

Family Caregiver Provided Massage for Rural-Dwelling Chronically Ill Persons

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Family caregivers attending to chronically ill family members within the community are vulnerable to psychological and medical health issues. Rural caregivers may be at increased risk because of fewer resources. This pilot study explored whether rural caregivers would learn and provide gentle massage to their chronically ill loved ones, would find study participation burdensome, and would realize benefits from providing the massage. Positive results in each of the three areas suggest that providing caregivers with instruction on gentle massage techniques for their chronically ill loved ones may support and enhance rural caregivers' perceptions of self-efficacy and self-agency and thus possibly decrease caregiver vulnerability. The findings of this study are important in light of increasing numbers of chronically ill persons who rely predominantly on home care by family members within the community.

Keywords: *massage; caregivers; rural; self-efficacy; self-agency; chronically ill; community care*

Caring for loved ones who are chronically ill and/or dying places is demanding and increases the risk of physical and/or psychological issues for caregivers (Butler, Turner, Kaye, Ruffin, & Downey, 2005; Fortinsky, Kercher, & Burant, 2002; McMillan, 1996; Pinquart & Sörensen, 2006; Vitaliano, Jianping, & Scanlan, 2003; Wyatt, Friedman, Given, & Given, 1999). The degree of risk for caregiver depression and feelings of burden, however, is mitigated by factors such as perceived stress, optimism, social support, subjective well-being, and self-efficacy (Fortinsky et al., Hulbert & Morrison, 2006; Keefe et al., 2003; Pinquart & Sörensen, Williams, Cullen, & Barlow, 2005).

Caregivers who live in rural areas are particularly challenged because of relative isolation and lack of resources and because rural dwellers traditionally tend to prefer to rely on family and informal organizations for health-related social support (Buehler & Lee, 1992; Crosato & Leipert, 2006; Jones, 1993). These same caregivers are also at increased risk for depression and feelings of burden (Butler et al., 2005). The researchers had

previously examined the characteristics, health beliefs, challenges, and strengths of rural-dwelling caregivers of chronically ill and/or actively dying family members and had hypothesized that these persons may realize benefits in terms of reduced stress and increased well-being from performing an actional intervention, specifically gentle Swedish massage strokes, administered to the extremities of their ill loved one (Conley & Kempson, 2007).

We proposed that if rural-dwelling caregivers administered gentle massage to the loved ones for whom they provide care, the caregivers themselves would realize reduced stress and improved quality of life. However, uncertainty remained about whether caregivers, who were already fatigued and stressed, would be able to learn and provide the intervention, and whether doing so would actually effect opposite results from those intended.

The purpose of this pilot study was to determine whether (a) rural caregivers of chronically ill loved ones would learn and provide gentle massage to their loved ones, (b) study participation and protocol implementation were burdensome for caregivers, and (c) study participants would realize perceived benefits.

Method

The interventional pilot study used a triangulated design to elicit information regarding rural caregivers' willingness to learn and use simple Swedish massage

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techniques for their chronically ill loved ones as well as to determine their perceptions of resultant burdens and benefits for the caregiver. Data consisted of descriptive data of participants from a demographic questionnaire, and phenomenological data obtained through semistructured face-to-face interviews with the participants postintervention.

Institutional review board approval was obtained before initiating the study. Participants were recruited from a western frontier state through newspaper advertisements, word of mouth, and through the social services director at a long-term care (LTC) facility. One of the researchers, a licensed massage therapist, met with interested persons either individually or in small groups at their home or a mutually convenient location, such as a conference room at the LTC facility. During this initial meeting, the study was described and informed consent was obtained. Participants were briefly interviewed to determine their comfort level and any former experience providing massage; and they filled out a demographic data form. The gentle massage techniques of effleurage and petrissage were then demonstrated for the participants and a return demonstration was obtained. Any questions were answered. Participants were given a gift basket containing massage oil, a CD of relaxing music, chocolates, and a phone card so they could call the researchers for any problems or questions.

