

The Importance of Intimacy in our Lives

by Eran Talitman, PhD

*"There is no way toward divine love except through the
discovery of human intimacy and community"*

Thomas Moore, *Care of the Soul*

*While often complex and difficult, close friendships that are deep and committed meet a human need that even an intense spiritual life ordinarily is not able to fulfill....
Such graced friendship with another human being actually enhances our ability to live a healthy and holy celibate life....The deeper our love for God, the greater our capacity for human love and friendship. Conversely, the more authentic our celibate relationships are, the more central and self-defining is our love for God. ...
For in the final analysis, intimate union with another is a gift from God.*

Fr. Donald B. Cozzens, *The Changing Face of the Priesthood.*

Over the many years that I have been a psychologist at Southdown, I have observed that, regardless of the presenting problem or concern, the struggle with intimacy appears to be an underlying issue. Some individuals have erroneous assumptions that intimacy is synonymous with genital activity and thus, they make every effort to stay away from people. Some individuals associate intimacy with a dependency on others and thus, they make every effort to be strong and independent. Some individuals possess a belief that they need to be perfect and thus, they are reluctant to share their struggles and ask for help due to the fear that their imperfections will be exposed.

What is healthy intimacy for religious and clergy and why is it so important in our lives? Intimacy can be defined as feelings of closeness and affection between interacting partners. It is the state of revealing our innermost thoughts and feelings to another person. It is about being open and honest about parts of our self that typically remain hidden in daily life. The most important ingredient for the establishment of intimacy is self-disclosure of our thoughts, feelings, and needs. So often, I find that people do not reveal their personal struggles, issues, feelings, and needs due to a sense of shame, inadequacy, or guilt. The inability to share our struggles with others inevitably results in a downward spiral of shame, secrecy, guilt, loneliness, and depression.

Research data examining intimacy has been very clear and unequivocal: A high level of

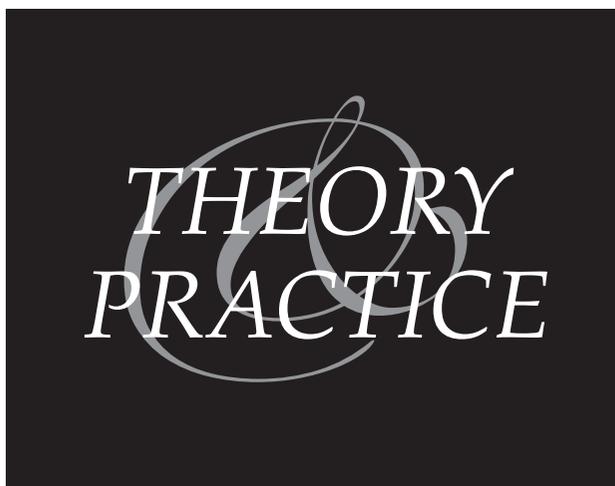
intimacy or social support is associated with 1) higher levels of reported joy, psychological wellbeing, life satisfaction, and happiness, 2) lower levels of depression and anxiety, 3) improved ability to manage stress, 4) lower rates of suicide, 5) longevity, 6) higher survival rates of life-threatening illness, and 7) stronger and more resilient immune systems. A recent study of priests who had been ordained five years or less indicated that those who left the priesthood reported the lowest levels of intimacy and social support.

As well, research data indicates that conflict is a natural part of a healthy relationship and that a confrontative style (as opposed to an avoidant style) is associated with a sense of intimacy and satisfaction in long-term relationships. Research on intimacy and gender differences indicates that men and women report the same number of friends and report spending approximately the same amount of time with their friends. The difference appears to be in what happens when they get together:



COVENANT

Role and Function of Goal Groups in Treatment:



by Dorothy Heiderscheid, OSF, MSW and Michael John Sy, PhD

Participants in counseling frequently stated they come “to feel better,” or to understand what may be causing stresses in their individual, ministerial and community lives. To begin the journey of healing and recovery, an individual must admit there is a problem, be in a position to make substantial changes in their life, and be willing to concretely address these issues. That is, they must establish goals. Limitations in time and resources make it imperative for staff working in residential centers to work with the individual in formulating, prioritizing and addressing these goals in a consistent and intentional manner.

Setting realistic goals begins with assessing the need for change and continues through implementation and evaluation of the new way of being.

