**Living in Perpetual Crisis: How Do Global Events Shape Our Anxiety and Resilience?**

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**Abstract**

This essay examines how global crises shape anxiety and resilience, using COVID 19. It argues that anxiety rises through uncertainty, threat appraisal, and media driven emotional contagion, while resilience is sustained by regulatory flexibility: a motivational mindset—optimism, coping self-efficacy, and challenge appraisal and a mechanism that links context sensitivity to strategy selection and feedback-based adjustment. Definitions from NIMH and Mayo Clinic anchor key terms. Longitudinal evidence shows heterogeneous trajectories with a resilient majority, and markers, such as stable suicide rates in high income settings, complicate catastrophe narratives. A gender lens reveals why women’s distress was higher: unpaid care burdens and intensified intimate partner violence increased exposure and constrained feasible coping, despite comparable flexibility. The essay critiques preparedness indicators that sidelined gender and proposes solutions: teach flexibility skills at scale and enact gender responsive policies that guarantee Intimate Partner Violence (IPV) and sexual and reproductive health services, childcare supports, and risk communication.

**Introduction**

Living amid overlapping shocks has become the rhythm of modern life. Pandemics, wars, climate extremes, and economic whiplash create a constant backdrop of uncertainty that reliably heightens anxiety. Yet, under that noise, a quieter pattern holds. Across disasters, most people do adapt. Using COVID-19 as a focal case, I argue that global crises elevate anxiety through uncertainty, threat appraisal, and media driven emotional contagion, while resilience is sustained not by stoicism but by regulatory flexibility. Flexibility combines a motivational mindset, including optimism, coping self-efficacy, and challenge appraisal, with a mechanism that moves from reading context, to selecting a suitable strategy, to updating based on feedback. However, gendered structures, especially unpaid care burdens and increased exposure to intimate partner violence, intensify women’s anxiety inputs and constrain strategy choice, producing higher average distress despite comparable capacity for flexibility.

The U.S. National Institute of Mental Health defines anxiety as a normal part of life, but emphasizes that anxiety disorders involve more than occasional worry or fear. In disorders, anxiety does not go away, is felt in many situations, can worsen over time, and interferes with daily functioning (National Institute of Mental Health, 2024). In this essay, I use anxiety to mean the affective and cognitive response to perceived threat and uncertainty, while recognizing that persistent and impairing forms constitute disorders. Resilience is the capacity to adapt to stressors and adversity. The Mayo Clinic describes resilience as the ability to cope with tough events, to keep going despite grief or fear, and to learn skills that strengthen adaptation over time. Resilience does not make problems disappear. It supports problem-solving, meaning-making, and help seeking when needed (Mayo Clinic Staff, 2023). In research terms, resilience refers to a stable, healthy trajectory of functioning following adversity.

**How Global Events Elevate Anxiety？**

Crises elevate anxiety chiefly through uncertainty: novel hazards generate ambiguous cues, prediction falters, and attention narrows to worst case scenarios. Early COVID 19 fit this pattern, with an invisible pathogen, shifting rules, and grim daily indicators, while media spotlighted catastrophes over recoveries, creating a public blind spot for resilience (Bonanno et al., 2023). Social distancing then added chronic stressors as routines collapsed, social contact shrank, and incomes were disrupted (Polizzi et al., 2023). Yet, outcomes diverged: longitudinal research consistently shows 4 trajectories, with roughly two thirds resilient and smaller recovery, chronic, and delayed groups, a distribution COVID 19 largely echoed (Bonanno et al., 2023). A population marker underscores this: real time suicide data from 21 high and upper middle-income countries in April to July 2020 showed no overall increase, including California at 0.90 (95% confidence interval 0.85 to 0.95), New Zealand at 0.79 (0.68 to 0.91), and British Columbia at 0.76 (0.66 to 0.87) (Wise, 2021).

**Why Flexibility Explains the Resilient Majority？**

Resilience often prevails because flexible regulation lets people fit coping to shifting demands. Flexibility begins with motivation. Optimism that the future can improve, coping self-efficacy that one’s actions matter, and a challenge appraisal that frames stressors as demands to be met rather than threats to be endured, together fuel engagement rather than withdrawal (Bonanno et al., 2023). Motivation is only the engine, but the mechanism is sequential. First, sensitivity to context: identify what is controllable and what is not, and what matters most now. Second, access to a diverse repertoire: behavioural activation to rebuild routine and meaning, acceptance and mindfulness to ride out uncontrollable distress, cognitive reappraisal to reduce catastrophic interpretations, and social connection for perspective and support. Third, continuous feedback: ask whether a chosen tactic is helping, and if not, switch. This is why one size fits all prescriptions fail. As Polizzi and colleagues emphasize, the point is to fit strategy to situation, not to find a universally superior tactic. During COVID 19, low intensity versions of these skills delivered by phone or web proved feasible at scale across countries (Polizzi et al., 2023; Bonanno et al., 2023).

