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Positive Meaningful Events and Coping in the Context of HIV/AIDS

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INTRODUCTION

Most research on coping with chronic stress tends to focus inquiry on strategies that help the person manage stressor-related demands. In the case of coping with a debilitating illness, for example, the search often focuses on strategies that are related to managing the primary consequences of the illness, including disease-related limited mobility, pain, or dysphoria, and the secondary consequences of the illness, including disrupted family relationships or changes in role functioning. However, the lives of people with a debilitating illness consist of more than just their illness. They may have warm family relationships, friends with whom they talk, or work or other activities that interest them. These other aspects of people's lives may play an important role in sustaining their well-being while they are coping with their illness. Thus,

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a full understanding of the coping process in the context of chronic stress may need to take into account aspects of people's lives that at first blush do not seem to be related directly to how they cope with the chronic stress *per se*.

Our interest in exploring this possibility was fueled by findings from an ongoing longitudinal study of stress, coping, and adaptation among HIV+ and HIV- caregiving partners of men with AIDS and among a group of HIV+ men who are coping with their own illness. These people are in a chronically stressful situation. The caregivers' partners are dying of AIDS at a time of life when most people are building relationships. There is little that can be done to stem the tide of the disease, which becomes increasingly debilitating physically and often mentally. The demands on the caregiver are unrelenting during this period, which can last for several years (Folkman, Chesney, & Christopher-Richards, 1994; Folkman, Chesney, Cooke, Boccellari, & Collette, 1994). People who are living with HIV must cope with the tasks associated with maintaining their physical health as well as with the maintenance of their well-being while living with the knowledge that their life is likely to be cut short by a vicious disease.

Not surprisingly, the caregivers in our study reported high levels of depressive mood, assessed using the Centers for Epidemiological Studies-Depression measure (CES-D) (Radloff, 1977). Caregivers' scores averaged more than 1SD above the norm for the general population. However, as we report later, we discovered that at the same time participants were experiencing high levels of depressive mood, they also reported levels of positive morale and positive states of mind that were comparable to those reported in the general population. Similarly, participants reported levels of optimism that were comparable to those in the general population (Park & Folkman, *in press*).

The findings that participants reported positive psychological states while also reporting high levels of depressive mood astonished us. How did these participants, many of whom were providing care to a partner during his last months of life, sustain psychological well-being in the midst of such incredibly difficult circumstances? The caregiving literature says relatively little about the maintenance of well-being throughout the caregiving period. In two studies of family caregivers of persons with dementia, satisfaction with the caregiving role was related to positive affect but not depressive mood in spouse caregivers of elderly spouses suffering from Alzheimer's, and having larger numbers of friends and close relationships was associated with life satisfaction. (Haley, Levine, Brown, & Bartolucci, 1987; Lawton, Moss, Kleban, Glicksman, & Rovine, 1991).

Like many other studies of coping with chronic stress, our study initially focused on negative aspects of the experiences of caregivers and HIV infected men. For example, the participants in our study complete bimonthly interviews that include a section asking about the most stressful event related to caregiving or living with HIV disease that occurred during the previous week. The caregivers vividly described how they deal with the instrumental demands of providing care to a partner with AIDS and how they coped with loss, including the loss of ordinary daily routines, companionship, intimacy, and hope for a future together (Folkman, Chesney, & Christopher-Richards, 1994). The narratives of the HIV+ men coping with their own illness also described the worries and concerns that pervade their daily lives.

Shortly after the study began, however, several participants reported that by asking only about stressful events we were missing an important part of the story of how they coped with the chronic illness of their partner or their own illness. They said that we needed to ask about positive events—events that had positive meaning—as well. Our participants' comments made us realize that we may have focused our search for knowledge about how people cope with the chronic stress of caregiving, bereavement, and HIV disease too narrowly.

As a consequence, we added a section to the conclusion of the bimonthly interviews that asked participants to describe a positive meaningful event that had helped them get through the day during the previous week. In this chapter we explore the nature of these positive meaningful events, why they are a significant component of these people's coping repertoires, and their relevance to coping theory.

Positive Meaningful Events: Relevant Findings and Theoretical issues

We define positive meaningful events as events that touch on valued beliefs and goals, are appraised as beneficial, and evoke positive emotion. We turned to the literatures on positive events, meaning, and positive emotions to suggest ways in which these events might be implicated in the maintenance of well-being under conditions of chronic stress.

