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Study of Relationship between Resilience and Anxiety among Adults

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ABSTRACT: When you have resilience, you harness inner strength that helps you rebound from a setback or challenge, such as a job loss, an illness, a disaster or a loved one's death. If you lack resilience, you might dwell on problems, feel victimized, become overwhelmed or turn to unhealthy coping mechanisms, such as substance abuse.

Resilience won't make your problems go away — but resilience can give you the ability to see past them, find enjoyment in life and better handle stress. If you aren't as resilient as you'd like to be, you can develop skills to become more resilient.

Resilience is the ability to adapt to difficult situations. When stress, adversity or trauma strikes, you still experience anger, grief and pain, but you're able to keep functioning — both physically and psychologically. However, resilience isn't about putting up with something difficult, being stoic or figuring it out on your own. In fact, being able to reach out to others for support is a key part of being resilient. Resilience can help protect you from various mental health conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions, such as being bullied or previous trauma. If you have an existing mental health condition, being resilient can improve your coping ability.

Anxiety is your body's natural response to stress. It's a feeling of fear or apprehension about what's to come. The first day of school, going to a job interview, or giving a speech may cause most people to feel fearful and nervous.

But if your feelings of anxiety are extreme, last for longer than six months, and are interfering with your life, you may have an anxiety disorder.

It's normal to feel anxious about moving to a new place, starting a new job, or taking a test. This type of anxiety is unpleasant, but it may motivate you to work harder and to do a better job. Ordinary anxiety is a feeling that comes and goes, but does not interfere with your everyday life.

In the case of an anxiety disorder, the feeling of fear may be with you all the time. It is intense and sometimes debilitating.

This type of anxiety may cause you to stop doing things you enjoy. In extreme cases, it may prevent you from entering an elevator, crossing the street, or even leaving your home. If left untreated, the anxiety will keep getting worse.

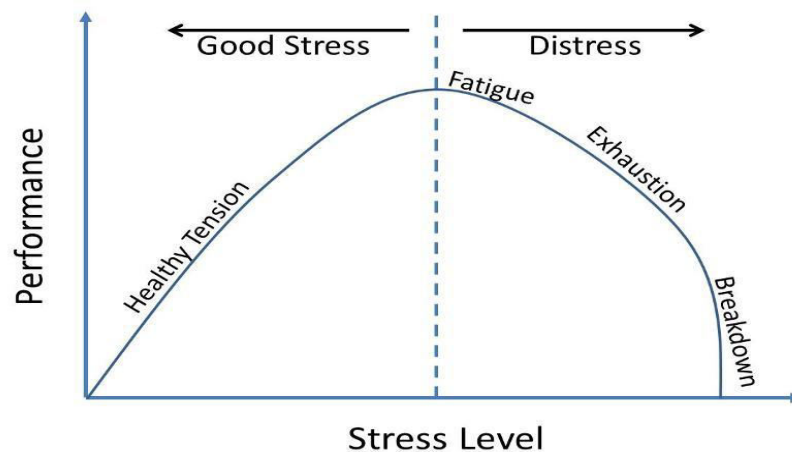
Anxiety disorders are the most common form of emotional disorder and can affect anyone at any age. According to the American Psychiatric Association, women are more likely than men to be diagnosed with an anxiety disorder.

KEYWORDS: resilience, anxiety, nervous, panic, phobia, psychiatric, coping, debilitating, fear

I. INTRODUCTION

Anxiety is an emotion characterized by an unpleasant state of inner turmoil and includes subjectively unpleasant feelings of dread over anticipated events.[1][2] It is often accompanied by nervous behavior such as pacing back and forth, somatic complaints, and rumination.[3]

Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing.[4] It is often accompanied by muscular tension,[5] restlessness, fatigue, inability to catch one's breath, tightness in the abdominal region, nausea and problems in concentration. Anxiety is closely related to fear,[6] which is a response to a real or perceived immediate threat (fight or flight response); anxiety involves the expectation of future threat including dread.[5] People facing anxiety may withdraw from situations which have provoked anxiety in the past.[7]



(Adapted from P. Nixon: Practitioner, 1979)

Though anxiety is a normal human response, when excessive or persisting beyond developmentally appropriate periods it may be diagnosed as an anxiety disorder.[8] There are multiple forms of anxiety disorder (such as Generalized Anxiety Disorder and Obsessive Compulsive Disorder) with specific clinical definitions.[9] Part of the definition of an anxiety disorder, which distinguishes it from every day anxiety, is that it is persistent, typically lasting 6 months or more, although the criterion for duration is intended as a general guide with allowance for some degree of flexibility and is sometimes of shorter duration.

Anxiety can be experienced with long, drawn-out daily symptoms that reduce quality of life, known as chronic (or generalized) anxiety, or it can be experienced in short spurts with sporadic, stressful panic attacks, known as acute anxiety.[19] Symptoms of anxiety can range in number, intensity, and frequency, depending on the person. While almost everyone has experienced anxiety at some point in their lives, most do not develop long-term problems with anxiety.

Anxiety may cause psychiatric and physiological symptoms.[20]

The risk of anxiety leading to depression could possibly even lead to an individual harming themselves, which is why there are many 24-hour suicide prevention hotlines.

