

## REVIEW STUDY OF PSYCHOLOGICAL FIRST AID

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**ABSTRACT**

Psychological first aid is a process of smoothing pliability within an individual to enable to bounce back from the impact of emergency and help him to deal with the event/crisis by respecting the independence, dignity. In the past first aid was mainly focused on giving physical first aid to an injured or suddenly sick person by someone who happens to be present when an accident happens, or an illness occurs. Traumatic events and sickness may stress people. They feel overwhelmed, worried, confused or feel uncertainty. Some people show little or no signs, others present with a more severe reaction. A human who is suffering and who needs support. It includes providing practical care and support, assessing needs and concerns; helping people to address basic needs (for example, food and water, information); listening to people, but not pressuring them to talk; comforting people and helping them to feel calm; helping people connect to information, services and social support, and protecting people from further harm. Physical and psychological first aid go hand in hand and should be delivered at the same time. According to WHO, anxiety disorders are the most common emotional disorder in adolescents, affecting 4.4% of 10-14-years-olds and 5.5% of 15-19-years-olds. Mental health globally: - the WHO estimates that 1 out of every 4 people globally will be impacted by mental illness at some point in their lives. World mental health day is celebrated on October 10 to raise awareness about mental health and importance of talking about it.

**KEYWORDS:** Psychological First Aid, mental health, emotional support, Goal of psychological first aid; - To create and sustain an environment of

1. Safety
2. Calm & comfort
3. Connectedness
4. Self-empowerment and hope.

**INTRODUCTION**

A traumatic crisis is caused by a sudden, unexpected and intense incident. The event, as in following examples traffic accident, a fire, natural disasters (earthquakes, floods, ...) serious illness, death of a close one, violence, robbery, attack, rape, financial difficulties, relational difficulties, post-delivery complication, suicide (attempt) etc. produces a significant emotional shock that temporarily overwhelms the individual. The traumatic crisis is almost always a certain pattern.

One may say that the traumatic crisis can be divided into four phases

1. (Psychological) Shock phase.
2. Reaction phase.
3. Processing phase.
4. Reorientation phase.

**1. (PSYCHOLOGICAL) SHOCK PHASE**

The shock phase comes immediately after the event which triggered the crisis. During the shock phase, the person is not yet able to understand the event that caused the crisis and may even deny it. While some people in shock become completely neutralized, others behave in a cold way. Some people in shock become strongly agitated; they scream or cry furiously. People also alternate between paralysis and restless states. The reactions of people in shock, such as apparent lack of feelings, confuse people close to them and even cause embarrassment or resentment.

The shock phase includes denial, emotional shutdown, feeling surreal and like an outsider, and shouting, crying and panic.

Reactions during the (psychological) shock phase seem scary and strange.

## 2. REACTION PHASE

The instantaneous and crisis danger, after that the person slowly faces the tragic incident and tries to understand what has happened. At the beginning of the reaction phase, people experience strange and unexpected sensations. The reaction phase includes fear and anxiety, self-accusations and the need to find someone to blame, sleeplessness and loss of appetite, and nausea or other physical symptoms. During the reaction phase of a crisis, people often feel the need to be heard. They feel the need to discuss the matter repeatedly. This feels very heavy and consuming to people close to the individual.

## 3. PROCESSING PHASE

In the processing phase, the person begins to understand what has happened. The matter is no longer denied; instead, the person understands that the incident and all its changes and losses are true. The person is ready to face all the different aspects of the incident and the new personal situation. He is aware of the changes caused by the crisis and often begins to analyze his own identity and personal convictions and beliefs. He begins to think beyond the event but will not yet have strength to plan. Nevertheless, the person is preparing to face the future. He also regains the capability to concentrate better on everyday life. The processing phase may include problems with memory and concentration, irritability, and withdrawal from social relationships.

## 4. REORIENTATION PHASE

The crisis is over. The person can live with what has happened, and it is no longer constantly on his mind. Occasionally, the pain will resurface but there is also joy in life; the person will be able to look to the future and regain confidence in life. Nevertheless, the course of a crisis is not always straightforward; for example, things reminding us of the incident bring back heavy thoughts, anxiety and other symptoms.

## DISCUSSION

We should keep in mind three action principal: look, listen, link.

### 1. BEHAVE CALMLY

Behaving calmly has a very soothing effect on casualties and the psychically affected people. Calmness can be just as contagious as uneasiness. Behaving calmly is: Speaking quietly on a normal pitch. Focus the right amount of time on the person we are there to help, instead of running from one thing to the other. Showing clearly that we have time to take care of the affected person.

### 2. LISTEN TO THE AFFECTED PERSON

The affected person must be given the opportunity to tell what he has experienced. This is called "Venting". We must accept what he tells you, and we must not comment

on it; only ask questions which make him enlarge upon the subject. Perhaps his account sounds quite unbelievable, but to him that is what he has experienced or thinks he has experienced. By telling about the experiences he gets a chance to recognize for himself that quite incredible things, which he thinks he has experienced and which make him frightened, are not true. This way he can get free of these fantasies. Venting experiences also has the result that he gets them sorted out and gets them placed in the proper succession in his memory. It makes it easier to endure having experiences emerging as a tangled series of frightening pictures which he cannot control at all. We try to find a quiet place to talk and minimize outside distractions. Respect privacy and keep the person's story confidential, if this is appropriate.

Behave appropriately by considering the person's culture, age and gender. Respect the person's right to make his own decisions. Stay near the person but keep an appropriate distance depending on their age, gender and culture. Let them know we are listening, Be patient and stay calm. Be honest and trustworthy. Provide only factual correct information, if you have it. Give information in a way the person can understand and keep it. Acknowledge how he is feeling. If he tells us about any losses or important events, such as traffic accident, a fire, natural disasters (earthquakes, floods, ...) serious illness, death of a close one, violence, robbery, attack, rape, financial difficulties, relational difficulties, post-delivery complication, suicide (attempt) death of a loved one etc. reply with "I'm so sorry. I can imagine this is very sad for you." Acknowledge the person's strengths and how he has helped himself. Allow for silence.

## 3. GENERAL CONSIDERATIONS WHEN GIVING HELP

Consider following basic topics when providing help or when we ask bystanders to give help: Get his personal belongings gathered. Find out where he is going. Find out how he got there. Make sure that there is someone who can take care of the affected one when he arrives at the destination.

## 4. PHYSICAL CONTACT

It helps incredibly and creates an immediate sense of security, if we take the hand of the affected person or put an arm around his shoulder while we listen to him. If he cries - which is very good for him - we can allow him to put his head on your shoulder. Physical contact is so important because the affected person unconsciously will try to protect himself from the violent psychic trauma by reacting like a child. For this reason, contact with a "grown-up" helper help him to feel more secure.

## CONCLUSION

Psychological First Aid (PFA) is a crucial approach designed to support individuals in the aftermath of a traumatic event. PFA is not just about addressing immediate psychological distress; it is a foundational

step in the healing process. Its primary objective is to promote safety, emotional stability, and resilience among those affected. By providing immediate, compassionate support, PFA helps individuals process their experiences and fosters a sense of hope and recovery.

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