

Tools for Working with Climate Material in Therapy - submitted 3-16-21 by the tools group, (Robin Cooper, Wendy Greenspun, Elizabeth Allured, Beth Mark, Zoey Rogers, Robert Berley, Merritt Juliano, Janet Lewis (leader) copyright 2021

Outline (Please also see Vignettes; ppt intro; Applicable resources; Art, Drama, Movies)

For us to understand

We present here some organizing guidance for the clinician when considering clinical situations through a climate and ecological emergency (CEE) informed lens.

This presentation is designed to help therapists:

- support patient functioning and exploration for the immediate benefit of the patient,
- facilitate agency in its largest sense, in the context of patient's climate awareness where possible, for the sake of the patient's future health and public health

- We can produce speaker notes to go along w/ powerpoint slides

- Slide show can have subsets that are advanced discussion (sub-set for advanced clinicians)

- Slide show can include a variety of optional experiential exercises for the speaker to assist the audience in their processing

- Speaker should weave in as often as possible that this is *a shared experience, our shared vulnerability*, to help provide containing relational context (and in order to avoid the very act of presentation being some covert projecting off of distress which can easily happen) ***-Physical and emotional vulnerability and related anxieties can be powerfully managed within community, which serves as a symbolic parent/mother holding or attending to a fearful youngster. So the presenter in some way is a symbolic parent, but like everyone in the room is also in need of and can thus demonstrate how a supportive community helps. -Analogously, in considering the need for a containing relational context in treatment, the therapist provides containment for the patient and the therapist in turn needs their own holding, containing community.***

Expanding the clinical assessment and treatment lens to include climate change and ecological emergency concerns is akin to shifting from a two dimensional view of the nature of things to the multidimensionality of string theory. Patients present with varied and unique vulnerabilities to the impacts of climate change. Climate change effects are varied as well; they can be direct and indirect, immediate and delayed, short-term and long term. Given the variety of both the timing and type of climate change related insults and their psychological impacts, the climate informed therapist would be well served to consider this complexity and multi-systemic impacts on not only their patients, but on themselves.

Importance for presenter to reflect ahead of time about own anxieties and concerns over climate .. be open/honest about them, note complexity of overlap of objective/material and subjective realities

Possible inclusion in introduction:

The speaker may share their own personal experience of the reality of climate crisis

The mental health professions have always responded to stress, grief, and trauma. What makes our professional response to climate change different? Answer: the hyperobject. This term is a valuable short-hand for mental health professionals and it's meaning should be repeatedly reinforced when the term is used, because it is not a simple concept - A hyperobject is an object that has vitality and cohesion, but is beyond our abilities to completely perceive or comprehend, both because it is so distributed through space and time, and because we exist inside of it, both influencing it and being influenced by it.

- both patient and therapist confront this same disorienting stress
- part of working with climate change involves the therapist's own work
- part of what sets climate-informed mental health interventions apart is consideration of the collective level even in individual treatment. ***This is relevant to both collusion (shame/grief at being part of the cause) and solution (belonging to a community that accepts shame/grief as valid feelings from which movement towards reparative action can take place)***
- integration of an ecological perspective is new, but not unprecedented. New concepts such as mindfulness have been crucially integrated into our clinical thinking and practice
- clinician interventions that are emotionally containing, given the potentially overwhelming nature of the subject-matter are essential for building psychological resilience.
- climate is also experienced through the lenses of earlier experience and other psychological issues and what may have been unconsciously perceived from others (Christopher Bollas thinking about the "receptive unconscious)
- some are dealing with repeated traumas while others are dealing more with grief and anticipated trauma or conversely with denial of trauma
- Different schools of therapy have different contributions to make in addressing the varieties of climate distress.

