Climate Grief Vignette , 3.5.21 Submitted by Zoey Rogers

**CASE:** Freshman college student/Presents to College Counseling Center with “climate grief”

**THERAPIST:** Doctoral Intern/psychology trainee

**CASE DESCRIPTION:**

Joseph is an 18-year-old, Filipino, male at a local university. During the fall of his freshman year, he came into the college counseling center for a single session therapy appointment with the primary presenting concern of “climate grief.” Joseph expressed increased anxiety around climate change, notably the fires taking place in the Amazon. His anxiety symptoms included a tight chest, heavy breathing, self-isolation, and concern for the future, expressing worry about “how long we have left to live.” Additionally, Joseph noted feeling “overwhelmed” by the mixed media messages and was concerned that people would not understand him: instead, they would perceive him as “silly and over-reacting.”

*Assessment/ diagnosis/ risk:* Symptoms of anxiety, adjustment to college. Difficulties with emotion regulation. Cultural differences between the client and therapist should be considered.

*Therapist’s thoughts:* wondering about history of complex trauma. Therapist saw the validity of the client’s distress given the reality of the massive fires taking place in the Amazon. At the same time, the client seemed to be ruminating and had gone down a spiral of negative thinking. Additionally, the client seemed to have difficulties regulating his emotions. This made the therapist wonder whether these fires were bringing up past trauma/underlying issues for the client. Therapist also wondered about the meaning of the comment “silly and over-reacting.”

*Therapist’s feelings/countertransference:* Therapist resonated with the client's distress and noticed herself feeling pulled in emotionally and wanting to stay in the feelings of “doom” with the client and fleetingly wondering if she could be of any use given the enormity of the subject matter. Therapist also noticed herself feeling emotionally activated, with her heart beating fast. She managed her countertransference recognizing that she would have to tolerate her limits, but could still be helpful.

Upon meeting, Joseph was noticeably tearful and anxious. The therapist brought him through two exercises which included deep breathing and the “five senses” to help regulate Joseph’s emotions and ground him in the present. The therapist provided validation and normalization around Joseph’s reaction to the fires in the Amazon and climate change by looking him in the eyes and letting him know: “You are not crazy, this is a normal reaction. We need more people in the world like you.” The remainder of the session was spent discussing various ways in which Joseph could decrease his exposure to the media, find one positive article on climate change for every negative one, and look into getting involved with the sustainability/climate change group on campus. It was also clear to the therapist that Joseph presented with underlying symptoms of anxiety and depression, resulting in the need to be further assessed for therapy at the counseling center.

*Treatment interventions*: Skills based emotion regulation techniques, Mindfulness exercises, psychoeducation around fight/flight/freeze, validation & normalization, and CBT intervention around identifying negative thought patterns (i.e. catastrophizing).

**CASE SUPERVISION:**

During supervision on this case, one of the first questions asked by the senior consultant was “Did you screen for psychosis?”  The training therapist was confused about what prompted this question since there seemed no indication of impairments in reality or thought disorder.  The training therapist sought further consultation from a climate aware senior therapist. After departmental discussion, led in part by the training therapist, the supervisor later acknowledged her own distress in experiencing climate concerns leading to an “off base” line of questioning about Joseph’s diagnosis.

The next session explored past difficulties. Joseph recounted his lifelong struggles with depression and anxiety and a history of the physical and emotional abuse he experienced by his father.

*Therapist’s thoughts:* The therapist soon realized the extent of Joseph’s mental health history, including two hospitalizations for suicide attempts in high school triggered by feelings of rejection and abandonment.

*Treatment interventions:* Given Joseph’s recent suicide attempt from the summer and underlying psychological issues, he was referred out for long-term treatment.

***PRIMARY TAKEAWAYS FROM THIS CASE:***

1. After reflecting on this client, the therapist realized how important it was to look at the whole person when conceptualizing Joseph.
2. The therapist considered the patient diagnostically in addition to exploring and validating his environmental concern. She was not “seduced” by her resonance with his climate distress. This both/and thinking is essential in working with climate material.
3. While climate anxiety and climate grief are ***normal*** reactions and should not be pathologized, these strong feelings can trigger underlying attachment issues, trauma, and the internal structures for our clients. For example, Joseph grew up in the unsafe environment of an abusive household, with caregivers who essentially abandoned their son.
4. As a therapist, it is our role to then look at how we integrate the here and now (whether it be climate anxiety or the COVID-19 pandemic) and how these very real threats bring up underlying feelings of abandonment, uncertainty, fears, and psychic dangers which then allows us to tap into clients’ underlying psychological issues.
5. Finding sources of support and connection could help break out of a sense of isolation.
6. Important to recognize that other psychologists are in their own process/stage of awareness of the climate and environmental emergency- they may have difficulty tolerating the “hyperobject” of climate change and retreat into their own disavowal and intellectualization; therefore, it’s important to be aware of the possible countertransference and transference dynamics of other psychologists/supervisors you may be consulting/working with.
7. Trainees as well as seasoned therapists can use more training sessions for deeper exploration of the challenges of dealing with climate change in therapy.

(submitted by Zoey Rogers, MA, Advanced Training at Student Health Center, USF)

Couple Case vignette 3.5.21 Wendy Greenspun

**Case Description:**

The couple consists of Ahmed, a 29-year-old male of Algerian descent and his fiancé, Hana, a 30- year-old female whose parents are immigrants from Tunisia. The couple came to premarital counseling at Ahmed’s request; he said he thought they should have counseling to improve communication before getting married. Ahmed reported that he has been in some individual therapy, while Hana has not.

 ***Assessment/diagnosis/risks:*** *Cultural differences between therapist and the couple and between members of the couple with each other should be considered and worked with. Also need to consider meaning for each of them in seeking help at this life cycle stage (premarital.)*

***Therapist’s thinking:*** *Curiosity about why Ahmed is initiating treatment, and if Hana is more reticent about engaging. Does Ahmed “carry” the concern or desire to address problems for the couple?*

Ahmed stated that he is working on a master’s degree in Environmental Journalism and Hana said that she works in her parents’ business. The couple described that Hana tends to be upbeat and funny, a contrast with Ahmed’s seriousness and tendency to worry. Both come from non-religious Muslim backgrounds, and are quite close to their families. Each of them said that their parents value building family and community above all else.

