

A theory of mastery

Mastery is a human response to difficult or stressful circumstances in which competency, control, and dominion have been gained over the experience of stress. The goal of the theory of mastery is to explain how individuals who experience illness or other stressful health conditions may emerge, not demoralized and vulnerable, but healthy and possibly stronger. The human response to stress is fundamentally an existential problem. As such, the theory of mastery has philosophic as well as conceptual roots.

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WHEN A STRESSFUL LIFE EVENT such as serious illness is experienced, it evokes a number of human responses. There is an important, painful interval between the first pangs of recognition of loss and the adaptation to circumstances as they must be.¹ People appraise the event and the changes it will require.² They attempt to attribute the event to some cause.³⁻¹⁰ When the event taxes or exceeds the individual's resources and is thus stressful, personal and environmental resources are called forth in an attempt to cope.² Commonly, though not always, there follows a period of alternating confrontation with and retreat from the impact of the event.¹¹⁻¹³ During this period, there are unusual levels of both the intrusion of ideas and feelings and the denial of ideas and numbing of emotions, which appear to fluctuate in ways particular to each person. Nonetheless, there is phasic tendency.¹ In confronting the event, a process of "working through" ensues, in which the event is compulsively repeated in both the conscious and dream states. During the working-through

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phase, the event is imbued with some meaning, daily life is reconstructed in accordance with the change, life meanings in general are reconsidered, and personal identity is altered.^{1,14} There is a revision of inner models that represent the self, the self in relation to others, and ideas of the world. Models are checked and rechecked for fit with past reality and with the new reality. In time, which may vary from moments to a lifetime, some adjustment is achieved and the experience of stress and dysphoria is relieved.

The circumstances of events vary and those differences require different types of coping;¹¹ some events require the individual to struggle with the environment to change the event or its characteristics, while other events, being immutable, require the person to struggle with himself or herself to accept the facts. Thus, some events require more coping and others require more grieving. Falek and Britton described the similarity between coping and grieving, both being "phenotypic expressions of the psychological mechanisms attempting to reestablish the dynamic steady state."^{15(p2)} Reality-oriented adaptation and mastery require that we alter the threats we can alter and accept the things we cannot control. However, with all of these situations and responses, mastery may be an outcome.

In spite of events such as personal illness or the death of a family member, most people ultimately achieve a quality of life or level of fulfillment equivalent to or even exceeding their prior level.^{7,16} Furthermore, they often do so substantially on their own. Not everyone readjusts,^{13,17} but most do, and they gain mastery over the event in particular and over life more generally.⁷

The goal of the theory of mastery is to explain how individuals who experience ill-

ness or other stressful health conditions and enter into a state of stress may emerge, not demoralized and vulnerable, but healthy and possibly stronger. In the theory of mastery, illness is viewed as a special case of stress. When mastery occurs in an illness experience, it is similar to Moch's concept of health-within-illness.¹⁸ It is a theory that provides an additional basis for the diagnosis and treatment of human responses to stress and is aimed at the promotion of health and enhancement of the quality of life. Through better understanding of mastery, patients may be assisted in their efforts to help themselves. This is an important element in the quality of life and health of an individual and thus is a goal of nursing.

This article sets forth the philosophic and historical foundations of the theory of mastery, defines the conceptual elements of mastery, and explains the relationships among these elements. An additional purpose is to set forth the theoretic basis for the Mastery of Stress instrument (J.Y., unpublished data, 1990).

PHILOSOPHIC AND CONCEPTUAL FOUNDATIONS OF MASTERY

Stoic philosophy reflects the way in which some of the noblest figures in antiquity and their followers in modern times have resolved the problem of existence and conquered the anxieties of fate and death.¹⁹ Epictetus, a Greek stoic philosopher, observed in his manual for Roman soldiers, *Encheridion*,²⁰ that peace of soul is gained through self-control and self-mastery. These are obtained through learning to accept what cannot be changed and tolerating any loss so that the sting will diminish and fade away.²¹

Serenity can be preserved by understanding the true nature of things:

Of all existing things some are in our power, and others are not in our power. In our power are thought, impulse, will to get and will to avoid, and, in a word, everything which is our own doing. Things not in our power include the body, property, reputation, office, and, in a word, everything which is not our own doing. Things in our power are by nature free, unhindered, untrammelled; things not in our power are weak, servile, subject to hindrance, dependent on others.^{20(p331)}

Epictetus said that difficult problems should be embraced; one must never run away from them, for they are desirable spiritual exercises.²¹ Thus, some of the philosophic underpinnings of this theory of mastery may be traced to stoicism. This theory also may be traced to existentialists, particularly Kierkegaard, Nietzsche, Jaspers, and Heidegger, in their dealing with issues of fate, freedom, decision, and the place of will in human existence.^{22,23} Existentialism can be defined as participating in a situation "with the whole of one's existence . . . and it includes the finite freedom which reacts to these conditions and changes them."^{19(p124)} The existential attitude is that "man is able to transcend, in knowledge and life, the finitude, the estrangement, and the ambiguities of human existence."^{19(p125)} Existentialism also recognizes that persons are unique beings who choose, contemplate, and suffer. People create themselves in their engagement with life and in the decisions they make.²¹ The theory of mastery is based on these notions. Further, much of the concept of mastery focuses on inner experience as the crucial reality and on the motivation of people by anxiety.