Relatively little research has been conducted on the relationship between positive events and well-being under stressful conditions, and the findings of these studies are mixed. "Uplifts," positive occurrences in daily living that generate positive emotions, assessed with a checklist, were associated with reduced distress in samples of community-residing adults (Kanner, Coyne, Schaefer, & Lazarus, 1981) and adolescents (Kanner & Feldman, 1991). However, subjects in these studies were not

selected for high levels of chronic stress. Uplifts had no association with distress in a sample of medical students during their first year of training, which some might characterize as a chronically stressful time (Wolf, Elston, & Kissling, 1989). In a study of recently conjugally bereaved men and women and disabled adults, desirable "small" events and major events had a variable effect on negative states (depression and anxiety) and positive states (positive affect and self-esteem), depending on the group. Bereaved subjects showed no positive effects of desirable events, whereas disabled subjects showed sizable effects (Zautra, Reich, & Guarnaccia, 1990).

These studies suggest that positive events may have a role in helping people sustain psychological well-being under conditions of stress. However, the assessments of positive events in these studies provide little information about the mechanisms through which they may have these effects. The question remains as to how positive meaningful events help people cope with chronic stress, such as the stress of caregiving or having HIV disease.

One possibility is suggested by Langston (1994), who discusses the idea of *capitalizing*, a process through which people focus on and amplify the beneficial aspects of a positive event by, for example, communicating the event to others or celebrating. His research suggests that people who engage in this process increase the impact of positive events on well-being. This finding is consistent with informal communications from several of our participants who told us that they wanted to describe a positive meaningful event to conclude their interview on an upbeat note.

Langston's notion also suggests a second possibility, namely, that the positive emotions that are experienced in positive events may have coping functions. This idea was discussed by Lazarus, Kanner, and Folkman (1980), who suggested that positive emotions can serve as breathers from stress, as sustainers of coping effort, and as restorers. Breathers, such as a vacation, a siesta, a coffee break, or a school recess, not only temporarily free the individual from a stressful experience, but also engage the person in a pleasurable diversionary activity. As sustainers, positive emotions such as excitement, challenge, or hope help motivate an individual to persist in what might be an aversive activity. Positive emotions that function as restorers facilitate the individual's recovery from harm or loss by replenishing resources or developing new ones. Pleasure at achieving a small success during a depressive period is an example of a restorative emotion. Meaningful events, which by definition are associated with positive emotions, may help people cope with chronic stress by providing a breather, by helping sustain coping efforts, or by replenish-

ing depleted resources. All three functions are relevant to coping with chronic stress, such as caregiving, bereavement, or HIV disease.

Research on how people find positive meaning in stressful events also informs our thinking about the role of positive events. A number of authors discuss the importance of finding meaning as a way of coping with suffering and loss (e.g., Baumeister, 1991; Frankl, 1963; Klinger, 1977, 1987; Silver & Wortman, 1980). Examples include finding a redeeming value in a loss, such as when people whose loved ones have died from a disease become advocates for research on that disease; forming new or closer bonds with others because of having experienced and survived a natural disaster together; and finding that the event has clarified which goals or priorities are important and which are not.

Studies have demonstrated the relationship between finding positive meaning in a negative event and psychological adjustment in a variety of contexts, including incest (Silver, Boon, & Stones, 1983), the death of a child (McIntosh, Silver, & Wortman, 1993), heart attack (Affleck, Tennen, Croog, & Levine, 1987) and in our own study concerning providing care to a partner with AIDS (Folkman, Chesney, Collette, Boccellari, & Cooke, 1996). In the latter case, for example, caregivers indicated on Likert scales the extent to which caregiving made them feel needed, made them feel as though they had grown as a person, showed their love for their partner, and brought them closer to their partner. This measure of the positive meaning of caregiving was an important predictor of the course of depressive mood following the partner's death: the higher the score on the measure of the positive meaning of caregiving, the more rapidly depressive mood abated. Reappraisals attempting to create this type of positive meaning in a negative event are frequently assessed in a cursory manner with coping checklists such as the COPE (Carver, Scheier, & Weintraub, 1989) and the Ways of Coping (Folkman & Lazarus, 1988). We do not know whether these same appraisal mechanisms are used to create or enhance positive meaning in ordinary events that are not stressful, and if so, how this meaning might help people cope with the stressful aspects of their lives.

Goals of This Chapter

In this chapter we turn to positive meaningful events that help caregivers of men with AIDS and men who are themselves HIV+ get through their days. Our overall goal is to begin developing a theoretical framework for understanding the coping functions of these events. The first step in this process is to develop an understanding of the nature of

events that are both positive and meaningful in the context of chronic stress. Are they major events, or are they ordinary occurrences? What makes them meaningful? Are they initiated by participants, or are they serendipitous? The second step is to determine how these events help people cope with chronic stress.