 ***Assessment/diagnosis/risk:*** *The couple exhibits a complementarity of emotional styles, which could provide a source of balance between them but also may be a cause of conflict in the couple.*

***Therapist’s thinking:*** *Is the closeness to their parent’s problematic between them? Is Hana closer to her parents than Ahmed is to his? How do they negotiate separateness as they are forming their own family unit? What are the cultural meanings of closeness to family as adults? And how do they navigate the difference in their emotional styles when facing difficult topics?*

 ***Therapist’s feelings/countertransference:*** *Will my white, Western cultural assumptions about the importance of autonomy and independence from the family of origin get in the way of understanding the meaning for them of this ongoing close connection? How much does this couple avoid conflict?*

*I feel some initial bond with Ahmed around environmental interest and concern as I am also environmentally active and I wonder at this point whether his fiance shares his interest.*

***Clinical interventions:*** *Explorations of what drew them to each other, and ways their different emotional styles helped provide balance in the relationship.*

Ahmed described that as he learns more and more in his field of study, he has become increasingly worried about the climate crisis and its implications for the future. He stated that he talks about climate change a lot and Hana listens, but then she asks him to stop dwelling on this. Hana said she doesn’t like to focus on negatives, especially those that are too big to change. Ahmed reported that he has also begun to have conflict with Hana’s family, as when he asks them to alter certain behaviors to reduce their carbon footprint. Hana described that she tries to avoid conflict with her parents and acquiesces to their requests, as she finds that approach much easier than having an argument. She said she has asked Ahmed to do the same and to stop “making trouble” with her family. Ahmed’s parents have urged him to respect Hana’s parents as well.

 ***Assessment/diagnosis/risks:*** *The members of this couple have very different ways of handling conflict, with Hana more avoidant and Ahmed more direct. Alliances within the extended families seem to exacerbate their differences. Possible triangulation with parents on both sides, pointing to stress on the larger system around shifting loyalties with the new life stage of their children leaving home/getting married. Cultural norms around respecting the wishes of parents are also at play, albeit to different degrees for each of them.*

***Clinical interventions:*** *Structured communication exercise (taking turns as speaker and listener, speaking from vulnerable feelings and reflecting back what the other conveyed). Therapist reframing difference around climate distress in terms of each holding an important part for the couple (pessimism/concern vs. optimism/hope).*

The couple described that some of these conflicts were coalescing around their wedding planning. Since this was the first time they were actively making big decisions together, they seemed stymied, as they had developed few skills for managing conflict. Ahmed said he often raised concerns or preferences, but when Hana disagreed, she expressed frustration and then retreated. In the couple therapy, they were helped to slow down and listen to each other, with the therapist helping to explore some of the deeper meaning of the choices and preferences for each of them and in relation to their families.

 ***Clinical interventions:*** *Distress tolerance skills for each to calm their nervous systems; psychodynamic and family systems exploration to understand deeper and broader meanings to their preferences, structured communication exercises and modeling by therapist, focus on delineating what might be important for the two of them as a couple separate from their parents and in consideration of their parents and cultural norms.*

As the couple became better able to discuss some areas of conflict, Ahmed hesitantly acknowledged something he had not yet told Hana, which was that he had begun to question whether he still wanted to have children. He said that he couldn’t bear to think of the world they would face, which he saw as quite bleak and unsafe. He stated that he had been terrified to bring up to Hana how serious this concern has become for him, since he knows Hana has always wanted children. In the past, both had talked about their strong desire to raise children and to make their parents happy. Hana responded with considerable shock and anger, began to cry, then withdrew into silence.

 ***Assessment/diagnosis/risk:*** *Avoidance of conflict led to attachment injury, as Hana felt shaken in an arena she thought was secure in their relationship. This crisis moment also allowed hidden feelings to emerge and provided opportunity for greater openness.*

***Therapist’s thinking:*** *This represented a pivotal and difficult moment for the couple, where the shock of what Ahmed had kept hidden and now revealed to Hana needed to be addressed as well as the painful content around his having a level of concern that altered what had been a shared desire. The therapist reflected on the complexity of childbearing decisions, knowing that decisions to have children amid crisis can involve some denial. However, at the same time, when clients cite environmental crisis in their decision not to have children, it can actually be a nihilism that is cloaked as realism. She reminded herself to at some point raise the question with Ahmed, “Are you giving up on the human race?”*

***Therapist’s feelings/countertransference:*** *Therapist experienced strong sadness around the shock and surprise that Hana was feeling, some anger at Ahmed not revealing his feelings earlier but also compassion for what was difficult about being more open about his fears. Therapist also found she shared a lot of Ahmed’s concern about bringing children into the world, so needed to take care to not just ally with him on this issue or fail to explore the deeper meanings and grief around this.*

***Clinical interventions:*** *Active listening and supportive interventions, focusing on both the shock that Hana felt that Ahmed felt this way and hadn’t shared, as well as the content. Communication structure was established that encouraged each to describe both sides of their feelings, positive and negative, about having children in an uncertain world, rather than retreating to polarized positions.*

As Ahmed shared both his positive and negative feelings about having children, he became quite sad as he got in touch with the sense of loss he would feel if he didn’t become a father. This seemed to help Hana feel less alone in her desire to parent and less betrayed by Ahmed “changing his mind.” In the process, Hana was able to acknowledge some of the ways that she, too, had fears about climate collapse, but felt too overwhelmed to stay with those feelings. With this more expansive sharing, Ahmed said he felt much more connected to her, since he now didn’t feel so alone in his fears.

 ***Assessment/diagnosis/risk:*** *Couple showed capacity for flexibility in their relationship with intervention as well as ability to repair from hurt and pain.*

In subsequent sessions, the couple continued to discuss the range of feelings they had about having children and about the climate crisis. As they experienced a capacity to move away from polarized positions, they were able to voice mixed feelings and find more common ground in feelings of uncertainty. They also were then able to start discussing situations in which they could set certain boundaries with their parents and other circumstances where they could continue to honor the cultural and familial expectations of compliance with their parents’ desires. They also began to consider a variety of ways to think about becoming parents, including fostering children or adopting, as well as continuing to consider having children of their own. At the time they terminated couple therapy, they had not resolved the decision about having a family but seemed better able to face difficult differences between them and could communicate more directly rather than avoiding conflict.

 ***Assessment/diagnosis/risk:*** *The couple gained enough skills to continue their progress outside of therapy, perhaps mirroring the capacity to separate from authority figures in their life and figure out much on their own. The couple seemed to have created a firmer boundary around their relationship while still being open to closeness with their families of origin.*

**PRIMARY TAKEAWAYS FROM THIS CASE:**

1. This case required attention to multiple systems of influence that contributed to conflict for the couple: cultural, larger family system and the climate crisis itself, all of which were serving as sources of distress and difference between them.

2. The couple’s avoidance of conflict and poor communication made it difficult to address areas of difference or conflict between them. To be able to take on an issue as large as reactions and implications of the climate and environmental emergency, a greater capacity to discuss deep thoughts and feelings was essential.

3. While their complementary emotional styles (Hana as fun and light-hearted, Ahmed as more serious and problem-focused) worked well in many ways, when faced with the seriousness and enormity of life decisions, they were more hampered and became more polarized in their responses. Helping them each speak to their mixture of feelings, as well as highlighting the ways they valued their differences, help break into the more problematic polarizations that could occur.