The behavioral effects of anxiety may include withdrawal from situations which have provoked anxiety or negative feelings in the past.[7] Other effects may include changes in sleeping patterns, changes in habits, increase or decrease in food intake, and increased motor tension (such as foot tapping).[7]

The emotional effects of anxiety may include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) of danger, and, feeling like your mind's gone blank" as well as "nightmares/bad dreams, obsessions about sensations, déjà vu, a trapped-in-your-mind feeling, and feeling like everything is scary." It may include a vague experience and feeling of helplessness.[2]

The cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying: "You may ... fear that the chest pains are a deadly heart attack or that the shooting pains in your head are the result of a tumor or an aneurysm. You feel an intense fear when you think of dying, or you may think of it more often than normal, or can't get it out of your mind." [20]

The physiological symptoms of anxiety may include:[19]

Neurological, as headache, paresthesias, fasciculations, vertigo, or presyncope.

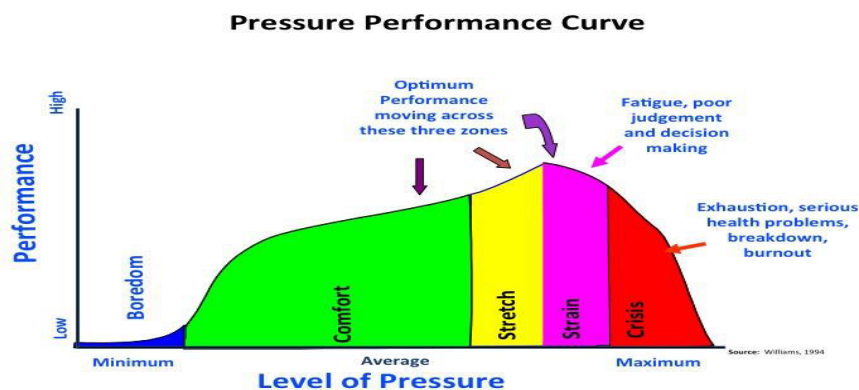
Digestive, as abdominal pain, nausea, diarrhea, indigestion, dry mouth, or bolus. Stress hormones released in an anxious state have an impact on bowel function and can manifest physical symptoms that may contribute to or exacerbate IBS.

- Respiratory, as shortness of breath or sighing breathing.
- Cardiac, as palpitations, tachycardia, or chest pain.
- Muscular, as fatigue, tremors, or tetany.
- Cutaneous, as perspiration, or itchy skin.
- Uro-genital, as frequent urination, urinary urgency, dyspareunia, or impotence, chronic pelvic pain syndrome.

Psychological resilience is the ability to cope mentally or emotionally with a crisis or to return to pre-crisis status quickly.[1] Resilience exists when the person uses "mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors".[2] In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences. Resilience is generally thought of as a "positive adaptation" after a stressful or adverse situation.[3] When a person is "bombarded by daily stress, it disrupts their internal and external sense of balance, presenting challenges as well as opportunities." However, the routine stressors of daily life can have positive impacts which promote resilience. It is still unknown what the correct level of stress is for each individual. Some people can handle greater amounts of stress than others. According to Germain and Gitterman (1996), stress is experienced in an individual's life course at times of difficult life transitions, involving developmental and social change; traumatic life events, including grief and loss; and environmental pressures, encompassing poverty and community violence.[4] Resilience is the integrated adaptation of physical, mental and spiritual aspects in a set of "good or bad" circumstances, a coherent sense of self that is able to maintain normative developmental tasks that occur at various stages of life.[5] The Patient's Institute of the University of Rochester explains that "resilience research is focused on studying those who engage in life with hope and humor despite devastating losses".[6] It is important to note that resilience is not only about overcoming a deeply stressful situation, but also coming out of the said situation with "competent functioning". Resiliency allows a person to rebound from adversity as a strengthened and more resourceful person.[5] Aaron Antonovsky in 1979 stated that when an event is appraised as comprehensible (predictable), manageable (controllable), and somehow meaningful (explainable) a resilient response is more likely.[7][8]

II. DISCUSSION

In cognitive behavioral therapy (CBT), building resilience is a matter of mindfully changing basic behaviors and thought patterns.[6]



The first step is to change the nature of self-talk. Self-talk is the internal monologue people have that reinforce beliefs about the person's self-efficacy and self-value. To build resilience, the person needs to eliminate negative self-talk, such as "I can't do this" and "I can't handle this", and to replace it with positive self-talk, such as "I can do this" and "I can handle this". This small change in thought patterns helps to reduce psychological stress when a person is faced with a difficult challenge. The second step a person can take to build resilience is to be prepared for challenges, crises, and emergencies.[15] In business, preparedness is created by creating emergency response plans, business continuity plans, and contingency plans. For personal preparedness, the individual can create a financial cushion to help with economic crises, he/she can develop social networks to help him/her through trying personal crises, and he/she can develop emergency response plans for his/her household.

Resilience is also enhanced by developing effective coping skills for stress.[20] Coping skills help the individual to reduce stress levels, so they remain functional. Coping skills include using meditation, exercise, socialization, and self-care practices to maintain a healthy level of stress, but there are many other lists associated with psychological resilience.

