

Brainbox: Injecting hope

- helping those with needle phobia

By Trevor Eddolls

There are a number of different ways that a person can find themselves with a phobia. For some people, it's through associative learning. Back in the 1920s, an experiment was performed on a 9-month-old boy known as little Albert [1]. The boy wasn't afraid of a white rat but he didn't like the sound of a hammer hitting an iron bar. So, every time the boy touched the rat, the experimenters hit the bar with the hammer. And, in the best Pavlovian way, after a number of trials, the boy became anxious when he saw the rat. This mechanism would explain why some people become scared of blood or potatoes or anything else. There is some evidence that fear of spiders and fear of snakes might be innate. However, some types of needle phobia seem to be genetic – the fear runs in families.

I think it's worth looking at the difference between a fear and a phobia. Fears are perfectly normal and ensure our safety and survival. But if that fear is persistent and other people might consider it to be excessive and unreasonable, that's a phobia. Those phobic feelings start when a person gets close to a particular situation or object that they don't like. And, because of the power of their imagination, the feelings can also occur when the person anticipates the approach of the situation or object.

What distinguishes a fear from a phobia is that people become physically and/or psychologically impaired by a phobia. And people tend to organize their lives so that they avoid ever being in a position where they are likely to experience a phobic reaction. If people need to face a phobic situation, that's when they are likely to come and see a Solution-focused Hypnotherapist.

Needle phobia background

You might wonder whether needle phobia is much of a problem. According to a 2003 survey [2] by Nir et al entitled "Fear of injections in young adults: prevalence and associations", published in the American Journal of Tropical Medicine and Hygiene, 3.5 to 10 percent of the general US population have needle phobia anxiety disorder. The figure may well be higher because sufferers tend to avoid medical treatment and so go uncounted. Sufferers choose to avoid inoculations, blood tests, and, sometimes, all medical and dental care. In contrast, Bienvenu & Eaton (1998) [3] suggested that only 1.6% of individuals in the general population experienced needle phobia. How do you know if someone has a needle phobia? According to Anxiety UK [4], if they can answer YES to the following questions it is likely that they do.

During the last 6 months:

- Have you experienced a marked, persistent, and excessive fear of needles?
- Has exposure to needles almost invariably provoked an immediate anxiety response in you?



Let's take a look at the four types of needle phobia [4]:

Vasovagal

Around 50 percent of people with needle phobia have a vasovagal reflex reaction, according to Ost (1992) [5]. About 80 percent of those people have a close relative with the same disorder indicating that it's genetic (Accurso et al, 2001). Although that makes no difference to the people experiencing it!

People with vasovagal needle phobia can fear the sight, thought, or feeling of needles or needle-like objects. This leads them to faint (vasovagal syncope) because of a drop in blood pressure. It's now thought that an initial episode of vasovagal syncope during a procedure with a needle is probably the primary cause of the needle phobia rather than any basic fear of needles. The condition starts with momentary high blood pressure and a fast heart rate (a fight or flight response) followed by them both decreasing enormously at the moment of injection.

Worryingly, in some extremely rare cases, the drop in blood pressure caused by the vasovagal shock reflex may cause death. However, a 2017 paper in the Journal of Arrhythmia entitled "Syncope and the risk of sudden cardiac death: Evaluation, management, and prevention" by Ryan J Koene et al [6] suggests that syncope leading to death is usually associated with an underlying heart condition or other pre-existing condition, and there's no mention of needle phobia. And there is no documented evidence available suggesting that hypnosis contributes to this outcome.

A 2006 article in the Journal of Anxiety Disorders entitled "Fear of needles and vasovagal reactions among phlebotomy patients" by Deacon and Abramowitz looked at 3315 patients giving a blood sample. They found that only 13 patients (0.4%) reported feeling "very much" or "extremely" faint. And only 7 patients (0.2%) actually lost consciousness.

As I'm sure you know, phlebotomy is the name for drawing blood from a puncture wound in a vein.

Much of the research finding higher values for vasovagal syncope and death are quite old. If death were to occur, it seems that it's most likely to be caused by a pre-existing condition, not the person administering the vaccination. For hypnotherapists, this should not be a worry.

