



# Essence of Fear

## The Power of the Fear Within

## ESSENCE OF FEAR: RECOGNIZING THE POWER OF FEAR WITHIN

### GOALS

1. Define and differentiate fear from similarly known emotional processes.
2. State under what circumstances fear is present.
3. Reiterate experiences depicting the presence of personal fear.
4. Outline opportunities to encourage and support the advancement of critical thinking performance and supportive behaviors for the recognition and reduction of negative fear.
5. Contrast the problems, benefits, and impact of different types of fear.
6. Identify possible alternative deterrents of fear.

### KEYWORDS FOR APPLICATION

1. Fear
2. Guilty Fear
3. Phobia
4. Importance of Fear
5. Anxiety vs. Fear
6. Nurse Administrator (DON)
7. Nurse Leader (RN)

Fear is an ongoing part of living. Fear accompanies every activity in life. There is a responsibility by nurse leaders to be aware of the good and bad aspects of this internal feeling. Increase personal awareness of fear symptoms and how to manage fear successfully will provide increased positive power.

During the last part of June 2015, President Obama did a radio interview. He acknowledged that through his professional experience as a leader, he had become “fearless.” “It took many years to reach that point to know what to do and how to show courage and demonstrate fearlessness,” he said. He admitted that “screwing up” was part of the learning process—and there was much fear involved. To become fearless, he said, liberated him to become a better president (leader). On January 10, 2017, President Obama gave his last address to the nation. He encouraged each citizen to believe in the power within themselves. He reminded us that democracy could buckle when we give in to fear.

Now—what does that mean for you? Yes, you will have a fear of making new and challenging leadership decisions that produce positive outcomes. Yes, you will “screw up” once in a while. But, you will learn from your mistakes! There will be times of success when you make appropriate decisions from the fear information I have imparted to you in this document. You will learn to make proper decisions and see your positive outcomes result in your trek toward fearlessness. It will liberate you (as it did for President Obama) to become a better leader.

## DEFINITION OF FEAR, PHOBIA, AND GUILTY FEAR

Fear is a universal state of emotion. It results in tension and pessimism that is promoted by concern over physical or psychological harm. Therefore, a consciously recognized threat or danger to personal existence or equilibrium exists. Fear is specific with a definite source or cause bordering on rationality and dread.

Phobia is very similar to fear as it is an irrational fear or aversion to something. However, a phobia goes beyond usual proportions. These aspects of fear are usually able to be controlled through reasoned action. A person will go to great lengths to avoid situations causing a personal phobia. Phobias are specific by name and can even be overlapping.

The “fear trigger” in the head/brain says that something is wrong. What is known as the “fight or flight” response causes changes within the nervous system. Biological responses such as hormones are released, muscles become tense, breathing increases, pulse increases, headaches occur, vomiting can occur, and behavioral changes occur. The result is a burst of energy. The most significant damage occurs when this biological response remains day after day. Such heightened fear decreases the quality of life and reduces the chance of a healthy life. Conversely, the outcome can be helpful in times of extreme emergencies as it heightens life-saving awareness.

The definition of fear is also related to an emotion called “guilty fear.” This type of fear comes to a person during the process of doing something, resulting in disapproved, illegal, or immoral behavior. This type of fear seeks to avoid punishment, yet there is a fear of getting what is deserved. According to NANDA I, Inc (2015-2017), the definition of fear identifies fear as a response to a consciously recognized threat.

Eckhart Toole (2006), a well-known international educator, explains that fear is an underlying emotion that governs all the activities of the ego (self)—including the fear of being “nobody,” nonexistence, and death. He explains that we design our activities to eliminate fear. He claims that there is always a sense of insecurity (fear) around the ego (self) even if they appear confident.

Psychophysiological (psychosomatic) disorders can manifest themselves as an emotion of fear accompanied by physiological changes. Such a combination of fear and physiological distress can cause serious physical illness, such as a migraine, peptic ulcer, rheumatoid arthritis, ulcerative colitis, dermatitis, irritable bowel syndrome, high blood pressure, frequent urination, impotence, obesity, and anorexia nervosa. Because a psychophysiological disorder is severe and can be physically life-threatening, address a medical crisis intervention technique as the first primary concern.

