

COVENANT

THE SOUTHDOWN INSTITUTE | VOLUME 29 | NUMBER 3 | WINTER 2015

FROM MY DESK TO YOURS:



During this liturgical year we have been listening and reflecting on the Gospel of Mark. Mark focuses his stories on various forms of healing – the blind pleading to see, deaf longing to hear, paralyzed yearning to stand and walk again. I could go on but we know the stories well and have experienced in our own lives the desire to see from another's perspective, to hear with compassion, or to walk in the footsteps of another. Here at Southdown we encounter the miracles Mark describes on a regular basis. Individuals come desiring healing from many invisible wounds – wounds that you and I cannot see but are, nevertheless, painful and cripple their spirits – suffocating their ability for self-compassion and hindering them from implementing healthy coping strategies. At the same time, the Gospel talks often of those who are unable to accept healing. Often it is not the right time and, possibly, what leadership and/or others are saying is contrary to what the person is capable of hearing at that time. Sometimes like the Israelites in the desert our hearts are hardened. This experience is familiar to us at Southdown as well. We believe and want every person to know that when the time is right and the heart is open, Southdown is a place of acceptance, understanding, encouragement and support. To be involved in this ministry is indeed a sacred gift.

June marked the 50th anniversary of our incorporation, bringing the dream and vision of John Moran and Fr. Clem

Schwalm one step closer to reality. Their dream would be realized in December 1966 when Emmanuel Convalescent Foundation opened its doors to the residents in need of the healing and sobriety we hear in Mark's Gospel. As we move into this celebration year, we are grateful. Just recently I was honoured to tour our building and grounds with an alumnus of 25 years. He spoke openly about the state he was in when he arrived at Southdown – of the challenges he faced to address his issues and concerns and his anger at needing help. At the same time, he spoke of the immense gratitude he continues to hold in his heart for what he called, "The return of my life and my spirit at a time I was not fully aware of all that I was seeking." These are God moments we experience at Southdown. Imagine the Gospel of Mark repeated multiple times during these past 50 years.

This is a significant moment in our history. We have implemented successfully a 14-week program and relocated to a facility built intentionally for community focused residency. Looking forward to the next 50 years, staff and Board members of Southdown have been immersed in Strategic Planning. I am sure each of you has engaged in such a process in your own institutions or places of ministry and can relate to the time and reflection that is involved. I would like to thank those of you who took the time to assist us by talking with us or by responding to our survey. Your input is invaluable and has been incorporated into the focus that will take us into our future.

Celebrating this anniversary has offered me an opportunity to hear many stories from people who have been involved in this holy ministry from its inception. They have known the founders or have served to strengthen the organization in some fashion through the years. Over these past 50 years, Southdown has responded to requests that range from working with priests suffering with alcohol addiction, to women with addictions, and eventually to including dual diagnosis and mental health issues for vowed religious and

clergy. Our facility in Aurora was a unique vision of this process with its many transformations over the years including conferences and retreat/workshops that could proactively address education for living mentally healthy lives. Just as we see advancing changes in our societies, so too are there changes in the population we serve and in the field of mental health. The population we serve in North America continues to decrease and the issues we are presented with correspond to this aging process. The number of clergy and vowed religious in other countries is increasing, bringing another set of concerns to address. We continue to face the stigma that is associated with seeking treatment for psychological issues; images and perceptions that seeking mental health support implies moral weakness or lack of proper spirituality or spiritual life. As we move forward, Southdown remains committed to addressing these crippling perceptions so that all may know and experience a healthy integration of psychological, physical, and spiritual well-being. When we are struggling psychologically our prayer life struggles. Just as St. Paul talks about many parts but all one body, so too are we composed of a body with many parts that work best when fully integrated – mind, body, and spirit. If we do not see our goodness, it is impossible to imagine how God can love us. As we grow in self-awareness and understanding, our relationship with others and consequently with God grows as well.

The challenge of the past 50 years has been to offer a place for our unique population to come for healing. That challenge continues with the additional task of eliminating the stigma of mental health in our societies. Thank you for uniting with us in this valuable and vital campaign to reduce this stigma.

May you have a blessed year.

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

MAY
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Annual Benefit Dinner
celebrating our
50th Anniversary

Columbus Event Centre,
Sala Caboto Ballroom,
40 Playfair Avenue,
Toronto, ON.

For more information please call us or
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On-line registration opens in January
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The Therapeutic Alliance: Lessons for Establishing Mutuality in Helping Relationships

by Carol Cavaliere, MA



Healthy relationships are essential to continued well-being. They provide comfort and support in the face of loneliness and solitude, but can also act as a mirror reflecting our deepest selves back to us. Indeed, our most fulfilling relationships seem to challenge us to continually examine who we are and how we live in the world. While we can see this reflected in our personal relationships, the importance of this relational element is particularly pronounced in clinical work. In this context, the relationship is referred to as the therapeutic alliance.