4. While the reaction to the climate emergency and its impact on having children could be viewed as just one content area where this couple needed to navigate conflict and difference, the therapist needed to recognize and acknowledge what a deeply painful and difficult reality this is for those who are contemplating having children at this time. Being able to stay with feelings of grief and loss around the climate emergency, as well as how to cope in the face of uncertainty, were essential.

5. This case illustrates the countertransference challenges of maintaining a therapeutic neutrality in dealing with climate material. The therapist, who was herself very climate aware, had to attend to remaining equi-distance in her work with this couple, actively empathizing with and exploring both their experiences, and being aware of the risks of being triangulated around such a charged issue, as she felt more initially sympathetic to the husband’s stance.

**The special (and normative) case of disavowal vignette. From Janet Lewis, 3.5.21**

A married woman with a career in public relations for an oil company comes for an initial consultation for postpartum depression. Her baby was born a month prematurely while her region was suffering a devastating heat wave. Her baby is showing some very minor developmental delay and she worries about what this will mean for the course of his life.

**Therapist thinking**: The therapist notes a level of anxiety in the patient that seems disproportionate to the patient’s overt stressors, and wonders to herself about this. The therapist is aware that increasing heat waves due to climate change can also contribute to premature deliveries. She wonders how aware the patient is about these things.

Knowing that the patient lives in a very expensive neighborhood and that her husband’s career is not lucrative, the therapist finds herself musing about the sustainability of the patient’s lifestyle, whether the patient can really healthily maintain the same level of involvement in motherhood, and career, while maintaining herself financially.

**Therapist countertransference**: The therapist notes in herself a fleeting judgmentalness of the patient’s career which is so directly tied to carbon emissions. She reminds herself that we are all embedded in these carbon producing systems.

When the patient’s depressive thinking is explored, the patient discusses guilty feelings about the early birth, explaining tearfully that perhaps it was from her being so hot, that she had always resisted getting central air installed in their northeastern home.

**Therapist thinking/interventions**: The therapist is careful not to attribute the patient’s guilt feelings solely to her depression, but also seeks to realistically moderate them without denying the significance of the heat wave. The therapist thinks about the many meanings that the heatwave and climate change might have for the patient, particularly that it would be normal for her to have concern about the world her baby is growing up in and her ability to protect him. However her position as a voice for an oil company might make exploring climate disavowal even more complex for her than for others.

The therapist also wonders to herself if there is some denial in the patient’s choice not to get AC, since the heat waves in the region have clearly been increasing.

The therapist says that many other things can contribute to an early delivery, that they can happen in cool weather too, but that of course the patient is wondering about the role that heat may have played in the early birth.

The patient talks about how unusual the summer was, that she doesn’t like the feel of air conditioning and that she never minded having to get through a few hot days.

**Therapist countertransference/ interventions**: Here the therapist is aware of an urge in herself to drop the subject as well as an urge to “set the patient straight” about climate change. She feels a slight social pressure to agree that the summer was unusual, when actually the summers have been getting hotter and are predicted to get even more so. Therefore this summer, though remarkable, was also not unexpected. The therapist knew it was important not to collude with disavowal; she had to speak in terms of reality but also wanted to base her comments in clear concern for the patient and the patient’s self-care.

The therapist asks the patient if she’d be willing to get AC now, at least in the bedroom, since they could still get an Indian summer and more hot summers are predicted. She explains that heat interferes with good sleep which is important for her mood and overall health.

The patient falls silent.

**Therapist thinking/interventions**: The therapist thinks the patient’s silence is likely related to how difficult the subject of climate change is, so she decides to make an empathic comment emphasizing the shared reality and educating about disavowal. The therapist prepares herself for defensive responses, reminding herself to stay grounded in reality, and in her sincere concern for the patient.

The therapist says – “this can be difficult to think about. It’s difficult for all of us to think about the weather changing. We tend to both think about it and not think about it, believe it and not believe it.”

“Oh, I believe it,” the patient says. “I’m not some climate denier. A big part of my job now is making it clear that the company is branching out into wind power. Even my company isn’t denying it.”

She falls silent again.

The therapist says, “I wonder if when it comes to having to do something concrete, like put air conditioners in bedrooms, that can make it more real, less abstract. It’s that way for all of us and climate change is hard to think about. Many people think about it more when they have children though. ”

“Gee thanks, And I thought I was just worried about the report from the pediatrician.” The patient said wryly.

“I think your love for your son extends even further than that.” The therapist was relieved that they could smile together. “But let’s think together about that too. Could you bring in a copy of the report, for us to look at together?”

Through subsequent sessions, the patient decides to take a longer maternity leave, but has difficulty realistically confronting the financial stresses of her choice, producing more anxiety. Sustainability and difficulty facing the realities involved in achieving sustainability become a theme of treatment.

**Interventions:** The therapist helps the patient clarify her values and orient herself in concert with them.

Key take-aways

1. In disavowal, a form of relative dissociation, climate change is understood to be real, but there is a simultaneous knowing and not knowing. The implications of climate change for one’s own life are not considered in any actionable way. (Weintrobe, 2013). The therapist’s job in working with climate disavowal is to respect its important defensive functions, as well as to understand its perniciousness in divorcing us from the realities of our lives, and to assist in gently ushering the patient into greater engagement with reality
2. While disavowal serves to keep anxieties at bay, their threatened emergence into consciousness is itself a source of anxiety. Therefore the therapist should be alert for opportunities to discuss climate disavowal.
3. It is important for therapists to frame comments/interventions about disavowal in a normative way. Using the word ”we” speaks to both the non-judgmental stance as well as the shared experience of grappling with the changing environment.
4. Though not explicitly worked on in this treatment, guilt can be multilayered. Here guilt can be attributed to depression, to other parenting concerns, as well as to a degree of climate denial. The therapist’s expectation that one should feel guilt in work for an oil company risks obscuring the other manifestations of guilt.
5. The therapist should attend to the patient’s stated chief complaint even if they believe climate anxiety to also be a significant unacknowledged issue.

CASE: Journalist/PTSD, Depression Submitted by Robin Cooper, MD Feb. 28, 2021

**IDENTIFICATION:**

Joyce was in her late 20s and came to treatment when she was an aspiring photojournalist.

 ***Assessment/ diagnosis/ risk:***

Occupational risk of vicarious trauma

***Therapist’s thoughts****:* wondering about secondary trauma

**CHIEF COMPLAINT AND DESCRIPTION OF ACUTE STRESSES:**

At the time she sought therapy, she had returned from an extended project photographing and documenting the enduring effects of drought and wildfires

From what she described as “an environmental perspective”.

 ***Assessment/ diagnosis/ risk:***

Direct exposure/primary trauma

***Therapist’s thoughts:*** The therapist wonders aboutthe meaning of her comment “environmental perspective”. The therapist wonders if the patient had with environmental activities?

