

# God and the Search for Meaning Among Hospice Caregivers

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**ABSTRACT.** The purposes of this study were (1) to describe both religious and nonreligious appraisals of caregiving for a terminally ill patient and (2) to explore the relationship between these appraisals with situational outcomes, mental health outcomes, and spiritual health outcomes in the caregivers. Ninety-two caregivers completed a questionnaire consisting of religious and nonreligious appraisals, general and religious outcomes, depression, anxiety, and purpose in life. Caregivers who appraised their situation as part of God's plan or as a means of gaining strength or understanding from God reported positive outcomes while caregivers who viewed their situation as unjust, as unfair punishment from God, or as desertion from God had low scores on mental and spiritual health outcomes. Religious appraisals made a significant and unique contribution to the prediction of situational outcomes and mental and spiritual health outcomes above and beyond

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## INTRODUCTION

Providing care for a terminally ill person can be emotionally, physically, and spiritually demanding for the caregiver and may place the caregiver at risk for a variety of health care problems (Stroebe, Stroebe, & Domittner, 1988). Helping to understand factors associated with successful coping with this situation is, therefore, of particular concern to hospice professionals.

Appraisals of the caregiving situation can be tremendously important to the coping process. Appraisals involving a higher power or transcendent dimension (i.e., religious themes) may be of vital importance to the terminally ill and their caregivers as they are in any situation that is ambiguous, uncontrollable and/or threatening to matters of greater significance (Yates, Chalmer, St. James, Follansbee, & McKegney, 1988; Francis, 1986; Fryback, 1993). While religious themes are known to play an important part in the appraisal of significant life events, the specifics of what these appraisals are and how they might affect outcomes are not well described. Appraisals regarding God have not been examined in caregivers of terminally ill patients. The effects of these appraisals on coping outcomes and subsequent mental and spiritual health of the caregiver are also unknown. The purposes of this study were: (1) to describe religious and nonreligious appraisals of the caregiving situation and (2) to explore the relationship between these appraisals with situational and health outcomes in caregivers of terminally ill patients.

To cope successfully with a difficult situation people must appraise the situation (Lazarus and Folkman, 1984; Pargament, 1990). Broadly stated, appraisals encompass the efforts of people to make sense or meaning of their circumstances. Theoretically, this meaning making process can include (1) determining causes or responsibility (i.e., attributions) for the events (What caused this? Why is this happening to me?), and (2) evaluating whether the situation poses harm/loss,

threats or challenges to matters of significance (e.g., Am I in trouble or being benefitted by this situation?). In this meaning making process, people often attempt to reframe events in ways that preserve a sense of the world as just and fair, a sense of the world as predictable and controllable, a sense of self and others as worthwhile, and a sense of God as loving and powerful (Spilka, Shaver, & Kirkpatrick, 1985; Pargament & Hahn, 1986). If a situation is especially unpredictable or uncontrollable, people are especially likely to formulate attributions to maintain control, or a perception of control, over their lives (Wortman, 1976, Lerner & Miller, 1978, Spilka et al., 1985; Lewis & Daltroy, 1990). Caring for a terminally ill person is an excellent example of such a stressful event.

One context in which caregivers may appraise their situation is through religious views about God. Although people usually make secular, nonreligious appraisals of events, if the situation is very ambiguous or if control and self-esteem are seriously threatened, religious appraisals are common (Spilka, 1989; Pargament, in press). Religious appraisals can take many forms. Pargament (1990) noted that "Events can be evaluated as a reward from a loving God, as a lesson from a teaching God, as a punishment from an angry God, as unintended by a kind but nonintervening God, or as the will of a mysterious God" (p. 202). Religion may provide a unique resource if a person determines that ultimate meaning is in God even though the situation may not be understandable, or that there may be something learned through the painful experience with God's support.

