

Anasakti and resilience in older adults in south India: a correlation study

Aparna Rajeev^{1*}, Sudharshan Hebbani²

ABSTRACT

This study explores the relation between the Indian concept of Anasakti (Non-attachment) as enunciated in the Bhagavad Gita and resilience and also compares the gender difference in the levels of Anasakti and Resilience in older adults in South India. Snowball ball sampling was used to collect the data from 111 participants of South India who aged between 60 to 85. After screening for psychological distress, 17 responses were rejected. Hence a total of 93 (43 males and 50 females) responses were used for analysis of this study. The tools used for the study included Anasakti scale and The Connor-Davidson Resilience Scale -10 (CD-RISC-10). Results indicate a medium positive correlation between Anasakti and Resilience ($r=0.363$, $p<0.05$). Also, there is a non-significant difference between the levels of Anasakti in males and females and males show higher resilience than females. This study thus provides valuable empirical evidence about the emotional coping styles in older adults.

Keywords: *Anasakti, Resilience, Older adults, Bhagavad Gita*

Anasakti is an Indian concept which can be roughly translated into English as non-attachment. (Singh, K & Raina, M, 2015). This concept has been explained in great detail in the Hindu text Bhagavad Gita. The verse 21 of chapter 5 of Bhagavad Gita ("Bahya-sparsesuvaskatma Vindtyatmani yatsukham, Sa Brahma-yoga-yukt-atma Sukham-akshayam asnute" or Translation: When an individual is unattached to external contacts, he/she finds happiness within his/her self) emphasises the importance of Anasakti as the secret to happiness (Banth S, Talwar C, 2006). A person who is an Anasakt lives in this world without getting attached to the worldly pleasures and thereby gain a mind of equanimity which in turn makes him content with life.

The concept of Anasakti has also been mentioned in Buddhism. (Chandur, J & Sriram, S, 2018). Hence, a person who practises Anasakti experiences mental equipoise and this helps him to cope with different life events. (Singh, K & Raina, M, 2015).

Anasakti is increasingly seen as a 'resistance source' offering physiological and psychological resistance during times of distress. (Chandur, J & Sriram, S, 2018). It is

¹MSc Psychology, Sampurna Montfort College, affiliated to Bengaluru North University, Bangalore, India

²Assistant Professor, Sampurna Montfort College, affiliated to Bengaluru North University, Bangalore, India

*Responding Author

Received: November 23, 2020; Revision Received: December 24, 2020; Accepted: December 31, 2020

Anasakti and resilience in older adults in south India: a correlation study

associated with lowered stress levels (Tewari, 2001), lowered levels of perceived strain (Pande & Naidu, 1992), reduced tendencies of guilt, frustration and hostility (Jha, 2002) and well-being (Mohan, Mohan, Roy, Basu, & Viranjini, 2004; Salagame, 2014). The concept of Anasakti has been explored by Pandey and Naidu (1992). Various dimensions of Anasakti described by Naidu and Pandey (1990) are Effort orientation, Emphasis on duty, Absence of hedonistic compulsion, Effort after excellence, Emotional equipoise in success and failure, Attention control, Present orientation, Lack of social approval/comparison and Non attachment of material possession Old age and Anasakti. (Agrawal, S & Jaiswal, S. 2013).

Resilience

The American Psychological Association (APA, 2015) defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress,” or “bouncing back” from difficult experiences.

Resilience is also defined as a phenomenon or process reflecting relatively positive adaptation despite experiences of significant adversity or trauma. (Luthar, S.S., Lyman, E.L. & Crossman, E.J., 2014).

Several factors influence the development of resilience such as age, gender, health and well-being and an individual’s social networks.

Relationship between Anasakti and Resilience in Older adults

Old age is the stage of human development where the individuals go through various stressors which may be both physical and psychological in nature. They may face physical deterioration, social extrusion and economic deprivation. (Agrawal, S & Jaiswal, S. 2013). They may also face adjustment problems because of urbanization. Thus, coping with negative emotions is very important during this time. Problem focused coping helps older adults to combat the stressors. However, a study done by Pande and Naidu (1992) has shown that scoring higher on Anasakti is related to less strain and stress in individuals.

