Meaning Making and Religious Engagement Among Survivors of Childhood Brain Tumors and Their Caregivers

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The sequelae of treatment for survivors of childhood brain tumors radically recast survivors’ physical, cognitive, and psychosocial realities (Turner, Rey-Casserly, Liptak, & Chordas, 2009). Many children diagnosed with a brain tumor live into adulthood because three-quarters survive at least five years after treatment without evidence of disease recurrence (Noone et al., 2018). They generally do so in families and often with one parent (usually the mother) acting as primary caregiver in addition to assuming regular parenting responsibilities. Parents and survivors often experience diagnosis- and treatment-related post-traumatic stress symptoms during survivorship (Bruce, Gumley, Isham, Fearon, & Phipps, 2011). Parents of survivors of childhood brain tumors are caregivers for many years during and after treatment, and they undergo reevaluations of their understandings of and expectations for their and their children’s lives. They frequently and consciously seek to understand their daily lives and the stark changes in the child’s life, in the family members’ lives, and in their expectations of their child, the family, and themselves. These changes can be productively understood through meaning making, and they often interact with an individual’s or family’s religious engagement.

Background

Meaning Making

Meaning making, theoretically refined by Park (2010), is used by individuals and families as they reorient themselves following stressful life experiences. Meaning making was originally defined by Park and Folkman (1997) as a model of coping that distinguishes between specific, appraised, and contextual experiences and a global meaning that reflects one’s understanding of reality in general. It unites global