The natural complementarity between stoicism and existentialism was observed by

Allport,²⁴ in his introduction to Victor Frankl's book, *Man's Search for Meaning*.²⁵ He refers to Frankl's view of freedom, which is that, when all the familiar goals in life are snatched away, what alone remains is "the last of human freedoms—the ability to choose one's attitude in a given set of circumstances."^{24(pxi)} This freedom was recognized, Allport noted, by the ancient Stoics as well as by modern existentialists. Finding meaning is a part of choosing one's attitude. "To live is to suffer, to survive is to find meaning in the suffering. If there is a purpose in life at all, there must be a purpose in suffering and in dying."²⁴ Frankl quotes Nietzsche, who said, "He who has a why to live can bear with almost any how,"^{25(p121)} and, "That which does not kill me, makes me stronger."^{25(p130)} These ideas are the essence of mastery.

Historical development of the concept of mastery

There have been other descriptions of mastery, but they differ in some ways from the present conceptualization and from its theoretic orientation. Freud²⁶ first described mastery in his discussion of the compulsive repetition of traumatic events as a belated attempt at mastery. According to Freud, the repetitive and intrusive thoughts that are characteristic of traumatic neurosis, although unpleasant, are but a postponement of satisfaction, a temporary endurance of pain on the long and circuitous road to pleasure. The pleasure is that of mastery.

Maslow²⁷ observed that forward growth is made possible by the feeling of being safe. Assured safety permits higher needs and impulses to emerge and to grow toward mastery. Experiencing higher or more advanced

delights has a feedback effect on the self, in feelings of certainty, capability, mastery, self-trust, and self-esteem.

Both Rapoport²⁸ and Parad and Caplan²⁹ pointed out that a crisis presents an opportunity for personality growth as well as a danger of increased vulnerability to mental disorder. Studies of outcomes of difficult human experiences have often emphasized the impact, distress, and incapacity of the experience. However, Andreasen and Norris,³⁰ reporting on the experiences of burn patients, and Hamburg,³¹ who studied the parents of leukemic children, noted that persons recovering from crisis reported resolution that included positive changes. Many of the patients felt their difficult experiences had made them better persons. In fact, Hamburg³¹ found that mastery of profoundly stressful challenges had, in the long run, produced a sense of resourcefulness and compassion. In a longitudinal study of selected children from birth to young adulthood, Murphy³² found that when children master early experiences of stress, it reinforces their confidence and develops resil-

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A number of authors have defined mastery. White³³ applied the term to behavior in which frustrations have been surmounted and adaptive efforts have come to a successful conclusion. Bandura³⁴ described mastery as arising from effective performance. He said that expectations of personal mastery

affect both initiation of and persistence in coping behaviors and are, in turn, altered by the cumulative effects of one's efforts. Pearlin and Schooler,³⁵ who developed a measure of mastery, defined it as a psychologic resource, the extent to which one regards one's life changes as being under one's own control, in contrast to being fatalistically ruled. Caplan defined mastery as behavior that reduces emotional arousal, mobilizes the individual's resources, and develops new capabilities that "lead to his changing his environment or his relation to it, so that he reduces the threat or finds alternate sources of satisfactions for what is lost."^{36(p413)} Other definitions have included one's sense of control over the important circumstances of life^{37,38} and the extent to which one imagines oneself capable of acting effectively on the environment to meet one's felt needs.³⁹ Hobfoll and Liberman⁴⁰ emphasized the direct-control aspects of mastery, observing that a sense of mastery may actually cause frustration in situations in which exerting control is inappropriate. Taylor⁷ acknowledged that mastery includes beliefs about personal control or a feeling of control over a threatening event so as to manage it or keep it from occurring again. However, he also said that a sense of mastery can be fulfilled by other than direct efforts to control the event; acquiring information, for example, is an indirect effort at control.

