

EMOTIONAL FIRST AID

A Crisis Handbook by Sean Haldane

Chapter 2: Emotion and Blocks

This chapter explains some general principles of emotional expression and its blocking.

Vertical flow

The head end of any organism is the leading end in movement forward. This is not so obvious in adult humans who spend most of the day standing or sitting up. But we still tend to make contact with the world head first, through the main sensory organs-eyes, nose, ears, mouth. Feelings in response to our perceptions 'register' further down, mainly in the chest or abdomen. Our digestive system also takes in at the head end and eliminates at the tail end. 'Charging' of the body, excited breathing, begins at the head: the mouth opens wide in excitement.

Emotional discharge has either an upward or a downward direction in the body. For example, joy comes flooding up from the heart or abdomen and produces tears in the eyes. The upward rush may be so strong in a child that it will apparently defy gravity and the child will jump for joy. Conversely, a depressed person feels 'down.' Rage also rushes up to the head: a person will get his back up.' Fear prostrates the organism: the person tends to collapse downward, to seek the ground. Grief also seeks the ground: a person lies down to cry, but the sobbing comes from chest and abdomen and out the face and eyes.

As a general rule, therefore, emotion can be said to flow up and down in the body.

Horizontal blocking

The vertical flow of an emotion upward or downward can be blocked by muscular holding which forms a horizontal block. If you want to hold back tears, to 'put a brave face' on a situation in spite of the despair pressing upward in your chest for release, you can first try to check the flow by swallowing down the tears, but you will then tend to prevent your tears by tightening your jaw. Since the muscles in the jaw are connected to those of the base of the skull at the back of the neck, a ring of muscle tension is produced which is horizontal to the flow of grief upward.

Similarly, if an emotional impulse in the arms is blocked, to reach outward in longing or to hit out in rage, these movements on the vertical axis can be held by tightening the upper chest and shoulders. This forms a horizontal bar of rigid muscle across the body.

This dynamic was compared by Reich to the functioning of a worm: if one of the horizontal rings or segments of the worm's body were somehow rigid, the flow forward of the worm's movement would be blocked. Reich proposed that in a human, when the vertical flow of emotion was habitually blocked, the result was a chronic muscle armor' of horizontal spasms. For example, a child who suppresses crying for many years will develop a rigid, 'grim' jaw, involving spasm of the muscles of the jaw and the back of the neck-in effect a ring of tension. A child taught to suppress pleasure will develop a hard, rigid abdomen, and by extension muscular spasms in the lower back another ring. Such blocks are often part of a person's character structure,' and where

they are severe it takes sustained therapy to relieve them. But where they are light, or temporary, or just beginning in a child, emotional first aid may help them let go.

"Yes" and "No" in the body

The equivalent of horizontal blocking in terms of movement is the side-to-side movement that expresses a 'No' in the body, for example the shaking of the head or the wagging of the finger from side to side when saying no, and the predominately side to side movements in wriggling out of the way of a threat. This is the opposite of 'Yes' with the body, which consists of movements forward: reaching with mouth or arms, or sighing in acceptance of a soft emotion such as joy or grief, the body folding forward with the outbreath.

In infants, as Darwin noted, the first side-to-side 'No' is observable in the sharp movements of the head when rejecting the mother's breast if it is forced upon an infant who is already satisfied. Modern observers have also noted a very early reaction of avoidance in infants: a rearing back from something unpleasant, with the back becoming locked in an arched position. This may still be seen in some adults who panic under emotion. Arching backward, like side-to-side movements, prevents the folding forward of the body that occurs in any deep surrender or release of pleasurable emotion.

Expansion and contraction

In another comparison of human functioning with that of more primitive organisms, Reich pointed out that an ameba (a microscopic single-celled organism rather like a transparent crawling sponge) will expand in area as it moves out in exploration of its environment, but contract when it meets an obstacle. It protrudes part of its body as a feeler, then retracts it sharply if it meets a hard object. Similarly, the human organism 'expands' in pleasure (we reach out to the world) and 'contracts' in anxiety (we retreat into ourselves).

If pleasure is a soft expansion, anger seems to be a hard expansion. Along the same lines of observation, Darwin pointed out that animals expand in rage: their hair or feathers bristle or puff up, and if possible they adopt a towering posture. In fear, they contract: hair or feathers are flattened, and they cringe near the ground.

Other observers have pointed out that when a baby cries its whole body seems to shrink; when it is angry it becomes puffed up and hard; and when it is experiencing pleasure it expands softly. Generally speaking, the body shows a soft expansion in joy and a hard expansion in anger, a soft contraction in grief and a hard contraction in fear.

