CHAPTER 8

FIRST AID FOR PSYCHOLOGICAL REACTIONS

8-1. General

Psychological first aid is as natural and reasonable as physical first aid and is just as familiar. When you were hurt as a child, the understanding attitude of your parents did as much as the psychological effect of a bandage. Later, your disappointment or grief was eased by supportive words from a friend. Certainly, taking a walk and talking things out with a friend are familiar ways of dealing with an emotional crisis. The same natural feelings that make us want to help a person who is injured make us want to give a helping hand to a buddy who is upset. *Psychological first aid* really means nothing more complicated than assisting people with emotional distress whether it results from physical injury, disease, or excessive stress. Emotional distress is not always as visible as a wound or a broken bone. However, overexcitement, severe fear, excessive worry, deep depression, misdirected irritability, and anger are signs that stress has reached the point of interfering with effective coping. The more noticeable the symptoms become, the more urgent the need for you to be of help and the more important it is for you to know*how* to help.

8-2. Importance of Psychological First Aid

You must know how to give psychological first aid to be able to help yourself, your buddies, and your unit in order to keep performing the mission. Psychological first aid measures are simple and easy to understand. Your decision of what to do depends upon your ability to observe the service member and understand his needs. Making the best use of resources requires ingenuity on your part. A stress reaction resulting in poor judgment can cause injury or even death to yourself or others on the battlefield. It can be even more dangerous if other persons are affected by the judgment of an emotionally upset service member. If it is detected early enough, the affected service member stands a good chance of remaining in his unit as an effective member. If it is not detected early and if the service member becomes more emotionally upset, he may become a threat to himself and to others.

8-3. Situations Requiring Psychological First Aid

- Psychological first aid (buddy aid) is most needed at the first sign that a service member cannot perform the mission because of emotional distress. Stress is inevitable in combat, in hostage and terrorist situations, and in civilian disasters such as floods, hurricanes, or industrial accidents. Most emotional reactions to such situations are temporary, and the service member can still carry on with encouragement. Painful or disruptive symptoms may last for minutes, hours, or days. However, if the stress symptoms are seriously disabling, they may be psychologically contagious and endanger not only the emotionally upset service member but also the entire unit.
- Sometimes people continue to function well during a disastrous event, but suffer from emotional scars which impair their job performance or quality of life at a later time. Painful memories and dreams may recur for months and years and still be considered a normal reaction. However, if the memories are so painful that the person must avoid all situations which arouse them, becomes socially withdrawn, or shows symptoms of anxiety, depression, or substance abuse, he needs treatment. Experience with police, firemen, emergency medical technicians, and others who deal with disasters has proved that the routine application of psychological first aid to all the participants, including those who have functioned well, greatly reduces the likelihood of future serious post-traumatic stress disorders (PTSDs).

8-4. Interrelationship of Psychological and Physical First Aid

Psychological first aid should go hand in hand with physical first aid. The discovery of a physical injury or cause for an inability to function does not rule out the possibility of a psychological injury (or vice versa). The person suffering from pain, shock, fear of serious injury, or fear of death does not respond well to joking, indifference, or fearful-tearful attention. Fear and anxiety may take as high a toll of the service member’s strength as does the loss of blood.

8-5. Goals of Psychological First Aid

The goals of psychological first aid are to—

- Be supportive; assist the service member in dealing with his stress reaction.
- Prevent, and if necessary control, behavior harmful to himself and to others.
- Return the service member to duty as soon as possible after dealing with the stress reaction.

8-6. Respect for Others' Feelings

a. Accept the service member you are trying to help without censorship or ridicule. Respect his right to his own feelings. Even though your feelings, beliefs, and behavior are different, DO NOT blame or make light of him for the way he feels or acts. Your purpose is to help him in this tough situation, not to be his critic. A person DOES NOT WANT to be upset and worried. When he seeks help, he needs and expects consideration of his fears, not abrupt dismissal or ridicule.

b. Realize that people are the products of a wide variety of factors. All people DO NOT react the same way to the same situations. Each individual has complex needs and motivations, both conscious and unconscious, that are uniquely his own. Often the one thing that finally causes the person to become overloaded by a stressful situation is not the stressor itself, but some other problem.

