

COVENANT

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Transition from "I" to "We" in Recovery.

By Elaine Dombi, SSJ, MA, ICADC



Transitions are notably characterized by change. Change is challenging. Change removes us from what is familiar, either favourably or unfavourably, to that which is primarily unfamiliar, even unknown. Change in any situation has its innate insecurities. The early stage of recovery is definitely a time of change or more accurately transitioning, as recovery is never completed and it continues throughout life.

Moving from residential treatment to ministerial life is one of those transitions. It involves leaving the security of a supportive community who provided a safe environment for becoming painfully honest and for acknowledging and sharing experiences never entrusted to anyone. The person in recovery from enslavement to chemicals and/or behaviours, is transitioning from the "I" of hiding in self-destructive behaviour toward the "We" of interdependence and living life among and with others. This process opens up the self-contained enclosure of the active addiction. As part of the "We," the person begins to understand what it is to be genuinely yet imperfectly human and as such, they are offered and are now capable of making important daily choices to live in freedom or to return to enslavement. The person in early recovery discovers a power found, not in the isolation and shame of addiction, but a power found in the experience of learning to live in relationships with other persons. The power is being found each day in the interaction of "We."

Step One of the 12-Step Program states: "We admitted we were powerless over..., that our lives had become unmanageable." I am consistently informed by residents who confidently yet incorrectly tell me that the first word of the first Step is "admitted" or "powerless." They completely bypass the word "We." This tiny word is a crucial concept for persons in recovery, who previously retreated from engaging in a variety of meaningful relationships because of their primary relationship with their drug or behaviour of choice.

At the end of stay at Southdown, the residents prepare a discharge plan in collaboration with the clinical team. During this planning process the concept of "We" is broadened as together, the resident, staff, and leadership discuss the need for a support person or a group. This may include a therapist, a spiritual director, 12-Step Program or a suggestion for specific interactions within the diocese, community, or family.

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The "We" will continue to expand as the person begins to participate in daily life and ministry. The intensity of support and interaction of a therapeutic community cannot be fully replicated upon return. However, the person returning home has already identified in their discharge plan the new structures, including recreation, diet and exercise, for maintaining healthy relationships. All these elements are essential for living healthfully, one day at a time. It may take weeks to implement all these supports. It is the responsibility of the former resident to find persons with whom they can share their struggles, experiences, and strengths as they navigate the possibilities and dead-ends.

Persons leaving treatment often mistakenly believe that the interior work they did will shield them from challenges. Some, develop a need to prove to themselves and to others that they have put their life together and that they can meet the challenges before them and compulsively set out to do so. Others, return home assuming consciously or unconsciously, that significant persons in their lives, such as pastor, superior, or friend somehow know their needs and are capable of providing them. These needs cannot be met by the unsuspecting individuals. In each scenario, the individuals almost solely rely on themselves or others rather than engaging in honest communication with key persons about their needs, wishes and hopes. Without knowing it, they return to the isolation of the "I."

In treatment, all residents acknowledge that their concerns and fears become identified and clarified in the process of sharing with others and asking others for feedback. If the idea that "the best predictor of future behaviour is past behaviour" is true, then I suggest that persons returning home from treatment continue to identify and ask for what they need from significant others in their life.

I was chatting about the transformation from "I" to "We" with a colleague who recalled that in choosing a vocation of commitment to God through service to others in need, we were actually making a choice to become part of the "We" - no longer working as an "I." "We" means working with others, working with Providence for the good of others. Powerful! ■

Welcome!



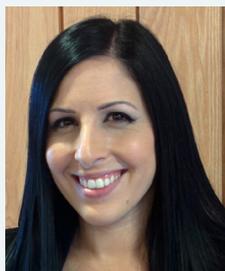
Greta DeLonghi has joined Southdown as a part-time Spiritual Director. Greta has a deep and abiding interest in attending people's stories. She earned an honours specialist degree in English language and literature from St. Michael's College, University of Toronto, and then completed a one-year journalism degree from Carleton University in Ottawa and worked for more than 25 years in the field

of journalism. During that time, she studied theology at Regis College, the Jesuit graduate school of theology at University of Toronto, earning an MA in Ministry and Spirituality and a Diploma in Spiritual Direction in 2011. She was also inducted into the Regis chapter of Alpha Sigma Nu, a Jesuit honour society recognizing scholarship, loyalty and service. Greta has also completed a year-long residency in spiritual care (chaplancy) at St. Joseph's Healthcare in Hamilton, serving patients and staff in several clinical units at both the acute care and psychiatric hospitals, including acute mental health and concurrent disorders, where she led spirituality groups and worked one-on-one with patients.



