their treatment of ... patients, and how these practices [were] designed to induce adherence with treatment regimens” (p. 442). Even though these stances are in the spirit of partnership (p. 442) rather than the traditional paternalistic relationships held between patient and practitioners in years gone by (p. 422), this system was unsuccessful. Possibly, patients feel their interests are not at the heart of the matter.

Now that I am in school, people accept my answer to the question of what I do with my time with few questions. Every once in awhile they look a little confused when they dig a bit deeper and learn that I am part-time but do not also work. *If I'm comfortable with them we get into it more, if I am not comfortable with them, I hope-upon-hope for a distraction to come our way and get me out of the conversation.*

Now, I am nearly done school and considering what it will feel like again to have no answer to my most feared question. My lawyer still does not want me working. And I

still have not come to a place where my mind and soul both equally understand that one just has to live as one wants to live without worrying about what society thinks. Between an insurance settlement from the accident and my work benefits, I have enough to live comfortably doing the things that are priorities to me (like travelling!). And I have the time to do it! What a luxury! So few people have both the time and the money to do what they want to do. I understand that I am one lucky duck.

Yet, I consider daily throwing off this perfect balance of finances and time that I have going for me and reshaping my entire life around acceptability, just so that when people ask me that horrendous question: What do you do?, I will have an appropriate answer.

And the guilt associated with such a question! I guess before my accident, I had the understanding that one should only *not* be working if they were bedridden. The comprehension that my lifestyle as it exists today *cannot sustain work* is one that I am still struggling to adopt. At this point, my neurologists have me properly medicated so that my headaches are relatively well-managed. My headaches were certainly my most debilitating and persistent symptom. They have been well under control for 1-1/2 years now (with an intermittent period of 8 months, described below). Great news! When they had been under control for 1 year, I tried to wean myself off my meds. (This had been my intention from the very beginning with my neurologist's approval). I had never wanted to be on any meds whatsoever: my neurologist told me that it had been his experience that some head trauma patients could wean off their meds once they got their neurotransmitter production back up to normal for a year and things were running smoothly again. I worked my meds up for 6 months, then stabilized my meds.

Everything worked wonderfully and my headaches abated for a year (or were at least manageable). After a year, I started the weaning off process, but by 6 months it was clear, I was reliant on the meds longterm⁶. I tried harder to adjust my lifestyle to accommodate, moderate, and adjust my headaches, while continuing to wean off the meds, but in the end found that the meds really were necessary in their full dosage. I had to concede in defeat: “I’d rather enjoy a life on meds than hate a med-free life.” I started back up on my full dosage of meds that night and my headaches were manageable again within 2-3 weeks.

If job stress were to affect my headaches as acutely as meds do, I would not have the option of weaning off and on my job. My benefits hinge on me not working. If I choose to go back to work, my financial benefits are gone, just like that, and I cannot get back on them for a preexisting condition once I have given them up. What happens if I decide to go back to work, that is, if I try to “wean back into work” only to find out that it makes my headaches flair up and I cannot do it? My income is expunged and I am out of luck. I need to be VERY certain that these headaches are entirely manageable before I will risk going back to work. *I have never felt as fragile as these headaches make me feel.* And I do not just mean when they are manifesting. In the way described above, *they have a hold of my future.*

While I have not met an individual from the shelter whose situation is exactly like mine outwardly, commonalities can be found amongst many of us as we struggled with *feeling pressure from society to work when it does not serve our best interests.* Most of the time, in their cases, it does them much worse a disservice than it would me. In my

⁶ My neurosurgeon reported to me in July 2013, that if I want to try to wean off my meds again, I should not try for at least 10 years (i.e., the summer of 2023).

case, it will throw off my work benefits and it will cost me time – neither of these are the end of the world. But in many of their cases, it may cause them more stress and mental anxiety than their resilience can afford in a time when their situational factors, such as homelessness and recovery from substances, are already inducing anxiety. Work is detrimental when one’s resiliency is at an all-time low due to factors like these.

Resiliency is understood as the ability to “bounce back” from adversity (Tugade & Fredrickson, 2004). Those presumed to be low on resilience, like alcoholics, drug addicts, and the mentally ill, are continually barraged with setbacks. It is no wonder they have lost their bounce. The first priority, before employment, needs to be recovery as cited across the literature. Hogue, Dauber, Dasaro, and Morgenstern (2010) showed that even when abstinence has been the first priority in gaining employment, an individual’s Substance Use Disorder (SUD)

may routinely co-occur with other kinds of employment barriers, disabling physical or mental health conditions, housing instability, deficits in work skills or experience – that have greater impact on work acquisition than substance use and therefore represent a more logical target of interventions aimed at increasing employment. (p. 108)

Therefore, even when an individual is working hard to get his SUD in order, it will cause him problems. If he has not taken the appropriate steps towards recovery and/or abstinence, he can surely count on his SUD costing him problems in life and employment options down the line.

Tommy: Current Day. “Thanks for driving me out here for this interview, Joyce. I really appreciate this!” Tommy gushed. Tommy had been a resident at the shelter for about a month and a half this time around. I had known him for about 4 months. It had been a rough 4 months for Tommy. But he held his head high and was bent on “improving” his life every time I saw him. I am not exactly sure what he meant by that. But he meant it and said it with gusto.

No worries, Tommy. Whatever you need. But, I do have a question – what do you plan to do if you get the job? It’s way out here in the heart of Niagara-On-The-Lake. Rent is expensive, and there’re no buses. How do you plan to get out here every day for work? I asked.

“I haven’t really considered it. I’ll just make it work somehow if I get the job.”

Tommy replied.

In your last job you didn’t put too much thought into the job before applying and it didn’t work out too well Tommy. Getting to and from work can add a lot of stress to your life. That stuff needs to be considered when you’re deciding what jobs to apply for.

I just need a job and need one fast. I’ve decided to get clean again and that doesn’t just mean getting off the drugs. *I want my life to be respectable*, I can’t just live off the system forever. Plus the less idle time I have the easier it is to stay off the drugs.

I pleaded with Tommy to see a bigger picture:

Tommy, if you load too much on yourself all at once, so quickly now when you’re right at the start of recovery, you won’t be able to go the distance. This is

a long race and you need to pace yourself. You're giving yourself a lot of stress right now. You've been getting up at 5am to go to the gym every morning, and you've had three job interviews this week, you've been to an NA, or an AA meeting every night this week and out with your sponsor every other night this week. Not to mention you've got your bible under arm every time I see you. You're a little intense lately Tommy. I feel like you're gonna burn out or swing back to the other end of the pendulum any second. I've seen this many times Tommy, a number of them specifically with you. It sorta seems like you're white knucklin' it and not actually getting at what needs to be 'got at.'

"I don't know how to do this any other way, Joyce. I'm an extreme kinda guy. All addicts are. *Let me go about it my own way.*" Tommy looked at the clock in my dashboard. "I gotta go. Interview's in 5 minutes. You'll wait for me?"

"Of course. Good luck, Tommy."

"Thanks, Joyce."

Tommy's substance abuse, his recurrence in and out of mental health wards, and jail continues to fluctuate again and again and again....

The tension Tommy feels resonates so deeply with me. He and I, and so many residents feel it constantly. *It is really difficult to set aside the obligation of working even when it is clear that other issues in life need to take precedence.*

When I think of past-residents who have been successfully and stably housed now for years, they have one thing in common. They built their foundations in order. That is:

1. They found housing they were comfortable in. They did not just move into the first crack-house that was available to them so they could get out of the shelter.
2. They utilized services that were available to them, to help them in the specific areas that they needed help, be those mental health services, alcohol abuse services, or other substance abuse services.
3. They reached out to community support programs or the shelter programs for social interaction.
4. They started volunteering at some of these programs.
5. Eventually, some of them have sought full-time employment at different businesses in the community. This is a long (I am talking years) and healthy process. I cannot make definitive statements, but in most cases, jumping into work straight from homelessness, is too stressful and unmaintainable.

I empathize with Tommy's angst and impatience, but his unfortunate example also helps me. I don't want to be back where I started again and again and again.....

I am thankful for Tommy's friendship. As he shares his life stories with me, I learn from him; ways to go about things, and ways to stop going about things.

Vignette 8: Space to Feel Ridiculousness

Bill is one of the longest standing Sanctum Community members around these days. He has been stably housed for 7 years but can be found socializing and helping out at the shelter every day. Bill and I are very close. He can be credited with much of my emotive recovery. He accompanied me to Phil's first social event after our divorce became official. This was particularly appreciated, as this event was 2 hours away from my home-town which meant that none of my friends or family would be there, only Phil's. While our split was *perfectly* amicable, I imagine some of Phil's family and friends would not know how to interact with me, even if Phil and I interacted *perfectly* fine. Bill was the *perfect* mutual friend to have along. Not only did he have Phil and I at ease, but he had all of Phil's family, friends, and acquaintances at ease.

