

COVENANT

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INSIDE THIS ISSUE:

Spiritual Life Assessment Interview

Holistic Assessment Includes an Understanding of Cognition

Cross Cultural Aspects in the Assessment Process

UPCOMING CONFERENCE

LATEST RESEARCH

FROM MY DESK TO YOURS

Spiritual Life Assessment Interview

By Barry Lynch, CFC , MA, MPS



An assessment at Southdown is an integrated process that includes interviews by psychologist, psychiatrist, addiction counselor, nurse and spiritual director. It provides the opportunity for priests, religious women and men, and ministers in our Church communities to share their life with others, who are trained to listen, examine and analyze various aspects of a person's life and experience. For the individuals assessed, it is an opportunity to hear from professionals what they have seen and heard as they have journeyed together during the assessment process. Central to an assessment at Southdown is a spirituality that entrusts this process as a faith based healing experience. It can reveal God's true presence to the true self of the person and thus provide the opportunity for redemptive healing.

The Spiritual Life Assessment interview seeks to help the persons being assessed to share, to clarify and to discern the presence of God in their personal life journey and in the experience of their ministry.

Spiritual and psychological development as well as maturity, including the persons' growing relationship with God are uniquely influenced by image of God from their earliest years. During the interview, the attention is given to the individuals' religious and spiritual development. As well, the individual's call to religious life and/or priesthood is explored and reviewed. The assesseees are invited to share their journey of prayer from their youth and adult years, and to describe their present relationship with God.

During the Spirituality interview, assesseees are asked to share the ways in which they nourish the relationship with God in their life and ministry. It is not uncommon for people participating in assessments to reveal that there has been an imbalance between their prayer life and their active ministry. Their ministry responsibilities

often overtake the commitment to prayer. If a healthy balance between the active and the contemplative dynamics of the life of priests, religious women and men, and ministers is not maintained, they can become very functional. This pattern of life in community and ministry can result in people focusing on earning love and becoming deeply lonely. If this imbalance continues for a significant period of time, the opportunity for personal relationship with God, with Jesus decreases. As well, inner freedom and faithful discernment become less and less possible.

As an integral part of the Spiritual Life, the individuals are given the opportunity to reflect upon their vocational story in writing. This reflection is a chance to explore their image of God as well as their journey of relationship with God. In sharing their vocational story, the person being assessed is encouraged to reflect upon the moments of blessing and the moments of crisis that have been a significant part of their journey. In reviewing the spiritual journey with the assessee, the spiritual directors are sensitive to the reality that one's journey is not quantifiable. Therefore our approach in the Spiritual Life Assessment is to focus on assisting individuals in evaluating their spiritual, communal and ministerial journey.

The assessment is an initial and very courageous step on the journey of self revelation that can lead to profound healing for the person entering treatment. The individual who undertakes the journey of assessment is gifted with the opportunity to enter into the deepest experience of self, where God is revealed in wonder and with awe. Reflecting upon this presence of God in our life, we all deepen our awareness of God who loves us "with an everlasting love." This is why we can come to embrace God's compassion and forgiveness that is gifted to us in the depths of our being. ■

Central to an assessment at Southdown is a spirituality that entrusts this process as a faith based healing experience.

Holistic Assessment Includes an Understanding of Cognition

By Benjamin Williams, PhD , C Psych



The assessment of cognition is an invaluable aspect of a holistic multi-disciplinary assessment. While the term cognition has been used very

broadly to refer to mental activity, in this context, the term cognition is meant to refer to a group of skills arising out of mental activity that assist us in adapting to our life circumstances. Clinicians often think of these skills with respect to various domains including: intellectual skills, attention and concentration, learning and memory, language, and visual spatial skills. In addition, the domain of executive functioning includes a host of higher-order cognitive skills that aid us in performing goal-directed behaviour and permit self-regulation. These include: planning and organization, inhibitory control, mental flexibility, concept formation, self-monitoring, etc.

At a very basic level, individuals are referred for assessment because they or their leadership want a clear understanding or description of their problems and struggles. Moreover, they want some direction with respect to what can be done to address these concerns. One of the powerful elements of a holistic approach to assessment is the ability to place the particular issues with which an individual presents within the larger context of who that person is. Assessment of cognition is an essential element of this process. That is, in order to understand an individual from a holistic perspective we must know about her cognitive abilities. How effectively can this individual reason? Is he able to draw on accumulated knowledge to solve problems? What is the speed and efficiency of her mental processes? How well is this individual able to learn and recall information? Can this individual pick up concepts? Can he use planning and organisation skills effectively? In short, does cognition represent a resource for this individual or a limitation? How does cognition fit into the larger picture of the struggles

that necessitated her referral in the first place?

Beyond being able to describe an individual's cognitive strengths or weaknesses it is also helpful to understand any changes in cognition with which an individual might present.