8-7. Emotional and Physical Disability

a. Accept emotional disability as being just as real as physical disability. If a service member's ankle is seriously sprained in a fall, no one expects him to run right away. A service member's emotions may be temporarily strained by the overwhelming stress of battle or other traumatic incident. DO NOT demand that he pull himself together immediately and carry on without a break. Some individuals can pull themselves together immediately, but others cannot. The service member whose emotional stability has been disrupted has a disability just as real as the service member who has sprained his ankle.

There is an unfortunate tendency in many people to regard as real only what they can see, such as a wound or bleeding. Some people tend to assume that damage involving a person's mind and emotions is just imagined, that he is not really sick or injured, and that he could overcome his trouble by using his will power.

b. The terms *it's all in your head, snap out of it,* and *get control of yourself* are often used by people who believe they are being helpful. Actually, these terms are expressions of hostility because they show lack of understanding. They only emphasize weakness and inadequacy. Such terms are of no use in psychological first aid.

c. Every physically injured person has some emotional reaction to the fact that he is injured.

(1) It is normal for an injured person to feel upset. The more severe the injury, the more insecure and fearful he becomes, especially if the injury is to a body part which is highly valued. For example, an injury to the eyes or the genitals, even though relatively minor, is likely to be extremely upsetting. An injury to some other part of the body may be especially disturbing to an individual for his own particular reason. For example, an injury of the hand may be a terrifying blow to a surgeon or an injury to the eye of a pilot.

(2) An injured service member always feels less secure, more anxious, and more afraid not only because of what has happened to him but because of what he imagines may happen as a result of his injury. This fear and insecurity may cause him to be irritable, uncooperative, or unreasonable. As you help him, always keep in mind that such behavior has little or nothing to do with you personally. He needs your patience, reassurance, encouragement, and support.

8-8. Combat and Other Operational Stress Reactions

Stress reaction is a temporary emotional disorder or inability to function, experienced by a previously normal service member as a reaction to the overwhelming or cumulative stress of combat. Stress reaction gets better with reassurance, rest, physical replenishment, and activities that restore confidence. All service members are likely to feel stress reaction under conditions of intense and/or prolonged stress. They may even become stress reaction casualties, unable to perform their mission for hours or days. Other combat and operational stress reactions (COSRs)

may result in negative behavior, but are not termed *stress reaction*, as they need more intensive treatment. These negative COSRs may result in misconduct stress behaviors such as drug and alcohol abuse, criminal acts, looting, desertion, and self- inflicted wounds. These harmful COSRs can often be prevented by good psychological first aid. Service members who commit misconduct stress behaviors may require disciplinary action rather than medical treatment.

8-9. Reactions to Stress

Most service members react to stressful incidents after the situation has passed. All service members feel some fear. This fear may be greater than they have experienced at any other time, or they may be more aware of their fear. In such a situation, they should not be surprised if they feel shaky or become sweaty, nauseated, or confused. These reactions are normal and are not a cause for concern. However, some reactions, either short- or long-term, will cause problems if left unchecked. See paragraph 8-13 for moreinformation.

a. Emotional Reactions.

(1) The most obvious combat stress reaction (CSR) is inefficient performance. This can be demonstrated by—

- Slow thinking (or reaction time).
- Difficulty recognizing priorities and seeing what needs to be done.
- Difficulty getting started.
- Indecisiveness and having trouble focusing attention.
- Tendency to do familiar tasks and be preoccupied with familiar details. (This can reach the point where the person is very passive, such as just sitting or wandering about not knowing what to do.)

