In Weakness Power Reaches Perfection

by Sam Mikail, PhD, ABPP

The following is adapted from a reflection offered by Sam Mikail at a recent 'commissioning service' as residents prepare to leave Southdown.

It was a job interview, much like any other that most of us have experienced. It began in the usual way: “So, tell us a bit about yourself and what drew you to apply for this position”, asked the lead interviewer. “Well, I know that your organization is known for its talented staff. In fact, you have some of the most outstanding people in the field here. And, to be quite honest, I see myself as rather mediocre. I have a lot to learn, so I figure what better place to do it. Learn from the best and brightest I say. Don’t get me wrong, I’m not lazy or unmotivated. I’m no slouch. But, I’m not an expert. I’d say I have a journeymen’s level of proficiency at this point in my career. You know, no shining star, just an average person at the half way mark.”

“I’ve also heard that you folks are known for taking a lot of risks and being on the cutting edge. I, on the other hand, find risk-taking quite scary. I like the familiar and predictable. You know how it is, I like to have a good idea of what’s going to happen and what to expect. You might say that I’m a bit of an anxious person. But, I’m realizing that I’m not going to get far if I don’t start to push myself beyond my comfort zone and I figure this is the place that could really teach me how to do that.”

“Another thing I would say about myself is that I can really use a bit of direction. For a good chunk of my working life I’ve been a bit aimless in my approach. I’ve bounced around a bit I guess. I’m sure you’ve noticed that from my resume. I think that people with experience and expertise like your folks have can be a real guide to me – mentors of sorts I suppose.”

“Well, you seem to be very open. Tell me, are there any other weaknesses and limitations that we should be aware of, particularly with regard to your working relationships?”

“Well, now that you mention it, I’m a little slow in trusting others. So, despite my desire for direction, I feel more at ease when I can be in control of what’s around me. I suppose that can be a bit of an annoyance to others, not to mention isolating for me. In fact, I’ve been told that I need to be more of a team player.”

“I see. I’m a bit surprised to hear you describe yourself in these ways. The folks I spoke to when I was doing my reference check described you as having a lot of confidence and said that you are someone that can really be relied on.”

“Oh yes. I do cover these things up well, and it works for me in the short term. People look at me and think of me as successful; a leader even. I do quite well at hiding my insecurity. In the long run though, it gets me in trouble. You see, because I project this image of confidence and certainty, my supervisors tend to give me the more challenging assignments and I quickly find that I’m in above my head. Well, as you can probably guess, given my need for control I’m generally slow in asking for support. I suppose it’s only fair to also mention that when I get stressed out because I’ve gotten in too deep, I tend to get irritable.”

“Having said all this, I want to emphasize that I’m really working hard on developing more patience and not having such a false sense of pride. I’m hoping that I’ve learned some lessons along the way. Like I said, that’s really why I applied here – because I’m ready to draw on the experience and skill of others and to build on the lessons I’ve learned.”

Now, how many of us would be ready to take on this candidate? Who among us, when in charge of running the show, would welcome this insecure, anxious, controlling, impatient person into our workplace? How many of us would be willing to team up in ministry with this individual? I suspect, not many of us – especially those who have gone through a co-dependency seminar. After all, it’s not like this individual is claiming to have a wealth of expertise. In fact, the applicant in the scenario proudly claims to be quite mediocre – having presented in this way in a job interview. It would be even more unthinkable if the vacancy to be filled required the successful candidate to make life and death decisions or lead others and lead by example.