The participants in this analysis vary on two significant dimensions, caregiving and HIV seropositivity. A secondary goal is to examine how these dimensions may be related to differences in the nature of the events that participants find positive and meaningful. Compared to persons who are HIV-, persons who are HIV+ may be more attuned to events associated with their own health; and persons who are caregivers may be more attuned to events that are associated with their partner's well-being. In the case of HIV+ caregivers, it is not clear what their referent might be for meaningful events. For these reasons we will analyze meaningful events for the sample as a whole and, even though our sample is small, for each of the three component groups (HIV+ caregivers, HIV- caregivers, HIV+ noncaregivers).

Background: The UCSF Coping Project

The sample for this study comes from the UCSF Coping Project, which is a longitudinal study of the effects of caregiving and bereavement on the mental and physical health of gay men whose partners have AIDS. Participants are followed bimonthly for 2 years and semiannually for 3 additional years. Data collection began in April, 1990, and will continue through 1997. The data in this report were collected between 1990 and 1994.

Inclusion Criteria. To be included in the UCSF Coping Project, men had to identify themselves as gay or bisexual, be in a committed relationship and share living quarters with their partner, be willing to be tested for HIV antibodies, have no more than two symptoms of HIV disease, and not be an injection drug user. To be included in a caregiver group, the men's partners had to have a diagnosis of AIDS, need assistance with at least two instrumental tasks of daily living, and be living at home. To be included in the HIV+ noncaregiver group, the men had to test HIV+ and be in a committed relationship with healthy partners without care needs. Only one member of a couple could participate in the study.

Recruitment. We recruited participants between April 1990 and June 1992 from the San Francisco Bay area using advertisements in the gay press, public service announcements on radio and television, referrals

from clinics and gay organizations, and annual mailings to residents of selected San Francisco zip codes.

Procedures. All data reported here were collected in face-to-face interviews. The interviews were conducted by individuals with clinical training and special training in the administration of the study questionnaires. Each participant was interviewed by the same interviewer over time. Participants were paid \$20 for each interview.

Questions about meaningful events were inserted into the face-to-face interviews approximately 1 year after data collection began. Beginning at that time, each interview was concluded with the following prompt: "We have been talking about an event that was stressful for you. Now I want you to think back over the week and describe something that you did, or something that happened to you, that made you feel good and that was *meaningful* to you and helped you get through a day." Additional questions the interviewer asked included: "In what ways was this meaningful?" "What were you feeling?" "What else was important or significant about this event?" "Are there other ways in which this event had meaning for you?" The interviewer recorded the participant's response verbatim. Measures of positive mood (Bradburn, 1969), positive states of mind (Horowitz, Adler, & Kegeles, 1988), and depressive mood (CES-D) (Radloff, 1977) were included as part of the interviews.

Selection of Subjects for This Analysis. We selected all subjects who had provided descriptions of at least five meaningful events in interviews. These were conducted over the course of approximately 1 year at bi-monthly intervals. At the time we began this analysis, which was midway through the parent study, 36 participants met our criterion. The small sample size reflected the fact that we had begun asking about meaningful events well after the study was underway. Therefore, only a small number of subjects met the inclusion criterion for this analysis.

METHOD: CODING SCHEME

The authors developed a coding scheme that evolved out of extensive discussion about the themes expressed in the meaningful events. Our coding scheme included the following major categories: the type of event, who was involved in the event, the source of meaning in each event, and whether or not the event was initiated by the participant (self-agency). Each participant's reports were coded by two judges who were blind to HIV serostatus. Multiple codes were made for source of mean-

ing when more than one was identified in the report. The coded reports were then cross-checked to achieve inter-rater agreement. Inter-rater reliability ranged from 85% to 90%. Any discrepancies between raters were then discussed among the authors until coding agreement was reached.

Taxonomies for each category are as follows:

1. *Type of event*

- a. *Social events* included parties, weddings, and visits with family.

Any event in which the participant stressed the social aspects was categorized as social.

- b. *Entertainment* events included, for example, visiting an amusement park, going to a concert, taking a walk, or enjoying the rain.

- c. *Realizations* were narratives in which the participant reported that he had gained some important knowledge about himself. For example, one participant reported:

Trying to find myself through sobering up and facing up to all the stress. I'm trying to stop taking the coward's way out. I've sat down and started writing a list of things that are important to me. That's been meaningful. [Response to the question: How was this meaningful?]. It's the first time I'm really trying to face all my fears, including my fears of Jimmy. It's the first time I'm trying to find out if I'm comfortable with who I am. That's why it's important—because before I can be comfortable with myself, I can't have a normal relationship with Jimmy. I have to be comfortable with myself first. [Response to the question: What were you feeling?]. I am happy and scared at the same time. That's the only way I can put it. There's almost an at-peace feeling, but I'm not at peace. It's something I haven't felt before.

