COVENANT
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REMEMBERING FORWARD

MEMORY, RELATIONSHIP, AND THE COURAGE TO SEEK HEALING



Anniversaries invite gratitude, but they also demand that we remember truthfully. As Southdown concludes its 60th-anniversary year, memory must be more than a record of what has been. Healthy memory asks what the past requires of us now. Remembering well is not a retreat into yesterday; it is a disciplined way of moving forward.

Memory Is a Living Process

Contemporary neuroscience no longer treats autobiographical memory as a recording stored intact in the brain. Remembering is constructive: emotion, bodily state, present context, and perspective influence what is retrieved and how it is experienced (Faul et al., 2024). This does not make memory meaningless or suffering doubtful; it reflects the interaction of neural systems supporting emotion and context.

Research on reconsolidation suggests that some reactivated memories may be modified, allowing new information to be integrated into earlier learning (Elsey et al., 2018). In psychotherapy, a painful memory may be encountered alongside safety rather than danger, compassion rather than contempt, and agency rather than helplessness. Ethical clinicians must not suggest memories or pressure anyone to uncover hidden events. The aim is to help people remember without being governed by memory.

Relationship Changes What the Past Can Mean

The working alliance—trust, shared purpose, and collaboration—robustly predicts outcomes across psychotherapy approaches (Wampold & Flückiger, 2023). Relationship makes difficult experiences bearable enough to examine. Hope is not denial of the past, but an expanded capacity to respond to it.

Remembering Institutions Truthfully

Institutions also need truthful memory. Recent public reporting concerning Father Leonard Joseph Kelly and historical Southdown records has brought this responsibility into focus. Sexual abuse of a child is wrong, and the harm experienced by those abused must never be minimized. Childhood sexual abuse is associated with long-term psychiatric, psychosocial, and physical health outcomes (Hailes et al., 2019).

These records are more than 50 years old, from a period when clinical, ethical, safeguarding, and reporting practices differed substantially from those of today. For example, the American Psychiatric Association did not remove the diagnosis of homosexuality from the DSM until 1973 (Drescher, 2015). Contemporary practice must distinguish consensual adult sexual orientation from the sexual abuse of a child: they are neither clinically nor morally equivalent. Historical context may help interpret old language and assumptions; it does not excuse abuse, justify failures to protect, or diminish survivors' suffering.

We must not reconstruct an individual clinical case from fragments reported in the media. Our task is not to speculate or defend the indefensible. It is to learn. Canadian ethical standards emphasize dignity, responsible caring, integrity in relationships, and responsibility to society (Canadian Psychological Association, 2017). Ontario law imposes a duty to report when a child may need protection (Child, Youth and Family Services Act, 2017, s. 125). These obligations must guide safeguarding, assessment, consultation, documentation, accountability, and care for survivors.

From Stigma to Stewardship

Priests, religious, and lay ministers may fear that seeking help will be interpreted as weakness, failed faith, or diminished fitness for ministry. Stigma measurably reduces help-seeking (Schnyder et al., 2017) and can allow treatable distress to become entrenched.

Catholic anthropology offers a different frame: the person is a unity of body and soul, endowed with dignity and created for relationship *(Catechism of the Catholic Church,* 1997, nos. 362–368). Psychological care need not compete with prayer, sacramental life, or spiritual direction. Seeking competent care is an act of stewardship toward one's embodied life, relationships, vocation, and community.

60 Years of Remembering Toward Hope

Southdown's 60-year memory is held in thousands of encounters in which someone risked telling the truth, accepted accompaniment, and discovered that suffering need not author the future. Our fidelity to that mission requires scientific rigor, humane presence, honest accountability, and continual improvement.

We cannot change what has happened, but we can determine how truthfully the past is remembered and what becomes possible next. We will continue working to make mental health care safer, stronger, more accessible, and worthy of trust. Forward, always forward.

Sincerely,
Rev. Francois Diouf, O.S.B., Ph.D.
President and Chief Clinical Officer

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LONG WALK PART OF GIFT

By Archabbot Martin de Porres Bartel, O.S.B.
12th Archabbot of Saint Vincent Archabbey, Latrobe, Pennsylvania, USA



As Southdown celebrates its 60th anniversary, we pause with gratitude for six decades of compassionate ministry to the Church. This diamond anniversary invites us not simply to celebrate an institution, but to recognize a ministry that has become a gift to countless clergy, religious, lay ministers, and people of faith. For 60 years, Southdown has walked beside people carrying hidden burdens, offering hope through the integration of psychological wisdom and Catholic spirituality.

A story comes to mind. Many readers will remember Norman Vincent Peale. In *My Christmas Treasury,* Peale (1991) recounts a story he and his wife, Ruth, treasured. An African boy presented his missionary teacher with a beautiful seashell for Christmas. Knowing where such shells could be found, the teacher realized the boy had walked a great distance over difficult terrain to retrieve it. She remarked on how far he had traveled to bring her such a beautiful gift. The boy looked puzzled, then replied that the long walk was part of the gift. Peale recalled that whenever the demands of ministry and life became overwhelming, he and Ruth would remind one another of those simple words.