This is the type of familiarity Bill and I have. He is my "go-to" guy. Bill knows me well. He understands how I need to process things. Bill is also abrasive and we can clash. It is fun. And it is infuriating.

Current Day. My best friend, Ruth, lives in New Zealand. I had recently returned from visiting her and was emailing her my biweekly update, explaining that my boyfriend, Matt, and I went camping with Doug and Bill:

Summer Camping Trip  

 **Joyce Penner** <joycepenner@email.com> 05/23/13 ★  
To: Ruth Knight <ruthknight@email.com>

.....Doug is the guy who replaced me when I left my paid position at the shelter. And you remember Bill right? You've met him before... The four of us had such a great time. Bill had had a pretty crummy summer, but that guy comes alive out in the bush.

Every hour he was out there, more and more happiness was permeating through him. By the third day, he was singing Dolly Parton by the campfire. And that was pre-drink.

Doug, Bill and I see each other pretty often around the shelter. But Doug is busy bustling around his office meeting with residents, I'm busy on the phone and finding the residents for their appointments, ushering them into Doug's office at the appropriate times, and Bill is in the background trying to help out around the shelter in whatever way he can – this often includes showing new residents around or explaining the “ins'n'outs” of the place, folding sheets and laundry, sweeping up cigarette butts from outside, etc. On slow days, Bill will come and chat with me at the front desk, but he knows to read the situation for what the situation will allow in terms of how much interaction is doable on any given day. We get along well and count ourselves lucky for slow days that afford us some chatting time. Camping was such a great time for us all to just be together rather than in charge of our own separate areas. We got to enjoy each other's company the way we like to - away from the shelter, *stripped of the layers of “staff,” “volunteer,” and “past resident,” and all the social barriers that go along with those roles.* We had such a nice time discussing our circumstances and life in general and sharing past experiences. None of it felt like advice going in one linear direction from the higher echelon of power and working itself down, like it would in our normal circumstance back home. It was a good time.

But on the last night Bill and I ripped into each other a bit about *feelings* and the validity of certain ones. I “get” that some of my feelings are ridiculous but sometimes I just need to process them through even if they are ridiculous. I can't just shut them off.

Matt poked fun at me in jest about an inside comment between the two of us. It had to do with Matt's current vernacular and it's point of transition out of his relationship with his ex wife. Bill asked what that was all about so I explained:

“Matt's still transitioning out of his partnership with Kris. So he'll still say things casually like ‘Last week when I went to such and such, OUR kids went.....’ or ‘A couple years ago WE went to Florida for March break to catch the cruise ship to the Caribbean’ . I've been noticing this for months now and have been quite sensitive to it, but haven't said anything as I never know what I just need to get over, what I need to mention for the good of our relationship, what needs to be mentioned for the benefit of Matt himself, what's a necessary transition time etc.”

“Matt's past is his past and he should be able to describe it as it happened. You need to just be OK with that” Bill opined. Sometimes Bill loves to get me going. But I think most of all he likes hearing me assert myself. Bill has encouraged me to hold my own over the years. He loves hearing me “keep my dukes up.”

“If Matt's asking me to settle into the idea of becoming the other half of an ‘US’ and a ‘WE’ and an ‘OUR’ with him, it's uncomfortable for me to still have him describing some other girl in that role with him a lot of the time. I think that's understandable. I get that it takes time to process through that and I'm not asking him to rush up the process. I'm asking him to make sure he's being intentional about working through the process.” I tried to assert. I felt like I was fumbling.

“That's ridiculous Joyce. They are both of their kids so Matt has to say ‘our’ kids when he's talking about the kids and he has to say ‘we’ went to Florida when he's talking

about last year's vacation because they were both on the vacation. That's just the way it is."

"I'm not trying to be high maintenance here Bill. All I'm saying is that those words and terms unnerve me and I think that there can be some flexibility here. Both in the way he speaks, which would make me way more comfortable with the whole situation, and in the way I process through my feelings about the situation. He could say 'MY' kids. I don't think he'd feel all that robbed saying 'MY' Bill! If anything I'd think it'd feel great to cut the ex out of his past right now. But we could talk about that if it's an issue for him. And he could adjust the Florida trip to say '*I* was in Florida last year....' or '*the kids and I* were in Florida last year.' I mean really Bill? There is no give-room here at all? And leaving me no space to feel what I need to feel at all? Really? Just forcing me to shut it off? You're really essentially leaving me two options. You know that right? Blame Matt, or blame myself. Cause here's the thing Bill – one cannot turn off how one feels. So telling someone to turn it off, or that it's ridiculous to feel how they feel or that they aren't allowed to feel how they feel, corners them. It gives them no space to feel it or work through it. When you're cornered with your feelings, you have to find somewhere to put them fast cause they have no SPACE. So you're looking for a reason for them and if you need a reason fast, you just lay them on the very first reason – or person - you find even if it's not a good one. I don't need you or anyone to coddle me and say my feelings are legitimate Bill, but everyone is allowed to feel and process what they feel. No matter how ridiculous the feelings."

The crackling and hissing of the fire could be heard clearly through the silence of my audience. Their pensiveness was likely less due to concession, but rather a belief that I was highly agitated, irritable, emotional and girly. Ugh. Whatever...



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As I have reflected on the notion of space and the necessity of it, I've realized that it is likely one of the detrimental facets that allowed the shelter to be such a therapeutic element in my life. I felt that I was under a microscope for the first 2-1/2 years after my accident. Me "getting better" was the priority of everyone around me and the focus of every endeavor in my life. *My entire schedule and daily routine was jam-packed with therapies and regimens specifically catered to recuperate me.* And when I was feeling like I was not "getting better" fast enough, or that I would rather take a different recovery route, I did not have space to process these inklings. *Once the shelter became one of the biggest facets of my life, no one there really bothered with the progress of my recovery.* I mean, they care and all, but their concern is not wrapped up in my progress, and *I am in no way left feeling like I owe them progress.*



Figure 5. “Bill’s” 50th “Bowl”thday party, March, 2013.

How I wish I could show you, the reader, his grin – such a great smile.

Vignette 9: Worth

Michelle. My mom and I were once again in Hamilton's General Hospital visiting Michelle after her most recent overdose. She was slowly stirring. Elle (my nickname for Michelle) refers to my mom and I, as her mother and her sister, respectively. This is likely why we were allowed in the Intensive Care Unit, which only allows immediate family in for visitation. Michelle started out conversation with the usual skirt-around-the-issue routine:

“Well, I'm in here this time cause I had a massive seizure. I had forgotten to take my meds for a few days and I ended up having a grand mal right in the middle of the street.”

Mom shuffled her feet and looked down on the floor, I looked straight at Michelle with soft eyes willing her to sink into the vulnerability that I knew she always eventually did with me. This long dance right after a relapse was always so doggedly tiring.

I mean “Come on, Elle, we all know what happened” I chastise exhaustedly in my head.

“Michelle, you know we've been through a lot with you over the years. How come you still feel tendencies to omit things from us?” I breathed out a long slow sigh. Time to get raw and real, I braced myself. “Why hadn't you had your seizure meds in days?”

Elle's eyes pleaded with mine to not start in on the interrogation process that she knew was inevitably coming. That always came. Then they harnessed on a spot on the wall straight in front of her and she answered in a monotone voice “because they were in my apartment.”

“And why weren’t you at your apartment for days on end?”

“Because I was on a run?”

“When you started getting urges to go out on a run, why didn’t you let me, or mom, or your boyfriend, Ron, or your drug counselor, or ANYONE know what was going on?”

Michelle stared straight-faced at the spot on the wall “I don’t know Joyce.” I replied:

Elle, it’s OK with me if you’re in a place right now where you don’t want recovery. I feel like every time you’re “not there” you do one of two things: you either pretend you’re there and you say all the things you know you should say; or you get stone cold like this and don’t just say what you’re actually feeling. I just want to make sure that I’ve made it clear to you, that you’re not letting me down by not working towards recovery. You’re my Elle whether you’re right in the thick of active use or not. I think your life is happier when you’re not using, but that’s for you to work out and not for you to owe me one way or the other. So just talk to me about what’s going on in your head for real.

Tears were rolling down Elle’s cheeks by now. She stole her eyes from the mark on the wall and looked back at me:

Ron’s done with me. He said he can’t keep doing this; it’s too much stress on him, on his finances, on our relationship. There’s nothing to my life without him. Why would I care to recover if I don’t have him to live my healthy life with? There is NOTHING I care to recover for. And even if there was, life’s just too hard to do it on my own. Ron was covering the remainder of rent that my ODSP

cheque didn't pay, and he was covering utilities, buying me smokes and treating me all the time to things that made life sweet, livable. So no Joyce, I'm not in a place where recovery is a priority. I know that's not an acceptable answer by anyone's standards, but that's not where I am. You're asking me for transparency or whatever it is you're always asking me for, so there it is. I don't give a rats ass about getting clean just now.

