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THE LIVED EXPERIENCE OF TRYPANOPHOBIA: HOW FEAR SHAPES LONG -TERM CHRONIC ILLNESS MANAGEMENT

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ABSTRACT :

Managing chronic illnesses often involves routine needle-based medical procedures, including blood draws, vaccinations, and self-administered injections. For individuals with trypanophobia, an extreme and persistent fear of needles, these essential healthcare procedures may cause substantial psychological distress. This qualitative study examines the lived experiences of individuals managing the daily demands of long-term chronic illness alongside needle phobia. Using a phenomenological approach, in-depth interviews were conducted with patients requiring regular needle-based interventions. Thematic analysis showed that severe anticipatory anxiety often contributed to treatment avoidance and medical non-adherence. Participants also reported feeling vulnerable when healthcare providers dismissed their phobia, worsening symptom burden, and diminishing quality of life. Despite these systemic challenges, patients developed complex, individualised coping strategies to tolerate necessary procedures. The findings show that trypanophobia represents a significant yet often overlooked barrier to best chronic illness outcomes. Healthcare providers should therefore proactively screen for needle phobia and implement patient-centred, trauma-informed interventions to improve treatment adherence and reduce distress during routine care.

Keywords: Trypanophobia, Needle Phobia, Chronic Illness, Lived Experience, Treatment Adherence, Patient-Centred Care.

1. Introduction

The management of long-term chronic illnesses has been transformed by medical advances over the past several decades. Conditions that were once considered fatal, including Type 1 diabetes, HIV, and various autoimmune disorders, are now managed as chronic conditions requiring sustained medical oversight. A central component of this management is the frequent use of needle-based medical interventions. These include routine blood draws for monitoring disease progression, vaccinations to prevent opportunistic infections, and self-administered subcutaneous or intramuscular injections. For most patients, these procedures become a normalized, if sometimes unpleasant, part of daily life. However, for a significant subset of the population, the necessity of these procedures triggers profound psychological distress that is often unrecognized by the healthcare system.

Trypanophobia, defined clinically as an extreme and persistent fear of needles, is a pervasive yet frequently overlooked barrier in healthcare. It is not merely a mild dislike or an aversion to pain. Trypanophobia is a recognized psychological condition that can elicit severe physiological responses, including panic attacks, tachycardia, and vasovagal syncope, which is the sudden drop-in heart rate and blood pressure leading to fainting (von Mücke-Heim et al., 2022). When a patient is diagnosed with a chronic illness requiring regular needle interventions, the collision of the disease and the phobia creates a complex, multifaceted crisis. The patient is forced to confront their deepest fear repeatedly, not in a controlled therapeutic environment, but as a mandatory requirement for survival.

Despite the prevalence of needle fear in clinical settings, the lived experiences of adults navigating this dual burden remain largely under-explored in qualitative literature. Most existing research focuses on pediatric needle anxiety or the logistics of mass vaccination campaigns. There is a conspicuous gap in understanding how the chronic nature of an illness exacerbates the psychological trauma of trypanophobia, and how this interplay influences long-term treatment adherence and overall quality of life. Recent scoping reviews have highlighted that needle fear prevalence varies widely across chronic disease cohorts, ranging from 17 to 52 percent in cancer, 25 to 47 percent in chronic kidney disease, and 0.2 to 80 percent in diabetes (Duncanson et al., 2021). These figures underscore the scale of the problem, yet the voices of the patients themselves remain largely absent from the clinical literature.

The phenomenon demands a deeper investigation into the daily realities of these patients. How do they prepare for a blood test? What internal dialogues

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occur before self-administering an injection? How do they interact with healthcare providers who may lack empathy for their condition? By employing a qualitative phenomenological approach, this study seeks to explore the lived experiences of individuals managing chronic illnesses while enduring severe needle phobia. The objective is to illuminate the hidden struggles, the complex coping mechanisms, and the systemic failures that contribute to negative health outcomes, ultimately advocating for a more compassionate, trauma-informed approach to routine medical care.

1.1 Statement of the Problem

Managing a chronic illness requires strict adherence to medical regimens. When that regimen involves routine needle exposure, patients with trypanophobia face an agonizing dilemma between preserving their physical health and avoiding severe psychological trauma. Healthcare providers often dismiss this fear as trivial or immature, failing to recognize it as a legitimate clinical barrier. This dismissal leads to anticipatory anxiety, treatment avoidance, and ultimately, worsened clinical outcomes. The problem is not merely the fear of the needle itself, but the systemic lack of trauma-informed protocols that force patients to endure repeated distress without adequate psychological or procedural support.