Related concepts

Lazarus and Launier⁴¹ defined *coping* as consisting of efforts, both action-oriented and intrapsychic, to manage environmental and internal demands and conflicts among them that tax or exceed a person's resources. Lazarus and Folkman² later refined the defi-

inition to one of constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. These changes were designed to define coping as process-oriented rather than trait-oriented. Further, they emphasized that this definition avoids the problem of confounding coping with outcome; thus the use of the word "manage" rather than "mastery."

Adjustment, a closely related concept, has been defined as the goodness of fit between the characteristics of the person and the properties of his or her environment.⁴² In this definition, environment includes both the objective and subjective environment. The definition of adjustment does not, however, convey the necessity for growth, as does the definition of mastery presented here.

Efficacy,³⁴ *resilience*,^{32,43} and *hardiness*⁴⁴ refer to relatively stable traits of the personality that may predispose an individual to master difficult circumstances. Self-efficacy arises from the perception of successful performance and in turn gives rise to persistence in coping. Resilience is an ability to recover from or adjust easily to misfortune or change. Hardiness is a composite of traits consisting of commitment, challenge, and control.

Control is a concept that is related to mastery, but lacks the focus on outcome and growth. Much of the literature on control often takes the implicit position that it is better to believe that you can control events than to think you cannot.⁴⁵⁻⁴⁸ White,³³ in a now classic review of the literature on effectance motivation, referred to a pervasive, intrinsic need to exercise control over the environment; DeCharms⁴⁹ argued that the urge to be

effective in changing the environment is man's primary motivational propensity. Moch⁵⁰ used the term "personal uncontrol" to refer to the realization that one does not have power over all, which is a type of letting go. However, in stressful situations, people strongly value and are reluctant to relinquish the perception of control.⁶ Theorists of both helplessness and locus of control interpret various inward behaviors (passivity, withdrawal, and submissiveness) as signs of relinquished perceived control. In fact, such behavior may be initiated and maintained in an effort to sustain perceptions of control. This is particularly likely when the inward behavior helps prevent disappointment, when it leads to a perception of alignment with forces such as chance or powerful others, and when it is accompanied by attempts to derive meaning from a situation. Because control is so valued, the quest for it is rarely abandoned; instead, individuals are likely to shift from one method of striving for control to another.⁶ Rothbaum and colleagues⁶ proposed a two-process model of control. The first process involves attempts to change the world so that it fits the self's needs (primary control). The second process, attempts to fit with the world, is referred to as secondary control. Neither process is thought to exist in pure form; often the two are intertwined.

Thus, in many cases, mastery has been conceptualized as either largely or entirely involving change of the event or environment. Previous definitions of mastery are often trait-oriented and appear to be closely aligned with earlier ideas of locus of control. The present theory includes mastery by changing the stressor but also addresses mastery in those situations in which the event cannot be changed and mastery occurs

over the experience of stress. This theory also emphasizes the growth that may result with mastery.

MASTERY AND ITS COMPONENTS

The concept of mastery

The definition of mastery proposed here is congruent with the root-word, "master," which means one who has control, defeats another, possesses consummate skill or dominion, and is in full command. Mastery is a human response to difficult or stressful circumstances in which competency, control, and dominion are gained over the experience of stress. It means having developed new capabilities, having changed the environment, and/or reorganized the self so that there is a meaning and purpose in living that transcends the difficulty of the experience. One who is beset by threatening circumstances and overcomes is tempered by the experience and emerges with greater strength and resilience. It includes having rebuilt shattered assumptions about self and the world and having a greater feeling of harmony and purposefulness.^{7,51}

There are a number of defining characteristics of mastery. They include 1) the achieved sense of control, perceived or actual, over a situation that created a sense of vulnerability and over one's life;⁷ 2) having an answer to the question, how can I keep this or a similar event from happening again, when that is appropriate to the circumstances; 3) having recovered self-esteem, feeling good about oneself again, and having a competent self-image; and 4) having found alternative sources of satisfaction for what is lost. These become a personal resource en-

abling one to "imagine oneself capable of acting effectively on the environment to meet one's felt needs."^{39(p185)}

Mastery may also be characterized by the higher quality of life it generates. Taylor⁷ observed that, following devastating experiences, many individuals achieve a quality of life or level of fulfillment equivalent to or even exceeding their prior level of satisfaction. The shock of discovering one's personal vulnerability may be replaced by a decrease in the need to believe in one's invulnerability and by an acceptance of life on those terms, without abandoning the opportunity to exert personal influence on events.

Although mastery is expressed in the intrapersonal mode, that is, in the way the person experiences himself or herself, it is also expressed in the interpersonal mode, in the person's relationships with others. As such, it is characterized by stronger family and other interpersonal ties and a greater sense of community with others. This is often reflected in an ability to immerse oneself in productive activity, both work and leisure, coupled with a greater awareness and understanding of life experiences and thus more compassion and understanding of others. These bonds of connectedness with others forge greater social strengths with which to engage both present and future challenges.