- d. *Conversations* were included because some participants reported a conversation that they had over the phone or in person that was meaningful to them. Sometimes the conversation took place in the context of social events, other times the conversation was one-to-one. For example:

. . . after dinner, we [participant, partner, and partner's parents] had a drink in a gay bar. They [partner's parents] both told us how proud they were of us. After 43 years of marriage, they know there are stressors and you have to keep communicating. They were very impressed we had been together for 8 years. To have that come from his father in a gay bar, that was like—oh.

- e. *Political events*, particularly the 1992 presidential election, were the focus of several meaningful events. For example:

I think probably the election. It was definitely the highlight of the week. I was kind of anxious about it even though the polls showed

Clinton leading. I went down to the Castro and watched the results in several different places. As the results started coming in it was just a real rush after waiting so long for this.

- f. *Evaluations* were meaningful events that had to do with positive evaluations of work, school, or volunteer performance. For example:

I started taking a tax course to help me get a part time job because I've been out of work for two years. I got 100% on the first quiz last night. I've been out of school for so long that I'm not used to studying, especially with all the interruptions at home now with [partner].

- g. *Funerals*, although usually extremely sad and often stressful, can also be the source of meaningful events, as illustrated in the following account:

It's been a tough week because of [partner's] funeral. I had a little speaking part and was one of the ushers. I felt in some ways that the funeral helped me release some of the grief that I felt about [partner's] death.

- h. *Doctor visit/health related events* were meaningful events associated with participants' health or healthcare. For example:

My new doctor is the best thing. I made the switch because I felt I was being dismissed and just a piece of paperwork by the other doctor.

- i. *Work events* were meaningful events associated with work, excluding evaluations. For example:

The main thing is, professionally, I feel very confident to keep my business, which is what keeps me going, emotionally and economically. Also, I'm learning how to get the best people, changing things around.

2. *Who was involved*

Events were coded as directly involving the partner, involving another or others, or not involving anyone else.

3. *Source of meaning in event*

- a. *Connection*. The events included in this category involved contact with other people who the participant felt cared about him. The connection events were often social events like parties or weddings, although sometimes they were as simple as receiving a card or a phone call.

I went to a wedding. [partner's] cousin's son got married and it was very nice. [Response to the question: How was this meaningful to you?] Connections. The connections to the people. There was a feeling of being connected to [partner's] family and to [partner]

and to life. The fact that life goes on and significant events still happen. Since [partner's] death, I've felt very cut off and it helped that I went to the wedding.

- b. *Achievement/self-esteem.* Events in which the participant accomplished something and was pleased and proud were categorized as involving achievement/self-esteem. The events were often related to work or school.

I got my evaluation from my volunteer work at the Homeless Advocacy. It was the best written evaluation [participant's teacher] ever received on student. I thought it would be good but I didn't expect so much. I was proud and I worked hard.

I took charge of my parents about 10 days back. I found they weren't capable of finding and purchasing a house. My father broke down in tears and said that he was so grateful for my taking charge of affairs, since they weren't able to. And I felt good again in negotiating a good deal on a house. [Response to the question: In what ways was this meaningful?] It made me feel professional and competent and needed.

- c. *Affirmation/validation.* These events often centered on the theme of receiving approval and acceptance from others regarding the relationship between the participant and his partner or an activity in which the participant was involved.

. . . there was one important event at the wedding that really touched me [participant's partner's son got married]. Naturally every wedding turns into a Kodak photo opportunity. The photographer was organizing everything. Everyone got their picture taken with the happy couple. The photographer asked [partner] and [partner's ex-wife] to pose with the couple. I had never met [partner's ex-wife] before. I've never even spoken to her on the phone. [Partner's ex-wife] told the photographer to stop until I got into the picture. And she said I deserve it almost as much as the rest of us. It was something she clearly did not have to do. The affirmation of the relationship [partner] and I have . . . that she expressed in doing that was very meaningful for me.

- d. *Hope/reassurance.* Events that gave the participants hope, reassurance, or reason for optimism were coded for this theme.

Our garden is right where people sit, and people can see it. That makes it special for us. We transplanted our berries, and the garden already had some other plants. . . . It was really nice. . . . Especially after going to the hospital on Friday, it was good therapy. It's a nice place to go, and when [partner] has a good day, he can walk there with the dogs. In my mind, it's [partner's] garden. . . . It's also meaningful that [partner] knows he's getting sick and he's providing this [garden] for me if he gets sicker. [Response to the question: How else has this been meaningful for you?] It's a peaceful spot,

even with the noise from the freeway. Everyone takes care of their plots. It gives a sense of spring and renewing things. We both need that right now. [Response to the question: How has this made you feel?] Hope; a sense of caring. I don't know how you describe the feelings of spring. The feeling that we're coming out of a long winter and this might bring some positive changes for [partner].

- e. *Control*. If an event provided a needed sense of control over some aspect of the participant's life, it was coded for control.