(2) A less common reaction may be uncontrolled emotional outbursts; this can be demonstrated by crying, screaming, or laughing. Some service members will react in the opposite way. They will be very withdrawn and silent and try to isolate themselves from everyone. These service members should be encouraged to remain with their assigned unit. Uncontrolled reactions may appear by themselves or in any combination (the person may be crying uncontrollably one minute and then

laughing the next). In this state, the person is restless and cannot keep still. He may run about, apparently without purpose. Inside, he feels a great rage or fear and his physical acts may show this. In his anger he may indiscriminately strike out at others.

b. Loss of Adaptability.

(1) In a desperate attempt to get away from the danger, which has overwhelmed him, a service member may panic and become confused. His mental ability may be so impaired he cannot think clearly or even follow simple commands. His judgment may be faulty and he may not be aware of his actions, such as standing up in his fighting position during an attack.

(2) In other cases, overwhelming stress may produce symptoms that are often associated with head injuries. For example, the service member may appear dazed or be found wandering around aimlessly. He may appear confused and disoriented and may seem to have a complete or partial loss of memory. In such cases, especially when no eyewitnesses can provide evidence that the service member has NOT suffered a head injury, it is necessary for him to be rapidly medically evacuated. DO NOT allow the service member to expose himself to further personal danger until the cause of the problem has been determined.

c. Sleep Disturbance and Repetition of Dreams.

A person who has been overwhelmed by stress often has difficulty sleeping. The service member may experience nightmares related to the stressors. Remember that nightmares, in themselves, are not considered abnormal when they occur soon after a period of intensive stress. As time passes, the nightmares usually become less frequent and less intense. In extreme cases, a service member, even when awake, may think repeatedly of the incident, feel as though it is happening again, and act out parts of his stress over and over again. For some persons, this repetitious reexperiencing of the stressful event may be necessary for eventual recovery; therefore, it should not be discouraged or viewed as abnormal. For the person reexperiencing the event, such reaction may be disruptive. The service member

needs to be encouraged to *ventilate* about the incident. Ventilation is a technique where the service member is given the opportunity to talk extensively, often repetitiously about the experience.

8-10. Severe Stress or Stress Reaction

You do not need specialized training to recognize severe stress or stress reaction that will cause problems for the service member, the unit, or the mission. Reactions that are less severe, however, are more difficult to detect. To determine whether a person needs help, you must observe him to see whether he is doing something meaningful, performing his duties, taking care of himself, behaving in an unusual fashion, or acting out of character.

8-11. Application of Psychological First Aid

The emotionally disturbed service member has built a barrier against fear. He does this for his own protection, although he is probably not aware that he is doing it. If he finds that he does not have to be afraid and that there are normal, understandable things about him, he will feel safer in dropping this barrier. Persistent efforts to make him realize that you want to understand him will be reassuring, especially if you remain calm. Nothing can cause an emotionally disturbed person to become even more fearful than feeling that others are afraid of him. Try to remain calm. Familiar things, such as a cup of coffee, the use of his name, attention to a minor wound, being given a simple job to do, or the sight of familiar people and activities, will add to his ability to overcome his fear. He may not respond well if you get excited, angry, or abrupt.

a. *Ventilation.* After the service member becomes calmer, he is likely to have dreams about the stressful event. He also may think about it when he is awake or even repeat his personal reaction to the event. One benefit of this natural pattern is that it helps him master the stress by going over it just as one masters the initial fear of parachuting from an aircraft by doing it over and over again. Eventually, it is difficult to remember how frightening the event was initially. In giving first aid to the emotionally disturbed service member, you should let him follow this natural pattern. Encourage him to talk. Be a good listener. Let him tell, in his own words, what actually happened. If home front problems or worries

have contributed to the stress, it will help him to talk about them. Your patient listening will prove to him that you are interested in him, and by describing his personal problem, he can work at mastering his fear. If he becomes overwhelmed in the telling, suggest a cup of coffee or a break. Whatever you do, assure him that you will listen again as soon as he is ready. Do try to help put the service member's perception of what happened back into realistic perspective; but DO NOT argue about it.

b. Activity.