I. Discussing the therapist

A. Attitudes and ways for approaching the work:

- 1. Capacity to acknowledge the reality** of the climate crisis and the validity and normalcy of climate distress. Capacity to understand our embeddedness in the more than human world and curiosity about the ways in which this relationship is

understood and used. This will include an openness to apocalyptic content and related existential feelings, knowing they can simultaneously have psychological and material underpinnings. It is important to not just view a client/patient's distress as being only about the specific individual and their internal experience, their history, or pathological processes. This becomes a **both/and** rather than either/or approach, with the material world and psychological world enfolded.

2. **Clinicians need awareness of their own responses:** it is important for therapists to engage in ongoing examination and processing of their own thoughts, feelings and emotions, as they are involved in the same reality and distress as those they are trying to help. Identification of emotions may be difficult, with individuals not knowing exactly what they're feeling (or perhaps the feelings are confusing or uncertain). This is what Elliot Jurist calls aporetic emotions [(Jurist (2018) Minding Emotions: Cultivating Mentalization in Psychotherapy)] This identification of the clinicians own feelings often will include processing of climate distress with others (colleagues, group of others concerned, in own climate aware therapy)
3. **Acknowledging that there are many ways (beyond/in addition to) therapy that could be meaningful/important to help those struggling in this arena;** therapists should be open to other ways people feel understood, helped, and find meaning.
4. **Appreciating everyone is on a journey in relation to climate, we are all emerging from disavowal** which is an ongoing recursive dynamic process. **Appreciating the possible moral injury involved in our participation in destructive systems.** This includes a capacity for compassion about how hard it is to remain in awareness of the difficult realities.
5. **Appreciating uncertainty, complexity, and paradox:** this includes moving away from binaries in thinking and awareness of systemic rather than linear causality.
6. **Accepting that there are limitations in our ability to "save" our patients and "save" the planet**
7. **Understanding that clinicians bring their own stories to the material:** this may at times include some self-disclosure, depending on the clinician's theoretical and personal ways of working. This may also include aspects of countertransference that can be useful or inhibitory.
8. **Understanding our embeddedness in the more than human and that this can be part of the therapeutic work.** The clinician may find ways to bring this awareness into the clinical realm.
9. **Awareness that the existential nature of climate disruption** may lead clients to question large aspects of their lives and systems they rely upon, which may in turn lead them to consider various alternatives of lifestyle, ways of understanding and approaches to managing and bearing what they are facing. Therapists need to remain open to supporting and exploring the meaning of these choices.

B. Therapist's own reactions:

1. **Introduction:** One of the important challenges of being a climate-aware therapist is that, given that the broad, ongoing and unpredictable nature of the climate crisis,

we are embedded in the same distressing “wicked problem” (Marshall, 2014) as that of our clients/patients and part of the same system that is complicit in the ongoing destruction and destabilization of the ecosystem. Therapists may therefore be prone to a similar understandable but dysregulating set of emotions and defensive reactions against the emotional distress. It is important for each therapist to identify their own emotional reactions, so that such reactions don’t come up unexpectedly in the clinical setting. It is also important to identify defenses against these emotional responses since they might in some way preclude full engagement with the experience of the client/patient. Therapists bring their own stories to this material

- a. **Emotional responses of the therapist may include** a range of specific emotions and can vary in intensity, can co-occur with other emotions. Emotional reactions can include:
 - 1) Frustration/anger/rage
 - 2) Sadness/grief/despair/hopelessness
 - 3) Guilt/shame
 - 4) Fear/anxiety/terror
 - 5) Feeling overwhelmed/helplessness
 - 6) Confusion and/or uncertainty about emotional response (aporetic emotions, (Jurist))
- b. **Defenses against feeling overwhelmed/fully knowing:** defenses may be necessary for the therapist to minimize emotional destabilization but can be overused or become rigidified.
 - 1) Defenses include all those with which we are familiar (intellectualization, compartmentalization, splitting, minimization, etc)
 - 2) Disavowal- perhaps one of the most common defenses against climate distress, disavowal involves knowing the reality of the climate threat on one level but also pushing aside that knowledge. This is a form of compartmentalization. Weintrobe describes disavowal as a way to manage moral conflict (e.g. I don’t want to feel like a bad person so I just won’t think about this)