We welcome **Derick Valadao** to Southdown's clinical team. Derick completed his doctorate in Clinical Psychology from the University of Waterloo in 2017. During his clinical training, Derick has developed experience in the comprehensive assessment and treatment of a broad range of mental health concerns including mood and anxiety disorders such as depression and PTSD, and focusing on

Cognitive Behavioural Therapy interventions. He is passionate about using his training and experience in the pursuit of helping those who support and serve our communities. Derick's goal is to create a safe and supportive environment that helps the residents feel understood and empowered to share and work together towards their unique and individual treatment goals.



Welcome back to **Carol Cavaliere** who has returned from her maternity leave. Carol is a doctoral candidate in clinical psychology at York University in Toronto. She has been a member of Southdown's clinical team since 2015. In addition to providing psychological services to individuals with various mental health concerns, Carol also has training in the areas of forensic assessment and treatment. Her interests

include emotion regulation, psychosexual development and wellness, as well as intimacy and interpersonal relationships.

"The Times They Are A-Changin'" (Bob Dylan, 1963)

By Connie Dupuis, CSJ, RSSW



Have you ever found yourself awe-struck at witnessing the transformation of the dark night sky into the light of day? Have you watched in fascination the natural process of photosynthesis which with the changing seasons brings the boundless rich beauty

of the array of colours—God's canvas, and in contrast, the barren emptiness, the stark nakedness in the waiting—the paschal mystery active? Have you experienced the shock of devastation in the wake of natural disasters—hurricanes, earthquakes, wildfires, tornadoes, tsunamis, and other unpredictable situations causing panic? Have you thought of the horrors of terrorism and human genocide—the abuses of enormous proportion?

I have not even broached the impact of changes occurring in families: the death of a family member, separation, divorce, domestic violence, mental health problems, addictions, trauma associated with blended family dynamics, or the devastation of unexpected crises such as house fires.

And then, there is a transformation resulting from relocation, new leadership configurations in communities, dioceses, ministerial changes or restrictions, the changing face of vowed life.

In my research efforts for this article, I decided to look into the definition of "change." In Merriam-Webster Dictionary the following descriptors are used: "to make different", "to replace with another", "to make a shift from one to another", "to become different", "to undergo transformation."

Many of us can relate to one or more of these descriptors in our own life's journey. Not one of us is immune to change. It impacts our lives on every dimension. The array of emotions resulting from change may include a combination of sadness, anxiety, fear, helplessness, anger, vulnerability, or powerlessness. Our thoughts provoke questions of "why" or "what now" and the change may elicit a crisis of meaning or faith. This, in turn, evokes the foundational and fundamental spiritual questions, "Who am I?" and "What is my life's purpose?" Physically, our health may become compromised with higher susceptibility to a variety of illnesses.

Margaret Kornfeld, the author of *Cultivating Wholeness*, cites the work of Paul Watzlawick and his colleagues John Weakland and Richard Fisch of the Mental Research Institute in Palo Alto, California. In their research, they have "discovered that people make two types of changes: first order change and second order change. In first order

change, people adjust to their present situation. They learn to function better, but their basic situation does not change. A second order change is a paradigmatic shift in which a whole constellation of beliefs, attitudes, and actions are altered because of a new perception of reality. In second order change, a whole system is changed."

The transition is our interior process by which and through which we come to accept our radically changed lives and move forward into our new reality with renewed meaning and purpose. This includes rebuilding, reentering, reengaging, and reorganizing ourselves in our new circumstance.