Research on healthy subjects as well as those with cancer and other diseases or trauma, indicates that attribution appraisals can have strong effects on health behaviors, psychological adjustment and morbidity (Berckman & Austin, 1993; Bulman & Wortman, 1977; Gotay, 1985; Jenkins & Pargament, 1988; Lewis, 1989; Bearison, Sadow, Granowetter, & Winkel, 1993). For example, in one study of 57 adults with advanced cancer, Lewis (1989) found that high self-esteem and lower anxiety were related to the extent to which patients attributed meaning to their current situation. In a sample of cancer patients, Jenkins and Pargament (1988) found that attribution of the illness to God was associated with better adjustment as rated by both patients and nurses. In another study of parents of children with cancer, those parents who made external attributions of the illness to factors such as fate, luck, environmental factors, physical trauma or God coped better

than did parents who made internal or no attributions (Bearison et al., 1993). There is little empirical evidence suggesting that religious appraisals have any more impact than nonreligious appraisals, but neither type of appraisals have been studied in caregivers of the terminally ill.

Theoretically, some types of appraisals should be more successful in this meaning making process than others. Drawing on the work of Spilka (1989) and Pargament (in press), we developed categories of religious and nonreligious appraisals that should be successful, partially successful or fail at helping people in making meaning and thus promoting health (see Table 1). In successful appraisals, the situation is reframed so that the negative event is seen in a positive light thus maintaining the notion of a just and predictable world, a sense of self efficacy, and a sense of a loving, powerful God. For example, in a successful religious appraisal, the situation might be framed as an opportunity for emotional or spiritual growth. In a successful nonreligious appraisal, the situation may be framed as a natural part of life.

In partially successful appraisals, some aspects of the individual's worldview are sustained at the cost of others. For example, in a partially successful religious appraisal God may be viewed as loving but powerless to intervene. Thus, the belief in God's benevolence is sustained at the cost of the belief in God's omnipotence. In a partially successful nonreligious appraisal the situation might be viewed as due to the faults of others. Here self-efficacy may be purchased at the price of a benevolent view of others.

In appraisals that fail to help the person make meaning, the notion of a just, predictable world, self-efficacy, and a benevolent view of God is shattered. For example, appraisals of life as unfair or God as apathetic or punishing unjustly violates many of the central tenets of a benevolent worldview.

We hypothesized that caregivers would endorse the successful appraisals more frequently than the partially successful or failure appraisals in coping with their situation in order to sustain a meaningful cognitive framework. We also hypothesized that successful religious and nonreligious appraisals would be correlated with positive situational and religious outcomes and with positive mental and spiritual health outcomes. Conversely, failure religious and nonreligious appraisals would be correlated with negative situational and religious outcomes and negative mental and spiritual health outcomes.

TABLE 1. Categories and Definitions of Religious and Nonreligious Appraisals

#### SUCCESSFUL APPRAISALS

##### Religious

Benevolent Religious Reframing—An attempt to redefine the negative in a more favorable religious or spiritual light; an effort to find positive religious value in a negative situation.

God's Will—An attempt to find religious purpose in the negative event, although that purpose may be beyond the human ability to understand.

##### Nonreligious

Benevolent Secular Reframing—An attempt to redefine the negative as a natural part of the cycle of life; an effort to find positive value in a negative situation by connecting the low points of life to life's high points.

#### PARTIALLY SUCCESSFUL APPRAISALS

##### Religious

God's Punishment—Viewing the situation as a just punishment from God for the sins of the loved one.

Loving but Limited God—An attempt to preserve the belief in a loving God by emphasizing that while God is powerless to intervene in the situation, God is still with people in their suffering.

Work of the Devil—An attempt to make sense of the situation and preserve the belief in a loving God by attributing the negative event to the devil.

##### Nonreligious

Blame the Doctors—Blaming doctors or the medical system for the situation.

Blame the Loved One—Blaming the loved one for the lifestyle that led to his/her predicament; attributing responsibility for the situation to the loved one for the failure to take care of himself/herself.