I actually got back on my bicycle after being sick for a long time. I rode it for a good 10 miles or so. No side effects. That's basically it. [Response to the question: In what ways was this meaningful?] Basically I would not let my fears of becoming ill again overtake me and cause me to become ill again. Also, it gives me the hope that I can have some control over the virus.

- f. *Respite*. An event that provided the participant respite from his daily circumstances and responsibilities was coded for this theme.

I went up the Russian River over the weekend. I went with a couple of friends and had fun. I didn't worry about taking the medication. We just had a good time. I didn't worry about anything; I left that luggage behind.

- g. *Material needs*. Some of the participants reported events in which someone (friend, family member, social organization) provided some much needed financial or material assistance. These events were coded for satisfaction of material needs.

. . . we got a package, which provided a nice distraction, of homemade goodies from [partner's] mom. We got two really ugly tacky calendars that we can give to someone for Christmas. We got jars of jellies and homemade syrup, pretzels dipped in icing, and fudge and cookies. So we didn't have to buy desserts for the week. The next day his grandmother sent us \$20 for Thanksgiving and we got to eat out. Getting little things from his family helped brighten things—helped us get through the week. Gave us other things to talk about. And none of our checks bounced.

- h. *Emotional release*. Events that allowed participants to express pent-up emotion were coded for this theme.

Having a good cry with [partner]. It was like knowing that we're in this together. He's not alone; I'm not alone. We're there for each other. It was very intimate. Probably the most intimate time we've shared in a while.

- i. *Partner's happiness*. An underlying theme that became apparent in many of the participants' reports was having their partners be happy. Events that involved reports of participants being

happy because their partner was feeling well or enjoying something were coded for this theme.

For a couple of months, we've been planning to go to the James Taylor concert with two friends. The concert was this past Saturday night and the concert was just fantastic. It was very well performed, very well managed. [Partner] was able to sit through 3 hours of an open-air event. He was having a great time. His enjoyment—seeing one of his musical idols live—made for a very happy event for me. It was a very, very nice evening. I would like to get that kind of emotional rush every week; I'd like to bottle that.

4. *Self-agency* refers to initiation of the reported event by the participant. No self-agency indicates that the event was serendipitous or happened without any action on the part of the participant. The following illustrates an event that involved self-agency.

The place I work puts out a quarterly newspaper. I worked on it. I did a good portion of it and was very glad when I took it to the printer. I picked it up this morning and it was nice to see the finished product. It's nice to have done this because this is a job; I'm hoping to get this job on a permanent basis. I'm very pleased and everyone else seems to be pleased with the results.

The following event, reported by the same participant in a later interview, illustrates an event that did not involve self-agency.

It was waking up Wednesday morning and finding out the results of the election, because when I went to bed Herschensohn was ahead and 165-Yes was set, both of which are very scary to me. So it was very nice to wake up to find out they had lost.

5. *Feelings*

The participants' responses to the question, "What were you feeling?," were recorded verbatim. Within each report of a meaningful event, we coded the feelings as positive, negative, or mixed.

Coding Process

Counts within categories were then tallied, and some basic descriptive statistics were calculated. Statistical comparisons of caregivers to noncaregivers or HIV+ to HIV- were not possible due to the small sample size. However, where there appear to be differences, we report them for the purpose of discussion.

FINDINGS

Our sample included six HIV+ caregivers, 18 HIV- caregivers, and 12 HIV+ noncaregivers. With the exception of a single interview

with one participant whose partner died shortly thereafter, participants were always able to report a positive meaningful event. The 36 participants reported a total of 215 events, representing an average of six events per participant, each event having been reported at a bimonthly interview.

Mood

When these participants entered the study, their scores for depressive mood as measured by the CES-D ranged from 3 to 41 with a mean of 18.11. In the general population, the average CES-D score is 9, and individuals with a score of 16 or more are considered at risk for major depression (Radloff, 1977). Thus, the depressive mood of the participants in this study was marked.

Measures of positive mood states indicated that despite experiencing depressive mood, participants were also able to experience positive mood states. The Positive States of Mind scale (Horowitz et al., 1988) asks participants to rate on a 4-point Likert scale (1 = unable to have it through 4 = have it easily) the extent to which they are able to achieve each of six satisfying states of mind. Scores for this sample ranged from 9 to 24, with a mean of 17.8. The mean item rating was approximately 3—"some trouble having it." This rating is comparable to reports by university students (Horowitz et al., 1988). Scores for this sample on a modified version of Bradburn's (1969) positive morale scale ranged from 4 to 23, with a mean of 12.6, indicating that on average participants reported feeling each of eight positive moods somewhere between once and several times during the previous week. This frequency is comparable to national norms (Bradburn, 1969).