Associative

Associative fear of needles affects 30 percent of people with needle phobia [7]. A traumatic event causes the person to associate all procedures involving needles with the original negative experience. This type of fear of needles can lead to extreme unexplained anxiety, insomnia, preoccupation with the upcoming procedure, and panic attacks.

Resistive

Resistive fear of needles affects 20 percent of people with needle phobia and occurs when the underlying fear involves not simply needles or injections but also being controlled or restrained. It's said to be caused by a repressive upbringing or poor handling of prior needle procedures, perhaps with forced physical or emotional restraint. Symptoms include combativeness, high heart rate coupled with extremely high blood pressure, violent resistance, avoidance, and flight.



Hyperalgesic

Around 10 percent of people with needle phobia have a hyperalgesic fear of needles [7]. That means these people have an inherited hypersensitivity to pain (hyperalgesia). So, the pain of an injection is unbearably great. The symptoms include extreme explained anxiety, and elevated blood pressure and heart rate at the immediate point of needle penetration or seconds before. Usually some form of anaesthetic, like Emla cream, helps these sufferers.

If you're good at maths, you'll notice that those figures add up to more than 100 percent. That's because some people experience more than one kind of needle phobia.

Some other names you may hear are: trypanophobia, which is an extreme fear of medical procedures involving injections or hypodermic needles; or aichmophobia or belonephobia, which really mean fear of sharply-pointed objects.

Helping people with phobias

Our standard treatment for phobias is based on just a few sessions – an initial consultation, a nice relaxing bucket emptying session (or more if needed), a rewind, and a reframe. And that works for most phobias, most of the time.

I like clients to write their own reframes. What they write has to contain only what they want to do; it can't contain anything about what they don't want to do. Remember, the brain doesn't do 'not' or 'don't'. It's good for them to be thinking about how they want to behave when faced with their particular phobia and writing the reframe can act as a reframe for the person. When I'm reading through their reframe in the trance session, I usually add some useful phrases, including:

- You're pleased/fascinated/really interested/amazed ...
- You find yourself surprised at how quickly the time passed...
- You feel perfectly happy as you...
- You're so in control...



I slot these phrases into the reframe and they help to make it more effective.

Explaining to people about the right pre-frontal cortex can have powerful results. When they are brooding over their fear, they are strengthening the pathways linking the particular situation or object to their phobic response – making it even stronger and making them feel even more anxious and their reaction even more phobic. I encourage them to notice when they are doing it and to do something else instead – e.g. read a book, play a game, watch a film.

When it comes to actual sessions with clients, I have had some who start to overcome their phobia after the relaxation/bucket emptying session and I've stuck to doing relaxation/bucket emptying every week. I've included reframe elements – telling them in trance how they have told me they want to behave – but I've not needed to use a rewind for them to successfully overcome their phobia.

And another client needed seven relaxation sessions before her bucket was empty enough to face the rewind, which, when I did it with her, worked really well. So, I think it's important that therapists are flexible in the way they treat people with phobias. It seems the mind checks the body for clues about how it feels. So, if you're standing upright, looking up, and smiling, the brain thinks you must be feeling confident and relaxed – and so it reinforces those feelings. And if you are with other people, they will react to you as if you are confident and relaxed. It's an incredibly powerful feedback loop that can help the client control their phobia. It's the old idea of 'fake it until you make it' or 'acting as if'. And it's something all people with phobias can do.

Helping people with needle phobia

When it comes to clients with needle phobia, the first thing I do is tell them how common it is – I normalize their condition.

I always assure them that the medical staff will have seen lots of people with needle phobia, so they won't be surprised or put out. And I say that they should tell the clinician before they have the injection. So, if they're hyperalgesic, they can have something to numb the pain. If they are vasovagal, they can probably expect to be asked to lie down before receiving the injection – just in case they faint.

I use bucket emptying with all needle phobias. It helps to be more relaxed going to the surgery or wherever they are getting their injection. And it helps to be relaxed when waiting to be called in. Rewind works with associative and resistive sufferers. And reframe works with everyone – picturing how they'd like to be. With people with hyperalgesia, I try not to use the word pain and usually talk about 'discomfort'. Somehow, discomfort doesn't hurt as much as pain! There are also language patterns like 'glove anaesthesia', which can make the arm go numb, or 'the control room' that helps the client to control their pain by visualizing a control room and turning down the metaphorical pain dials.

