

# The Stress & Spirituality Continuum: Aligning spiritual care outcomes with clinical treatment, from the perspective of the HPA axis

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When chaplains and other caregivers conduct a patient assessment (in addition to general observations) the following indicators enable the assessment to establish implications for desired spiritual care outcomes that align and integrate with the medical care being delivered to the patient. As such care is aligned, care delivery becomes consistent with healing for the whole person.

## Stress Indicator Levels:

### 1) *Persistent Frustration* –

The patient's circumstances may be triggering an elevated release of stress hormones when...

- a) The patient appears stressed and reports feeling anxious.
- b) The patient reports a history of stress and/or trauma and feels a significant loss of control over his/her destiny.

### 2) *Hopeful Calm* –

The patient is unlikely to be producing elevated levels of stress hormones and may be experiencing the analgesic benefit of beta-endorphin release when...

- a) The patient does not appear stressed and reports feeling an inner calm because the patient is accessing spiritual or similar resources, or;
- b) The patient may be experiencing potentially stressful influences yet still reports feeling calm because the patient is accessing spiritual or similar resources.

### 3) *Creative Coping* –

The patient exhibits “bursts” of coping insight or activity (with elevated beta-endorphin release and/or a flow state where elevated levels of both beta-endorphins and cortisol may occur simultaneously). As a result...

- a) The patient may be creatively focusing “stress energy” into constructive patterns that may directly or indirectly display a clarifying of personal values, resulting in improved internal congruence.
- b) The patient may experience “moments of discovery”.

### 4) *Active Engagement* –

The patient's distress may be diminished through adaptive responses, resulting in the underlying stressors having a less adverse health impact because...

- a) The patient's stressors are being modified with patient participation and intent (adaptations in habits, lifestyle, relationships, environment, etc.)
- b) The patients' vulnerability to stressors is being modified with patient participation and intent (adaptations in relating to inflexible, permanent or inevitable results).

NOTE: These four levels have been identified from specific research related to the study of creative process as well as psychoneuroimmunology. This structure sets the stage for spiritual care responses and interventions, corresponding to the above indicators, to be implemented as part of a spiritual care plan. (See the Stressed or Rest Narrative and Flow Diagram)