Participants

The volunteer convenience sample consisted of 11 female caregivers who lived in one of two towns in the rural state. Their ages ranged from 29 to 74 years. More than half the sample was from minority populations: 2 persons of African American heritage (22%), 4 of Mexican American heritage (44%), and 5 who self-described their descent as White Anglo. Six of the caregivers were employed outside of the home. Two caregivers cared for a child, 5 cared for a husband or significant other, and 4 cared for a parent. Two provided personalized care for the relative in a LTC facility, and the remainder lived with the person for whom they provided home care. The massage recipients had a variety of chronic conditions including kidney failure, muscular dystrophy, chronic obstructive lung disease and diabetes, severe arthritis, and seizure disorder. One massage recipient lived with a partner with a bipolar disorder, a chronic mental rather than physical health condition.

Protocol

The study protocol consisted of caregiver administration of gentle massage to the chronically ill loved one as

often as convenient during or a 4-week period (see Appendix A for elaboration of massage protocol). The participating caregivers were encouraged to provide the gentle massage to extremities or whatever part of the body was most easily and comfortably accessed no more than once a day for approximately 15 minutes. They did not have to adhere to a daily regimen, but were asked to keep a simple log listing the days they were able to provide the intervention and its approximate duration.

Following the intervention period, one of the researchers revisited the caregivers in their individual homes to conduct a brief tape-recorded interview (see Appendix B). The semistructured interview was guided by questions designed to determine caregivers' reactions to participating in the study and providing the intervention and to obtain their perceptions of the massage recipients' reactions to obtaining the intervention.

Analysis

Data consisted of demographic information and interview results. Interview transcripts were analyzed using a constant comparison method and interdisciplinary triangulation, because the research team consisted of a social worker and a nurse. Each researcher used open coding and constant comparison of data during individual transcript analysis. Each researcher's highlighted themes were then compared with those found by the other researcher. These themes were then grouped into overarching themes that were then compared against material in each transcription again (Padgett, 1998). Comparisons between material/themes and social worker/nurse were continued until saturation or the point where no new information was found (Strauss & Corbin, 1998).

Findings

The three overarching questions of the study were: (a) would rural-dwelling caregivers be willing to learn and provide gentle Swedish massage techniques to their chronically ill loved ones, (b) would participants find participation in the study burdensome, and (c) would participants perceive benefits from providing the protocol to their loved ones. Each question is examined separately with consideration to specific themes within each question.

Willingness to Learn and Implement Massage

Results indicate that rural caregivers are willing to learn and provide gentle massage to their loved ones. All participants integrated massage into their caregiving in some way. Two participants administered massage to

their loved one every day, 3 provided it almost daily (four to five times a week), and 3 provided it six to seven times total during the protocol period. One participant was only able to provide the intervention for her elderly mother for 2 weeks because shortly after she enrolled in the study, her mother was admitted to hospice care and died 2 weeks later. However, she provided daily massage for her mother until her mother's death. One caregiving mother provided only three massages as her adult son unexpectedly went out of town; and one person provided daily massage to her partner for the first week and then dropped back to weekends only when her work schedule demanded more of her.

Sufficient instruction. All participants indicated that the instruction provided in simple Swedish massage techniques was sufficient for their comfort in administering brief massage to their loved ones. One caregiver was somewhat ambivalent about her ability to do strokes correctly for her husband who had a chronic psychiatric condition. However, she was aware that her discomfort may have been a reflection of a perfectionist tendency on her part.

I'm one of these kinds of people who are always so obsessed about doing it right and then really getting down on myself when I don't do it right. . . . and I'd have that residual frustration about "well, gee I don't feel like I know what I'm doing."

Burdensome?

