



The  
Southdown  
Institute  
Annual Report

*June 1, 2006 to May 31, 2007*

## Spirituality in the Service of Health and Holiness

Within recent years, research about psychotherapy has increasingly attended to the relationship between spirituality and healing. A quick look at workshops offered at conferences on mental health or a glance at the professional literature will show a plethora of studies on the positive impact of prayer, meditation, mindfulness, and the discipline of a regular spiritual practice on the healing process. Of course, the Southdown Institute has always carried out its healing mission by utilizing the faith and religious commitment of those under its care as a central and essential aspect of the healing process.

This year's Annual Report provides a detailed description of how Southdown goes about accomplishing its stated mission of bringing about healing through the *"best of psychological science and practice with the wisdom of the Catholic spiritual tradition."* We know that spirituality has the power to bring about extraordinary healing and transformation. However, we are also very conscious that spiritual power can be co-opted by the diseases and disorders that cause suffering. When this occurs, often through very subtle distortions of healthy spiritual beliefs, spiritual power works against growth and healing and, at times, becomes a force for harm and destruction.

Consequently, bringing the wisdom of a spiritual tradition as rich and as powerful as Catholicism into interaction with psychological, emotional, and behavioural disorders requires spiritual direction solidly grounded in the wisdom of revealed truth. The sacramental practice that transmits the wisdom and grace of this tradition with the awesome force of ritual and symbol needs to always reflect the divine call to live in loving communion with God and each other.

The spiritual practices of prayer, meditation, and contemplation that help us toward intimacy with God must always be connected with very down-to-earth relationships and experiences. Yet these same practices can be used as a means of escaping the tension of those realities and so seriously inhibit an individual from finding the fullness of life offered to them at the invitation of Jesus.

Attempting to separate faith and spirituality from the rest of life's experiences is the most effective way to vitiate its power to bring about healing and transformation. For example, individuals can express deeply cherished religious beliefs and engage in the spiritual practices of prayer and the sacramental life without ever bringing their true and authentic humanity, complete with flaws, weaknesses and vulnerabilities into the loving embrace of God.

Through a defensive process known as "compartmentalization," it is possible for the diseases and disorders that afflict residents to maintain their pathological hold, while allowing a person to continue to have an active religious life without that spiritual experience touching them in a positive and life-giving way. The Spirituality Program of the Southdown Institute is designed to free the abundant spiritual and religious resources available to those in our care to bring about their restoration and healing.

### Spirituality Program at Southdown

The Spirituality Program at Southdown is under the direction of the Spirituality Team, a group of four trained and experienced Spiritual Directors. The members of the Spirituality Team during this year were **Barry Lynch, CFC, Barbara Gaudet, CSJ, Janet Crocker, and Anne Williams.** The Spirituality Team is fully integrated into the interdisciplinary treatment team and



**Barry Lynch, CFC**

participates in all aspects of the program, from assessment through treatment planning, case conferences, discharge planning, and aftercare.

As part of the comprehensive assessment

process, a Spiritual Director conducts a Spiritual Life Assessment interview and contributes the insights from this evaluation to the formulation of diagnoses and recommendations made by the assessment team. In the formulation of the treatment plan at the outset of residential treatment, at least one of the treatment goals articulates how the individual's personal experience of God will be brought to bear on their healing process.



**Barbara Gaudet, CSJ**

During the residential program, the Spirituality Team members provide each resident with individual Spiritual Direction biweekly. During these sessions, the resident's relationship with God is gently explored and the connection between this relationship and the issues or difficulties encountered is examined. In Spiritual Direction, a resident's experience of prayer is discussed and suggestions are offered in the service of making that prayer a vehicle for free and authentic encounter between the real God and the real person. Since the Catholic spiritual tradition is innately communitarian and directed toward loving service to others, the ways in which an individual shares his or her personal experience of God with others in community and through ministry are also explored.

Many of Southdown's residents are vowed members of religious communities. The unique charisma, tradition, and spirituality of each community give shape and form to individual members' quest for God and guide the direction of their service to others. Committed to honouring the individual resident's charisma, spiritual direction can assist them to integrate their identity as a member of their particular religious community with the deepening self-awareness to which they come through therapy.