“Thank you. That is what I wanted. Just to know where you're at. I don't think we move from where we're at till we sit with and in it and have space with it to process it. Then we naturally and organically (hopefully) move through it.

“And I also think that if you're ever gonna experience true lasting recovery, it won't be sustainable if you're only in recovery because of Ron. So there has to be some sort of renewal of wanting recovery again, but for reasons of maximizing your own life and all that *Elle* is and can be and do. Not because of how Ron wants you to be and how much you enjoy your life with Ron. You can't get and be clean for someone else Elle. It doesn't last. You know this.”

“I'm not worth recovery. I've never been worth recovery Joyce.”

Michelle: 2006. In 2006, she came in to Sanctum and immediately recognized me. The recognition was not reciprocated due to her rail thinness. The only part of Michelle (I have always called her Elle for short) that was not sallow and sinewy was her mango shaped belly. She was due in 3 months. May 17, 2007. The baby would be 3 years younger than Elle's first child who is the reason for Michelle's and my first meeting.

Before working at the shelter, and throughout my university undergrad years, I had worked in a maternity home for pregnant teens. None of the girls who came through the doors of the maternity home had savoury upbringings but Michelle's home life had been particularly unpleasant. She had been a Family and Child Services Crown Ward her entire life. A charge of the State, she had moved around from foster home to foster home from the time she was a baby. Different foster fathers had intermittent time with her in which they had multiple opportunities to neglect, abuse, and rape her, and she had her first baby at 15 after running away to the heart of downtown St. Catharines into the arms of a drug dealer. He never came around the maternity home and Michelle never went into St. Catharines. She was quite determined to make a new life for herself and the baby in her womb.

Michelle spent the holiday season of her first pregnancy with myself and my folks at my parents' house. The other five girls at the maternity home were all at their families' places for Christmas and Michelle was the only girl with nowhere to spend Christmas. I was the staff "on" for the 3 days over Christmas, living in the Maternity Homes House Mom's apartment upstairs while she went away for the holiday. Michelle and I carted up some presents and went to Jordan Station on the outskirts of West end St. Catharines and spent two nights at my parent's house. My siblings were all with their respective in-laws for the holiday; therefore, it worked out quite nicely that year that I was "working" and Michelle enjoyed coming to a homey, decorated place with loving parental figures to dote on her. This is the first time Elle met my mom and there was an instant connection.

Now, I was seeing Michelle again, years later, in her second pregnancy. We had lost touch over the 3 years between her first and second pregnancies. She had lost custody of her first daughter. Over our time reconnecting at the shelter we had grown quite close again and I worried for her and this second baby right up to her due date. Michelle always seemed on the verge of a run.

I went into work on a Thursday morning and was told by the nightshift staff that Michelle had gone into labour the previous evening. I went to visit her at the local hospital's maternity ward. As I got off the elevator I noticed an officer stationed outside one of the post-labour resting rooms and knew this would be Michelle's room. With Michelle's background of substance abuse, aggressive tendencies, and history of highly erratic behavior she would be flagged as a flight risk, hands down. I mentioned to the officer that I was here to visit Michelle Uskolov. He asked if I was a social worker. I said "longtime friend." He looked at me questioningly. I said "Case Manager with Sanctum Shelter currently. But we go way back." He let me through.

Michelle was sleeping in the bed; therefore, I stood at the incubator and watched the baby rest for a few minutes. The little girl was under 3 lbs. Her lungs were underdeveloped and she had a host of other problems likely induced from a slew of runs that Michelle had had throughout the duration of her pregnancy.

Michelle stirred. "Joyce!" Michelle said with a quiet slurred excitement. "You're the first one who's come to visit." I handed Michelle the flowers, card, and pink teddy bear I'd brought for her and the baby and gave her a cautious hug.

After a short time, Michelle asked "Joyce, will you adopt her?"

I was thoroughly shell-shocked. She continued:

The timing is perfect. You and Phil will be settling down in the next few months and will be ready to start a family soon. Phil loves kids, my daughter needs a home, and you've always been open to adoption. There's no way FACS is going to let me keep her and I need to know the home she's going to. Please Joyce. Please, please. I don't want her to throw her life away and I don't want her to get caught up in drugs and shit and I don't want her to get pregnant young. I want her to get educated and to work and make money. To be independent and take care of herself. And on the other end, I also don't want her to judge the people who don't do any of those good things.⁷...

A window into my past? “Hi Joyce!! Wow! You look great! What's it been about 8 months since your accident?” a tall, thin lady in the church hallway wandered over to me as I was making my way back to the shelter from the restroom.

“H – Hi. I'm sorry. I've forgotten your name?”

“Yes, it's Liza. Right, I guess you wouldn't remember. We only met once at a premarriage course that this church offered to engaged couples a few months before you were married. It ran for a few hours over two Saturdays.”

Liza and I continued talking in the halls of the church where the shelter is housed when my sister, Suzie, approached, greeted us, and stood with us.

“So how do you feel since the accident?” Liza inquired. I replied:

Well, I'm certainly out of sorts. I don't remember things, my body feels different, I can't read or write, express myself, or stay awake at times. I don't have an appetite, but I also can't tell when I'm full. Food has no taste and my olfactory

⁷ I did not adopt Michelle's daughter. Her story is turning out to be more and more beautiful every day. I am in contact with her still through her adopted family.

senses don't work. I can't track the volume at which I'm speaking, my proprioception is gone and I can't balance. And I'm told I'm emotionally flat. *So I'm always looking for social cues – like when to laugh and that kind of thing.*

“Well you know, those are all normal brain injury symptoms, but I'd say that for all your emotional flatness, you actually have much more sensitivity than ever.”

While this sounded like it was meant to be warm, I felt leery of a dig. “How's that? I thought we didn't actually know each other very well?”

Well, from what I remember, you busied yourself those 2 days at the Pre-Marriage Course and didn't seem eager to engage with others. Today you seem much warmer and able to accept people. Maybe a few tough months made you more open to people.

Liza smiled a lukewarm fake smile and waddled off.

Suzie moved in close and said “I feel slimy. Let's get out of here.”

When we got out to the parking lot, Suzie said:

You know that woman's crazy right? First off, you had that pre-marriage course while you were working at the shelter, right down the hall from the course. So obviously you were in and out of the course, not chatting and socializing during the “down-times” – you had work to do. I know that woman, Joyce. I don't know if she realized how she was coming off there or not, but that was just cold. I can tell this is unnerving you, Joyce. Know that you've always been one of the most obnoxiously warm people I've ever known.....Stop it. I see that look on your face. *You're always thinking back on that time wondering what kind of person you were.* You were the same in those 3 years that you are now. Just as

real, just as raw, just as introspective, and open, and trying to get through. You weren't trying to keep up with the Jones', or create any superficial life that looked great on paper. So stop worrying that you might have hurt Phil or others in some selfish endeavors to make it to the top of some social hierarchies that you've never actually cared about. What has you so convinced you cared about those things in those years anyways?

Ugh!!!! I don't know.....I think it's just 'coming to' after the accident and realizing I was living this whole life that seemed so counter to everything that was 'me'. I just have no idea how I could have gotten there. There would have been a series of decisions that I would have had to have been making over a prolonged period of time to have gotten me that far off course. *So it ends up making me feel like the universe brought the accident on me to right my path or something. Like I brought the accident on myself – I deserved it. And because I must have been such a shitty person in those years, **I'm not worth recovery. I've never been worth recovery.***



Figure 6. “Michelle’s” daughter’s painting.

Painted for me by “Michelle’s” daughter in May 2013.

Vignette 10: Premonition

Ink's picture. *I am sitting here in my shoebox apartment staring at a picture I don't remember receiving. It is signed by the artist: "Dave ----", 2006. The picture is of a young girl with long hair, and angel wings. She is down on her knees with her face in her hands crying. An angry skeleton is ominously closing in on her from behind.*

I have long hair, and the nickname bestowed on me from some of my resident friends back in those days was Angel. Was Dave drawing me and what did Dave know was to come in my life? Seems a little dramatic, I know. I do not remember Dave. I like to think he imagines TBI's as big, bad, scary skeletons ☺

Figure 7. "Dave's" drawing.



Vignette 10's placement in my autoethnography mirrors many things in my life. I am surrounded in beautiful things (this picture – Figure 7, gifts, books, records, etc.) that are connected to nothing, nothing that I remember at least. They are ethereal and tenuous without linear constructs that validate beginnings. Figure 7 is beautiful and indicative of a friendship that I once had with its artist. I do not remember this artist. He is not around for me to create new beginnings with like many of the individuals I have written of in this autoethnography. For whatever arbitrary reason, memories of him have not been retrieved by my brain. This makes me feel that experiences, life, our plans, and our decisions are tenuous. I want to hold them deeply; claim them deeply.