The American Psychological Association suggests "10 Ways to Build Resilience",[18] which are:

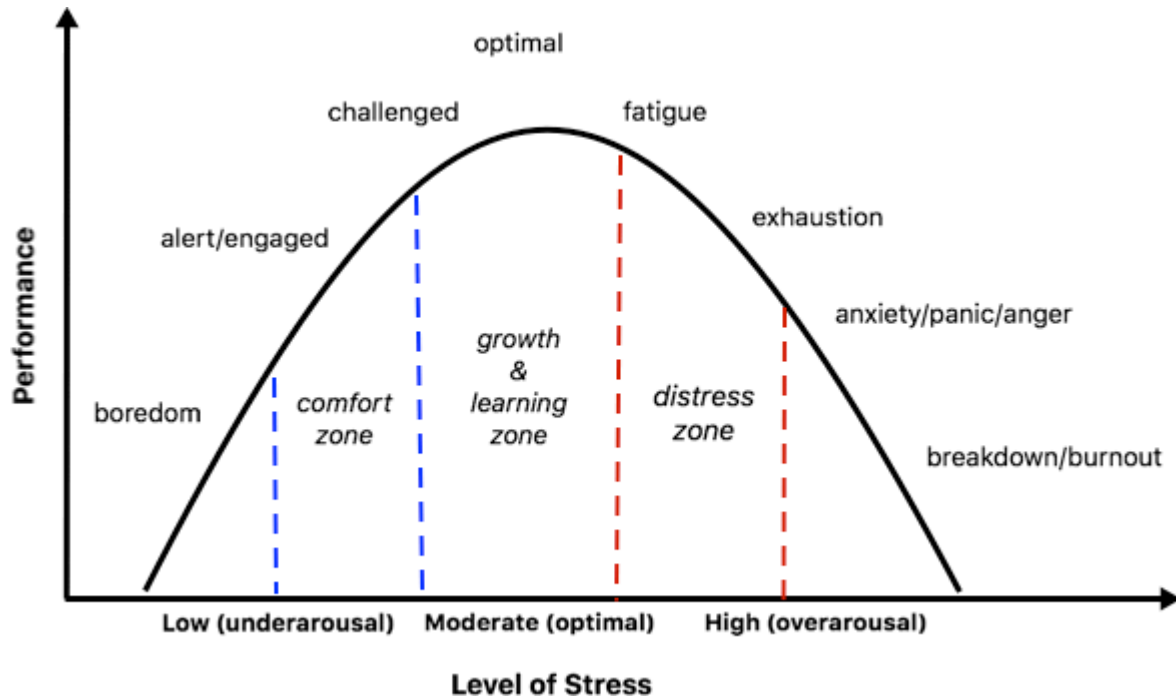
- 1) to maintain good relationships with close family members, friends and others;
- 2) to avoid seeing crises or stressful events as unbearable problems;
- 3) to accept circumstances that cannot be changed;
- 4) to develop realistic goals and move towards them;
- 5) to take decisive actions in adverse situations;
- 6) to look for opportunities for self-discovery after a struggle with loss;
- 7) to develop self-confidence;
- 8) to keep a long-term perspective and consider the stressful event in a broader context;
- 9) to maintain a hopeful outlook, expecting good things and visualizing what is wished;
- 10) to take care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings.

The Besht model of natural resilience building in an ideal family with positive access and support from family and friends, through parenting illustrates four key markers. They are:

- Realistic upbringing
- Effective risk communications
- Positivity and restructuring of demanding situations
- Building self efficacy and hardiness

In this model, self-efficacy is the belief in one's ability to organize and execute the courses of action required to achieve necessary and desired goals and hardiness is a composite of interrelated attitudes of commitment, control, and challenge.

A number of self-help approaches to resilience-building have been developed, drawing mainly on the theory and practice of CBT and rational emotive behavior therapy (REBT).[16] For example, a group cognitive-behavioral intervention, called the Penn Resiliency Program (PRP), has been shown to foster various aspects of resilience. A meta-analysis of 17 PRP studies showed that the intervention significantly reduces depressive symptoms over time.[18]



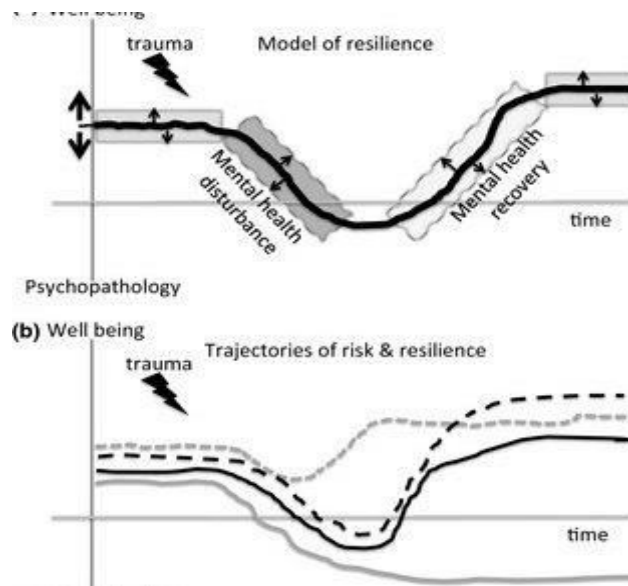
The idea of 'resilience building' is debatably at odds with the concept of resilience as a process,[9] since it is used to imply that it is a developable characteristic of oneself.[7] Those who view resilience as a description of doing well despite adversity, view efforts of 'resilience building' as method to encourage resilience. Bibliotherapy, positive tracking of events, and enhancing psychosocial protective factors with positive psychological resources are other methods for resilience building.[1] In this way, increasing an individual's resources to cope with or otherwise address the negative aspects of risk or adversity is promoted, or builds, resilience.[7]