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Compulsive Hoarding: “Just in Case…”

by Shauna Corbin, PhD

Have you ever saved a packaging box because you might have to send the item back to the manufacturer, or because it was a perfectly good box and you might be able to wrap a gift in it sometime? Do you keep magazines or interesting newspaper articles that you didn’t have time to read? Have you purchased something just because you liked it, even though you didn’t need it? Most of us have bought or held onto things, sometimes to pass on to family members or to use in the future, then eventually getting rid of them as useless or worn out. Some people, however, have enormous difficulty limiting their accumulation of possessions and find it practically impossible to discard things even though they are no longer of any value. In the extreme, these practices constitute pathological or compulsive hoarding. We sometimes refer to ourselves or others as “pack-rats,” meaning we save everything, but when pack-rats in the animal kingdom pick up something new, they leave something else behind. Not so with hoarders. Professional organizers and “decluttering” businesses thrive for a reason!

Hoardings is not ordinarily a presenting problem among the residents served at Southdown, but not infrequently it proves to be a secondary one. In Community settings it may take some time before others become aware of the resulting disarray or chaos in the member’s living space, either by accident or when it begins to spill over into additional rooms, common areas, attics and basements.

What is Compulsive Hoarding?

There is no formal psychiatric classification of compulsive hoarding, which is sometimes seen as a symptom of obsessive-compulsive personality disorder or a variant of obsessive-compulsive disorder (OCD). It is often found in the context of hoarding (although which came first can be hard to discern) and, less commonly, in schizophrenia or dementia. It can also be a stand-alone problem. There are no good data about its prevalence because it is often unrecognized, undetected or unreported due to the accompanying shame and embarrassment. There seems to be general agreement, however, that compulsive hoarding typically features: (1) the accumulation and saving of possessions that appear to most others to have little or no value, (2) intense anxiety upon attempts to discard the belongings, and (3) extensive clutter that interferes with the normal use of living spaces—any flat surface, including chairs, tables, beds and floors, serves as another shelf. One of the most extreme and bizarre documented cases was that of the Collyer brothers of New York City, who in 1947 were found dead in their home, from which 100 tons of trash were eventually removed. One of the brothers had been crushed in a collapsed tunnel of belongings and his invalid brother subsequently starved to death.

What is the difference between a hoarder and a collector? In general, collectors feel proud of their possessions, enjoy having and displaying them, and keep them well organized and maintained. Hoarders are often embarrassed by their possessions, which are disorganized and scattered randomly, creating so much clutter that rooms can no longer be used for their intended purpose. Collectors take satisfaction in acquiring items for their collection, while hoarders may feel ashamed and depressed after adding to theirs. What begins as an ordinary number of possessions is added to over time by impulsive purchases, the acquisition of beautiful or unique objects, or the picking up and saving of free items, sometimes through scavenging. When the individual does decide to throw away things, follow-through proves inordinately difficult. The amount of “stuff” may be so overwhelming that the person doesn’t know where to begin, or having started, is quickly discouraged by efforts that seem to amount to a drop in the bucket.

Types and Patterns of Hoarding Behavior

Compulsive acquisition is the impulsive purchase of objects without concern for the amount of money spent or the debt incurred. Wholesale, discount and bargain shopping is common, as is the frequenting of garage or yard sales. Television and online shopping are easy and invisible. Another form of hoarding is the compulsive acquisition of “free” things. “Buy one, get one free” ads may be irresistible, as are other people’s broken and cast-off items, all in the name of avoiding waste. Most common is the amassing of written materials—newspapers, magazines, brochures, advertisements, junk mail, personal letters, old school records, obsolete professional notes, or scraps of paper with stray bits of information. The third type of hoarding is the seeking of perfect or unique items. Whether or not an object is actually unique is not relevant, but rather, dependent on the meanings attached to it. It is all in the eye of the beholder and there is a customer for everything.

The purposes and patterns of hoarding also differ. Sentimental saving is the holding onto an object because of the emotion attached to it, often linked to a fond memory. Instrumental saving has to do with keeping objects “just in case” they may be needed or useful in the future. Aesthetic saving is done because one likes the way something looks or in some other way finds it appealing; the problem here is how many times over it happens.