Vignette 11: Claiming Agency

Tanya. I woke to my phone ringing at 2:37am in the early spring of 2012. Call display revealed it was Tanya calling. Tanya has been a recurring resident for a number of years. She is a regular at most shelter programs whether she is a residing resident or not, and she is a social fixture at the shelter whether there is a program in progress or not. She is a valuable member of the Sanctum Community.

“You Ok, Tanya?” I answered groggily. She replied:

No. I need you to come get me, Joyce. If you don’t come get me I’m going to relapse. I’m gonna head downtown and I’m gonna relapse tonight. I need you to come get me. And I need to sleep over at your place.”

I fell back and let my head hit the pillow. I knew this tone of voice and I knew these demands. This was not a suffering Tanya, nor a near relapse Tanya, nor a near suicide Tanya. This was attention-seeking Tanya and I was nowhere near ready to indulge her. I answered:

Tanya, you have your crisis hotline phone numbers, you could make your way down to emerg, call 911, or head to the shelter which is a 2-minute walk down the street. Kaitlyn is working tonight. I checked the schedule earlier today. Those are three or four options available to you right there without us even thinking and getting creative. I’m tired and have to take my niece to a doctor’s appointment in the morning. You and I have had discussions regarding expectations and the boundaries of this friendship but I feel like we might need to have them again on Wednesday. That’s when we planned to get together this week right? Wednesday at 4pm. I will not see you before then, because that’s what we do, got it? We

make plans and schedule appointments and we stick to those plans. That's what is doable for me and that's what is gonna allow this friendship to be maintainable.

Right? Right! We've been through this. Good night, Tanya.

"Night, Joyce."

The debrief. On Wednesday at 4pm, my dog, Maybe, and I picked Tanya up from her apartment. We went through Tim Horton's drive-thru and went straight on to the local dog park so Maybe could run around and Tanya could get some of what she referred to as pet therapy. Tanya loves animals.

"So did you make it through the other night without relapsing?" I asked Tanya.

"Yes." I said:

Look, Tanya. First off, I want to reiterate, that like I've always told you – when you actually are in danger of relapse or suicide, I will be there for you. But this 'crying wolf' bit just to manipulate me is bullshit. You always say that you're worried about losing the friends you've made through Sanctum because all of your friends and family from your past have up and left you. But if we are really clear with each other about the expectations and boundaries of our friendship, then our friendship will be much more maintainable for both of us and thereby much more sustainable long term, so no one will have to up and leave. Shit like the other night – that stuff is not within the boundaries of a maintainable friendship Tanya. You know this. We've talked about this. I cannot and will not be manipulated when someone's using their addiction (or suicide, as you have in the past) as a negotiating tool. It's manipulative.

Tanya softened:

I know, I know, Joyce. Sometimes I just feel so lonely, and so I don't know, I guess*needy*..... that I throw out whatever I can to get somebody to bite. My mom wouldn't take care of me when I was sick or needed her when I was a kid so as soon as someone enters my life who seems like they might care, I just latch on and suck all the caring out of them. I said:

You're 27 years old Tanya. Functional relationships can't take the form of mothering. I mean maybe they can if you find someone that that works for – someone who needs to mother. But you and I? It doesn't work when you always want me to coddle you or to literally *cuddle* you and infringe on my personal space. I'm not the mothering type and I'm uncomfortable with someone always hanging off of me. You get that right? Friendship for me is two autonomous and individual people who get together and support each other through stuff, but they don't guilt each other into things, and they don't put expectations on each other or keep each other guessing as to what the other person wants from the other individual. That's all very toxic stuff to friendship.

“The personal space is because I'm a lesbian isn't it?” I replied:

Oh my goodness! We've been over this how many times? I really don't care what you're orientation is, Tanya, I'm not someone who cuddles with any of my friends all day long. If I haven't seen a friend in a long time, that might be occasion for a greeting hug. And maybe parting hugs are in order here and there, but personal space is something I protect and I think it's a testament to how much I respect our friendship and plan to preserve it that I even talk to you about this.

If this friendship wasn't worth anything to me, I'd just avoid you. It'd be easier you know?

Tanya sat with that for a bit and seemed to take it in; therefore, I approached the sexual orientation realm that I felt Tanya had been struggling to claim for awhile now.

I carefully inquired:

How come you've been keeping it hidden? I mean not that I'd advise you to announce it from a hill top or anything – I appreciate discretion as much as the next guy – but when it's relevant, why don't you acknowledge it?

“It hasn't come up.”

Bullshit. You and Jonathan are seeing each other as of last week I hear. Have you even discussed with him that you haven't been attracted to a guy in 10 years? Are you actually attracted to him or doing this for show? Getting one socially normative relationship under your belt to stay under the radar? What's going on?

“I don't know. He seems like a nice guy. He likes me. He's paying attention to me. It works for now.”

“Just going where the stream takes you?”

“I guess”

“Tanya, really – what's going on?” I pried. Tanya unleashed:

Most of the people in my life now are Sanctum people – connected with the church in one way or another. I can never tell who's gonna be ok with my sexuality or who's gonna have a religious intervention for me. So yeah, I do wanna stay under the radar. I want to keep doing my thing. I enjoy being here, and I enjoy most of the people here. The underlying tone of intolerance I think is

due more to a culture that hasn't moved forward from its old position rather than from a culture that holds so tightly to its old position. So I'm not upset with the folks around here. I think if they actually thought it through, they'd realize culture (and religion) ought not be so heteronormative.

“But you could play a big part in helping them realize this. Don't you see that, Tanya?” I plead. *Truth be told, I was beginning to realize that I was speaking to myself more than to Tanya. I never had the guts to enter into conversations with individuals who shared deeply engrained religious ideologies either.*

I don't want to stir things up, Joyce. It's not really worth it. I'm not even looking to be in a relationship. Maybe if I were then I'd have to let people know. I mean, it'd get out then right? But for now, why make ripples? It's good this way. I just want to lay low.

Grandad the interrogator. I do not like my apartment building's laundry facilities and Grandad only lives a 7-minute drive away, so I go to his house to do laundry. This also gives Mayble a chance to have a good run around his 23 acre property. This property that I spent many hours on in my formative years, overlooks a valley with a 16-mile creek. There are two ponds and fruit fields where strawberries, peaches, nectarines, and grapes have all been grown at one time or another. I love this familiar property.

I had made my way over there one afternoon, put my load of laundry in the machine, and went outside to play with Mayble. Grandad followed me outside carefully.

“Joycee. I need to chat with you about something.”

“K. What's up?” I encouraged him to continue:

I like this new Matt guy, Joyce, I really do. But there are some issues that I've been trying to keep my mouth closed about. The other day though, when I found out he's got two kids – I just can't keep quiet anymore. You're getting into a shit-storm of trouble here. He's not even divorced yet, the kids are only 4 and 6. Do you know how this is about to affect your life? Have you considered what a mess you're entering into?

“Of course I have, Grandpa.”

“Why don't you just get back with Phil? What makes you think that being married to Matt is gonna be any smoother than being married to Phil?” He blurted out.

I sort of felt like I had been hit by a truck. My conversation with Grandad had just taken some turns that I had not been able to track.

“Grandpa, we were just discussing the complexities of dating a man with kids and then you suddenly jumped to comparing Phil and Matt's viability as suitors for marriage. Who's considering marriage? What's going on here?” He replied:

It's wrong, Joyce. This is just wrong. You shouldn't be involved in this. He's married. I don't know what the situation is with him and his wife, and it doesn't even matter. She's his wife, he's married till his divorce comes through and you need to step away from the situation. Plus, they shouldn't even be separated or filing for divorce. And you shouldn't be divorced either.

“Auuughhhh, so that's why you bring Phil up, still hoping we'll get back together for morality's sake.” He answered:

It's not right – two divorcees getting together. No matter what they're situations. I've never known where to land on your situation. But look – Phil was a good

guy, you coulda made it work. *Things could have been worse.* And I don't know what Matt's situation is –what went on between him and his wife. They may have had insurmountable problems and one may have betrayed the other beyond what seemed repairable. But God doesn't promise us happiness in this life. Maybe Matt made a bad decision when he married her. He's gotta live with his decisions.

“He was 19, Grandpa!! No one knows what they're doing at that age! Maybe they were just ill suited!” I remarked indignantly:

Shouldn't our aim in life be better than just '*not the worst*'? I think people can openly discuss the possibility of ending the relationship if they aren't maximizing each other. If they aren't adding more to their sphere of influence by being together than they would as two separate entities. If the relationship drains more from each party than it pours into each party, why would each individual be in the relationship? The relationship should fulfill, not wilt.

“You're my Granddaughter and I love you, but you are such a hippie, Joyce. It's all about feeling then? You *feel* unfulfilled and you can end your marriage? What's going to keep you in a marriage with Matt?”

“First off, Grandpa, why are we talking about a marriage with Matt. I'm not marrying Matt. I just started dating Matt.”

