Can Individuals Faced With Lemons Create Lemonade? Is Positive Life Change Possible When Faced With a Seismic Medical Illness Diagnosis?

A Review of

Medical Illness and Positive Life Change: Can Crisis Lead to Personal Transformation?
by Crystal L. Park, Suzanne C. Lechner, Michael H. Antoni, and Annette L. Stanton (Eds.)
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Reviewed by
Leslie B. Rosen

Medical Illness and Positive Life Change: Can Crisis Lead to Personal Transformation? asks the question, What do individuals faced with lemons (i.e., a seismic event such as a diagnosis of a life-threatening disease) need to do to make lemonade (i.e., personal transformation through coping with a major health crisis)? This edited text does this by tackling the conceptual and methodological issues, the developmental issues, the factors that influence positive life change, the effects of positive life change, and clinical applications that have emerged in the empirical literature. The reader is provided with the full perspective of the issues involved. This is a rare occurrence since most articles cover only what the individual authors deem important. In Medical Illness and Positive Life Change, important contributions to the field are reviewed and summarized such that researchers and clinicians alike can use the material presented to move the field forward as well as contribute to the treatment of individuals currently facing their own health crisis.

Conceptual and Methodological Issues

The challenge in this area is the nature of what is being measured. To date, all the research has been retrospective, asking participants to express levels of growth from diagnosis, through treatment, to current status (Nolen-Hoeksema & Davis, 2004). To many, this parsing out of feeling states over time is not possible. Further, there are no objective measures of actual growth. Yet, there are many survivors who profess that their illness has given them a renewed lease on life, with improved relationships as well as clearer perspectives as to priorities and their own strengths and weaknesses.

This challenge is further complicated when disease course is factored in. Traumatic illnesses vary greatly, which likely impacts the nature of positive growth (or lack thereof). This type of research looks at specific illnesses such that comparing studies across illnesses may not be feasible. In one chapter, Park lists the following characteristics of an illness that may mediate growth: symptom onset, presumed etiology, threat to
life, life disruption, recovery trajectory, chronicity, permanence of change, and life context. Gross
generalizations across illnesses are not likely to occur. Researchers need to chronicle the illness process over
time as well as find some way to measure growth prospectively before this area of inquiry can be firmly
understood within the medical and mental health communities. Perceived growth may be adaptive all on its
own, yet accurate measurement and reasonable expectation as to what is measured are what keep lines of
research inquiry open. Without objective, hard data of growth to back up the perceived growth, this line of
inquiry may not withstand the interest of science.

Finally, the question as to why some people express perceived growth, others do not, and others exhibit
neutrality as to growth needs to be deciphered. The thrill of keying in on the positive of a distressing situation
cannot keep researchers from the true task of parsing out what is involved in all types of reaction patterns.

Developmental Issues

Age, social context, chronicity, and disease course indicate that children and adolescents may define and
report benefits differently than do adults. This underlines the danger in trying to restate measurements
developed for adults for use with children. Children whose parents believe that there is benefit to their child
having a particular disease find more benefits than children whose parents do not support such a belief. Also
children were found to have less response bias than did adults when asked a series of questions that on their
face were asking for benefit to having an illness. The preferred mode for both children and adults may be to
start with a more open-ended inquiry as to benefits prior to giving a particular benefit-finding scale. Also a
more developmental format for this research seems appropriate, given that life experience (i.e., age or
maturity level) may be related to how an individual relates to illnesses at any given time.

Thus there is a need for longitudinal studies to consider how benefit finding may change over time and type of
illness studied. Stress-related growth in later adulthood may involve a softening or loosening of assumptions,
coping strategies, and the self rather than the development of new strategies, capacities, and perspectives.
For example, an adult who manages to get through life without any major illnesses or accidents may be
unprepared to deal with a fall that requires rehabilitation at age 80. Another 80-year-old who has needed
rehabilitation previously may see the current rehabilitation as a chance to get in better shape again.

Factors That Influence Positive Life Changes

This section looks at the interrelationships between social and cognitive factors as they relate to positive
benefit perceived as being derived from an illness. Most authors agree that the illness must pose a significant
threat prior to individuals seeing positive benefits derived from the event. This may answer why some
participants are seen as not finding benefit in their disease based on their not perceiving the illness as
particularly threatening. Sociodemographic variables are not as salient predictors of benefit finding as are
psychological characteristics, including dispositional optimism, coping, and emotional processing. Social
environment is related to benefit finding, but the mechanisms are not clearly understood. Treatment factors
and illness prognosis may be relevant, but this depends on how the individual perceives and understands what
is going on with his or her treatment and disease course. The research does not provide the clinician with much
guidance other than to state that patients need to be in control of the discussion of potential positive changes
occurring and that premature addressing of these issues may be detrimental to the development of positive
benefit finding.