During the first four months of residential care, each resident participates in a weekly Spirituality Group. In the context of these

groups, a Scripture passage, a sacred reading or poem, a work of art, music, or nature is offered as a source of reflection. The residents are invited to share with one another some aspect of their spiritual journey. In doing so, residents often discover that what might have seemed to be a lonely and isolated experience can be a source of deep and intimate connection with others.

Before discharge, each resident engages in a formal process of theological reflection to examine their spiritual experience while at Southdown. They are encouraged to write, or present in a form that also celebrates their creativity, their perception of how grace was active in their journey through the Southdown program. This reflection is shared with their Spiritual Director and three other members of the residential community.



*Janet Crocker*

When former residents return to Southdown for the Connections Workshops, a member of the Spirituality Team meets them to engage in a process of group theological reflection. During this process, the former residents have the opportunity to actively reflect on the spiritual gifts and calls they have experienced since leaving Southdown and returning to community and ministry.

### Sacramental Life at Southdown

The sacraments of healing, *Eucharist*, *Reconciliation*, and *the Anointing of the Sick*, are thoughtfully integrated into the healing journey during residential treatment at Southdown. Through the *Eucharist*, we celebrate the restoration of relationships from the brokenness of the Body of Christ. In its sacramental mystery, the Eucharist

invites participants to experience themselves in relationship with others, as they are invited together to share this meal with Jesus.

Eucharist is always a communal event and involves deep, honest, and sacred intimacy among those gathered at table with Christ. Difficulties with and distortions related to the relationship of the individual with God and with the community will create distortions and difficulties in the sacred experience of Eucharist. The daily work of therapy and reflection highlights these distortions. By engaging in the therapeutic process, residents have the opportunity to recognize and overcome the barriers which separate them from full communion with the Body of Christ.

The Eucharist is typically celebrated twice daily on weekdays and once on Saturday and Sunday, with the Sunday Eucharist appropriately a celebration involving the entire community gathered in one place. Residents are encouraged to bring the experience of their healing journey to the Table of the Lord and also to deliberately notice how the sacramental intimacy of the Eucharist occurs as they risk opening themselves with honesty and transparency with one another in the work of therapeutic sharing.

Understood and celebrated properly, the **Sacrament of Reconciliation** makes real the restoration of a person to the community of the Church through the compassionate grace of God and extends the invitation to change of heart and behavior on the part of the individual. As such, this Sacrament is fully consistent with the ongoing work of transformation, healing and restoration that is the mission of the Southdown Institute.



*Anne Williams*

All of the therapeutic work at Southdown contributes to the experience of Reconciliation between individual residents, the Church, and God. In the course of this work, forgiveness of self and others is

paramount. As well, the humble acknowledgement of harm done to others and the reception of the forgiving compassion of harmed communities is part of the healing journey for some. Opportunities to symbolize and celebrate the reality of this forgiveness through the Sacrament of Reconciliation are made available to residents at least once a month though the services of a visiting confessor and the occasional communal celebration of the Sacrament of Reconciliation.

The Sacrament of Reconciliation and the therapeutic process work together in the service of restoring a person to health. Often, therapy will open a person to a more authentic and honest understanding of themselves in need of forgiveness. The grace of the Sacrament can deepen the individual's trust that compassion and forgiveness are available to him or her. However, the sacrament and therapy will not work together effectively unless a person brings to therapy what they bring to confession, and to confession what they discover about themselves in therapy.

Distorted beliefs about the Sacrament of Reconciliation can hinder individuals and fuel a destructive pathology, rather than aid in healing. The idea that going to confession relieves an individual of responsibility for the consequences of his or her behaviour for themselves and others is an example of a destructive distortion of the power of this Sacrament. Another is excessive scrupulosity and the compulsive use of confession to alleviate anxiety due to obsessive thoughts about one's sinfulness. Consequently, careful clinical and spiritual attention to a resident's understanding and use of the Sacrament of Reconciliation is necessary to allow this Sacrament to be truly effective in the healing process.

