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Anxiety fear of losing someone

Fear, an emotion aroused by an unfamiliar, sudden, or threatening situation, and usually accompanied by a desire or attempt to escape the danger or threat. Bodily symptoms of fear include speeded-up heartbeat and breathing rate, increased blood pressure, trembling, dry mouth and throat, and interference with digestive processes.Fear is closely allied to anger. The sudden blast of an automobile horn behind a pedestrian may cause the person to dash in fear to the nearest curb, an action often followed by an outburst of rage. People motivated by fear may be able to perform feats of which they are ordinarily not capable, such as moving heavy obstacles. On the other hand, some people may be frozen motionless by fear.Types of fear include panic, anxieties, and phobias.is a sudden overwhelming fright, often groundless, that causes persons to throw reason to the wind and frantically flee from the peril, real or imaginary. Sudden suspicion of a theater fire, for instance, may cause patrons to stampede, trampling other patrons and blocking all escape.is a feeling of general uneasiness or dread. It is typically a reaction to a real or an imagined threat Severe, chronic anxiety may cause or aggravate physical illness.is an unreasonable and uncontrollable fear of a particular object or situation. It is considered irrational because the dread is more intense than is justified by the cause. Probably the best-known phobia is claustrophobia, fear of enclosed places.Most psychologists believe that fear is not an inborn emotion. It develops from situations for which infants are not prepared, such as sudden movements and loud noises. While still very young, they may become afraid of the dark, of being harmed physically, of being left alone, of imaginary creatures. Later they may develop social fears such as that of being ridiculed.Children learn some fears by seeing others show fear in similar situations. Some fears arise because the child has learned to associate pain or threat of punishment with certain situations.Various methods are used to eliminate fears in children. These include conditioning; teaching children skills that enable them to meet situations; helping them to understand fear-arousing situations; and giving them opportunities to watch persons who show no fear in similar situations. We often poke fun at our fears, but for many people, fear gets in the way of well-being and compromises quality of life.An estimated 8.7 percent of Americans, or 19.2 million people, suffer from a specific phobia like glossophobia (fear of public speaking) or necrophobia (fear of death).Even if you don't have a specific phobia, you can probably appreciate that feeling of fear that blows in like a severe storm, interrupting your daily responsibilities and robbing you of your enthusiasm for life. Here are some great insights from entrepreneurs, political leaders, religious figures, philosophers, writers, and luminaries of all kinds that may help you when the black cloud of fear rolls in and tries to take over your life.Courage!"You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, 'I have lived through this horror. I can take the next thing that comes along.' You must do the thing you think you cannot do." - First Lady Eleanor Roosevelt"Nothing in life is to be feared. It is only to be understood." - Marie Curie, physicist"Fear keeps us focused on the past or worried about the future. If we can acknowledge our fear, we can realize that right now we are okay. Right now, today, we are still alive, and our bodies are working marvelously. Our eyes can still see the beautiful sky. Our ears can still hear the voices of our loved ones." - Thich Nhat Hanh, spiritual leader, poet, and peace activist"One of the greatest discoveries a man makes, one of his great surprises, is to find he can do what he was afraid he couldn't do." - Henry Ford, founder of the Ford Motor Company"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes up short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat." - President Theodore Roosevelt!"The only thing we have to fear is fear itself." - President Franklin D. Roosevelt"Thinking will not overcome fear but action will." - W. Clement Stone, American businessman and philanthropist"I have learned over the years that when one's mind is made up, this diminishes fear; knowing what must be done does away with fear." - Rosa Parks, civil rights activist"What is needed, rather than running away or controlling or suppressing or any other resistance, is understanding fear; that means, watch it, learn about it, come directly into contact with it. We are to learn about fear, not how to escape from it." - Jiddu Krishnamurti, philosopher, speaker, and writer"There are very few monsters who warrant the fear we have of them." - André Gide, author and Nobel Prize winner"Ultimately, we know deeply that the other side of every fear is freedom." - Marilyn Ferguson, author, editor, and public speaker"I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear." - Nelson Mandela, revolutionary and philanthropist who served as president of South Africa"The only courage that matters is the kind that gets you from one moment to the next." - Mignon McLaughlin, journalist and author"Courage doesn't always roar. Sometimes courage is the quiet voice at the end of the day saying, 'I will try again tomorrow.'" - Mary Anne Radmacher, author, artist, and speaker"When you walk to the edge of all the light, you have and take that first step into the darkness of the unknown, you must believe that one of two things will happen: There will be something solid for you to stand upon, or you will be taught to fly."