Breathing

Breathing is a pulsation in which expansion and contraction of the body alternate. The simplest way to block the expansive or contractive movement of the body in emotional expression is to suspend the main pulsation in the organism: to hold the breath. Not that this is a conscious process. The jaw clamps shut, or the muscles of chest and abdomen spontaneously tighten as anxiety is felt.

The word anxiety, from the Latin word for 'narrow,' expresses this experience of tightness of the muscles of jaw, throat, chest, and abdomen. The channel of breathing is narrowed. Anxiety in its most intense form is fear—a total contraction of the organism. But normally anxiety is a partial contraction against an impending movement of emotion.

When the expansive emotions of joy or rage are blocked, either chronically or in a temporary emergency, the breathing tends to block in a deflated position, with the body area contracted. A depressed person, whose organism resists either joy or rage, tends to be stuck in an attitude of deflation. The body is slumped, hunched, folded forward. The attitude seems to say 'I've given up.'

When the contractive emotions of grief or fear are blocked, the breathing tends to be held in an inflated position, the chest puffed out. The attitude may seem defiant: *'I won't give in.'*

Contact

Another way to sever emotion is to sever contact. This occurs mainly through the eyes which can switch off the input from any situation that threatens to charge and excite the person. The most obvious way of doing this is to close the eyes, to deny the experience. But sometimes the denial seems to be at the level of the brain: the eyes do not close but they glaze over and the person 'goes away.' A panicky flickering from side to side or rolling of the eyes also shuts off sustained contact.

Cutting contact does not always work. The brain may produce its own inner phantoms. Nothing is more dangerous, for example, than blind rage.

Emergency reactions

The ways in which a person mainly blocks emotion depend on his or her character structure, which in turn seems to depend on the kinds of emergencies that have been experienced during childhood. The repeated experience of emergency, with its forcible action on the autonomic (involuntary) nervous system, can affect the child's whole body structure. An emergency, for a child, is any threat to its life. Since children are more "alive" than they usually become as adults, any kind of harsh treatment, even if it does not lead to physical death, may have traumatic effects. This life in a child may become stilled in certain areas of functioning, overstimulated and erratic in others. Some common emergency conditions for children are parental coldness, erratic handling, brutal attack, and smothering domination. Depending on when in the child's life such events occur, a basic emergency reaction tends to become established. This is visible in many adults as the immediate, fixed response to any emotion-charged situation. For example, grief may seem like an appropriate response to irreversible loss, but in some people the first response is rage, and in others it is panic. Investigation usually reveals that the person would have the same first response to another situation, such as verbal attack. Under attack, the person whose reaction to loss is grief may also react with grief, instead of fighting back. It is not that a given response is necessarily wrong. But the reactions of some people are dominated by only one response.

The number of basic emergency reactions is apparently limited by human biology. There are only a few options:

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| 1. Freezing | (Fright rigidity) |
| 2. Collapse | (Fright paralysis) |
| 3. Clinging | (Flight toward protection) |
| 4. Panic | (Flight away from danger) |
| 5. Attack | (Fight) |

Fright rigidity and paralysis are distinguished here for the sake of accuracy: the first implies rigidity of the musculature (hyper tonus), the second flaccidity (hypotonus). But for practical purposes, in EFA, both can be considered under the general heading of 'freezing.'

There are also two ambivalent reactions whose origin seems to be in inconsistent experience with parents who one moment give pleasure, the next pain, or even worse, both at once. An example is the double-message situation where a parent clearly feels a sensual contact with the child as pleasurable but at the same time harshly forbids it. The first ambivalent reaction can be called captive ambivalence: the person is caught in a struggle between clinging and attack, not sure whether the situation is going to be threatening or pleasurable. The second is mobile ambivalence, where there is alternate flight toward and flight away from the situation.

EFA should not attempt to change these basic reactions if they seem excessive. This is a job for therapy, if the person decides this is needed. But it helps to be able to identify the reactions. They can be respected as part of the person's basic structure, and there can be some encouragement to let the under lying emotion surface and take a direction that may move the person out of the emergency, at least temporarily.

Specific Emotions

Just as the number of human emergency reactions is limited to certain basic options, the number of basic emotions seems to be limited to four: grief, fear, joy, and anger-or, soft contraction, hard contraction, soft expansion, and hard expansion.

It might be argued that there are more emotions. Darwin, in his study, discussed surprise, contempt, disgust, shame, and guilt. However, in terms of dynamics these appear to be states, that is, relatively static conditions, rather than clear movements of sensation and energy inward or outward. There is a half-way' quality to such states as guilt, shame, and contempt. If intensified they lead to movement in the form of one of the four basic emotions. There is no such thing as a pure emotional expression of guilt or contempt: when mobilized they turn inevitably into grief, fear, or anger. A case might be made that disgust, which has a definitely recognizable expression in vomiting, is a specific emotion. But in its pure form, such as vomiting food, it is a physiological reflex, not an emotion. Nor is it necessarily accompanied by an emotion. When disgust is expressed emotionally, it is a forceful rejection of another person or thing, and is part of anger.