The **Sacrament of the Anointing of the Sick** brings together people in need of healing with the supportive community of the Church and God's gracious desire to bring us all to the fullness of life. The Southdown community celebrates this Sacrament with the Eucharist during Integration Days or Days of Reflection (see below). In addition to receiving the grace of this sacrament for one's individual healing, all are invited to take an active sacramental role in carrying the other broken members of the

Southdown Community into the presence of this grace. Just over a year ago, an ambry containing the oil of the sick, designed by **Judith Smith, RSM**, and built by Southdown's Maintenance Supervisor, **Brian Srigley**, was placed in the chapel at Southdown as a visible sign of the presence of God's sacramental healing power.

While not a sacrament of healing, the reality that many residents at Southdown are ordained priests makes the Sacrament of Holy Orders vitally present within the residential community. It is frequently a therapeutic and spiritual challenge to bring about integration between the human personality of someone ordained to the priesthood with his priestly role and ministerial identity. When these are not integrated, the potential for the power of priesthood to harm rather than help others is significantly increased. Likewise, the responsibility of authentic priestly service to others can become either self-serving or so burdensome that it harms the priest himself. Through continual invitations to authentic and honest self-awareness and the awareness of his impact on others as he exercises his priestly role, priests in treatment at Southdown are invited to continually deepen the integrity and authenticity of their priestly vocation.

### Days of Reflection

Twice during the year, typically during Advent and Lent, the regular clinical schedule is interrupted to provide residents and clinicians the chance to enter into a space of silence, reflection, and contemplation for a day. In December of 2006, Rev. Linda Smith of the Anglican Diocese of Toronto invited us to experience the healing power of music on our journey inward toward encounter with the divine spirit within us. In March of 2007, **Ray Dlugos, OSA**, and **Judith Smith, RSM**, invited the community to reflect on our own participation in the Way of the Cross through personal reflection and artistic contemplation. Days of Reflection also include either personal or communal opportunities for the Sacrament of Reconciliation, Eucharist, and the Sacrament of the Anointing of the Sick.

### Integration Days

Held six times a year, typically on Fridays, Integration Days provide residents with guidance, direction, and experiential practice designed to highlight the process of the integration of their lived experience with the spiritual values they espouse. Presented by the members of the clinical staff, the topics of Integration Days this year included: *Loneliness as a Place of Revelation; Grieving Losses; Integration as the Evangelization of Our Emotional Life; Using Active Imagination; Contemplative Gazing; and Accepting Limits within Unlimited Expectations: Avoiding Burnout and Maintaining Passionate Commitment to Ministry*. As noted above, Integration Days also include a Eucharistic celebration in which both staff and residents participate together as well as the Sacrament of the Anointing of the Sick.

### Sexuality Week

Three times a year, a week-long seminar designed to help residents come to a healthier understanding of their human sexuality is presented. Along with sessions that provide residents with sound medical, psychological, and clinical information about the place of sexuality in the process of human development and maturation, Sexuality Week also includes comprehensive discussions of the spiritual dimensions of human sexuality. The week always includes an in-depth discussion on the sacredness of appropriate boundaries within ministry. The week also includes a challenging reflection on the life-giving integration of one's sexuality with the reality of a commitment to celibate chastity.

### Mind, Body, and Spirit in Harmony

When our physical, intellectual, emotional, and spiritual resources are fully available, we are able to respond more effectively to the stress of life. Optimal coping is possible when we are able to use all of these resources effectively in concert with each other. This requires a harmonious balance between mind, body, and spirit. Pathology disrupts this balance in a debilitating fashion. The disciplines of

## CHALLENGES FOR 2007-2008

### Review of the Clinical Program

From June, 2007 through May, 2008, the Clinical staff will be involved in a process of reviewing and evaluating the effectiveness of all aspects of the clinical program with the goal of ensuring that the program is being conducted in the most clinically effective, integrated, and time and cost efficient manner possible.

