Toward a Middle-Range Theory of Resilience

The ability to transform disaster into a growth experience and move forward defines the concept of resilience. Nursing is concerned with individuals in this process of moving through adversity and with its own contribution to that process. However, when one examines the literature on resilience for insight into its nature, inconsistencies emerge, suggesting that further theoretical delineation of the concept is needed. This article reports a concept synthesis of resilience undertaken to clarify this confusion. A model, disclosed through the literature, postulates resilience as a four-dimensional construct consistent with the simultaneity paradigm of nursing science. Key words: concept synthesis, pattern, resilience, simultaneity

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WHO RISES ABOVE adversity? This question has precipitated much reflection on the human condition. Stories of the inevitability of life's trials and the struggle to overcome them are replete in religious traditions, mythology, and the arts, as well as in the narratives of ordinary people. Job's biblical effort to maintain personal faith in the face of catastrophic loss, the labors of Hercules, the music of Beethoven, and the survivors of the Holocaust all serve as illustrations of the astounding human capacity for transcending adversity. While it is generally agreed that this ability to transform disaster into a growth experience and move forward defines the concept of resilience,¹ much debate exists in the literature concerning the underlying process behind its manifestation. This article attempts to clarify some of the confusion by discussing the inconsistencies in the literature and by presenting a nursing model of resilience that was disclosed through a concept synthesis of that literature.

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While philosophers and theologians have a long history of contemplating the nature of human resilience, it is only recently that the field of nursing has also begun to do so. There has been increasing discussion of the nature of health and nursing's role in facilitating outcomes of wellness. In this era of health maintenance organizations (HMOs), managed care, and downsizing of acute care facilities, there has also been increased emphasis on the financial, human, and environmental cost to society of disease treatment. The focus of nursing has shifted increasingly toward health and the importance of individual assessment of the factors influencing health behavior. In addition, nursing has become increasingly committed to activities centered on rehabilitating clients and facilitating psychosocial change.

Increased understanding of the process that individuals use to transform a situation, build on it, and grow from it may enable nurses to better accomplish these facets of care and assist patients in their progression toward wellness. This conceptualization of the nurse as a facilitator is consistent with Rawnsley's explanation that the focus of nursing care is the fostering of aspects of the client that facilitate growth and development and nurture health. Rawnsley proceeded to state that the primary domain of nursing research and practice becomes "that separate reality of suffering in which persons struggle to go on despite illness, despite losses, despite handicaps, and despite pain that temporarily or permanently presents obstacles to wholeness." In other words, nursing is concerned with the individual who is in the process of overcoming or moving through adversity and with its own contribution to that process. Further theoretical clarification of the ways in which a person transforms stressful conditions or experiences into opportunities for increased growth may contribute to nursing knowledge in the form of better understanding of the concept of health and nursing's primary concern of fostering motion towards health.

It seems evident that increased understanding of the mechanism of resilience is necessary if the discipline of nursing is going to actualize its commitment to the goals of health promotion and wellness. Consistent recognition and nurturing of the plurality of a clients' inherent strengths and resources within a coherent theoretical foundation of resilience could enhance motion toward health by providing a framework for the exploration of the meaning of an experience. Furthermore, such theoretical clarity facilitates the development of nursing behaviors emphasizing rehabilitative, educational, or consolatory measures. However, when examining the literature on resilience for insight into its nature, confusion arises. Inconsistencies associated with the mechanism of resilience and with the theoretical constructs thought to contribute to its composition make identification and measurement of the phenomenon difficult to accomplish. This state of the literature suggests that further theoretical delineation of the concept is needed. Therefore, in an attempt to clarify this confusion in the literature and to suggest a new theoretical model of the concept of resilience, a concept synthesis was undertaken.

METHOD

Rationale

Concept development is needed when few concepts or no concepts are available in the theorist's area of interest; when the theoretical literature and the research do not match
and reflect one another; or when the concepts available in the area of interest are unclear, outmoded, or unhelpful. The latter is the case here. The understanding of the mechanism of resilience is murky at best. It has been approached from a compensation perspective where personal attributes help to improve adjustment when stress diminishes competence, a protection perspective where personal traits interact with stress in predicting adjustment, and a challenge perspective where stressors are viewed as enhancing competence. Such inconsistency in approach to the study of resilience has contributed to confusion concerning the nature of the phenomenon.