The studies done on older adults to understand resilience indicate that older adults are as resilient as young adults. (Macleod, S.M. S, Musich, S, Hawkins, K, Alsgaard, K.R. N & Wicker, E. R, 2016). Some studies done on the effect of Anasakti on older adults are either to understand its influence on stress and strain on one hand or to investigate its influence on well-being and adjustment. Also, the number of empirical studies done on this topic is very limited.

Since most of the studies done either to understand Anasakti or resilience have been done on adolescents, children or young adults, it is imperative to understand its impact on older adults as well. Anasakti was also found to be significantly interacting with gender. (Kumar,2009) Also, it is also important to understand if there are any gender difference in the levels of Anasakti and resilience since it will help to design specific interventions for that particular gender for enhancing their well-being. This will in turn help the mental health professionals to improve their quality of living. Therefore, this study aims to fill this research gap. This study may also open more avenues to study further about the Indian indigenous concept of Anasakti.

METHODOLOGY

Research Question

Is there any relationship between Anasakti and Resilience?

Objectives

1. To investigate if there is a relationship between Anasakti and resilience in older adults.
2. To measure the gender difference in the levels of Anasakti in older adults
3. To compare the gender difference in the levels of resilience in older adults.

Hypotheses

H_{A1}: There is no significant relationship between Anasakti and resilience

H_{A2}: There is no significant difference between the means of Anasakti in males and females

H_{A3}: There is no significant difference between the means of resilience in males and females.

Design

A Correlation design was used to understand about the variables under study.

Sample

Hundred and eleven participants from Thiruvananthapuram, Palakkad, Thrissur, Kozhikode, Kannur and Ernakulam districts of Kerala and Chennai district of Tamil Nadu, India ranging in age from 60 to 85 years old, participated in this study. Snowball sampling method was used to select the participants. However, after screening for psychological distress, 17 responses were rejected. Hence a total of 93 (43 males and 50 females) responses were used for analysis of this study.

Instruments

Two measures and one screening tool were used in this study.

1. **Anasakti Scale:** This scale was developed by Singh, K & Raina, S (2015) and was generalized in young adults with a mean age of 23.55 years. It is a scale consisting of 22 statements built based on six factors, which are Faith in God, Outcome vulnerability, empathy, Persistence and fortitude, Frustration tolerance and Emotional equipoise. Each statement contains five options, namely Never, rarely, sometimes often and always out of which the participant is asked to tick anyone. The reliability of the scale is $\alpha = .70$. The concurrent validity of the scale was well established. Acceptable levels of convergent validity with Mental health continuum-short form, MHC-SF ($r = .30$, $p < .01$), Scale of Positive and Negative Experience (SPANES) ($r = -.29$, $p < .01$) was found.
2. **Connor-Davidson Resilience Scale (CD-RISC 10):** This scale was developed by Kathryn M. Conner and Jonathan R.T. Davidson to measure resilience. The 10-item scale is comprised of ten of the original 25 items from the CD-RISC-10 scale. The possible responses range from 0-not true at all to 4-true nearly all the time. This scale is psychometrically superior to the original CD-RISC-25 Scale. This was established through confirmatory factor analysis. An Indian adaptation of this scale was done on Indian students between 17 to 27 years. This showed that the scale was reliable ($\alpha = 0.89$) and valid (Singh, K & Yu, X, 2010).
3. **Kessler Psychological Distress Scale (K10) as a screening tool:** It was used as a screening tool to exclude the participants who indicated higher levels of psychological distress. This tool was developed by Kessler, R at Harvard Medical School. This questionnaire contains 10 items and the participant is asked to tick the option according to what he/she has been experiencing for the past 30 days. The options for each item ranges from none of the time to all of the time. K10 has high internal consistency reliability with Cronbach's alpha of 0.88 (Kanyinga, H.S.,

Anasakti and resilience in older adults in south India: a correlation study

Zamorski, M.A & Colman, I. (2018). K10 scores are also highly negatively correlated with mental distress. Therefore, K10 has moderate psychometric properties to be used in civilian population.