In fact, assessing for cognitive changes may be at the heart of the reason for referral. When responding to a senior who has encountered deterioration in her ability to function in ministry one might well suspect that a neurodegenerative condition such as Alzheimer's disease (AD) may be present. Neuropsychological assessment, which allows for a comprehensive description of ability across a number of cognitive domains, is one of the most sensitive instruments in detecting AD. In fact, neuropsychological assessment is able to determine the presence of mild changes in cognitive function that are associated with a higher risk of future development of AD. In other words, beyond describing cognitive strengths and weaknesses, we can determine whether there have been changes in cognition that are abnormal (i.e. beyond what would be expected with normal aging), whether there is current evidence that would suggest dementia, or whether the individual is at an increased risk of eventually developing dementia in the future.

Neuropsychological assessment can also be helpful in determining whether there has been a lasting impact on one's cognition related to any number of neurological insults. Within the context of our work at Southdown, this is particularly relevant in assessment of alcohol misuse. An assessment is not only important in naming the presence and extent of an addictive process, but also in determining

any lasting effect of alcohol on one's cognitive functioning.

Finally, consideration of cognitive functioning as a part of a holistic assessment within a mental health context is important in addressing the overlap that exists between symptoms of psychiatric or psychological problems and neurological or neurocognitive disorders. For example, depression and anxiety commonly impact attention and concentration as well as one's capacity to process information in a quick and efficient manner. Similarly individuals who have begun to encounter the cognitive and behavioural changes

associated with dementia are at an increased risk of depression. Moreover, an individual with dementia might appear depressed to community or family members even though her problems are neurological in nature. Consider an elderly sister who presents with irritability, difficulty engaging in household tasks, and is found to be isolating herself from community. It may be assumed that she is experiencing late-life depression. However, this same presentation may represent the onset of dementia. Exploring and examining cognitive function can be extremely helpful in such circumstances in order to help disentangle the possible sources of an individual's difficulties.

When taking a multidisciplinary, holistic approach to assessment, the goal is not simply to identify problems and treatment alternatives. We strive to gain an understanding of the whole person. This process provides an opportunity to understand how the difficulties arose and developed within the individual, how the difficulties are impacting an individual within a number of aspects of life, what treatment would be appropriate, and what supports are needed. Assessment of one's cognitive functioning is an essential element of this process. ■

How does cognition fit into the larger picture of the struggles that necessitated her referral in the first place?

Cross Cultural Aspects in the Assessment Process

By Michael Sy, PhD, C Psych



A valuable part of any discernment is an assessment. It provides information about the individual's strengths for ministry

and the areas that need attention and development to assist in the formation process. Candidates are often quite diverse in terms of their age, health, language, education, culture, personality, and emotional development. In order for an assessment to be useful, all these factors need to be considered in the planning, design, and implementation stages of an assessment. Specifically, the areas of language and culture play an increasingly important role during the acceptance of candidates and their continuing formation.

When the language used in the formation process is not the first language of the individual, there are several aspects that need to be understood. Language fluency has a broad meaning depending on how it is used. In most instances, fluency refers to conversational speech. This usually means having the vocabulary and the ability to converse at a concrete and functional level, such as speaking of one's experiences of daily life. However, some individuals may experience limitations in their ability to engage in conversation and their ability to read and to comprehend material that is more abstract or symbolic. These limitations may be less apparent

but are important to know about a person especially when it comes to communicating and sharing feelings, thoughts, and insights. These are by no means reasons for exclusion from membership, but it is helpful to know how these limitations may impact planning.

Much has been surmised but not clearly elaborated under the rubric of cultural differences. In working with a culturally diverse population we should specifically pay attention to the individual's emotions - how they are experienced and expressed. These experiences and expressions are often significantly nuanced by cultural differences. Cultures can vary in terms of how a person experiences and responds to embarrassment, shame and guilt. For instance, in Asian cultures, the "loss of face" can be much more powerful than simply suffering embarrassment. It may mean the loss of place in the family, community or society. Particulars such as who was involved, circumstances of the event, how the public was involved, and what were the ultimate consequences to the person can play a large role in someone's experience of emotions.

Likewise, the impact of emotions and how they are expressed can vary. Instead of asking how one feels, it is often more helpful to ask what a person did or would have wanted to do in response to something. It can shed some light into what feelings were experienced

and can serve as a gateway towards understanding a fuller emotional picture. Conversely, what is observed as behaviour and the subsequent interpretation of behaviour also needs careful attention. This has been particularly true about the frequent assumption that an individual is responding in a passive, unassertive, or dependent manner. Cultural factors such as respect, knowing one's place, or "face saving" might instead be the case.

Individual reasons or motives for pursuing a vocation can lead to a challenging but nevertheless important conversation. It can be difficult to raise or acknowledge that an education and/or improving one's economic status would be initial motivation. Being able to name, recognize and accept these motivators can go a long way in avoiding misunderstandings, confused expectations, as well as making unnecessary conclusions which can damage trust and work against transparency.

The points mentioned in this article represent some of the more basic issues that surface when working cross culturally. They are by no means the only issues, but are important to identify and address from the outset. Dialogue and communication about some of the cultural differences and their effect on the experience and expression of emotions can be challenging. An assessment that includes and acknowledges the role of these factors can be a helpful way of starting the formation process. ■

Cultures can vary in terms of how a person experiences and responds to embarrassment, shame and guilt.