Contrasting research finds that strategies to regulate and control emotions, in order to enhance resilience, allows for better outcomes in the event of mental illness.[3] While initial studies of resilience originated with developmental scientists studying patient in high-risk environments, a study on 230 adults diagnosed with depression and anxiety that emphasized emotional regulation, showed that it contributed to resilience in patients. These strategies focused on planning, positively reappraising events, and reducing rumination helped in maintaining a healthy continuity.[12] Patients with improved resilience were found to yield better treatment outcomes than patients with non-resilience focused treatment plans,[3] providing potential information for supporting evidence based psychotherapeutic interventions that may better handle mental disorders by focusing on the aspect of psychological resilience.

Humans generally require social acceptance and thus sometimes dread the disapproval of others. Apprehension of being judged by others may cause anxiety in social environments.[11]

Anxiety during social interactions, particularly between strangers, is common among young people. It may persist into adulthood and become social anxiety or social phobia. "Stranger anxiety" in small patient is not considered a phobia. In adults, an excessive fear of other people is not a developmentally common stage; it is called social anxiety. According to Cutting, social phobics do not fear the crowd but the fact that they may be judged negatively.[9]

Social anxiety varies in degree and severity. For some people, it is characterized by experiencing discomfort or awkwardness during physical social contact (e.g. embracing, shaking hands, etc.), while in other cases it can lead to a fear of interacting with unfamiliar people altogether. Those suffering from this condition may restrict their lifestyles to accommodate the anxiety, minimizing social interaction whenever possible. Social anxiety also forms a core aspect of certain personality disorders, including avoidant personality disorder.[15]

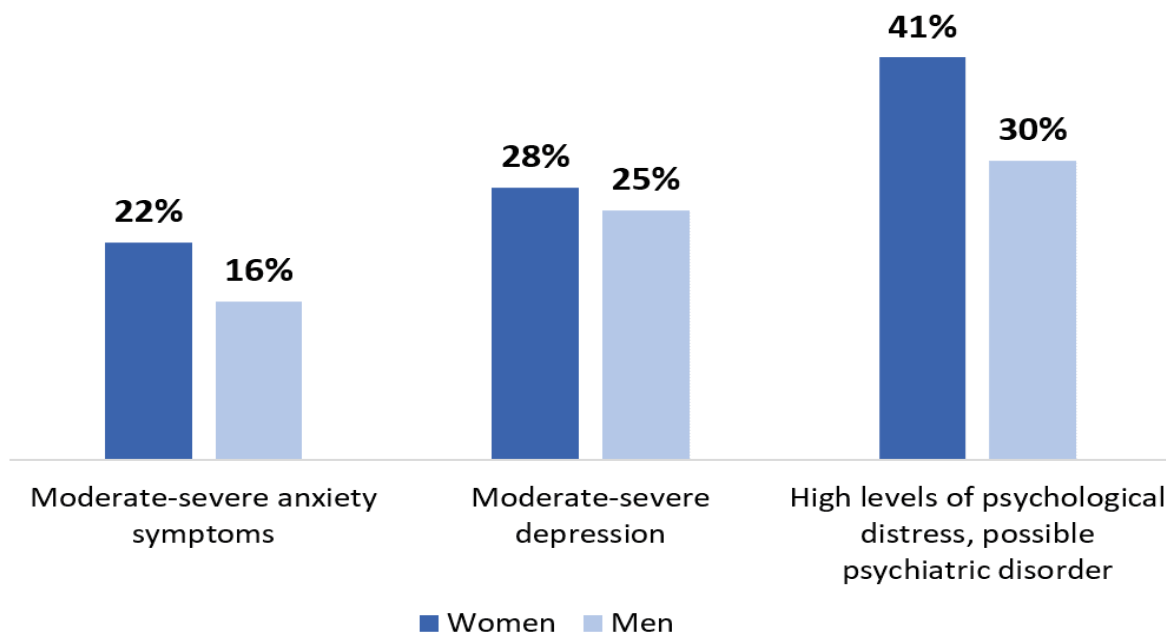


To the extent that a person is fearful of social encounters with unfamiliar others, some people may experience anxiety particularly during interactions with outgroup members, or people who share different group memberships (i.e., by race, ethnicity, class, gender, etc.). Depending on the nature of the antecedent relations, cognitions, and situational factors, intergroup contact may be stressful and lead to feelings of anxiety. This apprehension or fear of contact with outgroup members is often called interracial or intergroup anxiety.[1]

As is the case with the more generalized forms of social anxiety, intergroup anxiety has behavioral, cognitive, and affective effects. For instance, increases in schematic processing and simplified information processing can occur when anxiety is high. Indeed, such is consistent with related work on attentional bias in implicit memory.[11] Additionally recent research has found that implicit racial evaluations (i.e. automatic prejudiced attitudes) can be amplified during intergroup interaction.[11] Negative experiences have been illustrated in producing not only negative expectations, but also avoidant, or antagonistic, behavior such as hostility.[4] Furthermore, when compared to anxiety levels and cognitive effort (e.g., impression management and self-presentation) in intragroup contexts, levels and depletion of resources may be exacerbated in the intergroup situation.