Antecedents of mastery include successful coping and the self-curing and self-caring activities required for recovery. In consequence, mastery results in a change in the perception of the self as more efficacious, strong, and enduring. It also results in the anticipatory appraisal of similar future events as less threatening and of available resources as more adequate. The effect of

mastery on the state of health is that the net flow of personal energies is directed toward living, upward aspirations and toward expanding human potential (anabiotic) rather than defending against threat (catabiotic).

Mastery is not the absence of stress in a given set of circumstances. Nor does mastery imply that the individual experiencing it does not react. It also does not mean that an individual has coped with a stressful experience with ease. Instead, it means that, in spite of suffering, anguish, and perhaps a number of missteps, the attempt to overcome is eventually successful. It does imply that there is no continuing hypervigilance, compulsive repetition or sleep disturbances, or continued dysphoria resulting in catabiotic effect. Nor does any continued longing for what has been lost exert such catabiotic effect as to prevent the formation of new attachments. Rather, the love invested in old attachments is freed and becomes more universal and therefore available for future attachment, both to individuals and to society. Mastery also implies that not only are previous levels of personal integration regained, but new growth occurs. Also, although mastery is a process and does change, it is not coping. It is not the efforts to deal with the situation, but rather the product of those efforts. Thus the mode of coping or even temporary, ineffective efforts are not directly relevant to mastery.

Not all individuals emerge from a stressful experience with mastery. Absence of mastery is characterized by fearfulness, passivity, alienation, and an indistinct sense of self. The full opposite of mastery is to become a slave of circumstance, neither experiencing choice and control nor maintaining dominion over self. With some mastery, individuals may adjust to events and regain equilib-

rium but fall short of growth or any sense of control or dominion. Absence of mastery often includes failure to regain the sense of community with others.

Mastery contains the following conceptual elements: certainty, change, acceptance, and growth.

Certainty

The root word certainty means to be, on the basis of thorough examination, definite, sure, not in doubt. Thus, certainty is a state of having adopted a particular view that is free of troublesome doubts. The particular view is complex: it is the product of an internal model that incorporates previous life events and self-perceptions but has been revised in the face of new realities pertaining to the event and to changes in self, in others, and in the relationship between self and environment. Changes in the relationship between self and environment include changes in the perception of what is possible in life, what may occur in life, and what is the nature of human beings. This view may be very realistic, but it also contains all of the faith, hope, and illusion (denial) needed to sustain an intact view of the self and the world.⁵² It is a negotiated view. The negotiation maximizes the following:

- a view of self that maintains the level of self-esteem necessary to continue coping,
- a degree of agreement with others that minimizes negative feedback and disconfirmation, and
- a critical degree of agreement with the verifiable history of the events (the video camera test or written documentation).

Thus, this view is an internally and externally consistent “theory” of the event. It is a general principle, not handicapped by individual circumstances or by disconfirmation of comparatively minor aspects of the situation. In short, certainty is the mastery of meaning.

Wittgenstein⁵³ likened certainty to a tone of voice in which one declares how things are. He said that what is important about the certainty of an idea is “what it connects up with.” That is, “When we first begin to believe anything, what we believe is not a single proposition, it is a whole system of propositions; light dawns gradually over the whole.”^{53(p141)} Belief in this system of propositions is essential. One cannot make experiments if there are not some things one does not doubt. However, it is not necessary for everyone to hold the same system of propositions. For example, very intelligent and well-educated people believe in the story of creation in the Bible, or an afterlife, while others hold it as proven false, and the grounds of the latter are well known to the former.⁵³

The defining characteristics of certainty are shown principally in the integration of the past model with the revised view. Certainty involves having assigned causes for the event—even if the assigned cause is fate—sufficient to understand, predict, and if possible control the environment. There is also an understanding of the significance of the event and what it symbolizes about one’s life. Thus, the person can answer the questions: What impact has it had? What does my life mean now?⁵⁴ Hope is sustained.⁵⁴ Doubt and confusion are sufficiently reduced to avoid catabiotic effects, and decisions can be made and actions taken that are life promoting.

Certainty includes knowledge but is not fully determined by it. Knowledge assists in categorizing the present situation, accurately determining the potential for change, and forming a strategy for problem solving. However, in the absence of knowledge, pre-existing cognitive categories developed through experience and existing belief matrices fill the gap. Thus, certainty is an integration of all of the philosophy, theology, and science (knowledge) previously used in directing one’s life with the recent revision of inner models (views of the self, the self in relation to others, and ideas of the world). All of these are brought into conformity with the new reality. The new model is consistent and can serve as the dominant organizer of experiences for the present and the future.