Concept synthesis provides a useful strategy for integrating the various aspects of existing knowledge into a new concept that can advance theory development and future research; it is a method that leads to the discovery of new dimensions of old concepts. Concept synthesis involves six iterative steps: (1) immersion in the area of interest, (2) initial classification of the data, (3) examination of the data for clusters of related phenomena and hierarchical structure, (4) labeling of the concept when it has been reduced as much as possible, (5) empirical verification of the concept, and (6) assimilation of the concept into theory. The data for concept synthesis may come from direct observation, quantitative evidence, or the literature. The concept synthesis reported in this article used a literary approach wherein the literature itself becomes the database; this approach involves examination of the literature for the purpose of acquiring new insights about a phenomenon.

Data collection

Using both computer and manual searches, as well as the techniques of examining ancestors and descendants, browsing, and communication with colleagues, 26 articles focusing on resilience were examined for evidence of defining attributes or themes. These selected articles were a combination of conceptual, qualitative, and quantitative research. The number of articles reviewed reflects the point at which saturation occurred and no further new information was being gleaned from the literature.

The synthesis of the literature began with an examination of the origin of the concept of resilience and the research that has been generated from that point. In psychology, there has been a marked shift in emphasis from investigation of the factors and life experiences that may precipitate poor outcomes to the current attention on individuals who do not succumb to psychological disorder. Researchers have concluded that experiences vary considerably in their risk potential and that even with the most severe stressors or adversities, there are people who do well. This observation marks the beginning of a phase in psychology where study is being directed toward these individual differences that exist in response to environmental conditions. In essence, focus has shifted increasingly from pathology to factors that influence successful resolution.

It was at the inception of this phase of psychological research that resilience was first conceptualized. Frustrated by the inappropriate and overuse of the concept of ego strength, Block and Block proposed that the concepts of ego control and ego resiliency more accurately reflected the true meaning and work of the ego. These authors used a Lewinian framework to explain the concept of ego control as similar to Lewin's property of permeability. Ego resiliency was postulated as similar to the property of elasticity. Block and Block's conceptualiza-
tion of ego resiliency refers to "the dynamic capacity of an individual to modify his or her modal level of ego control, in either direction, as a function of the demand characteristics of the environment." \(^{8}(p48)\) The ego resilient person can be expected to better master new and unsolved circumstances; he or she has the ability to adapt resourcefully to changing environmental contingencies.\(^9\)

Resilience has since been conceptualized both as a continuum\(^2\) and as an aggregate of resources, specifically ego strength, social intimacy, and resourcefulness.\(^3\) It has also been conceptualized as a buffering factor that functions as a protective mechanism consisting of environmental and constitutional factors.\(^7,10,11\) In addition, Beardslee\(^12\) postulated that resilience is the ability to adapt and to restore equilibrium and is composed of self-confidence, curiosity, self-discipline, self-esteem, and control over the environment.

Researchers have examined resilience as a composite of individual, familial, and cultural factors\(^13\) as well as a function of protective factors composed of personal and social resources.\(^4\) The basis for resilience has also been described as consisting of dis-positional attributes, affectional family ties, and external support systems.\(^5\) Additionally, equanimity, self-reliance, existential aloneness, perseverance, and meaningfulness have been identified as constituting resilience.\(^6\)

In addition to the evident incongruence in defining components, examination of the literature also disclosed the lack of standardized and validated measures of resilience.\(^17\) While much progress has been made in the refinement of instruments that measure psychopathology or maladaptive behavior, little progress has occurred in the development of measurements of adaptive behavior or resilience.\(^12\) Consequently, measurement studies have used different quantitative tools to measure a variety of other adaptive outcomes reflective of social and psychological competence as resilience. In one study resiliency was operationalized as social competence, global self-worth, and perceived health using the Mother and Father Relationship Questionnaire, the Self Perception Profile for Adolescents, and the General Health Rating Index. In a different study Johnson, Classman, Fiks, and Rosen\(^13\) used cluster analysis of head circumference percentiles, neurological evaluation, the Merrill-Palmer Scale of Mental Tests, and number of referrals for special services as an operational definition of resilience. The Pupil Behavior Rating Scale, Child Behavior Checklist, and Human Figure Drawing,\(^19\) as well as the Spitzer Quality of Life Index, Global Assessment of Functioning Scale, and Wortman Social Support Scale,\(^20\) have also been used to operationalize resilience. Currently, there is one measure of resilience reported in nursing literature.\(^21\) This instrument has demonstrated internal consistency \((r=.91)\) and concurrent validity with established measures of adaptation such as morale \((r=.28)\) and life satisfaction \((r=.30)\); its test-retest reliability is currently being assessed. The major flaw of this instrument is that it does not reflect a broader understanding of the concept of resilience. The concept synthesis suggests that resilience encompasses much more than the five themes identified by Wagnild and Young.\(^16\) Additionally, the instrument does not currently adequately measure low resilience; the empirical range of scores has not approached the theoretical range in the negative direction. Finally, content validity of items was
not established by a panel of experts on resilience, and the items were all generated from interviews with older women aged 67 to 92, severely limiting its generalizability.