1.2 Research Questions

To systematically investigate this phenomenon, the study is guided by the following research questions:

1. How do individuals with chronic illnesses describe their lived experience of managing trypanophobia during routine medical procedures?
2. In what ways does needle phobia influence treatment adherence and symptom burden in the management of chronic illness?
3. How do patients perceive the attitudes and responses of healthcare providers regarding their needle phobia?
4. What individualized coping strategies do patients develop to tolerate necessary needle-based interventions?

1.3 Significance of the Study

This research is significant for multiple stakeholders. For patients, it validates their experiences and highlights a severely neglected aspect of their care. For healthcare providers, including doctors, nurses, and medical laboratory technologists, it provides critical insights into the necessity of proactive screening for needle phobia. For healthcare policymakers, it underscores the urgent need for trauma-informed training and the implementation of patient-centred care protocols. By bringing the lived experience of trypanophobia into the academic light, this study aims to bridge the gap between clinical protocols and the psychological realities of the patients receiving care.

2. Literature Review

To fully comprehend the intersection of chronic illness and trypanophobia, it is essential to review the existing literature across several domains: the psychological etiology of phobias, the burden of chronic illness management, the doctor-patient relationship, and the mechanisms of coping.

2.1 The Psychology and Etiology of Trypanophobia

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies specific phobias as marked, persistent, and excessive fears of a specific object or situation. Trypanophobia falls into the category of blood-injection-injury (BII) phobias. Unlike other specific phobias where individuals experience panic-induced tachycardia, BII phobias are unique in that they often trigger a vasovagal response. This evolutionary biphasic response involves an initial acceleration of the heart rate, followed by a sudden and dramatic drop-in heart rate and blood pressure, leading to fainting (von Mücke-Heim et al., 2022; Deacon & Abramowitz, 2006).

Recent research has begun to clarify the developmental pathways of needle fear. A 2025 study conducted in Australia with adolescents and adults living with cystic fibrosis found that early life experiences strongly influence the development of fear of needles, and that needle procedures are associated with a chronic and pervasive experience of trauma (Stephenson et al., 2025). The study, which employed a sequential quantitative and qualitative explanatory design, reported that 47 percent of participants self-identified as having a fear of needles, with an additional 35 percent reporting a history of fear or demonstrating features equivalent to at least mild needle phobia. The thematic analysis revealed an overarching concept described as the pervasive and lifelong impact of needle experiences, alongside themes concerning the relationship with the self, the healthcare system, and the wider world. Participants emphasized the importance of procedural competency, relationships with healthcare providers, and individualized care in mitigating the impacts of needle procedures (Stephenson et al., 2025).

A large-scale study conducted in the United Kingdom in 2024 provided further evidence of the scale of the problem. This open-access study, involving 396 adults, found that one-third of surveyed adults screened positive for needle fear symptoms, and 77 percent reported experiencing life interference

due to this fear, yet only 0.25 percent had a formal diagnosis (Age, not sex, predicts needle fear and life interference, 2025). The study also found that younger adults showed higher symptom severity than older individuals, with no significant sex differences in symptom severity or life interference. These findings point to a substantial treatment gap, where the vast majority of individuals with clinically significant needle fear remain undiagnosed and unsupported.

Research from India has highlighted the vulnerability of specific populations. A 2023 study published in Clinical Epidemiology and Global Health examined trypanophobia among Indian medical students, identifying it as an overlooked concern in a population that is both highly exposed to needles and expected to perform needle-related procedures (Jha & Holla, 2023). While this study focused on medical students rather than chronic illness patients, it underscores the cultural and contextual dimensions of needle fear, suggesting that the phenomenon is not confined to Western clinical settings.

2.2 The Burden of Chronic Illness and Treatment Adherence

Chronic illnesses require long-term, often complex management strategies. The World Health Organization identifies poor adherence to treatment as a primary reason for suboptimal clinical outcomes (Sabaté, 2003). Adherence is influenced by a multitude of factors, including socioeconomic status, health literacy, and the complexity of the regimen. However, the psychological burden of the treatment itself is often overlooked.