Most of the foundations of certainty are present before the onset of the stressful event. Certainty may be partially attained through preexisting developmental maturity. In the negotiation of some developmental states, some questions acquire a categorical or generic answer. For example, some people acquire a generic answer to the question, am I going to die? and are less troubled than others by the specific cause or even the specific date. Thus, knowledge about diagnosis and prognosis are merely details and not the death sentence itself.

Relationships with others provide bonds of connection through which existing knowledge and culturally mandated beliefs are passed.

Certainty has interactional components. Relationships with others provide bonds of connection through which existing knowledge and culturally mandated beliefs are

passed. They also provide a fabric of love that envelops the individual and gives constancy in the face of the seeming disconfirmation produced by the event. Further, others serve to maintain the reality orientation of the belief matrix. They characteristically whittle away at denial, excuses, and any lack of initiative in pursuing information.

Mishel⁵⁵ defined uncertainty as a perceptual state that occurs when internal or external stimuli are vague or unclear. Interpreting and assigning meaning to such stimuli are difficult; the ability to cognitively structure the stimuli, to assign value to them, or to predict their outcome is hindered. Individuals may simply not know whether events are really threatening or can be changed,⁵⁶ and uncertainty is associated with greater emotional distress. Further, Mishel and Braden⁵⁷ reasoned that high degrees of uncertainty decreased the use of direct actions and information seeking and encouraged modes of coping, such as vigilance and avoidance.

Although uncertainty and doubt exist in the working-through phases of stress, for the state of certainty to exist, the models and the view must be predominantly free of self-doubt or dispute with others who are significant in the present and future. Past disputes are less important. Certainty does not exist when a person is unable to categorize or understand the event because mental foundations do not include sufficiently similar categories, that is, when the event seems unique because it is so inconsistent with what was expected (this may occur even with events that are relatively common, such as labor or sudden illness). Not achieving certainty results in a state of continued doubt. It is characterized by the inability to reconcile the "old me" with the "new me" and, often, with

the inability to reconcile one's view of circumstances with that of others. It results in an inability to make decisions for change or to accept circumstances and move on.

Certainty is present in mastery. It enables one to plan, to make decisions, and to know one's direction.

Change

To change is to directly affect the demands or resources of the objective environment and thus to reduce the impact of a stressor. Change entails effective problem solving, decision making, and action. It is exercising primary control and influence on the environment. It is more than minor modification or incremental problem solving. It involves transformative change requiring skills and solutions that were not previously a part of the repertoire. Change achieves mastery of stress through the mastery of the stressor or the relationship between the stressor and the resources. Thus, change is the mastery of fate.

The attributes of change include (a) possessing an accurate appraisal of what can be changed, which is generally validated by the opinion and assistance of significant others; (b) having the necessary knowledge and skills to deal directly with stressors; (c) planning and problem solving; (d) choosing actions from among the possibilities based on careful evaluation of alternatives; (e) employing resources for specific assistance; (f) having a sense of personal responsibility for effecting the change; and (g) persisting in acting and in refining of actions to effect control. Change also involves, in an existential sense, authenticity, that is, a commitment to do what is needed and what is true to the self.

Antecedents of change are both personal and situational. Personal characteristics required for change include sufficient problem-solving and analytical abilities to assess the situation and make a useful plan, the ability to accrue and use knowledge and skills, and a sense of personal efficacy and persistence. Situational antecedents require that there be a number of significant elements in the situation that have not been permanently lost. Change often results in self-actualization in the face of challenge, the acquisition of new skills, and a heightened sense of personal efficacy.

When the situation permits change but the individual does not enact it, victimization and a sense of personal ineffectiveness occur. Unnecessary resignation is experienced. Usually the individual's self-evaluation and the evaluation of others reduce self-esteem. When lack of self-confidence causes an individual to flee from the new learning or the risks entailed by change, that lack of self-confidence continues. Growth does not take place. In some stressful situations, a number of attempts are made to change the situation before it is concluded that, for the most part, it cannot be changed. This attempt to change may be necessary, particularly for some people, before the process of acceptance can begin.

Acceptance

Acceptance is to acknowledge events as true and normal and to agree to the terms of a situation. To accept is to

- admit that crucial aspects of an event cannot be changed,
- suffer the impact of that realization,
- give up any hopeless causes and expectations in the situation,
- be predominantly free of longing for what has been lost,
- change the self rather than the event,
- reinvest in new goals and relationships, and
- find alternate sources of satisfaction for what is lost.