Given the paucity of standardized and validated measures of resilience, qualitative methodologies have more often been the choice of researchers in studying resilience. In-depth open-ended as well as semistructured interviews have been used to investigate a subject's own perceptions about what enabled him or her to function effectively. However, this methodology results in a multiplicity of sets of themes being developed, all of which purport to explain resilience. Much of this confusion can be clarified through the synthesis of this body of literature.

Concept synthesis

As the literature on resilience was being examined, the data were classified into clusters that appeared to relate to each other or to overlap. Initially, 26 clusters of phenomena were identified. These clusters were then critically examined for similarity in scope and for evidence of hierarchical structure. The original 26 clusters were reduced to six: psychosocial attributes, physical attributes, roles, relationships, problem-solving characteristics, and philosophical beliefs. The psychosocial and physical attributes were then combined, and the roles and relationship categories were combined, yielding four classifications. In returning to the literature for preliminary verification of these four classifications, it became apparent that many of these defining attributes could be observed developing over time. This observation led the researcher to the insight that resilience could be manifested as four unfolding patterns.

PATTERNS OF RESILIENCE

Through the process of concept synthesis, the defining characteristics of resilience were classified as patterns, specifically, the dispositional pattern, the relational pattern, the situational pattern, and the philosophical pattern (see Appendix). These four constructs manifest a larger underlying pattern of resilience, each contributing both individually and synergistically to a personal web of support for each individual.

Dispositional pattern

The dispositional pattern refers to the pattern of physical and ego-related psychosocial attributes that contribute to the manifestation of resilience. Psychosocial attributes are characteristics reflective of personal competence and a sense of self, while physical attributes are the constitutional and genetic factors that enter into the development of resilience. These physical factors include intelligence, health, and temperament.

Resilient individuals are characteristically intelligent, scoring higher on scholastic aptitude and educational achievement tests. Additionally, resilient people generally have a history of good health, good physical appearance, and athletic competence. Finally, characteristics of temperament that elicit positive attention from primary caretakers are also indicative of resilience. Infants who are considered more cuddly and affectionate by their parents and individuals who exhibit a caring attitude are found to be more resilient.

The ego-related psychosocial factors indicative of resilience include a sense of mastery and an awareness of global self-worth and positive self-esteem. In addition, a sense of self-confidence,
belief in self-efficacy, autonomous, and self-reliance, characterize resilience. An individual's dispositional pattern contributes to an overall pattern of resilience when it reflects these physical and psychosocial characteristics.

**Relational pattern**

The *relational pattern* refers to the characteristics of roles and relationships that influence resilience. This pattern includes both intrinsic and extrinsic aspects defined as the placement of value on both close confiding relationships as well as on a broader social network. Intrinsic aspects include turning to another person to have sense made of an experience or to derive comfort, having skill in identifying and relating to positive role models, and having a willingness to seek out a confidant. In addition, the intrinsic nature of relationships is reflected in a deep commitment to relationships and the development of personal intimacy.

The relational pattern also reflects extrinsic social interests. Resilience is manifested in having multiple interests and hobbies as well as a commitment to education, jobs, and social activities. Resilience is also evident in a willingness to seek community support and positive social interactions with family, friends, and others. This characteristic pattern of an individual's roles and relationships contributes to an overall composite pattern of resilience.

**Situational pattern**

The third contributing pattern is labeled "situational." This pattern discloses resilience as a characteristic approach to situations or stressors and is manifested as cognitive appraisal skills, problem-solving ability, and attributes that indicate a capacity for action in facing a situation. The situational pattern includes the ability to make a realistic assessment of one's capacity to act and of the expectations or consequences of that action. It also includes an awareness of what can and cannot be accomplished and the capacity to specify more limited goals to perceive changes in the world, to use active problem-oriented coping, and to reflect on new situations. Flexibility, perseverance, and resourcefulness all contribute to this aspect of the pattern of resilience, as does having an internal locus of control. Finally, the situational pattern also is manifested by novelty seeking, curiosity, an exploring nature, and creativity.

