

The Human Condition: True Self/False Self



“A tree gives glory to God by being a tree.
For in being what God means it to be
it is obeying Him....
The more a tree is like itself,
the more it is like Him....”

Friday, June 1, 2012
9:30 a.m. – 3:00 p.m.

Presented by
Fr. Bill Sheehan, OMI

Dominican Retreat
7103 Old Dominion Drive
McLean, Virginia 22101
703.356.4243
www.dominicanretreat.org

This particular tree will give glory to God by spreading out its roots in the earth and raising its branches into the air and the light in a way that no other tree before or after it ever did or will do...”

Thomas Merton, *New Seeds of Contemplation*

In his writings Thomas Merton invites us to reflect upon the human condition through the paradigm of the True Self/False Self. During our time together, we will reflect on how we experience the human condition in relation to the spiritual journey.

This retreat day will include presentations by Fr. Bill, periods Centering Prayer, Lunch, and Mass. The program will encourage an atmosphere of silence.

The offering for the day is \$50.00. We ask for a non-refundable \$20.00 deposit with your reservation. To make a reservation, use the attached form or call us at 703.356.4243.

If you are also attending the Centering Prayer Weekend Retreat that begins Friday evening, you will be able to check into your room at 3:00 pm following this program. However, we will not serve dinner on Friday evening.

The Director:

Rev. Bill Sheehan, OMI, is an experienced and beloved retreat director. He has been involved with Contemplative Outreach since 1983, practicing centering prayer and guiding others in this way of prayer for more than 25 years. Fr. Bill has a rich background as a pastor, director of ministry to priests, novice director, director of formation, provincial, and director of the Oblate House of Theology. Previously stationed in Washington, D.C., Fr. Bill now lives in an Oblate House of Prayer in Massachusetts.

Reservation Form

Deposit: \$20.00

The Human Condition, June 1, 2012

Name

Address

City

State

Zip Code

Home Phone

Work Phone

E-mail

Payment Method:

___ Check ___ VISA/MasterCard

Amount of check or charge: \$ _____

Name on credit card

Credit Card Number

Exp. Date

Signature

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