Kubler-Ross described acceptance as the last stage in the process of grieving and defined it as "an existence without fear and despair."^{58(p120)} Thus, acceptance is the mastery of self. Philosophically, the concept may be traced to Nietzsche's *amor fati*, embracing our destiny, which is the existentialist's commitment and fidelity when assuming a personal situation in the world.²²

A condition of acceptance as a component of mastery is, first, doing what can be done to prevent a situation or correct it. The usual sequence of events following a stressful event includes attempting to change the situation, then longing, searching, and even raging for what has been lost. This state entails suffering. Further, the state is characterized by remissions and exacerbations for a considerable time, with gradual reductions in the frequency and severity of the state. At some point, the proportion of personal energy engaged in preoccupation with loss decreases, and energy is invested in new pursuits. Thus, acceptance is a product of the complete and successful grieving of losses.

The effects of acceptance include adjusting one's expectations realistically, giving up attempts to change events that cannot be changed, and making a decision to go forward. Using the interpretation that is given the event, some meaning is derived from the situation, and there is a reorganization of the meaning of one's life in general. New psychologic attachments exist. Hope and optimism return.

In the absence of acceptance, it is difficult to develop new relationships. Lack of acceptance also impedes the investment of life with energy. There is continued prominence of grieving and longing for what was lost, sometimes accompanied by continued efforts to change a situation that cannot be changed. The failure to accept is accompanied by feelings of defeat, despair, depression, helplessness, and hopelessness.

Growth

Growth is a state in which the individual has attained new competencies and feels stronger, more purposeful, and more efficacious than before the event. New strategies developed in the situation are likely to become available for use in future crises and may broaden the individual's adaptive capability.³¹ Therefore, growth means possessing new skills or attachments, having meaning and purpose to living that transcend the difficulty of the experience, and participating in appropriate forward movement. Growth is a state of health in which the net flow of personal energies is directed toward upward aspirations (anabiotic) rather than toward defending against threat or illness (catabiotic). Growth is, therefore, the mastery of a life transition.

Growth involves transformation, in the developmental sense of a qualitative change or new stage, a feeling of having found new meaning, endured, or overcome. For example, Erikson⁵⁹ described developmental crises that, when successfully confronted, lead to accrued strengths of the ego and growth. Lane described transcendence as "the ability of the human spirit to step beyond who and what we are,"^{60(p333)} the "rising above and beyond" one's immediate cir-

cumstances to a higher level of personal and shared communion. Under these circumstances, an individual has more awareness of life as well as more knowledge of self and others, and often, there is a creative outgrowth of the difficult experience itself. There is also a perception of the self as more efficacious, stronger, and more enduring. Human beings are predisposed to grow, to become more differentiated, and to master circumstances. Growth often occurs in situations of novelty and stress, developmental transitions, threats to self, and loss of previously comfortable ways.

The implication of growth is that future difficulties will be met with less shock and with greater competence, resilience, and endurance. The anticipatory appraisal of similar future events will be less threatening, and available resources will be seen as more adequate. Growth results in an individual having more experience and compassion to offer others in similar circumstances. Therefore, the cumulative effect of growth among a number of people will be a strong, healthier community. The healthier community may be observed in families, in groups or in organizations.

THE RELATIONSHIPS AMONG THE CONCEPTS OF MASTERY

All of the elements of mastery—certainty, change, acceptance, and growth—are processes. Each begins early in a stressful expe-

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rience and evolves over time. A critical dose of certainty is necessary for change and acceptance, and a critical dose of those two elements is necessary for growth. Increases in certainty are completed before changes in the other elements are completed, and so on throughout the process of mastery. Because the elements have a period of temporal overlap, it is likely they also have periods of reciprocal causation, which is typical of theories that describe human development. Thus, change, acceptance, or growth may feedback to increase levels of certainty. Growth may also feedback to increase levels of change or acceptance.

In the case of particularly significant life events, it is unlikely that any of these elements is ever "complete." Rather, each reaches a level of stability at which it may remain permanently or, more probably, until another stressful event evokes memories and similar circumstances. The individual may then engage in additional working-through of the first event and achieve greater mastery.

Certainty is a necessary condition for both change and acceptance. It is the basis for a decision to change. It is also the basis for the revision in internal models that ultimately leads to acceptance. Either change or acceptance must occur for mastery to be achieved. However, change and acceptance rarely, if ever, occur as either/or phenomena; they are intertwined in dynamic coordination that is ever responding to the circumstances of a situation. They may vacillate; either change or acceptance may be in the forefront. However, change is primary in the sense that, if it can reasonably occur, it must occur in order to satisfy the conditions of growth. Acceptance occurs largely in relation to what cannot (or ought not to) be changed.

Change, because it entails the acquisition of new knowledge and skills, is a sufficient condition for growth. Acceptance, when it is characterized by the investment of life energies in new people or new pursuits, is also sufficient for growth. However, a balance between change and acceptance that is appropriate for the circumstances of the situation is a necessary condition for growth.