I could feel that I was not actually getting to the heart of what Grandpa was after. I knew that this was the time; the time that I'd been avoiding for years now. Like Tanya, *I'd been staying under the radar with everyone who still lived in the Mennonite, evangelical bubble. I did not want to upset the calm water. I wanted to enjoy the*

familiarity of my upbringing. I knew that if I wanted to live my life truly for myself the way that was congruent with my values, there would be clashes eventually, but you are just never ready for them I guess. Or so I was finding out.

Alright, Grandpa, here it is. I don't believe in marriage. I haven't for a number of years now. I think it's an antiquated institution – at least in developed countries. Women and children no longer need protection from marginalization in developed countries. The tax benefits aren't worth putting myself through the obstacle course of the conformed “wife” role - there are just so many characteristics that go with that role that I don't want to have to navigate. And the assertion that marriage as an institution still exists because of romance has been totally thwarted by a society that uses marriage as a trap. Most couples use marriage to ensnare their partners. Once the license is signed they treat each other like crap because they know their partner has no way out.

I want to choose to go deeper into my relationship everyday knowing every day that I also have the option to step out of it – no legal strings attached. And I want to always know that I'm treating my partner the way that I would treat someone who I want to keep around – respectful of their freedom and nurturing of their capacities. That doesn't make me any less committed than a legal spouse. It makes me more committed actually.

“It's not right in God's eyes, Joyce.” I continued:

So much of Christian scripture, and all sacred texts really, is ineffable, Grandpa. We have no idea what God or god has to say on any of this. Or if it matters what God has to say about any of it. Or even if there is a God to say anything about

any of it. We're gonna go around in circles here. And I know it's killing you to hear me say any of this. So look, Grandpa, we've got different worldviews. Our frameworks are different these days on so many, many things and we can't barter with each other when we don't value each other's currencies. But we can respect each other and hopefully glean from each other's experience and wisdom. One thing I really value about the culture that I grew up in, the one you engrained in me, the Mennonite evangelical Christian culture, is the priority of community. But a downside of this community is that there is no tolerance for different *currency* or different worldviews within this culture. In *regular* society, people are just interested in another person's different views. They don't get offended when someone else doesn't hold the same view as them or feel a need to make them a project - make them see it 'their way'.

“So you're fine with what your cousin Glinda is doing to her husband, Jerry?

You support her in her decision to leave him?” I replied:

First off. It's not really something that I, or anyone else who's not involved in the situation, needs to have an opinion on. Life-by-committee is something I realized I wasn't down with years ago. Secondly, those are two separate questions, Grandpa. I'm not fine with what Glinda is doing because she's vilifying Jerry and I think he's been a fine husband and father. But sure, I support anyone who needs to leave for their own personal mental health and well-being. And only the individual can make the call to stay or go, for themselves. It's my opinion that it is to each individual's benefit to do everything and anything to make their marriage work, but if it's clear to an individual that they are just going to wilt

away if they stay in a relationship that's toxic to their well-being, then of course I support them if they need to leave. How can I not?

"I don't know if I can accept that my own grandchild is alright with just breaking a union as sacred as marriage with justifications as ridiculous as feelings."

"What grounds do you find acceptable, Grandpa?"

"Biblical grounds!" I said:

Grandpa, no one needs biblical grounds to leave. Reality is, people can do what they want, make life how they want. Glinda and Jerri used the bible as some sort of fence around their marriage for 40 years that locked them both in misery. But everyone will find a way around a fence when under enough psychological distress for a long enough period of time. Glinda was unhappy. Unfortunately for Jerri, she's still stuck in her fundamental thinking so she's gotta find a way to allow herself out of that fenced in arena legitimately according to her own religious rules, which means Jerri's gotta be at fault somehow. In this paradigm, Jerri has to be a neglectful, bad-guy – even bordering on abusive. She's even stretching the definition of adultery and accusing "wandering eyes" of being equal to straight up cheating. This is the toxicity narrow religion breeds, so I don't uphold your views on marriage, Grandpa. Or on a lot of other things. Sorry, I just don't and I haven't for a long time now.

"But I do love you, Grandpa."

"I love you, too, Babes. I just don't always want to" he said with a chuckle.

"You're annoying sometimes" he finished. Then winked his happy wink.

...oddly enough, focusing on Tanya, rather than on myself allowed me to see clearly just what needed to happen in my own situation. I saw clearly that to feel closer to the very people I loved and appreciated, I needed to let them know the very things about me that I feared they would reject about me. In this vignette, the example used is my views on marriage.

One of my supervisory committee members said, “(t)he less you focus on self, the more you become self” (J. Norris, personal communication, February 6, 2014). This has been my experience as I allow myself to be more “me” within significant relationships in my life.



Figure 8. Tanya & I (respectively), May, 2012.

Walking and talking with Tim Horton’s drinks in hand. My dog, Mayble, is running to Tanya’s left.

Chapter 5: Discussion

My autoethnography is conceptual and the purpose is exploratory rather than meant to develop theory. Throughout my study and in consideration of my results (which I will from this point forward refer to as *insights*), the personal connections I had made through my volunteer position and their benefit to my recovery came to the fore. While paying heed to my results/insights, I next present my interpretation of the study findings and its connection to the broader field of recovery in this final Discussion chapter.

My autoethnography's purpose reflected upon the ways in which my recovery was aided by the personal connections made while volunteering in a homeless shelter. My three research questions were:

1. What features of the volunteer endeavor contributed to my experience of improved health and well-being?
2. What features, inherent in shelter life, helped build what I experienced as supportive relationships between the residents and myself?
3. How may the telling of my story assist others in their "recoveries"?

Three themes emerged as a result of my autoethnographic data collection and engagement with these questions. I have entitled these themes Community, Realizations, and Intentional Forward Momentum.

Community

This next section will focus on the theme of community that emerged out of the analysis of my insights. Similar to Ragan et al. (2008) who found that "community" is not clearly defined, it is somewhat difficult to summarize the role of community stemming from my inquiry into words. At the shelter, I engaged with individuals who

supported me when I was fragile and unnerved (Vignette 5), who allowed me to share my experiences with them (Vignette 6), and who I could relate to (Vignettes 7 & 9). These will be discussed more fully in this section but prior to that, I wish to provide a working definition of “community” that seems to find some resonance with the various conceptions of community from my study.

McMillan and Chavis (1986) suggest that four elements are present when a sense of community is felt: (a) Membership, or feeling of belonging; (b) Influence, or sense of mattering; (c) Reinforcement, or integration and fulfillment of needs; and (d) Shared Emotional Connection. Upon reflection of these elements of community, it is clear to me that I found community at the shelter as each of these criteria allowed me to self-identify as a member of the shelter community. In the following section, I explicate five instances in which I experienced community.

The shelter afforded me the opportunity of being around, and in relationship with, people who were going through obstacles in life similar to what I was living through, like staying “under the radar” (p. 107 and 110) for example. In the introduction of my autoethnography, I expressed a sense of my own life being on the tip of my tongue and perpetually evading me while my peers were in a developmental phase of moving forward (p. 1). I had felt quite lonely before volunteering, likely because I was not interacting with others who were overcoming obstacles in their lives—or at least, I was not interacting with others who were forthright about overcoming their obstacles. My experience was that individuals supported one another at the shelter. For example, in Vignette 5, when I had been unsettled from “meeting” Steve again, Jamie was able to support me and help calm my anxiety due to his proximity, past experiences, timing, and

having dealt with “his share of unnervedness in life” (p. 72). In this scenario, while I felt a sense of community as a whole and understand that the four elements all come together to create the sense as a whole, I feel that one element was at work more strongly than others in this scenario. This is McMillan and Chavis’ (1986) fourth element, Shared Emotional Connection. Jamie was able to support me because we had both been through similar past experiences that had shaken us.

Positive benefits of community can also be evidenced in Vignette 6, when I was talking to the girls at my dinner party. Here, I had a chance to share with others what had been going on in my life. As presented, these dinner parties happened on a regular, weekly basis (p. 75). Thus, community was being cultivated to a strong degree at this point in my recovery and was, therefore, correlated with other positive circumstances brewing in my life at this time such as gaining independence (i.e., moving into my own apartment [p. 75]), and the tapering off of medical therapies (p. 2). In the Vignette 6 dinner parties, three of McMillan and Chavis’ (1986) features of community were clearly being expressed: (a) Membership, given that all of the girls at the dinner party had similar interests and were inclusive of one another; (b) Reinforcement, given that those who attended the weekly dinner parties were all students, thus, we were able to help each other when a girl needed a ride to school, or access to books, etc.; and (c) Influence, given that we take each other’s advice and recommendations into consideration as we care about each other. The expressions of these three elements lead to deep feelings of connection with the girls in my regular weekly dinner parties.