**Philosophical pattern**

The fourth construct synthesized from the literature as characteristic of resilience is the philosophical pattern. This pattern is manifested by personal beliefs. The belief that self-knowledge is valuable and reflection about oneself and events contribute to this pattern. There is also a conviction that good times lie ahead and a belief in finding positive meanings in experiences. Additionally, a belief that lives are worthwhile and meaningful and a conviction in the valuation of one's contributions are inherent in the manifestation of this pattern. There is a realization that life has a purpose, that each person's life path is unique, and that it is important to maintain a balanced perspective of one's life.

**A NURSING MODEL OF RESILIENCE**

When examining these four emerged patterns, the author had the insight that these
patterns relate to the discipline of nursing through their consistency with the simultaneity paradigm of nursing science. This paradigm views the human being as more than and different from the sum of the parts, changing mutually and simultaneously with the environment.33 The nature of this paradigm is one of a rhythmic process of increasing complexity.34,35 In this context, human beings perceive life as an all-at-once, multidimensional experience, with the meaning in any situation being related to the particular dynamics of that situation. Newman34 described this paradigm as a unitary evolving pattern of person-environment interaction. Within this frame, the goal of nursing is to facilitate motion toward wholeness. Pattern recognition provides necessary data relative to the individual human field.

The concepts of energy field, openness, pattern, and pandimensionality are fundamental to a nursing model of resilience.36,37 "Energy field" has been conceptualized as the basic unit of both the living and the non-living. Rogers37 postulated that human beings are dynamic energy fields integral with environmental fields, both fields identified by pattern and characterized by pandimensionality and openness.

Pandimensionality is a way of perceiving reality that refers to a nonlinear domain without spatial or temporal restrictions.37 Concurrently, a science of wholeness emphasizes that phenomena must be examined in terms of sets of elements in interaction.38 It is reasonable to speculate that human energy fields maintain themselves through this process of continuous energy flow, a building up and breaking down of components. This quality of openness is reflected in the movement of both human and environmental fields toward increased diversity.37

This trend toward negentropy can be explored through the concept of pattern. Pattern is essentially involved in energy transformation; it is what identifies an individual, and it is characterized by movement, diversity, and rhythm.34-36 Newman36 wrote that the explicit manifestation that one observes is really a limited view of the greater underlying unseen pattern that is continually in the process of becoming.

Furthermore, Newman36 explained that this unfolding of pattern occurs through the transformative nature of disorganizing experiences. This evolution of pattern through phases of order and disorder is consistent with Prigogine et al's39 conception that if the force of fluctuation to a system is great enough, then that system is forced to change, moving through a period of temporary chaos to a new, higher level of organization and functioning. This is essentially the process that has been described as resilience. Individuals experience an adversity as impetus for change. The individual field converts the chaos of this experience into greater diversity as evidenced by a deepened differentiation of his or her pattern of resilience.

Accepting the premises that individuals and the environment are distinct yet continuously intermingling fields of energy and that human energy fields are integral with their environment allows for the postulate that an individual human energy field moves toward negentropy as it freely flows with the environmental energy field. This transformation is manifested in the developing complexity of the dispositional, relational, situational, and philosophical patterns of resilience. Based on this reasoning, it is further postulated that the synergistic relationship of these four patterns forms a unitary unfolding pattern recognized as resilience. Essentially, the energy flow from the intermingling of the
human and environmental fields is incorporated into an increasingly diverse pattern of resilience (see Fig 1).

FUTURE CONSIDERATIONS

As new ideas take shape within the scientific community, the position of those ideas within the larger body of professional knowledge must be addressed. Reynolds explained how a radically new conceptualization of a phenomenon not only provides an original or unique perspective of that phenomenon, but also represents a dramatic break with past orientations and involves the development of new research strategies that can be used to examine this new conceptualization. While such Kuhnian paradigm shifts are less common in the social sciences than they have been in the physical or biological sciences, such a shift has occurred within the last 20 years in nursing. The conceptualization of Rogers' science of unitary beings was the catalyst that ignited a new focus on the holistic nature of humankind. Within this frame, continued exploration of the unitary nature of human and environmental energy fields has led to further insights concerning the significance of life patterns and the unique contribution the discipline of nursing makes in the process of pattern recognition.