Therapist wondering about patient’s need to witness and give voice to extent of destruction; how this fits in with the story in the patient's own life.

Therapist is alert to realities of experience with stance of normalization of feelings/perspective.

***Therapist’s’ feeling/countertransference:*** Therapist feeling a kinship with and admiration for the patient in her environmental concern.

During the project, she lived alone often in her tent or car in what she described as “shanty towns” in mountain and agricultural areas and was isolated from friends and her normal support community.

  ***Assessment/ diagnosis/ risk****:*

Therapist concerned about extent of isolation with risk of increase mental health and emotional distress

***Therapist’s thoughts***: Wondering how experience of isolation with feeling of distress and destructiveness may fit into her own personal history and experience.

The patient’s recent work required months of living on the edge of an immigrant migrant farm worker community and witnessing the impact of the profound multiyear drought conditions on agriculture and the lives of the people it affected. She documented the impacts of the drought on the farm laborers and their families and was witness to the poverty and fragile stability for these people. She had a strong commitment to “telling their stories'' but her empathy for their experience combined with her role as observer contributed to her sense of powerlessness and futility.

 ***Assessment/ diagnosis/ risk***

Risk of secondary/vicarious trauma with the “witnessing”;

Experience passivity as observer; powerless sense

Occupational risk as photojournalist; Her job requires her to be present and report/record for traumatic events and activities. Culture within her profession values “being tough” and “handling” being present at dangerous situations. Use of alcohol to defuse is a common accepted community coping behavior.

***Therapist’s thoughts:***  Therapist wonders about the patient’s early life story that may influence her career choice; putting herself in gritty conditions with the weight of the seemingly impossible task of doing justice to story of people who are traumatized and go unnoticed. She wonders if her passion for her work also is fueled by own experiences and attempt at personal mastery.

***Therapist’s’ feeling/countertransference:*** Therapist struggles with feelings of hopelessness/helplessness herself in venturing to deeply empathize with the patient’s situation. Therapist uses the awareness of these feelings as signal of patient’s experience of overwhelmed states. She ponders how the two of them can talk together about climate change in ways that do not lead to overwhelm and a sense of powerlessness for each of them hindering the therapeutic work.

Leads to thoughts about therapeutic posture:

***Therapist’s thoughts:*** Consideration of treatment and interventions that guide the therapy as being able to help the patient notice and recognize (use mentalization capacities) resilience both of the people and populations she documents and her own strengths. She hopes to move the patient to an ability to not just see the tragedy but shift lens to **both/and perspective of tragedy and resilience.** The therapist hopes to help the patient appreciate that the “environmental lens” is also about resilience and facing the tragedy but finding ways to move forward.

***Therapist’s feeling/countertransference*:**

Therapist is drawn to and admires patient’s expression of empathy and professional values.

Therapist worries about her own capacities to help the patient. Concerns she has are “ am I powerless” to help this patient with the enormity of difficulties that the patient is experiencing. Therapist also is anxious about her capacity to hear the description of the experiences the patient has had. (therapists are prone to vicarious trauma as secondary exposure to traumas)

***Assessment/ diagnosis/ risk***

Therapist attuned to listening about depressive experience as the patient describes “futility”.

Devastating wildfires erupted in a close mountain area while she was in the field. Joyce extended her reporting to cover these fires. She described being terrified by the close proximity to the fires with experiences of “raining ash” on her tent site, burning “dust devils” and a blackened tunnel of darkness” as she fled the fires. She was alone and feared for her personal safety.

***Assessment/ diagnosis/ risk:***

Focus shifts to not only secondary trauma but primary trauma; now complex trauma with experience of direct threats to life;

Added risk of isolation and being alone contribute to greater difficulty with lack of others to assist with real efforts to protect self and to “metabolize” the associated emotional states.

***Therapist’s thoughts:***

The therapist further wonders about how heroically she is behaving, both with some admiration for it and with some wondering about her putting her own life on the line in this way, wanting to support her acting upon her values and not dismiss the courage and loyalty of this, while also helping the patient to have enough space to reflect on how she best wants to pursue these crucial passions. The therapist wants to find a way to point out that persistent traumatization contributes to overwhelmed emotional states which interfere with capacities for reflection. Patient is making a trade off here and the therapist would want to help her reflect on this consciously.

Upon return to the urban area where she works and lives, she described experiencing “huge culture shock”. Before contacting therapist, she did research seeking a “climate aware therapist, suspicious that “just any therapist might dismiss her concerns as “crazy””

***Assessment/ diagnosis/ risk****:*

Suspicion of mainstream therapy as dismissive.

***Therapist’s thoughts*:** Therapist is aware that many patients are wary their concerns for the climate will be minimized by therapists.

Therapist considers difficulty in forming therapeutic alliance;

Consider need to normalize response to climate impacts, consider/think about transparency in the relationship / shared experience of patient and therapist live in world threatened by climate change impacts

The therapist is aware of the reality of the gap in “climate competency” within the mental health professions and the difficulty clients have in seeking care for climate related distress.

Tendency for mental health professionals to set aside climate distress as outside of their domain thus leaving clients feeling invalidated.

Recognition of need for more Climate Aware Therapists who can work in this sphere

Difficulty within mental health profession to adequately provide tools for therapists to be more able to take on these therapeutic challenges which evoke therapists own emotions and coping mechanisms regarding climate disruption. (therapist and clients both facing climate change and managing in their individual ways)

Therapist wonders about early parental figures potential disregard/unavailability to distress.

***Therapist’s feeling/countertransference*:**

Therapist experiences both angry challenge to therapeutic usefulness, & identity (rooted in chaotic, unreliable caretakers as child) vs. being chosen as “special” by virtue of being “climate aware therapist”

(devaluation vs. inflation)

Potential transference/ countertransference pitfall of wish to avoid anger by revealing shared alliance around climate change. Disclosure has both therapeutic gains in strengthening alliance but costs/pitfalls in unconsciously directing away from anger.

**SYMPTOMS:**

She presented to therapy with symptoms of intrusive consuming visual images and dreams/nightmares of the recent experiences, she felt she was “breaking down”, had spontaneously crying spells which she felt unable to control, felt overwhelmed, “disconnected from society” and at times “feeling out of my body” She was preoccupied with thoughts of the doom and destruction.

***Assessment/ diagnosis/ risk****:*

PTSD; with dissociative sx/consider Major Depression

***Treatment/Interventions:*** Skills based somatic techniques, Mindfulness Based, trauma based therapies all bring applicable interventions.

She felt hopeless, depressed, isolated, misunderstood, angry and unable to face the tasks of her continued work and daily life. She described her belief that the world was doomed by the impact of the climate effects and felt demoralized and helpless. She interpreted her dreams and visions as predictions of future apocalypse and world demise.

