

# COVENANT

THE SOUTHDOWN INSTITUTE | VOLUME 30 | NUMBER 2 | WINTER 2016

SAVE  
THE  
DATE

May 11, 2017

## Annual Benefit Dinner

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## Addiction. Pornography. Internet.

By Elaine Dombi, SSJ, MA, ICADC



In the last newsletter I focused primarily on social media and Internet usage. This article will address concerns with compulsive pornography viewing.

Pornography is the portrayal of erotic behaviour designed to cause sexual excitement. It can be in the form of words, actions, or representations that are calculated to stimulate sexual feelings independent of the presence of another loved and chosen human being. It is entirely divorced from reality in its sole intent to stimulate erotic response. It is devoid of relationship, love and intimacy. Addiction to pornography is a compulsion in which the person must engage in viewing pornography in order to feel normal. Lack of participation in this behaviour results in discomfort, depression and anxiety. The addictive quality of pornography viewing is confirmed by research. Every second, over \$3,000 is spent on Internet pornography, while almost 30,000 Internet users are viewing pornography. In excess of 4 million pornographic websites exist, over 4.5 billion pornographic emails are created and sent daily, and over 100,000 child pornography websites exist worldwide.

Pornography is not a new reality for we have found erotica painted on the walls of caves. In decades prior to this digital age, to acquire pornography, persons had to deliberately save money, take the time to seek out pornography in stores, humbly ask for the sexualized merchandise which was hidden behind the counter out of public view, and finally sneak it home. They also had to intentionally manipulate their lives and make special arrangements to ensure secrecy to view pornography.

The prevalence of pornography in our society is precipitated by the dramatic impact of social media and the Internet because of the 3 A's—Affordability, Accessibility, Anonymity. Pornography is now affordable, in fact most viewing can be free. It is easily accessible on any device with Internet capability which is a form of home delivery. Finally, it is anonymous in that you do not need to depend on anyone else for acquisition.

One of the primary indicators of any addiction is the need for secrecy. The individual is ashamed and fears being exposed. Their self-image is already lacking and they are convinced that they could not handle the judgmental disapproval of others as a result of their pornography viewing, especially if the viewing and accompanying masturbation is compulsive.

Today, we understand that addiction is a chronic, progressive disease of the brain which can be manifested in the form of ingesting chemicals or engaging in behaviours for the purpose of altering mood. Additionally, we know that not only the act of viewing pornography is rewarding for the viewer, but we also know that the experience of anticipation of the reward of a new venture in viewing can excite the neurons in the brain. An integral aspect of addiction to pornography is spending an increasing amount of time—from minutes to hours to days—fantasizing and anticipating the next viewing.

Both men and women view pornography. It is helpful to know that men are programmed to be visually stimulated, where women are predisposed to be relationally stimulated. One example would be of men being distracted by young women in bikinis on the beach while women would fantasize about a loving couple or a novel.

Cont'd on next page

## Our History

1964

Canadian Bishops endorsed concept of treatment facility

1965

Letters Patent granted for non-profit corporation, Emmanuel Convalescent Foundation

1966

Residential facility known as Southdown opened on December 15

1976

Lakewood residence for women religious opened

1977

East wing office space constructed

As with any addiction, pornography will progress and develop a tolerance in the individual. This means that the person will need greater amounts of viewing and more intense images such as hard core or violent forms of pornography to achieve the same euphoric experience of early viewing. The person now craves pornography.

The addicted individuals are often without intimate caring relationships, lonely by choice and enslaved. They have come to believe that sex is their most important need and they feel that they are bad because of this dependence. Shame pervades and contaminates their heart, mind and soul. They keep secrets, minimize their irresponsibility, and alter circumstances and situations to conceal the truth of their usage to the point of blatantly lying about ordinary occurrences. They exhibit the effects of very poor self-care and lack adequate sleep, staying up late for the purpose of computer privacy. They are exhausted, feel ill, and miss or arrive late for morning liturgical obligations.

Addicts cannot truly change their behaviour by themselves even when they want to. Addiction implies a type of distorted thinking about self and reality. For this reason, persons with an addiction need both insight and accountability that only an able professional can provide along with the support and care of significant others. The addict may believe and state that "web days" are over. However, the evidence indicates that this declaration is not sufficient to keep them from relapsing when they are challenged by daily emotional and physical distress. In recovery, especially in early recovery, consistent help and support is essential to overcome the continuous temptations to escape into pornographic fantasy and release.

Nearly all pornography addicts ignore seeking help until consequences become so severe that they are forced to see the full nature of the problem. For some, this can be the intervention of a caring person who addresses the observable changes and suggests getting help. For others, this is inadequate, and what

becomes necessary is the more serious intervention by their community or civic authority to impose loss of job or legal/financial consequences which are the motivators to address the problem.