III. IMPLICATIONS

Anxiety disorders are a group of mental disorders characterized by exaggerated feelings of anxiety and fear responses.[5] Anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a fast heart rate and shakiness. There are a number of anxiety disorders: including generalized anxiety disorder, specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective mutism. The disorder differs by what results in the symptoms. People often have more than one anxiety disorder.[5]



Anxiety disorders are caused by a complex combination of genetic and environmental factors. To be diagnosed, symptoms typically need to be present for at least six months, be more than would be expected for the situation, and decrease a person's ability to function in their daily lives. Other problems that may result in similar symptoms include hyperthyroidism, heart disease, caffeine, alcohol, or cannabis use, and withdrawal from certain drugs, among others.

Without treatment, anxiety disorders tend to remain. Treatment may include lifestyle changes, counselling, and medications. Counselling is typically with a type of cognitive behavioural therapy.[6] Medications, such as antidepressants or beta blockers, may improve symptoms.[11]

About 12% of people are affected by an anxiety disorder in a given year and between 5–30% are affected at some point in their life.[6] They occur about twice as often in women than they do in men, and generally begin before the age of 25.[5] The most common are specific phobia which affects nearly 12% and social anxiety disorder which affects 10% at some point in their life. They affect those between the ages of 15 and 35 the most and become less common after the age of 55. Rates appear to be higher in the United States and Europe.[6]

Domains of Resilience



Social risk factors for anxiety include a history of trauma (e.g., physical, sexual or emotional abuse or assault), bullying, early life experiences and parenting factors (e.g., rejection, lack of warmth, high hostility, harsh discipline, high parental negative affect, anxious childrearing, modelling of dysfunctional and drug-abusing behaviour, discouragement of emotions, poor socialization, poor attachment, and child abuse and neglect), cultural factors (e.g., stoic families/cultures, persecuted minorities including the disabled), and socioeconomics (e.g., uneducated, unemployed, impoverished although developed countries have higher rates of anxiety disorders than developing countries).[11] A 2019 comprehensive systematic review of over 50 studies showed that food insecurity in the United States is strongly associated with depression, anxiety, and sleep disorders.[9] Food-insecure individuals had an almost 3 fold risk increase of testing positive for anxiety when compared to food-secure individuals.

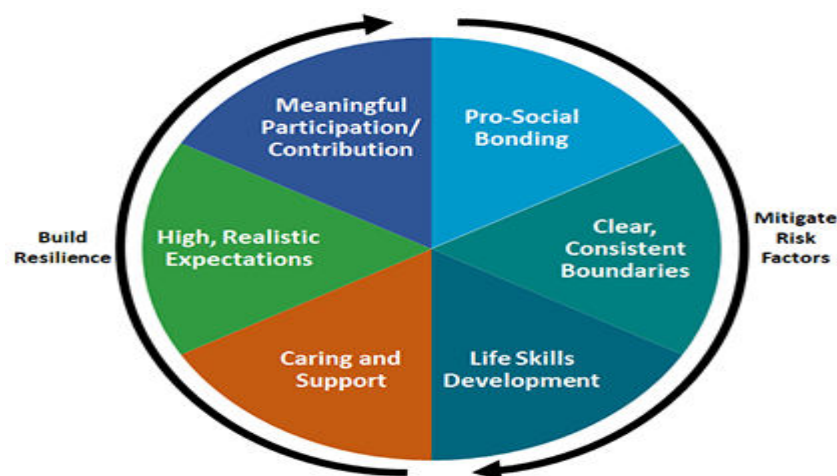
As the world globalizes, language learning and communication have proven to be helpful factors in developing resilience in people who travel, study abroad, work internationally, or in those who find themselves as refugees in countries where their home language is not spoken.

Research conducted by the British Council [4] ties a strong relationship between language and resilience in refugees. Their language for resilience research conducted in partnership with institutions and communities from the Middle East, Africa, Europe and the Americas claims that providing adequate English-learning programs and support for Syrian refugees builds resilience not only in the individual, but also in the host community. Their findings reported five main ways through which language builds resilience: home language and literacy development; access to education, training, and employment; learning together and social cohesion; addressing the effects of trauma on learning; and building inclusivity.

The language for resilience research suggests that further development of home language and literacy helps create the foundation for a shared identity.[7] By maintaining the home language, even when displaced, a person not only learns better in school, but enhances the ability to learn other languages. This enhances resilience by providing a shared culture and sense of identity that allows refugees to maintain close relationships to others who share their identity and sets them up to possibly return one day. Thus, identity is not stripped and a sense of belonging persists.

Access to education, training, and employment opportunities allow refugees to establish themselves in their host country and provides more ease when attempting to access information, apply to work or school, or obtain professional documentation.[12] Securing access to education or employment is largely dependent on language competency, and both education and employment provide security and success that enhance resilience and confidence.