Procedure

The data was collected through Google forms which was password protected to ensure that the scales were not used by a third party. The Google forms were sent to the participants after obtaining their consent. The participants had to fill three forms namely, The Kessler Psychological Distress Scale (K10), which is used to screen the participants who indicated higher levels of psychological distress, Anasakti scale and CD-RISC-10. Only those participants who scored 20 or less in K10 were selected for the study. Therefore, individuals with mild, moderate or severe psychological distress were not included in this study. Following which, the Anasakti scale and CD-RISC-10 were given to the participants along with their proper set of instructions. Out of 111, 17 responses were rejected since their scores indicated mild to moderate psychological distress. So, only 94 responses were considered.

RESULTS

Table 1 Descriptive statistics of Anasakti and resilience in males and females

Participant sex	Anasakti	Resilience
Males		
N	43	43
Mean	82.46	29.35
SD	1.07	5.63
Female		
N	50	50
Mean	82.08	26.20
SD	7.65	7.52

Note N= Number of participants, SD= Standard deviation

Table 2 Correlation between key study variables

	Resilience
Anasakti	0.338*

* $p < 0.05$

Table 3 T-test Results for the Effect of Gender on Study Variables

Variables	Males		Females		t-Test
	M	SD	M	SD	
Anasakti	82.46	1.07	82.08	7.65	0.17
Resilience	29.35	5.63	26.20	7.52	2.3*

* $p < 0.05$

Descriptive statistics such as mean and inferential statistics such as standard deviation were calculated to understand the spread of scores. The correlation coefficient was calculated using Pearson's correlation for two tailed hypotheses. An independent samples t test was conducted to measure the differences in the levels of Anasakti and resilience in males and

females. It was found that there was a significant difference in the levels of resilience in females and males.

The data was analyzed using SPSS 16.00 package. The descriptive statistics is given in table 1. The correlation coefficient is depicted in table 2. The T table is depicted in table 3. The result indicated a moderate positive correlation between the two variables, $r=0.338$, $n=93$, $p<0.05$. Therefore hypothesis 1 was rejected. The T test results indicated a non-significant difference in the levels of Anasakti in older males and females $t(77) = 0.17$, $p=0.87$. An effect size of $d= 0.042$ was found for the variable Anasakti. Therefore, the hypothesis 2 was retained. However, the t test indicated a significant difference in the levels of resilience in older males and females $t(89) = 2.3$, $p=0.024$. An effect size of $d= 0.46$ was found for the variable resilience. Hence, hypothesis 3 was rejected.

DISCUSSION

The present study indicated a moderate positive relationship between Anasakti and Resilience in older adults in India. This means that the greater the score of Anasakti, the greater will be the resilience. This fits well with the findings of the research done by Mikulincer and Shaver in 2007, where they found that individuals with high attachment anxiety tend to be hypersensitive to perceived rejection and overemphasize their need for social support (Mikulincer & Shaver, 2007), which may undermine their ability to demonstrate resilience. (Jenkins, J.K. 2016). Therefore, individuals who are non-attached tend to have more resilience because they may not be hypersensitive to social support.

The results also indicated relatively equal levels of Anasakti in both males and females. This negates the results of the study which was conducted by Scharfe, E (2017), which found that men tend to report higher ambivalence whereas women tend to report higher avoidance attachment. Another study conducted in adults between 18 to 55 years showed that women tend to score more on attachment related anxiety and men tend to score high on attachment-related avoidance. (Gugova, G.R & Heretik, A, 2011) It was also found that female infants tend to befriend to their mothers when compared to male infants, in response to an external threat. David, D.H. & Ruth, K.L., 2005).

Old age brings about various changes in terms of social networks, a decline in health and economic deprivation. (Pande & Naidu, 2005). Therefore, older adults, irrespective of gender, more likely trust on the cognitive approach (Positive reappraisal) and avoidance coping to cope with these life stressors. (Pande & Naidu, 2005).