C. Ways to support therapists in coping: “Put on your own oxygen mask first”-important so therapist can do the clinical work in the climate area:

1. Therapists can use all the individual coping strategies and self-care practices that we suggest to our clients/patients (e.g. meditation, breathing practices, centering/grounding, being in nature, good eating/sleeping habits, etc).
2. But don’t just isolate. Understanding the CEE can be so distressing that therapists themselves may need a containing/supportive environment, to process and or hold the

difficult emotions, help with transformation required in bearing all of this. Therapists should find sources of social support like:

- a. .Mentorship: Unconscious dynamics may interfere with our engagement with the process, which a mentor/partner can help identify This might be most effective when, beyond educating, it entails a stance of reflection, awareness of one's own internal experiences, especially given that when discussing activating material, it becomes difficult to stay present. The mentor can be a role model for experiencing, tolerating, and reflecting upon the distressing aspects of the crisis.

- i. Example: Anthony started with Elizabeth by suggesting books to learn about the CEE, then moved into emotional responses.
Elizabeth/Wendy- mutual support, sharing of emotional responses

- b. Mutual support (dyads and groups): distinguished from mentoring, the mutual sharing could be like a climate café or some other version of a safe group in which to process feelings. Can utilize structured questions to elicit responses and encourage sharing. Example of Janet, who established a process/ supervision/ study group of therapists initially devoted to climate which has now also included difficult social issues generally

II. Identifying clinical situations (i.e. populations who might need the help of climate-informed clinicians):

When patients present for treatment, climate change related concerns may or may not be identified by the patient as a major concern. When it is offered as the presenting problem, it will take some time and careful attention by the therapist to be fully understood

- A. Those experiencing *climate anxiety, climate distress, pre-traumatic stress*: this would describe those experiencing anticipatory distress based on knowledge of the climate and environmental emergency, including existential anxiety etc. These individuals and populations might need clinical intervention to help process the emotions, help them to not get overwhelmed but also not turn away from knowledge or engagement, ***help them recognize when their life's early events and related feelings have been evoked and are thus likely to result in rather black-and-white thinking and excessive activation (and beyond #1 below, this includes everyone!)***

1. A subgroup might include vulnerable populations: those with histories of mental health issues, poor and marginalized groups who already experience disproportionate levels of stress and risk Those with occupational immersion in information and impacts - the climate scientist/student, . ***Those with a history of early disturbance in their emotional environment, leading them to be significantly activated by the current situation, news cycle, social or group responses, etc.***
- B. Those with *post-traumatic stress and “continuous traumatic stress”* (Eagle and Kaminer, 2013) from climate-related events, such as people who have experienced harm from climate disruption (.e.g loss of job from shifting environmental factors, like crop failure for farmer), weather-related events (droughts, floods, wildfires) or dislocation from climate-relate events. This population may be most in need of psychological disaster response

Climate change can cause trauma through many direct and indirect pathways.

Increased and more intense disasters, such as storms, wildfires, droughts, flooding, heatwaves, infectious disease, and subsequent health, employment, economic, forced migration and civil unrest effects on oneself, one’s family, and one’s community.

These trauma effects of climate lead us to a needed reconceptualization of trauma.

We classically think of a trauma as being about past events which were overwhelming and that have inappropriate intrusion into the present, a present that is presumed to be safe.

With climate change however, many are experiencing repeated traumas and ongoing experience of trauma, a kind of chronic acuity, or what has been termed continuous traumatic stress.

Continuous traumatic stress (Eagle and Kaminer, 2013)

- Derives from contexts of protracted civil conflict or pervasive community violence.
- Includes arousal and avoidance, but preoccupation typically is with current and future safety rather than past events.
- “Pre-traumatic stress” in soldiers (Berntsen & Rubin, 2015) supports trauma-like reactions to future threat
- Therapeutic task is learning discrimination between stimuli that may represent real, immediate, substantial threat from other stimuli.
- Therefore the clinician’s own realistic assessment of the threat is essential to effective work with continuous traumatic stress.