Healthy Leaders for a Healthy Church: Personnel & Formation Issues

Southdown and KAIROS Psychology Group are organizing a one-day conference for clergy and religious leaders in Oakland, CA. The Conference is specifically designed to provide a forum to explore challenging issues that affect the work of clergy and religious personnel directors, vocations directors, and directors of formation programs. The conference aims to provide education and insight, and a space to share/process each other's experience.

When: Wednesday, February 4, 2015, 8:30 am - 5:30 pm

Where: The Cathedral of Christ the Light (Cathedral Event Center), 2121 Harrison St., Oakland, CA 94612

Registration Information:

Web: www.southdown.on.ca

E-mail: events@southdown.on.ca

Call: KAIROS at 510 986 0386

Loneliness as a Predictor of Pain, Depression and Fatigue

By Samuel F. Mikail, PhD, C Psych, ABPP



We have long known that there exists a strong link between pain and depression. These two states have a number of associated symptoms in common. For example, each tends to be associated with sleep disturbance, decreased energy, and difficulty concentrating. In a study published in a recent issue of the journal *Health Psychology*, researchers¹ examined risk factors associated with these conditions. Based on an extensive review of recent research the investigators determined that pain, depression and fatigue co-occur at a greater frequency than would be expected by chance. They concluded that pain, depression and fatigue should be considered a symptom cluster. In other words, if an individual reports one of these conditions, there is a high likelihood that he/she is experiencing the other two as well. Not only do pain, depression and fatigue co-occur in a wide array of health conditions, they also share a common biological mechanism.

The investigators conducted two studies aimed at identifying common risk factors that are predictive of this symptom cluster. In light of previous research findings that the quality of our relationships has a marked impact on our health, the investigators elected to examine the relationship between loneliness and the symptom cluster of pain, depression and fatigue. In the first study they followed a group

of cancer survivors for a period of two years after the end of their treatment. Participants completed measures that assessed loneliness, depression, fatigue, and pain at several time points over the course of the two-year period. In the second study similar measures were employed but by participants that were free of illness. These were older adults who were caring for a spouse with Alzheimer's disease. Both studies included comparison group comprising individuals that were illness free and were not caring for an ill spouse.

The results revealed that loneliness was indeed a significant risk factor for developing the concurrent symptom cluster of pain, depression and fatigue. Loneliness predicted the co-occurrence of these three symptoms to a much greater degree than any one of the symptoms alone or two of them in combination.

How Does This Apply to You?

Increasingly ministers of the Church, whether diocesan priests or religious, find themselves living alone. This is especially so for those ministering in rural or northern regions. Loneliness has been found to be a significant risk factor for ill-health. Intimate connections are not only a means of making life pleasant, they are a means of enhancing health and protecting against illness. Perhaps this was one layer of meaning of Jesus's message when He said; "Where two or three meet in my name, I shall be there with them." (Matthew 18:20). ■



FROM MY DESK TO YOURS:

In our Fall issue I opened my column with the beauty of the autumn colours. Those bright and vibrant colours of Fall now display themselves as a magnificent carpet of yellows, reds, oranges, and browns, leaving branches barren and stark in the crisp night air. Nature here in the North is moving into its dormancy season just as our Liturgical year is beginning anew with Advent. The darker nights bring us brighter stars and for some of us the dream of a potential display of northern lights. There is a wide array of emotions we hear with the coming of this season – excitement, dread, sadness, serenity – and, maybe, a sense of slowing down, resting more, and experiencing peace. Yes, the hustle and bustle of the Christmas season can creep into this serenity with the social activities and various pressures that seem to arise. And each of us will find a way to blend these two worlds – that of Advent and the society within which we live.

I have come to appreciate this time of year as one of remembering and gratitude. We begin the month of November with this theme, recalling all who have gone before us and blessed us with their strong faith and gift of mission. We remember with a heart of gratitude what we have learned from them and the gifts that continue because of their lives. Many have served Southdown in various capacities – staff members, alumni, supporters in prayer and action – during our nearly 50 years of ministry and have left their impact. It is also a time of thankfulness for all we have received this past year. Many of you have had the opportunity to stop and visit us; others have sent gifts and notes assuring us of your prayers and the continued support of our Mission. We are most appreciative and know that this is a commitment to do whatever you can to support our ministry for *Healthy Leaders for a Healthy Church*. Know that you have our promise of continued prayers for your ministry.

As I close today, I wish you a Blessed Christmas season. The joy of this season is the Gift that arrived quietly in the stillness of the dark night, bringing hope and peace to a world hungry and thirsty. May our eyes be open to see the Gift in our midst, our ears be open to hear the heralding call of such Presence, and our hearts be open to receive this Gift in all the ways manifested to us.

May you and your loved ones experience a Merry Christmas and a Blessed New Year.

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

¹Jaremka, L.M., Andridge, R.R., Fagundes, C.P, Alfana, C.M. et al. (2014) Pain, depression, and fatigue: Loneliness as a longitudinal risk factor. *Health Psychology*, 33(9), 948-957.

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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