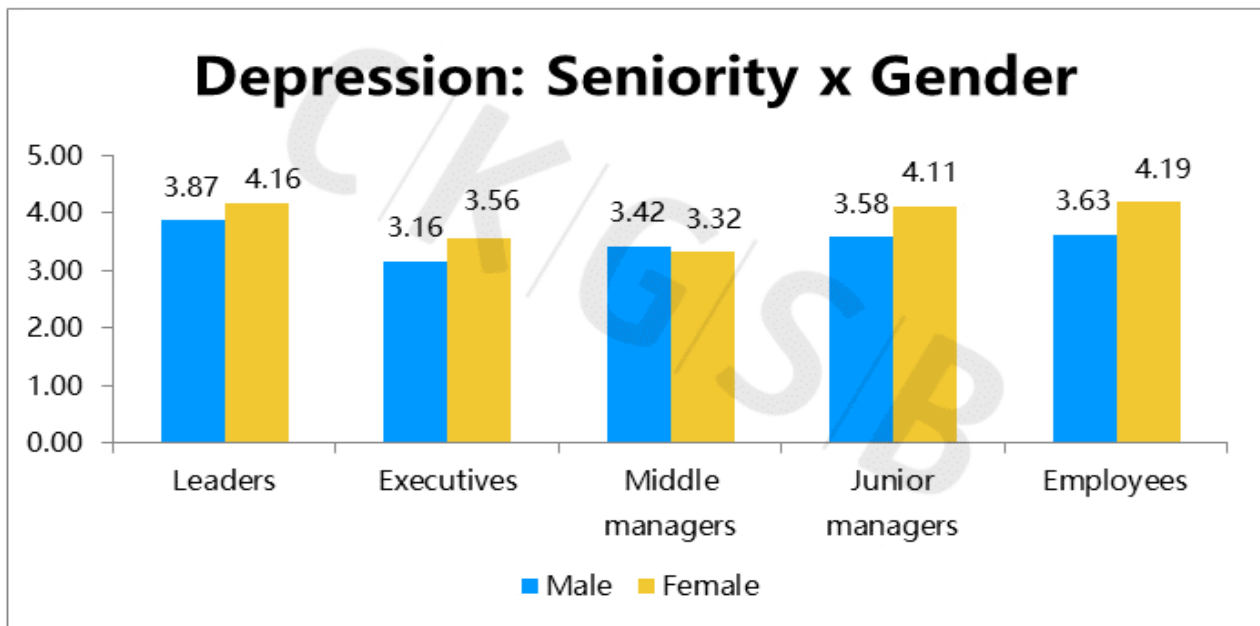
Learning together encourages resilience through social cohesion and networks. When refugees engage in language-learning activities with host communities, engagement and communication increases.[10] Both refugee and host community are more likely to celebrate diversity, share their stories, build relationships, engage in the community, and provide each other with support. This creates a sense of belonging with the host communities alongside the sense of belonging established with other members of the refugee community through home language.



Additionally, language programs and language learning can help address the effects of trauma by providing a means to discuss and understand.[4] Refugees are more capable of expressing their trauma, including the effects of loss, when

they can effectively communicate with their host community. Especially in schools, language learning establishes safe spaces through storytelling, which further reinforces comfort with a new language, and can in turn lead to increased resilience.

The fifth way, building inclusivity, is more focused on providing resources.[4] By providing institutions or schools with more language-based learning and cultural material, the host community can better learn how to best address the needs of the refugee community. This overall addressing of needs feeds back into the increased resilience of refugees by creating a sense of belonging and community.

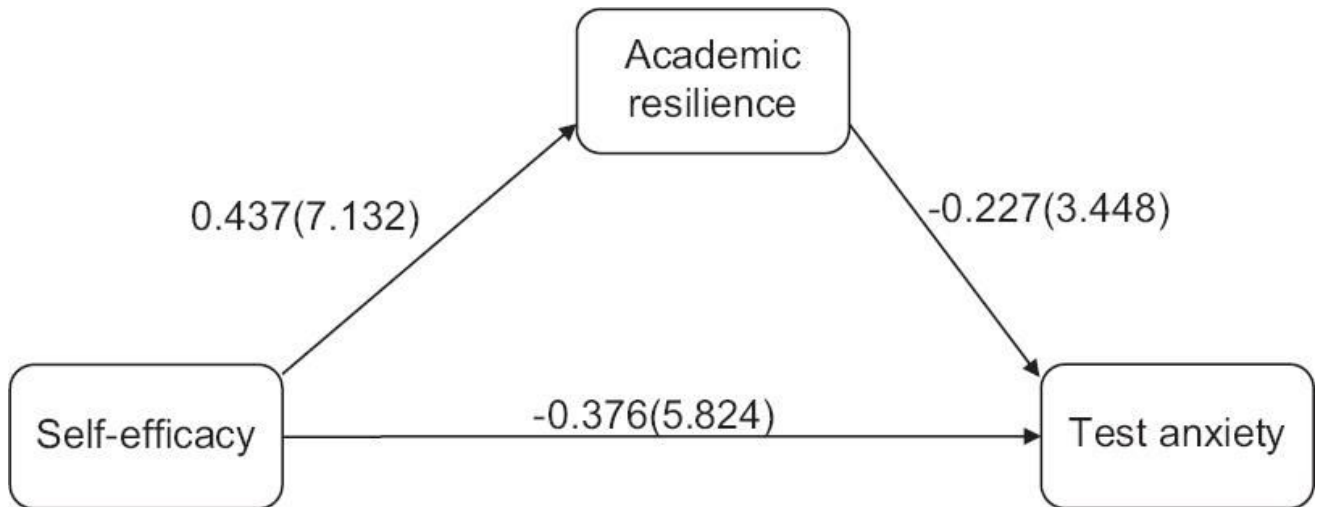


Additionally, a study completed by Kate Nguyen, Nile Stanley, Laurel Stanley, and Yonghui Wang shows the impacts of storytelling in building resilience.[16] This aligns with many of the five factors identified by the study completed by the British Council, as it emphasizes the importance of sharing traumatic experiences through language. This study in particular showed that those who were exposed to more stories, from family or friends, had a more holistic view of life's struggles, and were thus more resilient, especially when surrounded by foreign languages or attempting to learn a new language.[17]