For example, a patient may be experiencing multiple impacts and must make ongoing assessments about their own and their family’s safety and protection in addition to the usual interventions of grounding, calming, dealing with distorted cognitions, medication for nonfunctional excessive arousal, etc.

- C. Working with *non-clinical populations*/doing clinically-based outreach- for those who are interested in learning, facilitating ways to gather with others, trying to find ways to process emotions related to the CEE and perhaps looking for ways to engage. Could include tools for buffering toxic climate stress and building emotional resilience.
- D. Children, teens, parents, teachers
- E. Marginalized and otherwise vulnerable populations- poc, indigenous, first responders, scientists, activists, elderly

III. Clinical orientations and treatment:

A. Supportive work

Supportive therapy aims to support or improve self-esteem and to provide an auxiliary ego in the person of the therapist. Given the overwhelming nature of climate change supportive techniques are routinely required.

Tools include reframing, praise, teaching, advice and normalizing

Reframing- Reframes of climate distress can involve suggesting our climate situation as being about our being in a transitional space and suggesting it may be a heroic journey.

Terry Patten (paraphrasing) - *If the measure of someone's life is the extent to which the positive things they do go on beyond them, how lucky are we to be alive right now.*

We can be the prodigal species. (Rev. Michael Dowd)

Reframing involves providing new narratives, as with Joanna Macy's discussion that we are in *The Great Turning*.

Explicitly acknowledging skill, courage, effort -

"It is courageous of you to be willing to be with such difficult information."

"It's insightful of you." "You are really valuing truth."

"You are demonstrating real care. You wouldn't be distressed if you didn't care."

Normalizing –

"Of course it is extremely upsetting to think about the species that have been lost and to think about the threats to our own and our children's and grandchildren's quality of life. Anyone allowing themselves to reflect on this would feel upset"

"It is understandable to feel (demoralized, paralysis, confusion) in the face of (unprecedented change, unprecedented threat, such lack of leadership, etc..)"

Teaching and advice /psychoeducation–

(Some specifics related to age and parenting)

Don't be in this alone. Get engaged in a way that is meaningful for you.

Teaching about disavowal-eg

Pt “I know about this stuff, but I’m not doing anything about it. It has me thinking that maybe I just don’t care.”

Therapist educates about disavowal “ I don’t think you don’t care. We are all emerging from a defense mechanism called disavowal, where we know and don’t know something at the same time. We know, but act as though we don’t. It doesn’t mean we don’t care.”

A brief paper on brief supportive psychotherapy; Author Marti Horowitz is senior leader in the field and at UCSF.

https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.10a13?utm_campaign=journal_update&utm_source=email&utm_medium=button&utm_content=news

B. Psychodynamic:

1. Importance of uncovering unconscious sources of anxiety and identifying the difficult emotions in reaction to awareness of the CEE, including sadness, anger, grief, guilt, helplessness, hopelessness. Normalizing these as expectable reactions to the “wicked problem” (George Marshall) or “hyperobject” (Morton) of the CEE.
 2. The therapist provides a safe, emotionally containing space in which to process grief, anger, guilt, etc. Idea of importance of moving through the emotions and that sometimes when painful, vulnerable emotions such as loss and guilt go unprocessed, they can lead to a heightening of secondary reactions (rage and anger).
- a. Dismantling or modifying defenses that get in the way of engaging constructively.
1. Understanding different forms of denial (e.g. Sally Weintrobe’s idea of 3 types- denialism (intentional misinformation campaign), negation (initial shock in facing deep loss, which gives over to awareness over time), and disavowal (a form of splitting; knowing the reality on one level but denying its impact, as a way to minimize moral conflict). Each type requires a different way of intervening.
 2. Understanding dissociation: defense used in the face of trauma, keeping painful truths out of conscious awareness. This includes awareness of “othering” and the challenge of binary thinking.
 3. Lertzman’s “the myth of apathy”: what looks like an uncaring attitude may actually reflect a defensive turning away in the face of distress.