The Context of the Meaningful Events

Across all groups, of the nine types of events, social events (35%) were the most frequently reported, followed by entertainment (18%), conversation (15%), and work-related events (12%). The frequencies with which types of event were reported by the group are shown in Table 1.

Regardless of the classification of the type of event, 75% of the meaningful events our participants described involved other people. Two thirds of the solitary meaningful events involved either work or recreation and entertainment.

Most meaningful events did not involve the participants' partners, nor were they related directly to caregiving. It is important to note, however, that many of the events would not have been meaningful or even have occurred had the participant not been involved in caregiving.

Table 1. Frequency of Ten Types of Positive Events

Type of event	Total	HIV positive caregivers	HIV negative caregivers	HIV positive noncaregivers
Social	35% (74)	49% (18)	34% (37)	28% (19)
Entertainment	18% (39)	16% (6)	25% (27)	9% (6)
Conversation	15% (32)	13% (5)	14% (15)	18% (12)
Work	12% (26)	11% (4)	12% (13)	13% (9)
Realization	5% (11)	3% (1)	4% (5)	7% (5)
Political	5% (11)	5% (2)	3% (4)	7% (5)
Project	4% (9)	0% (0)	3% (4)	7% (5)
Evaluation	3% (6)	3% (1)	2% (3)	3% (2)
Health care	2% (4)	0% (0)	0% (0)	6% (4)
Funeral	1% (2)	0% (0)	1% (1)	1% (1)
Total	100% (214)	100% (37)	100% (109)	100% (68)

For example, a participant described an event in which “people at work were supportive and concerned . . . they ask about, or are glad to hear about [partner’s] improvement. . . . I was really glad to be working where I’m working, where people are comfortable with the issue.” Although the event did not directly involve the partner, its meaning was dependent on the participant’s commitment to his partner and to caregiving. This suggests that caregiving can provide a context for the creation of meaningful events, even though the events themselves may not be related directly to caregiving. Thus, the context of caregiving may provide caregivers with opportunities for appraising positive meaning in their lives. This may be part of what is meant by individuals who say that they have grown or benefited from adversity.

HIV+ noncaregivers gained meaningful experiences through participation in a wider variety of activities than either caregiver group. For example, HIV+ noncaregivers were the only group that mentioned exercise and health-related events and volunteer work. Their lives may be less constrained because they are not in the role of caregivers. This may also allow them more time to focus on themselves.

Source of Meaning

All events described by the participants involved at least one source of meaning, and on average, two sources. In the overall sample, two sources of meaning were the most frequently reported: feeling connected to others and having a respite or break from caregiving. Twenty

Table 2. Frequency of Types of Sources of Meaning in Positive Events

Source of meaning	Total	HIV positive caregivers	HIV negative caregivers	HIV positive noncaregivers
Connection	22% (95)	31% (21)	22% (48)	18% (26)
Respite	21% (90)	18% (12)	25% (54)	17% (24)
Achievement	17% (73)	18% (12)	12% (27)	24% (34)
Hope	13% (56)	9% (6)	13% (29)	15% (21)
Affirmation	11% (45)	12% (8)	12% (27)	7% (10)
Partner's happiness	5% (19)	4% (3)	6% (13)	2% (3)
Material needs	4% (17)	1% (1)	3% (7)	6% (8)
Control	4% (16)	3% (2)	2% (5)	7 (10)
Emotional release	3% (14)	3% (2)	3% (7)	3% (5)
Total	100% (425)	100% (67)	100% (217)	100% (141)

two percent of the total sources of meaning that were reported related to a sense of connection and feeling cared about, and 21% referred to an opportunity to be distracted from everyday cares. The next most frequently mentioned sources of meaning were achievement/self-esteem (17%), hope/reassurance (13%), and affirmation/validation (11%). Other sources of meaning included feeling good for the partner or another person (5%), material needs (4%), a sense of control (4%), and emotional release (3%). The rank ordering of sources of meaning differed slightly among the three groups, as shown in Table 2.

Self-Agency

About half of the events were initiated by the participants. The other half were initiated by another person or occurred serendipitously. Events that were initiated by the participant (self-agency) included taking an extensive, cross-country trip and seeking someone out to have a serious discussion. Events that were initiated by another person included receiving a greeting card of love and appreciation, getting a pleasant phone call, and being asked to dance.

Self-Agency and Sources of Meaning. Self-agency was associated with certain sources of meaning more than others. For example, self-agency was linked to the following four sources of meaning about twice as often as non-self-agency: having a sense of control, bolstering self-esteem, having a respite, and feeling good for the partner or someone else. Four other sources of meaning were associated with self-agency less often: generat-

ing hope or reassurance, feeling connected or cared about, receiving affirmation or validation, and experiencing emotional release or tension reduction. Only one source of meaning—receiving material or monetary support—was not associated with self-agency. Participants were much more likely to report that receiving material goods was initiated by another person or just happened rather than being initiated by themselves. There were no clear differences among HIV+ caregivers, HIV–caregivers, and HIV+ noncaregivers in the relationship between self-agency and sources of meaning.

