

Injection Phobia

and Needle Phobia

A brief guide

Injection Phobia and Needle phobia

Many people fear injections to some extent, but once that fear becomes persistent, excessive and unreasonable, then the fear becomes a phobia. Injection phobia is the fear and avoidance of receiving various types of injections, and/or of having a blood sample withdrawn through venipuncture. This is a specific phobia and is extremely common yet not very well recognised, affecting 3.5 % to 10% of the population

How do I know if I have an injection or needle phobia?

- ✓ If you have a marked, persistent, and excessive fear of needles.
- ✓ If exposure to needles almost invariably provokes in you an immediate anxiety response.
- ✓ If you recognise this fear is excessive.
- ✓ If needle-sticks are either avoided, or endured with intense anxiety or distress.
- ✓ The avoidance, anxiety or distress significantly interferes with your normal routine, occupational or academic functioning, social activities or relationships, or there is severe distress about having the phobia.

Remember: Fears of objects or situations are common during childhood, especially the preschool period, but they don't normally interfere with a child's daily functioning. Common childhood fears need to be distinguished from specific phobias, as the latter are irrational, interfere with daily routines, and lead to problematic behaviors. Children with specific phobias may have symptoms similar to adults, or may present by displaying behaviours such as crying, tantrums, clinging or freezing.

How will injection or needle phobia affect me?

Usually injection phobia will manifest itself in 3 different ways: physically (in that you will experience real physical symptoms), psychologically (in that you will experience a change in your thought patterns) and behaviorally (in that you will find yourself behaving differently). The table on the next page explains just some of the ways that injection phobia can impact on you:



What will it affect?	Impact on you
Body	<p>Sufferers of injection phobia typically experience temporary palpitations and increased heart rate/blood pressure. Also, fear may be expressed with increased blood pressure, shortness of breath, dry mouth, nausea, tremor, feeling faint or actually fainting, and/or feelings of panic. A full-blown panic attack can occur if you believe that escape is impossible.</p>
Actions	<p>You may find it hard to watch or look at your blood or injury, and or to receive an injection or other invasive medical procedure. You may feel the need to escape. You may avoid any medical contact for fear of being confronted by needles or injections. You might also avoid any places associated with needles/injections such hospitals, doctors' surgeries, blood transfusion units and dentists.</p>
Thoughts	<p>In experiencing a rush of fear you might find frightening thoughts running through your mind. These could be fears about losing control and/or that you are going to faint. You may have the thought that something awful is going to happen, even if you don't know what that is.</p>

Laura's* personal experience

"I have had this phobia for as long as I can remember. Like many sufferers, it is also coupled with an intense dislike of anything involving blood and gore. I don't think I've had any particularly bad experiences that caused the phobia, although I know that my dad occasionally faints at injections, and my mum would always dread blood tests.

The funny thing is, I really know that the injection itself, or the blood test, or whatever, doesn't really hurt, and I'm lucky that I don't go faint. It's just the thought of it that bothers me. In fact, I'll often spend hours worrying about something that lasts for about 3 seconds. Nuts! But I know I'm not on my own.

I've definitely got better as I've got older. I remember dreading injections weeks in advance of the event- so much that when I was a kid that I would almost be sick. I would try to get out of school if I knew we were due to have an injection, and when it came time for Rubella, I managed to convince my mum that people had died after having the injection, so that she wouldn't make me have it!

As an adult, I've taken risks by not taking injections that were advised. For instance I once worked in a job where I was advised to have a course of three Hepatitis B injections. I had two, but then because I was pretty low risk for infection, I never quite got round to going back for the third....

However, there is good news – I'm actually now doing really well at getting myself over this problem. I needed some blood tests doing recently, and confessed my phobia to my really fabulous GP. She was just brilliant. I have now had a number of blood tests, and feel almost completely relaxed about them. Yes, really. I started by having the first test with my arm covered in copious quantities of this product. This is a local anaesthetic gel that you can get from the chemist, and it's a godsend. The blood test was fine – did not feel a thing. Then, for the next one, I used the gel, but left it on for less time than before, and it was fine too. The next one I left it on for even less time, and it too was totally fine. I'm down to the point where it's hardly worth putting any of the gel on, so I think next time (or maybe the time after...) I'm going to be brave and do it without the gel. I'm very confident that I'll get there, and it feels great.