***Assessment/ diagnosis/ risk:***

DX: depressive sx confirmed: complexity of trauma plus severe acute depressive sx

***Treatment/Interventions*:**

Medication consideration/antidepressants

She became more isolative, less able to sustain her work and began more heavy daily alcohol use.

***Assessment/ diagnosis/ risk:***

Symptoms interfere with functioning

Concern secondary risk behaviors with increase alcohol use

 ***Treatment/Interventions*:** therapist keep in mind Harm Reduction interventions as alliance develops

**EARLY TREATMENT**:

Early treatment alliance was established by the balance of the therapist acknowledging the reality of Joyce’s concerns regarding climate risks but not joining the patient in her catastrophic emotional collapse.

***Treatment/Interventions:*** Psychotherapist stance; the therapist offered herself as model for facing the issues of climate impacts, tolerating limits to power to “fix” but presenting a sense of hope through understanding and engagement in activities in efforts toward mitigation and adaptation (avoiding the dialectic splitting of hopelessness vs. grandiosity)

***Therapist’s thoughts:***

Issues of transparency and disclosure need careful monitoring and therapeutic decision-making; therapeutic neutrality does not equate with non-disclosure (see above in transference comment). Presenting as “shared dilemma” with some disclosure may be essential to support activists to feel understood in depth of their commitment.

***Therapist’s feeling/countertransference:*** therapist experiences tension of splitting: totally hopeless vs. need to be powerful healer. Her awareness of her own feelings alerts her to patient’s experience of both hopelessness and call to heroic work

The capacity to tolerate limits without giving into a sense of impotence challenged the therapist when the patient expressed deep despair.

***Therapist’s thoughts/***

***Treatment/Interventions:*** Therapist considers ways to model tolerating limits for the patient that therapist uses. Here revealing/disclosure of working politically with shared climate activists may be useful for the patient.

**PRIOR HISTORY:**

The patient has a history of prior depressive experiences.

***Assessment/ diagnosis/ risk****:*

Prior hx of depression corroborate dx of Major Depressive Disorder; recurrent

Complexity of prior depression with current trauma, PTSD and increase of alcohol use underscore complexity, multiplier effect of climate related mental health impacts on underlying vulnerabilities

 ***Treatment/Interventions*:**

Multifaceted approach to treatment indicated

-Strengthen Treatment indication for antidepressant medications

-Psychoeducation: Discuss with the patient the underlying vulnerability which requires more care as she faces additional risks of her work.

***Therapist’s thoughts*:** A therapist who was not climate aware might be tempted to simply discourage her from doing her work, given the added emotional risks. A climate aware therapist would understand the importance of her chosen work (and for “climate activists”), how engaging in these activities could be a fundamental value and provide meaning. The therapist sees her task as helping the patient to access the mental space to reflect and make more conscious choices about how to proceed in accordance with her values, talents, spheres of influence while simultaneously knowing and tolerating the risks and limitations.

Her childhood was marked by repeated emotional traumas contributed to by a chaotic family and a chronic non-functional alcoholic mother and absent father.

 ***Assessment/ diagnosis/ risk:***

-Early developmental experiences in family contribute to personality issues;

-Family hx of alcoholism:

***Treatment/Interventions*:**

 -Psychodynamic psychotherapy indicated

-Greater indication of integrating Harm Reduction or Abstinence Treatment supports as therapy develop

As a teen and young adult, she had a tough demeanor and quality of bravado. With a quality of counter-phobic invincibility she took on challenges, which exposed her to additional experiences of minor traumas.

***Assessment/ diagnosis/ risk:***

Defenses put her in situations choosing traumatic exposures including the types of choices in her journalistic assignments -risks enhanced

TREATMENT PHASE:

Treatment began with focus on acute symptom abatement. Joyce was able to begin to integrate some mindfulness techniques to control anxiety and responded well to Bupropion anti-depressant therapy; the acuity of symptoms rapidly abated.

***Treatment/Interventions*:**

-Enhance all self-care strategies; Mindfulness, meditation, neurosensory calming skills, using nature engagement, etc.

-Self care skills only able to be utilized once the severe depressive symptoms improved; do not want to introduce these too early and set the patient up for experience of failure.

Depth psychotherapy addressed underlying experiences from his childhood with an unpredictable alcoholic mother, absent father and the reckless counter-phobic behaviors she developed to cope with her fears and lack of safety. During therapy she explored her worries of impending doom for the world and society, which was reinforced by recurrent dreams that she experienced as visions of the future catastrophe. Transference issues were explored especially around her feelings that her apocalyptic dreams would be “laughed at” and not taken seriously.

***Treatment/Interventions*:**

-Supportive therapy in combination with psychodynamic exploratory psychotherapy

-Interpretive work addressed tendency for splitting identifying the

family dynamics and genetic roots; identification with therapist modeling enhanced the therapeutic process

***Therapist’s feeling/countertransference***

Patient’s awareness of therapist’s work in the realm of climate change and mental health strengthened the therapeutic alliance. The sense of a shared view of the world deepened safety for patient and facilitated exploration of transference mistrust (general stance in world-allowed differentiation of experience of mistrust helping to promote a more flexible and less combative stance with others) see above note on “therapeutic disclosure” and transparency

Transference-countertransference challenges were openly discussed around the experience of patient’s belief in clairvoyance. Respectful acceptance of patient’s beliefs while not joining apocalyptic hopelessness remained a balancing position throughout the course of treatment.

Therapist monitor her positive counter-transferences. The risk for the therapist is to “over-admire” and experience the joy of connection with the patient and thus lose perspective about the patients’ vulnerabilities, avoiding effective therapeutic interventions.

**OUTCOME:**

Over time, she was able to face her fears, grieve for her own personal traumas as well as the fears for the larger world and social order without despair and immobility. She could maintain an active fear for the future of the world without collapsing into despair and dysfunction.

***Assessment/ diagnosis/ risk:***

Good capacity to avoid the dialectic extremes

With symptom control, improvement in PTSD acute symptoms and explorative/supportive psychotherapy, patient developed higher order defensive structures enabling greater emotional and psychological resiliency

Following several unsuccessful attempts to limit her alcohol intake she completely stopped her prior regular drinking, which enabled better emotional stability.

***Assessment/ diagnosis/ risk****:*

Social norm of heavy drinking within her profession represented increased risk and challenge

***Treatment/Interventions*:**

Several attempts at harm reduction were not successful. The patient independently made decision to maintain alcohol abstinence

During the course of therapy she was able to develop a more intimate commitment with her partner and they got married.

She was able to work successfully and got several awards for her photographs.

Although continuing to feel “powerless” in the face of political and climatic collapse, she no longer felt that her work was worthless.

Milder and transient PTSD symptoms recurred while covering violent protest rallies and other huge wildfires. She continued to take on projects that put her on the “front line”.