Confusion—An inability to understand how or why the situation occurred.

#### FAILURE

##### Religious

Apathetic God—Concluding that God is disengaged from or disinterested in the events of this world.

Unfair God—Concluding that the situation is an unfair punishment from God.

##### Nonreligious

Unjust World—Concluding that life is basically unfair and that the world is fundamentally unjust.

#### NONE OF THE ABOVE

Irrelevance—The caretaker reports neither the time nor the inclination to focus on the reasons for the event or why it took place.

## METHODOLOGY

### Subjects

People who were designated as primary caregivers for a terminally ill patient cared for in the home under hospice supervision were recruited by hospice personnel from four hospices in the Midwest. Along with being designated as a primary caregiver, selection criteria included being age 21 or older, English literate, and able to complete a written questionnaire.

### Instruments

In addition to demographic and religious data, the questionnaire included the following: (1) Religious and Nonreligious Appraisals of the Situation, (2) the General Outcome and the Religious Outcome Scales, (3) the CES-D Depression Inventory, (4) the Purpose in Life Scale, and (5) the Beck Anxiety Inventory.

*Appraisals.* Religious and nonreligious appraisals of the situation were formulated by the investigators as vignettes based on a review of psychology, sociology and nursing literature and clinical experience with caregivers. The religious appraisals focused on various attributions of the situation to God. Nonreligious appraisals focused on various attributions of the situation to naturalistic causes, medical care, or lifestyle (see Table 2). Psychology graduate students reviewed these vignettes for content validity and were able to sort them into appropriate categories with 100% accuracy (See Table 1 for categories and definitions). Vignettes categorized as successful included Benevolent Religious Reframing and God's Will as religious appraisals, and Benevolent Secular Reframing as a nonreligious appraisal. Vignettes categorized as partially successful appraisals included God's Punishment, Loving but Limited God, and Work of the Devil as religious appraisals and Blame the Doctors, Blame the Loved One, and Confusion as nonreligious appraisals. Vignettes categorized as failure included Apathetic God and Unfair God as religious appraisals and Unjust World as a nonreligious appraisal. A vignette in which the caregiver did not make any appraisal and found the search for meaning irrelevant at the present moment was termed Irrelevance: Participants endorsed the extent to which they agreed or disagreed with each appraisal vignette on a 5-point Likert type scale.

TABLE 2. Examples of Religious and Nonreligious Appraisal Vignettes

#### Religious Appraisals

Benevolent Religious Reframing—In thinking about this situation, I tried to see how God is strengthening me and giving me an opportunity to learn from this situation. I was trying to see this situation in a spiritual light and to find what God was teaching me.

Loving but Limited God—I questioned whether there was anything God could do to change the situation. I felt that God loved me but some things were beyond his control. I realized that even though I am a good person, God could not answer all my prayers.

Apathetic God—I doubted that God was personally involved in my life. I believed that God did not care about me or my problems. I felt that God had deserted me.

#### Nonreligious Appraisals

Benevolent Secular Reframing—I realized that dying plays an important role in nature. I became aware that life is only possible within a cycle of birth and death. Death is an essential part of this life cycle.

Blame the Doctors—It seemed that if the doctors and the medical staff were more skillful and knowledgeable, this would not have happened. My loved one is in this situation because medical technology is not as good as people thought. I felt the doctors could have done something differently to have prevented this outcome.

Unjust World—I realized from this situation that bad things could happen no matter how well we live our lives. I felt that it was unfair for this situation to happen to me or my loved one. From this experience, I came to understand that the world was unjust.

*Situational Outcomes.* Responses to the situation were measured by the General Outcome and the Religious Outcome Scales. Both scales were taken from Pargament et al. (1990) and have been used in several studies of people coping with major life stressors. The five Likert-type General Outcome items focus on what individuals learned from the event, how well they handled the event and their feelings, and the extent to which they felt better about themselves. The three Likert-type Religious Outcome items focus on changes in perceived closeness to God and the church, and spiritual growth as a result of coping with the event. In the present study the alpha coefficients for the General Outcome and the Religious Outcome Scales were .81 and .88 respectively.

