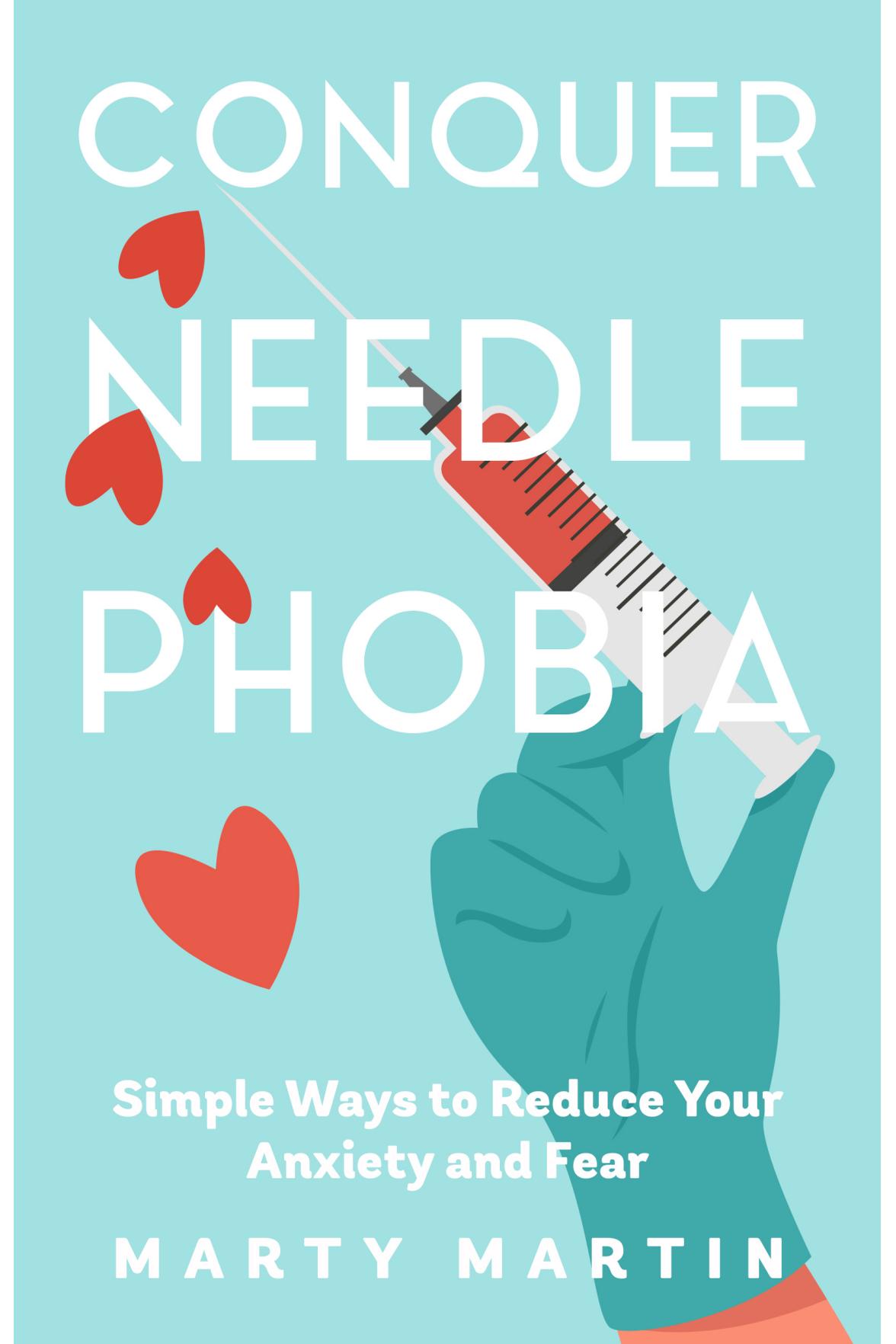


CONQUER NEEDLE PHOBIA

A hand wearing a teal medical glove holds a syringe filled with red liquid. The syringe is positioned diagonally across the frame. The background is a solid teal color, and there are four red hearts scattered around the syringe. The text 'CONQUER NEEDLE PHOBIA' is written in large, white, sans-serif capital letters across the top and middle of the image.