(1) A person who is emotionally disturbed as the result of a combat action is a casualty of anxiety and fear. He is disabled because he has become temporarily overwhelmed by his anxiety. A good way to control fear is through activity. Almost all service members, for example, experience a considerable sense of anxiety and fear while they are poised, awaiting the opening of a big offensive; but this is normally relieved, and they actually feel better once they begin to move into action. They take pride in effective performance and pleasure in knowing that they are good service members, perhaps being completely unaware that overcoming their initial fear was their first major accomplishment.

(2) Useful activity is very beneficial to the emotionally disturbed service member who is not physically incapacitated. After you help a service member get over his initial fear, help him to regain some self- confidence. Make him realize his job is continuing by finding him something useful to do. Encourage him to be active. Get him to help load trucks, clean up debris, or dig fighting positions. If possible, get him back to his usual duty. Seek out his strong points and help him apply them. Avoid having him just sit around. You may have to provide direction by telling him what to do and where to do it. The instructions should be clear and simple and should be repeated. A person who has panicked is likely to argue. Respect his feelings, but point out more immediate, obtainable, and demanding needs. Channel his excessive energy and, above all, DO NOT argue. If you cannot get him interested in doing more profitable work, it may be necessary to enlist aid in controlling his overactivity before it spreads to the group and

results in more panic. Prevent the spread of such infectious feelings by restraining and segregating if necessary.

(3) Involvement in activity helps a service member in three ways; he—

- Forgets himself.
- Has an outlet for his excessive tensions.
- Proves to himself he can do something useful.

c. Rest.

There are times, particularly in combat, when physical exhaustion is a principal cause for emotional reactions. A unit sleep plan should be established and implemented. When possible, service members should be given a safe and relatively comfortable area in which to sleep. Examples would be an area away from heavy traffic, noise, and congestion or a place that is clean and dry and protected from environmental conditions. The more uninterrupted sleep a service member gets the better he will be able to function in the tactical environment.

d. Hygiene.

Field hygiene is an important ingredient in a service member's morale. A service member who is dirty and unkempt will not function as well as a service member who has had the opportunity to bathe and put on clean, dry clothing. During combat, unit leaders should stress the importance of personal hygiene. Good personal hygiene not only improves morale, it also is a preventive measure against disease and nonbattle injury (DNBI).

e. Group Activity.

You have probably already noticed that a person works, faces danger, and handles serious problems better if he is a member of a closely-knit group. Each service member in the team supports the other team members. Esprit de corps is built because the service members have the same interests, goals, and mission, and as a result they are more productive; furthermore, they are less worried because everyone is involved. It is this spirit that takes a strategic hill in battle. It is so powerful that it is one of the most effective tools you have in your *psychological first aid bag*. Getting the service member back into the team or squad activities will reestablish his sense of belonging and security and will go far toward making him a useful member of the unit.

8-12. Reactions and Limitations

Up to this point the discussion has been primarily about the feelings of the emotionally distressed

service member.What about your feelings toward him? Whatever the situation, you will have emotional reactions (conscious or unconscious) toward this service member. Your reactions can either help or hinder your ability to help him. When you are tired or worried, you may very easily become impatient with him if he is unusually slow or exaggerates. You may even feel resentful toward him. At times when many physically wounded lie about you, it will be especially natural for you to resent disabilities that you cannot see. Physical wounds can be seen and easily accepted. Emotional reactions are more difficult to accept as injuries. On the other hand, will you tend to be overly sympathetic? Excessive sympathy for an incapacitated person can be as harmful as negative feelings in your relationship with him. He needs strong help, but not your sorrow. To overwhelm him with pity will make him feel even more inadequate. You must expect your buddy to recover, to be able to return to duty, and to become a useful service member again. This expectation should be displayed in your behavior and attitude as well as in what you say. If he can see your calmness, confidence, and competence, he will be reassured and will feel a sense of greater security.