***Assessment/ diagnosis/ risk:***

Vulnerability to continued potential risk of re-emergence of symptoms-occupational risks

She was better able to cope with these symptoms and recover more quickly.

***Treatment/Interventions*:**

Treatment outcome contributed to better coping, utilizing somatic sx management, social supports, CBT techniques, continued abstinence from alcohol and medication maintenance

She became an advocate for better working conditions and became a sought after mentor to younger journalists, especially women, who were fearful of exposing their psychic distress in the work culture of macho bravado where heavy drinking is a normal and encouraged coping strategy.

***Assessment/ diagnosis/ risk:***

Effective mastery with high order sublimation defenses used and replacing more primitive, fragile coping early in treatment

Therapy terminated when she got a job promotion at a prestigious international journalistic organization. However, she maintained contact with her primary therapist. She put off finding a new therapist and medication prescriber with trust issues partly contributing to delay.

***Therapist’s feeling/countertransference****:*

Development of intimacy in relationship with shared pleasure of patient’s growth, successes.

 Therapist confront her own feelings

* limited capacities to alter the impacts of climate disasters/consequences;
* own fears of climate change;
* disavowal with experience of personal safety and sense of invincibility vis-á-vis protected life-style.

***Therapist’s thoughts*:**

Lingering concerns about vulnerability; esp. as the therapist contemplates the reality of ongoing climate degradation, conflicted political environment.

Therapist periodically followed the patient's professional career, had concerns about her vulnerability and thought of her.

TAKE HOME POINTS:

1) Actual work with climate material is multilayered . Climate related trauma, pre-existing trauma, maladaptive defenses against trauma, and coping with the knowledge of tragic dimensions of climate change must all be addressed.

2) Climate change contributes to acute and slow moving disasters with impacts on mental health; wildfires as representative of acute disasters contributing to traumatic events; droughts as representative of slow moving climate impacts

3) PTSD, depression and increase substance abuse are mental health impacts of acute climate related disasters;

Acute trauma aggravates underlying mental health/psychiatric difficulties and vulnerabilities: Climate change is considered a threat multiplier.

4) Occupational risks of exposure to acute disasters contribute to certain populations being particularly vulnerable.

5) Early childhood experiences of parental caretaking contribute to responses to acute traumatic events; chaotic, inconsistent early parental experiences contribute to issues of mistrust; potential issue in finding compatible therapist; issues of trust/mistrust in therapeutic relationship & transference/countertransference challenges

6) Wide range of therapeutic modalities applicable to treatment

7) Treatment requires therapists to be aware of their own responses to the threat of climate change; tolerate their own feelings; Capacity to normalize distress while not siding with polarized emotional responses. Monitor countertransference to avoid risk that alliance around climate change contributes to avoidance and diversion from challenging therapeutic exploration.

8) Essential therapeutic stance is to hold “both/and” perspective; tragedy and resilience and not succumb to dialectic extremes.

9) There is an urgent need for more Climate Aware Therapists who can work from the perspective of normalizing and honoring the real risks of climate change and the emotional toll.

**Minimizing Climate Change Vignette, from Zoey Rogers, 3.5.21**

**IDENTIFICATION:** 31 year-old white male who works in tech.

***Assessment/ diagnosis/ risk:***

Unspecified anxiety, work related stressors

**CASE DESCRIPTION:**

 Michael\* is a 31-year-old, white, liberal, male who lives in the Bay Area and works for a large tech company. He has been seeing a therapist for the past year to help with his anxiety around work.

***Therapist’s thoughts****:* client has difficulty accessing emotions and avoids negative emotions

During a recent session when the wildfires were ravaging across the Bay Area and smoke was filling the air, Michael joked with his therapist saying he was “So over the year 2020” and “really ready for 2021.”  “I can’t even go outside to go for a walk or a run right now!” he said jokingly.

***Therapist’s thoughts****:* therapist notes Michael’s uncomfortable laugh and asks him what he was feeling in this moment.

Michael went on to share how this year was really a “S\*\*t storm with COVID-19, working from home for the past 7 months, many cancelled trips and now wildfires in the middle of August” pausing to sigh, “So I am just really ready for 2021 and for things to get back to normal.”

 ***Therapist’s feelings:*** It was clear to the therapist that Michael was quickly becoming uncomfortable and excusing a penetrating sense of being overwhelmed. Although Michael did not directly come in with concerns around climate change, the climate aware therapist was able to tune into his defenses of denial and minimization. In terms of his family history, Michael shared that his mother was a highly anxious woman who would become easily dysregulated and often threatened to leave his father while growing up. Michael noted that she was “always dramatic and catastrophizing” and going straight to the “worst case scenario.” His father’s response to his mother was to disassociate and disengage, thus failing to protect Michael. As a result, Michael learned to deny his own needs and desires, appeasing his mother in order to maintain a connection, and living in a fantasy that one day things would change where she would look out for his needs rather than her own.

***Therapist’s thoughts:*** The therapist recognized that just as he lived with the fantasy that his mother would come around and attend to his needs, he now was in a fantasy that his and the world’s troubles would resolve with the change of the year. She became concerned that this passive hope, a version of denial, would not serve him well in the long run.

***Treatment Interventions:*** In therapy, the therapist helped Michael understand how his tendency to please others and deny reality served as a protection and a way to connect; however, it came at the cost of minimizing and losing touch with his own feelings. Over the course of therapy, he came to recognize his tendency to deny and minimize the reality, such as his comment around the wildfires and smoke, and began to share his true emotions of pain, fear, and loss.

The therapist utilized CBT to help Michael gain knowledge of his thinking patterns and tendency to minimize. She also incorporated ACT interventions to help Michael pay mindful attention and get in touch with his emotions with openness, flexibility and curiosity. She started out with a body scan to help Michael bring awareness to his sensations and begin to connect mind and body. The therapist then helped Michael identify his core values and commit to engaging in action based off of these identified values.

**Takeaways from this case:**

1. The climate aware therapist is not using different modalities, but rather is able to listen, and “tune in”, in a different way, shifting the lens, rather than avoiding climate issues when they emerge.
2. Psychologists already have existing skills to help their clients address their feelings and reactions to climate change. For example, cognitive behavioral therapists can use their knowledge of people’s thinking patterns. Psychodynamic or depth therapists can help clients make deeper connections between themselves, their behavior, and the environment. ACT therapists can help people become more mindful by paying attention to whatever is here with openness, flexibility and curiosity, as well as help people identify their core values and engage in committed action based off of those values. Somatic therapists can help people learn to relax and reduce stress physiologically in the face of environmental stress.

Parent’s Climate Distress vignette, from Wendy Greenspun, 3.5.21

**Case Description:**

The client is a white, middle-aged married male, who has a teenage daughter.