**Simple Ways to Reduce Your
Anxiety and Fear**

MARTY MARTIN



CHAPTER 6

SELF-TALK

AFTER YOU LEARN to use self-hypnosis, apply the ATT technique, and practice exposure therapy, it is the right time to start developing positive self-talk skills as well. Without these skills, you are likely to engage in negative self-talk. Negative self-talk will cause you to experience more fear, anxiety, and phobia, as well as a lack of control. By the end of this chapter, you will be equipped to achieve the following:

Insights

- Appreciate self-talk and its connection with and needle fear and phobia
- Understand the history behind your self-talk

Strategies

- Identify patterns in your self-talk
- Catch your negative self-talk before it goes too far
- Change your self-talk from negative to positive

Deliberate practice and mindful and consistent application of these two insights and three strategies will yield benefits beyond addressing fears and phobias related to needles, vaccines, and injections. Now, it is time to try a thought experiment.

THOUGHT EXPERIMENT: THE POWER OF SELF-TALK

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Picture yourself waiting in traffic because of an automobile accident on the road. There is no other route. You need to arrive at your destination in fifteen minutes and, under normal circumstances, you would be able to get there in ten minutes. While waiting in the traffic jam, you say the following to yourself:

- Why did I take this route?
- I should have realized that I needed to leave earlier.
- If I am late, so-and-so will never forgive me.
- I am so stupid for making this mistake.
- I cannot take this.
- Of all the days, why now? Why today?

In the space below, describe how you would feel if any of these thoughts were to keep running in your mind while you were waiting in the traffic jam.

Now, imagine that you can hear the self-talk of another person right beside you who is stuck in the same traffic jam. The following thoughts run through their mind:

- Let me call so-and-so to let them know that I might be late.
- It may be a good time to think about this upcoming project because the traffic is not moving.
- I'll change the radio to a more upbeat or relaxing station.
- I know that, if I get worked up, I can take a few deep breaths to calm down.
- Let me at least get comfortable and stretch every now and then since the traffic is at a standstill.

In the space below, describe how you would feel if any of these thoughts were to run through your mind while you were waiting in the traffic jam.

You have probably described quite different feelings in the two boxes. However, both you and the other person are stuck in the same traffic jam, yet their perceptions of the situation are quite different. Why? Your self-talk or internal monologue shapes your perceptions. Your self-talk emerges spontaneously, almost automatically. It is as if you do not even realize it until after you have already experienced the thought and then feel a rush of emotions and physical sensations, ranging from delight to fear.

The bottom line is that our interpretations and thoughts regarding what is happening, rather than the situation itself, drive our feelings (e.g., the traffic jam). This sequence is depicted in the following flowchart.



In summary, you are largely responsible for how you feel—unless your feelings stem from certain medical conditions or extreme situations beyond your control. It may be a bit difficult to accept this fact. Many of us tend to blame others or external events rather than ourselves or our interpretations of situations.

THE STORY OF VICTOR E. FRANKL: LESSONS FOR ALL OF US

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Victor E. Frankl authored the famed book *Man's Search for Meaning*. He survived living in Nazi concentration camps from 1942 to 1945 under intolerable and cruel conditions. His father, mother, brother, and wife died in these camps. Trained as a psychiatrist, he helped other inmates resist suicide by teaching them to focus on

and remember that which is good, healthy, and positive. Victor E. Frankl captured what he learned during these three horrific years in the passage below.

“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

This quote is a reminder to me, and hopefully to you, that we have the freedom to choose our response. Both you and I are the products of our thoughts, not our conditions.

SELF-TALK AND ITS CONNECTION TO FEAR AND PHOBIA

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Self-talk can work either for you or against you. Psychologists refer to self-talk that advances a healthier, better attitude as positive self-talk. In contrast, self-talk that belittles, stresses, and restrains you is negative self-talk. The way you think about situations and events, such as getting an injection, influences how you feel about them. Based on your thoughts, you might feel bad or even avoid the situation altogether if you think that it will be too overwhelming for you to handle. In chapter 2, you read that the hallmark sign of any phobia is avoidance. In the case of immunization, blood draws, and medical and dental procedures, avoidance can render you and others very vulnerable. People with phobias and with various types of anxiety engage in more negative self-talk than others.

UNDERSTAND THE HISTORY BEHIND YOUR SELF-TALK

We create stories about our lives. It begins in childhood, when we weave our perceptions of ourselves and the world around us into a narrative about what we can and will do. These stories are called “life scripts” or “cognitive schemas.”

These life scripts continue to have a deep and an unconscious effect on how we live our lives. They affect the decisions that we make. They control what we believe we can easily do and can never do. They shape our self-image. Yet, we seldom realize where they come from or that they exist in the first place.