As the Southdown Institute moved from an open-ended four to six month length of stay to a more defined 14-week period, the clinical program introduced the Goals Group. This module addresses the need for residents to focus on their treatment goals in a structured manner and offers the opportunity to capitalize on the strength of the group dynamic.

As noted above, goal setting begins with assessment. Ordinarily, participants in Southdown’s residential program have had a thorough assessment which provides a diagnosis that identifies and describes the clinical picture. It also provides recommendations in order to accomplish changes and set the direction for treatment. These recommendations suggest the goals to be accomplished in the service of healing.

As a resident enters the therapeutic process, he or she discusses specific goals, hopes and dreams with the primary therapist. A resident’s progress in terms of goals is ordinarily reviewed by the treatment team twice each month. Progress is also discussed as part of the resident’s interactions with their primary therapist.

While a resident also shares their reasons for being in treatment in modalities such as Group Psychotherapy, this sharing may not include the specific points or all

the goals that will hopefully be accomplished or addressed during their stay. The creation of the Goals Group has effectively addressed this concern and provides a focused format for both the resident and staff.

Residents meet weekly in groups clustered around similar issues and concerns. Here, they articulate the goals they have established for their residential stay. During each weekly session that follows, they share their progress with the group, identifying what they have accomplished, where they struggle and what may be the next steps they are planning to take. This is also an opportunity for the other members of the group to offer feedback and to share encouragement, affirmation and challenge. With members of the group as active agents in this change process and as participants in the other therapeutic modalities, continuity is ensured.

Over the course of the residential stay, goals may be refined. “Smaller” goals may also emerge that can facilitate to the successful achievement of the larger goal. The naming, sharing and review of one’s goals is central to the Goals Group in Southdown’s residential treatment program.

The moderators include staff from Assessment and Continuing Care. The involvement of staff from these departments adds another level of continuity to the process from assessment through aftercare. As noted above, assessment is usually the first stage in the formation of goals. Continuing Care works with residents as they look to “life after Southdown” in continuing and solidifying work done on these goals as they apply to the resident’s future and return to active ministry.

A benefit for the Continuing Care component is the assistance in ongoing support by periodic review and accountability to the progression of these goals once a resident returns home. It can also provide a supportive benefit for leadership by providing a structure for input and accountability beyond the question of how an individual may be doing in their ongoing growth. Asking specifically directed questions regarding the primary areas of focus can assure consolidation of the progress achieved while in residence.

Nurturing New Life

by: Miriam D. Ukeritis, CSJ, PhD

This summer, at the annual *Assembly of the Leadership Conference of Women Religious*, Sister Barbara Reid, OP, in an address entitled, "Embodying Holy Mystery," offered a view of the mystery of death as "the birthpangs of hope and new life." Using this image to reflect on the various aspects of diminishment in religious congregations, she challenged her listeners to embrace a perspective that provides a broader view and deeper understanding of the Paschal Mystery at work in our lives. She invited those present to the role of a midwife.

Shortly after that address, a friend who had had the actual experience of ministering as midwife in the mountains of South America, recalled her experience of a challenging birth. The pregnant wife retired to a bed in a nearby shed as her labor began – a shed accessed by the family's chickens as well as by other family members. As anticipated lengthy labor came with living in high altitude, her husband, concerned about the daily chores that would need continued attention, inquired as to the whereabouts of the family's cow. Unable to find the animal in the usual field where his wife insisted she left it, he repeatedly interrupted the process of labor and the coming new life, inquiring over and over as to the cow's whereabouts. Chickens continued to wander in and out of the space. Labor continued – though, at times, seemingly unnoticed. The midwife finally called a halt to the interruptions – insisting that birthing at hand needed to be the focus of effort and attention for the family. And a healthy baby was born!

Reflecting on this event, my friend observed that the story of the birthing in the midst of chaos provides an apt metaphor for ministry in the midst of today's complex and confusing reality. One can become so focused on the "chickens" that wander in and out of our lives that we forget to attend to the new life around us. We can be so attentive to the insistence of partners searching for "the cow" that may appear in our lives as the crisis *de jour*, that we easily lose sight of new life emerging in our midst. How can we focus our energies in "the new" when the current task often appears to be attending to endings?

