

Mindfulness develops one's ability to stay mentally still in order to analyze and follow through with what is discovered about one's distortions, schemas, and core beliefs. In turn, this can result in becoming able to approach one's inner as well as outer life in a real and detached manner.

With sufficient practice, the core beliefs or schemas that are unraveled provide a usable tag to work with in order to sort out the internal dialogue in a quick and direct manner. This ultimately plays a significant role in redirecting or reshaping one's thoughts, feelings, and actions.

The identification of one's particular set of distortions, schemas, and core beliefs has been quite a source of relief and hope for many of our residents. It provides a workable way of bridging what is all too often an externalized mental set to one that takes into account one's internal processes. This also provides a useful way of understanding one's history and how it has shaped the course of one's thoughts and behaviors. In addition, it provides a way of attending to one's immediate reality and to plan a course of action that is different and more effective than previous approaches that have become entrenched and ineffective in one's life.



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Chair of the Board: Kevin Yousie
Chief Executive Officer: Miriam D. Ukeritis, CSJ, PhD
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Address all correspondence to:
The Southdown Institute
1335 St. John's Sideroad E.
Aurora, ON, Canada L4G 0P8
Telephone: (905) 727 - 4214
E-mail: administration@southdown.on.ca

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... Continued from Pg. 2

a deep sense of pain and anxiety). It is when we mistake such thoughts as truth that we are likely to avoid and distract ourselves from our experience further promoting suffering. Furthermore, mistaken identification with the pain itself can lead to painting our lives with the brush of suffering and feeling alone and trapped in our circumstances. Mindfulness allows us to see our anxiety and pain for what it really is, a part of our experience in the moment. Through this perspective we can begin to see ourselves as something separate from our pain, to begin to approach ourselves with compassion, and to tap into the inner wisdom which we all carry to cope with and face our difficulties with resilience.

The concepts inherent in the path of mindfulness including awareness, acceptance, and a present-minded focus are simple yet extremely powerful. Mindfulness allows us to see ourselves and our circumstances for what they really are, and makes it possible for us to embrace the full catastrophe of our lives with wisdom and compassion.

In Memoriam

Ann Kelly – our potter and much more for many years – suffered a massive stroke on Christmas Day 2012. She died on Saturday evening, December 29. Ann's pottery classes were an important part of the healing journey for many residents. May Ann know eternal peace, and may her family know the comfort of faith and friends. Please keep all in your prayers.



Help Us Keep Current

Please let us know of any changes in your address, composition of leadership team, or suggested additions to our mailing list. Email the updates to administration@southdown.on.ca

Many thanks!

COVENANT

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IN THIS ISSUE

Racing Toward Resurrection: Dare We Embrace The Whole Paschal Mystery? by Miriam D. Ukeritis, CSJ, PhD

Mindfulness: Setting the stage to embrace the full catastrophe, by Benjamin Williams, PhD

Cognitive-Behavioral Therapy and Mindfulness, by Michael J. Sy, PhD

Farewell to Dr. Brennaugh



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.



From the CEO's Desk:

Racing Toward Resurrection: Dare We Embrace The Whole Paschal Mystery?

By MIRIAM D. UKERITIS, CSJ, PhD

How easy it is to believe in Resurrection on Good Friday when the fragrance of the lilies and hyacinths that will adorn the altar on Easter seeps from their temporary home in the sacristy.

How much more difficult it is to invest faith and hope in the Paschal Mystery when confronted by the "death" part of that mystery – when we are immersed in the throes of sudden illness, unanticipated tragedy, overwhelming challenges or simply difficult tasks. Yet, might that not be precisely what Jesus had in mind when he spoke to the Disciples on the road to Emmaus, "How foolish you are, and how slow of heart to believe all that the prophets have spoken! Did not the Christ have to suffer these things and then enter his glory?" (Luke 24: 25-26). It is a natural and human tendency to hasten toward those experiences that are rewarding, pleasant and (seemingly) filled with life and to avoid those that entail discomfort, pain and (apparent) death.

I have often sat in Exit Interviews with departing residents and listened to their reflection on time spent at Southdown, time that often began with the darkness of depression, discovery of addictions or identification of destructive behavior patterns. The veritable end of life as it had been known by that individual typically presaged little hope of "new life." Yet for so many a new life, a sense of rebirth, was the actual experience and outcome. And, such resurrection to a new life was achieved precisely by going through that darkness and death to what was beyond. New life, born out of the promise that "the

truth will set you free," greeted these courageous and faithful women and men. This new life was not a return to the "old" familiar life with some "unpleasant" aspects refurbished but, rather, a true homecoming to a new awareness of all that life – wholeness and holiness – actually entails.