 ***Assessment/diagnosis/risk****: Developmental stage of family with adolescent child, separation task for parent beginning to let go and have less control over child’s life.*

The client presented with Immobilizing anxiety, ruminating about the future, difficulty sleeping, and hopelessness, distress, and despair about the climate crisis since reading the IPCC report in 2018. His fears focused primarily on his daughter’s future. He imagined an apocalyptic nightmare for her and felt helpless to prevent it. He would shield his daughter from exposure to any news of the climate crisis and went as far as contacting her teacher requesting that they not discuss climate change in school.

 ***Assessment/diagnosis/risks****: Considerable anticipatory anxiety, mild depression and pre-traumatic stress resulting from exposure to frightening information and feeling helpless in the face of threat, intersecting with the developmental challenge of a daughter growing up. Nervous system hyperarousal from exposure.*

***Therapist’s thinking:*** *Client’s‌ ‌inability‌ ‌to‌ ‌regulate‌ ‌his‌ ‌distress‌ is ‌reflected‌ ‌in‌ ‌his‌ ‌sense‌ ‌that‌ ‌daughter‌ ‌will‌ ‌be‌ ‌incapable‌ ‌of‌ ‌managing‌ ‌distress‌ ‌associated‌ ‌with‌ ‌real‌ ‌world‌ ‌threats.‌*

The client reported that he would obsessively search out and read any terrible climate news stories he could find while refusing to engage with any information about mitigative actions or environmental solutions. He also did not want to join with others who cared similarly and tended to feel in general that he had to solve problems on his own.

 ***Assessment/diagnosis/risks****: Client self-isolates, which may increase risk. Lacking broader perspectives or support.*

***Therapist’s thinking****: Therapist saw the validity of the client’s distress given the reality of planetary crisis. At the same time, the client seemed to selectively attend to the worst news and resisted alternate sources of information that might provide a helpful balance or reduce his distress. This reminded the therapist of the repetitive nature of post-traumatic play of traumatized children, where they remain stuck in playing out their traumatic experience, with no flexibility or opportunity to broaden the experience. In addition to traumatic aspects of the climate crisis, the therapist wondered if the client had some personal trauma history that might be adding to his distress.*

***Therapist’s feelings/countertransference****: Therapist felt emotionally activated by the client’s distress, as his descriptions of doom echoed with some of the therapist’s fears and pessimism about the climate emergency. At times, the therapist felt the desire to convince the client that there were solutions and hope, rather than staying with the client’s experience, perhaps as a way to calm herself. At times the therapist also felt immense empathy. At times the therapist felt a contagion‌ ‌of‌ ‌hopelessness‌, feeling ‌impotent ‌to‌ ‌help‌ ‌patient.*

***Clinical interventions:*** *Supportive techniques such as empathy and reflective listening, ongoing assessment of risk factors; distress tolerance interventions, including calming strategies such as deep breathing and mindfulness practice to decrease hyperarousal.*

In describing how helpless he felt to protect his daughter from future climate and societal breakdown the client said his only recourse was to prevent her from having access to any information about climate change. He would hide climate news stories from her and even asked her science teacher to not mention climate change or environmental threats.

***Assessment/diagnosis/risks****: Client used compartmentalization and avoidance to reduce anxiety.*

***Therapist’s thinking****: Therapist wondered if the client felt ill-equipped to help his daughter manage her emotional responses to painful experiences and whether avoidance was the protective mechanism he used in general in his life.*

Over the course of treatment, the client described his family history. He revealed that his mother experienced a terrible trauma at the same age the client’s daughter was currently. His mother’s family allowed her to be exploited sexually by an older man in exchange for her brother getting out of a difficult situation. In this way, her parents not only failed to protect her but instead were actively complicit in her abuse. The client’s mother never processed this trauma and kept it secret most of her life. She turned to alcohol and withdrew in the face of distress, leaving the client without a model or experiences of how to process his own difficult feelings.

 ***Assessment/diagnosis/risks:*** *Transgenerational trauma, echoing with anticipatory trauma.*

***Therapist’s thinking:*** *The mother’s unprocessed trauma left her unable to help the client manage his own difficult emotions (failure in mentalization, i.e. a failure to be able to identify the feelings and thoughts of self and others and have compassion in the face of them.). She utilized a tendency to dissociate, avoid or turn away from distress rather than know how to face painful experiences, and the client seemed to be approaching his daughter with a similar tendency.*

***Clinical interventions:*** *Psychodynamic interventions: building a safe “container” for processing his distress, linking ways that his mother’s unprocessed trauma and lack of being protected by her parents echoed with the client’s climate trauma and fear of not being able to protect his daughter. Also making links between his mother’s inability to mentalize the client's emotional pain and his difficulty approaching that task with his daughter. Psychoeducation about transgenerational trauma.*

Within the therapeutic relationship, the client began to talk more directly about his grief about the future, his feelings of helplessness as well as ways he struggled to let anyone offer him help. He also began to more actively engage in ways to down-regulate his emotions when activated. As he processed his own emotions in greater depth, he seemed to feel less overwhelmed. He also began to have some discussions with his daughter about the climate crisis and learned that she wasn’t as terrified as he had imagined she would be.

 ***Therapist’s thinking:*** *Client is gaining greater emotional flexibility.*

In the midst of the Covid-19 pandemic, the client became increasingly aware of the plight of others who had fewer resources or faced greater exposure to the virus. He began to offer support and help to frontline workers and found that his feelings of distress lessened in the process. In the treatment, we were able to look at how building a sense of connection with others and finding ways to focus on areas where he could offer help or make a difference diminished his sense of isolation and lack of control, and seemed to provide a source of comfort in knowing he could be of use and not helpless. He also spoke with an Indigenous climate activist and learned about communities who were already facing climate disruption. He described growing awareness of ways people joined together in courageous ways in the face of trauma, though still didn’t want to engage in climate activism, as it felt too emotionally triggering.

 ***Therapist’s thinking:*** *Client was discovering sources of resilience in recognizing areas where he could offer help to others and feel there were solutions, which was different than his feelings of helplessness in relation to the “hyperobject” of the climate crisis. ( A hyperobject is ‌an‌ ‌object‌ ‌that‌ ‌has‌ ‌vitality‌ ‌and‌ ‌coherence‌ ‌but‌ ‌is‌ ‌beyond‌ ‌our‌ ‌abilities‌ ‌to‌‌completely‌ ‌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.‌) ‌In learning about others suffering current trauma, he was able to enlarge his perspective away from his personal focus to a larger context and recognize a sense of interconnection with others and tolerating the lack of a total solution.*

***Therapist’s feelings/countertransference:*** *At times, the therapist wanted to actively provide the client with ideas about solutions and actions as a way to facilitate a counterpoint to his hopelessness about planetary crisis, but this did not seem attuned to where the client was situated on the continuum of hope vs. despair around climate mitigation. The therapist needed to sit with the discomfort of the client’s pessimism and pain and not foreclose the complexity and uncertainty of this complex situation.*

***Clinical Interventions:*** *Resilience-building, supportive interventions*

Overall, the client seemed to have shifted from a state of unmitigated anxiety and distress, to realizing he was not alone in his upset. The relationship with the therapist, which allowed a forum for sharing his grief, anxiety, fear and guilt allowed him to begin to feel some comfort, an experience that had been lacking in much of his life.