Dan Harris (2014), a well-known anchor newsperson and author of *10% Happier*, provided statements of his personal experience with fear and related emotion and tension. It presents an initial response to fear. He experienced these recognized emotions while on the set of *Good Morning America*:

“It started fine. ‘Good morning, Charlie and Diane. Thank you,’ I said in my best morning-anchor voice. Out of nowhere, I felt like I was being stabbed in the brain with a raw animal fear. A paralytic wave of panic rolled up through my shoulders, over the top of my head, then melted down the front of my face. The universe was collapsing in on me. My heart started to gallop. My mouth dried up. My palms oozed sweat. As I began the third story about cholesterol drugs, I was starting to lose my ability to speak, gasping as I waged an internal battle against the wave of howling terror, all of it compounded by the knowledge that the whole debacle was being beamed out live. I tried to fight it

with mixed results. The official transcript of the broadcast reflects my descent into incoherence: 'Researchers report people who take cholesterol-lowering drugs called statins for at least five years may also lower their risk for cancer, but it's too early to-----prescribe statins slowly for cancer production.' It was at this point, shortly after my reference to 'cancer production,' with my face drained of blood and contorted with tics, that I knew I had to come up with something drastic to get myself out of the situation." (Harris, 2014)

## **IMPORTANCE OF FEAR**

The existence of patient fear could mask significant health problems. Therefore, this can result in misdiagnosis, inaccurate nursing care planning, mistreatment of presenting health problems, and inappropriate nurse leader decisions. During the fear episode, the patient has a diminished ability to personally focus on his/her participation in personal health care information and achieving their health outcomes. It is also easy for health care providers to miss the recognition of a psychosomatic disorder when an acute medical problem is present.

When an astute nurse leader is introduced to a patient, an immediate intuitive feeling can be elicited from a nurse's experience to determine a fear that interferes with general health. Enhancement of this inherent feeling occurs with the nursing experience. The immediate attention to a possible fear should occur *after* meeting emergency medical needs.

## **FEAR OR ANXIETY?**

FEAR IS NOT ANXIETY, and ANXIETY IS NOT FEAR! Anxiety is not specific (as in fear). Therefore, anxiety is the opposite of fear. Anxiety is irrational with an unknown source or cause. Anxiety usually cannot be controlled through a reasoned or known source or origin; therefore, it requires a specific action that curtails such feelings of anxiety. The patient presents as helpless to determine a source or cause.

It becomes essential in a therapeutic nursing observation to determine if what is exhibited by the patient and observed by the nurse leader is fear or anxiety. The accurate recognition of this underlying intrusive emotion (fear or anxiety) will determine the difference in precise nursing assessment, planning, intervention, therapeutic nursing success, and patient outcomes!

## **THE ENEMY---FEAR**

Being confronted with poor or declining health can be terrifying! The presence of fear can bring forth experiences and happenings of the past and overtly project them into the present. The stoic personality profile of a patient may hinder the recognition of his/her fears. To NOT be afraid (or at least not show the signs) can be socially known to present character strength. The need to seek approval is known psychologically to repress the apparent recognition of hidden fear and can (as an outcome) manifest itself in many forms of illness.

Dan Harris (2014) tells of personal changes in his head and nervous system as a result of fear---(his enemy within). His origin of fear as described in selected excerpts from his book preface:

“The voice in my head can be a total pill. I’d venture to guess yours can, too. Most of us are so entranced by the nonstop conversation we’re having with ourselves that we aren’t even aware we have a voice in our head. ---I’m not talking about ‘hearing voices,’ I’m talking about the internal narrator, the most intimate part of our lives. Our inner chatter isn’t all bad, of course. ---But, when we don’t pay close attention—which very few of us are taught how to do---it can be a malevolent puppeteer.” (Harris, 2014)

## **SIGNS AND SYMPTOMS OF FEAR**

Recognition of fear is one of the first happenings recognized in others and him/herself by an excellent nurse leader.

Even though there is an attempt to state the common fears of humankind, it is acceptable that numerous unknown fears have their root in the many life experiences that are specifically related to each individual’s mindset. Fears are in all sorts of behavior, verbal statements, physical response, and psychological concerns.