Long walk part of gift.
Those words illuminate something profoundly Christian. The Gospel repeatedly reveals a God who is always willing to make the long journey toward us.

Jesus' parable of the Prodigal Son illustrates this truth. We often focus on the younger son's repentance, the father's forgiveness, or the elder brother's inability to rejoice in mercy extended to another. Yet the heart of the parable is the extravagant compassion of the father, whose love refuses to be limited by human calculations of worthiness. He welcomes the younger son home and also goes out to meet the elder brother. God's mercy reaches both the lost and the self-righteous, those who wandered away and those who never realized they were distant.

There is another way of reflecting on this parable that has always fascinated me. We ordinarily identify ourselves with the younger son, recognizing our failures, wandering, and need to return home. But we might also consider the younger son as a figure who calls to mind Christ Himself. The Son leaves the Father's house, not in rebellion but in obedience. He enters the far country of our wounded human condition, embracing our poverty, suffering, and ultimately our death. His destination is not the pigsty but the Cross. Having descended into human brokenness, He rises and returns to the Father, carrying redeemed humanity into the embrace of divine mercy. The Incarnation itself is God's "long walk."

Alongside the Prodigal Son, Luke's parables of the lost sheep and the lost coin reveal a pattern. Each asks the same question: How far will God go to find what has been lost? (*New American Bible, Revised Edition,* 2011, Luke 15:1–32) The answer is astonishing: as far as necessary. In Jesus Christ, God journeys into suffering, loneliness, rejection, betrayal, and death so that no one remains beyond the reach of His love.

Long walk part of gift.
This is why Jesus eats with tax collectors and sinners. His presence reveals a God whose holiness is expressed through compassion. His disciples are called to follow Him toward the margins—not merely geographical margins, but places where loneliness, shame, fear, trauma, and discouragement leave people believing they have been forgotten.

That, it seems to me, beautifully describes the vocation of Southdown. For 60 years, Southdown has accompanied women and men whose lives have been marked by emotional pain, vocational uncertainty, exhaustion, grief, trauma, and spiritual struggle. Its ministry has never been simply about treatment. It has always been about accompaniment: honoring each person's dignity through professional excellence while recognizing that healing involves mind, body, and spirit.

This work is never quick. It requires patience, trust, listening, and walking with another person over difficult terrain until hope begins to emerge again. Southdown's commitment to fostering trust, welcoming diverse cultures and backgrounds, building authentic community, encouraging innovation, and serving the Church with integrity is the fruit of 60 years of faithful walking.

Ultimately, every Christian life is a long walk toward the Father's house. We travel together, strengthened by grace, nourished by the Eucharist, and sustained by the promise that Christ has already walked the road before us. Because He made the longest journey, from the glory of heaven into our humanity and through death into everlasting life, we never walk alone.

Long walk part of gift.
As Southdown celebrates this diamond anniversary, we give thanks for all whose vision, compassion, expertise, and faithful service have made this ministry a blessing to the Church. Their long walk has become a gift for countless others. May the journey continue with renewed courage, deeper wisdom, and enduring hope, reflecting the compassionate face of Christ, who never ceases to seek the lost and lead them home. ■

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COURAGE IN CONNECTION: 60 YEARS OF BUILDING HOPE THROUGH RELATIONSHIP

By Karen Kemp, M.Psych., C.Psych.
Clinical Director



Building hope through relationship is at the heart of the therapeutic work provided at The Southdown Institute. For 60 years Southdown has accompanied clergy, vowed religious men and women, and lay pastoral ministers through seasons of discernment, transition, challenge, and growth. As a psychologist at Southdown, I have the privilege of listening to people reflect on a wide range of life experiences, from discerning a vocation or preparing for ministry to carrying significant responsibilities within their communities.

At Southdown, individuals are invited to reflect on aspects of their lives that may have received little attention amid the demands of ministry, leadership, and service. Whatever brings someone to Southdown, the work often involves examining relationships: with oneself, with others, with one's diocese or religious community, and, for many, with one's faith and vocation.

This relational focus is central to psychotherapy. Early relationships, including experiences of trauma and adverse childhood experiences, can shape expectations about trust, safety, connection, and self-worth. These experiences may influence how individuals understand themselves and approach relationships later in life. Therapy provides an opportunity to explore these patterns within a relationship grounded in respect and professional care.

This work requires courage. Individuals may be invited to become vulnerable, participate in group-based therapeutic work, and explore difficult experiences alongside fellow residents. Within a structured therapeutic environment, individuals can examine familiar relational patterns and consider new ways of responding. The therapeutic relationship provides an important context in which relational wounds can be explored and adaptive strategies developed.