Oh, and the other thing that helped was that my husband promised to buy me a present every time I was 'brave'! So far, I have one lovely red belt, two pairs of ear-rings and a necklace!"

What causes Injection or Needle Phobia?

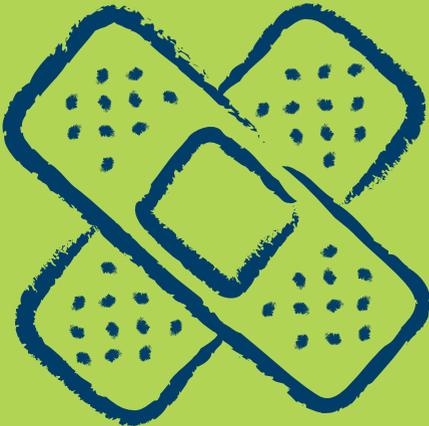
There are several different theories about why some people are needle phobic. One theory suggests that because our first injection hurt (having an injection is not a pleasant experience for anyone) it is therefore quite natural to experience a certain amount of fear with subsequent injections. Most of us have our first injection as a child and for many this is a frightening experience because you are left with a doctor who you perceive as a stranger: you don't know why you are being hurt with a needle and you cannot understand why your parent/guardian would allow you to be 'hurt' in this way.

Another theory suggests that we learn to fear needles/injections from our parents or other significant adults. Many people with needle phobia recall parents telling them as children to "stay away from needles - you might catch something", and many remember being told to "be brave" whilst having an injection despite feeling terrified. Many also recall that a significant adult was needle phobic too. As children we are led to believe that our guardians know best so if we see them behaving in a phobic manner in response to needles/injections, we accept that there is a good reason for this behaviour.

Phobias can also be associative, which means that the object of our phobia can be associated with something negative. For instance, a person may receive bad news and notice a needle/syringe at the same time. Another example of how this may occur is after having had a blood test, and later being told that you have a serious illness.

Children can often remember seeing elderly relatives having injections, and then later dying, and so the child thus associates injections with death/ illness.

Finally, needle phobia may occur as a result of traumatic experience with needles/injections. For example, having an injection prior to an operation, or enduring a particularly painful injection as a child. Most children go through a phase of fearing needles/injections, but eventually grow out of it. However, adults who develop needle phobia often trace back the source of their fear to an incident that occurred during childhood.



Degrees of injection or needle phobia

Some people with a phobia are able to live normally but the severity of anxiety experienced varies from sufferer to sufferer with some finding themselves unable to cope. Some people with needle phobia may find themselves having occasional nightmares about being forced to have an injection; others may not be able to leave their home in case they encounter a syringe. To this end, such people with needle phobia are effectively agoraphobic albeit as a result of a different set of circumstances to those traditionally behind the onset of such a condition.

Many people with needle phobia are so afraid of injections and needles that they are willing to endure any amount of pain and discomfort in order to avoid having an injection or feeling a needle. At the other end, those that do muster up the courage to have an injection, may faint during the process and then become anxious about fainting. A fear of fainting and avoidance of fainting may subsequently develop.

Some people cannot even bear to say the word “needle/injection”, or look at pictures of needles/injections in magazines. Also, some people with needle phobia may feel anxiety almost immediately upon confronting the phobic stimulus (injections, needles, blood, etc), but the level of anxiety experienced usually varies with both the degree of proximity to the phobic stimulus and the degree to which escape from the stimulus is limited.

What treatments are available?

Just as experience of needle phobia varies from sufferer to sufferer, ways of coping vary from person to person too.

Systematic Desensitisation/Behavioural Exposure

One method that has been consistently proven to be effective in the treatment of anxiety and phobias is systematic desensitisation (sometimes known as behavioural exposure). In this technique individuals gradually expose themselves to the situation they are phobic about in a gradual manner. With sufficient repetition through practice, the event loses its anxiety-provoking power. At the end of training you will find that the event has lost its power to make you anxious.