Nine of the 11 participants responded without reservation that providing the massage was not burdensome, and suggested that it made them feel better because they could do this for the loved one. The adult daughter whose mother could not speak and died 2 weeks into the protocol stated, "[it was] never a burden. . . . [It] was a wonderful way for me to be able to communicate with her." Yet another, whose partner had a severe seizure disorder resulting in muscle spasms after a seizure, stated, "it wasn't burdensome. I enjoyed [it]; it's kind of like . . . exercise or like meditation, like I really enjoyed it when I [was] doing it."

Caregivers who found participation burdensome were challenged by lack of time, fatigue, and minimal feedback from the massage recipient. Two participants indicated that fatigue at the end of a work day resulted in their feeling they could not provide the massage as much as they would have liked. One found that timing became problematic because of other family commitments. The other participant, whose spouse had a severe psychiatric condition that created significant stress in their relationship, had hoped that the massage would help improve

their relationship. However, she indicated that the protocol felt burdensome because of a lack of positive feedback from her husband, and also because of the external stressors of recently moving and starting a new job.

Perceived Benefits

Perceived benefits to the caregivers of administering gentle massage to their loved ones was determined through two specific questions: Did they experience any benefit from providing the massage, and would they recommend a similar protocol to other caregivers.

Analysis of postintervention interview data revealed three predominant themes in terms of benefits to the caregivers: 1. Providing massage was calming and relaxing, 2. providing massage was a mechanism for the establishment of a personal physical connection between the caregiver and care recipient, and 3. the administration of massage enabled caregivers to do something beneficial for their loved ones on a personal level.

Calming and relaxing. Stress relief. Some caregivers saw the time taken to administer massage to their loved ones as a time to be quiet and to relax and equated the feeling to meditation, lessening some of the stress involved in caregiving. They commented that "it relaxed me . . . and made me feel less tense" and "it made me relax . . . it made me feel better." As stated by the caregiving daughter of a mother with dementia,

It's a real nice reprieve. . . . [I]n doing this for mother, it forced me to commit that time . . . to doing it. . . . I wouldn't allow myself to be off to another task like I always am. . . . But during that time, I didn't do that; I didn't leave it to answer my phone or anything like that. . . . We would spend . . . about 15 minutes . . . every day. . . . I think just the physical activity for me of doing that . . . was very relaxing because I feel like . . . I've been a lot more efficient. I feel like I've been maybe even less, a little less depressed.

Another description from a mother of a child with cerebral palsy who found that working outside the home and caregiving stretched her almost beyond recuperation at times stated,

[I]t clears the fog and it gives you . . . more [of a] sense of why you're doing what you're doing. . . . I could think a little bit clearer and plan a little bit more . . . knowing that her needs are taken care of for right now. . . . Just relieve[s] a little bit of the stress, the tension.

Personalized connection. Many caregivers spoke specifically about the personalized connection they felt with their loved one while performing the massage. The participant whose mother was actively dying especially appreciated the ability to do something for and connect with her mother. She stated,

so I felt that when I would touch her, it was another [way] of showing that I loved her. [I] felt a contact with her and felt like I was doing what I could, since it was limited to what I could do to help her with her suffering. . . . I think when you touch people, the message is transcended from your heart to their heart because it's a way of sharing.

The most poignant description of this connection was offered by a participant who provided personal care for her mother at home and felt guilty because she knew that the intensity of care needed would require her mother to soon be placed in a nursing home. She stated,

it gave me that, you know, that concrete connection. I mean, I can certainly go over and feed her and get her dressed and choose her clothes and all that kind of stuff, but that doesn't have the really personal connection that the massage does. You know, that's something that only I have with my mom, and she can have a dozen caregivers, and they can all do, they can all be wonderful people and do wonderful things, but I have a special connection with my mother that even at this time in her life is still there. You know, because so much these last years I've felt like just a warm body that had to do, perform certain tasks for this woman. I haven't felt so much like a daughter, you know. I have really missed that mother daughter relationship. Well, doing this gives me that.