*Depression.* Mental health was measured by the Center for Epidemiologic Studies-Depression Scale (CES-D). The CES-D is a 20-item Likert type self-report inventory that focuses on symptoms of depres-

sion and on positive mood. It is widely used in general population samples as well as samples with physical disease, mental disease or disabilities (Radloff, 1977; Roberts and Vernon, 1983; Devins et al., 1988; Coyle and Roberge, 1992). Respondents indicate the frequency or duration of a particular symptom over the past week on a 4-point scale ranging from not at all to quite a bit. In the present study, the alpha coefficient was .89.

*Anxiety.* Mental health was also measured by degree of anxiety using the Beck Anxiety Inventory (BAI). The BAI is a 21-item Likert type self-report inventory with well-established reliability and validity that has been developed to assess clinical anxiety in both psychiatric and nonclinical samples (Beck, Brown, Epstein, and Steer, 1988; Borden, Peterson, and Jackson, 1991). Respondents rate how much they are bothered by each symptom over the past week on a 4-point scale ranging from not at all to quite a bit. In the present study the alpha coefficient was .91.

*Meaning.* Spiritual health was measured with the Purpose in Life Test (PIL). The PIL was developed to measure Viktor Frankl's concepts of experiencing meaning and purpose in life (Crumbaugh and Maholick, 1964; Crumbaugh, 1968). The PIL is a 20-item Likert type self-report inventory of meaning, control and fear of death measured on a 7-point scale. In the present study the alpha coefficient was .70.

### **Procedure**

Written approval for the project was obtained from each hospice and the university review committees. Results of a pilot study with four caregivers were used to assess any necessary changes in procedure and to test for the adequacy of the vignettes. Hospice nurses gave a cover letter to caregivers who met the selection criteria. Those subjects who expressed interest in participating in the study signed and received a copy of a consent form before completing the questionnaire. Questionnaires were mailed back directly to the researchers.

## **RESULTS**

### **Demographic and Dispositional Variables**

Two hundred fifteen caregivers were asked to participate; 125 agreed to be in the study. Ninety-two caregivers, 72 women (78.3%)

and 20 men (21.7%), who ranged in age from 25-84 ( $M = 56.6$ ,  $SD = 15.1$ ) returned completed questionnaires. The majority of the subjects were high school graduates (30.4%) or had attended college (30.4%). Income levels (approximate net family income from all sources before taxes) were widely distributed, ranging from less than \$5,000 per year (3.3%) to greater than \$80,000 per year (8.9%) with a majority of subjects (58.8%) reporting incomes of less than \$40,000 per year.

Most of the subjects were married (82.6%) and caring for either their spouse (43.5%) or their child (37.0%) as the patient. Other relationship categories included the patient as a parent (2.2%), sibling (3.3%), friend (4.3%) or other (9.8%). Most of the patients (73.9%) had cancer. A majority (51.8%) had been admitted to hospice care for 11 months or less.

Of the participants, 27 (29.7%) were Roman Catholic, 45 (49.5%) were Protestant, and 18 (18.7%) stated Jewish, other Christian, or Eastern religious affiliations. Only two (2.2%) stated no religious preference. Attendance at religious services ranged from never (23.9%) to two or more times a week (10.9%) with a majority (54.4%) attending services at least two or three times a month. Most of the participants (78.0%) reported that they prayed privately one or more times a day and rated themselves as moderately to very religious (88.9%).

### **Appraisals and Outcomes**

As predicted, successful religious appraisals (i.e., Benevolent Religious Reframing and God's Will) were endorsed to a greater extent than the partially successful and failure religious appraisals. Similarly, the successful nonreligious appraisal (i.e., Secular Reframing) was endorsed more often than the partially successful and failure nonreligious appraisals (see Table 3).