Why People Save

For compulsive hoarders it has been suggested that fear drives their behaviour, and fear is avoided by feeling safe and secure with one’s possessions. Hoarders share several fears and related characteristics: (a) fear of losing information; the discarding of magazines or newspapers (read or unread) is equated with the throwing away of information that might be needed in the future, (b) indecisiveness, including uncertainty about what to discard or where to put something newly acquired, (c) inability to prioritize, which leads to procrastination, (d) fear of making a mistake—not finding the ‘perfect’ place for something, misplacing or throwing it away accidentally, and thereby being unprepared for the future, (e) fear of loss—excessive fear of discarding something important and playing it safe by keeping it “just in case, “ (f) fear of running out, of not having enough, (g) lack of trust in one’s own memory, whether or not there is a

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From the CEO’s Desk

WHAT MAKES COMMUNITY WORK?

by Miriam D. Ukeritis, CSJ, PhD

A few weeks ago, as I was concluding my comments at a workshop, I asked the usual final question: “Any questions?” One of the participants immediately raised his hand and—moving beyond the topic of my presentation—asked, “What have you learned in your time at Southdown?” It did not take me long to respond.

Early in my ministry in residential treatment settings, I was struck by the intensity and depth of community that forms among our residents. As I reflected on this dynamic with a friend working among the very poor, she, too, noted a similar experience. In our sharing, we identified a common and key factor: the persons in both our experiences related to one another out of a space of vulnerability. This learning has deepened my appreciation of what makes for true community and my understanding of the Gospel message inviting us to transformation.

At Southdown, the women and men who form our resident community bring a variety of life experiences and many strengths. They are educated, have held positions of prestige and authority, have been responsible for diocesan departments, large parishes and/or major organizations, and many have had significant international experience. These life experiences, however, are not the primary source of their bonding. The depth of their community experience is rooted in the honest and deep sharing of their humanity—their joys, their sorrows, their failings, and their successes in recovery. Ultimately, as our residents enter into the healing process, this sharing comes without the pretense of position or power. It is simply the revelation to another of “who I am—warts and all” and is followed by the acceptance of that person’s revelation with its light and its shadow.

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genuine memory problem; if something cannot be seen it might be forgotten, and (b) poor organizational skills, making it easy to feel overwhelmed and not knowing where to start, which also leads to procrastination.

The Impact of Hoarding

Compulsive hoarding can have damaging effects on a person’s life and on the lives of those around them. Quality of life suffers as functional living space shrinks—obtaining additional storage space does not help. Living conditions may become unhealthy due to allergens, bacteria, mould or infestations of insects or vermin. Safety may be compromised because of structural damage caused by the weight of accumulated belongings, the blocking of vents or radiators, and the amount of fuel available for fires. In extreme cases the legal system may become involved—removal of children from unsafe environments, eviction or divorce. The effects on family members (or religious Community members) can be far-reaching—debt, practical problems functioning amid the clutter, anger and resentment, and social isolation as people are unwilling or unable to invite others into the home.

In a way, entering into this space of vulnerability may be easier for residents at Southdown. By their very presence here—in their “needing” to come to Southdown—there is an implicit sense that something is not right. Somewhere, there is a need for a healing; some weakness exists. Naming that reality is, perhaps, easier in a setting like ours.

In many of our living and ministerial communities, we relate to one another on the basis of our strengths—what we have or what we can do. We identify what we bring to a local community in terms of gifts and talents, what we offer a ministerial setting in terms of skills and competencies. While all this is good and to be welcomed, this basis does set up the potential for competition (will her gifts be more valued than mine?), secrecy (I dare not let you see my shortcomings) and challenges to self-esteem (I am not as good a worker as he is). It deprives members of the community of opportunity to see one another as whole persons, persons who share a common humanity that includes not only our “light and grace” but also our “shadow.” It may keep us from being that healing presence to one another that each of us needs.

“The depth of their community experience is rooted in the honest and deep sharing of their humanity.”