While not advocating that we seek pain and darkness for itself, it does seem true that genuine resurrection, that is true rebirth, is preceded by a loss and/or death and time in the tomb as we enter into the experience of Good Friday and Holy Saturday. Only by facing this apparent disaster do we come to the newness of Easter that our belief in the Paschal Mystery promises. The old Argus poster that pictured a rag doll caught in the middle of an old-fashioned ringer washing machine comes to mind, with its caption, "The truth will set you free. But first it will make you miserable." The "misery" is not what we would choose. It is, however, the path to freedom and true life

As we move forward through this Paschal Time in the Year of Our Lord 2013, may we also be attentive to the calls we daily experience in our communities, dioceses, families and ministries to enter into the death-to-life rhythm. The two articles in this **Covenant** offer some practical ways through mindfulness to live into the wisdom of embracing reality without denial or illusion. **The grace we seek is not as much to endure the deaths as to courageously enter into those dynamics so as to bring to birth the new life that the Living God so generously desires for us.**



Mindfulness: Setting the stage to embrace the full catastrophe

By Benjamin Williams, PhD

“People are disturbed not by things, but by the view which they take of them” –Epictetus

Our human lives are filled not only with love, joy, and triumphs, but are also fraught with fear, insecurity, vulnerability, and weaknesses. Jon Kabat-Zinn’s book, “Full Catastrophe Living” describes the use of mindfulness as a part of a program of stress reduction at the University of Massachusetts Medical Center, in order to capture the concept of embracing all that life has to offer us - the joy and the wonder along with the pain and the suffering.

As humans, we tend to be averse to pain. We engage in all manner of reactions and responses to stressors and life difficulties in order to try to avoid pain and anxiety. Psychologists have long recognized that our ability to adapt to life relies on the manner in which we engage in such defensive maneuvers. Oftentimes the strategies that we have developed in order to protect ourselves from pain and anxiety actually serve to exacerbate or prolong our difficulties. For example, in the short term we may feel better if we diminish the significance of a problem in our own minds, or blame difficulties on ourselves and others. However, in the long run, engaging in minimization or blaming can lead to struggling to take responsibility for our difficulties and problems can build up or go unresolved. As such, it is not necessarily the problems or stressors that we face that result in suffering, but it is our response in avoiding and escaping them that is problematic. When we are caught up in shielding ourselves from pain, many of our defensive responses occur in an automatic manner, outside of our conscious awareness.

Perhaps it is easier to avoid and distract ourselves from difficulties than to acknowledge and accept pain, and to address our problems in a direct manner. Tara Brach uses the term “the trance of unworthiness” to refer to the notion that we unconsciously carry with us a sense of inadequacy that is reinforced by our defensive avoidance of pain and anxiety, and also promotes this same response to present struggles. In her book “Radical Acceptance,” she describes how the trance of unworthiness leads to suffering through alienation from ourselves, alienation from others, and cycles of maladaptive behaviour such as addiction. It may have been adaptive or even a strong source of motivation to hear from our parents when we were children that our grades were not up to snuff. However, if messages such as “I am inadequate” are internalized, it can mean carrying a burden of internal pain into our adult lives and may provoke an obsessive pursuit towards achievement and perfectionism.

Mindfulness has a deep religious context and origin as a spiritual tradition, including the Catholic contemplative tradition. It is often thought of as a set of practices and exercises including mindfulness meditation. However, mindfulness can be brought to any situation and is perhaps better thought of as a manner of approaching life. As such, it is a life path that involves cultivating a present-minded focus, awareness and acceptance of our experience. It is an invitation to participate in the present moment in a state of complete awareness of our behaviors, body sensations, thoughts, and feelings without filters or the lens of judgment. Mindfulness is a kind of waking up from the automatic and unconscious manner in which we typically go about our lives and an embracing of the “full catastrophe” that life throws our way.

Over the past 15 years, mindfulness in various forms has been introduced and accepted into the mainstream of mental health treatment. It is beginning to be recognized as an important tool in assisting to develop regulation of emotion, flexibility in responding to life situations, and in the development of healthy relationships and self-concept. Mindfulness has become one of the core treatment modalities at Southdown where residents are introduced to the mindful approach not only with respect to its application to mental health concerns but also in the integration of mindfulness with spirituality.

Mindfulness is of particular benefit in raising awareness of whatever pain we are facing and our automatic and unconscious response to this pain. This is the case because it involves a pausing, a slowing down, and observation of what is really happening for us in the moment. Residents at Southdown often balk at the idea of approaching their difficulties from the standpoint of acceptance as they are encouraged to “lay out the welcome mat” for their pain and anxiety. A typical response might be: “I came here to get rid of the pain not to sit with it.” It is important to note that acceptance in this respect does not mean judging one’s circumstances as good, and it is not the same as resignation. In fact, the concept of radical acceptance merely means acknowledging what is. Paradoxically, it is often our attempts to fix or defend ourselves from pain, forms of non-acceptance, that steer us in unhealthy directions and contribute to suffering. Mindfulness and acceptance promotes awareness of what is really happening, allowing us to connect with ourselves at a deeper level, listen to what the pain is telling us, and provide a space to respond to the pain in an effective manner.