### The Healing Process.

The addict has a chronic brain disorder that requires professional care. You have already felt the indifference toward you, and possibly wondered what you could or should have done to prevent this. If you are in a position to assist this person, there are a few considerations. It is necessary to become aware that addiction is a chronic illness and that it not only affects the sick person but also seriously impacts the individuals in the Congregation or Diocese at large. As a result, the community will feel the withdrawal of that individual.

A person with an addiction needs help to address their addiction, and their interior distain and pain. Helping that person begins when you cease enabling them. Enabling can be defined as doing the wrong things for the right reasons. This happens when we try to protect the addicted individual from facing the reality, and when we do not want to hurt their feelings. We can find ourselves covering up their negligence or making excuses for their behaviours. This care is misguided and can deepen the addict's denial and inability to want to help themselves.

All interventions include care and expressed observation, which can be outlined in a three-phase process of planning, intervening and evaluation. Some interventions can be made by a close friend who cares enough to express their concern and suggest to get help—and this might be the place to begin. For others, planning involves a team of concerned persons to determine the nature of addiction, and to assess the severity, intensity, and damage to the person and others. This may involve consultations with friends and family to develop a core message and a list of specific behaviours in advance of the intervention. The goal is to identify what is most significant to change and what is possible to change.

During consultation, it is important to know if those who are intervening will put anything in writing and allow their names to be referenced. It is necessary to determine relevant factors: medical, psychological, spiritual, ministerial, and communal. If possible, develop more than one course of action and have flexibility in the plan. If the person undergoing intervention does not accept the plan then identify consequences and how much pressure you are willing to exert—this is usually in the form of restricted ministry or living situations. All steps should be documented.

To set up the intervention you will arrange a meeting, communicate the problem and introduce the plan to the addict. Be sure to be punctual and respectful of the person's schedule and plans. You can have someone else form the intervention team with you or someone who is in the best position to intervene—a doctor, leadership, or a friend.

For initial interventions, it is best to choose support individuals who have a good relationship with the person needing intervention. The stronger and more trusting the relationship, the more likely the intervention will be heard. If subsequent interventions are needed then persons with greater authority can be selected to participate. The goal is to achieve clarity, specificity, objectivity and balance. It is helpful to take account of positive behaviours and achievements, to be empathic, and to communicate awareness of the addict's perspective.

When communicating the plan, do so from a place of care and hold the consequences as your trump card. Recognize any problems the addict has with the plan and make reasonable adjustments if appropriate. It is helpful to evaluate the plan to determine if it follows the core message: Did you reach the person? What parts of the plan went well and not so well? What did you learn from this? What could be improved next time? Do you need to revise the plan?

It is important to realize that the persons who view pornography are not bad or perverted people. They are affected physically, emotionally and spiritually, and all three areas must be addressed with assistance as this cannot be done alone by the addicted individual. ■

A person with an addiction needs help to address their addiction, and their interior distain and pain.

1982

Expansion of facilities including pool was completed

1984

West wing residence opened to accommodate women on-site

1985

Publication of Covenant newsletter initiated

1991

Educational conferences for leadership initiated

1996

First Critical Personnel Issues Conference

# Spiritual Direction: Finding the Transcendent in Life Struggles

By Ma. Febe T. Aquirre, M.Ed., CSD



Tremendous opposites engulf our lives: light and darkness, being and doing, love and indifference, good and evil, holiness and the great refusal. Whether we like it or not, we live out our lives in the midst of these conflicts and struggles. Like it or not, our present experiences provide valuable materials that give shape and direction to our choices. It is in this context that the person's intrinsic experiences are being invited to a deeper engagement in the modality of spiritual direction.

Spiritual direction is a venue where directees identify the very "heart of the matter" of their personal experiences and issues. It is a space where they re-enter their experience and pay attention to the Transcendent dimension of their reality.

Through regular dialogue with the directee, we explore and recognize God's presence in the midst of issues as he/she longs for wholeness and healing. Psychological, physical, relational and spiritual issues and themes are explored together. As the ego presents its point of view, the directee is asked to listen and to consider what comes out. Here, the attitudes, values, aspirations and relationships are revisited that may present questions and challenges. In this process, the directee is invited to go deeper and look into those usual assumptions and criteria by which his/her life is governed.

The dynamics also include finding new meaning in the experiences as the directees go through the process of reflection. In recognizing God's abiding Presence in their issues and experiences, themes such as suffering, sin, conversion, salvation, grace and transformation achieve a new level of awareness. When the directees connect that personal experience of sufferings to an image,

symbol, metaphor, a full-blown reflection about their inner world is deeply sensed. Personal engagement with the Word, the Sacrament and ministry is central to this conversation and reflection.

As the directees engage fully in the process, they bring the issues into the light of the Gospel values. In this 'holy listening' they open themselves to the possibility of encountering the Mystery of the Infinite within and to the possibility of capturing the gift of wisdom that springs from the renewed awareness of oneself in relationship with God and others. To quote one directee, "My spiritual guide is without doubt helping *me draw closer to God, mainly by listening to my heart and pointing out some things that I hadn't considered.*"

Spiritual direction gives the directees the space and parameters to engage their psychological issues with their spirituality. Through the lens of their therapeutic work, they are asked how their total experiences and spiritual and religious journey shape their inner life in the present moment. In the light of their on-going awareness of self, they are invited to consider how spirituality promotes their human development and well-being. This is significantly crucial and results in their life taking new shape and direction.