Successful religious appraisals of Benevolent Religious Reframing and God's Will were positively correlated with General and Religious Outcomes. God's Will was also positively correlated with purpose in life. Failure religious appraisals (i.e., Apathetic God and Unfair God) were significantly positively correlated with anxiety and depression and significantly negatively correlated with purpose in life and religious outcomes (see Table 4). Thus, caregivers in this sample who endorsed religious appraisals of an Apathetic God or an Unfair God also had higher anxiety and depression scores and lower religious outcome and purpose in life scores.

TABLE 3. Psychometric Properties of Religious and Nonreligious Appraisals (N = 92)

| Items                          | Mean | SD   |
|--------------------------------|------|------|
| <b>Successful</b>              |      |      |
| <u>Religious</u>               |      |      |
| Benevolent Religious Reframing | 3.39 | 1.41 |
| God's Will                     | 3.71 | 1.47 |
| <u>Nonreligious</u>            |      |      |
| Benevolent Secular Reframing   | 4.20 | 1.20 |
| <b>Partially Successful</b>    |      |      |
| <u>Religious</u>               |      |      |
| God's Punishment               | 1.01 | 0.10 |
| Loving but Limited God         | 2.21 | 1.52 |
| Work of the Devil              | 1.12 | 1.15 |
| <u>Nonreligious</u>            |      |      |
| Blame the Doctors              | 1.67 | 1.25 |
| Blame the Loved One            | 1.67 | 1.08 |
| Confusion                      | 2.33 | 1.54 |
| <b>Failure</b>                 |      |      |
| <u>Religious</u>               |      |      |
| Apathetic God                  | 1.15 | 0.63 |
| Unfair God                     | 1.39 | 0.91 |
| <u>Nonreligious</u>            |      |      |
| Unjust World                   | 1.76 | 1.06 |
| <b>Other</b>                   |      |      |
| Irrelevance                    | 2.68 | 1.57 |

Note. Judgments were made on 5-point scales (1 = not at all, 5 = quite a bit).

Successful nonreligious appraisals were not significantly correlated with outcomes. However, both Confusion and Unjust World appraisals were positively correlated with depression and anxiety. Unjust World was also negatively correlated with purpose in life.

To explore the relationship between the appraisals and mental and spiritual health further, hierarchical multiple regression analyses were

TABLE 4. Pearson Correlations of Religious and Nonreligious Appraisals with Outcome Measures (N = 92)

| APPRAISALS                  | GENERAL OUTCOME | RELIGIOUS OUTCOME | PURPOSE IN LIFE | DEPRESSION | ANXIETY |
|-----------------------------|-----------------|-------------------|-----------------|------------|---------|
| <b>SUCCESSFUL</b>           |                 |                   |                 |            |         |
| <u>Religious</u>            |                 |                   |                 |            |         |
| Benevolent                  | .29**           | .49**             | .11             | -.08       | .03     |
| Religious Reframing         | .28**           | .43**             | .23*            | -.07       | .07     |
| God's Will                  |                 |                   |                 |            |         |
| <u>Nonreligious</u>         |                 |                   |                 |            |         |
| Benevolent                  | .16             | .15               | .03             | .08        | -.03    |
| Secular Reframing           |                 |                   |                 |            |         |
| <b>PARTIALLY SUCCESSFUL</b> |                 |                   |                 |            |         |
| <u>Religious</u>            |                 |                   |                 |            |         |
| God's Punishment            | .13             | .07               | .11             | -.09       | -.09    |
| Loving but Limited God      | .02             | -.13              | .02             | .19        | .10     |
| God                         |                 |                   |                 |            |         |
| Work of the Devil           | .24**           | .22*              | -.09            | .10        | .12     |
| <u>Nonreligious</u>         |                 |                   |                 |            |         |
| Blame the Doctors           | .19             | .06               | .10             | -.03       | -.02    |
| Blame the Loved One         | .03             | -.13              | -.08            | .05        | .08     |
| Confusion                   | .00             | .03               | -.20            | .41**      | .35**   |
| <b>FAILURE</b>              |                 |                   |                 |            |         |
| <u>Religious</u>            |                 |                   |                 |            |         |
| Apathetic God               | -.20            | -.24*             | -.36**          | .43**      | .23*    |
| Unfair God                  | -.01            | -.17              | -.32**          | .34**      | .26*    |
| <u>Nonreligious</u>         |                 |                   |                 |            |         |
| Unjust World                | -.07            | -.10              | -.26*           | .31**      | .28**   |
| <b>OTHER</b>                |                 |                   |                 |            |         |
| Irrelevance                 | .05             | -.06              | -.03            | -.03       | -.10    |