*Some nurse employee characteristics showing possible fear while on the job are---* (not in order of importance)

1. Easily alarmed
2. Apprehensive
3. Statements of being scared
4. Reports feelings of dread
5. Shows or reports excitement
6. Shows over excitement
7. Presents or messages increased tension
8. Appears or reports jitteriness
9. Reports or feels panic
10. Reports or feels terror
11. Expectation of crime
12. Late or frequent absences
13. Sleeping or sleepiness
14. Concerned about success
15. Crying
16. Decreases in self-assurance or self-adequacy
17. Anxiety about making mistakes
18. Narrowed focus
19. Avoidance behaviors
20. Impulsiveness
21. Increased alertness
22. Narrowed focus

23. Adverse physical symptoms—Nausea, Vomiting, Diarrhea, Dyspnea, Fatigue, Dry mouth, Muscle tightness, Pallor, Pupil dilation, tremor
24. Language barrier with misinterpretation
25. Asking many unfounded questions
26. Rapid respirations
27. Increased activity
28. Accusatory
29. Inattention
30. Frequent absences
31. Frequent unfounded complaints of pain
32. Need for frequently repeated directions
33. Facial Tics
34. Attempt to control others (see example below)
35. Inappropriate nepotism (see example below)
36. Ineffective encouragement of Due Process
37. No checks and balances (counter determinations of behavior that supports and promotes organizational success)
38. Curtailment/ withholding of the “Right to Know”
39. Relinquishing role responsibilities

#### **LEADERSHIP BEHAVIOR TO HELP COUNTERACT FEAR**

Verbally stating a recognized fear is acceptable. Even as a nurse leader, it is essential to be honest with yourself. Life and responsibilities can be “scary.”

Man’s search for happiness and perfection does not include making a fool out of him/herself. The fear about something is always there, however. The focus on the critical things that matter (rather than overtly focusing on the feeling of fear) is to present genuine professional prowess. As a leader, preparation by knowing the required information and imparting information in a caring, controlled manner will decrease everyone’s fear. Emitting an essence of calmness and legitimate knowledge in how you want others to exhibit in return regarding their responsibilities will encourage employees to mirror the positive image that, hopefully, *they observe* in you as their leader.

FOR GOODNESS SAKE (literally)-- be the nurse leader that makes the decisive difference. Go the extra mile on behalf of others, support others for the right cause, and be the person who dares to be the dissenter to promote something better when others shrink into the woodwork—perhaps, due to fear!

Be known to be fearless and tenacious to move the unpopular worthy choice forward. Dare to say “NO”--AND MAYBE “HELL NO”---when in your heart you feel you are right in your conviction. Also, dare to say “YES” when the cause and outcome are virtuous. You (and sometimes only you) will stand for a worthy cause while being circled by cowardly lions!

The Pratipaksha-Bhavana Method encourages a fearful person to close their eyes and meditate on courage, the advantages of courage, and the disadvantage of fear. It also fosters a selection of *your quiet place* of natural beauty and serenity, where you (nurse leader) can purge your wavering thoughts of fear by concentrating on beauty and peaceful surroundings.

### *The Effective Nurse Administrator and Nurse Leader Encourage Employees to be Fearless by---*

1. Having confidence in their thinking.
2. Supporting others by validating their efforts of creative thinking.
3. Using productive critical thinking.

Verbally stating the recognized fear without judging whether the observation is acceptable or not acceptable is essential. Excellence as a nurse leader means that the leader is nonjudgmental regarding possible evidence of fear. A nurse leader merely states the behavior recognized as fear (without judging the action) to a fearful employee or patient to bring into awareness the action and consideration of why he/she is exhibiting fearful behavior.

### *Positively Responding to Post-Traumatic Stress Disorder---*

Many nurse leaders are hiring and assisting individuals that have Post-Traumatic Stress Disorder (PTSD). It can relate to many situations—war, divorce, death of loved ones, or any tragic life happening. Many (probably most) people have happenings in their lives that result in personal PTSD. It can result in fear of remembering adverse details and experiencing a trigger of a happening or situation, fear of repeating the happening, fear of being identified as being “weak” because the fear is too challenging to overcome. There is psychological pain that will accompany PTSD. The fear is haunting to the point that the lack of ability to function adequately may be all-encompassing at times. Too often, the inconsolable fears are so disabling that they result in suicidal ideation, and unfortunately, too many suicides.