Obviously, the engagement of one's psychological issues and one's spiritual and theological life brings the person back to his/her fundamental identity as God's beloved son/daughter. It is in reclaiming one's belovedness (H. Nouwen) that will feed and give shape to life as a whole and all that it contains. A living relationship with God, with one's self and with others takes on a new meaning and depth—"One thing I've shared with my director along the way is my desire to have deeper intimacy with God. I want to feel God's presence and not just think about God."

It is in reclaiming one's belovedness (H. Nouwen) that will feed and give shape to life as a whole and all that it contains. A living relationship

Spiritual direction, whether in the daily course of living in a residential therapeutic setting or from a centered space within oneself, can lead to thorough self-examen and finding God's message and presence in his/her reality. The directees reconcile and integrate their theology and spirituality with their experience of suffering. By listening attentively, they can hear the possibility of profound engagement, stirrings of wisdom, transformation and awareness of God in His humanity. Through Spiritual Direction we can find in the midst of human life struggles—the Transcendent God, through the life, death and resurrection of Jesus. ■



## Welcome Connie to Our Staff!

We are pleased to announce that **Connie Dupuis, CSJ**, has joined our clinical team as Continuing Care Coordinator. Sr. Connie is a Sister of St. Joseph of Sault Ste. Marie, Ontario. She holds a Social Service Worker diploma from Confederation College, Thunder Bay, and is a registered member of the Ontario College of Social Workers and Social Service Workers. Sr. Connie has additional training in Clinical Pastoral Education through The University of Winnipeg. She brings 25 years of clinical experience and knowledge, predominantly in the field of Addictions and Mental Health, from her former ministry at the Sister Margaret Smith Centre of St. Joseph's Care Group in Thunder Bay.

2001

First Accreditation granted by the Canadian Council on Health Services Accreditation  
Carter Centre opened

2011

14-week residential program established

2013

Accreditation with Exemplary Standing granted by Accreditation Canada  
Moved to new facility in Holland Landing

2015

Inaugural Benefit Dinner

2016

50<sup>th</sup> Anniversary:  
**Gratitude, Compassion and Care**

50 YEARS

SAVE  
THE  
DATE

1–3 April, 2017

## Critical Personnel Conference

Asia: Today's Challenges  
and Perspectives

Saint Pedro Poveda College.

EDSA cor. P. Poveda St.

Ugong Norte,  
Quezon City, Philippines

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### FROM MY DESK TO YOURS:



It is mid-November and the hours of darkness are increasing. The winter solstice brings with it thoughts of Advent—the season of waiting with hope—and the promise of Christmas. It brings a shortening of sunlight and the lengthening of darkness in the northern hemisphere. How fitting that 50 years ago our founders chose December as the month to open the Southdown doors to six priests; grateful for the supportive therapeutic environment, and holding hope for recovery in their hearts.

We often think of darkness as gloomy and depressing, fostering the potential for seasonal affective disorder with malaise or lack of energy. In theatre, darkness may be used to depict evil or a prediction of calamity or doom, while light is given the honour of goodness and hope. With psychological struggles it is common to use the metaphor darkness in reference to emptiness, despair, or sadness. The dark night of the soul is used to refer to dryness or emptiness in our spiritual life. We speak of how our darkest moments can lead to self-knowledge or conversion.

As a contrast, imagine the long hours of darkness in a spacious rural setting where the stars, the moon and the planets seem to be within reach. This was my first memory of Southdown—arriving late at night, stepping out of the car, and experiencing the startling expanse of a sky twinkling with every imaginable constellation. It still takes my breath away. I continue to reflect on that night and the visceral experience of beauty. It is because of the immense darkness that I could only see the stunning tiny lights known as stars and planets. And I marveled at my good fortune to be in the midst of such a vision.

This identical scene had to be a powerful healing experience for the first residents of Southdown. Arriving during their darkest hour—a time of shame, despair, disappointment, anxiety and fear—they were given a sense of encouragement just seeing the firmament in all its splendor. They entered into Advent waiting for the birth and the hope of the Incarnation. I believe the tiny sparkles of hope flickering through the night sky all around the world are reminders to us of our goodness and of God's love.

As you experience this Advent season and celebrate the Incarnation, may you know the power of darkness in your lives to show you the beauty of hope, God's gift to us.

Dorothy Heiderscheit, OSF, MSW, ACSW, RSW  
CEO, Southdown

**Covenant** is produced and published by  
The Southdown Institute. Its purpose is  
to inform and educate the readership  
about clinical issues that surface in  
our work and to invite integration of the  
emotional and spiritual aspects of our lives.



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