Gelso and Carter (1985) have defined this relationship as “the feelings and attitudes that counselling participants have toward one another, and the manner in which these are expressed. In much the same way that our personal relationships may assist us in establishing and maintaining a sense of wellness, the alliance plays an integral role in the psychotherapeutic process. In fact, research has indicated that it is more influential with respect to treatment outcomes than even specific therapy techniques.

Interestingly, the therapist has been identified as the most significant contributor to the development of the therapeutic alliance. At the same time, recent evidence has emphasized that clients’ ratings of this relationship are consistently better at forecasting outcome than therapists’ ratings. When extrapolated to consider how we approach others in helping relationships beyond the therapeutic context, these findings are rather meaningful. Essentially, although our behaviour serves to define the nature of our interactions with another, the other

person’s independent assessment of whether this adequately meets their need(s) is more important in predicting how helpful the relationship will be.

When we endeavour to build more effective relationships with others, particularly from a leadership standpoint, we must not only consider our behaviour, but also others’ perspective of this behaviour. Although we are often careful to remain attentive to the former, the latter does not typically constitute a conscious consideration.

Often, when in a position of leadership or authority, we carry a set of assumptions with respect to what an individual “needs” in their interactions with us. In a therapeutic setting, we seek to facilitate a strong alliance through

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the communication of empathy, positive regard, and concern for the client in our behaviour (both verbal and non-verbal). However, as continued clinical experience has shown, each client will perceive a therapeutic action in their own idiosyncratic way—that is, the definition of empathy, positive regard and concern differs from one person to another. This means that similar actions will affect each individual in a unique way,

dependent on the set of assumptions under which they are operating.

Accounting for both empirical findings and professional insight, it is the therapist’s responsibility to be mindful of what actions they take in their attempts to cultivate a strong and productive alliance, while also working to better understand each individual’s response to these actions—effectively working to bring their set of assumptions to a place of greater alignment with those of their client. This is significant insofar as a perceived disconnect

between the assumptions maintained by each participant in a relationship is often inherent to the experience of conflict. We might easily imagine how interpersonal tension might arise when our expectations for how an interaction should proceed are incompatible with another person’s vision of the same.

The psychological literature on rapport—which focuses on characteristics of an interaction rather than of individuals—offers some clarity with respect to the factors that may promote greater inclusiveness of both parties’ perspectives in a helping relationship. Rapport is considered by several authors to be the starting point in the development of trust in relationship with others, wherein empathy and respect are used as a means of fostering mutual understanding. Tickle-Degnan and Rosenthal (1990) have specified three essential behavioural components in establishing rapport.

- 1) **Mutual attentiveness** - intense mutual interest in and focus on what the other person is saying or doing, signalling communication accessibility
- 2) **Positivity** - feelings of mutual friendliness and caring, indicating that participants like and approve of each other
- 3) **Coordination** - mutual responsiveness, characterized by a sense of being “in sync” with one another

Just as our personal relationships are ever-evolving, these authors explain that rapport is also a dynamic process, varying over time, such that each of these behaviours is present and/or significant to a greater or lesser degree as our relationships develop and progress. For example, with time comes greater familiarity, thereby the importance of positivity becomes less central to the experience and expression of rapport in these established relationships. In contrast, as both parties come to know one another more intimately, these relational partners will likely expect

growing interactional coordination. In terms of what this means for those of us engaged in helping relationships or in leadership capacities, this highlights the importance of continued awareness and exploration of the underlying assumptions we all bring to our interactions.

If we operate within the awareness that we, as individuals in positions of leadership or authority, most strongly contribute to the nature of our interaction with those to whom we minister, these behaviours are crucial to informing our approach to building more reciprocal and productive helping

relationships. Providing opportunities for genuine communication and listening attentively, and working to understand and acknowledge the hopes and expectations of others are means through which we may begin to work more collaboratively and effectively. ■

Forgiveness – Interview with Kathryn Belicki

Kathryn Belicki, PhD, MTS, CPsych, was a guest speaker at ICCRC (International Conference of Consulting & Residential Centers) hosted by Southdown in September 2015. Dr. Belicki is a clinical psychologist and professor at Brock University. Her interests include topics of dreams, the impact of childhood trauma on well-being in adulthood, and most recently, forgiveness and forgiveness seeking. Eran Talitman, PhD, C. Psych, a clinical psychologist at Southdown, asked Kathryn some pertinent questions about forgiveness in the following interview.

What does it mean to forgive?

Forgiveness takes many forms. The first study I did with my colleague, Nancy DeCourville, involved interviewing people who had forgiven significant interpersonal injuries. Among other things, we asked them what did it mean to forgive? Every person had a unique answer to that question. The answer of one woman was so outside my experience that I struggled to understand her. For her forgiveness involved publically berating offenders and then announcing angrily that, despite what miserable pieces of humanity they were, she still forgave them. It was very clear she remained angry, and she readily acknowledged this. For her, there was no inconsistency between forgiving and continuing to be enraged. It was not how I thought about forgiveness!