\*p < .05 \*\*p < .01

conducted with depression, anxiety, purpose in life, and general and religious outcomes as the outcome variables. First, control variables of age and gender were entered into the equation. In the second step, the nonreligious appraisals were used as predictor variables. Finally, religious appraisals were entered into the equation. As predicted, the religious appraisals were able to add significant variance to the predic-

tion of every outcome measured over and above the effect of the control variables and the nonreligious appraisals (see Table 5).

### Other Results

Subjects in this study were asked to respond to an open-ended question regarding their thoughts on the situation. One topic that was mentioned repeatedly was the so-called yo-yo or Lazarus effect (named after the Biblical Lazarus who was raised from the dead; thus his family had mourning for his first death, joy at the resurrection, mourning at his final death). They felt overwhelmed when the patient seemed near death, then joyful when the patient seemed to rally. It was very difficult for those who experienced this process time and time again to find meaning in this situation.

## DISCUSSION

Attention to religious needs and concerns is one way that hospice professionals assist caregivers to cope with their situation. The results of this study are consistent with other studies in which God issues were found to be important to caregivers and terminally ill patients

TABLE 5. Hierarchical Regression Analysis Predicting Outcomes from Control Variables, Nonreligious Appraisals and Religious Appraisals (N = 92)

|                   | R <sup>2</sup> Control Variables <sup>a</sup> | Incremental R <sup>2</sup> with Nonreligious Appraisals added | Incremental R <sup>2</sup> with Religious Appraisals added | R <sup>2</sup> Cumulative |
|-------------------|---|---|--|---------------------------|
| General Outcome   | .00   | .23*  | .19*   | .42                       |
| Religious Outcome | .02   | .12   | .41***   | .54                       |
| Purpose in Life   | .05   | .04   | .24*   | .34                       |
| Depression        | .01   | .32***  | .16*   | .48                       |
| Anxiety           | .05   | .30***  | .19**  | .54                       |

<sup>a</sup>control variables: gender and age  
\**p* < .05 \*\**p* < .01 \*\*\**p* < .001

(Harrington, Lackey & Gates, 1996; Kazanigian, 1997; Reese and Brown, 1997). Although several studies have shown a relationship between general indicators of religiousness and adjustment to crisis or stressful situations, few have looked at specific aspects of religion. This study helps to point out what exactly may make a difference. Appraisals of the situation that include God can add a unique and significant dimension to coping.

The results of this study also suggest that those appraisals by caregivers that we labeled as successful should be supported by hospice professionals. Appraisals of the caregiving situation in a benevolent religious light should not be treated as forms of denial or failure to face reality. They are, instead, efforts to place the dying process into a larger framework of meaning.

In contrast, appraisals of the caregiving situation reflecting the idea that "God does not care about me," "God is punishing me and the punishment is unfair," or "Life is simply unfair" should be red flags that indicate potential problems in coping. Caregivers who express these beliefs may fail to find meaning in the situation and be at risk for emotional or spiritual problems.