Awareness of this can help build empathy and compassion for those who appear unconcerned, which can foster ways to connect.

Understanding an individual's history and how it informs the ways they respond to the climate crisis. Here we provide clinical examples,

e.g. **Example:** *Pt. calls for an appointment having found a therapist identified as "climate aware". She starts by saying she is looking for someone who will not dismiss her climate anxiety as ridiculous and dismiss her concerns and say she is "too sensitive" and unrealistic.*

The therapist empathies with these worries and feelings, acknowledges the reality that many therapists do not address these issues, discusses her experience and engagement in climate issues and what emotions/anxieties she experiences. (ie takes her worries seriously). The patient reveals much more profound depression with near paralysis in functioning in day-to-day activities. She expresses concern that the therapist will not take seriously her profound sadness about the "death of nature".

The therapist is guided by psychodynamic principles and attempts to get a view of personal history to understand the interface between the current situation and pre-existing early relationships.

As the therapist inquires she learns that the patient/client is isolated, has very few friends with social contact limited to shared internet sites and blogs about climate change. She is unable to share any of her worries with friends but feels "brave and proud" to face "the reality of potential climate apocalypse" stating "I don't fool myself". More history reveals that she came from a very poor "living in squalor", chaotic family, with a mother who was profoundly depressed, ("took to bed") and left the children to fend for themselves. She was the youngest of several sibs and was the scapegoat and was "expected to fail". She was humiliated for being "too sensitive", shunned for her worries as "the baby" and repeatedly ostracized and bullied by schoolmates and peers (further humiliated) for coming to school in filthy, torn, used clothes, having no prepared lunch. She coped by convincing herself she didn't need anyone.

3. Important for clinicians to think about how climate anxiety and climate grief tap into underlying attachment issues and internal structures. Distress reaction is a reasonable response to a distressing situation, but then is filtered through the lens of how the individual responds to trauma, uncertainty, feeling out of control, loss and even how they manage emotions more generally. Example: a person who had a neglectful parent during childhood may respond even more strongly to the lack of response from governmental leaders to mitigate climate change.
4. Model of rupture and repair/development of capacity for care and concern (Winnicott, Klein)

5. Mentalization based treatment – assists capacity for attunement to self and to others and could be extended to mentalizing the ecosystem/other-than-human

6. Understanding and working with dialectics such as hope and hopelessness – holding them open and exploring, recognizing that collapse into either pole is defensive (Lewis et al 2020)

C. Trauma-informed treatment: ways that the climate crisis is traumatic to face and those with an early history of trauma may experience the CEE as a recapitulation of early experience. (e.g. a parent who didn't protect, world as unsafe, or unpredictable). Making meaning from distress and grief. Idea of post-traumatic growth.

1. Working in the window of tolerance: Dan Siegel's idea of helping pt's find the optimal level of emotional arousal in processing traumatic experiences and feelings- distressed enough that they can engage the emotions but not overwhelmed

2. Post-traumatic growth

Neurobiological and somatic understandings, and strategies: ways to bring on parasympathetic calming when hyperaroused, building distress tolerance, co-regulation (Stephen Porges)- ways that being in the presence of another provides soothing and greater capacity for emotional regulation- "presencing" techniques (mindful breathing, 4/7/8 belly breathing) and other approaches that are used to help the person stop fighting the intensity of the feeling and "ride the wave" (e.g. DBT), Integral Somatic Psychotherapy/Somatic Experiencing. Some thinking posits existential anxiety of CEE can trigger reactions from pre and perinatal trauma.

D. Griefwork

Psychoeducation about grief provides permission to grieve aspects of the world that are sick and dying. Important for clinician/provider to validate and normalize feelings of despair around climate change as a healthy, normal human response. This is also an opportunity for clinicians to share that we are in this together.

1. Asking the patient to talk more about what aspect of climate change they are most in grief about

2. Can look to Worden's (1991) four dimensions of grief or Kessler's (2012) five stages of loss (denial, anger, bargaining, sadness, acceptance).

a. Can help the client find control in acceptance—what do they have control over, help client identify values and meaningful action to engage in, based off of their values, as is done with ACT.