Life's transitions bring with them grief. We cannot say hello without acknowledging our goodbyes. What has ended? What is beginning? How do we accept our endings and beginnings? Is it with grace and faith, avoidance, resentment, or bitterness? Our response is directly proportionate to the nature of the relationship that has ended. It is essential that we find ways of validating and honouring our endings through ritual or celebration. We can move from the "dark night of the soul" (St. John of the Cross, OCD) into the light of our new dawn, and from the grip of fear that accompanies the boundary of the unknown, to the faith, courage, and confidence that defies all fear. When our best self, shows up in this circumstance, we will exemplify a new and improved stance of being.

Ultimately, the fact is: "the times they are a-changing." In life, we continue to experience endings and beginnings, light and darkness, life and death. The question remains, how do we choose to experience significant life changes and move through the transitions associated with them? Do we walk in Grace or Fear?

Our Continuing Care Program endeavours to support and guide individuals through the multitude of changes and transitions. Beginning in residence and upon return to the community, the residents/alumni receive education and personal support as they move forward and re-enter new circumstances. Individuals are encouraged to honour and ritualise their goodbyes and hellos in intentional ways, and with the help of the Southdown community.

Wishing you Blessings and success in whatever transitions you are currently facing. ■

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has ended? What is
beginning?

Kornfeld, Margaret. *A Guide to Care and Counseling in Faith Communities: Cultivating Wholeness*.
New York: The Continuum International Publishing Group Inc., 2000



FROM MY DESK TO YOURS:

Transition has been a major focus for this year's Covenant articles. This issue will explore ways to handle transition from the perspective of having acquired new skills and what can be expected as one returns to home and ministry.

Throughout the years I have served in various clinical roles and have been a presenter on transition and change. I can say I have been a supporter and champion of change and its positive effect in our lives. Change and its companion transition is an invitation to growth and new vision. At the same time, regardless of our skill level or sense of awareness, it can surprise us. Recently I attended an art class. The overenthusiastic teacher was certain that we would love learning the new techniques she had learned over the summer. To my dismay, I found that I did not love learning these new techniques.

This invitation to change my style even if ever so slightly, evoked in me insecurity, anxiety, fear, and anger. My resistance to change was in full bloom and was clearly reflected in my facial expressions. Had I really committed myself to eight evenings of sheer misery!

Fortunately, with the span of a week's distance and the benefit of physical exercise along with some reframing I found my courage to return to the class. I shared with my classmates my experience and was relieved to hear there were others who also felt out of their comfort zone. Initially, the paint would not cooperate, the colours did not look right and the so called 'new technique' felt awkward. Leaning into the experience each week found my comfort level increasing and my skill improving.

Change is good for us. It expands our horizons and improves our brain functioning. And yet, this experience reminded me that an invitation to change might show up when we least expect it. It can be anticipated but it can be a surprise as well. In fact, how we handle change in our

younger years is a good predictor of our ability to handle change in our wisdom years. We are never too old to break a pattern. So what can we do to make this process easier? Exploring our fear and anxiety will give us clues and hopefully strengthen our courage to resist the out of control feeling that accompanies change. Finding small ways to be flexible on a regular basis will help when we need to rebound in a situation. Taking a different route home from work each week is a good practice. Reframing the change in a positive perspective assists us in finding the good. I now have options when viewing an art project. It does not matter if I remain using the new technique or return to the old but rather that I ventured forth to try something new. And we know that learning new things such as music, a new language (including computer), or a new hobby are all ways to keep our brains healthy. It is easy to forget that change is positive for our brain health as well. Creating new pathways even if it takes us longer is valuable.

I believe we all strive for continual personal and interpersonal growth. Openness to change and embracing the challenge strengthens this. There is abundant grace in these moments. So I invite you to see change and those uncomfortable feelings that come along with the experience as healthy and positive for each of us.

I am so aware as this Covenant goes to press that many of you are in parts of the world suffering from natural disasters and others from manmade struggles. You are faced with change and transition at its most powerful level. We pray for your courage and resilience as you address your situation and accept the assistance that is available.

Wishing you a blessed season.

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

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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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