Offering "special" care. The nature of chronic illness and dying may leave caregivers feeling impotent to alleviate suffering of loved ones and may contribute to caregiver depression and anxiety. The possibilities of being able to "do something," a trait of the strong work ethic among rural populations, potentially allows the caregiver to feel more empowered. Confirmation of the phenomenon of being able to offer something special through the administration of massage is reflected in the following comment by one participant whose mother died before the end of the 4-week protocol:

It was comforting because I felt like I was helping her . . . making her body feel comfortable. So I

enjoyed doing that, and I felt like I was making her feel comfortable and loved. And I felt that the touch, . . . it was another of showing her that I loved her.

Another daughter who visited her mother daily in a nursing home, nearing the end of her life stated,

It was good. . . . [I]t was just more time spending with her other than feeding or picking up clothes or just going in there to visit. . . . It's [a] very special time because you're caring for someone, actually doing something to make them feel better even though there's no communication.

Finally, as related by the elderly caregiving wife, giving her husband a daily massage promoted hope on her part: "I feel like there is now a little more than was before that I can do that hopefully will make him live longer. It's not just leafy vegetables and . . . making sure the diet is right for his diabetes and heart." The following caregiving daughter saw the massage as a means of additional support for her in her daily routine: "It's a hell of a job to be a caregiver. It really is. And I don't think people really fully understand that and . . . so it's another tool in your arsenal to helping you just sustain and hang in there."

Recommend it to other caregivers? During the postintervention interview, participants were asked if they thought the benefits of providing massage for their loved ones merited recommendation of the same protocol to other caregivers. The 9 participants who did not find participation burdensome strongly recommended teaching other caregivers how to provide simple massage for their chronically ill loved ones. Their comments included, "it's so easy . . . I highly recommend it . . . it definitely promotes togetherness," and "I think it's a kind of non-verbal communication between you and the person, your loved one. And I just think it sends them love and concern." The remaining 2 were more ambivalent because of the fatigue they already experienced as a result of their caregiving duties.

Two caregivers who recommended the protocol for other caregivers also addressed the conflicts and frustrations that can arise from constant caregiving. However, they felt that the time taken for administration of massage offered them "downtime" and a way to reconnect with their loved one that promoted more understanding and patience. One of those informants said, "it's something so nice to do for someone else. . . . it can be a calming, serene 15, 20 minutes." One participant in reflecting on her mother's caregiving of the participant's grandmother

stated, "I look back and I can see where that would have definitely benefited my mother because my mother was so high strung. . . . just knowing that she was doing something that was calming my grandmother would have calmed her."

Discussion

Results from this study indicate that rural-dwelling caregivers are willing to learn basic massage techniques as a way to care for their loved ones. Moreover, as evidenced by the statements of a majority of the participants, the ability to administer massage to a loved one often results in benefits for the caregiver in terms of being able to offer something special to the loved one, thereby strengthening perceived self-efficacy; and of promoting a time for relaxation for the caregiver.

Bandura (1977, 1997) has written extensively on the concept of self-efficacy. He defines perceived self-efficacy as a belief in one's abilities to effect circumstances in one's life. Persons possessing such confidence approach tasks as challenges to be overcome as opposed to dangers to be avoided. They tend to be persevering, and if initially not successful, they renegotiate alternative strategies and intensify their efforts. A personal sense of accomplishment and fewer stress-related problems are the benefits of commitment and trust in meeting the demands of the task at hand (Bandura, 1977, 1997; Becker, Kovach, & Gronseth, 2004).

Self-agency is the ability to conceptualize self as someone who can shape behaviors and future possibilities. The actualization of self-agency requires capacity for reflection and realistic judgment about the ability to control feelings, thoughts, and actions (DeSocio, Kitzman, & Cole, 2003; Zimmerman, 2000). Self-efficacy and self-agency are intricately connected (Callaghan, 2003).