Self-Agency and Feelings. Activities that participants initiated themselves were more likely to result in positive feelings than were other activities. However, the total number of events in which negative feelings were reported is small, which limits our ability to interpret this finding.

DISCUSSION

The context of the lives of men who are providing care to a partner dying of AIDS is chronically stressful. The demands for care and emotional support by the caregiving partner increase unrelentingly as the infections and illnesses associated with HIV become more frequent and more severe in the ill partner (Folkman, Chesney, & Christopher-Richards, 1994; Folkman, Chesney, Cooke, et al., 1994). People who are infected with HIV are also faced with an ongoing threat to their own health and well-being. Depressive mood of the participants in this study was severe and persistent (Folkman et al., 1996). Nevertheless, in the face of extreme and chronic stress, these men were able to report events that were meaningful and in most cases positive. In fact, not only were they able to report the events, but they also requested that the positive aspects of their lives be included in the interviews. At the very least, the findings indicate that individuals who are experiencing chronic stress in one part of their lives can—and even appear to need to—experience positive meaning in other aspects of their lives.

The majority of positive meaningful events were ordinary events of daily life, not major life events. The events were accessible to individuals as they went through their days. Many of these events were not directly related to caregiving or to HIV illness. They involved a wide range of activities, including going to movies, giving a party, going on a trip, or being with a group. For caregivers, however, the events were meaningful because of the context created by the caregiving situation. A note from a friend, a kind word from someone at work, or the beauty of a natural

setting was meaningful because of its relationship to the stressfulness of being with and caring for a partner with advanced HIV disease.

Our study involved individuals whose life circumstances differed in ways that might have influenced their positive experiences. Some of the individuals were coping with the demands of AIDS-related caregiving and bereavement, some individuals were coping with their own HIV infection, and some were coping with both. Unfortunately, our samples of individuals who were HIV+ noncaregivers and HIV+ caregivers were too small to make statistical inferences. However, for all three groups the most frequently reported type of positive event was a social event. The three groups tended to differ, however, in the most frequently reported source of meaning. For HIV+ caregivers, the most frequent source of meaning was connection; for HIV- caregivers, respite; and for HIV+ noncaregivers, achievement. Although these findings are at best tentative, they suggest that HIV serostatus and caregiving status may influence the types of events that people appraise as positive and meaningful. More generally, the circumstances of chronic stress may influence the types of positive events that individuals initiate to help bolster their resources or restore their psychological well-being. For example, people who are in jobs that involve a great many interactions with the public might find a quiet walk in the woods or involvement in a solitary hobby restorative, whereas caregivers who are housebound and isolated might seek a social interaction to help restore their sense of well-being.

Theoretical Implications

The findings about the nature of positive meaningful events suggest that they can serve the three coping functions that Lazarus et al. (1980) ascribe to positive emotions. Namely, these events can serve as breathers, sustainers, and restorers. The most frequently mentioned source of meaning was connection—feeling cared about. Connection can help restore diminished well-being, including self-esteem, thereby corresponding to the idea of a positive event as a restorer. The next most frequently mentioned source of meaning was respite, which clearly corresponds to the idea of a positive event as a breather. A breather can temporarily free individuals from their immersion in stressful experiences. The third most frequently mentioned source of meaning was achievement, which corresponds to the idea of a positive event as a sustainer in that it provides positive reinforcement for effective coping and helps motivate persistence in coping.

Virtually every magazine article or self-help book on caregiving

highlights the importance of caregivers taking time for themselves to do something they enjoy as a way of bolstering their resources and preserving their own well-being. The fact that participants initiated about half the positive events they reported suggests that many may have been following this advice. This type of coping is often captured on coping checklists with items that describe distancing oneself from a stressful event by turning to another task or taking a break.

Positive events that were serendipitous, however, were not consciously initiated to help cope with a stressful event. Nevertheless, we suggest that like self-initiated events, serendipitous events not only may have had a palliative effect on mood, but they may also have served an important coping function by bolstering coping resources. This possibility is consistent with another finding from our study (Park & Folkman, *in press*). We examined the effects of caregiving and bereavement on variables that we defined as coping resources: optimism, religious/spiritual beliefs, perceived social support, and dyadic satisfaction. Using the cohort of 110 men mentioned here, we examined changes in coping resources within the caregiving period and within the bereavement period, and we compared the levels of these resources prebereavement and postbereavement. The analysis covered up to 10 months prebereavement and 7 months postbereavement. We found that these resources were for the most part unaffected by caregiving and bereavement. Even though these same individuals were reporting high levels of distress throughout this time of the analysis, their underlying resources remained remarkably stable. This finding, coupled with our analysis of positive meaningful events, suggested to us that experiencing and remembering events that make people feel connected, cared about, and competent may help bolster underlying coping resources.