8-13. Stress Reactions

See Tables 8-1, 8-2, and 8-3 for more information.

Table 8-1. Mild Stress Reaction

PHYSICAL SIGNS*	**EMOTIONAL SIGNS***
TREMBLING, TEARFUL JUMPINESS, NERVOUSNESS	ANXIETY, INDECISIVENESS
COLD SWEAT, DRY MOUTH	IRRITABLE, COMPLAINING
POUNDING HEART, DIZZINESS	FORGETFUL, UNABLE TO CONCENTRATE
INSOMNIA, NIGHTMARES	EASILY STARTLED BY NOISE, MOVEMENT
NAUSEA, VOMITING, DIARRHEA	GRIEF, TEARFUL

FATIGUE THOUSAND-YARD STARE DIFFICULTY THINKING, SPEAKING, AND COMMUNICATING	ANGER, BEGINNING TO LOSE CONFIDENCE IN SELF AND UNIT

SELF- AND BUDDY AID

1. CONTINUE MISSION PERFORMANCE, FOCUS ON IMMEDIATE MISSION.
2. EXPECT SERVICE MEMBER TO PERFORM ASSIGNED DUTIES.
3. REMAIN CALM AT ALL TIMES; BE DIRECTIVE AND IN CONTROL.
4. LET SERVICE MEMBER KNOW HIS REACTION IS NORMAL, AND THAT THERE IS NOTHING SERIOUSLY WRONG WITH HIM.
5. KEEP SERVICE MEMBER INFORMED OF THE SITUATION, OBJECTIVES, EXPECTATIONS, AND SUPPORT. CONTROL RUMORS.
6. BUILD SERVICE MEMBER'S CONFIDENCE, TALK ABOUT SUCCEEDING.
7. KEEP SERVICE MEMBER PRODUCTIVE (WHEN NOT RESTING) THROUGH RECREATIONAL ACTIVITIES, EQUIPMENT MAINTENANCE.
8. ENSURE SERVICE MEMBER MAINTAINS GOOD PERSONAL HYGIENE.
9. ENSURE SERVICE MEMBER EATS, DRINKS, AND SLEEPS AS SOON AS POSSIBLE.
10. LET SERVICE MEMBER TALK ABOUT HIS FEELINGS. DO NOT "PUT DOWN" HIS FEELINGS OF GRIEF OR WORRY. GIVE PRACTICAL ADVICE AND PUT EMOTIONS INTO PERSPECTIVE.

* MOST OR ALL OF THESE SIGNS ARE PRESENT IN MILD STRESS REACTION. THEY CAN BE PRESENT IN ANY NORMAL SERVICE MEMBER IN COMBAT YET HE CAN STILL DO HIS JOB.

PHYSICAL SIGNS* EMOTIONAL SIGNS*

1. CONSTANTLY MOVES AROUND
2. FLINCHING OR DUCKING AT SUDDEN SOUNDS
3. SHAKING, TREMBLING (WHOLE BODY OR ARMS)
4. CANNOT USE PART OF BODY, NO PHYSICAL REASON (HAND, ARM, LEGS)
5. CANNOT SEE, HEAR, OR FEEL (PARTIAL OR COMPLETE LOSS)
6. PHYSICAL EXHAUSTION, CRYING
7. FREEZING UNDER FIRE, OR TOTAL IMMOBILITY
8. VACANT STARES, STAGGERS, SWAYS WHEN STANDS
9. PANIC RUNNING UNDER FIRE
10. RAPID AND/OR INAPPROPRIATE TALKING
11. ARGUMENTATIVE, RECKLESS MOVEMENTS/ACTIONS
12. INATTENTIVE TO PERSONAL HYGIENE
13. INDIFFERENT TO DANGER
14. MEMORY LOSS
15. SEVERE STUTTERING, MUMBLING, OR CANNOT SPEAK AT ALL
16. INSOMNIA, NIGHTMARES
17. SEEING OR HEARING THINGS THAT DO NOT EXIST
18. RAPID EMOTIONAL SHIFTS
19. SOCIAL WITHDRAWAL
20. APATHETIC
21. HYSTERICAL OUTBURSTS
22. FRANTIC OR STRANGE BEHAVIOR

