



## ONE MINUTE SERIES #10

### Dear First Responder, Medical & Mental Health Professional,

Many First Responders, Medical Professionals, and Mental Health Professionals report in psychotherapy that it was **hard for them to admit they were struggling** with trauma or other challenges and to seek help.

These professionals often explain that their reluctance to seek help was due to the **stigma** created by First Responder culture. A **myth** has been perpetuated among their professional culture that they are such a tough breed that they are **not supposed to feel traumatized after traumatic calls or struggle with anything**, being somehow impregnable from sadness, anxiety, or addiction. In this culture, asking for help with mental health may be **seen as a weakness** and might incur social or financial punishment.

Mental health professionals often share that their block from reaching out for help stemmed in the assumption that as professional healers of mental health issues they perceived that they are **not allowed to have any mental health challenges of their own**. Somehow by earning their professional education & degree it became implied they were impervious to being human & encountering mental health challenges from that point onward.

Medical Professionals have their own unique set of reasons as to why they would be reluctant to seek help. Some Doctors report reluctance to admit struggling with mental health issues fearing that it will **result in cautionary and often unfair punitive measures**. Further, Doctors add that there is an **unrealistic** social expectation from Doctors to always be right and all-knowing with **no room for error**, making it even harder for a doctor to ask for help.

All of these above-given reasons are stereotypical. Each person may have their own unique reason for why they may feel ashamed or reluctant to **reach out for help**.

In a broader sense, some experts teach that people living in the Western world have been socialized to believe that human beings ought to have a mental homeostasis where perfect mental health is the constant norm. In this view, referred to as "healthy normality", **any slight deviation** in one's mental health is **seen as a problem, failure, or something to be ashamed of**.

Many modern behavioral scientists invite us to take the opposite view, called "destructive normality". This approach says that it is **quite normal for people to have ups and downs** & to occasionally feel sad, anxious, urges of temptation, or have fantasy-thoughts. In this opposing worldview people are encouraged to **embrace these feelings and not be ashamed** of them. Consequently, people should be taught that this is part of what **makes us human and it is okay**.

If we jump to **pathologize and categorize people** for having minor "deviations" of sadness or anxiety, how then can we expect them to ask for help when they struggle with a significant mental health challenge? All human beings, **regardless of their profession**, ethnicity, race, or color, **deserve to feel comfortable** asking for help, and our message to them is that **it is entirely acceptable and surprisingly, even "normal"**.