Systematic Desensitisation can either be done with a therapist or can be self-administered (the successfulness of the latter being defined by your willingness to encounter your fear). You can find out more information about the self-administered systematic desensitisation procedure in the next pages.

Behavioural exposure is an essential component of Cognitive Behavioural Therapy (CBT), which is commonly used for the treatment of injection phobia. CBT is an evidence based intervention that works with problems in the present, and looks at strategies for managing negative thoughts and behaviours that may feed into an anxiety problem.

Clinical hypnotherapy can also help those with an injection/ needle phobia. Anxiety UK has a popular service which has helped many sufferers of specific phobias. Hypnotherapy involves getting into a state of deep relaxation, and using visualisation techniques to explore the phobia further. This therapy takes place in a one-to-one situation and can produce beneficial effects in a relatively short space of time.



How can I help myself?

Self-administered behavioural exposure program

There are three steps in the self-administered behavioural exposure hierarchy:

1. Relaxation
2. Constructing an anxiety hierarchy
3. Pairing relaxation with the situations detailed in your hierarchy.

Step One: Relaxation

It is useful that you know how to get into a relaxed state of mind before going into your behavioural exposure hierarchy. Some people like to practice progressive muscular relaxation, breathing exercises or meditation to allow them to induce a relaxed state of mind before encountering their phobic situation or object. Relaxation can take some practice, so it may be useful to practice for some time in advance before beginning your exposure work. All that matters is that you choose a method of relaxation that is most comfortable for you.

Step Two: Constructing an anxiety hierarchy

Overview

For this example, the hierarchy that you construct will contain situations or scenes involving some aspect of having an injection. These situations will most likely be situations you have actually experienced (e.g. booking

an appointment, waiting in the waiting room of your GP surgery, going into the room where the injection will be administered, seeing the needle, and then having the injection). The important point is that items included in an anxiety hierarchy describe situations which produce varying levels of anxiety, some more worrisome than others; this is what hierarchy means, and the details of this are presented later in the booklet.

You should describe the items in your anxiety hierarchy in sufficient detail to enable you to vividly imagine each step. It might be sufficient to say "standing in line at the ticket counter," but saying "standing in a long line at the crowded ticket counter with nothing to do but wait to get my luggage checked" might be more graphic. Remember that items are most effective if they can help you experience the event in your imagination, not just describe it.

Creating an anxiety hierarchy

You should attempt to create about 16 or 17 situations at the beginning. Most people tend to discard some items in the sorting process, so you can expect to end up with about 10 to 15 items in your final hierarchy. To aid in sorting the items, write each one on a separate index card.

As was mentioned earlier, the situations or scenes in your hierarchy should represent a fairly well-spaced progression of anxiety. The best way to achieve this goal is to first grade the anxiety of each item by assigning it a number on a scale from 0 to 100, where 100 is the highest level of anxiety imaginable and 0 is no anxiety (complete relaxation). Write this number on the back of the index card for the item being graded. At this point, you need not worry about how well-spaced the items are; just give each item the first number grade that "pops into your head."

When each item has an anxiety grade, your next step will be to sort the cards into 5 piles. Each pile will represent a different category of anxiety, as follows:

Pile	Anxiety Grade
Low Anxiety	1–19
Medium Low Anxiety	20–39
Medium Anxiety	40–59
Medium High Anxiety	60–79
High Anxiety	80–100

The goal here is to end up with at least two items in each pile.

If this happens, congratulations. If not, you will have to go back and re-evaluate some items or create some new items. When you have finished, combine all the cards into one pile that is ordered from lowest to highest anxiety. This is your personal anxiety hierarchy. Set the cards aside for one day.

It helps to check the accuracy of your ordering by shuffling the cards in the next day or so. Without looking at the grades on the back of the cards, re-order them. Then check the grades to see if your second ordering is the same as the first. If not, make some adjustments. You don't have to waste a lot of time with this; just try to get an order that feels right and that represents a fairly smooth progression from low to high anxiety.