It may be useful in psychological studies to define and label many shades of emotion, but for all practical purposes it is enough to analyze the functioning of the four basic emotions. They are clearly recognizable, and specific EFA measures can be suggested for each of them. The various states guilt, contempt, etc.-will be discussed only incidentally in this book.

Pleasure and pain are not in themselves emotions, nor are they merely states. They have a function of movement. Pleasure is associated with expansion of the organism, pain with contraction. They seem to be even more basic than the emotions: the two sides of the most primitive pulsation of life, observable in even the most primitive organisms as approach and avoidance. It would be convenient to propose that the expansive emotions of anger and joy are pleasurable, and that the contractive emotions of grief and fear are painful. But, in practice, any emotion can contain a mixture of pleasure and pain. It can be pleasurable to explode in anger, to surrender to crying, or even to give way to panic after a long buildup of anxiety. And even joy sometimes contains a nostalgic tug of pain. In general, however, the resolution that follows an emotional outburst is pleasurable. Pain is most acute when an emotion is suppressed.

Chapter 3 Support without Invasion

When and where

Like medical first aid, emotional first aid offers help but not necessarily cure. Nor does it offer advice on further treatment. Since emotional distress is not a sickness, there is no need to assume a person needs further help once the distress has been relieved. The person can make his or her own decisions about the need for some kind of therapy (see Chapter 9).

EFA is most appropriate where there is already a relationship, since it requires contact and caring. In any good personal relationship, of friend with friend, or parent with child, emotional support is already being given. If distress occurs, the support may turn easily toward emotional first aid without any verbal contract' being necessary.

A contract can be as simple as an offer to help and its acceptance by word or gesture. Even among friends it may be best to start with such a contract. In a counseling, teaching, or work situation, where the boundaries of involvement may not have been clearly established, such a contract is always necessary before the further involvement that EFA represents.

The person in distress may spontaneously ask for help. Even here it is best not to rush in. The following section lists some of the dangers.

Invasion

Invasion may occur when the helper loses sight of the distressed person's need. The helper presses his or her own need, and the person becomes a victim. It is as if someone cleaning out a shallow wound dug in with a knife. A problem with EFA is that its abuses are not so obvious as in medical first aid. We are not used to really observing emotions, let alone managing them. And

when we do, our observation is often blurred by our own emotional blocks. But some common invasions can be identified:

-unasked for help, given when there is not already a personal relationship or a contract that would permit any gesture, such as touching or holding, which the EFA requires.
-programming the distressed person, manipulating them into what the helper decides is the most acceptable emotion.

-doing therapy. This includes taking measures to increase the tension of the situation, deepening the emotion to breaking point, and delving into private details. All this is best left to a therapeutic context that the person has contracted for.

-faking concern. Doing EFA with a person whom you dislike is an invasion, an intrusion of falseness into the person's already difficult situation.

--relentless contact. There is a natural pulsation in human interaction, between contact and withdrawal. Relentless contact, not letting go for one minute-of eye contact, talking, touching, or whatever the medium of contact is-is ultimately hypnotic and controlling.

-stickiness, smothering. A kind of relentless contact where either the helper's own need for contact is taking over, or some of his or her own resentment is being covered up.

'Third-party emotions'

An important limitation to emotional first aid is that it can only be valid for third-party emotions.' That is, if you have caused the emotion, you cannot help adequately if it causes distress. You cannot remain objective, and your motives will be suspect. In the cases of grief and fear, if these emotions in someone else result from something you have done or provoked, your attempts to help may seem sadistic. In the case of rage, you will simply be joining battle with the person.

This leaves a wide range of situations where your help can be needed, where emotional distress is clearly related to situations for which you are not responsible. There is inevitably a middle area, where the other person is upset by a situation in which you are partly involved, or in which you share but are less upset. In such cases, you can only help validly if you are confident of being able to maintain enough emotional distance to respect the basic guidelines for non-invasion.

The helper's motives

Why are you reading this book?

You might ask yourself this question and try to follow it through honestly, in particular searching for the irrational elements in your interest in EFA. If you analyze these irrational elements, this will not get rid of them, but they will at least come out of hiding and you may then become more aware of the rational elements in your interest: no matter how many irrational elements you identify, rational elements will remain. It is useful to know them also.

By irrational I mean such personal 'trips' as needing to be a savior, to be kind, to be powerful, to be a calm rescuer-and especially to be seen doing these things. There is no shame in this. Many good therapists have begun as 'rescuers' (for ex ample, fulfilling an old need to rescue a martyred mother), just as many good parents of children have begun their families to make up for a lack of love in their own childhood. None of us is completely clear of these kinds of motives. But it helps to identify them, since they will influence emotional contact. The danger is that a distressed person becomes, at the emotional level, someone from your past, so your action becomes inappropriate.