On the other hand, the t value for resilience between males and females indicated a significant difference. This shows that there is a significant difference between the levels of resilience in males and females. Also, males have scored higher on resilience compared to females, which is also evident from table 1. This indicates that males tend to be more resilient than females. This difference may be due to the fact that older women have higher longevity compared to their male counterparts, which in turn lead to various adjustment issues such as an increased likelihood of experiencing health problems. And as a result, older women are more likely to suffer from stroke and hypertension, have functional limitations, report lower self-rated health (Hamid, T.A.; Momtaz, Y.A.; Abdul Rashid, 2010) and more chronic health conditions. (Clarke, L.H.; Bennett, E.V, 2013) Another factor that may lead to a lower level of resilience in females may be due to the difference in psychosocial and gender differences in aging. For example, older women are more likely to be widowed and less likely to be remarried after being widowed than older men which lead

them to have lower levels of income and reduced access to healthcare. (Mathews, A,2011) On the other hand, a few studies have found that women typically score lower on measures of resilience compared to men because the existing conceptualization of resilience do not reflect the ways that gender roles, social expectations, perceptions and environmental factors interact to differentially shape women's and men's experiences and their responses to adversity. (Hiran, S.R.N, Lasiuk, G.R.P.N & Hegadoren, K.R.N, 2016).

CONCLUSION

The present study attempted to understand the nature of correlation between Anasakti and Resilience in older adults in India. It also explored the gender difference in the levels of Anasakti and Resilience in Older adults. The results show the following:

1. There is a moderate positive correlation between Anasakti and Resilience in older adults.
2. There is no significant gender difference in the levels of Anasakti. That is, both males and females have relatively equal levels of Anasakti.
3. Older males tend to have higher levels of resilience compared to older females.

Implications of the Study

The result of this study provides valuable insights to understand the emotional coping style of older adults. Anasakti, as a coping mechanism has been explained by Naidu and Pande (2005). However, there was no empirical evidence for the same. Therefore, from this study, specific interventions can be designed to help the older adults for successful aging. The interventions that can be developed in the future may focus on how to develop Anasakti in elderly so that they may be able to adapt to the changes that happen in their lives. In addition to this, Anasakti can be used in psychotherapy as an intervention for Indian geriatric population. Even though, a theoretical framework on Asakti- Anasakti is already developed (Bhushan L, 1996), there is a need to apply this in clinical and counselling practices especially for the older adults. Anasakti, being a concept ingrained in the Hindu philosophy, it would be easier for the therapists to accommodate this into their client's life in the Indian context. This will also help mental health professionals to cater to the needs of each gender in a sensitive manner. Therefore, using Indian indigenous concepts will be an effective tool for the ageing population.

Limitations of the study

Certain limitations need to be accounted for in this research. Firstly, snowball technique was used for sampling and hence the study cannot be generalized to all sections of the population. Secondly, participants of this study were those who had access to internet and had a smart phone or computer. This may again limit the extent to which the findings of this study can be generalized.

Suggestions for further study

Future research should focus on empirical studies on the indigenous concept of Anasakti is needed. Specifically, Anasakti as an intervention in psychotherapy is the need of the hour. It will be effective especially for older adults in India. Also, there is a need to develop a psychometric tool for measuring Anasakti in older adults. Similarly, more research should be conducted to understand the gender differences in the levels of Anasakti so that it will help to plan interventions for that particular gender.

Likewise, gender sensitive scales for measuring resilience should be made so that it will be easier for the researchers to understand whether resilience is conceptually understood the same way in both the genders.

