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Stress and Vulnerability to Illness

by Reverend David Songy, OFM Cap., S.T.D., Psy.D.

Reactions to the COVID-19 crisis vary: sadness, fear, anger, or even despair. We are all navigating uncharted territory. Still, we have one thing in common: stress. Experience has taught us how critical stress is to survival: adrenaline and other hormones increase breathing, heart rate, and blood pressure, giving us energy to fight or flee. Our senses become keener, and we are less sensitive to pain. Our minds and bodies, in a temporary state of metabolic overdrive, are now prepared to respond to a life-threatening situation.

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However, this innate response is not meant to last more than a brief period. The body needs to recuperate. People under chronic stress are vulnerable to more frequent and severe viral infections, such as the flu or common cold. Over time, continued strain from routine stress may lead to serious health problems, such as heart disease, high blood pressure, diabetes, depression, anxiety disorder, and other illnesses. The current pandemic has caused extraordinary levels of stress, the impact of which requires personal consideration.

How Does Stress Affect Me?

This is an essential, uniquely personal question. People feel stress in different ways. Some experience mainly digestive symptoms, while others may have headaches, sleeplessness, depressed mood, anger, and irritability. How does stress affect me physically, psychologically, spiritually? Knowing the answer may prompt me to seek treatment before the stress has taken too great a toll.

The *Diathesis-Stress Model* has been used in medicine and psychology for about 50 years. *Diathesis* refers to a genetic, cognitive, or social predisposition to a potential disease or disorder. That individual vulnerability is a trait that, under enough stress, can lead to illness.

According to one theory, each weakness has a liability threshold. In other words, once stress reaches a certain level, the illness will occur. Below a certain level, it will not. Other theorists employ an additive model, positing that stress adds to the potential of a vulnerability to transition into an illness.

Brief Clinical Example

A 56-year-old priest sought treatment for obsessive compulsive disorder (OCD), indicating fear that he was going to poison a member of his religious

community. The interview revealed no actual desire to hurt someone and no real means to do so, but rather an obsessive thought he could not shed for over three weeks that had kept him isolated from confreres and secluded in his room except for prayer.

A clinical evaluation revealed that the priest had experienced similar OCD symptoms 30 years previously for a brief three-month period, and we explored possible causes for the symptoms returning. Everything had been going well in ministry and in fraternal life. However, he reported a recent hospitalization with pneumonia. When queried further about his medical history, he reported a similar pneumonia episode occurring when he was 26. Not a coincidence. He began a course of behavioral therapy and was free of the OCD symptoms in six weeks.

Successful treatment of OCD in six weeks is far shorter than the norm. In this specific case, a stressor (pneumonia) triggered a disorder (OCD) in a person with that vulnerability. The absence of the stressor made the treatment much easier.

Why Now?

One critical query in an initial evaluation is, "Why now?" What is

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Case Study Father Philip

Father Philip is a thirty-five-year old diocesan priest who, on a particularly bad day, engaged in a heated argument with the chairman of the parish council. The chairman subsequently made an official complaint to the bishop. Since this was the first significant complaint about Father Philip, ordained for nine years, the bishop asked to meet with him to discuss the matter.

Father Philip was contrite about his behavior, acknowledging his mistake and saying he had spoken privately to

Counseling opened up a new world for him.

the chairman. However, the bishop noticed Father's significant weight increase and harried appearance. He remembered that Father Philip had lost his mother to cancer a year previously and asked him to consider speaking to an outpatient clinician at Saint Luke Institute.

In the initial outpatient evaluation, Father Philip described a normal early history. He had good relationships with his parents and siblings, did well academically, had good peer relationships, and reported no history of mental illness. His only problems in school had been a few fights as a young boy. He was sensitive about being overweight and did not like teasing. While in college, a sister in the campus ministry program noticed his occasional frustration and heated remarks and suggested he visit the college counselor.

Counseling opened up a new world for him. Recognizing distorted thoughts, e.g., "He's never going to understand me!" or "It doesn't matter what I do!,"



gave him the opportunity to consider other ways of responding to frustration. He began to share more about his feelings and became less afraid of the intensity of certain emotions, especially anger. He learned to empathize with others and to relax, even in times of stress.

After a successful seminary experience and assignment as a parochial vicar, Father Philip's first few years as a new pastor were positive, though challenging. However, about the same time his mother died, the parish began to experience financial difficulties, forcing him to lay off two employees and assume some of their responsibilities. He found less time to exercise and fell back into old eating habits, gaining thirty pounds in a year. He was unable to complete certain tasks on time and became frustrated with people asking him to be more accountable.

Father Philip expressed remorse about his outburst and wanted to explore the "anger issue" immediately, but the recommendation from the initial evaluation was to work first at reducing stress in order to engage fully in the healing process. He and his counselor

spent the first few sessions talking about his experiences of stress, current coping mechanisms, and potential stress reduction strategies.