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The person engaged in mastery of stress may be likened to a sailor in a storm. Stress is the storm, certainty is the compass, change is the rudder, acceptance is the angle of the sail set against the wind, and growth is the progress toward a destination. Mastery suggests that the sailor may not only avoid being blown off course, but may in fact use the wind with such effectiveness as to make greater progress than was expected.

The theory of mastery addresses phenomena of considerable importance to nurses whose concern is the human response to health and illness. As patients confront difficult health circumstances, mastery is a critical link in wellness and in quality of life. Nursing scholarship has addressed many aspects of coping behavior as the process with which patients manage stress. The theory of mastery addresses the outcome. A theory of mastery may guide the development of specific interventions to assist the self-curing activities of patients. Researchers may measure and study the progression of mastery and the effects that specific interventions may influence on its development. The goal of these activities is knowledge of human responses to difficulty, effective assistance of patients, and health in the face of illness.

REFERENCES

- Horowitz M. Psychological response to serious life events. In: Breznitz S, ed. *The Denial of Stress*. New York, NY: International Universities Press, 1983.
- Lazarus RS, Folkman S. *Stress, Appraisal, and Coping*. New York, NY: Springer-Verlag, 1984.
- Affleck G, Tennen H, Gershman K. Cognitive adaptations to high-risk infants: The search for mastery, meaning and protection from future harm. *Am J Ment Defic*. 1985;89(6):653-656.
- Lewis F. Experienced personal control and quality of life in late-stage cancer patients. *Nurs Res*. 1982; 31(2):113-119.
- Lowry B, Jacobsen B, Murphy B. An exploratory investigation of causal thinking of arthritics. *Nurs Res*. 1983;32(3):157-162.
- Rothbaum F, Weisz J, Snyder S. Changing the world and changing the self: A two-process model of perceived control. *J Pers Soc Psychol*. 1982;42(1):5-37.
- Taylor SE. Adjustment to threatening events. A theory of cognitive adaptation. *Am Psychol*. 1983;38:1161-1173.
- Taylor S, Lictman R, Wood J. Attributions, beliefs about control and adjustment to breast cancer. *J Pers Soc Psychol*. 1984;46:489-502.
- Watson D. The actor and the observer: How are their perceptions of causality divergent? *Psychol Bull*. 1982;92(3):682-700.
- Wong PTP, Weiner B. When people ask "Why" questions, and the heuristics of attributional search. *J Pers Soc Psychol*. 1981;40(4):650-663.
- McCrae RR. Situational determinants of coping responses: Loss, threat, and challenge. *J Pers Soc Psychol*. 1984;46(4):919-928.
- Shontz FC. *The Psychological Aspects of Physical Illness and Disability*. New York, NY: Macmillan, 1975.
- Wortman C, Silver R. The myths of coping with loss. *J Consult Clin Psychol*. 1989;57(3):349-357.
- Katz S, Florian V. A comprehensive theoretical model of psychological reaction to loss. *Int J Psychiatry Med*. 1987;16:325-345.
- Falck A, Britton S. Phases in coping: The hypothesis and its implications. *Soc Biol*. 1974;21:1-7.
- Caplan G. Loss, stress and mental health. *Community Ment Health J*. 1990;26(1):27-48.
- Silver R, Wortman E. Coping with undesirable life events. In: Garber J, Seligman MEP, eds. *Human Helplessness: Theory and Application*. New York, NY: Academic Press, 1980.
- Moch S. Health within illness: Conceptual evolution and practice possibilities. *ANS*. 1989;11(4):23-31.
- Tillich P. *The Courage To Be*. New Haven, Conn: Yale University Press, 1952.
- Epictetus; Higginson T, trans. *Discourses and Encheridion*. New York, NY: Walter J. Black, 1944.
- Sahakian W, Sahakian M. *Ideas of the Great Philosophers*. New York, NY: Barnes & Noble, 1966.
- Blackham HJ. *Six Existentialist Thinkers*. New York, NY: Harper & Row, 1959.
- Gadamer H; Linge D, trans. *Philosophical Hermeneutics*. Berkeley: University of California, 1976.
- Allport G: Introduction. In: Frankl V. *Man's Search for Meaning*. New York, NY: Pocket Books, 1959.
- Frankl V. *Man's Search for Meaning*. New York, NY: Pocket Books, 1959.
- Freud S. *Beyond the Pleasure Principle*. London, England: Hogarth Press, 1920.
- Maslow A. *The Psychology of Being*. New York, NY: Van Nostrand, 1968.
- Rapoport L. The state of crisis: Some theoretical considerations. In: Parad HJ, ed. *Crisis Intervention: Selected Readings*. New York, NY: Family Service Association of America, 1965.
- Parad H, Caplan G. A framework for studying families in crisis. In: Parad HJ, ed. *Crisis Intervention: Selected Readings*. New York, NY: Family Service Association of America, 1964.
- Andreasen N, Norris J. Long-term adjustment and adaptation mechanisms in severely burned adults. *J Pers Soc Psychol*. 1972;154:352-362.
- Hamburg DA. Coping behavior in life-threatening circumstances. *Psychother Psychosomat*. 1974;23:13-25.
- Murphy L. Coping, vulnerability and resilience in childhood. In: Coelho G, Hamburg D, Adams J, eds. *Coping and Adaptation*. New York: Basic Books, 1974.
- White R. Motivation reconsidered: The concept of competence. *Psychol Rev*. 1959;66:297-333.
- Bandura A. Self-efficacy: Toward a unifying theory of behavioral change. *Psychol Rev*. 1977;84:191-215.
- Pearlin L, Schooler C. The structure of coping. *J Health Soc Behav*. 1978;19:2-21.
- Caplan G. Mastery of stress: Psychosocial aspects. *Am J Psychiatry*. 1981;138:413-420.
- Elliott D, Trief P, Stein N. Mastery, stress and coping in marriage among chronic pain patients. *J Behav Med*. 1986;9(6):549-558.
- Pearlin L, Radabaugh C. Economic strains and the coping functions of alcohol. *Am J Sociol*. 1976;82:652-663.
- Hobfoll S, Walfisch S. Stressful events, mastery, and depression: An evaluation of crisis theory. *J Community Psychol*. 1986;14:183-195.
- Hobfoll S, Leiberma J. Personality and social resources in immediate and continued stress resistance among women. *J Pers Soc Psychol*. 1987;52(1):18-26.

