

1. Introduction

Sever and traumatic life events can have a substantial impact on the individual's well-being. Previous research focused mainly on negative sequelae usually follow such experiences (e.g., depression, anxiety, and post-traumatic disorder). Nevertheless, a new trend in the field of coping and stress appeared that scrutinizes positive sequelae triggered by these aversive events (e.g., personal growth, positive changes in family relationship). Studies dealing with the effect of chronic disease on aspects of the patient's life have shown that there are negative as well as positive emotions and changes produced by such experience. Foster and McLellan (2000), for example, interviewed cancer patients and reported positive outcomes experienced by a significant proportion of these patients in response to having cancer. According to their report, one patient even stated that:

“My cancer is helping me to be a stronger and more loving person”.

Although these positive changes are reported in many research findings, a number of different terms were used to refer to them. These positive outcomes are described as *positive reactions* (Ryff & Singer, 1996), *finding meaning* (Taylor, 1989), *post-traumatic growth* (Tedeschi & Calhoun, 1996), *stress-related growth* (Park, Cohen, & Murch, 1996) and *benefits* and *gains* found in adversities (Antoni et al., 2001). In the present study, the terms meaning and benefit finding are used interchangeably to refer to these positive outcomes. The variation of terms used to describe this phenomenon reflects both an absence of a solid and integrative theory that help understand meaning or benefit finding in a comprehensive way and a lack of clarity in literature concerning the role of meaning or benefit finding in coping with aversive conditions (Park & Folkman, 1997).

The reason why do meaning or benefits occur is not yet clear. There are relatively few studies that focused on possible causes such as personality-related characteristics that may explain why do many survivors of traumatic experience report positive gains and benefits and the other do not. Affleck and Tennen (1991), Park and

Folkman (1997), and Updegraff and Taylor (2000) highlight the role of personality factors, such as optimism, hope, and extraversion on construing benefits from adversities. Some researchers, on the other hand, postulate that event-related characteristics may be responsible for the degree of gains and growth experienced. According to this point of view, *seismic events* are expected to trigger rumination focused on search for meaning and, thus, lead to readjustment of goals and plans, and to perceiving gains and benefits (Tedeschi & Calhoun, 1995, 1996).

The role of coping strategies for the perception of meaning and benefits was both theoretically and empirically investigated by many researchers. Park et al. (1996), Tedeschi and Calhoun (1996), and Folkman and Greer (2002), among others, examined relationships between stress, coping, and the stress related-growth and/or meaning found in adversities. Their results testified to the presence of strong associations between meaning found and what Folkman and Greer (2002) described as *meaning-based coping*, that is, coping that helps individuals relinquish unattainable goals and formulate new ones, make sense of what is happening, and appraise benefits when it is possible. A few research, however, scrutinized associations between other types of coping strategies (e.g., active coping, avoidant coping) and meaning found in aversive events.

Although meaning and benefit finding is theoretically predicted to buffer the negative effects of *seismic events* on individuals' well-being, contradictions in results concerning associations between personal growth or meaning perceived in cancer and other indicators of psychosocial adjustment to cancer (e.g., depression) were found. Some results documented a beneficial function of meaning and growth in recovery from illness. Petrie, Bruck, Weinman, and Booth (1999) have studied the *positive life changes* experienced by myocardial infarction patients (MI) and cancer patients in response to their illness. About 60% of the full sample reported *finding benefits* from the experience, however, the benefits reported by the MI patients involved life style changes whereas those reported by cancer patients involved changes in their social relationships and meaning attached to life. Other research findings indicated that personal growth was positively associated with distress (Tedeschi & Calhoun, 1996; Affleck & Tennen, 1996; Taylor, 1986), while, some

other results indicated no associations between them (Mohamed & Böhmer, 2004; Schulz & Mohamed, in press; Antoni et al., 2001).

The present study has chosen the context of cancer experience because it could be considered as a *seismic* event that can shatter basic assumptions about one's self as effective, powerful, and functioning, and about one's world as benevolent, controllable, and predictable. Cancer provides an opportunity for the development of meaning and calls for the patient's coping resources as it implies both a loss of resources and a present and a future threat to plans, goals, view of the self, view of the world, relationships with others, and in some cases existence.

The present study aims at exploring meaning and benefits found in the cancer experience and to identify some psychological factors that may contribute to the perception of meaning. These factors include personality characteristics (i.e., self-efficacy beliefs), coping strategies used by patients, and social support received from the social network. The study also addresses the role of some demographic (e.g., age, sex) and physiological factors such as the severity of cancer that may affect the initiation and level of meaning found in the experience. In addition the present study scrutinized both cross-sectionally and longitudinally associations between meaning or benefits found in cancer and other indicators of well-being and adjustment.

To examine the above mentioned aims psychological, social, and physiological variables are assessed five times starting from 3 days pre-surgery and ending at 12 months post-surgery. Results are understood within the context of cancer experience.