The ways in which participants in our study appraised positive meaning in events also provides more detail about the coping strategy called "positive reappraisal" that is assessed in some of the most widely used coping checklists. Positive reappraisal usually refers to ways in which people cognitively reframe a situation. Items commonly used to assess this type of coping include, "I came out of the situation better than I went in," "I developed new faith," or "I grew as a person." A number of studies show that positive reappraisal is associated with reduced distress and increased positive well-being (for a review, see Aldwin, 1994). Positive reappraisal played an especially important role in maintaining positive mood during caregiving and bereavement in our study (Moskowitz, Folkman, Collette, & Vittinghoff, 1996). In the cohort of 110 of the study participants mentioned here, we found that positive reappraisal had a generalized beneficial effect on positive mood, regardless

of whether it was used to cope with the demands of caregiving or the losses that followed the partner's death. The relation of positive reappraisal to negative mood was more circumscribed; although it helped reduce negative mood during bereavement, it had no effect during caregiving. Checklist assessments of positive reappraisal might benefit from additional items. The spontaneous appraisals reported by the participants in our study suggest specific reappraisals, such as those having to do with feeling cared about and more competent as a consequence of the event, that might be added to checklist assessments.

Clinical Implications

We believe that the capacity, and perhaps even the need, to report positive meaningful events in the midst of extreme stress is clinically as well as theoretically meaningful. When clients are dealing with chronic stressors, such as illness or caregiving, the focus is often on the disease or stressful situation itself. Clients may benefit from having clinicians focus on meaningful events as well. By asking about meaningful events, clinicians can help clients recognize what is meaningful for them and how the daily circumstances of living can provide that meaning.

Others have recognized the importance of helping clients define goals or find sources of personal meaning outside of a chronic illness or stressful circumstances (e.g., Ozer, 1988; Turk & Rudy, 1992; White & Epston, 1990). Our study suggests that generating positive meaningful events may be a relatively comfortable and easy way to do this. In our sample, with one exception, all participants generated a positive event each time they were asked, regardless of their personality or life circumstances. This response was especially striking given the moderately severe depressive mood among the caregivers.

Clinicians cannot know in advance what makes ordinary events meaningful for a given client. Thus, the clinician needs to explore with clients what it is that makes events meaningful (Ozer, 1994; White & Epston, 1990). This exploration may have the added benefit of helping clients become more aware of their needs, such as feeling connected to others, having respite, and maintaining motivation. Finally, the exploration may help develop the client's capacity for identifying events that meet these needs.

The very act of generating positive meaningful events may in itself also have a palliative effect. It diverts attention from what is stressful and makes individuals more aware of the positive aspects of their lives. Outside of the clinical setting, telling another person about a positive meaningful event also creates a rewarding social interaction in that it is the

type of exchange others enjoy. Finally, talking about a meaningful event may induce positive mood.

CONCLUSION

The study of positive meaningful events promises to add substantially to our knowledge of how people cope with chronic illness in particular, whether the illness is their own or a partner's, and of chronic stress more generally. Not only might such events provide people with opportunities to bolster their coping resources, gain respite, and sustain motivation, but the very act of identifying positive meaningful events in daily life may also be a way of coping in and of itself. It is significant that this form of coping would not have been captured with standard coping assessments that ask about how individuals coped with a specific stressful event.

The idea that positive events may have both theoretical and clinical implications for understanding adjustment to chronic and highly stressful conditions is consistent with the growing interest in positive functioning in the context of stressful events (e.g., Aldwin, 1994; Ryff & Essex, 1992). Ryff and her colleagues (Ryff, 1989; Ryff & Keyes, 1995) demonstrate that the measurement of psychological well-being requires an approach that differs from the measurement of negative psychological states. Well-being is more than the absence of negative states such as depression and anxiety. It includes dimensions such as personal growth, positive relations with others, and environmental mastery (Ryff & Keyes, 1995). Similarly, we argue that a full understanding of how people adjust to chronic and highly stressful conditions requires exploring the coping functions of positive events in addition to the traditional approach of exploring how people cope with the aversive aspects of their lives.

Our foray into this new area of investigation has shown that narratives of positive meaningful events are not difficult to collect. In fact, if the participants in other studies are like the participants in this study, they will welcome the opportunity to talk about something positive. We strongly encourage researchers who seek to understand how people cope with chronic stress to include meaningful events in their study protocols so that we can learn the extent to which these events help people who are coping with chronic stress get through their days and sustain their well-being.

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