Individualist cultures, such as those of the U.S., Austria, Spain, and Canada, emphasize personal goals, initiatives, and achievements. Independence, self-reliance, and individual rights are highly valued by members of individualistic cultures. Economic, political, and social policies reflect the culture's interest in individualism. The ideal person in individualist societies is assertive, strong, and innovative. People in this culture tend to describe themselves in terms of their unique traits- "I am analytical and curious" (Ma et al. 2004). Comparatively, in places like Japan, Sweden, Turkey, and Guatemala, Collectivist cultures emphasize family and group work goals. The rules of these societies promote unity, brotherhood, and selflessness. Families and communities practice cohesion and cooperation. The ideal person in collectivist societies is trustworthy, honest, sensitive, and generous- emphasizing intrapersonal skills. Collectivists tend to describe themselves in terms of their roles- "I am a good husband and a loyal friend" (Ma et al. 2004) In a study on the consequences of disaster on a culture's individualism, researchers operationalized these cultures by identifying indicative phrases in a society's literature. Words that showed the theme of individualism include, "able, achieve, differ, own, personal, prefer, and special." Words that indicated collectivism include, "belong, duty, give, harmony, obey, share, together."

IV. RESULTS

Anxiety disorder appears to be a genetically inherited neurochemical dysfunction that may involve autonomic imbalance; decreased GABA-ergic tone; allelic polymorphism of the catechol-O-methyltransferase (COMT) gene; increased adenosine receptor function; increased cortisol.[18]



In the central nervous system (CNS), the major mediators of the symptoms of anxiety disorders appear to be norepinephrine, serotonin, dopamine, and gamma-aminobutyric acid (GABA). Other neurotransmitters and peptides, such as corticotropin-releasing factor, may be involved. Peripherally, the autonomic nervous system, especially the sympathetic nervous system, mediates many of the symptoms. Increased flow in the right parahippocampal region and reduced serotonin type 1A receptor binding in the anterior and posterior cingulate and raphe of patients are the diagnostic factors for prevalence of anxiety disorder.

The amygdala is central to the processing of fear and anxiety,[19] and its function may be disrupted in anxiety disorders. Anxiety processing in the basolateral amygdala has been implicated with expansion of dendritic arborization of the amygdaloid neurons.[13] SK2 potassium channels mediate inhibitory influence on action potentials and reduce arborization.[16]

While not all languages have a direct translation for the English word "resilience", nearly every culture and community globally has a word which relates to a similar concept. The differences between the literal meanings of translated words shows that there is a common understanding of what resilience is. Even if a word does not directly translate to "resilience" in English, it relays a meaning similar enough to the concept and is used as such within the language.



If a specific word for resilience does not exist in a language, speakers of that language typically assign a similar word that insinuates resilience based on context. Many languages use words that translate to "elasticity" or "bounce", which are used in context to capture the meaning of resilience. For example, one of the main words for "resilience" in Chinese literally translates to "rebound", one of the main words for "resilience" in Greek translates to "bounce", and one of the main words for "resilience" in Russian translates to "elasticity," just as it does in German. However, this is not the case for all languages. For example, if a Spanish speaker wanted to say "resilience", their main two options translate to "resistance" and "defense against adversity".[20] Many languages have words that translate better to "tenacity" or "grit" better than they do to "resilience". While these languages may not have a word that exactly translates to "resilience", note that English speakers often use tenacity or grit when referring to resilience. While one of the Greek words for "resilience" translates to "bounce", another option translates to "cheerfulness". Moreover, Arabic has a word solely for resilience, but also two other common expressions to relay the concept, which directly translate to "capacity on deflation" or "reactivity of the body", but are better translated as "impact strength" and "resilience of the body" respectively. On the other hand, a few languages, such as Finnish, have created words to express resilience in a way that cannot be translated back to English. In Finnish, the word "sisu" could most closely be translated to mean "grit" in English, but blends the concepts of resilience, tenacity, determination, perseverance, and courage into one word that has even become a facet of Finnish culture and earned its place as a name for a few Finnish brands.[19]

V. CONCLUSIONS

Anxiety Disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013):