Vignettes 7 and 9 both evidence that I was able to relate to the other individuals in these vignettes through job status and feelings of unworthiness, respectively. Even

though my friends' experiences were not outwardly the same as mine, our circumstances were creating the same gamut of emotions, which falls into McMillan and Chavis' (1986) fourth element of community, Shared Emotional Connection. Most of the shelter residents experience recoveries of their own, from substance or alcohol addictions, physical and or emotional abuse, mental illness, or other scenarios that find them in marginalized situations. While my friends and my journeys do not always start at the same point, our efforts toward well-being meet up somewhere en route, and move forward together toward the same destination point. Vignette 7 highlights the ways in which Tommy and I felt the same obligation to find some personal worth in employment. I report in this vignette that "after the year and a half mark I started to feel a push - I cannot even say where this push came from exactly, maybe it was self-induced" (p.79), but doctors were still recommending I not work and that should have been enough to negate my "push" (p.79) to go back to work. Tommy issued that he felt the same pressure to find employment in the following quote: "I just need a job and need one fast. I've decided to get clean again and that doesn't just mean getting off the drugs. I want my life to be respectable, I can't just live off the system forever" (p. 84).

Michelle's and my mutual feelings of unworthiness can be evidenced when we both cite the exact same quote: "I'm not worth recovery. I've never been worth recovery" (on p. 95 and p. 100, respectively).

Community alleviated my loneliness by allowing me to identify as a member of the shelter community through volunteerism. Through social interactions with Jamie (Vignette 5), through interactions with other volunteers at weekly dinner parties (Vignette 6), and through interactions with Tommy and Michelle (Vignette 7 and 9, respectively), I

experienced the following attributes of community: (a) support, (b) the opportunity to share my experiences, and (c) a new found capacity to relate to others. Through my experience of community at the shelter, I found "...that that shelter is a special place. It seems like good friendships are built there" (Vignette 2, p. 55).

Realizations

This next section will focus on the theme of Realizations. Case studies done by Menezes (2010) with children who were diagnosed with traumatic illnesses and their families, looked at "moments of realization" (p. 43) throughout the child's deterioration. (While I understand it may be crass to parallel my situation to that of a terminally ill child's and his/her family's, I see commonalities in our "moments of realizations" [Menezes, 2010, p. 43] only and do not continue parallels from there.) As the families of children with traumatic illness gained an understanding of their situation, a broadening of perspective was evidenced by family members. For example, in the following quote, individuals display a sharp awareness of the weightiness of their predicament, and an acute cognizance of the family's future trajectory. They wanted to be well equipped to deal with what was coming:

The doctor went 'she's got this syndrome' and pushed a book in front of our faces! ... Like it makes you really think about medicine and that – help families know what this means ... not just the word ... not just now ... all of it, warn families try to give them the whole picture. Like it's not just about my kids ... the next generation of disabled and needy children ... which could be my grandchildren ... they need a better system of support for the whole family. (Menezes, 2010, p. 43)

Thus, a working definition of “realization” for my purpose is: a state of understanding and awareness that broadens one’s perspective.

I, too, experienced a broadening of perspective as my realizations were fostered and I wanted to better handle my life. In the proceeding section, I will discuss five realizations that came to me while volunteering. These are: (a) that I may have lived my life counter to my worldview (Vignette 9); (b) that I needed to be gracious with myself whether or not I had been a decent person in the years I do not remember (Vignette 6); (c) that I cannot control others’ reactions or feelings (Vignette 8); (d) that recovery cannot be maximized when my attention is fully devoted to myself, nor when it is fully devoted to others (Vignette 4); and (e) that I benefitted when I exchanged my “disabled” role for my “volunteer” role (Vignette 3 & 7). Specific quotes will be provided to evidence my realizations in the proceeding section.

Throughout my time volunteering, my life began to swell and fill. My capacity to process relationships and interactions and to process thoughts and dynamics was stretching which led to an awareness of (or realizations in) many realms that I had not internalized before. It seemed to me that a fog was lifting, allowing me to see the shape of the landscape before me more clearly; thus, I could navigate with more foresight. There is evidence of my awareness surfacing in Vignette 9 when I am responding to my sister after we had been speaking to a lady in the church. I am disillusioned by the possibility that I had been living a life counter to my worldview before the accident.

Ugh!!!! I don’t know.....I think it’s just ‘coming to’ after the accident and realizing I was living this whole life that seemed so counter to everything that was ‘me’. I just have no idea how I could have gotten there. (p. 100)

This realization, and similar others, discomfited me to the degree that I needed to arrange my framework so that I could productively situate myself in my life again. If I could not remember whether or not I was a decent person before the accident, I had to learn to be gracious with myself and accept “me” whether I had been a decent person or not. It is this realization of self-acceptance that is expressed in Vignette 6:

I’m no worse than so many people. And maybe I did better....How will I ever know? you can’t really know how things happened. And I think that’s true brain injury or not. I have to be OK with whatever my reasons were for whatever I did in those years or I’ll drive myself crazy. (p.77)

Realizing I may have lived counter to my worldview and realizing I had to be gracious with myself go hand-in-hand as the former leads to the latter.

Just as realizations in Menezes (2010) case study broadened the family’s perspective, these two realizations broadened my perspective. The children’s families had mixed feelings when the child underwent surgery (Menezes, 2010, pp. 44-45) as they knew the surgeries were risky and painful but potentially life-enhancing or even lifesaving. My first realization (that I may not have lived a life in line with my worldview) was emotionally painful to go through in the immediacy, but in the long run, necessary. Once I became aware of the second realization, that I had to be gracious with myself, coping became easier. My sister has not had to chide me to stop “thinking back on that time wondering what kind of person [I was]” (p. 99), since this time period.

I also had realizations regarding others’ reactions and responses to me. With a new found realization that I had no control over whether others agreed with, accepted, or liked my decisions and feelings, I felt more free to voice my opinions without regard for

acceptance. An example of this subtheme is displayed in Vignette 8 where I am claiming my right to “Feel Ridiculousness” (Vignette title, p. 87) as I voiced concerns that Bill found illogical and unreasonable. This realization that individuals should voice their feelings regardless of other’s reactions, has kept my emotions from paralyzing me. I used to analyze my feelings, seeking the rationale behind them; but rarely did my feelings meet my arbitrary measure for “rationale.” Thus, I bottled them up rather than expressed them. Once I got my feelings out, I was able to move through them. There is a commonality in Menezes (2010) study where some of the participants reported relief in their admissions of irrationality and guilt. The immediacy of impending loss was not felt by family members who had been living in crisis for long periods of time (Menezes, 2010, p. 44), even though each day obviously brought impending loss closer. “It’s funny you know because as time has gone on I don’t worry as much because she is still here and she is 14 now!” (Menezes, 2010, p. 44). Regardless of the irrationality of the thought process, and maybe even due to it, it is important to share—even if other people will not understand it, as self-disclosure is an important component of mental health (The Psychology Foundation of Canada, n.d.).

A fourth realization that came to me in my time volunteering is that one cannot recover when one’s full attention is devoted to oneself, and paradoxically, one cannot recover when one’s full attention is devoted to others. I will interject directly at the outset of this section to let the reader know that there is a surprising paucity in the literature devoted to the area of maximizing one’s recovery. Much literature can be found specific to the area of the acute stages of recovery. However, my autoethnography’s focus is geared towards the period of time after my acute stage of

recovery; that is, once my physical therapies had died down and I had a chance to sit with the repercussions of having forgotten 3 years of my life. Thus, commonalities with the phase of recovery that I am describing in my autoethnography can be found in the literature with families supporting their sick children (Menezes, 2010) as previously discussed and also with some individuals experiencing anorexia (Fox, Ward, & O'Rourke, 2005), but neither are directly translatable.

In Vignette 4 of my autoethnography, Grace recommends “volunteering” as a therapy tool after I had described my past year of self-indulged recovery. As an occupational therapist, she understood that volunteering takes an individual's focus off the “self” and broadens it. The autoethnography shows that I found this to be true in Vignette 4 when Bobby asked me a whole slew of questions one after another, and I felt no pressure to answer them and was relieved to, instead, hear the information that Bobby felt like sharing. That relief was directly counter to the dissonance felt by parents who felt the pressures of being stretched too thin for a child who needed him/her during his/her illness, and their healthy children. “[T]hey need a better system of support for the whole family.” (Menezes, 2010, p. 43). These parents, too, tried to find a proper balance with which to distribute their attention between their children. I was attempting to distribute my attention appropriately between myself and others. I can be seen being very protective over the attention paid to myself in Vignette 11 when Tanya wakes me up at 2:37am and I will not get out of bed for her (p. 104).