I recall that in one local community, our initial meeting of the year included a sharing of how we are when not our best selves—when stressed or preoccupied or otherwise not “strong.” Our responding to that question—honestly and even humorously—was an effort to move to a level of intimacy that healthy community demands. I also recall a leader’s concern that a member of his community engaged in sharing his strengths and weaknesses with a level of honesty in a community meeting that others in the local group could not match. The level of sharing that he had become accustomed to at Southdown—and that had enhanced his emotional and spiritual growth—could not be immediately matched in his new setting. Clearly, custom, comfort and consent need to mark the level of disclosure in a group.

It goes without saying, however, that unless we are willing to make ourselves vulnerable to some degree to others in our group and to make space for others’ vulnerability, we cannot move to that depth of intimacy in community that allows for God’s transforming grace to shape and reshape our individual and communal lives. For many of us, September marks the beginning of a “new year” in community or ministry. Groups are formed or re-formed and goals are outlined for the coming year.

Might we courageously consider some appropriate step towards the vulnerability that leaves room for God’s transforming grace to work in our midst?
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Yet, that is precisely the job that St. Paul has; to lead by example and preach the Good News so that the people of God can find life. But in his letter to the Corinthians Paul acknowledges, even professes that he is weak. He tells us that he had complained to God about his affliction, the thorn in his side, his weakness – whatever it is. “I have pleaded with the Lord three times for it to leave me”. God offers as a response the words, “My Grace is enough for you, for in weakness power reaches perfection.” Such a paradox, a contradiction even.

I suspect most of us are uncomfortable with weakness; our own and that of others. In fact, I’m confident most of us would likely move on to the next job applicant fairly quickly thinking that this individual was quite peculiar.

Furthermore, I suspect that if the shoe was on the other foot and we were the ones applying for a position, we would likely emphasize our various gifts and strengths. We might speak of our sense of dedication, commitment, loyalty. We’d be sure to mention what terrific team-players we are, as well as listing various proficiencies specific to our professions and the position being filled. If asked the dreaded question; “what would you say are your weaknesses?” having anticipated this ahead of time, we likely offer a list of more strengths disguised in such way as to sound like weakness. For example, we might mention our feelings, sufferers tend not to complain or struggle with the problem. When confronted, they either resist admitting the severity of the problem or acknowledge it with great embarrassment, and repeatedly promise to clear out the clutter. Such promises meet the same fate as those they make to themselves—procrastination or efforts that are short-lived. Involuntary purging of their belongings by others is not a solution. It only engenders anxiety, hurt and anger, and does not encourage the personal responsibility required to avoid future problems. Sometimes a formal intervention may be needed.

By whatever means, if an individual can be motivated for treatment, a multi-modal approach may have the best chance of success. Medications that are effective with OCD sometimes relieve intrusive and obsessive thoughts about possessions, which in turn may enable the person to benefit from Cognitive Behavioural Therapy (CBT) tailored to the problem of hoarding. It needs to be coupled with a systematic behavioural approach to clearing out belongings and changing old patterns of behaviour. We are all reminded that our identity, self-worth and sense of security are based not on what we do or what we have, but on who we are. If any of this sounds familiar, you might think twice the next time you are tempted to buy or keep something you don’t actually need or could not possibly use up for years.

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Treatment
Compulsive hoarders often have very poor insight into their difficulties, and many do not consider their actions unreasonable. Especially when compulsive buying is associated with positive feelings, sufferers tend not to complain or struggle with the problem. When confronted, they either resist admitting the severity of the problem or acknowledge it with great embarrassment, and repeatedly promise to clear out the clutter. Such promises meet the same fate as those they make to themselves—procrastination or efforts that are short-lived. Involuntary purging of their belongings by others is not a solution. It only engenders anxiety, hurt and anger, and does not encourage the personal responsibility required to avoid future problems. Sometimes a formal intervention may be needed.

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