The power of mindfulness also sets the stage for healthy detachment. Within the trance of unworthiness, we often identify with our pain and our defenses in a problematic manner. Mindfulness allows us to see the statement “I can’t handle this” for what it really is - simply a thought (albeit a thought that may reflect

Continued on Pg . 4



Cognitive-Behavioral Therapy and Mindfulness

By Michael J. Sy, PhD

Cognitive behavioral therapy (CBT) is one of the modalities in Southdown’s residential program that has been very helpful in addressing the myriad issues and needs of treatment.

The particular approach to cognitive behavioral therapy used in Southdown draws from the work of Dr. David D. Burns. Dr. Burns’ principles were the result of his efforts to find ways of treating depression. It provides a means of identifying and understanding the dynamics of one’s thoughts and feelings as they influence behaviors and the manner in which individuals relate to others and the world. CBT is also very helpful in addressing problems with anxiety, addiction, and self-esteem. Research has found that the combination of pharmacology and CBT has been one of the most effective ways of treating depression and anxiety.

The CBT process begins with naming an event or experience in one’s life. In as clear and specific terms as possible, one’s immediate thoughts and feelings are recorded. Each thought named is evaluated according to a list of cognitive distortions and tallied. What results is a list that identifies the most prevalent cognitive distortions in the experience being explored. Cognitive distortions typically take the form of beliefs about oneself or one’s life experience. For example, “I always fail” or “No one in leadership ever understands me.” Repeated workouts covering various incidents provide valuable information about distortions or combination of distortions that strongly influence an individual. Further work on this material leads to articulating what are called schemas. These schemas provide a more individualized sense of one’s global view of the world, others, and themselves which are then further processed to reveal core beliefs that one might harbor. An example that might follow from the above-noted distortion could be “No matter how hard I try, nothing will work” or “Nothing in life works out for me.”

Cognitive behavioral therapy picks up from mindfulness in many ways. It allows one to dig deeper into one’s internal dialogue and its distortions. Mindfulness makes it possible to become more aware when feelings surface and distortions occur. It also facilitates awareness and detachment from the clutter of the internal dialogue. It makes it possible to replace these distortions in stepwise organized fashion, thereby decreasing the chances of becoming overwhelmed or distracted.

Continued on Pg . 4

Farewell to Dr. Brennagh

Word of Dr. Michael Brennagh’s departure from Southdown Institute came 23 years after he joined Southdown’s clinical team as a psychiatrist. He was an integral part of Southdown’s multidisciplinary team and he will be greatly missed.

Dr. Brennagh’s medical and psychiatric career spans more than 41 years. As of January 2013, he will focus on his professional practice at Southlake Regional Health Centre, where he is Clinical Director of the Schizophrenia Program and part of the ACTT (Assertive Community Treatment Team). He will also lead PACTT (Psychogeriatric Assertive Community Treatment Team) whose objective is to provide services for people over the age of 55 with severe mental illness who live in York Region.

Dr. Brennagh described his experience at Southdown as challenging; he says “I was presented with a challenge to succeed where others failed.” Many of his clients had already been treated elsewhere so they were quite aware of their condition and the limitations of various models of treatment. Dr. Brennagh explains that Southdown’s difference lies in a true holistic approach to healing. In his words, “the strength of the holistic model is in collegial relationship between psychologists and psychiatrists, as they learn from each other and contribute to both models of treatment.” At Southdown, the interdisciplinary team of psychiatrists, psychologists, nursing, spiritual directors and continuing care staff is able to balance different approaches, whether pharmacological or psychotherapeutic, for the optimal benefit of their clients.

Dr. Brennagh shared another observation, that in the last 40 years he saw some positive changes around the issue of the stigma around mental health. Yet, he admits that much more can be done through education. There is still an assumption that a mental health illness is not a medical condition and that a patient is responsible for the illness. Dr. Brennagh commented “The people who suffer from mental illness have not inflicted that upon themselves, they suffer all day long and their family and colleagues suffer alongside.”

And lastly we asked, what will he miss the most from Southdown? Dr. Brennagh answers without hesitation: “Great staff!” Mike’s colleagues at Southdown will miss his presence and expertise, his dedication to clients’ mental health and strong believe in a multidisciplinary approach to healing. We wish him all the best in his professional and personal life!