

## **EMOTIONAL FIRST AID**

By

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Most people are familiar with the term “First Aid”. Many people are trained in “Basic First Aid”, or have at least learned how to provide some first aid just through life experiences. People know that for example: When one receives a cut on the arm, an immediate response may be to say, “Ouch!” because it hurts. This most likely will be followed by an attempt to stop the bleeding through an application of pressure to the wound. Then there will be an assessment of how serious the wound is, and whether it can be taken care of with a band aide or other home dressings or if there is need for the attention of a physician and possibly even stitches. Either of those responses then are followed by appropriate measures to provide cleanliness and other infection prevention measures to see that the wound does not become worse and to follow its progress until complete healing has occurred. Most people expect that if stitches have been required that there will be at least slight scarring, and in the case of more serious wounds perhaps more noticeable scarring.

All of the process described above is within most peoples experience, set of expectations, and personal competence to respond and deal with regarding a physical trauma. They can approach it and deal with relatively calmly on their own, and if assistance is needed there is generally no hesitation to seek the assistance of friends or even medical professionals should that be necessary. Certainly there is little, if any, cultural stigma attached to requesting medical assistance when significant physical trauma has occurred. People tend to know what the normal reactions are to physical trauma. They tend to know what the usual ways to respond are. They have a set of expectations as to how much or how long they will be inconvenienced by a particular physical trauma. The anxiety or concern regarding that trauma is tempered by their knowledge and the sense of competence or confidence that that knowledge brings.

On the other hand, few people are trained in how to cope with emotional trauma. How many people have ever heard of “Basic Emotional First Aid Course”? What does an emotional “Ouch” feel like, or sound like, or look like? How does one assess the seriousness of an emotional wound? How does one determine when “home remedies” are not sufficient, and there is a need to request the assistance of a mental health professional? What are the normal responses to emotional trauma? In regard to physical trauma we know it is normal to bleed if you are cut badly enough. It’s normal for it to hurt in certain ways, thus we expect it. In regard to emotional trauma we are not sure what to expect. We don’t know what “emotional bleeding” is. We don’t know, as well, how emotional pain presents itself. Thus we don’t know how to differentiate between that which is normal and that which is abnormal. This can lead to responding to emotional trauma with greater anxiety and fear than one might have if one had greater knowledge about normal responses of normal people to abnormal circumstances.

The cultural stigma regarding asking for the assistance of mental health professionals tends to be maintained, to some degree, by this lack of understanding. The counseling or psychotherapy process provides an opportunity to gain the knowledge, understanding, competence, and confidence to deal effectively with emotional trauma starting with emotional first aid and following through to emotional healing.

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