Therefore, as a nurse leader, never underestimate the impact of hidden fears that are an outcome of overt or covert PTSD. Inattention to the existence of the problem could lead to the employee’s destruction. Ever feel like you have to be like a psychologist to be an excellent, sensitive leader? You are correct. Empathy, caring, firmness, and supportive performance expectations sometimes help affected employees keep moving forward with a painful life. Be gentle – make positive happenings occur for these employees. If you, as a nurse leader, have never experienced PTSD in any situation, count yourself lucky!

### *Nurse Administrator’s (DON) Help for Nurse Leaders and Adult Patients---*

Listen carefully to what is being said by a nurse leader or an adult patient. Active listening will allow the nurse leader to clarify the meaning in more detail. Clarification increases mutual understanding of the fear. This understanding, then, becomes the basis of an effective leadership intervention. Be sure to show appreciation to an employee that is attempting to understand personal fearful behaviors. Introspection can be threatening to the ego. Support the nurse leader or adult patient to make a positive change in their behavior/life. You, as the nurse administrator, are the one that can make a positive difference in another human being’s life.

*Interventions for Reducing Fear (in general)---* (Many requiring professional intervention)

Helping Adults:

1. Remain nearby to calm and support.
2. Perform safety measures.
3. Assess the source of fear.
4. Have the employee visually draw or write down the source of fear.
5. Discuss the real or imagined threat.
6. Consider relaxation and meditation techniques.
7. Explore underlying feelings.
8. Discuss what worked or did not work last time when fearful.
9. Provide tactile support—suggest professional massage, desensitization/exposure training, Therapeutic Touch (TT), Cognitive Behavioral Therapy (CBT), Animal Assistive Therapy.
10. Set positive incremental expectation events for success.
11. Provide frequent and routine happenings to provide a general sense of security.
12. Provide breaks, quiet time.
13. Teach how to support and respond effectively to specific fears.
14. Encourage time for exercise and nutritional dietary opportunities.
15. Assure and reassure through earnest comments of safety.
16. Encourage mindfulness and mediation. (Think of positive thoughts instead of negative thoughts.)
17. Encourage deep breathing and visually see fearful thoughts burst like a bubble.
18. Encourage the thinking of thoughts that are safe and warm.
19. Encourage Transcendental Meditation.
20. Encourage Biofeedback Training.
21. Encourage Psychotherapy.
22. Encourage group or individual therapy.
23. Encourage relaxation techniques.
24. Encourage Yoga classes.
25. Encourage possible acupuncture.
26. Encourage the practice of personal religious beliefs.
27. Teach staff members to understand and intervene with cultural values and fears.
28. Consider the possibility of adverse reactions to medications.
29. Consider decreases mental capacity resulting in recognized poor performance.
30. Know relevant theory.
31. Trust your personal ability to lead others.

Helping Children:

1. Have the child draw his/her fear.
2. Determine what worked last time when fearful.
3. Consider the early onset of depression.
4. Provide comfort and relaxation techniques.



Helping the Elderly:

1. Establish trust.
2. Monitor mental deterioration.
3. Provide consistency and predictability.
4. Consider adverse medication reactions.
5. Assess environmental safety concerns.
6. Encourage exercise routines.

Helping Multicultural People:

1. Help to identify cultural fears and anxiety.
2. Assess fearful cultural statements.
3. Listen to concerns related to race differences.
4. Teach staff to understand cultural values.

## LAST THOUGHTS

**\*“NOTHING IS SO MUCH TO BE FEARED AS FEAR!” (HENRY DAVID THOREAU--1817-1862)**

**\*“KEEP YOUR FEARS TO YOURSELF, BUT SHARE YOUR COURAGE WITH OTHERS!” (ROBERT LOUIS STEVENSON)**

**\*“PANIC AT THE THOUGHT OF DOING A THING IS A CHALLENGE TO DO IT!” (HENRY S HASKENS)**

**\*“THE ONE PERMANENT EMOTION OF THE *INFERIOR* MAN IS FEAR—FEAR OF THE UNKNOWN, THE COMPLEX, THE INEXPLICABLE! WHAT HE WANTS ABOVE ANYTHING ELSE IS SAFETY!” (HENRY LOUIS MENCHEN)**