While the interrelatedness of the dispositional, relational, situational, and philosophical patterns was disclosed from the literature, currently there is no empirical evidence to support this theoretical construct. However, initial research to develop an instrument to obtain beginning empirical correspondence is under way. The challenge is to operationalize these theoretical constructs so that they may then be examined in the research arena. In addition, future issues requiring further reflection include the nature of the mutual process of human and environmental patterns, whether certain as-

Fig 1. The energy flow from the intermingling of human and environmental fields is manifested in the increasing complexity of the dispositional, relational, situational, and philosophical patterns, whose synergistic relationship forms a unitary unfolding pattern recognized as resilience.
pects of the patterns mediate other aspects, whether degrees of resilience exist that can be associated with the patterns, and finally how the nurse's role in pattern recognition relates to a mutual process of increasing diversity.

Ultimately, the goal of further research will be the development of a practice model whereby the theoretical construct of the patterns of resilience provides a framework for the generation of nursing behaviors increasingly focused on pattern recognition. Newman stated that there has been a shift from treatment of symptoms of a disease to the search for patterns of interaction that constitute health. Through use of a practice model to explore patterns of resilience, it is hoped that the discipline of nursing will recognize the value of assessing and strengthening natural resilience in understanding a client's overall pattern of health.

The study of pattern and the advancement of the unique role nurses play in pattern identification may stimulate advancement of the simultaneity paradigm within nursing science, leading to new insights into research, education, and practice. The heuristic nature of this unitary paradigm encourages further reflection on the continuous process of human becoming. As we approach the beginning of the next millennium, nursing must more than ever contemplate the future focus of the art and science of the discipline, deciding on a disciplinary matrix that will carry the profession into the 21st century.

REFERENCES


Appendix
Research on Characteristics of Resilient People:
Patterns of Resilience

Dispositional Pattern

History of good health\textsuperscript{15}
Physically robust\textsuperscript{16}
Good health and physique\textsuperscript{24}
Athletic competence\textsuperscript{18}
Nice physical appearance\textsuperscript{18}
Positive perceptions of general health and well being\textsuperscript{18}
Lack of serious medical illness\textsuperscript{17}
Good physical and mental health\textsuperscript{27}
Sense of well-being and psychological health\textsuperscript{28}
Infant temperament—cuddly and affectionate\textsuperscript{22}
Characteristics of temperament that elicit positive attention from caretakers\textsuperscript{22}
Positive temperamental characteristics\textsuperscript{12,17}
More mild temperament\textsuperscript{13}
Easy temperament\textsuperscript{8}
Mild temperament\textsuperscript{27}
Flexibility in temperament\textsuperscript{14}
Significantly higher scores on scholastic aptitude and educational achievement tests\textsuperscript{22}
At least average intelligence\textsuperscript{22,23}
Intelligence\textsuperscript{20,21}

More intelligent\textsuperscript{14}
Above average intelligence\textsuperscript{17}
High intellectual capacity\textsuperscript{9}
Cognitive skills\textsuperscript{31}
Advanced cognitive development\textsuperscript{25}
Appropriate neurodevelopmental characteristics\textsuperscript{27}
Lack of neurodevelopmental disabilities\textsuperscript{17}
Competent\textsuperscript{2} Personal competence\textsuperscript{27}
A sense of mastery\textsuperscript{16}
Personal competence\textsuperscript{3}
Self-esteem\textsuperscript{22}\textsuperscript{16,22}
Self-discipline\textsuperscript{21}
Greater degree of self-control\textsuperscript{22,23}
Self-regulation\textsuperscript{24}
Integrated ego function\textsuperscript{17}
Ego strength\textsuperscript{7} Global self-worth\textsuperscript{13}
Sense of self-worth\textsuperscript{25,29}
Positive self-concept\textsuperscript{23}
Self-confidence\textsuperscript{20,21,25}
Belief in self-efficacy\textsuperscript{7,11,14}
Sense of efficaciousness\textsuperscript{21}
Feelings of efficacy\textsuperscript{26}
Independence\textsuperscript{16}
Sense of autonomy\textsuperscript{15}
More autonomy 14 Self-sufficiency 27 Self reliance 8, 16, 27 Opposite of helplessness and hopelessness 17 Less helpless 14