### Critical Personnel Issues Conference

The Bi-Annual Conference on Critical Personnel Issues for Bishops and Major Superiors will be held on April 6-8, 2008 in Greenbelt, MD and April 20-22, 2008 in Toronto. A collaborative effort between the clinical and educational staffs of Southdown and the Saint Luke Institute in Silver Spring, MD, this year's conference will address the theme ***Change as Invitation to Personal and Communal Transformation***.

### Education and Outreach:

In October, 2007, Southdown staff will present the annual Toronto Archdiocesan Priests Seminar. The title of the seminar is ***Utilizing Personal and Spiritual Resources in the Service of More Effective Ministry***. The preparation work done for this seminar will be the foundation of many education and outreach efforts throughout the year.

Plans for 2007-08 also include the formation of an ongoing consultation group for leaders of religious communities. Facilitated by **Miriam Ukeritis, CSJ**, and held at the Carter Centre, congregational leaders and members of leadership teams from the Greater Toronto Area will have the opportunity to discuss and explore issues they face as they attempt to serve their communities. Input from the Southdown's professional staff will be provided as a catalyst to the sharing of wisdom and experiences within a peer group of leaders.

Southdown also plans to continue its commitment to assist leadership teams to be more effective in their work together through team building and facilitation.

# BY THE NUMBERS

## *Residential Services*

Between June 1, 2006 and May 31, 2007, 98 people entered the residential treatment program at the Southdown Institute, slightly fewer than in the past two years. Of these, 64 were men and 34 were women. Of the men, 37 were members of religious communities, 26 were diocesan priests, and one was an Anglican priest. The average age of residents during this year was slightly more than 55 years.

This year saw a significant increase in the number of Canadians engaging in residential treatment (38.8%) and a decrease in the number of Americans (52%). Residents also came from other parts of the world (9.2%) including Ireland, India, the Philippines, Kenya, and the Sudan.

## *Assessment Services*

During this year, 156 persons completed a clinical assessment at Southdown. Of these, 85 entered residential treatment here. Clinical assessees included 112 men, of whom 56 were members of religious communities, 38 were diocesan priests, and 18 were ministers of other denominations. There were also 44 women participating in the assessment program, of whom 42 were members of religious communities and two were ministers of other denominations.

In addition, 17 individuals completed a vocational assessment as part of their discernment for entrance into seminary or

religious formation. These included eight women, two of whom were non-Catholics, and nine men, of whom seven were seeking entrance into diocesan seminaries.

## *Aftercare Services*

The Southdown Connections program this year served 190 individuals previously discharged from care at Southdown. Of these, 44 returned after three months in order to mitigate high risk for relapse situations, many of whom are included among the 79 people who participated in Connections workshop six months after discharge. 65 individuals completed their Connections program by participating in a second connections workshop, while two others returned for additional assistance with their ongoing recovery.

## *Education and Outreach Services*

In this year, Southdown clinicians presented workshops or facilitated processes for over 50 different groups of clergy, vowed religious, laity engaged in Church ministry, and mental health care professionals. A highlight of these efforts included presentations by psychologists **Shauna Corbin, Phil Dodgson, Bob Camargo, Miriam Ukeritis, CSJ, and Ray Dlugos, OSA**, at the Annual Convention of the Ontario Psychological Association on the *Effective Integration of Spirituality with Psychotherapy*.

**Mindfulness, Yoga, and Physical Fitness**, while not explicitly part of the Spirituality Program, help residents restore the balance and harmony of all aspects of themselves in the service of healing.

**Anne Shaw** teaches residents the skills of **Mindfulness** meditation. Residents experience new and deeper ways of knowing themselves and discovering resources within themselves to bring about quiet, stillness, and harmony. While not explicitly intended to be a spiritual exercise, residents have consistently found the use of mindfulness exercises valuable in deepening the intensity of their concentration in prayer and increasing their openness to the movement of the Holy Spirit in their lives.

**Yoga** has been part of the therapeutic program at Southdown for decades. Currently taught by registered yoga therapist **Linda Varnam**, yoga helps residents, regardless of their physical condition, to know their bodies as allies in the healing

process and as important contributors to their relationships with themselves, others, and God. The relaxation and



stretching of yoga can be incorporated into a resident's formal spiritual practice, allowing them to know themselves as called to transcendent growth, while remaining solidly grounded within the limitations of their bodies.