Some writers would say this is not forgiveness, and in fact there has been a tendency to argue about what constitutes “true forgiveness”. In our research group, we have taken a different approach. Rather than say that one form of forgiveness is “true” while another is “false” or “partial” or “incomplete” or simply “not forgiveness”, we instead have documented different forms of forgiveness and have started to study the outcomes associated with each.

In short, there are many ways to forgive, but not all contribute to well-being, not all build relationships, not all further the cause of justice (which in itself can be defined many ways!).

What would be a healthy way to forgive and what would be an unhealthy way to forgive?

In our research we usually study people who say they have forgiven. We measure what forgiveness means to them, and then we have them imagining that they are sitting next to the person who hurt them. While imagining that, they then complete measures of mood, of vengefulness (yes, people who insist they have forgiven can feel vengeful), and of how much they try to avoid the person. This last one is a rough indicator of whether they have resumed a relationship with the offender.

A common form of forgiveness is forgiving to feel better. This is an internal experience in which the person strives to let go of negative emotions, move on, and shake off the memory of the offense. It is essentially a gift to themselves, not to the offender. In fact, they might never speak to the injurer again. Paradoxically, however, we have found no relation between forgiving to feel better and emotional well-being. This means that some people feel better and some do not, but in general this strategy cannot be counted on to achieve the goals that people who forgive this way are hoping to achieve. In fact, in one of our studies, people who forgave to feel better tended to be troubled by lingering anger.

So who does feel better? People who forgive not for themselves, but as a gift to the offender or to humanity (e.g., *forgiving to help make the world a better place*), or who forgive for a principle (e.g., *we all make mistakes and*

so should give each other a break). In short, it is people who embrace a form of forgiveness that is consistent with Biblical teachings about forgiveness, regardless of whether they adhere to a faith tradition.

In contrast, some forms of forgiveness have decidedly negative outcomes. People who forgive because they feel obligated or pressured to, or forgive for pragmatic purposes, or forgive to demonstrate their moral superiority like the woman I described at the outset, tend to have persistent anger as well as other negative emotions like sadness and even guilt. They also feel more vengeful and try to avoid being in the presence of the offender.

Can you speak about the “Christian dilemma” over forgiving?

Forgiveness is foundational to the Christian faith. It is intrinsic to the Christian vision of a bright future in which people are reconciled to God and to each other. For such reconciliation to occur the injured must forgive and injurers must repent and change their ways. (And of course, we are all injured and we are all injurers.) At the simplest level, consider one scriptural image of the promised happy ending to the Biblical story: the banquet feast in the kingdom of heaven. How much will you enjoy that party if you have to sit beside someone you have not forgiven, and forgiven in the way that involves completely relinquishing negative emotions and adopting a loving orientation to the offender?

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13 - 15
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Critical Personnel Issues Conference.

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45 The Esplanade,
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However, if we forgive because we ought to, the very forgiveness we seek will elude us. People who forgive out of obligation tend to be trapped in resentment. So there's the dilemma: Christians must forgive, but those of us who are Christians have to find a way to forgive not because we must, but because we want to.

If I cannot forgive someone, does this mean that I cannot heal or recover?

No. Excellent research by Sandra Paivio and her group at the University of Windsor has shown that people can still recover from egregious injuries without forgiving. In fact, healing can facilitate forgiveness. It is very hard to forgive when you are tormented by what has happened to you.

What kind of person finds it easy to forgive and what kind of person has the most difficulty forgiving?

People who are agreeable and compassionate are more likely to forgive, as are people who are able to recognize their own capacity to make grievous errors. However, the strongest prediction of forgiving in the way that promotes well-being is feeling empathy for the offender—either empathy for the circumstances the injurer was in at the time of the offense (they were having a “bad day”) or empathy more generally for their life situation (they were having a “bad life”).

Is it possible to forgive too quickly and if yes, why is this a problem?

I worry when people forgive very quickly following serious injuries. I am not saying it is always a problem. For example, we know that the best way to manage anger is to not get angry in the first place. When

you have certain attitudes towards life and people, you can reduce the tendency to get angry following injurious events—and not surprisingly such a person may forgive more quickly.

So what do I worry about? I worry about whether the person's swift forgiveness is a way of avoiding their feelings about what has happened. One of the best ways to recover from trauma is to face one's feelings—chronic avoidance can lead to very poor emotional outcomes including PTSD. I also worry about the message that is being sent to the offender. Outrage, grief, and shock send potent messages to the injurer about the impact of her or his actions—and such messages provide the opportunity for regret and reform. Swift forgiveness might communicate an excusing of the act, or worse still, permission to re-offend. ■

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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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