41. Lazarus RS, Launier R. Stress-related transactions between person and environment. In: Peravin L, Lewis M, eds. *Perspectives in Interactional Psychology*. New York, NY: Plenum Press, 1978.
42. French J, Rodgers W, Cobb S. Adjustment as person-environment fit. In: Coelho G, Hamburg D, Adams J, eds. *Coping and Adaptation*. New York, NY: Basic Books, 1974.
43. Kadner K. Resilience: Responding to adversity. *J Psychosoc Nurs*. 1989;27(7):20-25.
44. Kobosa SC. Stressful life events, personality, and health: An inquiry into hardiness. *J Pers Soc Psychol*. 1979;37(1):1-11.
45. Fleishman JA. Personality characteristics and coping patterns. *J Health Soc Behav*. 1984;25:229-244.
46. Lefcourt H. The function of the illusions of control and freedom. *Am Psychologist*. 1973;28:417-424.
47. Rotter JB, Seeman M, Liverant S. Internal vs. external locus of control of reinforcement: A major variable in behavior theory. In: Washburne NF, ed. *Decisions, Values and Groups*. London, England: Pergamon Press, 1962.
48. Thompson SC. Will it hurt less if I can control it? A complex answer to a simple question. *Psychol Bull*. 1981;90(1):89-101.
49. DeCharms R. *Personal Causation*. New York, NY: Academic Press, 1968.
50. Moch S. Towards a personal control/uncontrol balance. *J Adv Nurs*. 1988;13:119-123.
51. Janoff-Bullman R, Freize I. A theoretical perspective for understanding reactions to victimization. *J Soc Issues*. 1983;39:1-17.
52. Dufault K, Martocchio B. Hope: Its spheres and dimensions. *Nurs Clin North Am*. 1985;20(2):379-391.
53. Wittgenstein L; Anscombe GEM, von Wright GH, eds. *On Certainty*. New York, NY: Harper & Row, 1969.
54. Scanlon C. Creating a vision of hope: The challenge of palliative care. *Oncol Nurs Forum*. 1989;16(4):491-496.
55. Mishel M. Perceived uncertainty and stress in medical patients. *Res Nurs Health*. 1984;7:163-171.
56. Christman NJ, McConnell EA, Pfeiffer C, Wells KK, Schmitt M, Ries J. Uncertainty, coping, and distress following myocardial infarction: Transition from hospital to home. *Res Nurs Health*. 1988;11:71-82.
57. Mishel M, Braden C. Uncertainty: A mediator between support and adjustment. *West J Nurs Res*. 1987;9(1):43-73.
58. Kubler-Ross E. *Death and Dying*. New York, NY: Macmillan, 1969.
59. Erikson E. *Childhood and Society*. New York, NY: Basic Books, 1963.
60. Lane JA. The care of the human spirit. *J Prof Nurs*. 1987;3:332-337.