For so many in church ministry and religious life, living with and attending to the demands of diminishment has almost come to be a way of life. And, in truth, many elements of our lives and institutions are in process of death and decline. Many have earned a holy and wholesome farewell. The risk as we focus on the dying – particularly when the good-byes appear to be a major item on our agendas – is to miss the tiny evidences of new life, the hints of birthing. Deborah Frieze, in the volume **Walk Out**

Walk On, co-authored with Margaret Wheatley, describes a "two loops" understanding of the life of systems wherein a system in decline is often "shadowed" or accompanied by one that is emerging. Our task is to name, nourish, and illuminate the new life. For us, having moved out of a time of denial of that which may be dying in our Church and communities, it may now be time to focus on what is being born – to heed the word of Scripture that urges us "See, I am doing something new. Do you not perceive it?" (Isaiah 43:19)

This call to nurture what is being born brings to mind my experience at a recent Sunday liturgy where the Prayers of Petition at the parish began with the intercession "That we may all experience more deeply the reality of the Paschal Mystery in our lives." Without hesitation, the assembled congregation enthusiastically responded, "Lord, hear our prayer." And while I wondered at the awesome possibilities that might be ours if that prayer were answered and we were to truly embrace that blessing, something inside me gasped as I wondered if I was even mildly aware of what I might be asking.

In returning to that prayer, I now understand that entering deeply into the Paschal Mystery at this time in our history may involve not only an awareness of a one-dimensional cycle of birth-to-death-to-new-life but also the ability to attend to the existence of more than one cycle – of the simultaneous birthing and dying of different parts of our world, of the need for both midwives and hospice staff and, perhaps, of the call to live both of those roles in our lives. The ability to embrace opposites, to understand the need for "both/and" is a quality of psychologically healthy living and one that this time in our lives requires.

Having moved beyond the need to deny the reality of change and the implications of diminishment that surround us, might we now accept the invitation and challenge to be a people of hope and identify, nurture and embrace the life emerging in our midst? And, in so doing, may we be able to manage the ever-present "chickens" and "cows" that are always there to distract us from the task of birthing!



"See, I am doing
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Do you not
perceive it?"

(Isaiah 43:19)

Intimacy in

Our Lives... Continued from Pg 1

women tend to discuss personal issues whereas men tend to either engage in activities (i.e. sports) or discuss non-personal topics (politics, religion, etc.). In other words, men seem to be more reluctant to discuss personal issues with other men and thus, are more likely to be emotionally disconnected.

The most significant barrier to establishing intimacy is the reluctance to take risks. Risk is essential to intimacy because human relations are messy and do not come with any guarantees. Paradoxically, it is the taking of risks that enables us to develop a sense of safety and trust in our relationships. How does this happen? If I take the risk to reveal my feelings, struggles, and problems, there is the possibility that I might be rejected or perceived as not being perfect. If I take the risk to confront an individual when I am hurt or angry, there is the possibility that I will escalate the conflict and/or destroy the relationship. If I have been severely hurt or abused in the past, I might be reluctant to take the risk to trust others because I could get hurt again. If I take the risk to express my needs to others, I might be perceived as "needy" or "weak". If I take the risk to ask for feedback regarding my personality or the impact of my behavior on others, I might feel threatened that my idealistic self-image may be shattered and destroyed. If I take the risk to apologize, I might be perceived as making a mistake.

All of the above scenarios are the building blocks towards establishing intimacy. If I reveal my inner struggles, weaknesses, and limitations and I receive compassion, understanding, love, and support, I will learn that I do not need to hide my shadow side from others and that I can be loveable with my faults and weaknesses. If I confront someone when I am hurt or angry, I might realize that I misinterpreted the situation, I might obtain a clarification of the intentions of the other person, and I might develop the belief that others care about me and want to respond to me when I am suffering. If I take the risk to trust someone and they do not hurt me, I will discover that I had developed a distorted belief that all people cannot be trusted, and I might realize that I do not have to be imprisoned by my past traumatic incidents. If I take the risk to ask for feedback or to say that I am sorry, I might learn new things about myself, I might become a better person, and I might discover that I can be forgiven for my mistakes.

Intimacy calls us to become aware of our strengths and limitations and to be willing to risk engaging with another in a relationship with the probable consequence that each will be summoned to change and grow. The process of intimacy is like peeling back the layers of protection to let someone in. Intimacy is a challenge to deeper personal growth by calling us to risk, to be vulnerable, and to confront those obstacles that keep us from opening ourselves to love and be loved.

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