Justice rather than benevolence appear to be a more central ingredient of meaning, at least in this group. Note the difference between appraisals of God's Punishment, i.e., viewing the situation as a just or deserved punishment rather than random or malicious, and that of Unfair God where the situation is appraised as an unfair punishment from God. A few studies indicate that attributions of negative events to a punishing or angry God are associated with poorer outcomes (Grevengood & Pargament, 1987; Pargament et al., 1990). However, caregivers in this sample who endorsed God's Punishment did not have significantly lower scores in depression, anxiety and purpose in life while those who endorsed Unfair God did have significantly lower scores on all three measures. In this group of caregivers attributing the situation to an angry God seemed to help the individual retain a sense of a just world and therefore cope more successfully. Meaning could still be found in a justifiably angry God. Less comprehensible, however, is the notion of a capricious, unfair God.

Because this was a cross-sectional study, the long-term effects of these appraisals on mental and spiritual health outcomes of bereavement are not known. Successful appraisals may help the caregiver maintain mental and spiritual health while failure appraisals may com-

pound the problems of bereavement over the long haul. And yet, questions remain. For example, the feeling of being punished by God may pass fairly quickly or may continue to dominate appraisals. In a study of religion and serious illness, among those heart attack patients who initially saw their illness as a punishment from God, only one third held a similar view one year later (Croog & Levine, 1972). Clearly, a longitudinal design that spans the caregiving and bereavement periods and controls for attrition is needed to assess the long-term effects of these appraisals in caregivers. Bereavement counselors should be well aware of appraisals that caregivers make of their situation during the caregiving period.

Additionally, appraisals of other caregivers in the setting and of the patient were not addressed in this study. Different appraisals within the same setting by caregivers and their loved ones may strain the coping abilities of all involved.

The hospice professional should listen carefully and nonjudgmentally to all appraisal discussions. It may be helpful, however, to point out other possible ways of appraising the situation. Some individuals may be unaware of religious alternatives, e.g., a loving God whose will may be beyond our limited understanding. Hospice professionals can educate families and patients about those alternatives without intruding on religious freedom to choose the framework of meaning most compelling to them. Further research is needed to determine the effectiveness of different intervention approaches.

Currently, there is some disagreement about who can best address these issues. Social workers, nurses, and chaplains may all address religious issues for patients and families. In the past decade nurses have placed increasing emphasis on spiritual care including religious issues for the terminally ill (Amenta, 1988; Johnston-Taylor & Amenta, 1994; Reed, 1987). While some authors feel that it is appropriate for any hospice professional to address religious issues (Johnston-Taylor & Amenta, 1994; O'Connor, 1988), others feel that only clergy, who are especially trained in this area, should assess and intervene (VandeCreek, in press).

Regardless of preparation, it is usually clergy who do address religious issues. Reese and Brown (1997) found that clergy discussed spiritual issues with hospice patients and families significantly more than nurses or social workers, although there was no single psychosocial or spiritual issue that was the exclusive domain of one profession.

Since not all hospice patients and caregivers desire chaplain visits, hospice professional staff should also be prepared and educated to discuss religious issues.

This study also generates further research questions. Measurement of mental and spiritual health outcomes were limited to depression, anxiety, and purpose in life. Including other aspects of mental and spiritual health such as personal competence or freedom from guilt may elicit different results (Ventis, 1995). In addition, there is theoretical as well as empirical evidence that religious appraisals can impact physical health (Dull & Skokan, 1995). How religious appraisals might affect the physical health of caregivers has yet to be explored. Further, this study was limited to a monotheistic conception of God and a religious group of respondents. How caregivers who have other religious conceptions of a higher power or transcendent force describe and use religious appraisals needs to be explored. Finally, research on the yo-yo or Lazarus phenomena is also sorely needed to help caregivers understand and derive meaning from their situation.

As hospice professionals, we are learning that religion can be a powerful influence on the coping abilities of caregivers. Results of this study help to clarify what aspects of religion are truly health promoting.

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