Research consistently identifies the therapeutic relationship as an important component of effective treatment. Bordin (1979) described the working alliance through agreement on goals and tasks, and the development of an affective bond between therapist and client. Subsequent research has continued to examine the contribution of the therapeutic relationship and other common factors to psychotherapy outcomes (Norcross & Lambert, 2011; Wampold & Imel, 2015).

At its best, the therapeutic relationship offers a place where a person can be heard without judgment while being invited into honest reflection and meaningful change. Clinician and individual work collaboratively to identify possibilities, strengthen existing resources, and develop new ways of approaching life's challenges. Hope becomes an active part of this process—not simply a wish for circumstances to change, but a growing sense that change is possible and that one does not have to navigate it alone (Snyder, 2002).

This is where courage and connection meet. Vulnerability requires courage, but courage is strengthened through relationship. Trustworthy connection can help people take the risks that meaningful growth requires. Hope is not generated in isolation; it can be nurtured through authentic human connection.

As I step into the role of Clinical Director, I am increasingly aware that these relational principles extend beyond individual therapy. A healthy clinical community depends not only on professional expertise, but also on the quality of the relationships through which that expertise is expressed.

As Southdown celebrates 60 years, *Courage in Connection* offers an opportunity to reflect on what has sustained this ministry across generations. Relationships remain at the center of the work: between Southdown staff, residents, dioceses, and religious communities, all of which are rooted in the vocations, values, and traditions that give their lives meaning.

Perhaps this is one of the enduring lessons of Southdown's ministry. Hope does not always arrive as certainty or an immediate solution. Sometimes it begins with the courage to enter into relationship—to be known, to listen, to speak honestly, to receive support, and to take one more step toward growth.

Cont'd on next page

RENEWAL PROGRAM

THREE-WEEK COMPREHENSIVE RENEWAL FOR CLERGY AND RELIGIOUS LIFE

Periods of sustained ministry can bring both meaning and fatigue. The Renewal Program offers a three-week structured experience for clergy and women and men religious seeking personal and spiritual renewal.

This program provides a holistic approach to well-being through intentional reflection, self-knowledge, and guided exercises focused on resilience, mindfulness, and integration.

Participants are invited to step back from the demands of daily ministry in a supportive environment that fosters clarity, renewal, and deeper awareness of self and vocation.

UPCOMING DATES:

APR 4–24, 2027

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Men's only Sabbatical

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NOV 7–27, 2027

For more information email
administration@southdown.on.ca
or visit
southdown.on.ca/renewal-mini-sabbatical/

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FROM OUR COMMUNICATIONS TEAM

We are also pleased to share some staffing updates from across the Southdown team:

Tamara Bohac, RN, joined Southdown as a Casual Registered Nurse in February 2026.

Sheunesu Mugabe, MSW, RSW, joined as a Registered Social Worker in April 2026.

Moreblessing Anne Sibanda joined as a Clinical Administrative Assistant in April 2026.

Andreea Ionescu, M.Psych., C.Psych. Assoc., joined as a Psychological Associate (Supervised Practice) in May 2026.

Tina-Marie Page and **Yasir Ahmed** joined the Overnight Support and Security team in full-time and part-time capacities, respectively, in June 2026.

David Teplin, PsyD., C.Psych., joined as Clinical Psychologist and Assessment Lead in September 2026.

Karen Kemp, M.Psych., C.Psych., assumed the role of Clinical Director in October 2026.

Timilehin Philip-Ogunleye, RN, and **Enrico Jerome Morales, RN**, joined as Casual Registered Nurses, respectively, in October 2026.

We extend a warm welcome to our new colleagues.

For 60 years, Southdown has sought to create space for that kind of courageous connection. As we look toward the years ahead, may we continue to build communities where people experience the dignity of being heard, the possibility of healing, and the hope that emerges when we do not walk alone. ■

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ANNUAL APPEAL 2026

YOUR GENEROSITY BUILDS HOPE AND MAKES HEALING ACCESSIBLE

As Southdown celebrates 60 years of compassionate service to the Church, we are grateful for those whose generosity has sustained this ministry.

Through our bursary fund, your gifts help reduce financial barriers and make psychological and spiritual care accessible to ordained clergy, women and men religious, and lay pastoral ministers who need support.

Inspired by our Jubilee theme, Courage in Connection: 60 Years of Building Hope Through Relationship, we invite you to help carry this mission forward. Together, we can ensure that financial circumstances do not stand in the way of healing, renewal, and hope.

Your gift makes a difference. Thank you for helping us build hope for generations to come.

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May God's blessings be yours in abundance.

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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60 YEARS

18798 Old Yonge Street
Holland Landing, ON L9N 0L1 Canada

Tel: 905 727 4214
Fax: 905 895 6296
Email: administration@southdown.on.ca

www.southdown.on.ca

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