You may have developed life scripts early in life based on the negative or positive influences that shaped you as a child or an adolescent. Your life scripts are shaped by your parents, relatives, and other influential figures during your early years. In this manner, you become a product of your family history, to some degree. In addition to your family, your culture and national sentiments also shape your life scripts.

Life scripts are expressed very clearly (e.g., “I’m not the type of person who can withstand anything uncomfortable”). Life scripts can either be incredibly detailed or vague. Further, they can be very empowering or imprisoning. In a study comparing phobic and nonphobic individuals (Wenzel & Holt, 2000), it was found that all phobic individuals had an increased heart rate when exposed to threatening stimuli. Furthermore, those with blood or injury phobias felt nervous, felt scared, or screamed.

Our life scripts are also called cognitive schemas by psychologists. They are adapted from a particular situation and a specific time, but they may have outlived their usefulness for other situations and

times. Schemas allow us to rapidly determine what is happening at a given moment without thinking too much about the details of the situation (Lim et al., 2020). In short, a cognitive schema is similar to a prediction.

A prediction is an image of the future that is based on past experience and knowledge (Lim et al., 2020). With regard to pain, some of us are more likely to catastrophize (Elman & Borsook, 2018). Others who are more aware or mindful of their body may be able to mitigate the influence of negative cognitive schemas and reduce persistent pain (Harrison et al., 2019). In chapter 8, you will learn more about the power of mindfulness in improving your perception of pain and alleviating fear and anxiety. The good news is that you can modify your cognitive schemas. You will learn how to do so shortly.

IDENTIFY PATTERNS IN YOUR SELF-TALK

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The best way to identify patterns in your self-talk is to pause and reflect on any common themes underlying your self-talk.

- Do I perceive the glass as half-full or half-empty?
- Do I remember uplifting or distressing or depressing events more easily?
- Do I motivate myself to move forward, drag myself down, or amp myself up?
- Do I engage in the same self-talk across all situations and under all circumstances?
- Does my self-talk change when I am around different people?

Reflect upon these five questions. If you responded, “half-empty,” “distressing or disturbing,” “drag myself down,” and “amp myself up,” then this pattern of self-talk will not help you when you face a challenging situation such as getting vaccinated or going to the dentist to get an injection. If you discover that your self-talk is positive or that it is negative because of the situation or the people around you, or both, then this is good news.

Do not despair if you do not like your responses. Why? Because you can change the way you think and your self-talk patterns. You are not your pattern. Let us continue to learn how to add more positive, healthy, and adaptive self-talk skills to your portable toolkit.

THOUGHT DIARY WORKSHEET TOOL

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In the Thought Diary Worksheet, you will find a dedicated space for you to describe the situation you are facing (e.g., getting vaccinated). Write down your primary thought about getting the vaccine (e.g., “No big deal” or “I can’t deal with this”). Next, rate the extent to which you experience this thought. The rating can range from 0 percent (not at all) to 100 percent (all the way). Now, move on to the other side of the worksheet and write down the emotion or feeling that you are experiencing (e.g., confident or anxious). Then, rate the intensity of the feeling that you have written down. It can range from 0 percent (not at all) to 100 percent (all the way). Reflect for a moment and ask yourself the following questions:

- Do I see a connection between my thoughts and emotions about the situation?
- If I change my thoughts about this situation, will I also feel differently? Is this possible?

Picture yourself as a gentle attorney cross-examining a witness on the witness stand in a court of law. You turn to the witness and ask, “What evidence do you have for your thoughts about the situation?” Now, ask yourself the same question about your thoughts about the situation you have written down and note them down under “Evidence For.”

Next, imagine yourself as a journalist. Journalists are supposed to be objective and provide balanced reports. A journalist would ask for contrary evidence supporting the other side of the story. Accordingly, ask yourself the following question: “What evidence do I have that my thoughts about the situation are incorrect?” You have now argued both sides. You have found evidence that supports your thoughts about the situation as well as evidence that challenges your thoughts about the situation. This process is called “seeking contrary evidence.”

Now, it is time to find alternative thoughts that will lower your level of distress about the situation and help you tolerate it, if not master it. Write down your alternative thought about the situation. For example, your original, automatic, or learned thought may have been “I can’t do this” but your alternative thought may be “It is hard, but I can tolerate this.” After writing down your alternative thought, rate how strongly you believe the alternative thought. It can range from 0 percent (not at all) to 100 percent (all the way). Next, write down the emotions elicited by your alternative thought (not your original thought). How intense are the emotions elicited by the alternative thought? Rate them on a scale ranging from 0 percent (not at all intense) to 100 percent (extremely intense).