REFERENCES

- Agrawal, S. (2018). Anasakti and Adjustment. *Journal of Indian Council of Philosophical Research*. Retrieved from <https://link.springer.com/article/10.1007/s40961-018-0155-9>
- Agrawal, S & Jaiswal, S (2013). Anasakti: Stress and Coping in Old age. *Indian Journal of Gerontology*. 27(665- 673). Retrieved from <https://web.b.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authype=crawler&jrnl=09714189&AN=93444385&h=%2bWpy3JtMT%2faDoiT5lsVXCW1FsPL%2bsCKlkUu9uxDV2vGQpCLIMIK7tKPWN0WBtw%2bVHBo02H7Ysdr70Dr7KwKg%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authype%3dcrawler%26jrnl%3d09714189%26AN%3d93444385>
- American Psychological Association, (2012). Retrieved from <https://www.apa.org/topics/resilience#:~:text=Psychologists%20define%20resilience%20as%20the,or%20workplace%20and%20financial%20stressors.>
- Banth, Sudha, Talwar, Charo (2006). Anasakti, the Hindu ideal and its relationship to well-being and orientation to happiness. *Journal of religion and health*, DOI: 10.1007/s10943-9402-3.
- Bhushan, L.I. (1996). Asakti-Anasakti: A Model of Mental Health. Yoga. Retrieved from <http://www.yogamag.net/archives/1996/ajan96/menhelth.shtml>
- Chandur, J & Sriram, S. (2018). Anasakti as Interpreted and Practised in the Bhakti Tradition. *Psychological studies*, 63 (153-162). Retrieved from <https://doi-org.ezproxy.is.ed.ac.uk/10.1007/s12646-017-0435-5>
- Clarke, L.H.; Bennett, E.V. Constructing the moral body: Self-care among older adults with multiple chronic conditions. *Health* 2013, 17, 211–228.
- David, D & Ruth, K. L. (2005). Differential Attachment Responses of Male and Female Infants to Frightening Maternal Behavior: Tend or Befriend versus Fight or Flight?. *Infant Mental Health Journal*, 21(1). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1857276/>
- Hamid, T.A., Momtaz, Y.A. & Rashid, A. S. (2010). Older women and lower self-rated health. *Educational Gerontology*, 36, 521–528. 19
- Johnson, K.A. (2007). The Social Construction of Emotions in the "Bhagavad Gītā": Locating Ethics in a Redacted Text. *The Journal of Religious Ethics*. 35(4), 655-679. Retrieved from <https://www.jstor.org/stable/40018024>
- Jenkins, Jennika K. "The Relationship Between Resilience, Attachment, and Emotional Coping Styles" (2016). Master of Science (MS), thesis, Psychology, Old Dominion University, DOI: 10.25777/0wcx-gr47 https://digitalcommons.odu.edu/psychology_etds/28
- Kumar & Kumar. (2013). Karma yoga: A path towards work in positive psychology. *Indian Journal of Psychiatry*. 55(2), 150–152. doi: 10.4103/0019-5545.105511. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705674/>
- Martin-Matthews, A. Revisiting widowhood in later life: Changes in patterns and profiles, advanced research and understanding. *Canadian Journal of Aging* 2011, 30, 339–354.

Anasakti and resilience in older adults in south India: a correlation study

- Mathur, P. (2007). Mental Health Care for Better Living. *Journal of Indian Health Psychology*. 1(2), 155-166. Retrieved from <http://globalvisionpub.com/globaljournalmanager/pdf/1378552952.pdf>
- Mikulincer, M., & Shaver, P. R. (2007). Attachment in adulthood: Structure, dynamics, and change. New York: Guilford Press.
- Pande, N & Naidu, R.K (1992).Anasakti and Health: An Empirical Study of Anasakti (Non Attachment). *Psychology and Developing Societies*, 4(1), 89–104. doi:10.1177/097133369200400106
- Panda, S.N. (2017). The Bhagavad Gitā and Health Management of Psychotherapy.4(2), 106-113. Retrieved from http://www.jssodisha.com/vol_4/vol4_iss2.pdf#page=106
- Prakash, S & Srivastava, A.S. (2019). Resilience, life satisfaction and perceived stress among elderly people living separately from their adult children-: a cross– sectional comparative study. *The International Journal of Indian Psychology*.7(4), 801-808. DIP:18.01.092/20190704, DOI:10.25215/0704.092
- Raina, D & Balodi, G. (2014). A Comparative Study of Emotional Maturity and Values in Bhagavad Gita Readers and Non-Readers. *Asian Journal of Research in Social Sciences and Humanities*.4(10), 129-140. Retrieved from https://www.researchgate.net/profile/Divya_Mandal/publication/271205120_A_Comparative_Study_of_Emotional_Maturity_and_Values_in_Bhagavad_Gita_Readers_and_Non-Readers/links/54c13b3d0cf2d03405c5027a.pdf
- Southwick, S.M., Bonnano, G.A., Masten, A.S., Panter-Brick, C & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(10). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4185134/>
- Upadhyay, P.R & Vashishtha, A.C. (2014). Effect of Anasakti and Level of Post on Job Satisfaction of Employees. *The International Journal of Indian Psychology*.2 (1), Retrieved from <https://ijip.in/articles/effect-of-anasakti-and-level-of-post-on-job-satisfaction-of-employees/>