When a patient suffers from trypanophobia, the psychological cost of adherence is immense. The concept of anticipatory anxiety becomes a dominant feature of their daily life. A 2024 study published in Medicine investigated fear and compliance related to insulin injections in patients with Type 2 diabetes mellitus. The study found that injection fear was a significant factor causing insulin treatment refusal and negatively affecting adherence to treatment (He et al., 2024). The findings indicated a significant negative correlation between injection fear scores and treatment adherence scale scores. This quantitative evidence complements qualitative accounts of patients who describe the dread of an upcoming blood test or the nightly ritual of an insulin injection as so overwhelming that it severely disrupts sleep, concentration, and overall mental well-being.

A 2023 qualitative study conducted in Australia explored needle-related distress among patients undergoing hemodialysis. The study described needle-related distress as an often-hidden element of the hemodialysis experience, with patients learning to tolerate it as an inevitable part of dialysis for survival (Duncanson et al., 2023). The researchers found that nurses' technical skills and the dialysis environment they create are key determinants of the patient cannulation experience. This finding highlights the critical role of the healthcare provider in either mitigating or exacerbating the patient's distress.

2.3 The Doctor-Patient Relationship and Medical Trauma

The dynamics of the healthcare system often compound the distress of trypanophobic patients. The clinical environment is inherently power-imbalanced, with the provider holding authority over the patient's body. When a patient expresses fear of a needle, the provider's response is crucial. Unfortunately, literature indicates that many healthcare professionals lack specific training in managing BII phobias.

A 2025 study examining hematophobia, or the fear of blood, needles, and injections, in hospital settings emphasized that this specific phobia impacts procedural adherence and patient outcomes in healthcare settings (Virtual reality in the management of hematophobia in hospital settings, 2025). The study, conducted in a clinical laboratory and a hematology day hospital, found that the prevalence of hematophobia was high, with 32.4 percent of patients classified as severe, 31.9 percent as moderate, and 35.7 percent as mild. When patient fears are met with dismissal, impatience, or derision, the clinical space becomes a site of powerlessness and trauma, compounding the symptom burden and diminishing the quality of life.

The concept of trauma-informed care has emerged as a framework for addressing these systemic failures. Trauma-informed care acknowledges the widespread prevalence of trauma and its profound impact on health, operating on principles of safety, trustworthiness, peer support, collaboration, empowerment, and cultural humility (Raja et al., 2015). Applying this lens to phlebotomy and injection administration shifts the paradigm from a purely procedural focus to a holistic, patient-centered approach. However, as the cystic fibrosis study noted, there is growing evidence regarding the negative impacts of medical trauma in chronic disease, yet clinical practice has been slow to adapt (Stephenson et al., 2025). The study's participant recommendations focused on the importance of procedural competency, relationships with healthcare providers, and individualized healthcare to address the impacts of needle procedures.

2.4 Theoretical Framework: Trauma-Informed Care

To address the systemic failures identified in the literature, this study is grounded in the framework of Trauma-Informed Care (TIC). TIC acknowledges the widespread prevalence of trauma and its profound impact on health. Applying a trauma-informed lens to phlebotomy and injection administration shifts the paradigm from a purely procedural focus to a holistic, patient-centered approach. Instead of focusing solely on the physical act of inserting a needle, a trauma-informed provider recognizes the patient's psychological state and collaborates with them to create a sense of safety. This study explores how the application or absence of these principles shapes the lived experiences of chronic illness patients with trypanophobia.

3. Methodology

To capture the deep, nuanced realities of managing chronic illness alongside severe needle phobia, a qualitative research methodology was deemed most appropriate. This approach allows for the exploration of meaning, emotion, and the complex interplay between physical health and psychological well-being.

3.1 Research Design

The study utilized an interpretive phenomenological analysis (IPA) approach. Phenomenology is the study of lived experience. It seeks to understand how individuals make sense of a particular phenomenon from their own subjective perspective. IPA is particularly suited for exploring topics where the complexity of the human experience is paramount. By focusing on the essence of the experience, phenomenology moves beyond mere symptom lists or treatment statistics, allowing the voices of the patients to be heard authentically (Smith et al., 2009).