**\*“TO FEAR IS ONE THING. TO LET FEAR GRAB YOU BY THE TAIL AND SWING YOU AROUND IS ANOTHER!” (KATHERINE PATERSON-- “JACOB HAVE I LOVED.”)**

**\*“TO CONQUER FEAR IS THE BEGINNING OF WISDOM.” (BERTRAND RUSSELL)**

**\*“THE ONLY THING WE HAVE TO FEAR IS FEAR ITSELF.” (PRESIDENT FRANKLIN DELANO ROOSEVELT, FIRST INAUGURAL ADDRESS. (MARCH 4, 1933)**

**\*“THE CAVE YOU FEAR TO ENTER HOLDS THE TREASURE YOU SEEK.” (JOSEPH CAMPBELL)**

**\*“FEAR MAKES THE WOLF BIGGER THAN HE IS.” (GERMAN PROVERB)**

**\*“A CAT BITTEN ONCE BY A SNAKE DREADS EVEN ROPE.” (ARAB PROVERB)**

**\*“DON’T FEAR, JUST LIVE RIGHT!” (NEAL A. MAXWELL)**

**\*“THOSE THAT WALK WITH FEAR WILL ALWAYS BE TOO BUSY HIDING!” (MIKE DOLAN)**

**\*“FEAR CANNOT DESTROY YOUR DREAMS; ONLY YOU CAN!” (MICHELLE KURKA)**

**\*“THE WISE MAN IN THE STORM PRAYS TO GOD, NOT FOR SAFETY FROM DANGER, BUT FOR DELIVERANCE FROM FEAR!” (RALPH WALDO EMERSON--1833)**

**\*“LOVE IN YOUR MIND PRODUCES LOVE IN YOUR LIFE—THIS IS THE MEANING OF “HEAVEN.” FEAR IN YOUR MIND PRODUCES FEAR IN YOUR LIFE—THIS IS THE MEANING OF “HELL.” (MARIANNE WILLIAMSON)**

**\*“BE NOT AFRAID TO INVOLVE OTHERS IN YOUR SEARCH FOR SUCCESS, FOR THEY ARE THE STEPPING STONES TO YOUR SUCCESSFUL FUTURE.” (CAROLYN TAYLOR)**

*“To lead is difficult when you are a follower of fear!” (T.A. Sachs)*

Rudyard Kipling wrote a poem to his son at the time his son was becoming of age. He shares with his son the need for confidence, honesty, courage, and fortitude to maintain self-control—even while having fear. Kipling reminds us of the courage needed to be a leader in control without a sense of fear. No one could deny that these qualities would quiet the fearful soul and strengthen a nurse administrator or leader’s charisma and success! After all---True bravery (without unnecessary fear) can be a reward!

## IF

*If you can keep your head when all about you are losing theirs and blaming it on you;*

*If you can trust yourself when all men doubt you, but make allowance for their doubting,  
too--*

*If you can wait and not be tired by waiting, or being lied about, don't deal in lies, or being hated,  
don't give way to hating and yet don't look too good, nor talk too wise*

*If you can dream—and not make dreams your master;*

*If you can think—and not make thoughts your aim*

*If you can meet with triumph and disaster and treat those two imposters just the same;*

*If you can bear to hear the truth you've spoken twisted by knaves to make a trap for fools, or watch  
the things you gave your life to, broken, and stoop and build 'em up with worn-out tools;*

*If you can make one heap of all your winnings and risk it on one turn of pitch-and-toss, and lose, and  
start again at your beginnings and never breathe a word about your loss;*

*If you can force your heart and nerve and sinew to serve your turn long after they are gone, and so  
hold on when there is nothing in you except the will which says to them: "hold on!"*

*If you can talk with crowds and keep your virtue, or walk with kings—nor lose the common touch,  
If neither foes nor loving friends can hurt you,*

*If all men count with you, but none too much;*

*If you can fill the unforgiving minute with sixty seconds worth of distance run, yours is the earth and  
everything that's in it, and—which is more—you'll be a man, my son!*

*(Rudyard Kipling)*

## **RECOMMENDED READING**

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