- Patrick Overton, director of the Front Porch Institute"Consult not your fears but your hopes and dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but with what it is still possible for you to do." - Pope John XXIII"Nothing contributes so much to tranquilize the mind as a steady purpose." - Mary Shelley, author"Leap and the net will appear." - John Burroughs, American naturalist and nature essayist"Do the next thing." - Elisabeth Elliot, author and speaker"The only devils in the world are those running in our own hearts. That is where the battle should be fought." - Mahatma Gandhi, preeminent leader of the Indian independence movement in British-ruled India."What lies behind us, and what lies before us are tiny matters, compared to what lies within us." - Ralph Waldo Emerson, American essayist and transcendentalist"Come to the edgeHe said. They saidWe are afraid.Come to the edgeHe said. They came.He pushed them, andthey flew." - Guillaume Apollinaire, poet, novelist, and literary figure"Everything is so dangerous that nothing is really very frightening." - Gertrude Stein, author"Don't fear failure. Not failure, but low aim, is the crime. In great attempts, it is glorious even to fail." - Bruce Lee, martial artist, actor, and philosopher"You're braver than you believe, and stronger than you seem, and smarter than you think." - A.A. Milne, author of Winnie the PoohJoin Project Hope & Beyond, a depression community.Photos: Getty Images (4) A child's world is full of dangers, real and imaginary, that many adults forget they ever experienced. Most childhood fears are normal, temporary, and eventually outgrown, but studies still show that anxiety disorders are among the most common childhood psychiatric conditions. In a high proportion of cases, it turns out that the symptoms of an adult anxiety disorder first appeared in childhood, so treatment of abnormal childhood anxiety is not only important for its own sake but may help prevent adult disorders. Children's minds and emotions are constantly changing and developing, and they do not all develop at the same rate, so it is not always easy to distinguish normal fears from those that require special attention. Newborns typically fear falling and loud noises. Fear of strangers begins as early as six months and persists until the age of two or three. Preschool children usually fear being separated from their parents; they may also be afraid of large animals, dark places, masks, and supernatural creatures. Older children may worry about death in the family, failure in school, and events in the news such as wars, terrorist attacks, and kidnappings. Adolescents have sexual and social anxieties and concerns about their own and the world's future. These anxieties become a problem only if they persist and cause serious distress, destroy family harmony, or interfere with a child's development or education. Generalized anxiety disorder. Formerly called overanxious disorder of childhood, these days generalized anxiety in children is recognized as the same disorder of uncontrolled worry that occurs in adults. Children with this disorder are self-conscious, self-doubting, and excessively concerned about meeting other people's expectations. They need constant reassurance and approval from adults. They may worry about school grades, storms, burglary, hurting themselves while playing, or the amount of gas in the tank. They often feel restless and tense and complain of headaches, stomachaches, and other physical symptoms. Social anxiety disorder (social phobia). Children with this disorder are painfully shy and fear exposure to anything unfamiliar. They cling to their parents and may be afraid of other children as well as adult strangers at an age when it is no longer normal. They may be afraid of reading aloud, starting a conversation, or attending a birthday party. Obsessive-compulsive disorder. This disorder consists of intrusive unwanted thoughts (obsessions) which cause mounting tension that is sometimes relieved by repetitive actions (compulsions). It is usually classified as an anxiety disorder because the obsessions often involve a fear, such as contracting a disease or the death of a parent. Adults with this disorder know that obsessions are irrational, but young children may not, so the symptoms overlap with generalized anxiety disorder. Panic disorder. In a panic attack, a sudden feeling of overwhelming dread or impending doom is accompanied by intense physical sensations - sweating, heart palpitations, chest pain, trembling, breathlessness, dizziness and nausea. Repeated panic attacks and fear of them can lead to constant worry about future attacks and their implications, including thoughts of losing control, "going crazy," or dying. A common result of this anticipatory anxiety is agoraphobia - avoiding an increasing number of places and situations in which a panic attack might occur. Separation anxiety. Fear of being away from home or one's parents, normal in the very young, is called separation anxiety disorder when it persists in older children. It may develop spontaneously or under stress, such as a death in the family, and can also result from social phobia or panic attacks. Children with separation anxiety may be afraid to go to a camp, sleep at a friend's house, or even attend a birthday party with out their parents. They may follow their parents around the house and even try to climb into bed with them at night. When threatened with separation, they develop physical symptoms. Often they fear