**Fitness Instructor, Linda Henshaw**, a professional physical fitness and lifestyle consultant with specialized certification in responding to the needs of older adults, assists each resident to find a program of physical exercise that will enhance their conditioning, endurance, and physical strength, while accounting for the limitations imposed by age, injury, or poor physical health. It has long been known that physical exercise is one of the best treatments for depression and anxiety. By enhancing the unity of mind, body, and spirit, the physical fitness program becomes as important to restoring residents to spiritual health as it is to the restoration of physical and emotional health.

## SIGNIFICANT EVENTS OF 2006 - 2007

### *Celebration of the 40<sup>th</sup> Anniversary*

The year-long celebration of the 40th Anniversary of the founding of the Southdown Institute culminated in a gala dinner attended by current and former staff members, including some involved at the outset, current and former Board members, and religious leaders from across Canada. The celebration was filled with a spirit of **Grace and Gratitude** for how the Southdown Institute has been an instrument of God's healing work within the Church.

The celebration of the 40th Anniversary also included presentations by **Ray Dlugos** to the Bishops and Religious Leaders of Canada entitled ***If You Want to Understand Something, Look at It When It is Broken: Learning from the Work of the Southdown Institute 2003-2006.***

As part of the Anniversary Celebration, an appeal for donations was made. Specifically, donations were requested to support clergy and religious who might not otherwise be able to afford treatment at Southdown. A very generous response to the appeal allowed the establishment of a modest endowment fund for those less able to afford the cost of treatment.

### *Review and Revision of Strategic Plan*

In October of 2006, the Board of Directors and the Clinical Executive Team met to review and revise as needed the Strategic Plan which has guided the work of the Institute since 2004. Significant revisions included: a greater emphasis on safety throughout the Institution; a call to review the Clinical Program to evaluate its effectiveness and consider any changes necessary to maintain state-of-the-art clinical excellence; the creation of a Risk Management and Quality Assurance Committee of the Board; and a commitment to work collaboratively with other treatment centers to assess the best ways to meet the needs of clergy and vowed religious suffering from psychological, emotional, and behavioural disorders.

### *Global Outreach Fellowship Program*

This program is designed to assist the Church in the developing world to improve its ability to provide care for clergy and vowed religious suffering from psychological, emotional, and behavioural disorders. Through this program, qualified mental health professionals come to work at - or observe the work of - the Southdown Institute for an extended period of time before returning to their own country to serve the Church there.

In December of 2006, **Paul Therly**, completed two years of work as a psychologist at the Southdown Institute and returned to India where he is currently teaching and engaged in a therapy practice.

In November of 2006, **Ildiko Homa**, a Sister of Service and a clinical psychologist from Romania, spent one month observing and learning from the clinical staff at Southdown before returning to Romania to continue her work with clergy and religious there.

### *CCHSA Accreditation*

In May, 2007, Southdown's accreditation by the Canadian Council on Health Services Accreditation was renewed for another three years. This came after a year long self-study and a site visit by trained accreditors from other health care institutions in Canada.

### *Staff Changes*

In August, 2006, **Elaine Guidinger, CSJ**, retired from the position she held for 18 years as Southdown Nursing Supervisor. In September, 2006, **Leonard Rose**, assumed the position of Nursing Supervisor.

In September, 2006, **Elaine Dombi, SSJ** joined the staff as an addictions counsellor.

In November, 2006 **Benjamin Williams**, joined the staff as a Psychologist with a speciality in Neuropsychology.

In April, 2007, **Sam Restivo, CR**, resigned from his role as Aftercare Coordinator to return to work with his religious community, the Congregation of the Resurrection. **Judith Smith, RSM**, joined **Mary Buckley, GSIC**, on the Aftercare Team.

In May, 2007, **Ruth Droege, OP**, retired after 23 years at the Southdown Institute. Ruth was the founder and architect of the Assessment Program.

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