Patient perception is not always based on accurate facts, yet the clinician needs to use the patient’s
terminology and symptomology to guide any discussion that may come up as to a patient’s ability to derive
benefit from the illness. This perspective acknowledges the perceived disruption and threat that the illness
poses to the individual's life and social world. These perceptions form the basis of when a particular illness reaches the critical threat level from which the individual may then go on to find a benefit. If this level is not reached, the individual will have a neutral response to benefit finding or find no benefit at all. Successful stress management may dampen or reduce future benefit finding for certain illnesses.

**Effects of Positive Life Change**

There is evidence both pro and con about the effects of benefit finding on physiological health. Of the studies that find a link, the illness was identified and the likely benefit finding was linked to appraisal, coping, relationships, goals, and positive affect. These, in turn, lead to enhanced allostasis. Enhanced allostasis is defined as a "homeostatic response to stress that minimizes wear and tear on the body and/or promotes restorative physiological housekeeping activities. Enhanced allostasis in turn can lead to improved physical health outcomes” (p. 158). In theory, it works by minimizing exposure to catabolic stress hormones. The evidence is mixed, and as yet there is no sure guideline for clinicians to follow that will work with a wide variety of diseases both acute and chronic. For now, an illness-specific search of the literature should be done to understand what may and may not work for an individual suffering from such illness.

**Clinical Applications**

The last section contains a description of the cognitive-behavioral stress management (CBSM) model and a discussion of the clinician as expert companion. For the clinician using this book, these two chapters summarize how the research indicating benefit finding may lead to positive outcomes for individuals suffering from traumatic illness events. CBSM has been used with breast cancer patients. The findings indicate that increased reports of benefit finding depend on several factors, including the acquisition of anxiety reduction skills and increases in emotional processing. A third possible factor that has yet to be tested is a receptive social network. It is hypothesized that these three factors in any order are essential to improve indicators of adaptation in women with breast cancer.

The final chapter sets out a model for clinical conceptualization of posttraumatic growth (PTG; Calhoun & Tedeschi, 1999, 2004). The goal of PTG is to help clients move from suffering to suffering meaningfully. To do so, the clinician must be aware of the client's premorbid characteristics and functioning as well as understand the current "seismic" event (i.e., an event that impacts an individual's assumptive world). The goal is to match the individual personality and coping style to engage and confront three areas: managing emotional distress, reconsidering beliefs and goals, and revising the course of the life narrative (Neimeyer, 2001). The balance of the chapter speaks to the myths of PTG and the potential benefits such a clinical stance holds for the patient/client.

**Conclusion**

The aforementioned sections of this book contain numerous figures and tables that summarize and make the topic come alive. The models developed by the various authors are excellent examples of how theory precedes the development of good experiments to evaluate the theory and its relevance to the topic at hand. As such, this book could be used in a graduate research methods course as an example of how to develop research interests and not confine one's efforts to linear, simplified statistics. Path models as exemplified throughout various chapters indicate how much of what we want to understand is multidetermined and needs to be teased out over a range of variables to adequately express human diversity that will be found in every sample.
The book is also a good start for researchers interested in the topic at hand. The variety and scope of the research summarized provide an excellent overview of where the research in this area stands now and where the research needs to go in the future if the concepts discussed are to receive top-notch research effort at the highest level. It is also a useful tool for researchers from related fields interested in disease etiology and scope who want a better understanding of how patients thrive or wither while trying to navigate their disease course, both in terms of treatment and ultimate prognosis.

Finally, this book is important for health and mental health professionals who work with patients suffering from a variety of illnesses. This book gives a glimpse of the positive changes that may come from dealing with and surviving a life-threatening or chronic illness. The book does not say that all who suffer find benefit from illness but rather explains the pathways that allow some individuals to better their relationships with others as well as find strength and resilience to thrive and re-sort their life priorities. This book cautions that the perceived change must come from the individual, yet gives ways that the helping professions can recognize when the clinician as expert companion can help an individual through the journey to enhancing life even while suffering with a traumatic disease. For all of the above reasons, this book was a delight to read and to share with others.

**References**