Another comparison in the literature that I can draw upon, albeit loosely, as parallels were scant, are the experiences of those dealing with anorexia. “Anorexia is notoriously difficult to treat” (Fox et al., 2005, p. 945) and is “all-encompassing” (p. 958)

in terms of taking over one's entire lifestyle and attention. The following quote expresses the pervasiveness of anorexia:

[W]hat holds me back from recovery...the fear of losing control of my body, of my life. I'm so used to my 'lifestyle' that I don't want to even imagine going on without the structured schedule of knowing that I WILL work out everyday and not eat...I think if I ever recover it'll be by myself. (Fox et al., (2005), p. 958)

In my situation, I found (and continue to feel) that volunteering helped me immensely. Going back to school helped (but was not recommended [pp.77-78]). Work is still not recommended (Vignette 7) but eventually if I feel strongly enough about going back to work, I will, regardless of recommendations. We all have to be advocates of our own health. People dealing with anorexia were clear about this in the Fox et al. (2005) article as well. If individuals are not yet in a place where they are ready to battle the disease, they take the stance of *ProAna*: an underground "movement that supports those with anorexia and adopt an 'antirecovery' perspective on the disease" (Fox et al., 2005, p. 944). This position allows individuals to maintain as healthy a diet as possible within the disease. Some are hopeful they will try to recover after being ProAna for a period of time but find that the

"support [they] received on [the pro-ana site] is much better than the support [they] received on the other....maybe one day I will be 'ready' for recovery but I certainly am not yet – and I am sick and I like to know there are people out there who feel the same way as me. (pp. 959–960)

The person who spoke this quote felt that adopting a ProAna stance at this point in her life would minimize self-harm. It is an interesting concept and one that can be applied to

all realms of recovery as patients question and refuse formal recommendations for therapy. ProAna advocates and I have this in common: We are trying to mitigate health risks. Standardized therapies have not worked, or are not working for us in the present.

One last realization that I had along my volunteering journey that contributed to my experiences of improved health and well-being was that I needed to exchange my role of “disabled” for “volunteer.” Before I started volunteering again, my time was exclusively monopolized by medical and therapy appointments. My time at home was spent doing the exercises that doctors and health professionals had given me to improve cognitive and bodily ailments. I wore only one hat, that of a disabled patient and I had no reason to think I could wear another. This role exchange from “brain injured patient” to “volunteer” is evidenced clearly in Vignettes 3 and 7, respectively, where as a client in a health clinician’s office, Phil and I have the intricacies of head injury explained to us, but by Vignette 7, I am firmly situated in my role as volunteer when I recommend to Tommy that he be more careful and specific about his employment options and offer to drive him to and from his interview. Once I realized I had stepped into the volunteer role with such ease, I started to think that I might be able to step into other roles just as easily. The role of student is evidenced in the autoethnography as another role that I have taken on since volunteering at the shelter (pp. 41–45). In the same way as it is widely believed that volunteering can be a stepping stone to paid employment or better occupational achievement (Wilson & Musick, 1999), I began to more easily see myself entering other roles.

I am not alone in my process of role transition. Menezes’ (2010) case study evidences that the family members of the diagnosed child underwent transitions from the

adoption of “caregiver” roles to “supporter” roles (these titles are given by myself, not Menezes, 2010). At the point of diagnosis, parents’ efforts were wholeheartedly spent on making their child comfortable and healthy. They were overwrought with feelings of pain and guilt (Menezes, 2010, p. 44) as their efforts failed however. Once the child’s illness had come to a point of utter debilitation, parents’ and family members’ focus switched from trying to “do” and “be” something for the child, to hoping and supporting their child through surgeries that might be able to do something for the child.

And he was so, in a way ...ill ... we all loved him and I realized it was a serious thing. I had mixed feelings and didn’t know if that was bad of me. I was happy that Reuben was getting his liver but sad if he might die. Mummy and daddy said we all have mixed-up feelings and they are the most difficult things to feel ... because they get all mixed up inside! Before the transplant he wasn’t lively at all ... I suppose if he died it would mean we wouldn’t get to take him home ... just his body on the operation table (swallowing) ... but I thought ‘Look on the bright side ... he could be a whole lot better.’ (Menezes, 2010, pp. 44-45)

On the other end of the spectrum, that is, in the case of health restoration rather than decline, individuals recovering from stroke also undergo a process of role transition. Upon discharge from hospital, stroke sufferers transition from “patient” to “community member” (titles bestowed by myself, not Cott, Wiles, & Devitt, 2007). This is an enormous task (Cott, Wiles & Devitt, 2007).

An analysis of my insights identifies the many realizations that I came to during my time volunteering. The following is a summary of those realizations:

1. I realized that I may have lived a life contrary to my worldview.

2. I realized that I needed to be gracious with myself whether I had been a decent person prior to my accident or not.
3. I realized that I cannot control others' reactions or feelings.
4. I realized that my recovery was not maximized when my attention was fully devoted to myself, nor was it maximized when my attention was fully devoted to others.
5. I realized that I could wear more than one hat as I exchanged my "disabled" role for a "volunteer" role. Each of these realizations broadened my perspective.

Intentional Life Improvement (ILI)

Another theme that played a role in my recovery was Intentional steps toward an Improved Life (ILI). This theme most appropriately coincides with the intentional improvements often being made in healthcare systems (Bendaly & Bendaly, 2012) as in both the healthcare system and my situation; there exists evidence of steps being taken towards improvement. Bendaly and Bendaly offer numerous recommendations in Chapter 4 of "Improving Health Care Team Performance." Of importance to this discussion are the first three recommendations stemming from this book chapter on improving health care team performance, namely:

1. A clear (common) goal [is acknowledged].
2. The goal is defined.
3. The goal is embraced.

My working definition of ILI as a result of these literature-based recommendations, as well as my own study insights is: my intentional acknowledgment of, defining of, and embracing of a goal that is meant to improve my life in some way.

Five instances in which I underwent ILI include: (a) No longer flying under the radar with my views on life, but Living Unapologetically (Vignette 11); (b) Claiming Space to feel whatever I may feel (Vignette 9); (c) Setting Boundaries (Vignette 11); (d) Stretching Relationships and Friendships (Vignette 11); and (e) Returning to School (pp. 31-45).

I cannot live my life genuinely if I have not figured out where I stand. I found that moving forward in my life meant living my life according to the framework that I had adopted for myself rather than the one that my parents had tried to pass down to me. An example of this process in the autoethnography can be found in Vignette 11 when I talk to my Grandad about my views on marriage. It can be evidenced in the autoethnography that letting my Grandad know my views on marriage was a goal that I intentionally had to muster:

I could feel that I wasn't actually getting to the heart of what Grandad was after. I knew that this was the time - the time that I'd been avoiding for years now. I'd been staying under the radar with everyone who still lived in the Mennonite, evangelical bubble. I didn't want to upset the calm water. I wanted to enjoy the familiarity of my upbringing. I knew eventually that if I wanted to live my life truly for myself the way that was congruent with my values, there would be clashes eventually, but you're just never ready for them I guess. (p.111)

In this quote, there is an acknowledgement of my goal, which was to voice the things that I had been "avoiding for years," defining the goal; in other words, to get out from "under the radar" in terms of not speaking up about incongruencies in my worldview and my upbringing, as well as embracing the goal, that is, voicing my opinion.

A second instance of ILI can be found in Vignette 9 when I talk back to Bill about my comfort level with Matt's use of pronouns concerning his ex-wife. Even with the blatant acknowledgement that my rationales are ridiculous, I claim that everyone has the right to feel whatever they feel and the space to process their feelings. This claim is an ILI for me given my acknowledgement of my goal to try to be more assertive. I defined the goal of allowing myself to take up as much space as I needed to process through my feelings, and I embraced the goal in an effort to improve my life as I voiced my thoughts. My emotions had been crippling my overall well-being since my accident.

[T]ears slid down my cheeks. My development had been arrested somewhere along the way. I felt my life still caught up in that early 20's drama....I still felt a closeness with her that I knew was one-sided and unrequited....I didn't know how to explain it without debilitating sheepishness.... I'd returned to this place. "Come to" after a state of unconsciousness, to find myself landed right back in a place I'd worked myself out of. What a horrendous fate of regression. (p. 50)

Vignette 3 suggests that I felt pressure to shut down my feelings of needing to uncover things from the past that I had forgotten, and rather that "I just needed to work with what was here in front of me" (p. 61). Thus, my acknowledgement that my feelings are valid and the proceeding internal vocalization of this claim are an ILI that I feel was pinnacle in my recovery. This quote in Vignette 9 evidences a much more assertive individual: *"I don't need you or anyone to coddle me and say my feelings are legitimate Bill, but everyone is allowed to feel and process what they feel. No matter how ridiculous the feelings"* (p. 90).

A third ILI was setting boundaries, which is evidenced in Vignette 11 through my friendship with Tanya. I found early on in the volunteering process that I could get stretched quite thin; therefore, I made it a goal to set clear boundaries for myself and my friends. This process required acknowledging a goal of thinning out the energy required of me, including defining the goals, in this case setting boundaries for my friendships, and embracing those boundaries (goals). Tanya and I struggled through this process while being honest with each other about whether or not we could or could not meet these expectations for each other. “[I]f we are really clear with each other about the expectations and boundaries of our friendship, then our friendship will be much more maintainable for both of us and thereby much more sustainable long term” (p.105).