*Therapist’s thinking:* The therapist was able to offer support and understanding of client’s distress, normalizing the emotions and also providing sources of understanding it’s echoes in the client’s history and his family. The therapist provided a “holding” and “containing” function (being present in a calm manner, providing a “co-regulation” (Porges) to help the client feel calmed and soothed in knowing he wasn’t alone. This seemed to help diminish the activation of his distress, allowing him to also connect with others and feels the comfort of those relationships as well.

***PRIMARY TAKEAWAYS FROM THIS CASE:***

1. The client’s distress in response to awareness of the climate and environmental emergency is both a realistic reaction to perceived threat AND simultaneously viewed and amplified through the lens of the individual’s history, coping mechanisms, and ways of processing emotional experiences.

2. It was helpful to interweave a depth-psychology lens to understand deeper and interconnected meanings of the client’s reactions with a focus on coping abilities and skills to help manage the distress that was present and emerged over time.

3. Other forms of trauma in an individual’s life can magnify reactions and traumatic responses to anticipated climate collapse.

4. Finding sources of support and connection could help break into a sense of isolation.

5. The therapist needs to attend to/process her own emotional reactions that get aroused with the client’s dysregulation and with the content/focus on the threat of climate change.

The Climate Dismissive, Case Vignette from Janet Lewis

A man in his 40s who is in treatment for an anxiety disorder intensely voices nonscientific climate dismissive views, and negative attributions about the motives of those at the forefront of the environmental movement.

**Therapist thoughts:**The therapist notes the extent of his certainty and his affective intensity, both indications that something may be being defended against.

**Countertransference:** The therapist feels some anxiety herself, not wanting to be dismissed by him if she raises any questions about his positions. She finds herself wondering if it is clinically appropriate to explore a political issue. Given the extent of his dismissiveness she tells herself any discussion would likely be pointless anyway and that their time may be better spent on helping him to manage his anxiety. She notes that this thinking of hers at least in part represents her desire to avoid the subject matter with him. She is tempted to be silenced in response to his “looking for a fight” stance and she also notes a temptation to “fight back” by presenting climate science. She simultaneously recognizes that her own desire to avoid the topic is not a good reason to do so and that climate change is not just political. She understands climate reality and our ethical responsibilities to promote public and individual health by promoting its understanding. She recognizes her own desire to avoid all of this by being comfortably in disavowal, simultaneously knowing about climate change but being able to behave as though it is not significant.

The therapist says “Hmm it’s interesting what you are saying, I have to think about this.”

**Clinical Intervention/ Therapist thinking**: The therapist gives herself space to think. She consciously moves herself out of disavowal about the significance of our climate situation and notices she feels more grounded and clear-headed. She recognizes that addressing a likely underlying dynamic in the patient’s climate dismissiveness, involving life’s uncertainty, may advance his understanding of and management of anxiety. However, she knows this must be handled empathically, by exploring underlying dialectics, (Lewis et al 2020) rather than speaking in ways that reinforce polarization.

The therapist asks if the patient is concerned about excessive government regulation.

**Intervention/Therapist thinking:** Those who hold climate dismissive views typically are ideologically conservative, and fear that environmental mobilization will result in excessive government regulations that infringe on a cherished principle of individual liberty. The therapist understands this aspect of climate communication.

**Intervention/Therapist thinking:** The therapist understands the functioning of dialectics in climate material. The underlying dialectics here are individual liberty / the collective good and certainty/uncertainty. The therapist seeks to highlight these, especially the necessary uncertainty involved in our responses to climate change and, perhaps most importantly, how difficult uncertainty is for us human beings. She reminds herself it is important to find ways to speak in terms of our shared dilemmas with climate change to avoid reinforcing polarization.

The patient responds that yes, he is very worried about governmental regulation; he doesn’t want his children growing up in a country that removes their freedoms.

The therapist says she can understand his worry for his children and that government regulation is a real issue. Anyone who has stood in line for an hour at a DMV only to find out they’ve filled out a form wrong and have to start all over knows that!

**Therapist thinking/ intervention:** To avoid reinforcing polarization in the dialectic, and to promote the alliance, the therapist finds a way here to authentically appreciate and join with the patient’s individual liberty value, while holding in her own mind that it does not exist to the exclusion of the value of the collective good.

The patient says he worries what’s going to happen when the government mandates electric cars. He and his sons love working on their old cars. Will they not be allowed to drive their cars!? This power grab by the government has to stop.

The therapist says that his shared activities with his sons and the tradition they have had of working on old cars together is so important. The thought of losing that is so worrisome. Of course he wants to be certain about what he and his sons will be able to do. She muses aloud that a lot of fathers are probably in the same boat right now, uncertain whether there will only be electric cars and wondering what parts of their activities with their sons they can preserve.

**Intervention/Therapist thinking :** The therapist understands that conservatives are oriented toward preservation. So this language and focus is important to include. This also helps the patient to focus on his own agency, and his ability to find new ways to act in accordance with his values, rather than feeling at the mercy of large forces. (Understanding agentic focus as containing in the face of climate change)

 In a later session, when the patient returns to discussing his anticipated mandating of electric cars, and how the government in doing this is violating people’s rights, the therapist is able to return to the issue of fossil fuels causing illness and to muse aloud about the question of how we decide how much to support people’s individual liberty and how much to support the public’s health with things like traffic lights, that take away some personal liberty but help us to stay safer.

**Therapist thinking**: By this time she feels as though the patient knows her authentic appreciation for his views, as she has worked to prioritize the alliance, and so she can further introduce the underlying individual liberty/common good dialectic.

The patient objects to her assertion that fossil fuels cause illness, but with the therapist’s appreciation for his valuing of liberty and for how he is wrestling with uncertainty, he is often able to not be entirely dismissive of her and to hold his unscientific views less tenaciously and engage in discussion of how to work in accordance with what he values, in spite of the uncertainties.

**Primary takeaways from this case:**

1. Understanding aspects of climate communication is an important tool. Climate dismissives tend to value individual liberty and fear excessive government regulation.
2. The topic of climate change easily highlights particular dialectics. Recognizing these can help the therapist avert polarizing discussion and access the more generative both/and space.
3. A humanistic stance, that the therapist and the climate dismissive patient are wrestling with the same human dilemmas is useful.
4. The therapist need not and should not collude with climate dismissiveness to appreciate and authentically empathize with the patient’s motivations.