Acknowledgement

This study would not have been possible without the support of many important people. Primarily, I would like to thank the members of my research supervisor, Mr. Sudharshan Hebbani for his valuable guidance. I would also like to thank my friends and family for always believing in me and keeping me motivated in spite of the hurdles that I had to face to finish this research.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Rajeev A. & Hebbani S. (2020). Anasakti and resilience in older adults in south India: a correlation study. *International Journal of Indian Psychology*, 8(4), 1534-1544. DIP:18.01.166/20200804, DOI:10.25215/0804.166

APPENDIX

K10 Test

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been.

1. During the last 30 days, about how often did you feel tired out for no good reason?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
2. During the last 30 days, about how often did you feel nervous?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
4. During the last 30 days, about how often did you feel hopeless?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
5. During the last 30 days, about how often did you feel restless or fidgety?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
6. During the last 30 days, about how often did you feel so restless you could not sit still?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
7. During the last 30 days, about how often did you feel depressed?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
8. During the last 30 days, about how often did you feel that everything was an effort?
a)None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?
a) None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time
10. During the last 30 days, about how often did you feel worthless?
a) None of the time b)A little of the time c)Some of the time d)Most of the time e)All of the time

Anasakti and resilience in older adults in south India: a correlation study

Anasakti Scale

Mentioned below are a few statements to which you need to respond to the best of your understanding. Please, answer all questions. Tick (✓) the best answer for each that applies to you.

S/no	STATEMENTS	NEVER (1)	RARELY (2)	SOMETIMES (3)	OFTEN (4)	ALWAYS (5)
1.	I believe God cares for us more than we can care for ourselves					
2.	I repeatedly ask myself whether I would succeed or fail					
3.	I am happy to see others' happiness.					
4.	After sometime that task becomes a burden.					
5.	Even if he did bad to me, I would react back with kindness.					
6.	I am usually calm and quiet.					
7.	I feel remembering God is the perfect solution to all the problems.					
8.	I repeatedly think about the losses which will result due to failure.					
9.	I deeply care for people who are suffering and offer my comfort.					
10.	If chances of failure are high, my effort declines.					
11.	I do not believe in taking revenge.					
12.	I remain calm even after earning huge profits.					
13.	I try to see bigger plan of God in everything that is happening in my life.					
14.	Repeatedly this thought comes to my mind that I will be unsuccessful.					
15.	I offer care to one and all equally					
16.	I hesitate in fulfilling a duty if I find it an expensive venture.					
17.	I do not react if someone says bad words to me.					
18.	I remain balanced in emotionally difficult situations.					
19.	I get upset if I incur loss in some work.					
20.	I like doing those tasks from which I can get quick profits.					
21.	If someone misbehaves with me, I try to understand their frustrations.					
22.	Thoughts related to success interfere in my task.					

Anasakti and resilience in older adults in south India: a correlation study

CD-RISC-10

S/N	Items	Not true at all (0)	Rarely true (1)	Sometimes true (2)	Often true (3)	Nearly true all the time (4)
1	I am able to adapt when changes occur.					
2	I can deal with whatever comes my way					
3	I try to see the humorous side of things when I am faced with problems					
4	Having to cope with stress can make me stronger.					
5	I tend to bounce back after illness, injury or other hardships.					
6	I believe I can achieve my goals, even if there are obstacles.					
7	Under pressure, I stay focused and think clearly.					
8	I am not easily discouraged by failure.					
9	I think of myself as a strong person when dealing with life's challenges and difficulties.					
10	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.					