It may help to ask yourself questions about what kind of emotional support or help you yourself have received in the past, and what kind you might need now. 'What kind of 'help' do you most dislike?', and so on. It is useful to discuss these issues with a friend who will give you some perspective on yourself.

The contact cycle

If two people are in contact during a shared task or a conversation, the contact need not lead to a deeper interpersonal involvement since the presence of a third element, the task or discussion, channels the energy outward. In medical first aid, the physical condition of the distressed person becomes such a third element, as does the conflict or emotional expression of a client in therapy. Much therapy follows the rhythm of a contact cycle: contact, intensification, release, resolution. For example, a therapist may start by making contact with the client's problem or conflict, then encourage its intensification to the point that forces a release of whatever has been blocking the resolution that is now able to follow. Throughout this cycle, the therapist must be in contact with the client but, at the same time, keep a certain distance so as to retain some objective judgement of what the client is capable of in the particular session. If a therapist becomes emotionally involved with a client, the therapy goes astray because this objective concentration on a third element, the client's conflict or problem, becomes lost. What is necessary, in therapy and in EFA, is emotional response without emotional involvement.

Contact between two people in which there is no concentration of attention on a third element leads automatically to increased excitation. If you try maintaining eye contact with another person, while not staring, allowing yourself to blink normally, and at the same time you do not restrain your breathing, it is probable that an impulse will emerge toward further contact or emotional expression. You may get angry, or want to embrace the person, to cry, to run away, or to begin some kind of joint activity that will draw the increasing energy off into external movement. Or you may feel increasing anxiety and a sense of constriction as your organism rejects the excitement or emotion. Normally, the contact cycle tends to impose itself automatically when there is no third element. For example, in the case of lovers or of parents and their children, the contact between two organisms can intensify into an embrace and a release of emotion or pleasure. Spontaneous intensification of contact to the point of emotional release also occurs among friends or in special situations such as partings and meetings.

It is important to keep a certain distance during EFA. This is not coldness. You can still be caring, communicate tenderness, and remain in touch with your own emotions. But if the

helping situation is lost sight of, and you abandon yourself to unrestrained contact with the distressed person, your problems will take as much space as theirs. You may end up crying together, fighting, making love, or clinging to each other. There is nothing wrong with any of these reactions in themselves. But EFA presupposes that one person is in distress and the other is helping, and once a contract has been made, it requires that you maintain some objectivity.

It may be particularly dangerous to apply any intensifying measures to children or adolescents, who are not as well protected by experience as adults are. Invasion risks harmful consequences. This may be true of many adults as well. Never underestimate a person's vulnerability, even if it is covered over by rage or hardness.

Deliberate intensification measures are not recommended in EFA. But a spontaneous process of intensification of either the emotion or the resistance to it is to be expected if you enter into contact with the person. It is not to be feared. In the chapters on basic emotions, ways will be discussed of handling this intensification and channeling it toward release and resolution.

Maintaining contact

Your capacity to stay in contact with the person and the situation depends on your character structure and your habitual response to emergency. Whatever your structure, however, the signs of increasing nervousness or anxiety tend to be: a diminishing capacity for eye contact, tightness of the breathing, and unsteadiness on the feet if you are standing up.

Eyes. If you feel panicky or your eyes are tending to misting over, move your gaze away from the person and back a few times, and make sure you are blinking normally.

Breathing. If you feel constricted in chest or abdomen, you may be holding your breath or breathing more shallowly than usual. Try to allow your breathing to move in your abdomen as a base, then extend it gently up into your chest so that your ribs move with each breath.

Ground. If you feel shaky on your feet, make sure your knees are unlocked, adopt a more 'ape-like' stance in which you can feel a certain springiness in your knees and more contact with the ground.

Then turn your attention back to the other person. This attention, if it is calm and yet not remote, constant and yet not relentless or overwhelming, is in itself a large part of EFA.

Some don'ts:

Don't invade

Don't initiate

(Help unblock what is happening, don't make something new happen.)

Don't interpret

(Leave analysis for later, if at all.)

Don't redirect

(Don't decide that a given expression is incorrect and try to replace it by another.)

Don't 'overcharge'

(Don't try to raise a level of excitement that is already difficult to handle.)

Don't prohibit

(Unless there is physical danger, let the person's organism find its own way, using EFA to lead the way where necessary.)

Don't condescend

(We are all somewhat like children in our emotional expressions. But a superior view of the distressed person as childish is of no value. Remember that you too have many childlike emotions.)

The basic rule

Finally, the basic rule of all EFA must be: ***Never try to help a person to express an emotion that you yourself are not able to express.***

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