3. Helping client/patient transform grief into hope and resolve. Facing our grief and despair does not make these feelings go away, but may help us place it within a larger context and landscape that gives it different meaning.

Can refer to Joanna Macy's work on "Active Hope" (<https://www.activehope.info/>)

E. Approaches that work on building emotional resilience

Introduction: The climate crisis presents unique challenges in terms of coping and managing stress because of the large scale, ongoing nature of the problem. Unlike in experiences of traumas resulting from discrete or past experiences where the passing of the traumatic event can be helpful in facilitating recovery and resilience, climate-related trauma and distress represent ongoing and future threats, making the process of building resilience more challenging.

In addition, vulnerable populations, including the poor, marginalized communities and communities of color are disproportionately affected by the current and future impacts of climate change and environmental harms. This means additional mental health stresses and often fewer sources of assistance. Particular effort and attention should be given regarding emotional resilience strategies in these communities.

Definitions of resilience: a) being able to bounce back or recover after facing adverse events or ongoing stresses; b) being able to find meaning, hope, new direction, or stronger capacities after facing such difficulties, which can facilitate greater ability to face future struggles or stressors.

Active ways to build resiliency (based on the work of Hudgins, Davenport, Positive Psychology University of Pennsylvania, Doppelt):

- a) Building attachment/connections with others: always helps in being able to bear the difficulty, not feel so alone.
- b) Fostering optimism, in terms of focusing on what you can control rather than ruminating on all that you cannot. Crises are not insurmountable.
- c) Recognize that change and impermanence are normal, part of life. We tend to find the familiar comfortable but mastering change helps us grow and can have potential to make you stronger. Neuropsychologist Mark Solms writes that "uncertainty is the mortal enemy of self organizing systems" (Solms, M. 2020, New project for a scientific psychology: General scheme). Uncertainty will be hard, but transformation/creativity/play can lead to something better.

- d) Think of useful actions to take: set small goals that can actually be accomplished, which will help build confidence and the belief of possibility. Break larger goals into smaller steps.
- e) Build specific coping strategies: limit news exposure (quantity and quality), create C-19 free zones, be here and now; practice mindfulness; meditate; tune in to your senses, follow health guidelines, eat, sleep, exercise, connect, plan calming activities, self-care practices (healthy eating, sleep, exercise), calming practices (meditation, deep breathing to calm the nervous system, engaging in nature, sense-specific pleasures-e.g. nice food, smells, textures, etc)
- f) Nurture a positive sense of self around capacity to cope: Focus on previous experiences of successfully getting through difficulty, whether on a collective scale (pulling together during WWII, recovery from a severe illness, etc). Remind yourself of who and what you find supportive of such abilities.
- g) Look for opportunities for self-discovery- try new ways to approach problems, recognize what you have already done to cope
- h) Cultivate hope, courage and/or meaning in the face of difficulty
- i) Doppelt's work on Transformational Resilience (2016): Idea that overcoming adversity doesn't just mean returning to a pre-trauma state, but can actually lead to a higher level of growth or transformation. "Post-traumatic growth."

Struggle or suffering has often been viewed as a way to grow. Doppelt says it is not the trauma or suffering itself that leads a person to experience post-traumatic growth but "the struggle to make sense of the adversities and adjust their assumptions and beliefs about the world and themselves to the new realities that leads to growth." (p. 73 in my version)

- (a) "Presencing": staying connected and aware of the difficult feelings, which might involve feelings of loss, sadness, guilt, anger, grief, frustration. Sometimes focusing in on the bodily sensations can help the feelings be recognized. Steps involved: Ground and stabilize yourself through calming the nervous system, Remember your skills, strengths and resources, observe your reactions with self-compassion.
- (b) "Purposing": Ways to find new meaning, direction, capacity for action. Steps involved: Watch for new meaning and insight from climate-related difficulties, tap into the core values that can guide you through adversity, harvest hope through actions that increase individual, community and ecological wellbeing.