Thought Diary Worksheet

SITUATION	
THOUGHT	EMOTION
BELIEF IN THOUGHT (0-100%)	INTENSITY OF EMOTION (0-100%)
EVIDENCE FOR	EVIDENCE AGAINST
ALTERNATIVE THOUGHT	EMOTION
BELIEF IN ALTERNATIVE THOUGHT (0-100%)	INTENSITY OF EMOTION (0-100%)

CATCH YOUR NEGATIVE SELF-TALK BEFORE IT GOES TOO FAR



Watch out for the “what ifs.” Anxiety can be induced almost instantly by repeating any phrase that begins with the two words “what if.” For instance, when contemplating scheduling a vaccination, you may ask yourself, “What if the needle really, really hurts?” or you may ask,

“What if I can’t handle the pain?” Just noticing when you fall into the “what if” thinking trap is the first step toward gaining control over your negative self-talk. Positive change occurs when you begin to counter and replace negative “what if” statements with positive, self-supportive statements that bolster your ability to cope effectively. The Thought Diary Worksheet above will help you record your negative self-talk about specific situations.

**CHANGE YOUR SELF-TALK FROM
NEGATIVE TO POSITIVE**

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The most effective way to deal with negative self-talk is to counter it with positive and supportive statements. For example, you might say, “So what,” “These are just thoughts,” “I can handle this,” “This is worth it because it will protect me and my family,” “I’ve done this before,” or “I can breathe, let go, and relax.”

Countering negative self-talk requires you to write down and rehearse positive statements that directly disprove or refute that negative self-talk. The Thought Diary Worksheet above walks you through this process; you can use this tool to write down evidence against your original thought.

If you experience anxiety because of negative mental programming, you can begin to change the way you feel by replacing it with positive programming. The Thought Diary Worksheet will help you construct an adaptive thought that can replace your original one.

HIGHLIGHTS TO RECALL

This chapter informed you about the power of your self-talk, internal dialog, and life scripts or cognitive schemas. Now, you should know that your thinking influences your emotions substantially. If you cope with a situation by engaging in positive self-talk, you are likely to feel less anxious and stressed and more in control. However, if you cope with a situation by engaging in negative self-talk, you will experience negative emotions. In short, knowing that you have to get your blood drawn is a threatening situation. Two people can experience different emotions about this impending event. How is this possible? They may view the situation differently and respond to it differently because of differences in their self-talk.

The following are a few key highlights for you to reflect upon as you move one step closer to conquering your fear or phobia related to needles and injections.

- Identify patterns in your self-talk.
- Catch your negative self-talk before it goes too far.
- Change your self-talk from negative to positive.
- Use the Thought Diary Worksheet.

The next technique that you will learn is based on a natural activity in which you engage every minute of the day: distraction. Chapter 7 focuses on distraction. Distraction is something that often happens naturally. Let us learn how to optimize natural distraction and transform it into a powerful tool to conquer your fear or phobia of needles.

TIPS FOR EDUCATORS, HEALTHCARE PROFESSIONALS, AND THERAPISTS

After reading this chapter on self-talk, it must be evident that this is about cognitive restructuring. The main reason for including cognitive restructuring—which is one of the tools in cognitive behavior therapy (CBT)—is that it works. Cognitive restructuring is similar to cognitive reappraisal in that patients or clients reinterpret negative stimuli. In fact, there is a substantial body of evidence demonstrating the efficacy of CBT in treating anxiety disorders (Carpenter et al., 2019) and blood-injury-injection (BII) phobia (Craske, Antony & Barlow, 2006). In one study involving the use of manualized treatment for BII phobia, cognitive restructuring was included in the multicomponent treatment package (Chapman & DeLapp, 2014). In the same study, the adult patient responded to the multicomponent manualized CBT treatment, which included cognitive restructuring. As you know, each patient or client does not respond in the same way. There were individual differences between the groups.

The theoretical basis of cognitive restructuring as a tool for individuals with fears or phobias of needles is that exaggerated and negative predictions (self-talk) about what may happen during exposure to a feared situation are the hallmarks of anxiety disorders (Clark, 1999).

For further reading about cognitive restructuring, refer to the article published by Clark (2014), who has outlined twelve verbal intervention strategies that can be employed in cognitive restructuring. A few of these haven been highlighted and described in this chapter. These include evidence gathering, consequential analysis, generation of alternatives, and reframing or perspective taking.

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