Father Philip said that he especially enjoyed learning the structured relaxation techniques, because they reminded him of guided meditation from his time in the seminary. Focusing on a healthy diet and exercise gave him a greater sense of self-discipline. After several weeks he commented on feeling more relaxed and engaged with life.

Therapy sessions then shifted to an exploration of the specific problem of anger, and Father Philip could quickly identify his distorted thoughts and alternate ways of thinking. He recognized that he had not worked through the grieving process after his mother's death, having put it off with thoughts that "grieving was for weak people" and "he shouldn't ask for help."

When Father Philip called on the bishop three months later, the change was obvious. Still remorseful, he spoke with maturity about his work to rebuild his relationships with those whom he had hurt or parishioners who felt neglected. Father Philip described his new regimen for reducing stress

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Stress . . . Illness

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different about today that leads a person to seek treatment? The stressor, like the vulnerability, may come in different forms: biological—in the form of illness, injury or surgery; social—in times of marriage, death, and transition; or environmental—mass unemployment, war, or a pandemic.

Reviewing a person's history of symptoms, their family history of mental illness, along with their response to stressors over time, helps to determine any predisposition to a potential disease or disorder. If an individual has successfully undergone treatment before, that may point to a potential healing regimen for the current issue.

Preventative Measures

Stress is inevitable. Preparing for its effects can reduce the chance of reaching the liability threshold of a vulnerability. Each of us should take a personal inventory: What are my vulnerabilities? Is there any history

of depression, anxiety, substance use, problems with sexuality, addiction, interpersonal challenges, self-destructiveness, or aggression? Have these ever been triggered by stress? How does stress affect me psychologically? How do I cope with stress?

The earlier the intervention, the better. As soon as a person notices initial symptoms of a significant vulnerability, e.g., depression, he should contact his mental health professional to check in. To wait may make treatment a longer or more difficult process.

If current methods of coping with stress are not contributing to greater emotional and physical health today, it is time to find healthier ways to manage and cope with stress. These all require change. One can either change the situation or change one's reaction to it.

Avoiding unnecessary stressors is key. News shows and the Internet are draining experiences. Engaging in more life-giving activities will decrease

stress. Examples include healthy eating, exercise, connecting with friends and family, working in the home or yard, following a schedule, and maintaining a daily rhythm.

Stress is a vulnerability factor for poor health. Instead of reacting negatively to stressors, we can choose to adapt to them or accept them. To adapt involves looking at the big picture and reframing the situation. Acceptance does not infer agreement, but it does mean moving forward: anticipating the next step, forgiving an injury, or looking towards the future.

Finally, prayer and meditation often reverse the effects of stress. Meditation is a natural form of relaxation, and all prayer reminds us of the meaning of life and our intimate connection to God and others.

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Achieving or maintaining physical, psychological, and spiritual health can be difficult and feel perilous at times. It requires courage and risk-taking, breaking away from well-worn habits and familiar surroundings. Trust and faith become essential in this process as we lean into the unknown and search for new patterns that challenge our immediate need for control and certainty.

Following the resurrection, the disciples were challenged to make sense of their new reality. Jesus had been crucified—his body laid in a chamber—and then he was experienced in a new way by the women at the tomb, the

disciples on the road to Emmaus, and in the upper room. The disciples' new encounters with Jesus were examined in light of their history, Scripture, customs, ritual, and eyewitness testimony in their community. Together they shared the unfolding story of Jesus and prayed for clarity and faith.

Today, we are enduring hard times, filled with uncertainty and fear. Our comfortable routines are disrupted, and faith challenged. Perhaps Peter and John can provide a way forward for us. As they stood before the elders at Temple they proclaimed that the ill man before them was healed “by the name of Jesus Christ of Nazareth, whom you crucified,

whom God raised from the dead” (Acts 4: 10-11). They were able to see the grace in the chaos and named Jesus as the power by which they healed—that power is still ours today.

Our Christian hope lies in this understanding. When times are hardest its often helpful to return to the foundation of our faith, Jesus Christ. Strengthening our relationship with Jesus through prayer will renew our hope as we move through this pandemic. Together may we recall the journey of the first disciples and lean on our tradition, faith, and friends to deepen our relationship with Jesus and embrace hope.

Father Philip (continued from page 2)

and being more faithful to prayer. He requested permission to continue in individual therapy for another three months to consolidate his gains.

The bishop, whom Father Philip had authorized to speak with his counselor, called to discuss the rapid change. In his experience of priests with anger issues,

long-term therapy and even residential treatment were necessary. The therapist explained the contributing role of social stress in this case. While Father Philip has a vulnerability to angry outbursts, his threshold for stress is high. Treating the anger issue was much simpler once the stress was reduced.

The same clinician offered the bishop a caveat: there are others with a vulnerability to angry outbursts who have a much lower threshold for stress. As in all cases, an integral approach to healing considers not only the presenting illness, but a person's whole life.

For confidentiality, names, identifying data, and other details of treatment have been altered.

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