Perceived self-efficacy in chronically ill persons contributes to a greater sense of control over one's life by learning strategies to manage symptoms and promote better health (Fortinsky et al., Holman & Lorig, 1992). However, little information is available in understanding how perceived self-efficacy in caregivers mediates caregiving stressors or affects daily symptom management of the chronically ill person (Fortinsky et al., 2002).

The nature and values of rural residents, as noted previously, consist of a desire for family to take care of their chronically ill and dying loved ones. Moreover, they tend to be individualistic with a strong work ethic (Bushy,

1991; Reed & Weicherding, 1999). These combined factors among rural populations potentially lend themselves to self-agency and an ability to negotiate the strain of caregiving. Results of this study indicate that teaching rural-dwelling caregivers to provide gentle massage to their chronically ill loved ones provides them with a tool to effect circumstances in their lives, thus enabling them to persevere in their task and achieve a personal sense of accomplishment.

Participants in the study were self-selecting in that they were likely to have perceived themselves as possessing self-efficacy or they would not have volunteered. The focus was on teaching them something that they could do for their loved ones. However, we do not suggest that teaching caregivers how to do massage for their loved ones results in the development of a sense of self-agency; rather, the protocol bolsters their confidence in the ability to do something for their loved ones, hence reinforcing perceived self-agency.

In discussing reasons why participants had chosen to participate in the study, several noted that the massage protocol was taught to them in their home (convenience), that they could do this in their home for their loved one, and that there was no cost involved. Given these explanations, implementation of a massage protocol may be worthy of consideration when any of the above factors are issues, regardless of rurality.

The findings are of particular significance in the face of increasing longevity, decreasing funds for services, and risk for increased depression, anxiety, and anger when caring for a loved one over a long period of time. A massage intervention potentially becomes even more significant in the face of the dying process of a loved one and the ensuing grief process in feeling that one has done all that one could do and was able to offer some comfort to the dying person. In fact, the investigators suggest that the possible benefit of increased connection through massage may facilitate the grieving process for the caregiver.

Although replications of this study with a larger participant pool will likely yield more extensive results, the findings suggest that long-term health care professionals may consider the inclusion of instruction for caregivers on simple massage techniques for their loved ones. Such instruction can be easily done within the nursing profession, as nurses receive some basic level of training in massage. Community home nurses may find incorporation of a massage protocol for caregivers advantageous for the caregiver and for the one to whom care is being provided. Social workers and other health care professionals may need to learn such simple massage techniques (as detailed in Appendix A) to teach them to

caregivers, or they may choose to involve a certified massage therapist in such training for caregivers. Incorporation of caregiver-administered massage is very much in keeping with the values of social work regarding empowerment of vulnerable populations and a strengths perspective, particularly for rural and frontier populations. Teaching rural caregivers to provide massage to their chronically ill loved ones can provide them with a milieu for both communicating and connecting on a personal level and a tool that can potentially provide benefits for the caregivers themselves.

Appendix A Swedish Massage Techniques

The following is an outline of the simple massage techniques that can be taught by a provider, with some practice, to any caregiver. Before beginning the massage strokes, rub oil or lotion between hands and evenly distribute along the part of the body that is being massaged. Although massage oil is pleasant, one can use olive, peanut, mineral, or almond oil. For purposes of this study, caregivers were taught how to massage legs, arms, hands, and feet of their loved ones, using effleurage and petrissage techniques.

Effleurage: Effleurage consists of long gentle gliding strokes; hands are kept soft and supple with full contact on the skin. This move is superficial to the skin with no pressure or depth. The stroke can be with both hands moving in unison toward the heart. After a few strokes, the movement can shift to one hand following the other. Effleurage is good for circulation and stimulation of nerves (*Effleurage*, n.d.). Strokes need to be particularly soft for someone who has a diabetic condition; wounds on the body should be avoided. Consultation with the physician of the chronically ill person is advisable for the following conditions: deep vein thrombosis, severe osteoporosis, areas of arthritic pain, recent heart attack, and cancer.