**A Gender Lens on Anxiety and Constraint**

Women’s higher average distress during COVID 19 is not evidence of weaker coping. Multiple studies find that women use a broader mix of problem focused and emotion focused strategies than men, indicating flexibility rather than deficit (Prowse et al., 2021; Cholankeril et al., 2023). The difference lies upstream in exposure and constraints that hinder enactment of flexibility. Containment measures shifted large amounts of unpaid care into households, and within households mainly to women. Childcare during school closures, elder care amid service disruptions, and intensified domestic management eroded sleep, exercise, and social time, crowding out self-care and limiting otherwise effective strategies such as behavioural activation or social support (Gencer et al., 2024). Cross national analyses show that increases in unpaid care during COVID 19 predicted worse mental health through work and family conflict, especially for women, demonstrating a structural bottleneck on strategy use rather than a lack of willpower or skill (Gencer et al., 2024).

A second constraint was the shadow pandemic of intimate partner violence. A global systematic review and meta-analysis of 14 studies including 8,335 women estimated the pooled prevalence of any intimate partner violence during COVID 19 at 31% with a 95% confidence interval from 22 to 40%, with higher pooled rates in developing regions at 33% than in developed regions at 14% (Kifle et al., 2024). Country estimates varied sharply, from Uganda at 68% with a 95% confidence interval from 62 to 72% to the United States at 10% with a 95% confidence interval from 7 to 15%, and all forms were present, including emotional at 25%, sexual at 14%, physical at 14%, economic at 17%, verbal at 53%, and controlling behaviors at 54% (Kifle et al., 2024). Intimate partner violence is directly associated with anxiety, depression, and trauma symptoms and also blocks safe access to help, further shrinking workable coping options when flexibility is most needed (Kifle et al., 2024).

These gendered channels reflect what was measured. A review of core tools found limited attention to gender: the Global Health Security Index and the pre-2022 Joint External Evaluation either omitted gender or reduced it to narrow proxies, while widely used response trackers prioritized stringency and testing over continuity of sexual and reproductive health care, intimate partner violence services, or unpaid care; by contrast, gender-focused trackers graded violence, women’s economic security, and unpaid care using the World Health Organization gender-responsiveness scale (Smith et al., 2022). At governance level, the World Health Organization historically neglected gender mainstreaming, with sparse sex-disaggregated data, context-mismatched guidance, and only four of sixteen members on the COVID-19 IHR committee being women (Wenham and Davies, 2021).

**From Critique to Solution**

If anxiety rises via appraisals and constraints, widening resilient trajectories requires work on both fronts. At the individual and school level, teach regulatory flexibility explicitly through quick context checks that distinguish controllable from uncontrollable demands, a versatile repertoire spanning behavioral activation, acceptance and mindfulness, cognitive reappraisal, and self-compassion, and brief feedback loops that ask better, same, or worse to prompt switching rather than rigid persistence; phone and web delivered versions proved feasible at scale during COVID 19 (Polizzi et al., 2023; Bonanno et al., 2023). At the systems level, remove bottlenecks that make flexibility unworkable for many women by designating sexual and reproductive health and gender-based violence services as essential, funding helplines, shelters, and tele safety pathways, and partnering with community women’s groups (Kifle et al., 2024). Add rapid childcare supports and caregiver stipends, and use equity minded risk communication that presents base rates of resilience with clear, actionable steps, choices that likely helped prevent early suicide surges where mental health supports and financial safety nets were in place (Bonanno et al., 2023; Wise, 2021). Finally, update success metrics to include continuity of Intimate Partner Violence (IPV) and Sexual and Reproductive Health (SRH) services, unpaid care burdens, childcare access, PPE fit by sex, representative decision making, and sex and equity disaggregated reporting, drawing on both state and non-state data sources (Smith et al., 2022).

**Conclusion**

Perpetual crisis is our operating environment. Anxiety will ebb and flow with the news cycle. Uncertainty will remain a frequent visitor. The distribution of outcomes is not fixed. When training people to flex, reading context, drawing from a broad repertoire, and adjusting via feedback, we equip them to ride turbulence without denial or collapse. When we redesign systems with gender in mind, funding the safety nets and services that lower exposure and free up time and agency, we make those skills usable by more people. When we update our dashboards to count what sustains everyday security, we shift attention from theatrical gestures to quiet work that keeps households functioning. As Smith and colleagues put it, there is an urgent need to reconceptualize what successful pandemic preparedness and response entails (Smith et al., 2022). Resilience is not a miracle. It is a practice. Our job is to make that practice possible, for women and therefore for everyone.

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