that during a separation either they or their parents will come to harm; in older children, this fear may involve specific fantasies of accidents, illness, and crime. Simple phobias. Fear of certain specific objects or situations is common, normal, and usually temporary in young children. These fears come and go rapidly up to the age of 10 and require treatment only if they are excessive and unreasonable, persist for a long time, or occur at an inappropriate age. Some common objects of phobias are thunderstorms, water, elevators, choking, blood, large animals, and insects. Post-traumatic stress disorder. This condition is the result of experi encing or witnessing a frightening or horrifying event outside the range of everyday experience, such as a major accident, natural disaster, or physical or sexual assault. Severe child abuse is a common cause. There are three kinds of symptoms. One is re-experiencing - intrusive memories, nightmares, a tendency to reenact the traumatic event in compulsive play, and anxiety when exposed to anything that recalls some aspect of the experience. The second group of symptoms results from a desperate need to avoid thoughts and feelings, people, and places associated with the trauma. This avoidance may come to include more and more of life, eventually producing numb detachment from one's own feelings and estrangement from others. The third set of symptoms is heightened arousal - irritability, angry outbursts, jumpiness, insomnia, and poor concentration. Children's anxiety disorders have both genetic and environmental roots. Anxiety disorders run in families, and twin and adoption studies show that heredity is a factor. Some children are "behaviorally inhibited" - as early as the age of four months, they tend to cry and shrink back in the presence of strangers, while their hearts begin to beat faster. This temperamental shyness is associated with later development of anxiety disorders. The early environment can also contribute to anxiety disorders. Child abuse as a source of post-traumatic stress disorder is the clearest example, but less severe stress is also significant. Children must be close to their mothers or other caregivers for physical and emotional sustenance; their fear of separation is rooted in the emotional attachment needed for survival. Children who are insecurely attached are more likely to develop anxiety disorders, and anxious or depressed parents may make their children feel insecure. Diagnosing these disorders in children can be difficult because fear and anxiety are also symptoms of many other condi tions, including depression, bipolar disorder, and attention deficit disorder. Parents are not always sensitive to children's signs of anxiety, and teachers often give helpful perspective because they have experience with many children for comparison. Before diagnosing an anxiety disorder, it is important to find out first whether the child has good reasons to be afraid, such as abuse by a parent or a classroom bully. Cognitive behavioral therapy is the best confirmed treatment for anxiety disorders in children and adolescents. Its effectiveness has been shown in studies lasting as long as four years. A common method is graduated exposure to frightening objects or situations, with rewards for success in facing fears. Young children with phobias, for example, can be placed near the feared object and allowed to do something reassuring and enjoyable like eating or playing with a favorite toy. Older children can be shown how to use deep breathing or muscle relaxation, or be taught to talk themselves out of self-defeating and fear-provoking thoughts. Another technique is modeling - asking the anxious child to emulate the therapist or another child who shows no fear. Cognitive and behavioral methods often work best in groups, which provide shy and fearful children with opportunities for making friends, increasing self-confidence, and trying out new kinds of behavior. Play therapy using toys, puppets, and drawings may help young children recognize and express their fears. Psychodynamic therapy may help older children understand some of the sources of their anxiety. Supportive counseling - sympathetic listening and reassurance - should accompany any form of treatment for anxiety in children. Parents and other family members can help in many ways. They can be educated about how to manage a child's anxiety. They can facilitate cognitive behavioral therapy by providing models of self-confidence and problem-solving and rewards for overcoming fears. Sometimes a family problem is the source of the child's anxiety, or an anxious child thinks he or she is the cause of any trouble in the family. In that case, joint family therapy in which all members participate may be a good idea. Long-term research on the treatment of these disorders is rare, and we know little about what works specifically for children, as opposed to adults. The influence of family and marital problems is substantial but difficult to quantify. There is little good evidence about the risks and benefits of drugs. Fortunately, children usually grow out of the fears or can be successfully treated. Shy children do not necessarily become adults with anxiety disorders. Even the effects of traumatic stress may fade over the years. This is one field in which optimism is a plausible attitude for mental health professionals. January 2005 Update As a service to our readers, Harvard Health Publishing provides access to our library of archived content. Please note the date of last review or update on all articles. 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