TREATMENT PROCEDURES**

1. IF A SERVICE MEMBER'S BEHAVIOR ENDANGERS THE MISSION, SELF, OR OTHERS, DO WHATEVER IS NECESSARY TO CONTROL HIM.
2. IF THE SERVICE MEMBER IS UPSET, CALMLY TALK HIM INTO COOPERATING.
3. IF CONCERNED ABOUT THE SERVICE MEMBER'S RELIABILITY:
    - UNLOAD HIS WEAPON.
    - TAKE WEAPON IF SERIOUSLY CONCERNED.

- PHYSICALLY RESTRAIN HIM ONLY WHEN NECESSARY FOR SAFETY OR TRANSPORTATION.

4. REASSURE EVERYONE THAT THE SIGNS ARE PROBABLY JUST STRESS REACTION AND WILL QUICKLY IMPROVE.
5. IF STRESS REACTION SIGNS CONTINUE:
    - GET THE SERVICE MEMBER TO A SAFER PLACE.
    - DO NOT LEAVE THE SERVICE MEMBER ALONE, KEEP SOMEONE HE KNOWS WITH HIM.
    - NOTIFY SENIOR NONCOMMISSIONED OFFICER (NCO) OR OFFICER.
    - HAVE THE SERVICE MEMBER EXAMINED BY MEDICAL PERSONNEL.

TREATMENT PROCEDURES**

6. GIVE THE SERVICE MEMBER EASY TASKS TO DO WHEN NOT SLEEPING, EATING, OR RESTING.
7. ASSURE THE SERVICE MEMBER HE WILL RETURN TO FULL DUTY IN 24 HOURS; AND, RETURN HIM TO NORMAL DUTIES AS SOON AS HE IS READY.

* THESE SIGNS ARE PRESENT IN ADDITION TO THE SIGNS OF MILD STRESS REACTION.

** DO THESE PROCEDURES IN ADDITION TO THE SELF- AND BUDDY AID CARE.

1. WELCOME NEW MEMBERS INTO YOUR TEAM, GET TO KNOW THEM QUICKLY. IF YOU ARE NEW, BE ACTIVE IN MAKING FRIENDS.
2. BE PHYSICALLY FIT (STRENGTH, ENDURANCE, AND AGILITY).
3. KNOW AND PRACTICE LIFESAVING SELF- AND BUDDY AID.
4. PRACTICE RAPID RELAXATION TECHNIQUES (FM 22-51).
5. HELP EACH OTHER OUT WHEN THINGS ARE TOUGH AT HOME OR IN THE UNIT.
6. KEEP INFORMED; ASK YOUR LEADER QUESTIONS, IGNORE RUMORS.

7. WORK TOGETHER TO GIVE EVERYONE FOOD, WATER, SHELTER, HYGIENE, AND SANITATION.
8. SLEEP WHEN MISSION AND SAFETY PERMIT; LET EVERYONE GET TIME TO SLEEP.
    - SLEEP ONLY IN SAFE PLACES AND BY STANDING OPERATING PROCEDURE (SOP).
    - IF POSSIBLE, SLEEP 6 TO 9 HOURS PER DAY.
    - TRY TO GET AT LEAST 4 HOURS SLEEP PER DAY.
    - GET GOOD SLEEP BEFORE GOING ON SUSTAINED OPERATIONS.
    - CATNAP WHEN YOU CAN, BUT ALLOW TIME TO WAKE UP FULLY.
    - CATCH UP ON SLEEP AFTER GOING WITHOUT.