A fourth ILI was that of stretching my friendships. My relationships and friendships went through a process of change as evidenced in Vignette 11. As I come from a culture that finds it difficult to embrace and celebrate different frameworks, many of my preexisting friendships and relationships were challenged postaccident. Stretching my friendships and relationships was a goal that I had to intentionally acknowledge, define, and embrace. My “Grandfather” finds my ideologies problematic to his sense of morality and nobility (Vignette 11), and our relationship is stretched as he tries to find a new fit for a relationship not rooted in mutual belief. This is most poignantly evidenced in Vignette 11, where I note his sentiment, as he states, “I don’t know if I can accept that my own grandchild is alright with just breaking a union as sacred as marriage with justifications as ridiculous as feelings” (p.113).

The final ILI that I will discuss here is my goal to return to school. This is evidenced in Chapter 3: Autoethnographical Perspective (pp.41-45), while I discuss plans

for my autoethnography with Dr. Norris. My goal's acknowledging, defining, and embracing can be evidenced as I make my way down Thistle corridor to meet with Dr. Norris. I am mentally preparing for our meeting and nervously excited to partake in what is to come. "As I am on my way down Thistle corridor at Brock University, anticipating the discussion that is about to inevitably take place, I am rehearsing in my mind the current prospective plans for my master's thesis" (p. 41).

Throughout my recovery, I acknowledged, defined, and embraced goals that I felt were necessary for my Intentional Life Improvement (ILI). Some of these intentional steps include: (a) Living Unapologetically according to my framework, (b) Claiming Space to feel whatever I feel, (c) Setting Boundaries, (d) Stretching my Relationships and Friendships, and (e) Returning to School.

Bringing My Themes Home

I was provided with rich and valuable information pertinent to research question number one, while analyzing my second theme, Realizations. Research Question #1 is: What features of the volunteer endeavor contributed to my experience of improved health and well-being? Three features of volunteering that contributed to my improved health and well-being were: patience, versatility, and time-management. Volunteerism requires a volunteer be practiced in all three of these features. When I apply these features to the five realizations identified above, patience and finding grace were key to my learning. Versatility and "trying on" different roles were central to my getting along with all types of people and time-management was invaluable when learning to find an appropriate balance of focus on self and others.

The theme of Community is particularly pertinent to the second research question: What factors, inherent in shelter life, helped build what I experienced as supportive relationships between the residents and myself? Community is one hugely important factor of shelter life that makes the people who hang around Sanctum feel a sense of camaraderie. Sanctum fosters the four elements of community described earlier: membership, influence, reinforcement, and shared emotional connection.

The theme of ILI speaks most acutely to my third research question: How may the telling of my story assist others in their “recoveries?” All of my ILI’s included conversations with people in which I let people know where my life was at and where it was heading. Some of these were hard, some were celebratory, all were necessary. I am confident that my sharing assists others in their recoveries because I know that *theirs* have assisted *me* in *mine*.

Implications

Reflecting back on my time at the shelter, community was fostered and I became aware of realizations that aided in motivating me to be intentional about improving my life (ILI). Throughout the autoethnography, it is evidenced that my mental health and well-being improves as I am feeling confident enough by the end of the autoethnography to return to school (Chapter 3: Autoethnographical Perspective, pp. 41-45), and I have enough energy and stability to offer support to others (Vignette 7). Thus, it can be inferred that community, realizations, and ILI were important factors in my recovery process.

Suggestions for Future Research

Further research into volunteerism that would be of relevance both to those suffering from physical ailments and the general population might focus on investigation of relationships between individuals who are both undergoing medical treatment. Currently, I volunteer for another organization besides Sanctum. This organization serves clients diagnosed with HIV/AIDS. The time I devote to this organization is far less than I devote to Sanctum, I suppose simply because it is newer to my life. I find that the relationships I am building in this volunteer endeavor are of a different quality than those built at Sanctum. Myself (the volunteer), and the client have been through relatively severe or severe medical traumas. The clients have to go up to Hamilton, ON every few weeks for appointments; up until quite recently in my life, I had to go to London every few weeks for neurology appointments for my brain. The respite I receive, and that they express receiving, through our shared experience is likely due to our relatability when it comes to our medical experiences and the degree to which medical crises have pervaded our lives.

I suspect the relationships built through this agency are beneficial to me in a different way than the relationships built through the shelter due to the medical focus of these relationships. Research done on this topic would be of interest to social workers, health professionals, educators, students, and advocates.

Also, as mentioned previously, there is a scarcity of literature on the recovery period that takes place after the acute recovery stage of a trauma. It seems to me that most illnesses or traumas that induce ailments with lasting repercussions are composed of two phases, an initial, acute recovery stage, and then a second recovery which is more of

a rediscovering—an inventing of a new normal. Literature—stories expressing individuals’ experiences—exploring this phenomenon would have been helpful to both my own recovery and my thesis topic.

Conclusion

This study’s purpose reflected upon the ways in which my recovery was aided by the personal connections made while volunteering in a homeless shelter. It utilized an autoethnographic approach to navigate said purpose of my study and engage with my three research questions:

1. What features of the volunteer endeavor contributed to my experience of improved health and well-being?
2. What features, inherent in shelter life, helped build what I experienced as supportive relationships between the residents and myself?
3. How may the telling of my story assist others in their “recoveries”?

This autoethnographic analysis uncovered that the personal connections made while volunteering at Sanctum aided my recovery by cultivating: Community, Realizations, and Intentional Life Improvements. Community alleviated my loneliness, Realizations broadened my perspective, and Intentional Life Improvement enhanced my life as I acknowledged, defined, and embraced goals for myself.

Final Thoughts

On a personal note, I feel that the most worthwhile benefit of volunteering is a broader understanding of “other.” I am obviously not always equipped to address needs when I am ignorant of walks of life that are unlike my own, but I now am not hesitant to gain understandings of others’ walks, so I become equipped to advocate, if I can, in the

ways I can. And I am so lucky. So many do the same advocacy work for me as we pour ourselves into each other's lives. It is the reciprocal nature of my particular aforementioned story that I want to ensure I make note of here, as I would not want the reader to have the impression that volunteerism is one more criteria for a therapy "to-do" list. In the above literature review on homelessness, I briefly mentioned that governments have at times been known to misshape the reputations of the homeless population to their advantage (just as so many agencies, populations, and/or individuals are known to have also done to this under-valued population). It would be a tragedy if this already marginalized population was similarly taken advantage of by those seeking restoration from injury. Thus, I want to state that my process, I believe, was maximized because of the reciprocal nature of the relationships formed at the shelter, congruent with notions of reciprocity inherent in the field of social justice itself (England, 1994; Bishop, 1998). My own health did not improve at the expense of this marginalized population. Rather, the residents and I mutually advocate for one another and pour bits of ourselves into each other's lives as reciprocal healing. If a TBI sufferer read my story and thought that volunteerism might be of benefit to his/her process I would be delighted. However, if he/she were not ready to engage with the process and actually get to know the community at the volunteer site, this holds the potential to be unethical and colonial, as something imposed on a population rather than agreed to mutually.

This thesis is not meant to portray just another therapy regimen that I went home from after I was "better" and wiped my squeaky clean hands of. I walk with the Sanctum Community. I walked with them early on in my TBI; I walked with them when I thought

my TBI was “over;” and I will as I live with my TBI and with Sanctrum throughout the rest of my life.

I believe that there are lessons about social justice contained here as well. There is a dominant ideological narrative that holds primacy in the World today and that narrative remains one of forms, standards, and norms of ableism, sexism, and classism, that reify certain individuals over others. To be homeless or brain injured does not fall within the bounds of those privileges and I endeavored here to portray the tensions that I myself and my homeless friends live everyday resulting from the repercussions of our “nondominant” status.

I found that Sanctum provided a site for me to explore these issues of privilege both in myself and in reference to homelessness. When I consider what a socially just world would look like to me, it wouldn't necessarily be one without homeless people or without brain injured people, because homeless people and brain injured people have significant contributions to make. But it would be a world where homeless people and brain injured people are free to feel “OK” about themselves and where they don't have to work so darn hard against society's constraints, constrains, restraints, restrains, discriminations, stigmatizations, and biases to get there. When unencumbered by these features, I imagine one could move freely out of homelessness or the negative stigmas of TBI. And shouldn't we all have the same fair shot at contentedness after all?

Recovery

Rewind

Revisit

Return

Retrigger

Redo

My attempts at **Retrieval** were a journey of **Regression**.....

Realization!!!

Release

Reopen

Restore

Reenergize

Reintegrate

My **Reintroduction** to my community, my **Relationships** –
bring **Recovery**.

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