I also tell clients to smile when they are about to be injected! Research [8] by Pressman et al published in 2020 in the journal *Emotion* found that smiling could reduce needle pain by 40 percent. They reported that "the Duchenne smile and grimace groups reported approximately 40% less needle pain versus the neutral group". A Duchenne smile is where you not only lift the corners of your mouth but also lift your cheeks and crinkle your eyes at the corners.

Specifically, for people with vasovagal needle phobia, I teach them the applied tension technique. It was developed by Lars Goren Ost [9]. Basically, your client has to sit down somewhere that's comfortable and tense the muscles in their arms, upper body, and legs, and hold that tension for 10 to 15 seconds, or until they start to feel the warmth rising in their face. They then release the tension and go back to their normal sitting position and relax for about 20 seconds. Then they do it again.

And they repeat this tensing and relaxing about five times. And they should practice this about three times a day for the week before their appointment. It helps to stop their blood pressure plummeting.

I also recommend using distraction techniques as a way of staying calm. If clients listen to our downloads, it takes their mind off the injection while they're waiting for it. If they prefer, they can listen to music, or read a book, or play a computer game as a way of keeping their mind busy instead of brooding over the vaccination. Similarly, they can remind themselves of a holiday or a great Christmas. They need to relive the experience, with all the colours vivid and bright, and the sounds crystal clear etc.

With any client that is experiencing stress, I show them some breathing techniques that can help to relax them. The 7-11 breathing is perhaps the best known. A person breathes in for the count of seven (not 7 seconds) and breathes out for the count of 11. The longer exhale is linked to the parasympathetic nervous system and so relaxes them.

Square breathing is another relaxing breathing technique. A person breathes in for about four or five seconds, then holds their breath for the same length of time, breathes out for the same length of time, and then holds their breath again for the same length of time. Then starts again. Focusing on breathing stops people focusing on anything else (like needles) and helps them to relax.

Abdominal breathing is also a great way to relax but does involve lying down. A person breathes in (preferably through their nose and out through their mouth) and watches their stomach rise and fall rather than their chest. Again, this is relaxing.

Some people like Mindfulness meditation techniques where they try to stay focused on their breathing. Clients need to pay particular attention to how it feels as they inhale and exhale. And every time they start to think of something else – which, when they first try this technique, happens very quickly – they go straight back to concentrating on their breathing. It can be a great way of calming down.

In many situations, the client with the phobia is concentrating on how they feel – they are focused inwards. One technique is to get the client to focus outwards. I get them to channel their inner Sherlock Holmes. They have to notice the colour of the walls and ceilings. Count the number of leaflets they can see on display. How many chairs are there? That sort of thing moves their focus of attention outwards rather than inwards. And it takes their mind away from the brooding thoughts that might otherwise have been in control of their thinking.

One NLP technique that works well is to get the client to imagine someone they know (who isn't scared of needles) to be in the situation. It can be a friend or even a character from a film or TV programme. Get them to visualize what this other person is doing and how they are feeling (the sights, the sounds, the feelings) when they're in the scary situation. The client can then (in their mind), step into this other person, and see how it feels to be them – and associate with the other person's feelings and watch how they behave. The client can next imagine someone who is 10 times more confident about injections than that. And step into their body and see what they are thinking, seeing, hearing, feeling and how they are behaving. They can take those feelings away with them and remember what it feels like to be supremely confident when they imagine going for their vaccination. Because the client has visualized how they want to behave when facing the situation, it becomes easier for them to act as if they aren't scared when they go for their injection.

Other NLP techniques that can be useful to help a person feel calm, confident, and in control are techniques such as anchoring or Swish.

People are different and it's worth arming yourself with techniques that can help each individual client. In these days of COVID-19, it's important that people take up the opportunity to receive the vaccination when it's offered and don't let their fear of needles prevent them attending an appointment for their jab.

References:

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