3.2 Participants and Sampling

Participants were recruited using purposive and snowball sampling methods. The inclusion criteria required participants to be over the age of eighteen, diagnosed with a chronic illness requiring regular needle-based interventions (such as diabetes, rheumatoid arthritis, or chronic kidney disease), and self-identifying as having a severe fear of needles. A total of twelve participants were recruited from various patient support groups and clinics. The sample size was determined by the principle of data saturation, wherein no new themes or insights emerged from subsequent interviews. The demographic breakdown included individuals from various socioeconomic backgrounds, with the duration of their chronic illness ranging from three to fifteen years.

3.3 Data Collection

Data was collected through in-depth, semi-structured interviews conducted over a period of three months. The interviews were conducted in a quiet, private setting of the participant's choosing or via secure video conferencing to ensure psychological safety. An interview guide was developed to provide a flexible structure while allowing participants to lead the conversation into areas they felt were most important. The open-ended questions focused on their initial diagnosis, their experiences with needle procedures, their strategies for managing the fear, their interactions with healthcare providers, and the impact of the phobia on their overall quality of life. The interviews lasted between sixty and ninety minutes. With the informed consent of the participants, the interviews were audio-recorded and transcribed verbatim. Field notes capturing non-verbal cues, such as visible distress or hesitation, were also maintained.

3.4 Data Analysis

The data analysis process followed the standard thematic analysis framework, which involves six distinct phases: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing the report (Braun & Clarke, 2006). The researchers immersed themselves in the data by reading and re-reading the transcripts multiple times. Key words, phrases, and concepts were systematically identified and labeled across the dataset. The codes were analyzed and grouped together to form potential themes, which were then reviewed and refined to ensure they accurately reflected the data.

3.5 Ethical Considerations

Given the sensitive nature of the topic, strict ethical guidelines were followed throughout the research process. Approval was obtained from the relevant institutional ethics committee. Prior to participation, all individuals were provided with a detailed information sheet outlining the purpose of the study and their rights. Written informed consent was obtained. To protect confidentiality, pseudonyms are used in this report. Participants were explicitly informed of their right to pause, reschedule, or withdraw from the interview at any point if they experienced emotional distress. A trained counselor was on standby during the video interviews to provide immediate support if required.

4. Findings

The thematic analysis of the twelve in-depth interviews yielded four overarching themes that illuminate the lived experience of managing chronic illness alongside trypanophobia. These themes are: (1) The Anticipatory Dread, (2) The Cost of Avoidance, (3) Invalidation by the Healthcare System, and (4) Navigating the Unavoidable.

4.1 Theme 1: The Anticipatory Dread

For all participants, the physical pain of the needle was secondary to the profound psychological agony of anticipating the procedure. The dread began days, sometimes weeks, before a scheduled blood draw or a new medication refill. This period was characterized by severe anxiety, intrusive thoughts, and physical symptoms such as insomnia and nausea. Participant 3, a 34-year-old with Type 1 Diabetes, described the nightly ritual of preparing her insulin injection: "For the first five years, every single night at 9 PM, my stomach would knot up. I would sit on the bathroom floor, the syringe in my hand, crying. It wasn't the pinch of the needle I was afraid of. It was the thought of doing it. The anticipation was paralyzing. Sometimes I would sit there for an hour, just staring at it, feeling completely trapped by my own body's needs."

Participant 7, a 45-year-old with Rheumatoid Arthritis, explained the physical toll of anticipation before a routine blood test: "I don't sleep the night before. I start sweating. My heart races. By the time I get to the lab, I am shaking so badly they can't find a vein. And then they get frustrated with me, which only makes it worse. The whole week before the test is ruined because I am just waiting for that moment."

This theme highlights how the phobia transcends the brief moment of injection, expanding to dominate the patient's mental state and daily life, turning a routine medical necessity into a recurring traumatic event.

4.2 Theme 2: The Cost of Avoidance

The overwhelming dread described in the first theme frequently led to severe treatment avoidance. Participants admitted to skipping blood tests, delaying medication doses, or outright lying to their doctors about adherence. This avoidance was not born of negligence, but of a desperate attempt to protect their psychological well-being.

Participant 2, a 28-year-old with a chronic autoimmune condition, confessed: "I have skipped my quarterly blood work for over a year now. I know my doctor thinks I'm non-compliant, but I just cannot face the needle. The anxiety of the appointment is so bad that I will literally cancel it the morning of, even if I feel terrible. I know it's bad for my health, but the mental relief of avoiding the needle is worth the physical risk to me."