Petrissage: Petrissage consists of kneading a muscle, alternating with one hand and then the other. The hand starts with an open C shape and moves to a closed C shape to lift the tissue as one moves through the kneading. Traditionally, petrissage follows effleurage. After doing petrissage strokes, end with several effleurage strokes. Contraindications to petrissage are muscles that have atrophied or any acute inflammation areas (*Petrissage*, n.d.).

Effleurage and petrissage can be used on any portion of the body. The primary considerations of either move are that the moves should be slow and gliding and should never be uncomfortable for the loved one. The most comfortable position for the caregiver is to stand and provide the massage with the loved one on the bed. However, the strokes can be used with the loved one sitting as well.

When massaging the arms, start with a massage of the hands. Use the thick portions underneath the thumbs of the provider's two hands to spread the receiver's hand (palm down). Turn the hand over and massage the inside of the hand with thumbs.

Turn hand back over again and tug on each finger. Holding the hand at the wrist, use effleurage up the length of the arm and finish with a stroke back down the arm. Change hands (provider) and repeat. Place the recipient's arm with thumb up (if person is lying down) and use gentle petrissage up the length of the arm and finish with effleurage.

Foot massage can be done easily even if the receiver is sitting. After making sure that provider's hands are warm, use modified effleurage to stroke top and sole of foot. Make circular motions with fingers around the ankle. Make circular motions with thumbs on the sole. Knead the sole gently with a fist with one hand while the other hand holds the foot (*How to Give a Foot Massage*, n.d.). Similar to the arms, move into massage of the leg after completion of foot massage, using strokes as described for arms.

For excellent video examples of effleurage and petrissage (*Swedish Back Massage—Effleurage/Petrissage—Health Choices*, n.d.), as well as massage of hands (*Hand Massage Lesson by Health-Choices Massage School*, n.d.) and feet (*Foot Massage Lesson by Health Choices Holistic Massage School*, n.d.), refer to Health-Choices Holistic Massage Therapy School (n.d.). The Health Choices Massage School offers an array of short videos on massage techniques for different parts of the body and for certain conditions.

Appendix B Interview Questions

Please tell me why you participated in this study.

Was the training clear and adequate?

Please tell me about your experience providing the massage.

Prompts

- Did you find it uncomfortable or did it make you uncomfortable?
- Did you find it burdensome?
- Do you feel it helped you in any way to provide the massage?
- Do you feel it was helpful or comforting to your loved one?

Would you recommend learning how to give massage for other caregivers of chronically ill loved ones?

- Please explain

Is there anything we have not asked or covered that you would like to share or think it is important for us to know about this experience?

References

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*, 191-215.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Becker, J., Kovach, A. C., & Gronseth, D. L. (2004). Individual empowerment: How community health workers operationalize self-determination, self-sufficiency, and decision-making abilities of low-income mothers. *Journal of Community Psychology*, *32*, 327-342.
- Buehler, J. A., & Lee, H. J. (1992). Exploration of home care resources for rural families with cancer. *Cancer Nursing*, *15*, 299-308.