- Separation Anxiety Disorder: An individual with separation anxiety disorder displays anxiety and fear atypical for his/her age and development level of separation from attachment figures. There is persistent and excessive fear or anxiety about harm to, loss of, or separation from attachment figures. The symptoms include nightmares and physical symptoms. Although the symptoms develop in childhood, they can be expressed throughout adulthood as well.
- Selective Mutism: This disorder is characterized by a consistent failure to speak in social situations where there is an expectation to speak even though the individual speaks in other circumstances, can speak, and comprehends the spoken language. The disorder is more likely to be seen in young patient than in adolescents and adults.
- Specific Phobia: Individuals with specific phobias are fearful or anxious about specific objects or situations which they avoid or endure with intense fear or anxiety. The fear, anxiety, and avoidance are almost always immediate and tend to be persistently out of proportion to the actual danger posed by the specific object or situation. There are different types of phobias: animal, blood-injection-injury, and situational.
- Social Anxiety Disorder: This disorder is characterized by marked or intense fear or anxiety of social situations in which one could be the subject of scrutiny. The individual fears that he/she will be negatively evaluated in such circumstances. He/she also fears being embarrassed, rejected, humiliated or offending others. These situations always provoke fear or anxiety and are avoided or endured with intense fear and anxiety.
- Panic Disorder: Individuals with this disorder experience recurrent, unexpected panic attacks and experience persistent concern and worry about having another panic attack. They also have changes in their behavior linked to panic attacks which are maladaptive, such as avoidance of activities and situations to prevent the occurrence of panic attacks. Panic attacks are abrupt surges of intense fear or extreme discomfort that reach a peak within minutes, accompanied by physical and cognitive symptoms such as palpitations, sweating, shortness of breath, fear of going crazy, or fear of dying. Panic attacks can occur unexpectedly with no obvious trigger, or they may be expected, such as in response to a feared object or situation.
- Agoraphobia: Individuals with this disorder are fearful and anxious in two or more of the following circumstances: using public transportation, being in open spaces, being in enclosed spaces like shops and theaters, standing in line or being in a crowd, or being outside of the home alone. The individual fears and avoids these situations because he/she is concerned that escape may be difficult or help may not be available in the event of panic-like symptoms, or other incapacitating or embarrassing symptoms (e.g., falling or incontinence).

- Generalized Anxiety Disorder: The key feature of this disorder is persistent and excessive worry about various domains, including work and school performance, that the individual finds hard to control. The person also may experience feeling restless, keyed up, or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability, muscle tension, and sleep disturbance.
- Substance/Medication-Induced Anxiety Disorder: This disorder involves anxiety symptoms due to substance intoxication or withdrawal or to medical treatment.
- Anxiety Disorder Due to Other Medical Conditions: Anxiety symptoms are the physiological consequence of another medical condition. Examples include endocrine disease: hypothyroidism, hypoglycemia, and hypercortisolism; cardiovascular disorders: congestive heart failure, arrhythmia, and pulmonary embolism; respiratory illness: asthma and pneumonia; metabolic disturbances: B12 or porphyria; neurological illnesses: neoplasms, encephalitis, and seizure disorder.

Psychotherapy: One of the most effective forms of psychotherapy is cognitive-behavioral therapy. It is a structured, goal-oriented, and didactic form of therapy that focuses on helping individuals identify and modify characteristic maladaptive thinking patterns and beliefs that trigger and maintain symptoms. This form of therapy focuses on building behavioral skills so that patients can behave and react more adaptively to anxiety-producing situations. Exposure therapy is utilized to move individuals towards facing the anxiety-provoking situations and stimuli which they typically avoid. This exposure results in a reduction in anxiety symptoms as they learn that their anxiety is causing them to experience false alarms and they do not need to fear the situation or stimuli and can cope effectively with such a situation.

Life is never perfect. As much as we wish things would 'just go our way,' difficulties are inevitable and we all have to deal with them. Resilience theory argues that it's not the nature of adversity that is most important, but how we deal with it. When we face adversity, misfortune, or frustration, resilience helps us bounce back. It helps us survive, recover, and even thrive in the face and wake of misfortune, but that's not all there is to it. In order to develop effective interventions to enhance resilience, it is critical to understand that humans are embedded in families, families in organizations and communities, and communities in societies and cultures. Interventions targeted at any one of these levels will impact functioning at other levels. Sometimes the most effective strategy to enhance resilience at a specific level may involve intervening on a different level. For example, to enhance resilience in a young child it may be more effective to provide schools and parents with needed resources (e.g., healthy meals; education on how to raise patient) than to intervene at the level of the individual child. Similarly, communities may enhance individual resilience by providing job training and placement for those who are unemployed. In other words, resilience in the individual is highly dependent on multiple layers of society.

It is also important to understand that determinants of resilience in one community may differ from those in another community (e.g., rural Afghanistan vs. Manhattan), and that some skills needed to successfully deal with one stressor/trauma may differ from those needed to cope with a separate traumatic situation (e.g., terrorist attack vs. cancer diagnosis). For example, instilling a sense of hope, dignity and coherence may be critically important for fostering resilience in a war torn and impoverished community but not in a stable and resource rich community. To develop effective resilience-enhancing interventions that are informed by an understanding of these complexities, experts from a broad range of disciplines will need to work together and listen carefully to one another as well as to those who are actually facing trauma.

Regarding patient, perhaps the most effective way to enhance resilience is to provide a safe, stable and loving environment that allows the child's natural protective systems to emerge, and to foster healthy brain, cognitive, emotional and physical development. In order to improve the odds for healthy development and resilience, it may be necessary to provide a variety of resources to families, schools and communities.

Interventions to enhance resilience can be administered before, during or after stressful/traumatic situations. Some interventions may be more effective at one time point than another. Ideally, interventions/training will occur prior to stressful events so that the individual is better prepared to deal with adversity.[20]

Humans are endowed with great potential to weather adversity and to change or adapt when necessary, but they need basic social and material resources to do so. One of the most important ways to foster resilience is to promote healthy family and community environments that allow the individual's natural protective systems to develop and operate effectively.

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