F. Eco-therapy

-In this approach, the clinician and client consider the impact of the natural environment on the client's development and psychology.

-“By expanding the scope of treatment to include the human-nature relationship, we invite clients to acknowledge their relationship with the natural world or their feelings of disconnection from it; to express their feelings of despair, fear, apathy, guilt, and helplessness, as well as their feeling of joy, sense of belonging, groundedness and strength.” (Hasbasch, 2015)

-expands the model of bio/psycho/social/culture/race to Bio/psycho/social/culture/race/natural environment

-All initial evaluations, regardless of the clinical orientation of the clinician or the presenting problem of the client should include an inquiry into the patient's history of the client's relationship with the natural world.

-As with any other relationship, this relationship is a focus of therapy and explored in discussion in the therapy room and outside in nature as clients are often given “homework” assignments and “nature prescriptions”

-Homework and prescriptions are tailored according to each client's history and relationship with nature

-E.g. What activity or place outside has given them solace and comfort? Or, for someone without a specific place or activity, advise them to choose a specific outdoor spot and go there at least once a week for 30 minutes. sit, look and the interactions and changes in the plants and animals. go there at different times of days and weather, etc.

-Pointing out and asking clients to look for the many examples of resilience and change that the natural world exhibits in response to climate change is important.

-Utilizes the tool of “Nature Language” (Kahn et al., 2012) for both clinical in-session work and for homework and prescriptions in nature.

-“A Nature Language is composed of patterns of interactions between humans and nature; their wide range of manifestations; and meaningful, deep, and often joyous feelings they engender (Kahn et al., 2012)

-Hasbbach (2015) suggests that the patterns of interactions captured in

Nature Language have roots in the evolution of our species and our species' relationship with the natural world. She points to examples such as: "Sitting by fire, Walking the edges of nature, Recognizing and being recognized by nonhuman

-Other, Moving away from settlement and the return, Caring for another Being, Sitting under the night sky, Interacting with the periodicity of nature, and Interacting with the cycles of life and death."

G. Indigenous and other cultural perspectives - e.g. Drumming Circles to combat toxic stress/trauma of CEE [Fancourt, D. et al. (2016) Effects of Group Drumming Interventions on Anxiety, Depression, Social Resilience and Inflammatory Immune Response among Mental Health Service Users. PLoS One 11(3): e0151136. doi: 10.1371/journal/pone.0151136]

H. Clinically-oriented groups to help process emotions and build social support to help engage and not just turn away. It is important to recognize that while therapeutic groups may be helpful, so might ***natural groupings .. church, play, child care, etc. .. where the concern can be brought up as personal and the group given "space" to decide how its members feel and what they might do to support each other .. including the full range of feelings (eg, disavowal, denial, etc.) which may even include political/social action groups.***

1. Model of climate cafes: starting to do in the UK, based loosely on death cafes. This approach brings people together in a casual, relaxed setting (like a café) to share together and deepen their emotional responses to the CEE.
2. Model of workshop on building emotional resilience (for activists, students who are studying environmental issues- Wendy did at Columbia's Earth Institute): Experiential and didactic workshop aimed at:
 - a. Identifying and sharing emotional responses, safe place for sharing
 - b. Emotional trajectory of climate activists
 - c. Teaching about emotional dysregulation and how to build distress tolerance/window of tolerance/coping mechanisms
 - d. Language of "emotional sustainability": the psyche, like all ecosystems, needs to be replenished when depleted
 - e. Building emotional resilience, which can include:

- 1) self-awareness variables (recognizing and accepting your thoughts, feelings and bodily responses)
 - 2) connection variables (build secure attachments, sense of support and community)
 - 3) fostering optimism: ways to focus on what you can control rather than ruminate about all that you cannot
- f. Workshop includes experiential exercises including mentalizing the ecosystem, meditation, breaking into small groups to discuss and share, which allows all that is presented above to be experienced directly ***including differences***