Sample fear of injections/ needles hierarchy

The following is a sample hierarchy to help you develop your own hierarchy. Your items should, of course, be fully detailed.

- ✓ Looking at a picture of a cartoon needle
- ✓ Touching a picture of a needle
- ✓ Holding a real needle
- ✓ Injecting an orange with a real needle
- ✓ Driving past your surgery
- ✓ Going to your surgery to talk about having an injection
- ✓ Going to have an injection using a topical anaesthetic to numb the injection site
- ✓ Going to get an injection
- ✓ Repeat as required

The self-administered behavioural exposure procedure

The self-administered behavioural exposure procedure is presented below. It consists of seven steps that are repeated for each item of your anxiety hierarchy. Your task will be to work through each item of your anxiety hierarchy following these seven steps.

Step 1. Induce relaxation using your preferred relaxation technique.

Step 2. Read the appropriate item from your hierarchy. In the first session, this will be the first item in the hierarchy, while in the other sessions this will be the last item from the previous session.

Step 3. Go into the situation for a tolerable time.

Note. The length of “a tolerable time” will vary. Be careful of overloading yourself on the first encounter with an item, especially with high anxiety items. Although it might seem a short time, 10 seconds of exposure might be all you can tolerate. Slowly increase the amount of time you spend in the situation on subsequent presentations until you can tolerate at least 30 minutes of exposure.

Step 4. Remove yourself from the situation and determine the level of anxiety that you are experiencing (on a 0 – 100 scale). Re-establish your relaxation again and relax for about 30 seconds.

Step 5. Go back into the situation and stay there for a tolerable time – the longer you stay the better

Step 6. Stop and again determine your level of anxiety. If you are experiencing any anxiety, return to Step 2. If you feel no anxiety, go on to Step 7.

Step 7. Move on to the next item of your hierarchy. Repeat the above procedure for this next item, beginning with Step 1.

End each session with several minutes of relaxation.

What potential problems might I encounter?

You might encounter either of two major problems during behavioural exposure:

1) You might experience no anxiety at the presentation of an item.

2) You might be unable to decrease a high level of anxiety even after numerous cycles.

Some causes and solutions of these problems are presented below.

Problem 1:

Little or no anxiety is produced on the first or second cycle of an anxiety hierarchy item.

Cause	Solution
The situation is not challenging enough	Take a step up your ladder and see if your anxiety increases
The situation induces a lower level of anxiety than a previous item	Eliminate this item

Problem 2:

A high level of anxiety persists after numerous cycles.

Cause	Solution
The situation has not been placed in the appropriate order in your hierarchy	Develop a new item to be placed before this item or Place this item later in your hierarchy

Finally: additional help

While some people may be able to work through a behavioural exposure program on their own, it may be that you require additional support (particularly if your anxiety is very high). Anxiety UK recommends the use of Cognitive Behavioural Therapy (which will allow you to work through an exposure program with a therapist) or clinical hypnotherapy (which allows you to learn to relax, and go through an exposure program using visualisation). You can access both of these therapies through Anxiety UK at minimal cost and with no waiting time. For more information call our helpline on 08444 775 774.



Useful contacts:

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Other sources of help and support:

www.livinglifetothefull.com – a great resource for individuals experiencing anxiety and depression

<http://moodgym.anu.edu.au/welcome> - an online computerised cognitive behavioural therapy resource

www.nice.org.uk – for treatment guidance for anxiety

<http://www.cci.health.wa.gov.au> – a free resource that allows users to download cognitive behavioural therapy courses

www.glasgowsteps.com – an NHS website with lots of information and case studies

www.needlephobia.co.uk - this website has been developed by smith&nephew and contains a range of resources relevant to needle phobia

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Fast Facts: Anxiety, Panic and Phobias by Malcolm H Lader
ISBN: 190373441X

Overcoming Anxiety by H Kennerley ISBN: 1854874225

Overcoming Anxiety: A Five Areas Approach by Dr Chris
Williams ISBN: 034081005X

*Names have been changed to protect anonymity

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