Relational Pattern

Deep commitment to relationships 17 Closeness to others, deep personal intimacy 20 Close confiding relationships 17 Importance of relationships 28 Social intimacy 5 Having a confidant, someone who was there for them 20 Relationship with significant other 15 A meaningful relationship 24 Turning to other to derive comfort 17 Establishment of a positive relationship with one particular teacher or mentor 25 Turning to another to have sense made of an experience 17 Availability of a role model 29 Having a positive role model 24 Ability to sustain empathic relationships 30 Willingness to seek support from community 15 Forge new relationships with people in the community 20 Social support 19 Skill in identifying and relating to positive role models 15 Taking on caretaker role in family 17 Serve as peace maker 17 Adequate communication skills 22 Intensive, varied activities—school and work 17 Job competence 18 Involvement and commitment to job 17

Wide-ranging interests 20 High activity level 31 Multiple interests and hobbies 15 Interest in school, talent, or sport 25 Higher educational level 20 Academic competence 18 Extensive involvement in academic pursuits 17 Reading and reasoning skills 15 Close friendship development 18 Social skills in interactions with family, friends, and others 19 Positive interpersonal interactions 7, 11 More socialized 22 Social competence 3, 16, 18 Larger social network 14 Relationships with a wide variety of people 17 Tolerance of individual differences 23 Positive interpersonal relationships 27 Positive responsiveness to others 31 Good peer relationships 15 Active and sociable involvement with others 13 Seeking independent relationships 17 Ability to act and think separately from others 17 Socially at ease 23 Socially active 16

Situational Pattern

Active problem-oriented coping 14 Less avoidance-oriented coping 14 Accurate cognitive appraisal of the stress to be dealt with 17 Ability to perceive changes in the world and respond to them 20 Able to gauge their capacity to respond to situations and to follow through as required 29
Repertoire of problem solving approaches\textsuperscript{1,11}
Problem-focused coping style\textsuperscript{12} Ability to solve problems and negotiate solutions\textsuperscript{18} Realistic assessment of one's capacity to act\textsuperscript{17} Realistic expectations of the consequences of an action\textsuperscript{17}
Realistic appraisal of situations\textsuperscript{28} Putting events in perspective with others\textsuperscript{28} Taking action, being organizers\textsuperscript{29} Taking action with a definite aim in mind and some sort of strategy of how to achieve the chosen objective\textsuperscript{7,11}
Ability to set more limited goals\textsuperscript{29} Goal setting\textsuperscript{15,22,23}
Sets high performance standards for self\textsuperscript{9} More achievement oriented\textsuperscript{22,23} Higher achievement motivation\textsuperscript{14} Achievers\textsuperscript{17} Reflectiveness in meeting new situations\textsuperscript{31} Curiosity\textsuperscript{16} Curious and exploring\textsuperscript{9} Novelty seeking\textsuperscript{8} Creative\textsuperscript{9,30} More responsible\textsuperscript{22} Determination\textsuperscript{16} Problem solvers\textsuperscript{17} Doers\textsuperscript{17} Perseverance\textsuperscript{16} Persistence\textsuperscript{7} Internal locus of control\textsuperscript{19,22,23} Control over environment\textsuperscript{16} Sense of being in control\textsuperscript{17} Internal locus of control\textsuperscript{26} Flexible problem solving\textsuperscript{30} Flexibility\textsuperscript{16}
Expecting sudden sharp turns in course of events\textsuperscript{15} Ability to adapt to changing circumstances\textsuperscript{20} Ability to deal with change and adaptation\textsuperscript{7,11} Adaptability\textsuperscript{16} Able to switch readily from assimilation to accommodation\textsuperscript{32} Resourcefulness\textsuperscript{3,16} Desire to use to the fullest whatever talents they have\textsuperscript{22}

**Philosophical Pattern**

Reflection about oneself and events\textsuperscript{12} Committed to reflection\textsuperscript{30} Belief that lives are worthwhile\textsuperscript{20} Perception of oneself as worthwhile and meaningful\textsuperscript{18} Realization that life has a purpose\textsuperscript{16} Valuation of one's contributions\textsuperscript{16} Belief that self-knowledge is valuable\textsuperscript{12} Belief in finding positive meanings in experiences\textsuperscript{30} Faith in the formation of a positive vision of their world\textsuperscript{30} Conviction that good times lie ahead\textsuperscript{20} Realization that each person's life path is unique\textsuperscript{16} Sense of worth and belief in what you are doing\textsuperscript{29} Strong sense of personal integrity\textsuperscript{17} Balanced perspective of one's life and experiences\textsuperscript{16} Belief in self-help\textsuperscript{22} Reflective of changes over time\textsuperscript{17}