Participant 9, a 50-year-old with Type 2 Diabetes, described a dangerous manipulation of his regimen: "I have definitely fudged my numbers. I'll skip my injections for a few days, or only do half the dose, just so I don't have to deal with the needle. I know it's wrong, but in the moment, the fear overrides the logic. The fear wins."

This theme underscores the dangerous paradox of the condition. The patients are caught in a vicious cycle where the very act required to save their physical health is the act that inflicts severe psychological harm, leading to non-adherence and potentially fatal health complications.

4.3 Theme 3: Invalidation by the Healthcare System

The participants unanimously reported feeling deeply vulnerable and invalidated by the healthcare providers they interacted with. The clinical environment was frequently described as cold, rushed, and devoid of empathy for their phobia.

Participant 1, a 22-year-old with a chronic kidney condition, recalled a particularly traumatic experience: "I told the phlebotomist I was terrified of needles and asked if I could lie down. She rolled her eyes and said, 'Honey, everyone hates needles, but we don't have all day. Just look at the wall.' I felt so small. Here I am, trying to manage a chronic disease, and the person responsible for my care is mocking my fear."

Participant 8, a 60-year-old with a long-term illness, shared a similar sentiment about her doctor: "My doctor treats it like it's a joke. He laughs and says, 'You've had this for ten years, you should be used to it by now.' It's incredibly isolating. They don't understand that the fear doesn't go away just because you've done it a hundred times. If anything, the trauma builds up."

When providers dismiss a patient's phobia, it erodes trust. The clinical space becomes a site of powerlessness and trauma, compounding the symptom burden and diminishing the quality of life. The lack of trauma-informed care and active listening by providers was a significant source of distress for the participants.

4.4 Theme 4: Navigating the Unavoidable

Despite the systemic challenges and the severe psychological burden, the participants demonstrated incredible resilience. They developed complex, highly individualized coping strategies and rituals to tolerate the necessary medical procedures.

Participant 5, a 40-year-old with a chronic blood disorder, described a meticulous routine: "I have a specific ritual. I have to use the numbing cream exactly forty-five minutes before. I have to drink a specific amount of water. I have to have my headphones in with my favorite podcast playing. I have to bring my husband with me to hold my hand. If one thing is off, the whole system breaks down, and I will faint."

Participant 11, a 31-year-old with diabetes, talked about utilizing cognitive behavioral techniques: "I have trained myself to do a body scan when I do my injections. I close my eyes, I focus entirely on the feeling of my feet on the ground, the sounds in the room. I actively detach my mind from what my hand is doing. It's exhausting, but it's the only way I can survive it."

Other participants mentioned relying on deep breathing exercises, creating a safe space in their minds, and actively seeking out specific phlebotomists or nurses who had previously shown kindness and competence. These coping strategies are not merely behavioral quirks; they are complex, necessary survival mechanisms developed in the absence of adequate clinical support. They highlight a significant, often overlooked, aspect of patient self-management.

5. Discussion

The findings of this phenomenological study provide profound insights into the lived reality of managing chronic illness alongside trypanophobia. The four themes identified offer a comprehensive understanding of how this specific phobia shapes daily life, influences treatment adherence, and interacts with the healthcare system.

5.1 The Psychological Toll of Anticipatory Anxiety

The literature consistently supports the notion that trypanophobia is not merely a fear of pain, but a complex psychological condition rooted in vasovagal syncope and classical conditioning (Hamilton, 1995; Wright et al., 2019). This study extends those findings by demonstrating how the chronic nature of an illness amplifies the anticipatory anxiety. Unlike a one-off vaccination, the chronic illness patient faces a relentless cycle of needle exposure. The dread is not an isolated event but a continuous, unwelcome companion. This continuous state of hyper-vigilance is a severe mental health burden that is rarely addressed in standard medical regimens, which tend to focus exclusively on the physical management of the disease. The 2025 cystic fibrosis study similarly identified the pervasive and lifelong impact of needle experiences, noting that needle procedures are associated with a chronic and pervasive experience of trauma (Stephenson et al., 2025).