- Bushy, A. (1991). Rural determinants in family health: Considerations for community nurses. In A. Bushy (Ed.), *Rural nursing* (Vol. 1, pp. 133-145). Newbury Park, CA: Sage.
- Butler, S. S., Turner, W., Kaye, L. W., Ruffin, L., & Downey, R. (2005). Depression and caregiver burden among rural elder caregivers. *Journal of Gerontological Social Work, 46*(1), 47-63.
- Callaghan, D. (2003). Health-promoting self-care behaviors, self-care self-efficacy, and self-care agency. *Nursing Science Quarterly, 16*, 247-254.
- Conley, V. M., & Kempson, D. (2007). Hypothesis: Integrating massage into rural caregiving at end-of-life. *Journal of Palliative Care, 23*(1), 51-53.
- Crosato, K. E., & Leipert, B. (2006). Rural women caregivers in Canada. *Rural and Remote Health, 6*(online), 520. Retrieved March 8, 2008, from <http://www.rnh.org.au/articles/subviewnew.asp?ArticleID=520>
- DeSocio, J., Kitzman, H., & Cole, R. (2003). Testing the relationship between self-agency and enactment of health behaviors. *Research in Nursing & Health, 26*, 20-29.
- Effleurage*. (n.d.). Retrieved September 1, 2008, from http://www.thebodyworker.com/swedish_effleurage.htm
- Foot Massage Lesson by Health Choices Holistic Massage School*. (n.d.). Retrieved September 1, 2008, from <http://www.youtube.com/watch?v=yi7i2Cmlkk>
- Fortinsky, R. H., Kercher, K., & Burant, C. J. (2002). Measurement and correlates of family caregiver self-efficacy for managing dementia. *Aging & Mental Health, 6*, 153-160.
- Hand Massage Lesson by Health-Choices Massage School*. (n.d.). Retrieved September 1, 2008, from <http://www.youtube.com/watch?v=TPQbfBjWz8>
- Health-Choices Holistic Massage Therapy School*. (n.d.). Retrieved September 1, 2008, from <http://www.youtube.com/user/HealthChoicesSchool>
- Holman, H. R., & Lorig, G. K. (1992). Perceived self-efficacy in self-management of chronic disease. In R. Schwartz (Ed.), *Self-efficacy: Thought control of action* (pp. 305-324). New York: Hemisphere Publications.
- How to Give a Foot Massage*. (n.d.). Retrieved May 13, 2008, from <http://www.wikihow.com/Give-a-Foot-Massage>
- Hulbert, N. J., & Morrison, V. L. (2006). A preliminary study into stress in palliative care: Optimism, self-efficacy and social support. *Psychology, Health & Medicine, 11*, 246-254.
- Jones, P. S. (1993). Where doctors are few and far between. *Aging Magazine, 365*(summer), 12-17.
- Keefe, F. J., Ahles, T. A., Porter, L. S., Sutton, L. M., McBride, C. M., Pope, M. S., et al. (2003). The self-efficacy of family caregivers for helping cancer patients manage pain at end-of-life. *Pain, 103*(1-2), 157-162.
- McMillan, S. C. (1996). Quality of life of primary caregivers of hospice patients with cancer. *Cancer Practice, 4*(4), 191-198.
- Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage.
- Petrissage*. (n.d.). Retrieved September 1, 2008, from <http://www.thebodyworker.com/petrissage.htm>
- Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences, 61*(1), 33-45.
- Reed, D. M., & Weicherding, M. (1999). Factors of caregiver isolation in a rural midwest area. *Home Health Care Services Quarterly, 17*(4), 13-24.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. Thousand Oaks, CA: Sage.
- Swedish Back Massage—Effleurage/Petrissage—Health Choices*. (n.d.). Retrieved September 1, 2008, from <http://www.youtube.com/watch?v=2UGKIthXPU&feature=related>
- Vitaliano, P. P., Jianping, Z., & Scanlan, J. M. (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological Bulletin, 129*, 946-972.
- Williams, H. L., Cullen, L. A., & Barlow, J. H. (2005). The psychological well-being and self-efficacy of carers of children with disabilities following attendance on a Simple Massage Training and Support Programme: A 12-month comparison study of adherers and non-adherers. *Complementary Therapies in Medicine, 13*, 107-114.
- Wyatt, G. K., Friedman, L., Given, C. W., & Given, B. (1999). A profile of bereaved caregivers following provision of terminal care. *Journal of Palliative Care, 15*(1), 13-25.
- Zimmerman, B. (2000). Attaining self-regulation: A social cognitive perspective. In M. Boekaerts, P. Pintrich, & M. Zeidner (Eds.), *Handbook of self-regulation* (pp. 13-39). San Diego, CA: Academic Press.

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