5.2 The Paradox of Adherence

The findings regarding treatment avoidance starkly illustrate the limitations of current adherence models. When a patient skips a life-saving medication because they cannot face the needle, their behavior is often mislabeled as non-compliance or a lack of motivation. However, as the participants in this study articulated, the avoidance is a powerful defense mechanism against overwhelming distress. Recent quantitative research on insulin adherence in Type 2 diabetes has confirmed that injection fear is a significant factor causing treatment refusal and negatively affecting adherence (He et al., 2024). This study underscores the critical need for healthcare providers to view non-adherence through a trauma-informed lens. Instead of blaming the patient, they must investigate the underlying psychological barriers. The scoping review by Duncanson et al. (2021) further supports this, noting that needle fear prevalence in chronic disease cohorts is substantial, yet best management practices remain poorly understood.

5.3 The Failure of the Healthcare System

Perhaps the most concerning findings relate to the invalidation experienced by the participants. The literature on medical trauma highlights that the patient-provider relationship is a cornerstone of healing (Raja et al., 2015). When a provider dismisses a patient's fear or makes derogatory comments, it constitutes a breach of the basic principles of compassionate care. The participants' accounts reveal a systemic failure to implement trauma-informed care. Providers often lack the training or the time to accommodate patients with phobias. The clinical environment, driven by efficiency and throughput, is inherently hostile to slow, empathetic, and patient-centered care. The 2023 dialysis study similarly found that nurses' technical skills and the environment they create are key determinants of the patient's experience, suggesting that relational and environmental factors are as important as technical competence (Duncanson et al., 2023).

5.4 The Resilience of Patients

Finally, the study highlights the remarkable resilience of the human spirit. The participants in this study are not merely passive victims of their phobia; they are active agents in their own care, constantly devising innovative strategies to cope with the unavoidable. The coping mechanisms described, ranging from meticulous rituals to cognitive distraction techniques, align with the concept of experiential learning and self-awareness outlined in behavioral science literature. These patients have learned to manage their condition through trial and error, often finding that their personal strategies are far more effective than the generic advice given by providers. The clinical implication here is profound: providers should not only respect these coping strategies but actively collaborate with patients to formalize and support them. The cystic fibrosis study's recommendation for individualized healthcare and co-design with patients aligns with this finding (Stephenson et al., 2025).

5.5 Limitations and Recommendations for Future Research

While this study provides rich, qualitative data, it is limited by its small sample size and the specific demographic of the participants. The experiences of individuals with different chronic conditions, varying socioeconomic statuses, or those who have completely withdrawn from medical care should be explored in future research. Furthermore, longitudinal studies are needed to track how trypanophobia evolves over the course of a chronic illness and to evaluate the effectiveness of specific trauma-informed interventions. The 2025 UK study, which found that younger adults had higher symptom severity and that very few individuals had a formal diagnosis, suggests that early intervention and broad, low-barrier screening may be critical (Age, not sex, predicts needle fear and life interference, 2025). Future research should also focus on the perspective of healthcare providers, investigating the barriers they face in implementing trauma-informed care in fast-paced clinical environments.

6. Conclusion

Trypanophobia is a significant, yet critically overlooked, barrier to optimal chronic illness management. This qualitative study demonstrates that for individuals living with chronic conditions, the fear of needles is not a trivial complaint but a profound psychological burden. It causes severe anticipatory anxiety, leads to dangerous treatment avoidance, and is frequently compounded by a dismissive, non-empathetic healthcare system. The prevalence of needle fear in chronic disease populations, ranging from 17 to 52 percent in cancer and 25 to 47 percent in chronic kidney disease, underscores the scale of this hidden crisis (Duncanson et al., 2021).

Despite these systemic challenges, patients demonstrate extraordinary resilience, developing complex coping strategies to endure necessary procedures. However, patients should not have to navigate this trauma alone. Healthcare providers must move away from a purely procedural approach and adopt a patient-centered, trauma-informed model of care. Proactive screening for needle phobia, validating the patient's fear, and collaborating on individualized coping plans are essential steps. The findings of this study, alongside recent research from Australia, the United Kingdom, and India, point to a clear mandate: the clinical encounter must be reoriented to recognize and respond to the psychological reality of the patient, not merely the physical task at hand. By acknowledging the profound impact of trypanophobia and implementing systemic changes, healthcare providers can significantly reduce the psychological distress of routine care, improve treatment adherence, and ultimately enhance the quality of life for chronic illness patients.

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